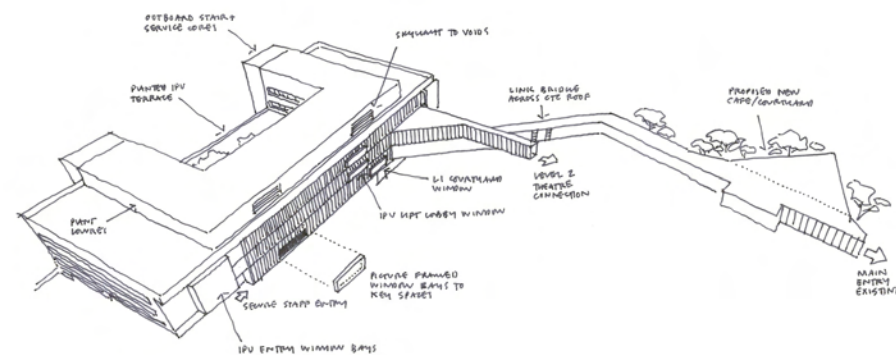


CAMPBELLTOWN HOSPITAL REDEVELOPMENT  
STAGE 1 ACUTE HOSPITAL BUILDING

DEVELOPMENT APPLICATION  
ARCHITECTURAL REPORT AND DRAWINGS

MARCH 2012







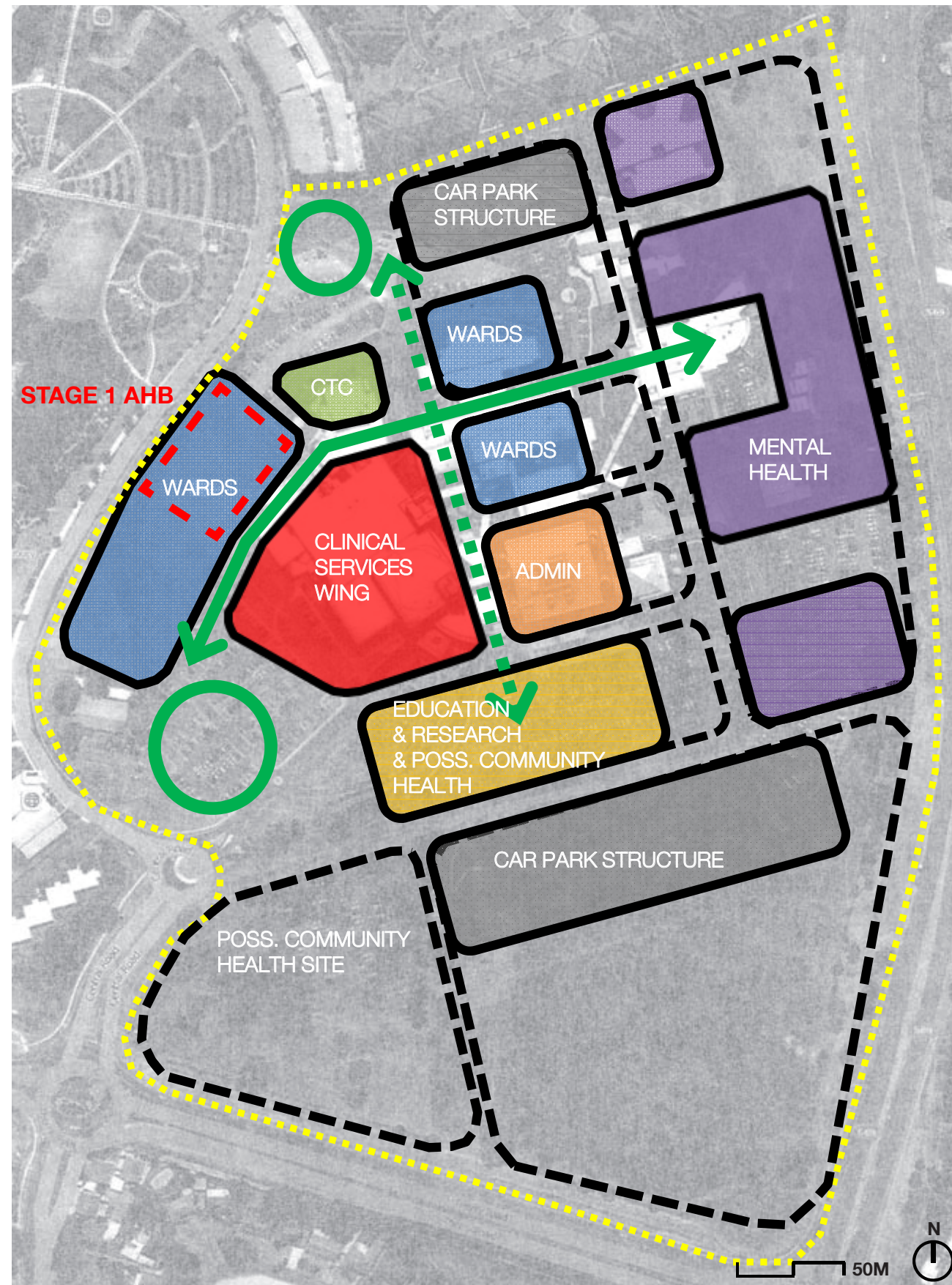
View from Parkside Crescent



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## 01.00 MASTER PLAN

### 01.01 INDICATIVE FRAMEWORK

An indicative Masterplan has been developed to establish priorities and a framework for the Stage 1 Acute Hospital redevelopment. This framework was produced in line with the Macarthur Clinical Services Plan for 2021.

The Masterplan has been developed with a focus on establishing ideal functional relationships between key clinical departments and wards. The existing clinical services building (A Block) has been identified as the heart of the hospital, housing both emergency and theatre functions.

Exploration of the options for expansion of this building (consistent with the functional requirements outlined in the Macarthur Clinical Services Plan) established the critical framework for the masterplan and the ongoing development of the Hospital.

The main aspects of the 2021 Masterplan can be described as follows:

- south-west expansion of the existing Clinical Services building
- a new development zone fronting Parkside Crescent providing:
- medical and surgical wards at the upper levels with strong connections to the theatre floor of the clinical services building
- a new ambulatory care and outpatients zone adjacent to the main entry
- hospital service areas at lower levels with ideal access (via lifts) to the ward areas.
- a new hospital street between the expanded clinical services building and the new ward development zone linking all parts of the hospital
- reuse and refurbishment of the existing original hospital building (B Block) for Clinical Administration
- a new Education and Research zone to the south of the Clinical Services Building with strong links to the hospital's clinical departments
- an expansion of the mental health facilities along the eastern boundary of the property.
- above ground car park structures on the perimeter of the site that can easily access the main hospital entry points for vehicles and pedestrians

### 01.02 DEVELOPMENT OPTIONS

During the development of the indicative Masterplan several layout options were explored. Any Stage 1 development needs to be adjacent to the hospital's hub - Block A. The only location to place a new acute hospital building adjacent to Block A without demolition of existing buildings would have been along Parkside Crescent. The car park area to the south-west of Block A provides the best location for clinical services expansion of Block A in the future.

The proposed location along Parkside Crescent provides good amenity for the occupants with excellent views. It also extends the urban edge established by the Private Hospital.



03.00 SITE ANALYSIS

03.01 EXISTING BUILDINGS

The Hospital site is bounded by Campbelltown Private Hospital and a seniors housing development to the north; Parkside Crescent and Park Central to the west; and major arterial roads, Appin Road and Therry Road, to the east and south, respectively. It is a part of the Park Central Precinct, which accommodates health, residential and commercial uses. The scale of existing development around Park Central is best characterized as medium to low density. Campbelltown Private Hospital is the highest of the surrounding development at 5 storeys.

The existing hospital is best described as a series of unrelated buildings linked by bridges and enclosed walkways. The existing Hospital has developed over the last 35 years with a major addition of the new main entry and the Clinical Services building (known as “Block A”) completed in the early 2000s.

The earlier buildings are primarily concrete structures with horizontal slot windows. The concrete surfaces are typically painted a beige off-white. The more recent additions are clad in exposed masonry blockwork and painted render in beiges, reds and various cream colours.

The recent additions have had little regard for the long term future development in the adjacencies or spatial relationship. The result is a very ‘ad-hoc’ arrangement on the site with little cohesion or sense of a family of buildings.

The existing buildings and their arrangement on the hospital site are described in the following diagrams.

BLOCK A

- L1
  - Reception
  - Admission
  - Pharmacy
  - Café
  - Hospital Auxiliary
  - Outpatients Clinic
  - Nuclear Medicine
  - Medical Imaging/ Xray
  - Equipment Loan Pool
  - Ambulatory Care UniMACS
  - After Hours GPs
  - Emergency Department
  - Security
- L2
  - Day Surgery
  - Pre Admission Clinic
  - Pathology
  - Theatres
- L3
  - Renal Unit
- L4
  - Intensive Care (ICU)
  - High Dependency (HDU)

BLOCK B

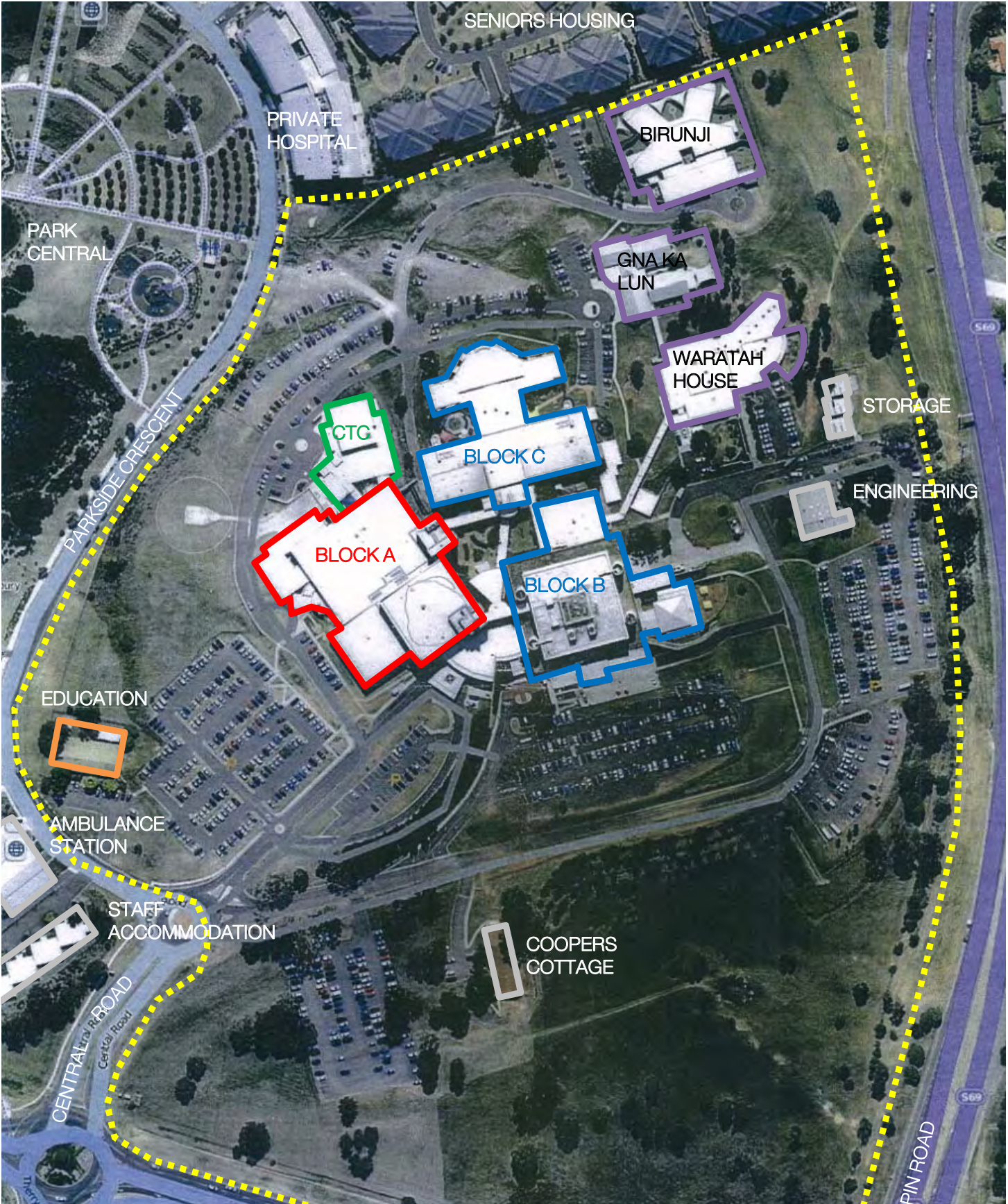
- L2
  - Allied Health
  - Special Care Nursery
  - Cafeteria
  - Kitchen
  - Environmental Services
  - Stores
  - Mortuary
- L3
  - Administration
  - Conference Centre
  - Hospital Library
- L4
  - Surgical Ward A & B
- L5
  - Medical Respiratory Ward
  - Diabetes Service
  - Cardiac Rehabilitation

BLOCK C

- L1
  - Paediatric Services
  - Paediatric Clinic
  - Paediatric Ambulatory Care
  - Paediatric Ward
  - Infection Control
  - Hospital Chapel
  - Clinical Information
  - Access to UWS Clinical School
  - Access to Mental Health
- L2
  - Maternity
  - Delivery Suite
- L3
  - Coronary Care Unit (CCU)
  - Cardiac Diagnostics
  - Medical Stroke Ward

CTC

- L0
  - Radiology Unit
  - Oncology
- MENTAL HEALTH
  - Adult Acute
- WARATAH HOUSE
  - Child and Adolescent
- BIRUNJI
  - Youth Acute



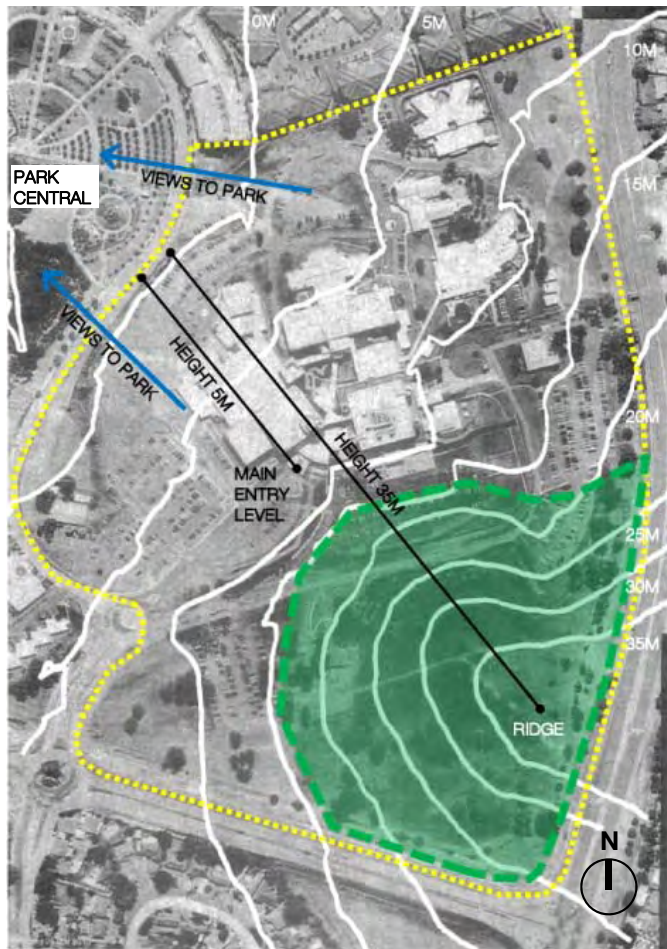


03.02 TOPOGRAPHY AND VIEWS

The site terrain slopes down from the property's south-east corner to its north-west corner. The difference in height across the site is approximately 35-40m. The steepest part of the property is its south-east corner bounded by Appin Road, Therry Road and the existing hospital buildings. The difference in height from the hospital's existing main entry to the south-east corner of the site is approximately 30m.

The significant slope adds additional confusion to the already complex arrangement of existing buildings.

The slope of the site for the Stage 1 Acute Hospital building provides the opportunity for solar access and views from the site over Park Central and surrounds to the west and south-west.



03.03 URBAN DESIGN/AMENITY

The site up until the mid 1970's was an undulating paddock with no buildings. The hospital development during the 1970's and 1980's was the first significant buildings in this vicinity of Campbelltown. Since these early hospital buildings there has been an ad-hoc arrangement of development across the site with little strategic vision or master planning.

More recently the private hospital to the north has formed a 'street edge' development of 5 storeys along Parkside Crescent. This reflects a more 'urban' response emerging along Hyde Parade. This has informed the response of the Stage 1 Acute Hospital with a street aligned building form of similar scale of the private hospital. The proposed building, however, is more articulated with a 'plinth' base and expressed stair tower design. The ward levels are arranged to maximise bedroom views to the park opposite.

The building form is primarily arranged to engage occupants with the surrounding landscape. The ward levels above the podium are separated by a large generously planted roof terrace that ensures privacy to all patient bedrooms. This massing also reduces the visual bulk along Parkside Crescent. This edge is further articulated by the proud stair towers that

are animated by large bay windows to emphasis the engaging relationship between the park and the building. The face of these stair towers are further articulated by a frame with a textured masonry infill panels with anti-graffiti sealant.

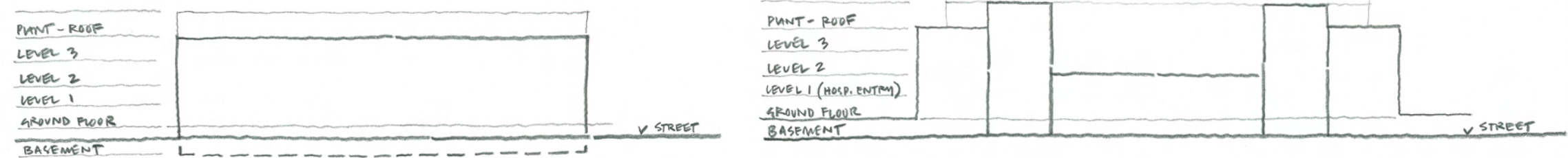
The height of the stair towers rise above the main roof parapet to engage and cap the set-back rooftop plant. This provides further articulation to the profile of the park elevation.

The building 'plinth' and retaining wall to the forecourt is a requirement to match the existing hospital floor levels. The effective ground level is typically 3m above the street level along Parkside Crescent. The basement 'shell' space cannot provide future hospital services due to the height limitations and limited adjacencies. This basement area may be able to provide future support storage or workshops for the hospital. There may also be potential for future synergistic retail on the Parkside Crescent edge, however, this is beyond the current scope and budget for Health.

This required 'plinth' wall and retaining wall to forecourt has had its 'blankness' and height mitigated by a 5m deep planting verge with vertical

planting, deterring graffiti and reducing the walls visual impact. Until such future circumstances arise that enable active uses along this elevation the planting may be removed to encourage the connection to the park. This plinth wall will also be treated with anti-graffiti sealant.

Park Central is not impacted by shadows from the proposed development. The proposed building overshadows the existing ambulance bay to the south and loop access road to the hospital. The building is separated by approx 25m from the existing Block A containing Emergency at Level 1. This separation maintains good daylight penetration to the existing windows.

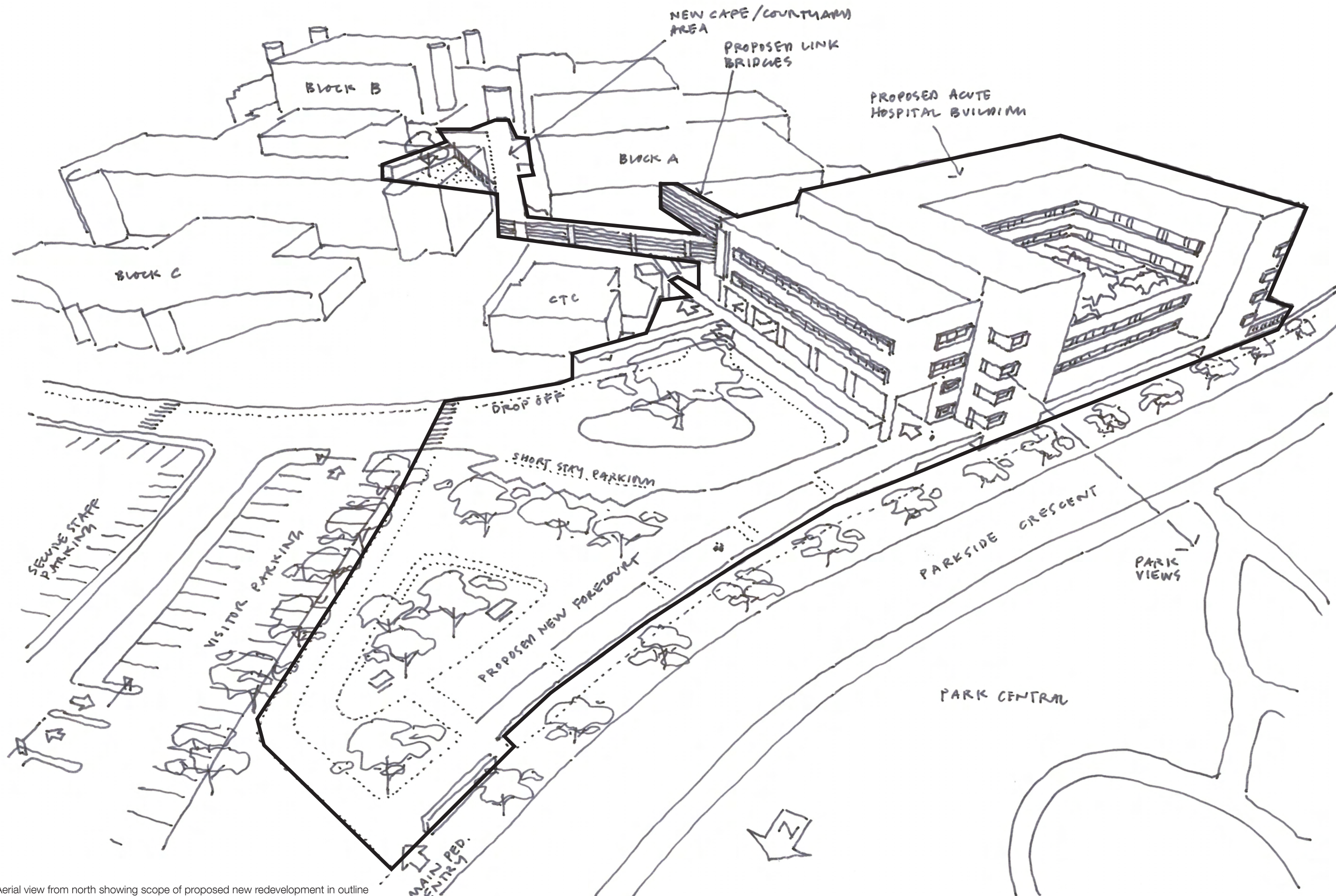


Street wall massing comparison between Private Hospital and Proposed Acute Hospital



View from Parc Guell Drive across Park Central





Aerial view from north showing scope of proposed new redevelopment in outline



04.00 DEVELOPMENT PROPOSAL

04.01 CONFIRMATION OF DEVELOPMENT PARAMETERS

PROJECT OBJECTIVE

Campbelltown Hospital is a major service provider for the people of Macarthur, incorporating the Campbelltown, Camden and Wollondilly LGAs. It is expected that the population of the catchment population of Campbelltown Hospital will rise from just under 200,000 in 2006 to over 310,000 by 2021. There are insufficient public hospital services within reasonable proximity to the catchment population to absorb the health services demand of the existing and new populations, as well as to meet changing health needs. This has identified the need for Campbelltown Hospital to expand and increase its range and level of services, with the eventual aim of operating as a tertiary Principal Referral Hospital by 2021.

The objective for this project is to undertake an initial Stage 1 redevelopment of Campbelltown Hospital to meet identified priority service needs for Macarthur (from the total service needs defined in the Macarthur Clinical Services Plan to 2021), within the available funding constraints.

This supports the NSW State Plan 2010 objective to ‘improve and maintain access to quality healthcare in the face of increasing demand’.

- It is anticipated the project will provide significant social, economic and environmental benefits to the local community through:
- Increased range and level of health services locally;
  - Improved access to healthcare services;
  - Improved healthcare and quality of life outcomes;
  - Increased employment, education and training opportunities.

CAMPBELLTOWN HOSPITAL

Campbelltown Hospital has grown progressively over the last 35 years to become a major metropolitan group B1 hospital, operating under a common executive management structure and with networked services with Camden Hospital, providing a range of services at mainly role delineation level 4. It is a teaching campus for the UWS Medical School.

CLINICAL SERVICES PLAN

In response to the expected population growth in the Macarthur region and projected increased demand for health services, the then Sydney South West Area Health Service (SSWAHS) undertook a comprehensive planning process to determine health service needs for the region to 2021 and beyond prepared. This resulted in preparation of A Clinical Services Plan for Macarthur to 2021 (CSP-M)which was endorsed by the Statewide Services Development Branch of NSW Health in early 2010.

- This Plan examined current local services, demographics and the health status of the population, and provided a profile for the future based on population projections to 2021. The profile included:
- partner organisations;
  - future health services activity;
  - enablers e.g. workforce, education, research;
  - clinical services;
  - facilities requirements.

The CSP-M concluded that a sustained service delivery strategy is required, necessitating new models of care, increased services and an expansion of Campbelltown Hospital.

SERVICES TO BE PROVIDED

The CSP-M outlined the clinical service direction, the proposed models of care and the projected demand for future health services in the Macarthur region. It stated the need to ‘expand Campbelltown Hospital’s overall capacity to a critical mass necessary to develop and maintain tertiary teaching hospital status and provide self-sufficiency in meeting the majority of care needs of increased population numbers’.

Apart from the catchment growth, Liverpool Hospital will be less able to take Campbelltown Hospital’s overflow and tertiary activity, necessitating the development of both new and expanded services locally.

The service enhancements proposed in the CSP-M reflect the enhanced role delineation level of the Campbelltown Hospital and the projected increase in service demand related to the significant growth in the south west region and the health status needs of the population.

- The Business Case identified the following changes to services from 2008 levels as a result of the Stage 1 ‘new build’ project:
- Acute beds - Increase from 309 beds to 399 beds;

- In addition, the project offers increased or enhanced:
- Adult ambulatory care and outpatient services;
  - Allied health services;
  - Pathology services;
  - Clinical Information services.

The proposed Stage 1 Acute Hospital building comprises of following:

- |         |  |
|---------|--|
| Level 0 | Pathology<br>Clinical Information<br>Future shell space<br>Plant<br>Entrance foyer                     |
| Level 1 | Outpatients<br>Ambulatory Care<br>Ante Natal<br>Allied Health<br>Foyer and link to main hospital entry |
| Level 2 | 2no. 30 bed general inpatient wards  |
| Level 3 | 1no. 30 bed general inpatient ward<br>Shell space for future 30 bed inpatient ward                     |
| Level 4 | Plant  |