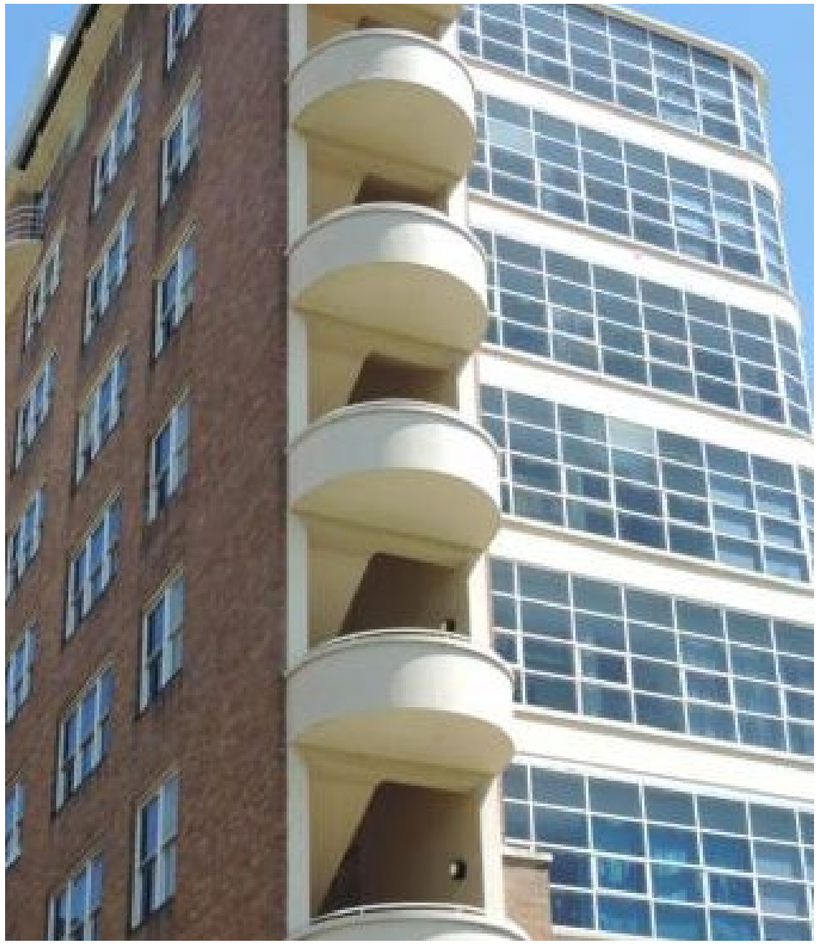

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CONCORD HOSPITAL REDEVELOPMENT STAGE 1

CLINICAL SERVICES BUILDING/ CSB

WAYFINDING SCHEMATIC DESIGN REVIEW FOR ERG PRESENTATION

ISSUE L
11.07.2018

DOCUMENT NO. S3261-NEWB-WF-RPT-0007

The purpose of this report is to accompany the SSDA application for the proposed concept and Stage 1 Redevelopment.

This report relates to Stage 1 Redevelopment only, with further opportunities to provide or enhance wayfinding to be achieved as part of the subsequent stages of redevelopment which would be subject to a future DA for that purpose.

Summary of Site History

The Concord Repatriation General Hospital was established in 1941 using land and funds set aside from the estate of the Walker family, which had previously help found the Thomas Walker Hospital for Women and the Dame Eadith Walker Convalescent Hospital for Men. Much of the original construction was functional, military-style wards and service buildings of fibro, brick and tile.

In 1942 the architectural firm of prominent hospital designers, Stephenson & Turner, was engaged to develop a group of buildings comprising the:

- Multi Block (Building 5) – rated as "Exceptional" in the CMP (July 1999);
- Administration Building (now subsumed by Building 3);
- Former No. 1 Nurses Quarters (Building 2) – rated as "High";
- Former No. 2 Nurses Quarters (Building 75) and Resident Medical Officers Quarters (Building 76) – rated as "High";
- Former Boiler House and Laundry – rated as "High";
- Former Gatehouse (Main Gate) – rated as "High".

The Multi Block building is an outstanding example of early modern architecture in Sydney with exemplary facades designed in the Inter-War Functionalist style. The design is an early example of horizontal modernism and strong landmark qualities. The building was awarded the Sulman Award for architectural excellence in 1946, and is a fine representative example of the prominent institutional architecture of the architectural firm, Stephenson & Turner. The original grouping of these hospital buildings ensured that the Multi Block was the focal point on the landscape.

The Hospital campus saw only minor change between 1942 and the mid-1970s other than additional land reclamation along the south side of the peninsula, with the complex handed from the Commonwealth to the NSW State Government in 1974. From the mid-1970s, a series of new buildings were constructed, and some of the open spaces, courtyards and garden areas began to be lost. The most dramatic of these changes occurred in the early 1990s when the original Administration building was expanded and the formal courtyard between the Stephenson & Turner buildings became progressively eroded.

The Hospital became a general public hospital in 1993 and additional expansion and changes have occurred since that time, due to changing health service requirements, population pressure and the need for expanded and modernised facilities. This saw a new extension to the south-eastern portion of the Multi Block in the early 2000s and the demolition of all buildings at the eastern end of the peninsula for the establishment of the Concord Centre for Mental Health in 2008.

Historic Built Fabric

The main historic fabric at the CGRH site is embodied by the remaining core of the Stephenson & Turner buildings – the Multi Block, the two Nurses' Quarters buildings and the Medical Officers' Quarters. These buildings were all well designed to complement each other and embody the prevailing philosophy of hospital design at the time. They were detailed in a modern, functional aesthetic and incorporated elements such as public art. Their relationship has been compromised by the progressive subsuming of the original Administration building by later extensions to the wards and the Multi Block has been altered through the construction of the Cafeteria in the 1960s and the new façade to the south-eastern quadrant in the 2000s. These core buildings still retain their presence as key historic features on the site and the Multi Block, particularly, is a highly visible feature, although distant views to the site are now quite limited due to the revegetation of the river frontage to the peninsula.

The majority of the other lower level buildings are of only a moderate level of significance, as simple, functional buildings built during the Second World War. The main exception to this is the Red Cross Theatre, which is both a distinctive building and provides the main evidence of the social uses of the site for returned servicemen.

Historic Landscape

The natural vegetation of the area consisted of Eucalyptus forest with the foreshore characterised by mangroves. The vegetation was typical of that found along the Parramatta River before European settlement. With the development of the Concord Repatriation General Hospital, no bushland has been retained on the site.

Signage, Wayfinding & Circulation

Signage and way finding will be in accordance with the Health Infrastructure guideline "Wayfinding for Healthcare Facilities".

The main circulation routes will be designed to intuitively lead visitors to their destination, acknowledging that users use a number of senses to navigate and make decisions.

Signage will be prominent, uniform, concise, written in plain English and include Braille indicators. Universal pictograms will be used where possible. Wayfinding will be assisted by use of design features such as the atrium and courtyards, interior design and prominent art works.

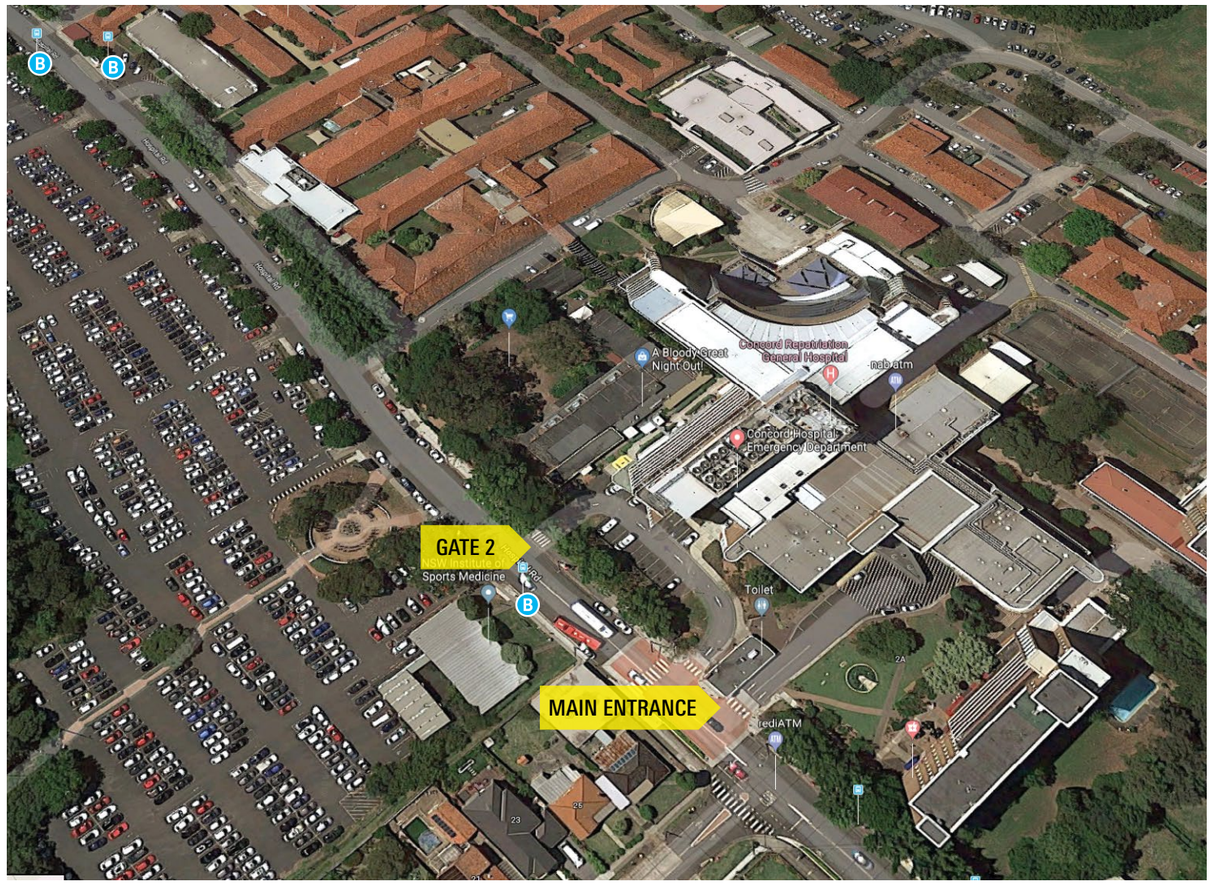
Hospital circulation routes will ensure a separation of the public from staff/patient/services flows in both corridors and lifts. Lifts will be designated as service lifts (waste, engineering, linen, supply, food, equipment delivery), patient lifts (inpatients) and public/staff lifts (staff, visitors and outpatients).

Redevelopment Considerations & Impacts

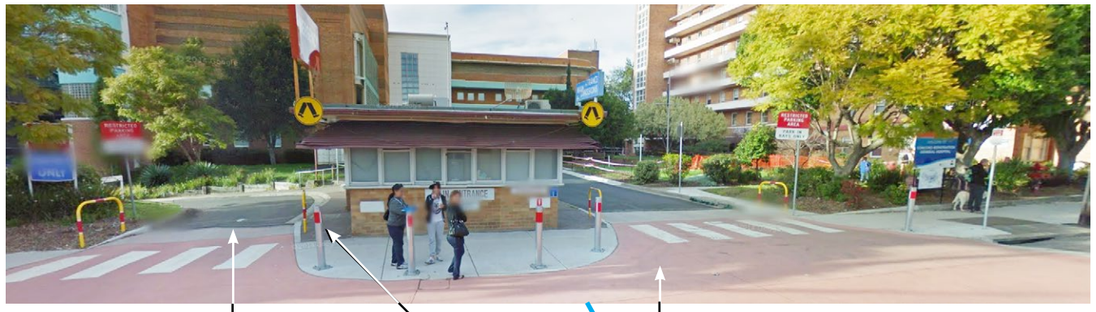
Prominent signage will be required on Hospital Road for the new facilities planned for Phase 1 of the redevelopment including the Defence Force Centre of Excellence, Centre for Aged, Complex Care and Rehabilitation and Cancer Care Centre. Distinctive signage and entry arrangement will be required for the Soldier On Centre to differentiate it from the hospital services on campus.

STATE OF EXISTING SIGNAGE

Google Map of Site



3D Map of Site

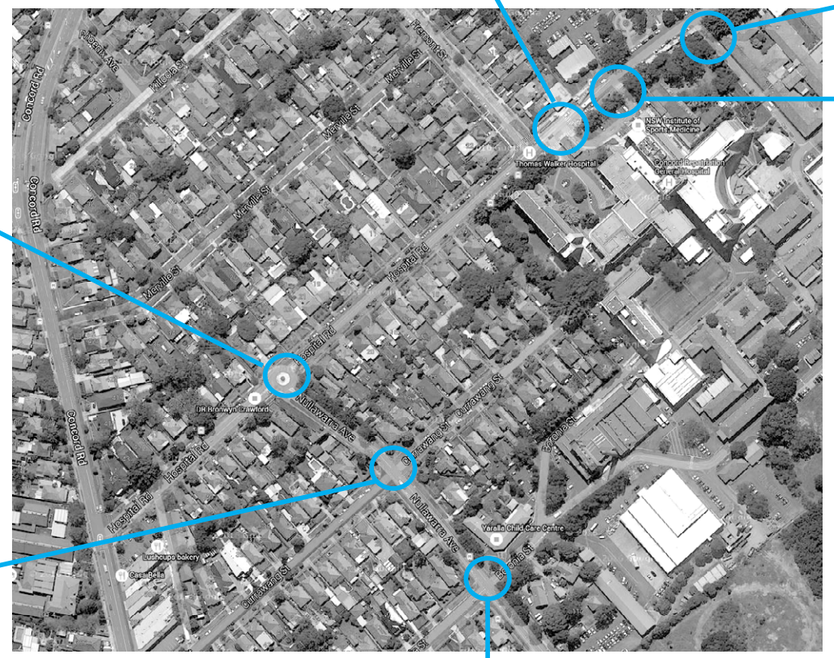


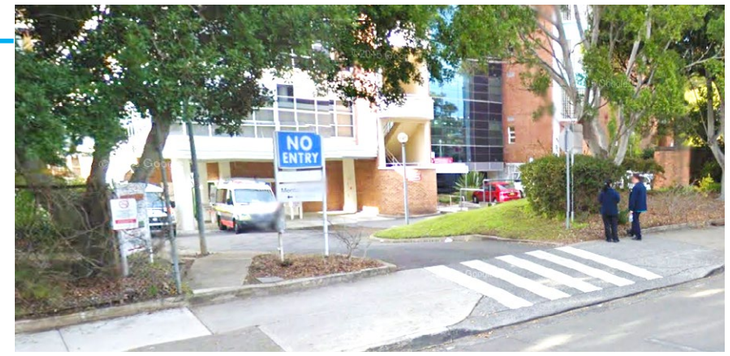
Main Entry Ambulance Entry Pedestrian Entry

Vehicular Entry
Drop Off/ Pick Up

Secondary Entry

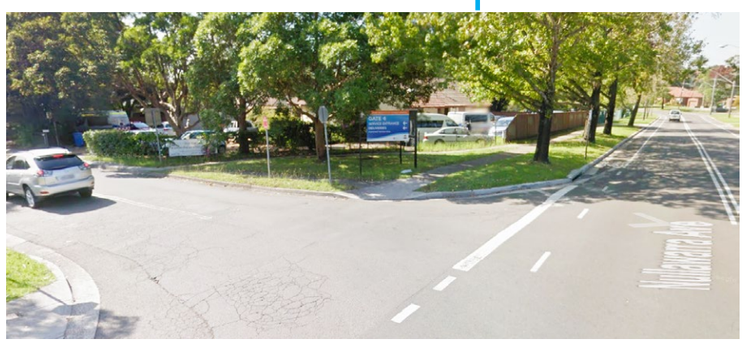
Corner Hospital Road / Nullawarra Avenue
Directional sign is parallel with main traffic and not visible from the required distance





Ambulance Exit

Corner Nullawarra Avenue / Currawang Street
to Oncology Entry



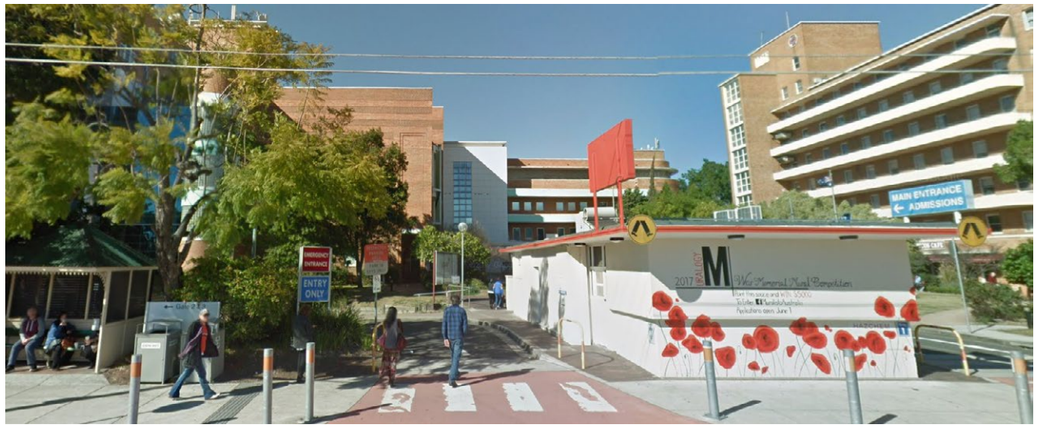
To Service Entry & Entry for Patient Drop-Off & Parking at Ambulatory Care

Intersection Concord Road/Hospital Road.

The RMS sign may be visible from the south but it's view is partially blocked by tree branches when approaching from north.

Corner Hospital Road / Nullawarra Avenue.

Directional sign is parallel with main traffic and not visible from the required distance



Current Main Entry.

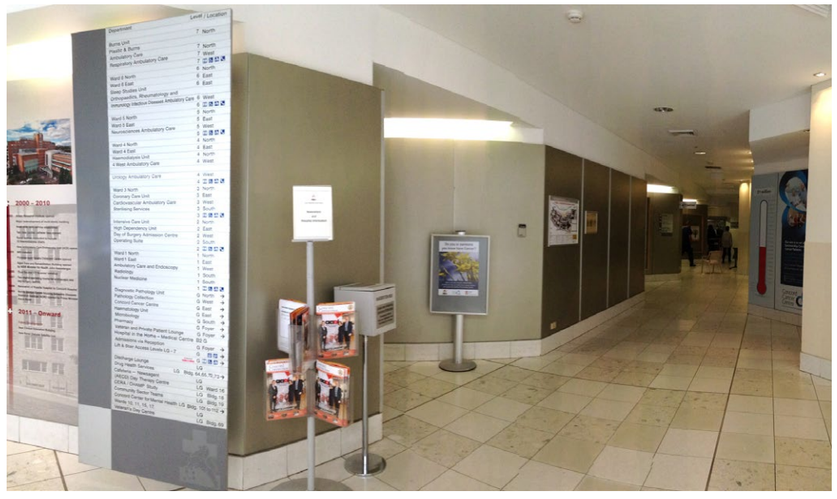
Ambulance and pedestrian entry.

Current Main Entry.

Vehicular traffic entry.

Main directory of site located between the guardhouse & the Main Entry.

This directory may list every department and service, however some information is blocked by glass framing.
The directory design is very outdated and overwhelming.



Lobby at Ground level of Main Entry/Main Building at the junction where Main Entry Corridor meets the Drop off/Pick up Lounge.

Drop Off/Pick Up Lounge.

Moving along the corridor on ground level towards the lift lobby.

Lift lobby directory on ground level.

It is not best practice to extend a directory right up to the ceiling. Legibility is compromised due to overstretched viewing angle and reflection by lights. A directory should be accommodated between 600 & 2100mm from the floor.

The principle of listing everything on that directory may be questioned, and smaller text and a matt finish is recommended and best practice.

Level 5, Entry to Ward 5 East

The main message (Ward 5 East) appears almost secondary in relation to the other information. There are a total of 7 signs, clearly a clutter.

Intersection Concord Road/Hospital Road

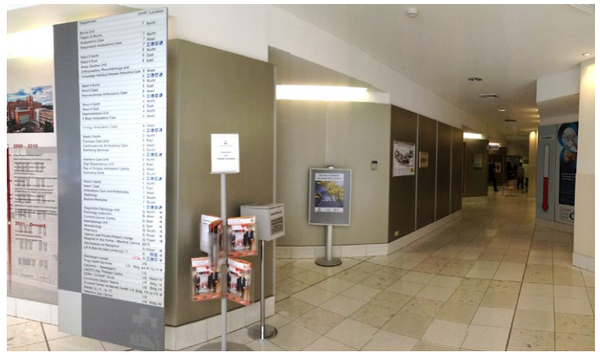
The RMS sign may be visible from the south but it's view is partially blocked by tree branches when approaching from north.

View of the Main Building from across Hospital Road

The hospital and its entry is not clearly articulated.
Multiple signs in different designs and languages are spread across the footpath parallel with the road instead of being orientated perpendicular with the road.
The nomenclature featuring on the signs is outdated.

Main directory of site located between the guardhouse & the Main Entry

This directory may list every department and service, however some information is blocked by glass framing.
The directory design is very outdated and overwhelming.

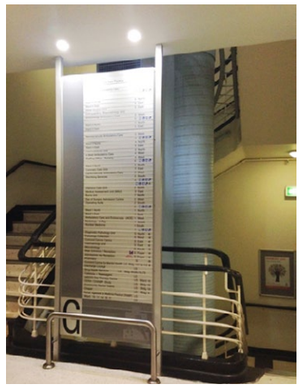


Lobby at Ground level of Main Entry/Main Building at the junction where Main Entry Corridor meets the Drop off/Pick up Lounge

The directory lists all destinations by level and then by sector (cardinal points north, east, south, west).
The comprehension would be greater if the directory were better structured.

Drop Off/Pick Up Lounge

Moving along the corridor on ground level towards the lift lobby



Lift lobby directory on ground level

It is not best practice to extend a directory right up to the ceiling. Legibility is compromised due to overstretched viewing angle and reflection by lights. A directory should be accommodated between 600 & 2100mm from the floor.

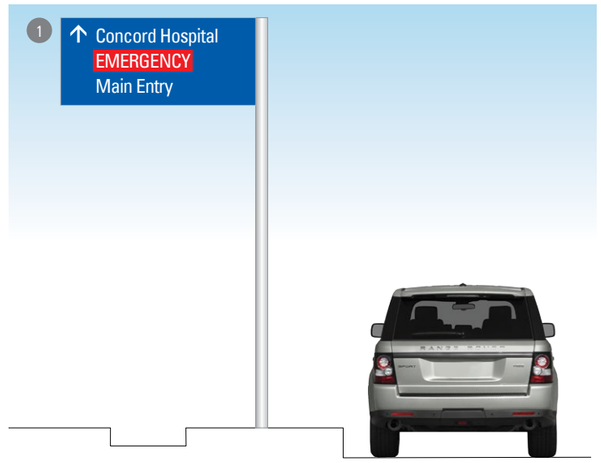
The principle of listing everything on that directory may be questioned, and smaller text and a matt finish is recommended and best practice.

Level 5, Entry to Ward 5 East

The main message (Ward 5 East) appears almost secondary in relation to the other information. There are a total of 7 signs, clearly a clutter.

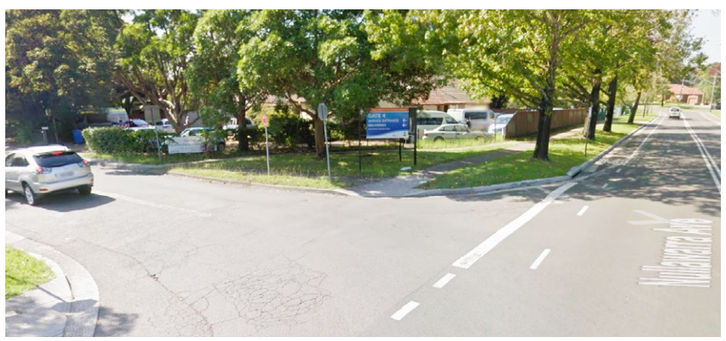
PROPOSED RMS SIGNAGE

1. Corner Hospital Road / Nullawarra Avenue
   Directional sign is parallel with main traffic and not visible from the required distance



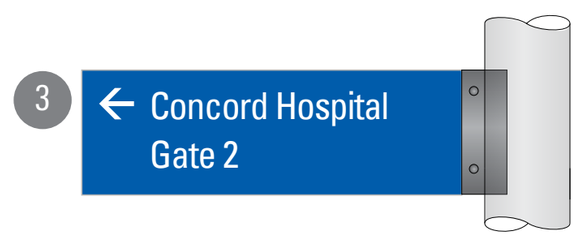
here there will be a new RMS Sign

2. Corner Nullawarra Avenue / Currawang Street to Oncology Entry

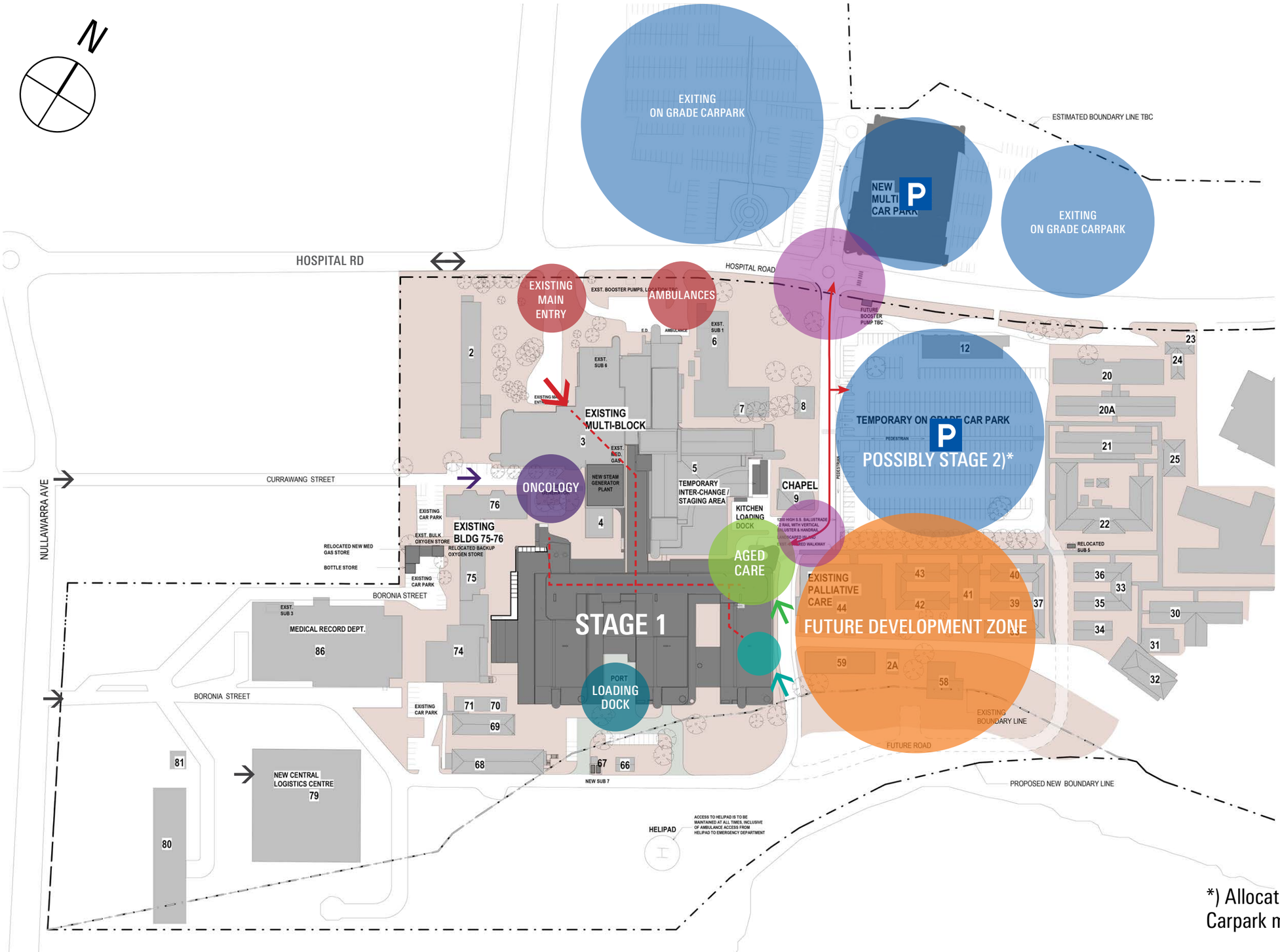


here there will be a new RMS Sign

3. To Service Entry & Entry for Patient Drop-Off & Parking at "Soldier On" & Ambulatory Care



THE SITE



*) Allocation is indicative.
Carpark may be south and building may be north.

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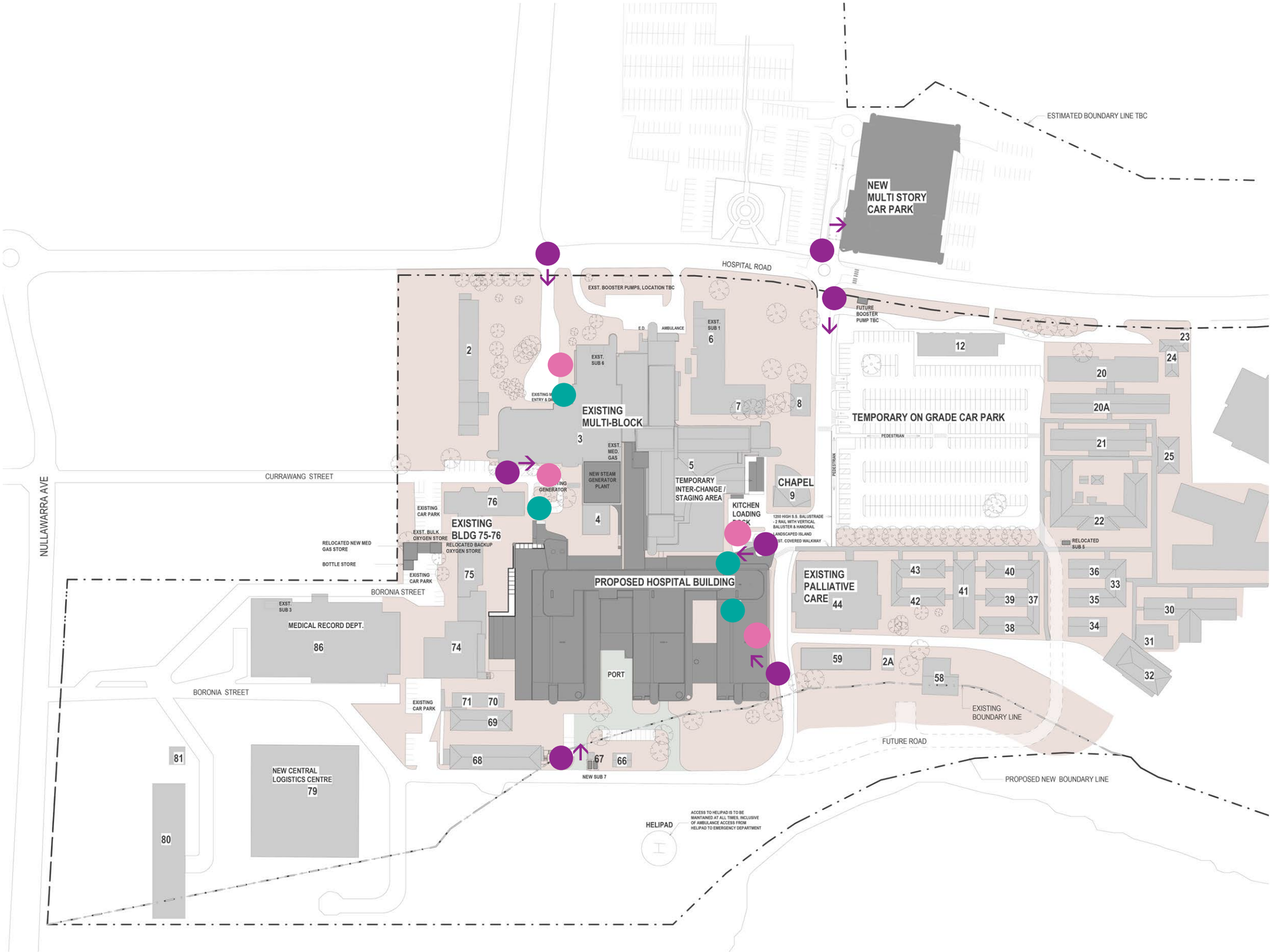
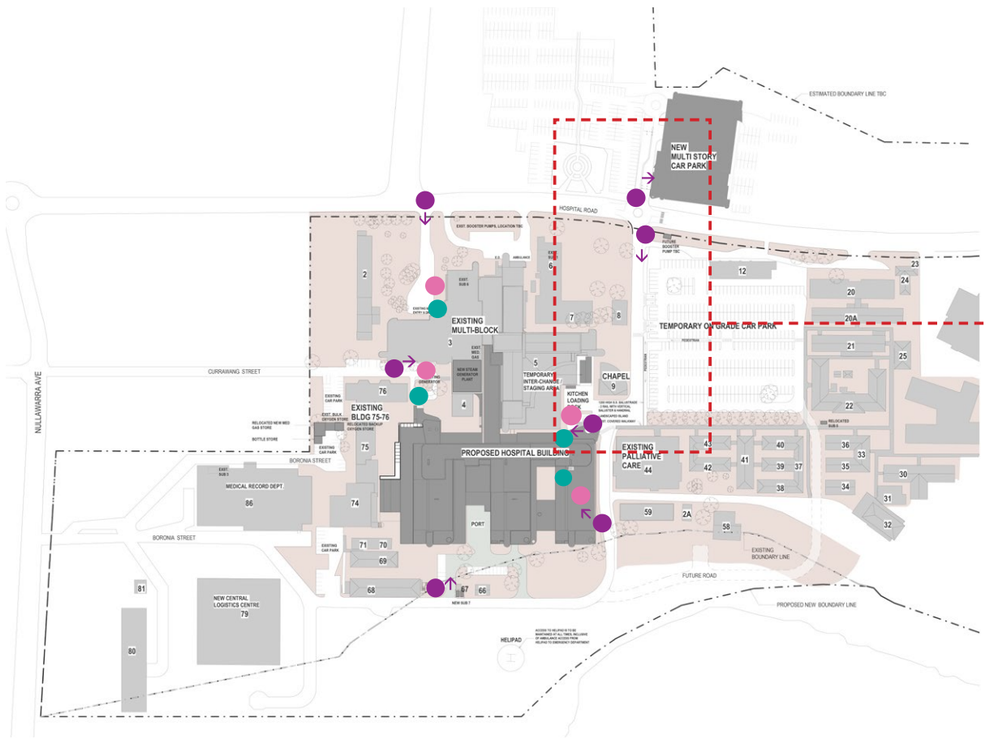
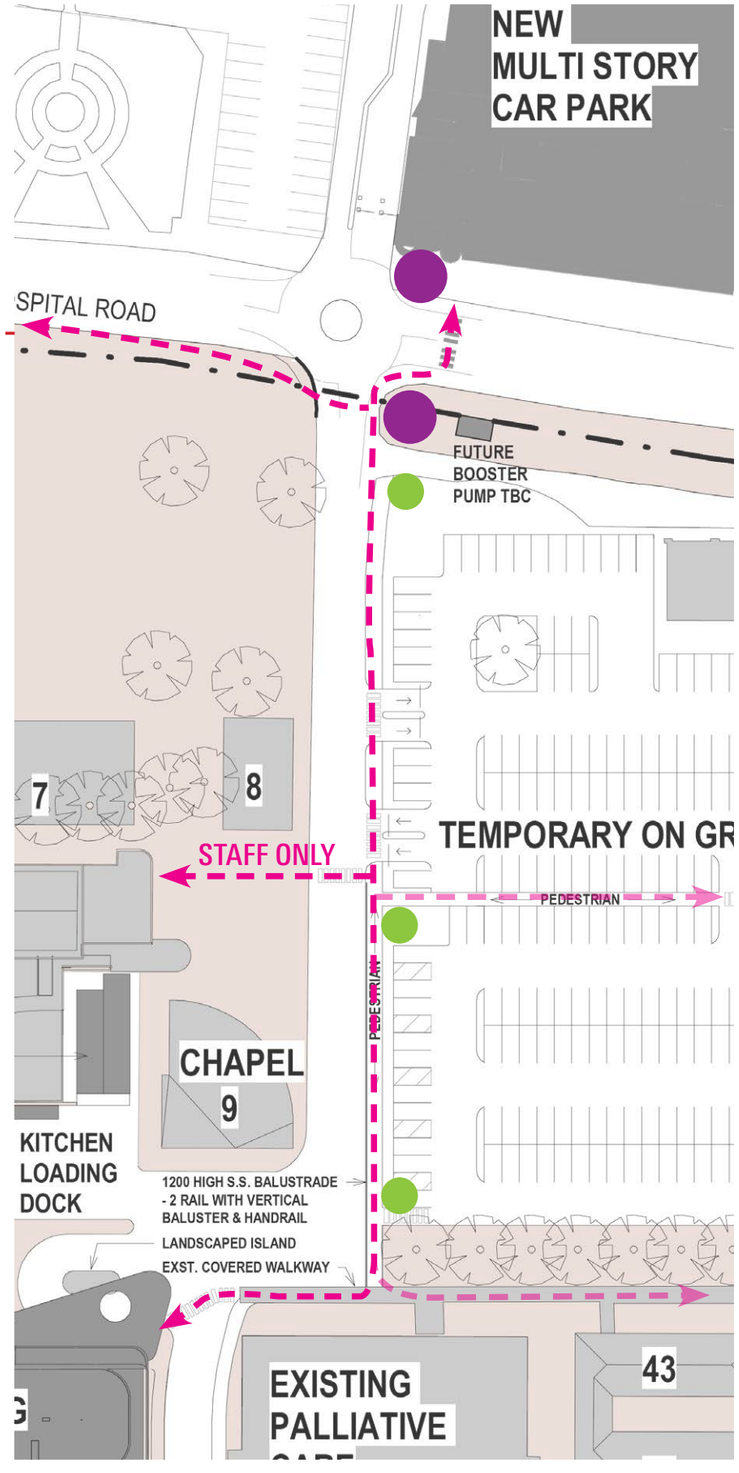
KEY

- Vehicular Entry
- Drop Off/Pick Up
- Pedestrian Entry







KEY

- Pedestrian Circulation
- Vehicular Traffic Marker
- Pedestrian Traffic Marker

N

View from Site. Stage 1 in the foreground.

Street level view of new Stage 1.

KEY

Sign

New multistorey carpark.

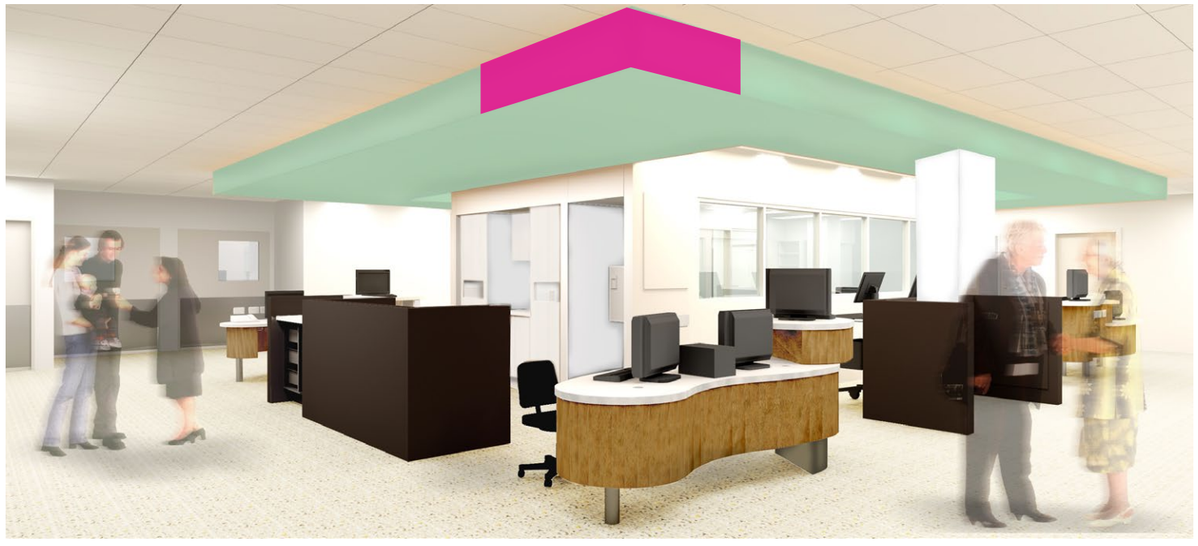
Drop Off/ Pick Up and Entry to Stage 1 building.

Cancer Entry to Stage 1 building.

Stage 1 Building
Main Reception LG – Aged Care
View west towards lift core.

Stage 1 Building
Ground Floor
View east towards Main Entry Stage 1 Building.

Typical Reception



Typical Staff Station

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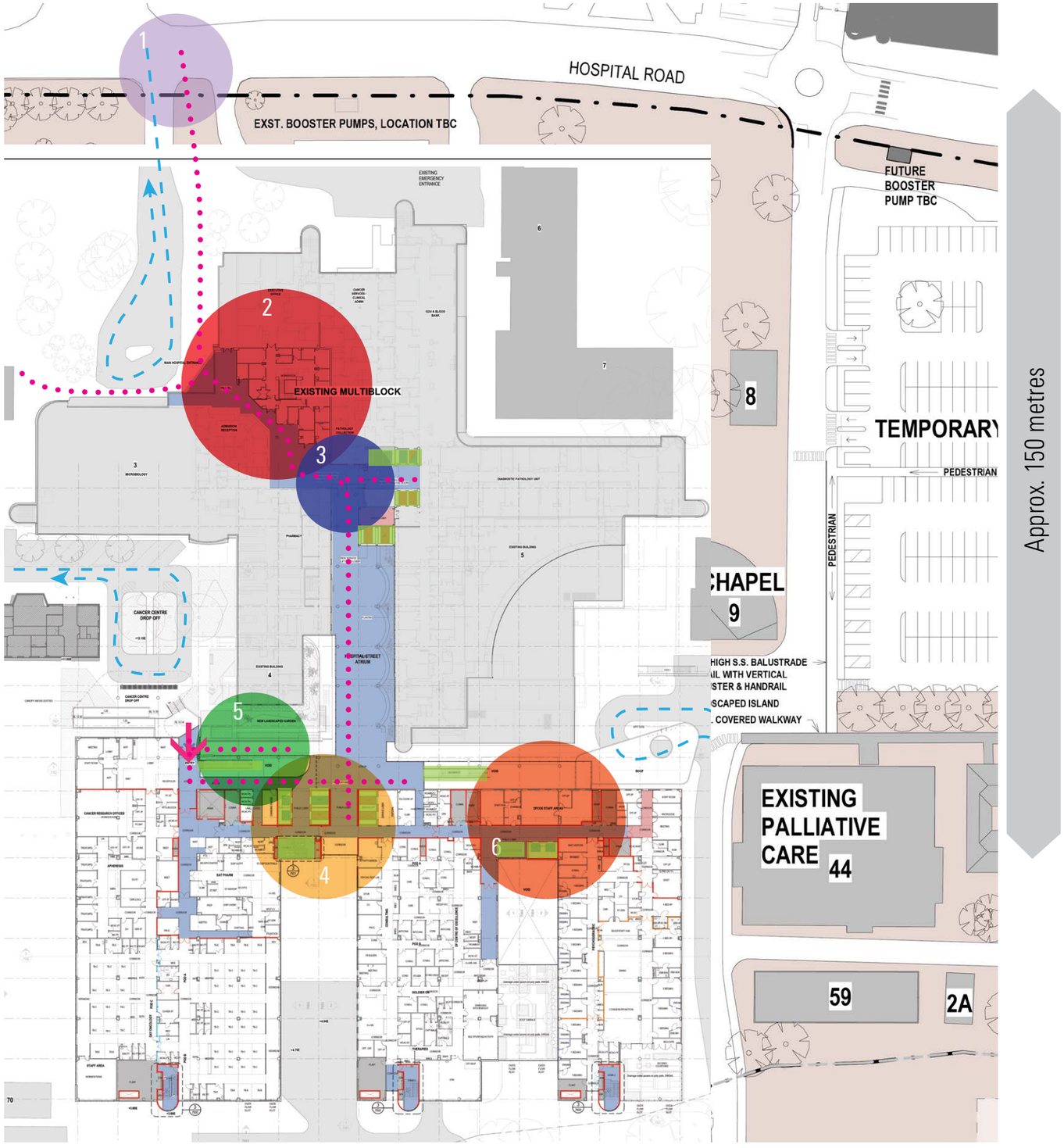


KEY

- Vertical transport
- Public
- Staff
- Vehicular Circulation
- Pedestrian Circulation

Ground is the only level which provides internal public circulation between the existing building and the Stage 1 project.

Signage between the main entry and the new building must clearly guide visitors to the various primary and secondary destination.

1. Existing Main Entry Hospital Road
   - Ideally the main entry - is clearly visible from Hospital Road.

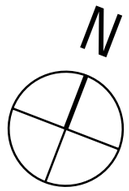
2. Main entry existing hospital building
   The lobby requires signage similar/same as implemente for Stage 1 project.

3. Intersection existing building/new building
   Where the new internal hospital street meets the existing building, clear directions and a directory are required with the principles of 'progressive disclosure' and best practice.

4. Intersection in the new building
   Hospital Street terminates at a lift lobby where lifts allow access to all levels in the new building.

5. West
   A connection allows entry to the Oncology Department. The department has its own entry and a carpark for chemotherapy patients and stairs down to LG to Cancer Ambulatory Care.

6. East
   A corridor leads to a lobby where lifts and stairs access levels B, LG and G.
   A stair connects with Ambulatory Care reception on LG. Through an entry, visitors arrive at the reception, lifts and stairs which reach B, LG and G.



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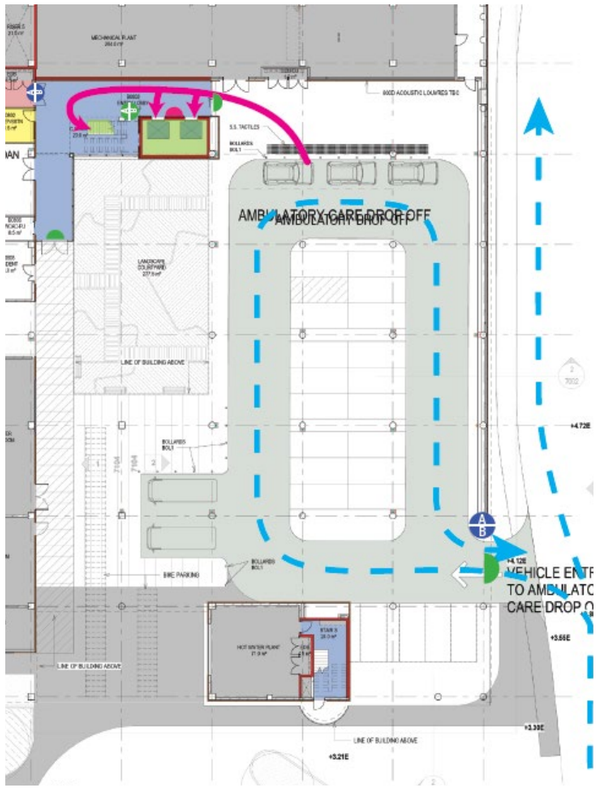
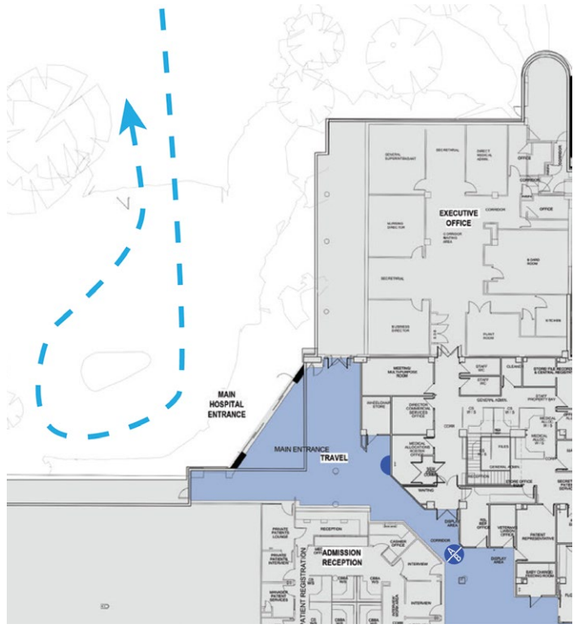
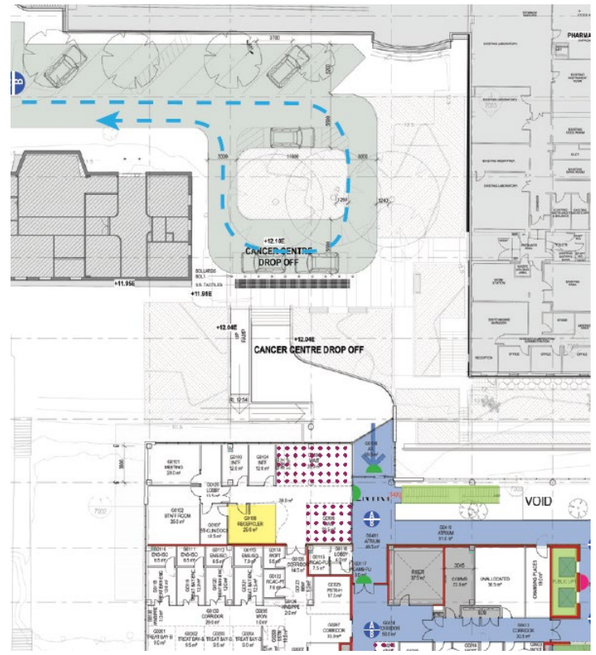


Ambulatory Car Entry Drop Off/Pick Up on Basement.

Ambulatory Car Entry Drop Off/Pick Up on Lower Ground.



Existing Main Entry on Ground.



Cancer Centre Entry Drop Off on Ground.