

# ST JOHN OF GOD RICHMOND HOSPITAL

SSDA REPORT  
02 OCTOBER 2020



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# 1. EXECUTIVE SUMMARY

## 1.1 INTRODUCTION

The St John of God Richmond Campus is located at 177 Grose Vale Road, North Richmond in New South Wales. The site is located outside the township of North Richmond, on a 10-hectare site.

The site has lavish views towards the Blue Mountains and surrounding plains and the Hawkesbury River.

A significant feature of the site is Belmont House. Built in 1892 this substantial building is of historical significance and has a commanding position on the site overlooking lawns and mature specimen trees.

The current facility on the site has been developed since 1953 when the Hospitaller Order of the Brother of St John of God (SJOG) purchased the estate. Over the years the hospital has been extended and developed to meet its expanding role of a mental health facility. The hospital currently is a mix of building of various ages and several them do not meet with current guidelines for health facilities, or the expectations of the private patients.

The hospital is now commencing a redevelopment at Richmond that will see mental health undergo a total service transformation. The proposed new hospital development will form an early part of this transformation, to create an environment that will enable patients to experience a first-class facility with amenities that will assist in their recovery and wellbeing and well as creating an environment that will aid the caregivers in creating exceptional care to patients.

## 1.2 PROJECT SCOPE

Currently an 88-bed hospital of varying room types including shared rooms and shared facilities, the new development will deliver the following:

- 112 sole occupancy bedrooms with ensuites;
- Generous lounge and break out areas within the Residence Pavilions;
- Large dining area with various seating arrangements for a restaurant feel;
- Alfresco dining areas;
- Café;
- Pharmacy;
- Group rooms and associated clinical support areas, and
- ECT & TMS Suite.

The above will form the bulk of the new building which will be linked together with a multi-use space that will have informal seating areas and provide a communal area from the residences to dining pavilion.

Refurbishment of the existing administration building will include the new home of the Chapel, as well as reception and waiting area upgrades. Xavier House will be completely refurbished to house the relocated and expanded CTC, Medical Centre and Education Hub.

Along with the demolition of the sub-standard building stock and proposed new build, site wide infrastructure will be upgraded, extended parking and traffic management implemented with landscaping to the new buildings undertaken.

A stand alone wellness centre is also included on the western side of the site.

## 1.3 REFERENCE DOCUMENTS

The Schematic Design references the following documents;

- St John of God Richmond Hospital Functional Brief v1.7 – Author, SJOG
- Schedule of Areas (SOA) 30/08/2019 [superseded] – Author, SJOG
- Schedule of Areas (SOA) 07/11/2019 – Author, SJOG
- Schedule of Areas (SOA) Post VM 06/07/2020 – Author, SJOG

## 1.4 PROGRAMMING

Silver Thomas Hanley (STH) was appointed as lead consultant in September 2019. The supplied program identifies key dates that the design team are working to within the Schematic Design phase;

DATE	MILESTONE
16 September 2019	Project start up meeting
30 October 2019	SD User Group 1
06 November 2019	SD User Group 2
27 November 2019	SD User Group 3
05 December 2019	SEARS received from DPI
18 December 2019	Schematic Design Report Draft Issue
21 January 2020	Schematic Design Report Final Issue
13 October 2020	SSDA Submission

# 1. EXECUTIVE SUMMARY

## 1.5 KEY DESIGN ITEMS REVIEWED

A number of key items were explored during the development to date that include the following;

- Facility function, departmental accommodation and relationships;
- Site constraints, existing and proposed reticulated services;
- Services provision: power, sewer, gas, stormwater, water supply and fire hydrant supply;
- Further consideration and progress of the State Significance Development Approval (SSDA) and Development Approval (DA) by Hawkesbury Council;
- Neighbourhood and impact on associated areas;
- Future proofing of infrastructure for expansion;
- Guest, visitor and staff internal pedestrian traffic flow;
- On-site car parking numbers, location, access and control;
- On-site accessible parking provision;
- On-site end of trip facilities provided;
- Ambulance/ Patient Transfer transport service;
- Structural retention and structural systems;
- Civil engineering;
- Mechanical services;
- Fire engineering;
- Electrical services;
- Essential supply generator and fuel supply;
- Hydraulic and fire services;
- Stormwater diversions;
- Communications services spatial provisions;
- Kitchen deliveries and supplies;
- Waste management/collection;
- Lift service:- number, floors served and car size;
- Staging, phasing and location of temporary access for client/patient, ambulance transport, visitor, staff and goods delivery/waste collection including car parking; and
- Building surveying services.

## 1.6 DESIGN OBJECTIVES

The design requires a number of objectives to be met to develop the redevelopment. The following objectives were achieved;

- a. Verify that the proposed development is consistent with the St John of God Richmond Schedule of Areas;
- b. Verify the designed schedule of areas in comparison with the supplied schedule of areas;
- c. Test, verify and develop the planning of the hospital to prove the required operational outcomes of the hospital can be met;
- d. Develop an architectural scheme based on the clients brief and schedule of areas as well as meeting the clients on aspirations for the hospital;
- e. Verify building and infrastructure services requirements have been tested and integrated into the design;
- f. Document the design to allow for building services to integrate their own designs, allow cost consultants to review, and present all inputs in this SSDA report.

## 1.7 CONCLUSION

The design team have undertaken multiple design team meetings with the client to review and implement the client's vision. As part of this process the design team have proposed alternative solutions for consideration as part this phase.

Key stakeholder meetings have been undertaken with the nominated user groups at the hospital and their inputs have formed part of the design process.

The design responds both to the clients vision and the site parameters and has created an informal arrangement of buildings that echo the past out buildings that could typically be found on the grand country estate.

Reflecting traditionally vernacular forms of the 1800's, the buildings free flowing form breaks down the mass of the hospital, creating a variety of outdoor amenities for the guests, staff and visitors alike.

Limiting the buildings height to only two floors and the re-purposing of existing buildings where able helps to reduce the impact of the development on the site and allows Belmont House to once again take center stage over the site.

The design is to reflect an interpretation of the past, with contemporary elements to reflect its needs as a modern mental health facility offering outstanding health care to its clients.

Material choice has been chosen not only for its traditional aesthetic, but also for its robust finish to assist in response to bush fire threat.

Texture and natural colour palette further enhance the buildings suitability within a prominent rural area.

The design was developed to not only respond to the exacting requirements of a mental health hospital, but also to the site, location and the context of it's surroundings, and paying due care to adjacency of the historically significant Belmont House.

## 2. TERMS OF REFERENCE

### 2.1 PROJECT TEAM

<b>SILVER THOMAS HANLEY (STH)</b> ARCHITECTS/LEAD CONSULTANT	<b>SITE IMAGE</b> LANDSCAPE ARCHITECTS
<b>JOHN STAFF</b> PROJECT MANAGER	<b>WEIR PHILLIPS</b> HERITAGE CONSULTANTS
<b>DONALD CANT WATTS CORKE (DCWC)</b> COST CONSULTANT	<b>MECONE</b> TOWN PLANNING CONSULTANTS
<b>MEINHARDT BONNACI GROUP</b> STRUCTURAL, CIVIL AND FACADE ENGINEERS	<b>TRANSPORT &amp; TRAFFIC PLANNING ASSOCIATES</b> TRAFFIC CONSULTANTS
<b>STANTEC</b> ACOUSTIC, ELECTRICAL, FIRE ENGINEERING, FIRE PROTECTION, HYDRAULIC, MECHANICAL AND ESD ENGINEERS	<b>MODERN BUILDING CERTIFIERS</b> BUILDING CERTIFIER
	<b>MORRIS GOLDING &amp; ASSOCIATES</b> ACCESS CONSULTANT
	<b>BLACK ASH</b> BUSHFIRE CONSULTANT

### 2.2 SCOPE & METHODOLOGY

STH commenced the project in September 2019 with a briefing from the SJOG and the CEO of the Richmond Hospital to understand the vision that the transformation of services would take. Key design criteria were discussed including the aspirations and design outcomes that were desired by the client.

Two site visits were undertaken prior to the design process commencing to understand the site, its restraints and attributes and this informed how the site could be best developed to take advantage of the setting.

The functional brief was reviewed in detail and identified requirements that the hospital wished to meet. Subsequent meetings further explored these requirements and identified areas that the client requested to have interrogated to align with developing ideas to suit the transformation vision.

A high-level concept design was presented to SJOG on 30 September 2019. This presentation explored form, massing, planning and imagery of what the development could achieve with its planning and aesthetics. This presentation is attached to this report in the appendices.

The Concept Design was ultimately endorsed by SJOG and the design then proceeded to develop this to a Schematic Design level.

### 3. SITE ANALYSIS

Silver Thomas Hanley (STH) undertook a site visit to Richmond as part of the preparation of the STH Architectural submission. Further site visits have occurred after the appointment of STH as principle consultant.

#### 3.1 SITE LOCATION & ACCESS

St John of God Richmond Hospital is located on 10-hectares at 177 Grose Vale Road, North Richmond. The rural setting is accessed via the original drive way to Belmont House. The current driveway has been identified as sub-optimal, discharging onto an increasingly busy road. The driveway has no slip lane to better allow cars to turn into the drive and sightlines from the driveway to the road and oncoming traffic are also limited.

Car parking on site accommodates 146 cars.

#### 3.2 SITE FEATURES

The site was once a privately owned estate with the imposing Belmont House built in 1892 occupying the upper south east part of the site. The current hospital is made up of multiple buildings of varying ages and styles and these wrap around Belmont House and extend east to form the buildings known as St Paul's and Xavier House.

Older building of the upper ridge includes the original Monastery, St Augustine's and a swimming pool. A tennis court below Xavier House is to be refurbished,

The sites topography is varied with gentle gradient in places and a particularly steep tree covered bank to the south-east, facing the river. The grounds have multiple mature specimen trees, terraces and original features such as a summer house. Expansive view takes in the plains towards the north, the Hawkesbury river to the east, and the Blue Mountains to the south.



Fig. 1 Site Context

### 3. SITE ANALYSIS

#### 3.3 EXISTING BUILDINGS

The site contains multiple buildings and varying age and style, and as part of the development, a number of these have been identified as sub standard and past their life cycle in being able to provide contemporary mental health care, and will be demolished.

- Belmont House – a heritage building of significance, well maintained and to be retained and reinforced as the focal point of the site with de cluttering of existing structures around it;
- Existing CTC Building – to be demolished;
- Chapel – to be demolished;
- Medical Centre – to be demolished;
- Monastery – to be demolished;
- St Augustine’s – to be demolished;
- St Paul’s – to be demolished;
- St Paul’s Gym – to be retained and refurbished;
- Administration Building – to be retained and refurbished;
- Xavier Building – to be retained and to have the CTC and Medical Centre relocated into it;
- The Lodge – to be retained; and
- The Stables – to be retained.

A demolition plan of the site is included in the architectural drawing set and is attached to this report in the appendices.



Fig. 2 Existing Building Program on Site

### 3. SITE ANALYSIS

#### 3.4 PROPOSED BUILDING LOCATION

Previous studies undertaken on the site identified a logical location for any new build to occur on the southern ridge, behind Belmont House. This location has many attributes that reinforces this location;

- While the topography is still varied, it is the more ideal building platform location that could afford a minimum cut and fill approach to any earthworks required;
- Expansive view towards the Blue Mountains and the Hawkesbury River in particular;
- Has a sympathetic location to Belmont House and allows the existing house to stand alone and restores its presence on site as a significant heritage building that can be appreciated from many aspects around the site;
- Has good adjacencies to the existing reception and administration building that will be retained;
- Limits the impact to existing site infrastructure such as the existing road network.

Other key factors that informed the location of the new development were;

- The removal of sub standard building stock from the site;
- Utilising the area of the demolished buildings rather than extend further out on the site, lessen the massing by retaining it essentially within the same footprint;
- Limiting the new buildings impact on Belmont House such as not developing on the south side (front of Belmont House);
- Site terrain to the east of the site being too steep, wooded and a higher bush fire threat;

STH confirms earlier site studies undertaken that have identified this area as the most suitable on the site for the development.

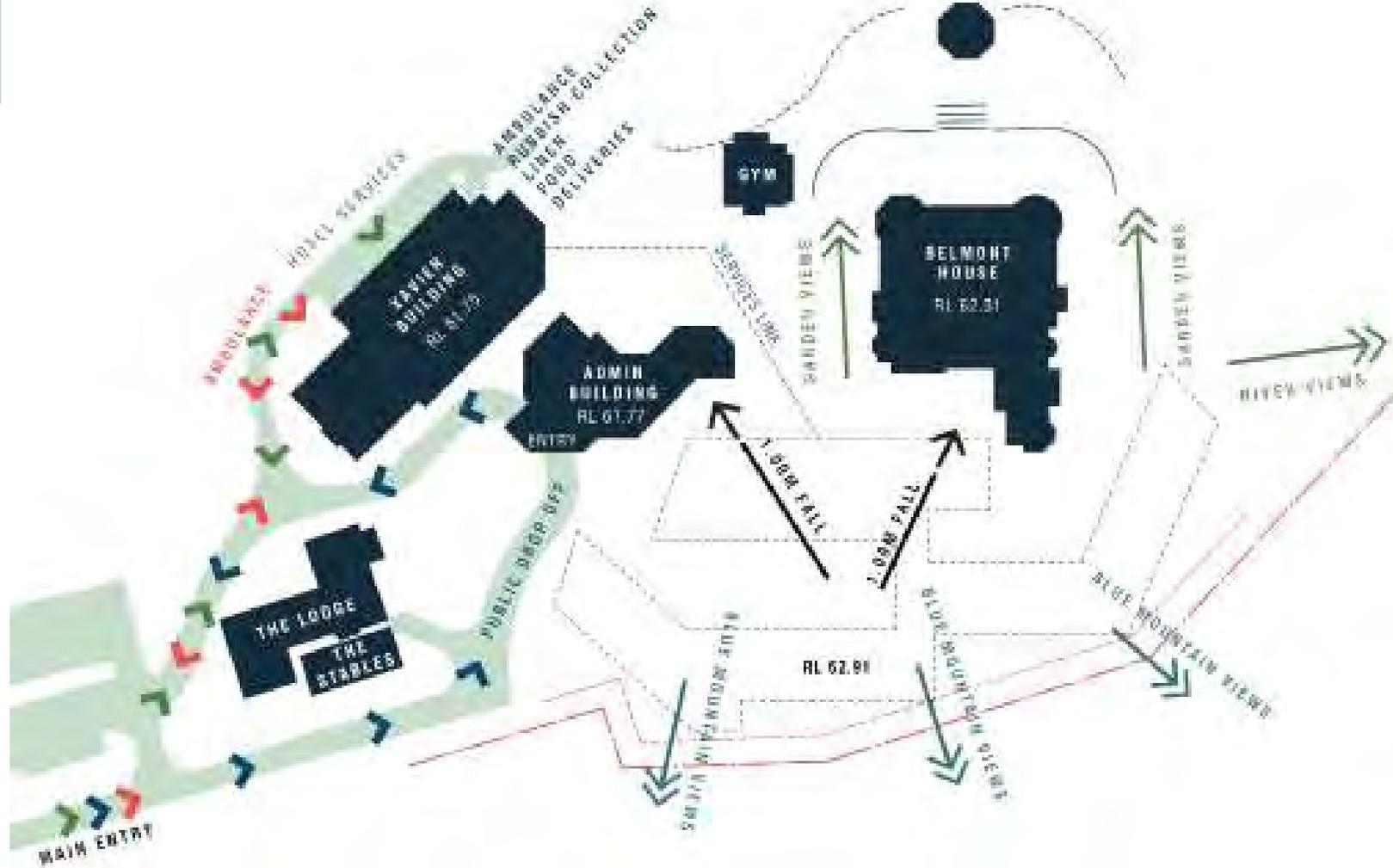


Fig. 3 Site Analysis

## 4. PROPOSED DEVELOPMENT

### 4.1 PLANNING RESPONSE

The planning of the new facility has been developed with clear zones that create separate areas with defined uses, to create public and private spaces that address the needs of the guests and welcome visitors and family with a sense of place.

- Four Residential Pavilions, each with 28 single occupancy bedrooms and ensuites, over two floors with a total of 112 beds.
- The residences also contain associated staff clinical areas with generous guest lounge areas and break out spaces;
- The Residences are connected to the Garden Pavilion that will form the main guest hub of the complex, via a multipurpose space that will create informal lounge areas with direct access to external courtyards and spaces;
- The Garden Pavilion contains the dining, kitchens and café;
- Group and meeting rooms based over two levels at the eastern end of the Garden Pavilion, with the ECT and TMS suite located on the first floor;
- The existing administration and reception building will be refurbished and will house the new location of the chapel;
- Xavier House will be extensively refurbished on the ground floor and will house counselling, education and medical centers. Minimal alterations to the lower ground floor to allow for back of house activities such as loading docks, stores and ambulance bay.
- The Residences will staggered over the site with gardens and external areas between to create private and semi-private spaces for guest.
- The proposed Wellness Centre will be to the west of Belmont House on what is presently the tennis courts.



Fig. 4 Concept Sketch

## 5. DESIGN RESPONSE

### 5.1 ARCHITECTURAL DESIGN RESPONSE

The planning of the buildings formed a grouping of pavilions to the rear of Belmont House. This is reminiscent of large country homes where the utility and out-building were placed at the rear of the main house. The architectural form was developed to reflect this and to also draw inspiration from the nearby Blue Mountains with a lodge feel, with the following key conceptual ideas;

- The Residential Pavilions form reflects an Australian country vernacular form with traditional building forms and pitched gabled roof lines;
- Material choice for cladding such as standing seam roofing and wall cladding reminiscent of the traditional corrugated barn;
- Alternating cladding in pre-finished fibre cement panels to introduce muted earth tones colours to break up the mass at key points of the pavilions;
- Large glazed elements to public spaces to bring the outdoors into the building and to maximise the views, and access to external areas;
- The Garden Pavilion has a mono pitch roof to clearly identify its use as a public space, lowering the overall building height as required, with gentle lines directing visitors to the main external terrace located between the administration building and Belmont House;
- External alfresco dining areas that will activate public areas and allow for views into the existing gardens;
- Semi-private and private external spaces are provided to the Residences.



Fig. 5 Reference Developments

## 5. DESIGN RESPONSE

### 5.2 MATERIALITY

Material choice has been chosen not only for its traditional aesthetic, but also for its robust finish to assist in response to bush fire threat.

Limiting the buildings height to only two floors and the re-purposing of existing buildings where able helps to reduce the impact of the development on the site and allows Belmont House to once again take center stage over the site.

Texture and natural colour palette further enhance the buildings suitability within a prominent rural area.



Fig. 6 305 Longline

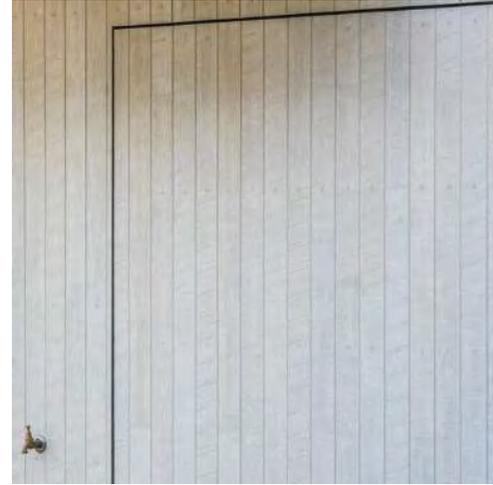


Fig. 7 Cemintel Lime



Fig. 8 Cemintel Ebony



Fig. 9 Cemintel Smoked

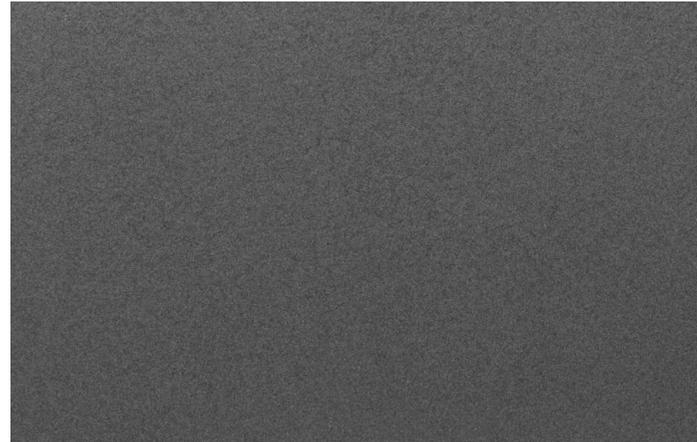


Fig. 10 Cemintel Metal

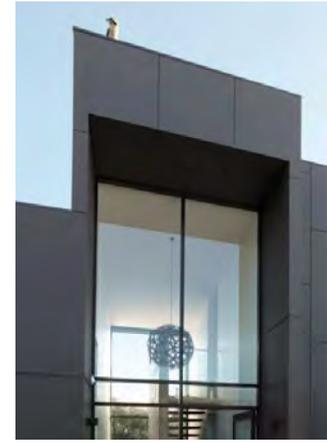


Fig. 11 Window Frame Profiles

## 5. DESIGN RESPONSE



Fig. 12 Early External Render towards Garden Pavilion and Residences



Fig. 14 Early External Render of Residences on the Southern Elevation

## 6. INTERNAL PLANNING

### 6.1 RECEPTION & ADMINISTRATION

The centrally located Administration Building will continue to be the Front of House and arrivals point to the hospital. Refurbishment of the foyer and reception will include the new chapel with capacity for 70 seats with a store room and sacristy to the east of the building. The chapel will have direct links to the external terrace and Garden Pavilion.

The main terrace between the Administration Building and the Garden Pavilion will create an activated public area that includes alfresco dining areas, bbq area and will allow for larger event and gatherings to take place, both for the hospital and the wider community.

Upgrading finishes and layout to the reception area will be developed to create a hotel foyer experience. New toilets and interview and triage rooms complete the main works to this building.

Adjacent to the reception area the pharmacy will be located to activate the area into a secondary community space.

### 6.2 GARDEN PAVILION

Adjacent to the Administration Building, the Garden Pavilion has been designed to be the heart of the complex and serves as the main village hub to allow guests and visitors to socialise in an informal area. The architecture will reflect a design that will put all users in an environment they are familiar with and can relate to. This is achieved with the café being at the corner of pavilion creating a casual atmosphere, that leads into the main dining room. A playground for those with children and terraces with views to Belmont house will create external areas that will further enhance visitor and guest experience.

The main dining room will allow for guests and staff to dine in one shared space. Large windows to the terrace facing Belmont House will allow for outdoor dining and gatherings such as Veterans Day to take place. The dining room will be developed to reflect a restaurant feel and vibe, with a variety of seating options to further reinforce a familiarity that all can associate with.

A service area will lead to the main kitchen and store areas. The stores will be accessed directly from the lifts to allow for direct kitchen deliveries from the loading dock to kitchens via a service corridor. The kitchen design and associated stores will be subject to further planning with the appointment of a kitchen consultant during the design development phase.



Fig. 15 Schematic Design Ground Floor Plan

### 6.3 ECT & TMS SUITE

Located on the ground floor at the eastern end of the garden pavilion the ECT & TMS suite allows for good adjacencies to the guest residences and allows for outpatient's access via the lifts without the need to enter private guest areas.

The ECT has 4 stage one recover bays, 8 stage two recovery bays, a treatment room, reception, waiting and associated utility spaces. The TMS area has direct access from the waiting area and has two chairs.

High level windows to the bays allows natural light in, while retaining privacy for the patients.

### 6.4 RESIDENTIAL PAVILIONS

These are staggered in their arrangement both to utilise the area effectively, but also to allow the creation of semi-private external areas. With the positioning on the site, many of the guest rooms take advantage of views to the Blue Mountains as well as the main lounges and break out areas.

The Residences have been planned to allow for three transitional areas within them. The large link corridor that joins the Garden Pavilion to the Residences allows for breakout areas and this is considered the public zone to the Residence. The main guest lounge and staff areas are located mid-way between each of the two residences on either side of the link, and its location becomes a semi-private area. A further lounge at the ends of the Residences becomes a private guest only space, where guest can retreat from busier areas.

The staff and clinical areas to the Residences are adjacent to the main guest lounges. With an informal staff station facing to the lounge, interview rooms, handover and clean utility areas are located behind. This allows for an integrated staff and guest area which will promote good interaction between staff and guests and allows for passive monitoring to the main guest area from the staff area. A second informal staff station is located in the furthest lounges.

Lounges in the Residences will take advantage of views with large windows, creating light and open spaces. With the two main lounges in the residences, two smaller lounges are located mid-way in each to give guest choice on where they socialise.

The link to the Garden Pavilion has been developed with dual roles, a circulation space between the various informal breakout areas and as a place where guest can mingle and utilise further informal seating areas. The link will have views to the Blue Mountains at one end, and direct access to external gardens to create a feeling of openness and transparency. At the entrance to the residences the comms rooms and main linen supply rooms are co-located.

Each residence has 28 guest bedrooms over two floors, with a total of 112 of 14sqm each. This creates a feeling of space within and allows for a degree of zoning with seating near the window and an integrated bench seat to allow a guest to have a visitor with comfort. The bed area will be closer to the inboard ensuite to allow space for this informal sitting area in the room.

5sqm ensuites will be developed to have a minimal and clean look to maximise the area. Integrated toilets and basins will be used to help achieve this.

Located near the main guest lounge and staff station will be located a 'special' bedroom. These rooms will be designated for guests who require special care such as those in wheelchairs. The ensuite to this guest room is larger to accommodate wheelchair movement.

A preliminary sketch of a typical guest room was produced to assist in the cost report, but further development of this will be required to be undertaken in consultation with the users.

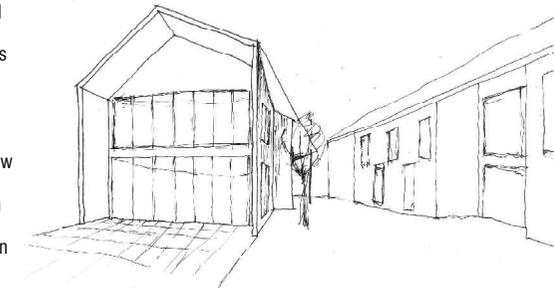


Fig. 16 Concept Perspective Sketch

## 6. INTERNAL PLANNING

### 6.5 MEDICAL CENTRE

The main reception and waiting area for the Medical Centre is on arrival into the ground floor of the Xavier House building via the administration link corridor. Clear wayfinding will be incorporated with both signage and architecture to direct people to the Education Centre to the right, while the main reception desk for the Medical Centre will be to the left with views and adjacencies to the main waiting area. The reception is co-located with other administration areas and associated staff areas within a secure zone.

The consult rooms have been placed around the periphery to allow for natural light to all VMO consulting rooms with the GP consulting rooms and nurse room placed inboard.

The existing lifts will have a prominent position within the new reception area to help with passive wayfinding to the lower ground floor that has the Counselling and Therapy Centre (CTC).

### 6.6 COUNSELLING & THERAPY CENTRE

Co-located next to the medical center, the CTC will utilise a shared reception and waiting area with the medical center.

The Centre provides interview rooms for individual counselling and larger rooms for group counselling. The interview rooms are separated from the group rooms to create a quiet zone for private counselling. The group rooms are located on the periphery with access to natural light having the breakout space central to these rooms.



Fig. 17 Xavier House, Ground Floor Plan

### 6.7 BACK OF HOUSE

The lower ground floor of Xavier House accommodates the back of house area for the hospital. General stores are located here, along with disposal, deliveries and building services.

Location of the Back of House here utilises the existing road network on the site. This will result in decreasing service vehicles from needing access further into the site and away from the general public areas. Deliveries will include linen, kitchen supplies and general deliveries. Rubbish collection will also occur at this location. Due to the existing building constraints, a loading dock cannot be incorporated within the design.

An ambulance bay will be located within this area as well.

The location of the Back of House here has presented logistical challenges. While access for services vehicles is logical, it was not ideally located in general to the site, where a more central location would be preferable to reduce travel distances and presents difficulties in the delivery and movement of equipment and services into the facility.

The solution was to have a dedicated service link from the lower ground floor of Xavier House to the lower ground floor of the Garden Pavilion. This is served by two lifts that service the two floors over, with direct access to the kitchen stores and also to the link of the Residences and allows for easy and discrete service deliveries.

This enables guest, should they require, a direct and private route to the ambulance bay, out of public areas. The link has been designed to allow natural light into it and views out, at key points to create a corridor that is prominently a service corridor, into a dual space that guest use on some occasions.

Where the link terminates at the lower ground floor of the Garden Pavilion, two lifts are located that serve the two levels above. Located adjacent to the lifts are building services rooms.

## 6. INTERNAL PLANNING

### 6.8 BELMONT HOUSE

Belmont House built in 1892 is in excellent condition and is currently used as meeting rooms and group rooms. The development will see the clutter of extensions that have been built around Belmont House removed and enable the house to be seen unencumbered and appreciated as a fine example of Victorian architecture from various aspects around the site. The existing dining room to the rear of the building will be removed and open the back up for better access to fully walk around the house.

Limited works will occur within the house with areas such as the existing hospital kitchen being removed, and the rooms reinstated to reflect the finishes of the other main rooms in Belmont House.

Belmont House will be utilised as an administration area, a small museum to one of the front rooms (run by the Brothers of St John of God), a library and the largest front room will become a guest space, a room that is unique in its style and location that will become another breakout and retreat space.

Part of the basement storage area is to be renovated for medical record archives. Other restoration works will occur in the building as required, such as making good to the verandahs where the current covered walk ways intersect with Belmont House, and the refurbishment of Gardenier Room to be used as a further meeting room.

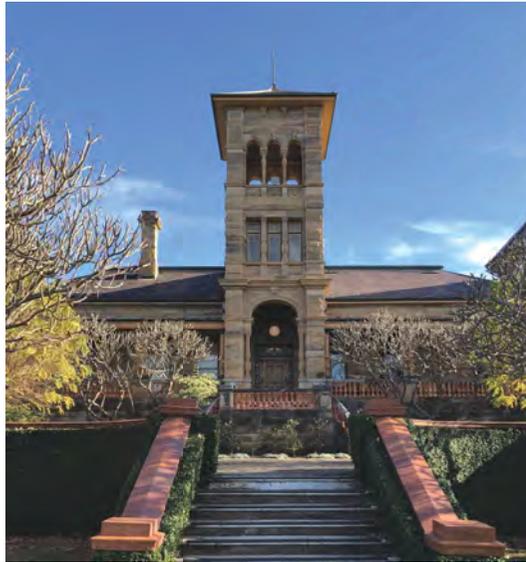


Fig. 18 Belmont House

### 6.9 ST PAUL'S

The St Paul's building is to be demolished as part of the transformation on site. However early on in schematic design it was identified that part of this building could be retained and re-purposed in the development.

The existing gym in St Paul's is a hexagonal building that stands apart from the main building and in the gardens of Belmont House. Constructed in concrete in a brutalist architectural style with windows and views into the gardens, it was considered that significant costs would be attached to its demolition. With its quirky architecture, it was considered an ideal location for the arts and crafts studio and future administration space on the first floor.



Fig. 19 Existing St Paul's Hexagonal Building

### 6.10 WELLNESS CENTRE

The proposed location of the Wellness Centre is at the north-western end of the site. The building will sit adjacent to Xavier House on the old tennis courts. Orientated with views down into the original gardens of Belmont House..

The Wellness Centre will be developed in a similar architectural form as the main hospital buildings, with a mono pitch roof to reduce its form on the site. Large windows from the pool and gym areas towards the gardens maximise the view and light into the space.

The Wellness Centre will be designed to accommodate patients in a safe, comfortable, contemporary, resort style facility with access to a large pool with a 20mx7.5m pool, dedicated gymnasium, multi-purpose rooms to allow for yoga classes, massage and hairdressing rooms.

Changing areas, staff bases and plant spaces are also included. Access will be via the Garden Pavilion and past Xavier House.



Fig. 20 Proposed Wellness Centre



Fig. 21 Proposed Wellness Centre

## 7. NSW STATE DESIGN REVIEW PANEL

### 7.1 NSW STATE DESIGN REVIEW PANEL

Two meetings were held as part of the NSW State Design Review Panel process.

The first occurred on the 15th January 2020. The design team presented preliminary presentation

The second meeting was with the panel and held on the 29th January

The panel integrated the design response to the site and the process that led to the siting of the buildings, architectural form and materiality.

The panel noted that the design response was sympathetic to the rural setting and by removing the existing building stock built up to and around Belmont House, and the separation of the new building from Belmont House that the site gained more amenity and returned a sense of place for Belmont House.

The architectural form and material selection was also endorsed by the panel.

## GOVERNMENT ARCHITECT NEW SOUTH WALES

10 February 2020

Addison Boykin  
Level 2, 3 Horwood Place,  
Parramatta, NSW 2150

aboynin@mecon.com.au

Dear Addison,

Thank you for attending the SDRP and the opportunity to review the proposal for the St John of God Hospital.

Please find below a summary of advice and recommendations arising from the design review session held on Wednesday 29 January 2020.

This letter of advice relating to the SDRP will be distributed to all meeting attendees.

Information provided at SDRP 01 did not adequately explain the proposed masterplan strategy; for the next SDRP, the design team must provide clear masterplan drawings, photographs etc including the following:

- architectural drawings employing types and styles to enable ready comparison of existing and proposed conditions by the panel,
- sections through the site to comprehensively illustrate existing and proposed buildings and their relationships; significant trees and level changes should be clearly illustrated.
- Plans to include contours, and RLs, to explain topography
- A clear demolition plan,
- Vehicle and pedestrian movement diagrams,
- Photographs of the existing buildings and their context, including landscape and built elements
- 3D views (building volumes minimal) of the proposed pavilions and existing buildings clearly illustrating scale relationships and proximity.
- Views out from the existing and proposed buildings to help provide an understanding of the projected user experience.
- Larger scale views, plans and sections illustrating the Wallasey Center and its relationship to both Belmont House and the adjacent stand of trees.

The following aspects of the project are supported:

- Decluttering of the site and the creation of an apron of open space around Belmont House.
- The proposed new facilities located in the landscape as a series of connected pavilions.
- The retention of existing buildings including the Administration building, Xavier House, the Lodge and the conversion of the Arts Centre into a gym.

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- The resistance to provide new vehicle roads and keeping traffic away from main buildings and patient rooms by consolidating existing surface parking.

Design development should include/demonstrate the following:

- Clear internal and external circulation and wayfinding across different times and for various functions. Demonstrate elimination of 'secret tunnel' access for moving patients
- The contextual relationship of the proposed new buildings with the architectural language of the retained historic buildings.
- An increase in the variety of breakout / social spaces including smaller space opportunities in the proposed wide circulation paths, upstairs-downstairs and indoor-outdoor spaces – explore opportunities for and provide a diversity of smaller gathering places throughout the proposed buildings and the site.
- The character, program and scale of the proposed communal building with its large and currently undefined internal spaces. Demonstrate how small group interaction can be supported within these larger volumes.
- All rooms should have an outlook, however modest. Landscape solutions should be employed in areas adjacent to courtyards or rooftops.
- ESD principals must be clearly outlined and indicated on drawings, including water treatment and re-use, passive solar design, natural cross ventilation, daylighting, renewable energy systems, building envelope response to micro climate and thermal comfort.
- A tree retention and replacement plan to clearly explain the impacts of removing existing trees such as those around Belmont house.
- Established trees should be retained wherever possible and site planning carefully integrated with the existing landscape assets.
- Internal green spaces and planting strategies within the proposed multi-living pavilions should be investigated to strengthen the connection between the upper/lower floor landscapes.

For the next SDRP, it is requested that the planning strategy be presented clearly with regard to the advice and recommendations above, providing explanations and reasons behind key moves and decisions.

We trust this information is helpful and look forward to seeing the proposal as it develops.

Sincerely

Rory Toomey  
Principal Design Excellence  
GANSW

## 8. COMMUNITY CONSULTATION

### 8.1 COMMUNITY CONSULTATION

During schematic design, a number of meetings were held with the local community, neighbour, local council, St John of God Brothers, the care givers employed at the hospital and government departments.

#### Neighbours

- Kingsford Smith RSL Retirement Village
- Eugene and Deb Cavanaugh
- Grahame and Marilyn Ross

#### Relevant Organisations

- St John of God Brothers
- Chapel Meeting
- Friends of Belmont House

#### Local Council

- Hawkesbury Council

#### SJOG Richmond Care Givers

- Service transformation workshops
- Consumer Forum
- Mental Health consumer and carer focus group

SJOG Richmond has a long standing relationship with its community and neighbours. Consultation was part of the process to help inform and shape the design outcomes.

Along with this particular round of community engagement SJOG Richmond run various events and community initiatives at the campus including;

- Veterans Day
- Jazz on the Lawn
- Tours of Belmont House - Friends of Belmont
- Richmond Chapel
- Assistance to the 2020 bushfire first responders (support)

#### SJG Richmond Hospital Redevelopment Community Consultation & Engagement

Health care understanding and needs have changed dramatically over the decades since SJG Richmond Hospital was established in 1952 and thus St John of God Health Care is embarking on a capital program that will transform the way in which mental health services are provided in a contemporary environment and into the future.

This transformation will not only support the individuals through their recovery and mental health wellbeing processes but build on the essential community engagement and support arrangements.

Discussions on the hospital redevelopment have been held with management of both the Kingsford Smith RSL Retirement Village in North Richmond and the RSL Lifecare Homes for Hero's program on opportunities for the Hospital to help both the older but also contemporary-era returned veterans with their complex health and mental health needs. Consultation continues with the Department of Veteran Affairs.

The wide attendance of veteran and community members at the annual Richmond Hospital Veterans Day Service, held in commemoration of the battle of Long Tan, is one example of community involvement.

Trauma treatment services are, of course, extended to personnel serving in the Australian Defence Force and in front-line police, ambulance, fire and rescue organisations. Services are also available to refugee, indigenous and socially disadvantaged communities.

Discussions regarding buildings, siting and timeframes have been undertaken with the adjoining neighbours over the past few years to reassure them on these next steps for redevelopment of the hospital.

Close engagement has taken place with the Ministry of Health and Mental Health Consumer & Carer Focus Groups over the expanded Richmond Hospital and the broader choice of inpatient (public & private) and community-based mental health services. The associated dissemination and quality of information for selection of mental health services, including at SJG Richmond Hospital, has been a topic of discussion.

Australia's first Chair of Trauma & Mental Health was established in 2014 as a partnership between SJG Richmond Hospital and the University of New South Wales, School of Psychiatry, which will continue as a vital component of community wide integrated mental health services provision.

The mayor and senior officers of Hawkesbury Council have been consulted over and are supportive of the intended hospital redevelopment plans within their municipality whilst appreciating that the scale involved will require a State Significant Development Application.

The historical nature, retention and improved views of Belmont House within the hospital grounds is a key factor in the planned redevelopment and thus informative meetings have been held with the "Friends of Belmont House" group. Tours of Belmont House and its focus for the annual Art Show are key community activities. "Jazz on the Lawn" in the magnificent hospital grounds is a community favourite.

There is a weekly community religious service within the existing Chapel and discussions with the Catholic Diocese are ongoing about the transition arrangements into a smaller but important new Chapel. This move will free up land for the new residential accommodation for inpatients.