

Architecture
Interior Design
Landscape Architecture
Planning
Urban Design

Australia
China
Hong Kong SAR
Singapore
Thailand
United Kingdom

ST VINCENT'S PRIVATE HOSPITAL SYDNEY REDEVELOPMENT

SSDA Submission
Record of Alternative Design Excellence Process

FINAL
25 February 2015



HASSELL



ST VINCENT'S
PRIVATE HOSPITAL
SYDNEY

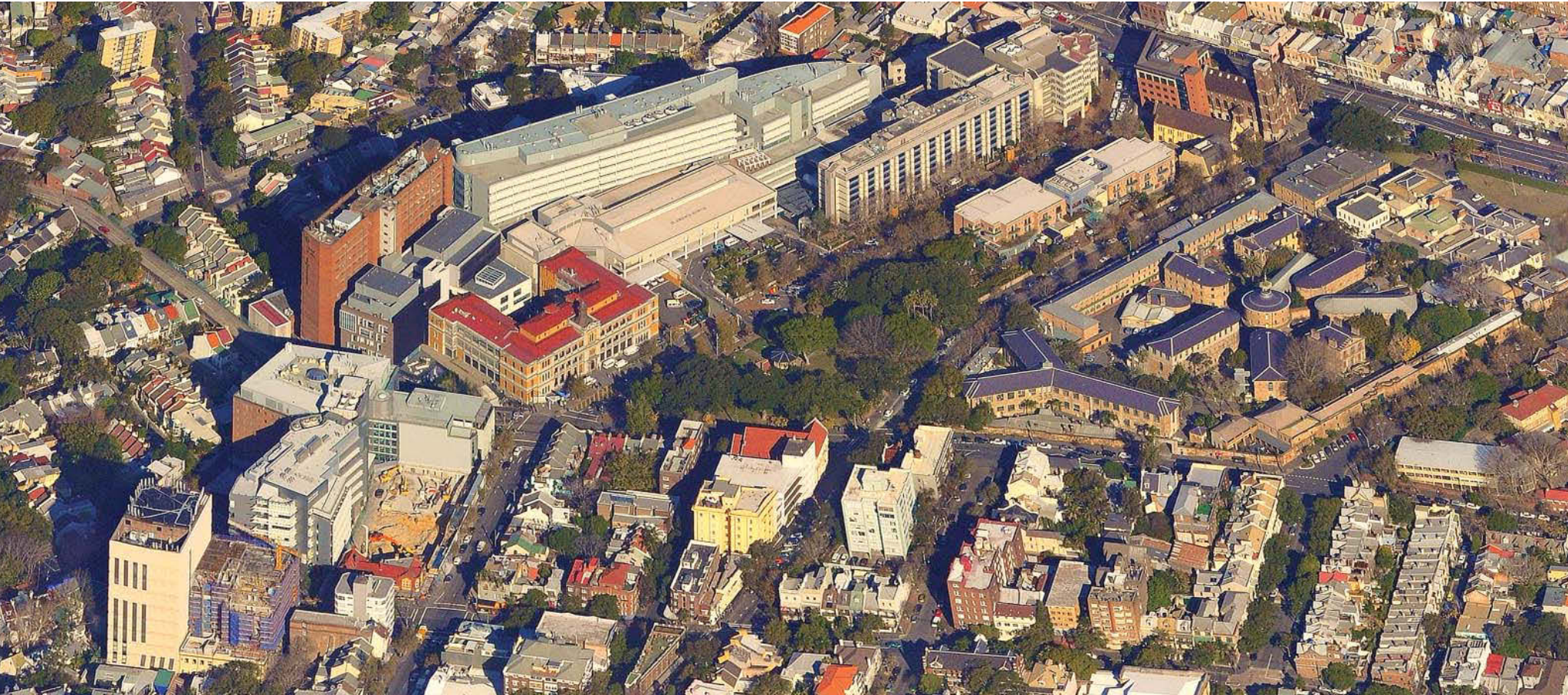
DESIGNED BY HASSELL ARCHITECTS FOR ST VINCENT'S PRIVATE HOSPITAL

Cover
Existing SVPHS streetview from the North east.
Imagery by HASSELL.

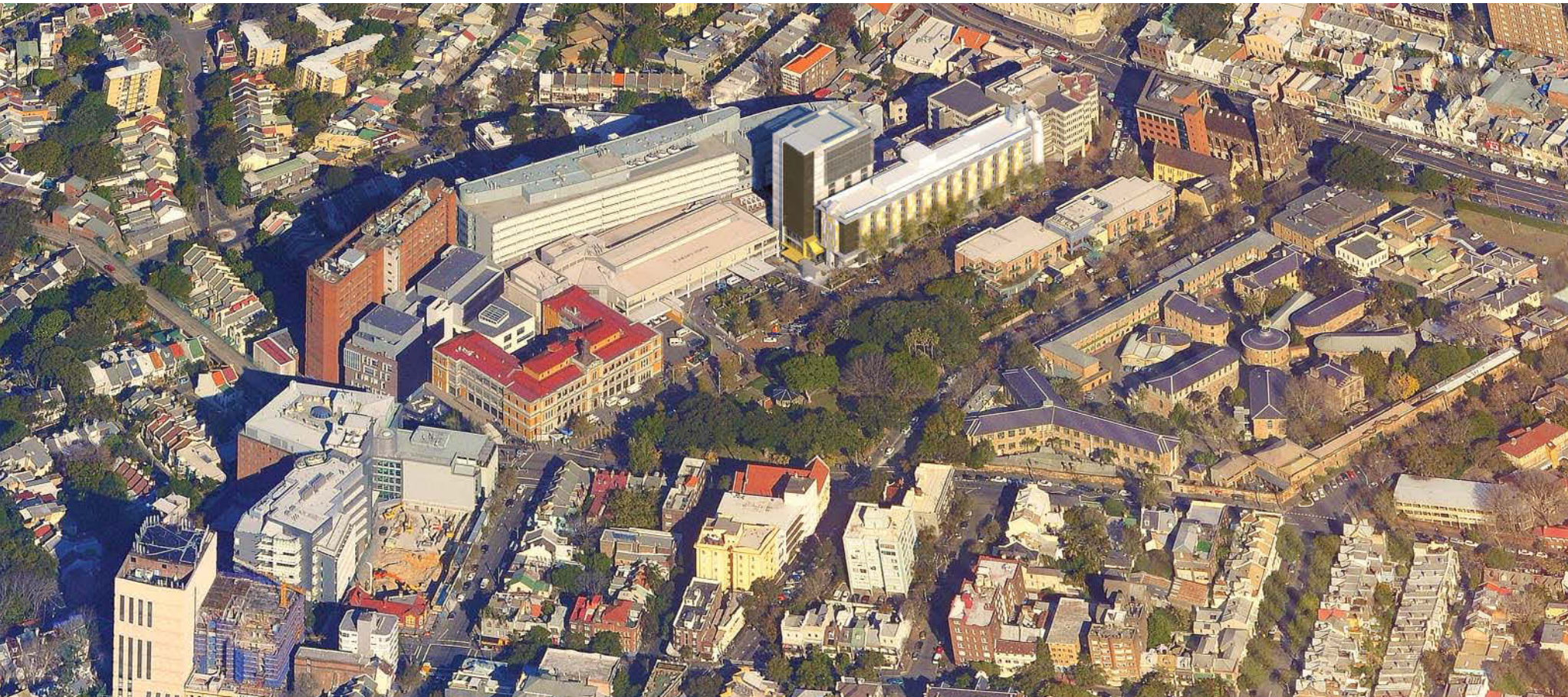
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Existing site conditions. Imagery from Nearmap.



Proposed new East Wing and SVPHS refurbishment. Imagery from Nearmap.

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SVPHS Streetview from the North East. Imagery by HASSELL.

Introduction

Design Excellence Alternative Design Process Overview

The works associated with the St Vincent’s Private Hospital Sydney (SVPHS) Redevelopment comprising the new East Wing, extension to the existing SVPHS Low Rise Wing and refurbishment to the existing SVPHS High Rise Wing are considered State Significant Development under State Environmental Planning Policy (State and Regional Development) 2011. Notwithstanding this, local environmental planning instruments are still a matter for consideration, and so the provisions of Sydney Local Environmental Plan 2012 (LEP 2012) apply.

Clause 6.21 of LEP 2012 relates to design excellence. Subclause 6.21(4) outlines the matters for consideration in determining whether a development exhibits design excellence. Subclause 6.21(5) specifies when a competitive design process is required, and whilst the proposed development would ordinarily trigger the requirement for a competitive design process, it is considered that a waiver is warranted on the grounds that is would be unreasonable and unnecessary in these circumstances, consistent with subclause 6.21(6). Further justification for this position is provided in the Environmental Impact Statement prepared by JBA. Notwithstanding this, SVPHS is committed to achieving design excellence. In order to demonstrate how design excellence has been achieved, HASSELL has developed an Alternative Design Excellence Process which is documented in this report.

The purpose of this report is to outline the design process undertaken by HASSELL as an alternative to the design competition process demonstrating the preparation of design alternatives for review and the selection of a preferred option for development and submission. The intent of the alternative design process is to achieve a design excellent position through a non-competitive process whilst engaging in a robust, collaborative multi-studio dialogue.

This report demonstrates the Alternative Design Excellence process that has been undertaken that provides design excellence for SVPHS, the local precinct and City of Sydney in alignment with Clause 6.21(4) of Sydney LEP 2012.

- a) The architectural design provides a high quality design with the new east wing building and improvements to the existing SVPH building. The selection of materials and its detailing is reflective of its prominent location and enables the campus to be visually integrated within its urban precinct
- b) The form of the proposed new east wing building, is a tower that is centrally located within the site and setback from Victoria Street. Its articulation and expression combined with the refurbishments to the existing SVPH building provides improved visual amenity for the community, the Health Services participants and the Victoria Street public domain
- c) The proposed does not adversely affect view corridors for other facilities within the precinct. It does impact St Vincent’s Hospitals own internal view corridors and it is proposed to adopt integrated landscape treatments to improve local place making
- d) The proposal is:
 - i. In alignment with the current use of the site and zoning and suitable for its precinct
 - ii. Maintains existing uses and combines improvements to the healthcare facilities
 - iii. Setback from the street and the heritage elements within the campus remain unaffected. It maintains key elements of the streetscape and allows for improvements to the campus landscape design and streetscape
 - iv. A tower which is setback from all external/street boundaries and improves the campus modulation, circulation and internal functional relationships. At present no other tower within this vicinity
 - v. An articulated design that incorporates vertical and horizontal modulations to reduce built mass and to integrate with existing campus buildings

- vi. Maintaining the streetscape heights along Victoria Street and the improvements to the existing SVPHS high rise facades provide an integrated design solution which maintains the large plain trees
- vii. The facility will provide a design that meets the requirements of its function whilst utilizing sustainable design. The proposal will not affect neighbouring sites and facilities in the precinct and will improved access, visual and acoustic privacy for its occupants
- viii. Being developed with the aim to achieve an aspirational 4 star Greenstar rating
- ix. An improvement for pedestrian access and wayfinding. Patient transfer vehicles will now be able to take place at level 3 within the Campus. Internal circulation and wayfinding improves excellent orientation and views
- x. An improvment to the public domain with improvements to the existing SVPHS building and its ground level landscape design
- xi. Designed to maintain the special character of the area, which maintains and reinforces the historic institutional character of the area, responds to the heritage values of the campus and area and, by retaining and refurbishing the existing SVPHS high-rise building, provides a transition in height between the new hospital building and the public domain
- xii. Will provide the opportunity for improved activation at street level;
- xiii. Providing an opportunity to upgrade the site landscaping within the SVPH boundary that fronts Victoria Street

Introduction

Team Structure

The delivery of the redevelopment of the SVPHS has been undertaken through a collaborative process of the Sydney and Brisbane HASSELL studios. This has allowed the opportunity to bring together the best design and health expertise to resolve the challenging issues of the project and deliver a design excellent outcome. Progressive design review workshops have enabled all aspects of the design process to be scrutinised by an expert group to direct the design development.

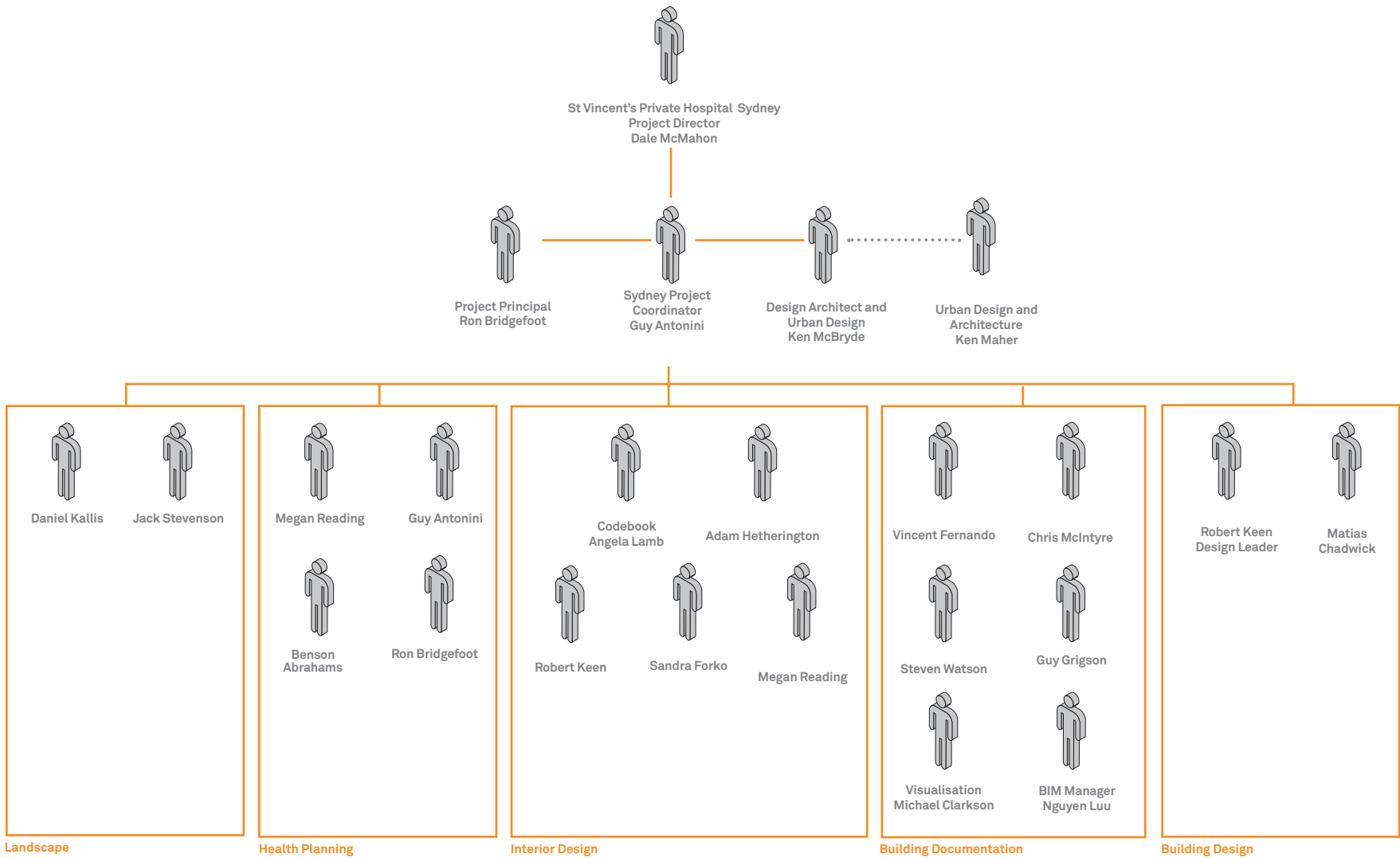
Dale McMahon is the Project Director for SVPHS and will provide the interface between the HASSELL project team and the hospital. He will liaise directly with the project team located in both the Sydney and Brisbane studios in all aspects of the project delivery.

The HASSELL studio team is led by Ron Bridgefoot the Project Principal, a Health Sector Leader and is supported by Megan Reading also a Principal and Health Sector Leader. Ken McBryde, a Design Leader in the Sydney HASSELL studio will lead the Architecture and Urban Design and will be supported in design review by Ken Maher, a HASSELL Fellow.

Both Ken Maher and Ken McBryde will bring together their extensive design experience on major projects in both architecture and urban design to inform and guide the design process.

The Project Coordinator is Guy Antonini who will be the primary liaison member engaging and coordinating with user groups and consultants in Sydney. He will be supported by additional health experienced members who will provide support in user group meetings to inform the briefing process. Robert Keen is the Design Leader working from the Brisbane studio coordinating architecture, interiors and landscape works. He is also coordinating the ‘Alternative Design Excellence Process’ facilitating the design review workshops and progressing the design evolution resulting from workshop feedback. A team of experienced health sector documentation staff is developing the CAD drawings on a BIM platform for progressive update and issue.

St Vincent’s Private Hospital Sydney Redevelopment Project Team



Introduction

Primary Consultant Selection Process

The Primary Consultant selection process undertaken for the project was a rigorous one, structured to identify the best consultant to deliver the desired outcome. By their nature, health sector projects are highly specialised requiring consultants to demonstrate both an established reputation and realised experience and capability. The spatial planning and technical integration required for the successful delivery and operation of health projects necessitates an intimate understanding of the functional aspects of their operation as well as user group’s requirements and patient needs. As a result, only a select number of established architectural practices within Australia were capable of responding to the invitation by St Vincent’s Private Hospital Sydney for an Expression of Interest (EOI) to deliver the scope of works identified. A shortlist of architectural practices was developed, a Tender submission requested and an interview process undertaken to identify the practice most suited for the delivery of this complex project.

Strength in the area of briefing and user group engagement was seen as a primary requisite for a successful project outcome. This engagement is critical in defining the brief through an incremental process as the project progresses through the various stages of user group interaction which cannot be fully realised at the instigation of the project. The design focus on the internalisation of the functional operation of health projects necessitates facade solutions that respond to the internal planning, are appropriate to the building use and context and to the health service such facilities provide to the community. Hospitals such as SVPHS play an important role in the community they service and are required to demonstrate a balance of pragmatic responsiveness and civic responsibility.

Design Process

The works associated with the project include the delivery of a new East Wing, a vertical extension to the SVPHS Low Rise Wing and a refurbishment to the existing SVPHS High Rise Wing requiring a new facade to be applied to the west and north elevations. The development of the integrated design response to the building facades and contextual response has been proposed to be delivered through an intensive work shop process involving an inter studio collaborative process and the engagement of a group of internal design specialists. This workshop based design development process is demonstrated in the Alternative Design Process Diagram as indicated on Page 7 and each workshop is summarised as follows.

(a) SVPHS Consultant Selection Process

- _Request by St Vincent’s Private Hospital Sydney for Expressions of Interest (EOI) for appropriate health experienced architectural practices to deliver the new East Wing and refurbishment works to existing SVPHS High and Low Rise Wings
- _SVPHS assessment of submissions and short listing of preferred consultants for Tender submission
- _Consultant Tender submission
- _Interview and negotiation process to select successful primary architectural consultant
- _Successful consultant notified.

(b) Workshop 1 Project Initiation

- _Project initiation meeting to ratify Client brief, define project scope, and identify objectives and aspirational outcomes
- _Site context and constraints identified and strategic project manoeuvres identified
- _Compliant ensuite location options for existing SVPHS high Rise Wing and massing impacts
- _Site massing model constructed to demonstrate key manoeuvres and building relationships
- _Review of preliminary planning work defining functional/spatial relationships and vertical stacking arrangements
- _Siting of building and relationships with adjoining buildings defined
- _Identification of proposed budget for project scope

- _Preliminary structural feedback
- _Reference to project precedents
- _Proposed facade design responses identified for development to next workshop

(c) Workshop 2 Option development

- _Identification of alternative siting options and impacts
- _Project sequencing relative to previous Capital Works Plan
- _Identification of project risks for mitigation
- _Additional Strategic manoeuvres updated
- _Appropriate health refurbishment character proposition
- _Ensuite location to exterior location ratified
- _Existing SVPHS facade impacts of ensuite stacking
- _Facade configuration options for existing SVPHS High Rise Wing west facade developed
- _Multiple facade and massing options for East Wing developed for review
- _Facade glazing material options
- _Integrated facade strategies for new and refurbishment works
- _Building adjacency studies presented to identify privacy and interface strategies
- _Cross section and building separation study
- _Revised floor plans and vertical stacking arrangements
- _Interior concepts for inpatient rooms and public spaces including corridor, foyer and atrium

(d) Workshop 3 Option Selection

- _Additional strategic project manoeuvres for inclusion of Stage 1 remediation and Stage 2 new entry and streetscape upgrade
- _Review of all facade options for both East Wing and SVPHS High and Low Rise wings
- _Overall site massing and building relationships
- _Proposition of colour and geometry to facade to acknowledge heritage street context
- _Preferred option identified for design development
- _Clarification of Stage 1 and 2 landscape scope of work

(e) Workshop 4 Option Finalisation

- _Review of facade development of preferred facade option
- _Fine tuning propositions to preferred option for inclusion

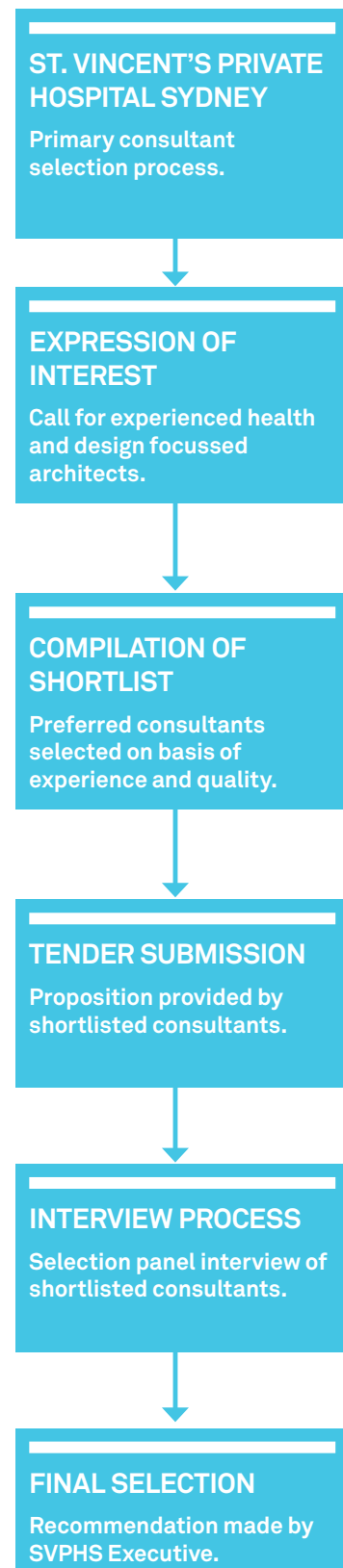
(f) Workshop 5 Final design Feedback

- _Final design review feedback provided from HASSELL Expert panel and external authorities and stakeholders

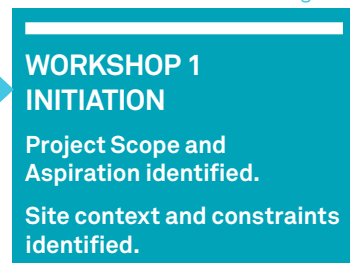
(g) Workshop 6 Sign off/Approval

- _Final endorsement by HASSELL Expert Panel
- _Completion of Alternative Design Competition process

Primary consultant selection



25 Aug 2014



Participants

- _ Project Principal
- _ Project Architect
- _ Health Planners
- _ Design Architect
- _ Design Principal 1

Inputs

- _ Client Brief
- _ Area Schedule
- _ Site Conditions
- _ Preliminary Structural Info.
- _ QS Cost Studies
- _ Site Model

Concept planning and stacking diagrams

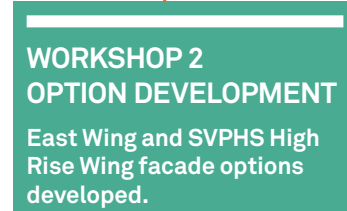
Development options
Site selection studies

Strategic manoeuvres.
Building location and urban interface

PRELIMINARY CONCEPTS DEVELOPED FOR REVIEW

- _ Initial meeting with COS and Dept. of Planning and Environment to inform of proposal.
- _ EUG presentation.

7 OCT 2014



Participants

- _ Project Principal
- _ Project Architect
- _ Health Planners
- _ Design Architect
- _ Design Principal 1

Inputs

- _ Consultant input
- _ QS Cost advice
- _ Statutory Planning overview
- _ Landscape input

Existing SVPHS High Rise Wing facade options

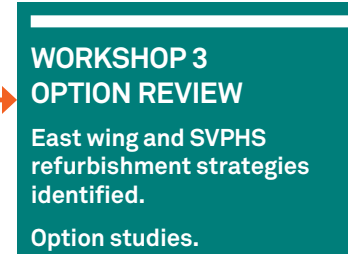
East Wing facade options

Building adjacency studies. Screening and planting

Revised floor plans

Preliminary interior concepts. Inpatient room layouts, public spaces and atrium

12 NOV 2014



Participants

- _ Project Principal
- _ Project Architect
- _ Health Planners
- _ Design Architect
- _ Design Principal 1 (Ken Maher)
- _ Design Principal 2 (Ken McBryde)
- _ Design Principal 3 (Glen Scott)
- _ Client Representative (Dale McMahon)
- _ Planners (JBA)

Inputs

- _ QS Cost Input
- _ Consultant Input
- _ Statutory Planning Overview
- _ SSD Development
- _ Landscape Input

Strategic manoeuvres and urban realm updates

East Wing and SVPHS High Rise Wing facade options and combinations

Landscape works. Stage 1 Remediation Stage 2 New entry & streetscape

Interior Concepts to Inpatient Rooms, corridors, atrium and entry.

PRESENTATION & DISCUSSION WITH COS OF WORK IN PROGRESS DESIGN OPTIONS

OPTION SELECTION FOR DEVELOPMENT

25 NOV 2014



Participants

- _ Internal HASSELL expert design panel to review and endorse preferred option
- _ Client Representative

Inputs

- _ QS Cost Plan update

Developed interior concepts

Facade design Massing and design concept developed

Floor plate planning to all levels

SELECTED OPTION REFINEMENT

EUG PRESENTATION TO ENDORSE SELECTED DESIGN OPTION

DEC 2014



Participants

- _ Internal HASSELL expert design panel to review and make final comments
- _ QS feedback of preferred option
- _ Consultant inputs Refinement
- _ Client Representation

Inputs

- _ QS Cost Plan update

Plans / elevations / 3D visualisation

Preferred option modelled for inclusion in campus model

ADJUSTMENT INCLUSION OF FEEDBACK IF REQUIRED

DEC 2014



EARLY 2015

DEVELOPMENT APPLICATION LODGMENT

ALTERNATIVE DESIGN EXCELLENCE PROCESS

DESIGN ALTERNATIVE WORKSHOPS WITH EXPERT DESIGN PANEL TO DELIVER A PREFERRED PROPOSAL DEMONSTRATING DESIGN EXCELLENCE

HASSELL 5th February 2015

HASSELL

Introduction

Design Overview of SVPHS Redevelopment

The new East Wing is part of the continual development of the design expression on the campus and is cognisant of the adjacent building diversity in design age, height, scale, materials and textures. Identified to deliver an expanded range of clinical services, the form and expression of the building has the opportunity to establish new benchmarks for design on the campus and to inform the future regeneration of existing buildings. The new building will be seen in conjunction with the new facade work required for the existing SVPHS building that collectively will be complimentary and consistent in their expression and treatment. The East Wing not only seeks to deliver the necessary clinical area required for the hospital’s sustainability , but also to present an opportunity for the SVPHS to present a new revitalised face to the community.

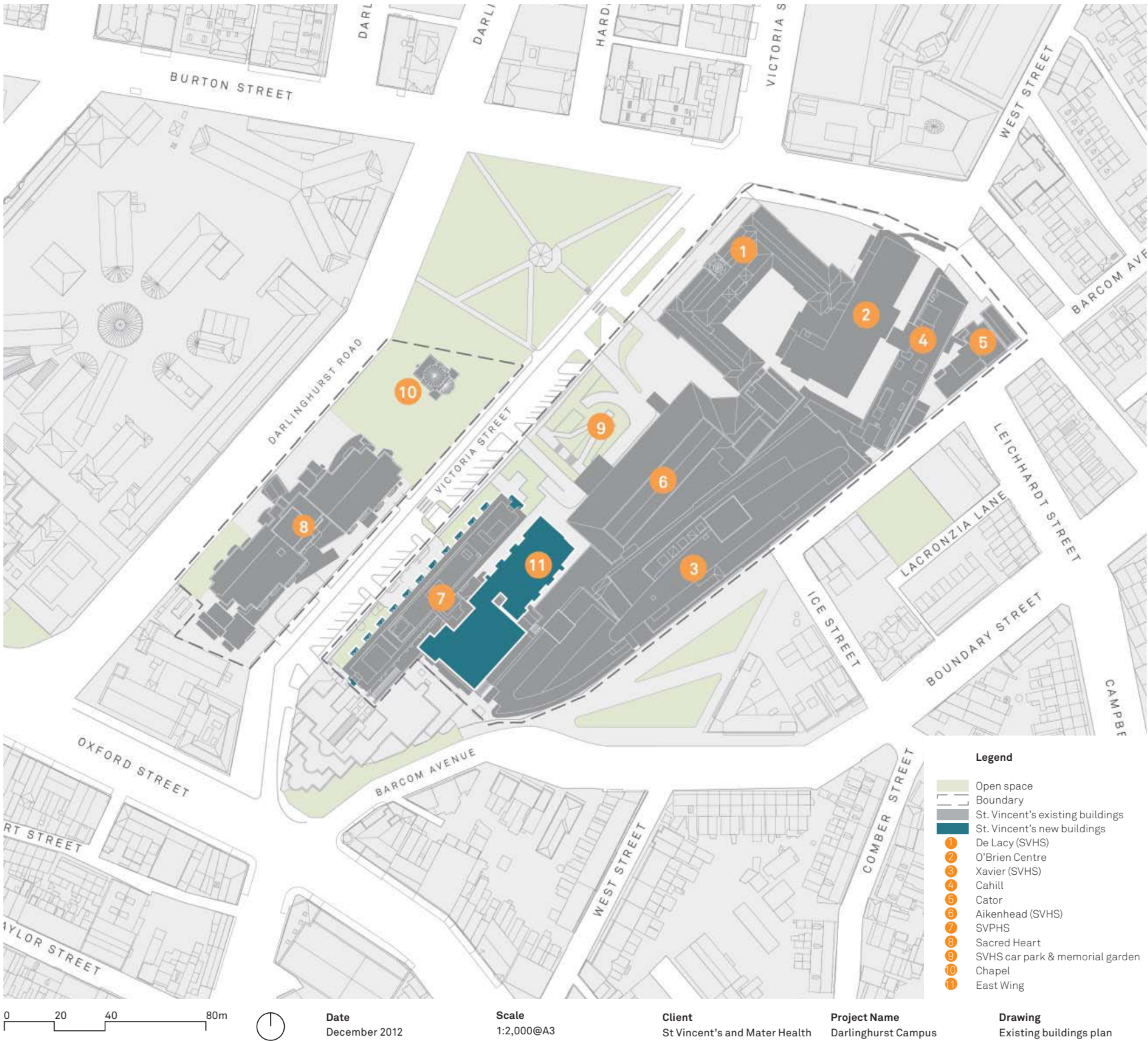
The expression of the building embodies the nature and operation of the facility, delivers improved health outcomes through the provision of enhanced staff and patient amenity and provides a greater engagement with the local context through its interface with Victoria Street.

The interfaces with existing buildings on site including the Aikenhead Building to the North, the Xavier Building and Sister Bernice Wing to the East and the existing SVPHS to the West are acknowledged through appropriate separation and facade treatments that respond to privacy and outlook issues. Reference is given to the relationship with the De lacy Building and the necessity not to diminish the quality of view lines along Victoria Street and to provide an appropriate back drop to the legibility of its form and character.

The northern elevation of the building has been deliberately configured to open the lift core out to create a foyer space that activates the end facade and engages with the visual connection to Victoria Street. The outlook provided from the foyer will require careful consideration to address issues of solar load and glare whilst maintaining transparency. The elevations to the east and west up to level 10 are internalised and defined by their adjacency to other existing buildings on site. The treatment of these facades will require careful consideration to address issues associated with the outlook from and view back from adjoining buildings. Mediation strategies. A necessity for the provision of beneficial outlook will need to be balanced with a necessity to address issues of both solar control and privacy. Above level 11 the building will be provided with unencumbered views to all orientations and should be capitalised to deliver an enhanced internal environment.

At the lower levels of 4 and 5 the interface with the existing SVPHS building is acknowledged by a longitudinal sky lit atrium over the North South internal street. This element imbues the interior of level 4 with over head natural light that improves both spatial quality and way finding. The internal street connects to the exterior at the north though full height glazing

The new East Wing is clearly stratified by varying function at each level. Some floors can be congregated by common use such as inpatient bedroom wards to levels 8 to 11 and consulting doctor’s suites and rooms to the levels 13 and 14 .The outward expression of the floor plate in these instances will inform the elevation treatment and be expressed in a differentiated character. The lift core and associated extroverted lift lobby is consistent from level 3 to roof level.



Summary of justification to waiver Sydney LEP 2012 requirement for a competitive design process

After preliminary consultation with City of Sydney Council and the Department of Planning and Environment (the Department) and comments made regarding the design excellence provisions of Sydney LEP 2012, the following forms a summary of the justification for a waiver to the competitive design process. Note: In discussion with the Department, if we meet the requirements of the controls a design competition is not necessary.

SYDNEY LEP 2012 CONTROLS

Clause 6.21(5) to Clause 6.21(6) of Sydney LEP 2012 provides that:

- (6) A competitive design process is not required under subclause (5) if the consent authority is satisfied that such a process would be unreasonable or unnecessary in the circumstances or that the development:
- (a) involves only alterations or additions to an existing building, and
 - (b) does not significantly increase the height or gross floor area of the building, and
 - (c) does not have significant adverse impacts on adjoining buildings and the public domain, and
 - (d) does not significantly alter any aspect of the building when viewed from public places.

In order to successfully receive a waiver from the design excellence requirements, it is necessary to demonstrate that a competitive design process is unreasonable or unnecessary in the circumstances and/ or propose another process.

It is noted that whilst a design competition process would ordinarily be required, the following points are raised to demonstrate that strict compliance with the LEP is unreasonable and unnecessary:

- Unreasonable**
- Carrying out a design competition would be unreasonable because:
- _The proposal represents an important piece of social infrastructure and will provide significant public benefit. The proposed new operating theatres are the most critical component of the new hospital. The time and expense associated with conducting a competitive design process as set out in the Competitive Design Policy would delay the delivery of the facility.
 - _The best hospital designs arise from the architect and users working in a creative partnership and this develops over time through collaboration and through building trust - a design competition would not facilitate this.
 - _The design is highly specialised and tightly informed by the Hospital's existing infrastructure and operational management. The building is not of a use or function that lends itself to alternative design solutions.

- Unnecessary**
- Carrying out a design competition would be unnecessary due to:
- _The constrained and complex nature of the site
 - _The specialist nature of hospital design. The proposed building envelope responds to the very specific functional, resource, spatial and connectivity needs of the proposed use and the Darlinghurst campus and that, in effect, there are no other options
 - _SVPHS has chosen HASSELL from a field of hospital-specialist architects with superior design capability (note that architects with superior design capability but that are not hospital-specialist could not do this project)
 - _HASSELL credentials are demonstrably equal to any other high calibre Australian architect that Council would be seeking to attract through a design competition
 - _In responding to the Hospital's brief, HASSELL has continued to explore a range of design options in order to achieve the best outcome from both a functional and aesthetic perspective
 - _The site of the new East-West Building does not have a direct interface with Victoria Street Further, the building will largely be obscured from view by future planned development
 - _It is possible to achieve a high level of design, equal to the Council standards achieved through design competitions, by proceeding with Hassell and through a consultative process including Council and Departmental officers

Workshop One
Initiation



Workshop One . Photography by HASSELL

1.1 Summary

The purpose of the first workshop - Initiation is to identify the Project Scope and Aspiration as well as the Site Context and Constraints.

Participants
<div><div>_Project Principal</div><div>_Project Architect</div><div>_Health Planners</div><div>_Design Architect</div><div>_Design Principal 1</div><div>_Client Representative</div></div>
Inputs
<div><div>_Client Brief</div><div>_Area Schedule</div><div>_Site Conditions</div><div>_Preliminary Structural Info.</div><div>_QS Cost Studies</div></div>
Outputs
<div><div>_Concept Planning and staking diagrams</div><div>_Development options</div><div>_Site selection studies</div><div>_Strategic manoeuvres</div><div>_Building location and urban interface</div></div>

1.2 Preliminary concepts developed for review

Following Workshop One, the preliminary concepts are developed for review. This includes the following steps:

_Initial meeting with City of Sydney representatives and the Department of Planning and Environment to inform of the proposal

_Excellence User Group (EUG) presentation

1.3 Workshop One Agenda

St Vincent’s Private Hospital East Wing Project

Design Workshop 1

Date: 18 August 2014
Time: 9:00am to 3:00pm
Location: Brisbane Studio

Attendees	
Ron Bridgefoot	HASELL - Principal (Health Sector Leader)
Megan Reading	HASELL - Principal (Health Sector Leader)
Ken McBryde	HASELL - Principal (Design Leader Sydney)
Guy Antonini	HASELL - Associate (Project Coordinator)
Robert Keen	HASELL - Senior Associate (Design Leader)
Sam Weiler	HASELL - Architect

Workshop Agenda

1. Welcome
2. Identify Aims of Workshop
- To review and develop responses to the following key areas:
- _Design Excellence strategy and SSD Capital Works Plan revision

_Statutory planning issues associated with project scope

_Location, height and mass of building

_Functional Planning and stacking

_Architectural Strategy for envelope development

_Key issues associated with refurbishment of existing SVPHS building
3. Project status summary
- _Ron Bridgefoot to provide Project overview

_Guy Antonini to provide status update
4. Statutory Planning
- Key issues
- _Strategy to liaise with City of Sydney

_Strategy to respond to requirements to deliver Design Excellence

_Key Design Reviews and recording of process

_Inclusion and Liaison with City of Sydney representatives

_Expert peer review

_Outstanding risk items. i.e. car parking provision and traffic
5. Functional Planning Architecture
- 5a. New East Wing Building
- _Planning and stacking review

_Future stage integration

_Connection to existing buildings

_Servicing

_Facade Precedents

_Envelope strategy

_Integration of facade with existing SVPHS

01 Workshop One

Agenda

5b. Refurbishment of existing SVPHS building

- _Activation opportunities at ground level
- _Impacts to Victoria Street and mediation strategies
- _Planning review
- _Ensuite location options and layouts
- _New entry position and configuration
- _Connectivity with existing buildings
- _Facade upgrade
- _Structural issues
- _Ground level activation and landscape upgrade

Lunch break

6. Interiors

- _Refurbishment of existing SVPHS building
- _New Entry position and configuration
- _Existing Inpatient room upgrade
- _Ensuite location and configuration

7. Landscape

- _Identify scope of work for new project
- _Victoria Street up grade strategy
- _Green roofs and Terraces/Rehabilitation Garden

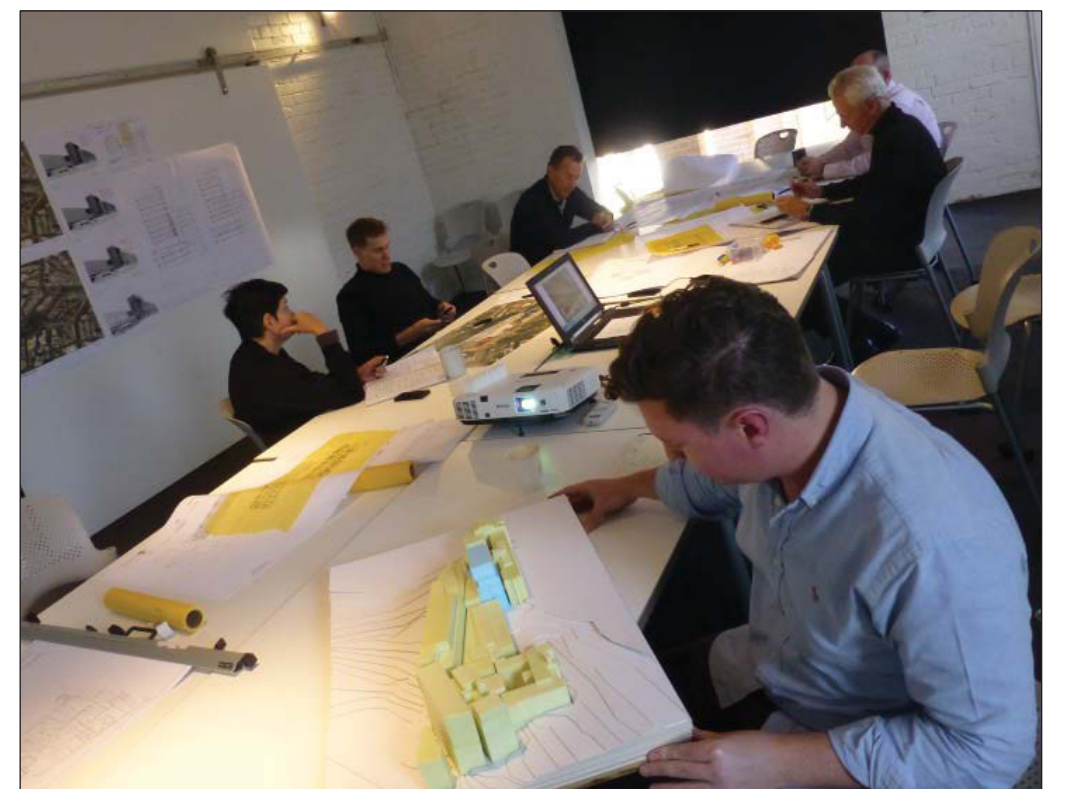
8. Workshop Summary

- _Capture and recap of key issues
- _Action list

Workshop concludes at 3:00pm



Workshop One. Photography by HASSELL.



1.4 Workshop One Outcome Response

St Vincent’s Private Hospital East Wing Project

Design Workshop 1
Record of Outcomes

Date: 18 August 2014
Time: 9:00am to 3:30pm
Location: Brisbane Studio

Attendees	
Ron Bridgefoot	HASSELL - Principal (Health Sector Leader)
Megan Reading	HASSELL - Principal (Health Sector Leader)
Ken McBryde	HASSELL - Principal (Design Leader Sydney)
Guy Antonini	HASSELL - Associate (Project Coordinator)
Robert Keen	HASSELL - Senior Associate (Design Leader)
Sam Weiler	HASSELL - Architect
Tony Giammichele	HASSELL - Senior Architect (Health Planner)

Workshop Agenda

1. Welcome

2. Identify Aims of Workshop

- To review and develop responses to the following key areas:
- _Design Excellence strategy and SSD Capital Works Plan revision
 - _Statutory planning issues associated with project scope
 - _Location, height and mass of building
 - _Functional Planning and stacking
 - _Architectural Strategy for envelope development
 - _Key issues associated with refurbishment of existing SVPHS building

3. Project status summary

- _Ron Bridgefoot to provide Project overview
- _Guy Antonini to provide status update

Key points

- _Overall retention of refurbished SVPHS to be reassessed

4. Statutory Planning

Key issues

- _SSD overview
 - _The new wing and refurbishment works will be designated as a State Significant Development (SSD)
 - _The Building height and value will therefore require revision to existing documentation
 - _JBA to review necessity for issuing of revised SEARS for the East Wing project
 - _SSD document reviewed and scope of changes identified

_Strategy to liaise with City of Sydney

- _HASSELL (Ken McBryde. (KM)) to liaise directly with City of Sydney representatives to discuss project and identify City of Sydney (COS) concerns and issues
- _Dale McMahon (DM) as the client representative can attend at his discretion
- _Working relationship to be set up with GJ to bring consensus to issues and concerns
- _HASSELL to talk/meet with GJ prior to meeting with NSW Department of Planning and Environment on the 27 August 2014 to introduce and discuss project
- _JBA to liaise primarily with Department of Planning and Environment

_Strategy to respond to requirements to deliver Design Excellence

- _The new East wing is designated as SSD and will therefore be required to respond to the Design Excellence provisions
- _Under Clause 4(ii) A competitive design alternatives process will be adopted for the project. This position to be discussed with Council and DP&E
- _Design Excellence provisions to also be included in SSD Capital Works Plan

_Key Design Reviews and recording of process

- _The alternative process will require the demonstration and recording of an acceptable in-house HASSELL design review process to deliver Design Excellence
- _Key workshops with selected HASSELL personnel to be developed through the design process. Ken Maher and Mark Loughnan identified as key HASSELL participants

_Inclusion and Liaison with City of Sydney representatives

- _Inclusion and participation of GJ in the design process essential to support the competitive design alternate strategy
- _Mayor to be briefed in relation to the new east Wing project as a part of City of Sydney representatives engagement process

_Expert peer review

- _A peer review process will be adopted as part of the design process and will contribute to the Design Excellence alternative strategy
- _Sarita Chand (Thinc) identified as potential peer review contributor

_Outstanding risk items. i.e. car parking provision and traffic

- _Current East Wing proposal does not provide any additional car parking on site
- _Increased development density will potentially exacerbate existing traffic congestion
- _Mitigation strategies for traffic and parking pressures will need to be addressed
- _Improved pedestrian, cycle and public transport strategies to be identified
- _Community action of development proposition will receive scrutiny by resident action groups (i.e. DRAG). Consultation strategy to be developed.
- _Pedestrian and vehicle conflicts along Victoria Street to be addressed

01 Workshop One

Outcomes

5. Functional Planning/ Architecture

5a. New East Wing Building

_Planning and stacking review

- _Current Stacking proposition
- _L4 Entry/Ambulatory Care/Hospital street
- _L5 Surgical
- _L6 Plant and change rooms
- _L7 Inpatient rooms x 12
- _L8 Inpatient rooms x 12
- _L9 Inpatient rooms x 12
- _L10 Inpatient rooms(Rehab Unit) x 12
- _L11 Gym and |Plant room
- _L12 Plant room
- _L13 Consulting Rooms/Suites
- _L14 Consulting Rooms/Suites
- _Additional floor levels to be considered in maximum allowable building envelope of 45 meters
- _Question asked whether Inpatient rooms can be positioned to the top end of the building with outlook. This is difficult to configure as Inpatient rooms required to be linked between new and existing buildings.
- _Consulting rooms/suites positioned at top of building allowing future increase in number of floors depending on commercial demand
- _Height of the building cannot exacerbate overshadowing to east
- _Floor to floor heights to be reviewed in light of structural model. Reduce where possible to reduce required ramping to connect with existing buildings.
- _Inpatient floor connections with existing SVPHS to be reviewed. Ramp transitions to be identified. Adopt 1in 20 ramping wherever possible.
- _Planning to levels 13 and 14 (Consulting Rooms/Suites to be developed. Generally suites are 100 sqm including waiting/reception. Floor plate maybe configured with 100 sqm and 50 sqm suite configurations.
- _These floors delivered as shell with fitout as required as lease commitment secured
- _Review potential for inclusion of third level

_Building siting and separation

- _Location of building to existing courtyard allows strategic connections to be enabled and provides expansion opportunity within the SVPHS property title
- _The building location also facilitates future connection to the north without impeding planning
- _The building is physically separated from the Aikenhead Building to the east and the SVPHS to the west
- _Separation distances will determine the fire protection strategy for facade protection i.e. sprinklers and wall drenching
- _Glazing line separation to be maximised and privacy issues dealt with for opposing walls
- _Use of outboard ensuite arrangement to new building with offset to existing SVPHS pods providing increased glazing separation, standardised layout and improved privacy

_Future stage integration

- _Demonstrate future connections and location of street address/entry
- _Location of lift core should not constrain future connection
- _Indicate future northern expansion in model
- _Pick up-drop off strategies to be integrated

_Connection to existing buildings

- _Clarity of path and clear way finding to be evident in planning resolution
- _Variations in floor to floor heights of new and existing buildings will require transitions ramps and stairs to resolve level differences
- _Opportunities to create visual connectivity to exterior will improve way finding
- _Develop vertically integrated voids where possible to improve perception of connectivity
- _Servicing/loading to new building to be via existing loading bay locations to Barcom Avenue
- _Servicing connections to be resolved both vertically and horizontally
- _Provision of new escape stairs and connection to existing stairs to be resolved in conjunction with Certifier

_Mechanical/Elect/Hydraulic Servicing

- _Loading /service access to new building via existing Barcom Avenue loading dock
- _New plant rooms identified at multiple levels
- _Number and area of plant rooms to be rationalised
- _Hard duct sizing to support reduced floor to floor height
- _Acoustic impacts of plant room locations to be assessed

_Equipment access and replacement strategy to be resolved

- _Location of mechanical equipment (chillers) and water tanks to be considered to roofs of adjoining SVPHS buildings if possible
- _Service duct sizing and location to be identified
- _Potential to reduce floor to floor heights by running duct work parallel to floor band beams and eliminating perpendicular connections

_Facade Precedents

- _Precedent examples identified indicating option of curtain wall, precast concrete and hybrid combinations
- _Opportunity to develop a more transparent/open appearance to the building (jewel box) rather than the current introverted and defensive building expression
- _Strong street tree character would allow the opportunity for the facade to compliment and reflect this character

_Envelope strategy

- _Envelope construction will respond to the site access constraints and conditions, building program and cost
- _Facade should be delivered by single sub contractor to ensure warranty over complete envelope
- _Facade maintenance and cleaning strategy to be developed
- _Facade design will need to address issues of solar control to both bedrooms and public circulation/ lounge areas
- _Balance of solar control and transparency to be delivered in design response
- _Sense of Civic quality to be expressed in building solution providing a contribution to the public realm

_Integration of facade with existing SVPHS

- _The new East Wing and the refurbished existing building together form the Private Hospital and should be seen possibly as a singular entity
- _Note building signage to be considered
- _Although a separate buildings, there is an opportunity to develop a complimentary facade strategy that provides an integrated outcome
- _Opportunities at the northern end of the existing SVPHS to open up circulation/path of travel

01 Workshop One

Outcomes

- _ **Structure**
 - _ Structural frame options most likely to be steel or concrete
 - _ Limited site access and site constraints will influence decision
 - _ Suggestion for engineered timber frame unlikely to be appropriate for Type of construction (Type A) and loading condition
 - _ Construction impacts to be mediated during construction phase to reduce impacts on hospital operation and occupation
 - _ Structural consideration to be undertaken for the prefabrication and installation of ensuite bathrooms.
 - _ Earthquake resistance to be included in structural design
 - _ Structural solution will be developed with selected contractor

5b. Refurbishment of existing SVPHS building

- _ **East and West facade strategies**
 - _ Upgrade of west facade provides the opportunity to rebadge the existing building and create a new identity for the Private Hospital and improve the relationship with Victoria Street
 - _ Upgrade of east facade to be minimal. Make good where necessary and provide solar control if required.
 - _ Removal of pods to east possible to improve quality of internal spaces
 - _ Removal of pods to west possible to level 4 and 5 as a part of overall facade strategy

- _ **Activation opportunities at ground level**
 - _ Activation and interaction will be a concern of the City of Sydney representatives in the refurbishment strategy due to the length of the building and the current separation of public and private space at the Victoria street interface
 - _ Opportunities for improved entry and activated interface to be identified

- _ **Impacts to Victoria Street and mediation strategies**
 - _ Ensuite upgrade will require re-facading of existing building
 - _ Options deliver variation in impact to street but all options reduce set back to street boundary
 - _ Ensuite upgrade only from level 6 upwards. Ground level 4 and level 5 above do not require ensuite intervention
 - _ Opportunity to provide improved pedestrian cover to street with facade upgrade

_ **Planning review**

- _ **Ensuite location options and layouts**
 - _ Ensuite options are identified as inboard or out board
 - _ Both options require the facade line to be pushed outwards
 - _ The inboard option requires the total facade line to be moved out whilst the out board option only requires the ensuite to project outwards
 - _ Due to the low floor to floor height (3050mm) and the structure of the floor plate, consideration for the plumbing integration and floor level transitions will determine the preferred outcome. Out board option preferred to allow plumbing to be integrated without impacts to existing floor plate.
 - _ Out board option can project fully or partially but will impact on internal planning. Full projection preferred to provide internal planning flexibility.
 - _ Outboard option reduces vision glass to exterior. Vision glass to be maximised with full length glazing. Possible day seat to be integrated.
 - _ Glazing to and through ensuite to be considered to improve natural lighting in rooms
 - _ Forensic work to be undertaken to assess mechanical and hydraulic considerations attached to ensuite refurbishment
 - _ Prefabrication strategy to be developed for ensuite provision

- _ **New entry position and configuration**
 - _ New entry position to be proposed to the north of the current location to allow improved connectivity and way finding internally
 - _ Rounded enclosure to existing lift to be reviewed to improve connectivity
 - _ Associated reconfiguration of Victoria Street interface required with revised entry point
 - _ Provision of pedestrian cover and associated pick up-drop off to be considered

- _ **Connectivity with existing buildings**
 - _ Low floor to floor heights in existing building impacts ability to connect with new East Building which has greater floor to floor heights
 - _ Efforts to be made to reduce floor to floor heights in new building to reduce extent of ramp transitions
 - _ Required escape stair connections to be provided with new and/or existing stairs
 - _ Servicing connections to be provided to existing loading dock and back of house facilities

- _ **Facade upgrade**
 - _ Removal of ensuite pods will require full facade to be removed including glazing and precast spandrels
 - _ Structural input to be provided to identify degree of difficulty associated with precast panel removal
 - _ Facade will be required to be scaffolded for Work Place Health and Safety during upgrade works
 - _ Integrated facade system to be considered that incorporates ensuite projection

- _ **Structural issues**
 - _ Removal of precast concrete pods to be reviewed for structural impacts
 - _ Extension to and support of floor plate to support ensuite projection to be considered and load transfer to ground
 - _ Forensic assessment of current building structure and envelop to be undertaken
 - _ Prefabrication and installation strategy to be developed for ensuite bathrooms

- _ **Ground level activation and landscape upgrade**
 - _ Identify key opportunities for activation of facade
 - _ Potential for cafeteria break out to Victoria Street
 - _ Identify opportunities for integrated public private public realm addressing issues of current separation

Lunch break

- 6. Interiors**
- _ **Refurbishment of existing SVPHS building**
 - _ Upgrade required to inpatient rooms, support/write up areas and public areas
 - _ Interiors strategy to be developed
 - _ Clarity of way finding to be considered. SVPHS street concept.
 - _ Vertically connected volumes to be encouraged

- _ **New entry position and configuration**
 - _ New entry position to be proposed to the north of the current location to allow improved connectivity and way finding internally
 - _ New entry to provide and reinforce Private Hospital identity
 - _ New material palette to reposition Private Hospital character

01 Workshop One

Outcomes

Existing Inpatient room upgrade

- _Upgrade to enhance patient care and recovery
- _Staff areas to be reviewed also to improve quality of care
- _Ensuite upgrade required two location options to be explored
- _Room finished to be upgraded
- _Access to natural light and outlook not to be compromised and solar control to be provided
- _Day bed adjacent to window desirable
- _Operable windows to allow patient access to natural ventilation and connection to external environment.
- _Improves patient experience and recovery. Reed switches to mech system to be integrated with mixed mode option.
- _Possible broader mixed mode ventilation strategy to be considered with cross connection to internal circulation areas

Ensuite location and configuration

- _Ensuite options are identified as inboard or out board
- _Outboard option reduces vision glass to exterior. Vision glass to be maximised with full length glazing. Possible day seat to be integrated.
- _In board option maximises natural light and visual amenity out. This option would require greater solar control and/or higher specification glazing.
- _Glazing both to and through ensuite to be considered to improve natural lighting in rooms

7. Landscape

Identify scope of work for new project

- _The new East Wing and refurbishment work to the existing SVPHS building will require landscape upgrade works as a part of the project scope
- _Extent of scope to be identified
- _Kerb re definition to improve pick up-drop off configuration
- _Landscape upgrade will help improve ground level activation and engagement by removing barriers to existing SVPHS frontage
- _Impacts to existing trees to be minimised
- _Potential opportunity to enhance street tree planting

Victoria Street up grade strategy

- _Short and long term strategies to be identified
- _Streetscape upgrade in accordance with City of Sydney Strategic Planning
- _Public amenity to be improved with improved public realm
- _Upgrade to enhance and support existing street character
- _Upgrade to resolve pedestrian-vehicle conflicts to footpath
- _Upgrade to enhance public realm and address surveillance and safety issues
- _Bicycle users to be acknowledged

Green roofs and terraces/rehabilitation garden

- _No Rehabilitation garden required at this stage
- _Opportunities for roof planting and facade greening to be identified
- _Opportunity to provide green roof to extension to east section to existing SVPHS building adjacent to the Sister Bernice Wing
- _Potential for improved visual outlook and potential staff and visitor amenity to be improved

8. Additional items

Visitor experience

- _Consideration to be given in planning for improved visitor experience with lounge/break out areas wherever possible

Pad mount transformer

- _New location to be identified
- _Previous pad mount location below ground on Victoria street frontage with loss of existing tree
- _Pad mount location should not diminish streetscape amenity

Existing escape stairs to SVPHS

- _BCA audit to identify compliance or non-compliance of existing escape stairs to either end of the building
- _If non-compliant opportunity to reconfigure circulation and connectivity

ESD strategy

- _GBCA target to be identified and key measures to be adopted
- _Key initiatives to be identified for inclusion at concept stage

Bicycle users

- _Review integration of end of trip facility
- _Improve connection of SVPHS into network

9. Workshop summary

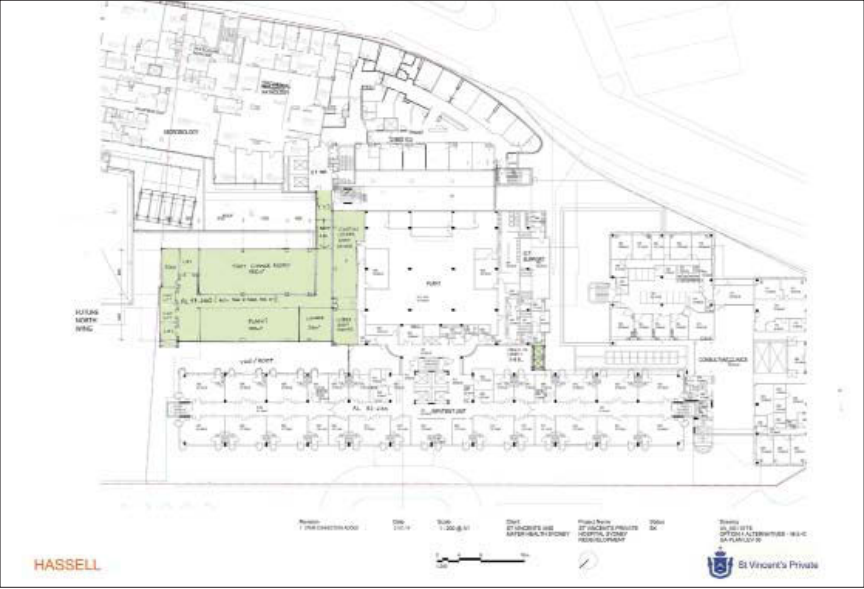
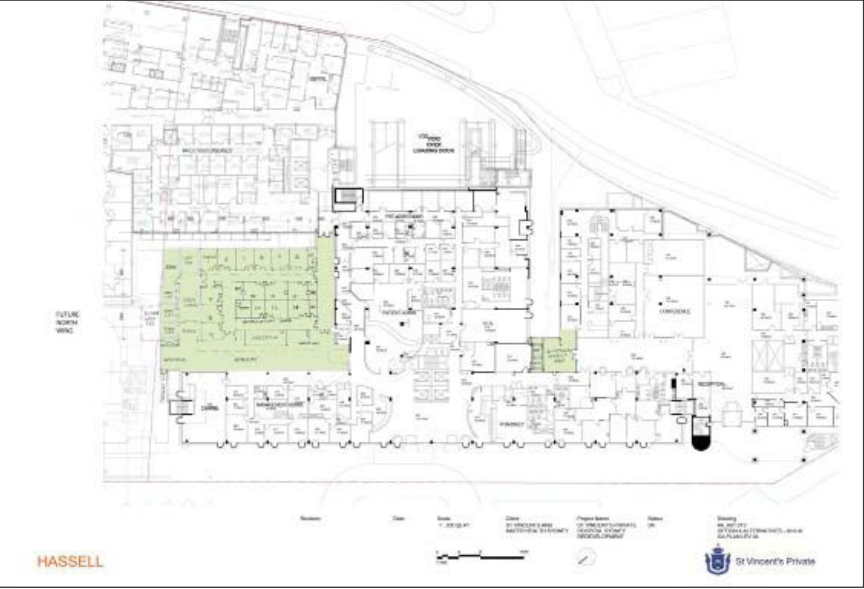
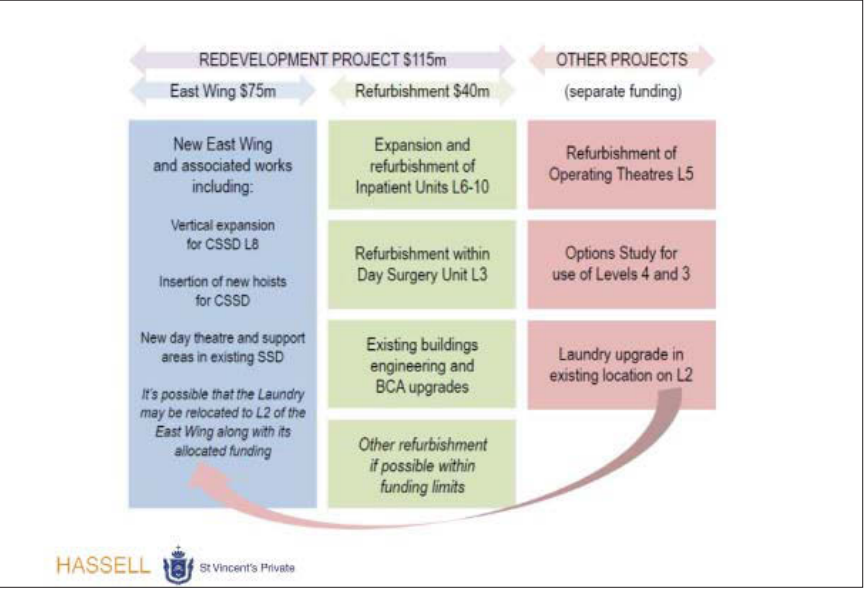
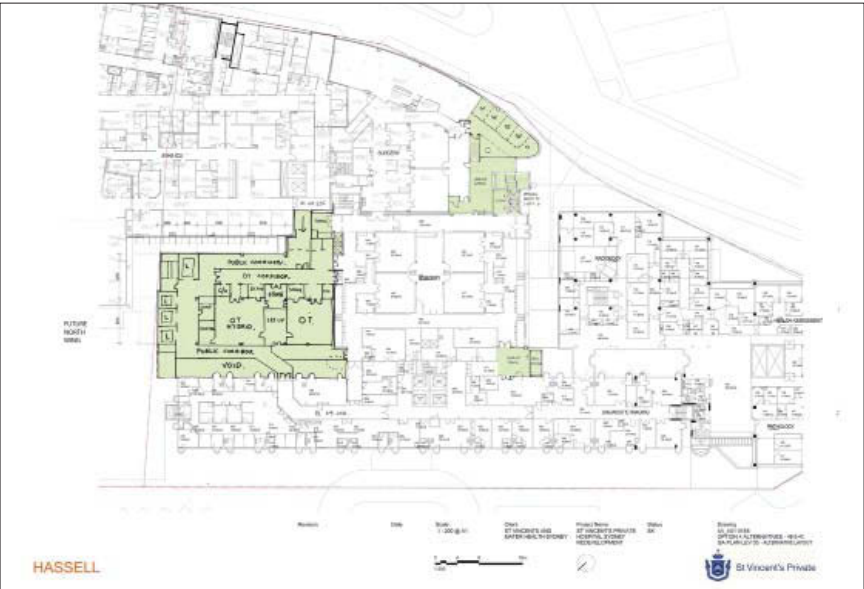
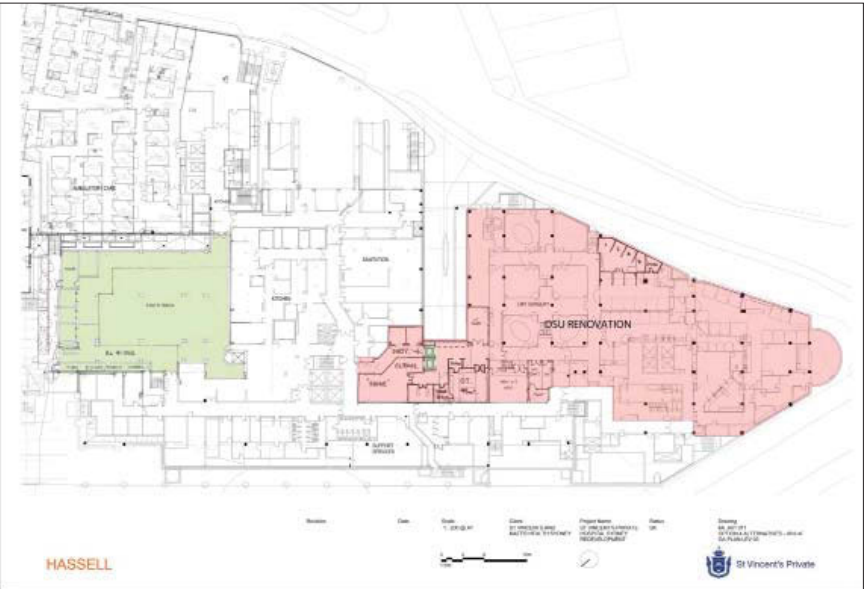
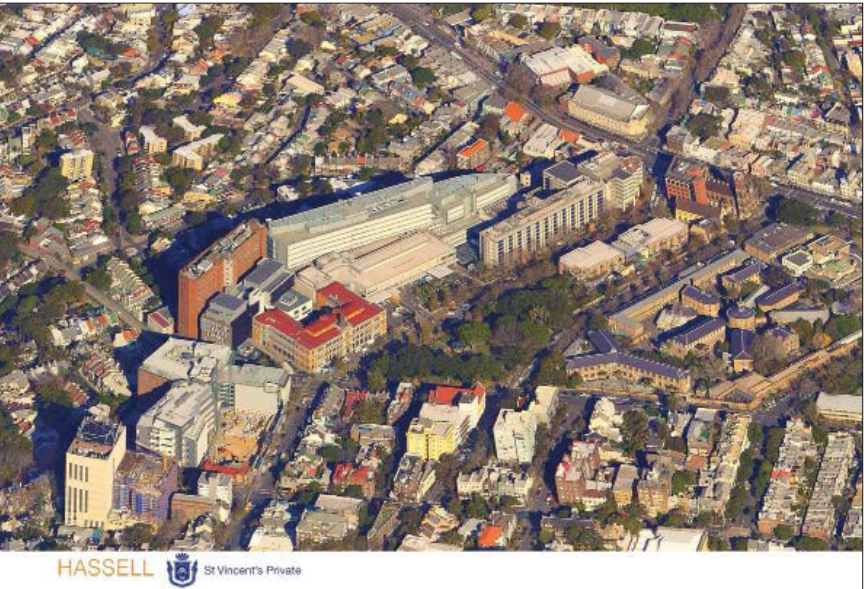
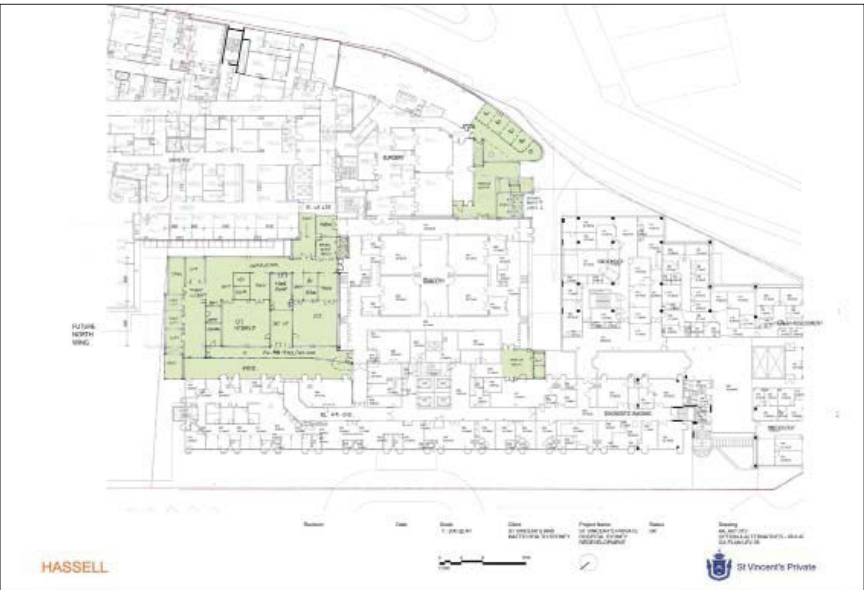
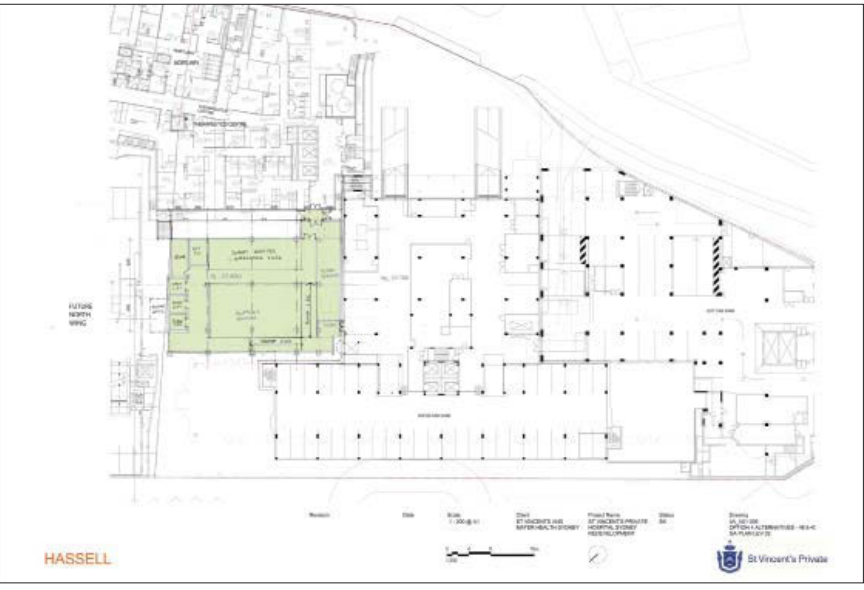
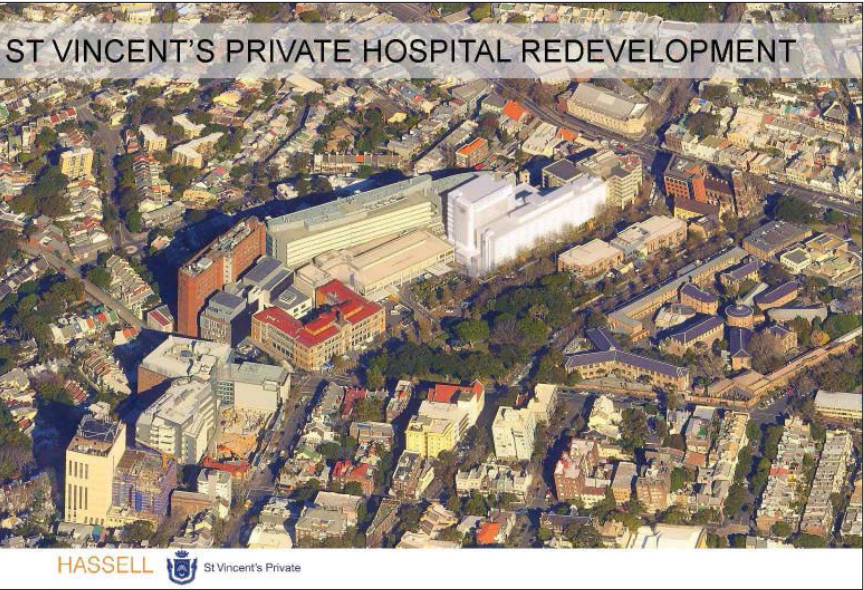
- _Capture and recap of key issues
- _As attached

Action list

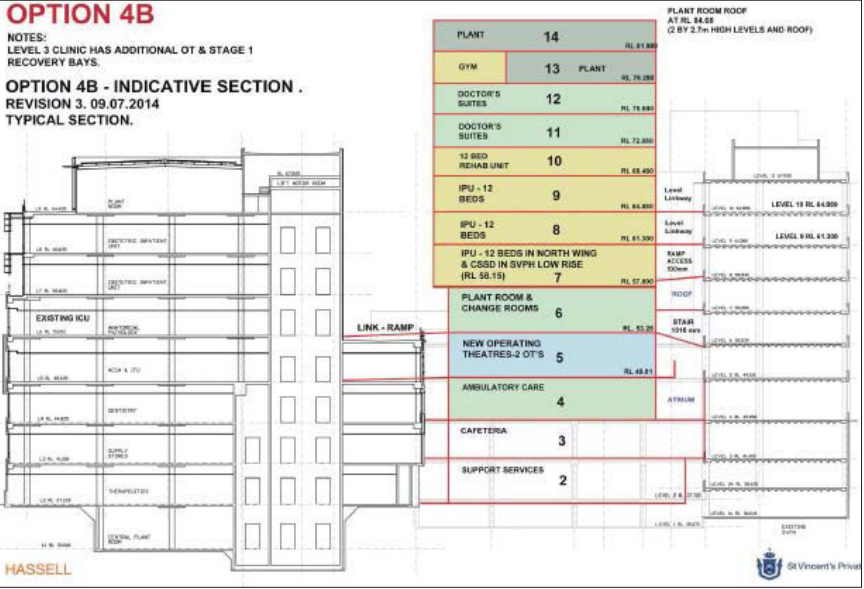
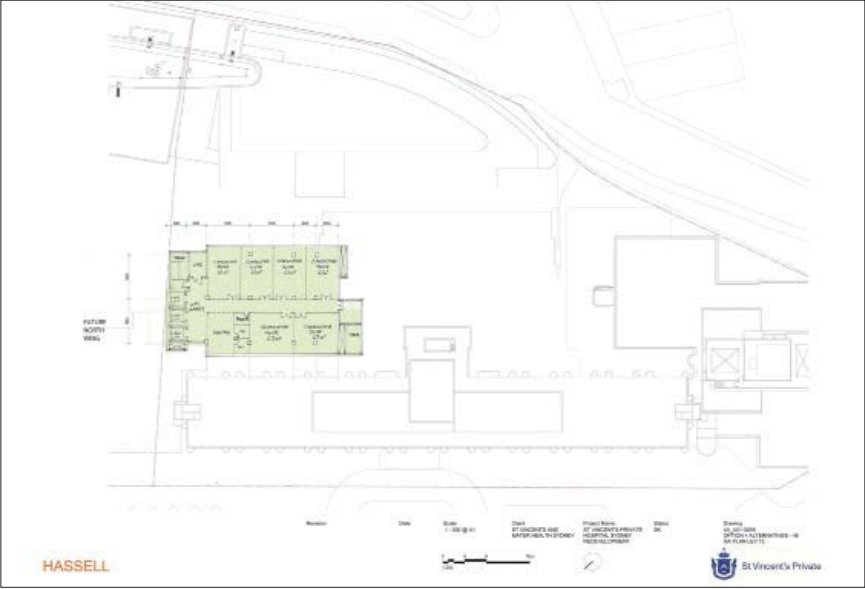
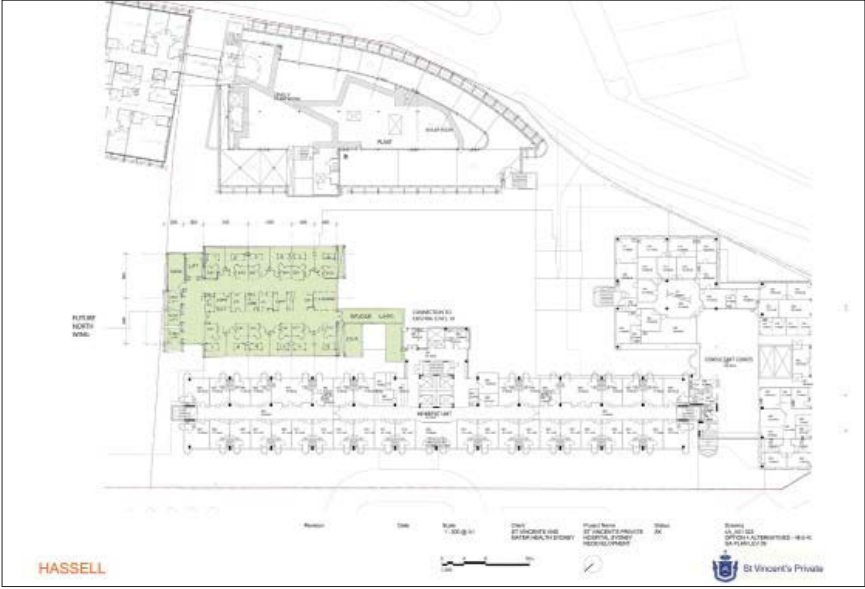
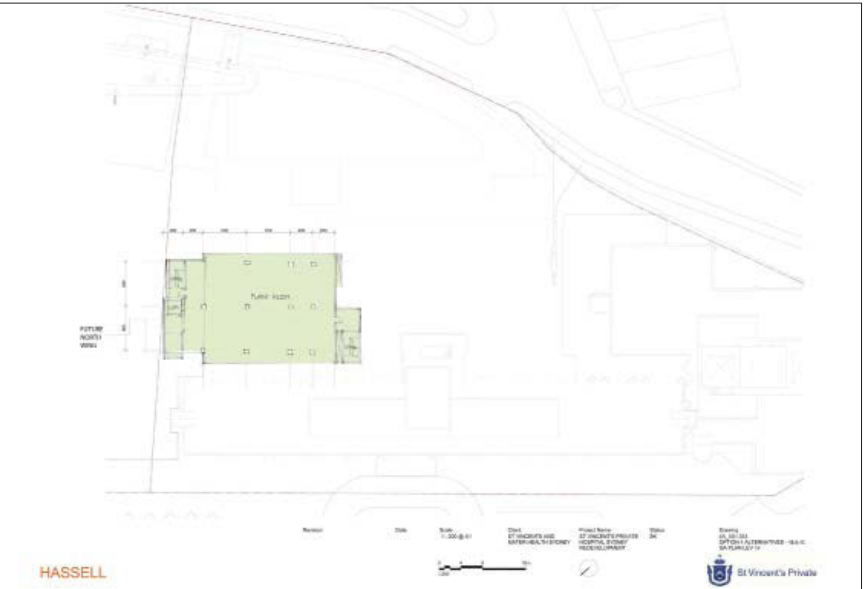
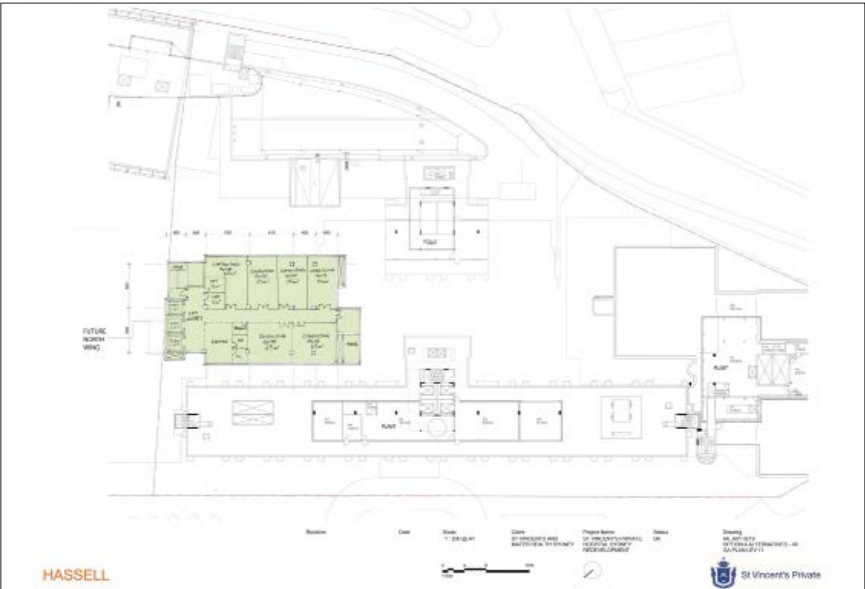
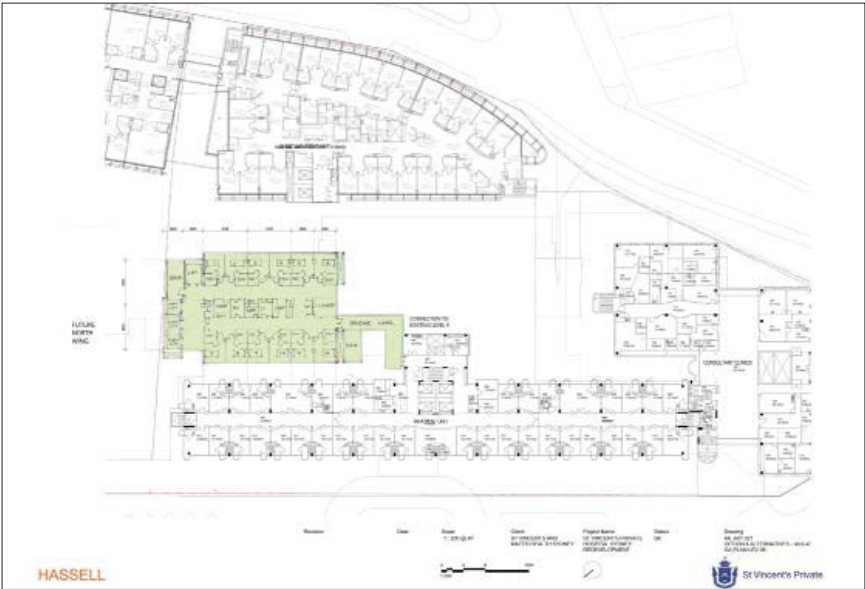
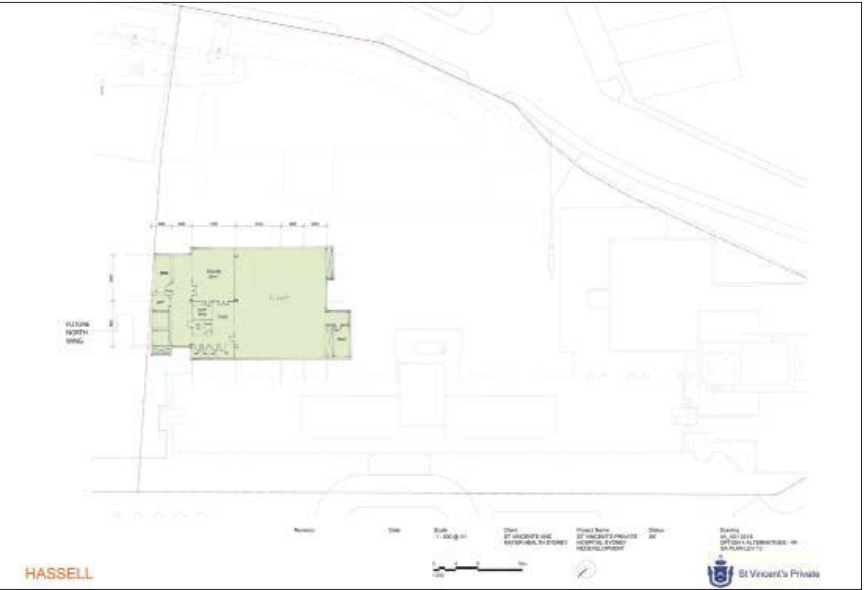
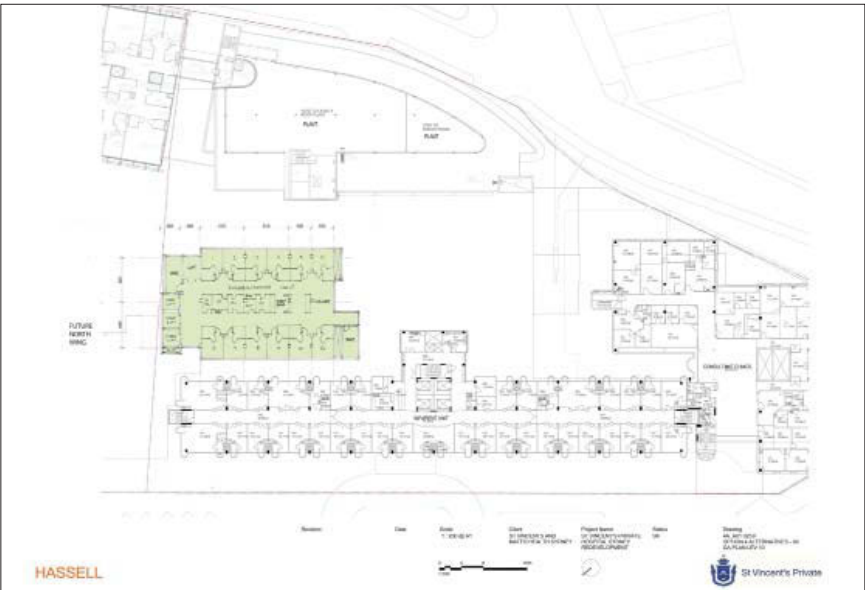
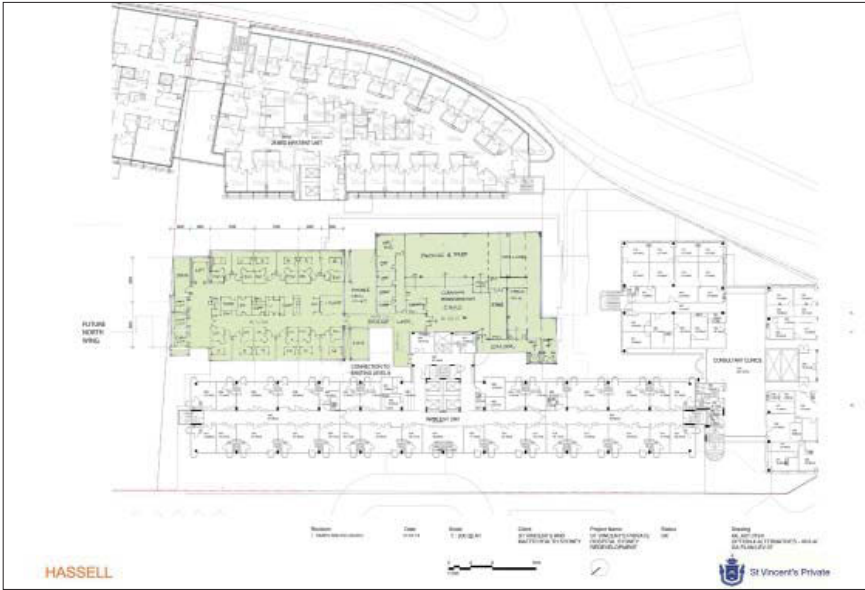
- _Completion of all level floor plans and sections. To be developed as hand drawings
- _Complete working model with future northern expansion massing. Roads/boundaries to be included.
- _Massing sketches to be developed for new East Wing and build out to existing building

Workshop concludes at 3:30pm

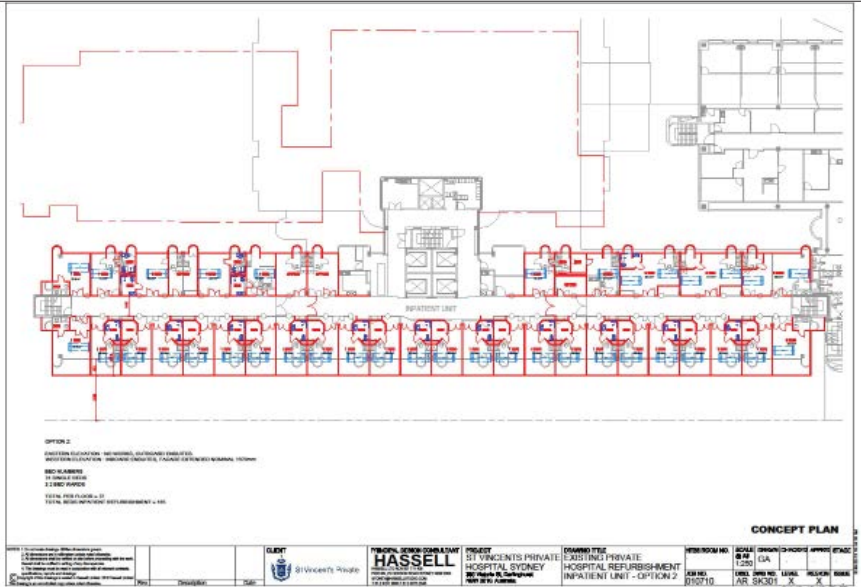
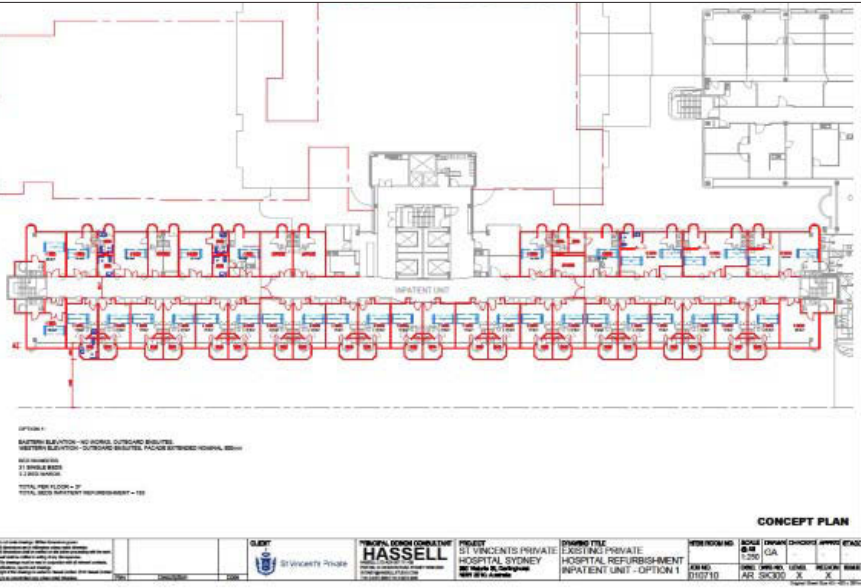
Next Workshop Two date to be identified



01 Workshop One
Reference Drawings/Images



01 Workshop One
Reference Drawings/Images





Workshop Two. Photography by HASSELL.

02 Workshop Two

Agenda

2.1 Summary

The purpose of the second workshop - Option Development is to identify the East Wing and SVPHS refurbishment strategies and study the options.

Participants
<div><div>_Project Principal</div><div>_Project Architect</div><div>_Health Planners</div><div>_Design Architect</div><div>_Design Principal 1 (Ken McBryde)</div><div>_Client Representative</div></div>
Inputs
<div><div>_QS Cost Advice</div><div>_Consultant Input</div><div>_Statutory Planning Overview</div><div>_Landscape Update</div></div>
Outputs
<div><div>_Existing SVPHS High Rise Wing facade options</div><div>_East Wing facade options</div><div>_Building adjacency studies. Screening and planting</div><div>_Revised floor plans</div><div>_Preliminary interior concepts. Inpatient room layouts, public spaces and atrium</div></div>

2.2 Options development to option review

Following Workshop Two, the third workshop took place.

2.3 Workshop Two Agenda

St Vincent’s Private Hospital East Wing Project

Design Workshop No 2

Date: 7 October 2014
Time: 10:00am to 3:00pm
Location: Brisbane Studio

Attendees

Attendees	
Ron Bridgefoot	HASSELL - Principal (Health Sector Leader)
Ken McBryde	HASSELL - Principal (Design Leader Sydney)
Guy Antonini	HASSELL - Associate (Project Coordinator)
Robert Keen	HASSELL - Senior Associate (Design Leader)
Adam Hetherington	HASSELL - Senior Interior Designer

Apologies

Megan Reading	HASSELL - Principal (Health Sector Leader)
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Workshop Agenda

Welcome

1. Project status summary

- _Ron Bridgefoot/Megan Reading to provide project overview
- _Guy Antonini to provide status/program update
- _Review of Project Risk Register
- _Project Team roles and responsibilities

2. Statutory Planning

- _Key issues
 - _Ken McBryde feedback/outcomes from City of Sydney meeting and NSW Department of Planning and Environment
 - _Update on Design Excellence Alternative Strategy as proposed by JBA. (Option 3. Design Competition waiver based on HASSELL and SVPHS internal process)
 - _Update on proposed future meetings with City of Sydney representatives
 - _Review of Internal Design Strategy to respond to requirements to deliver Design Excellence
 - _Review proposed Design Excellence Diagram
 - _Review proposed timing of Design Reviews/workshops, attendees and recording of process. Inclusion of and liaison City of Sydney representatives
 - _Expert peer review timing
 - _Outstanding risk items. i.e. Cost impacts of Design Excellence, Landscape requirements, Heritage Streetscape impacts, car parking provision and Traffic

02 Workshop Two

Agenda

3. Functional Planning

3a. New East Wing Building

- _Strategy for responding to adjacency to north boundary(facade projection impacts)
- _Planning and stacking review
- _Adjacency issues and mitigation strategies
- _Connection to existing buildings (ramps and bridges)
- _Servicing connections
- _Future stage planning
- _Proposed structure and issues i.e. Structural transfers, south – east stairs

3b. Refurbishment of existing SVPHS building

- _ Planning update
- _ Activation opportunities at ground level (cafeteria and new entry point)
- _ Impacts to Victoria Street and mediation strategies
- _ Planning review of:
 - _ Ensuite location options, prefabrication and layouts
 - _ New entry position and configuration
 - _ Connectivity with existing buildings
- _ Structural issues, i.e. construction over existing theatres, facade removal
- _ Ground level activation and landscape upgrade

4. Architecture facade strategies

- _ Review developed facade option for East Wing and refurbishment works
- _ Review integration strategy for new building and SVPHS facade upgrade
- _ Review extent of facade upgrade to SVPHS, East/West/North
- _ Review adoption of street awning and/or new entry awning

Lunch break

6. Interiors

- _Refurbishment of existing SVPHS building
- _Internal street development
- _New entry position and configuration
- _Existing inpatient room upgrade
- _Ensuite location and configuration

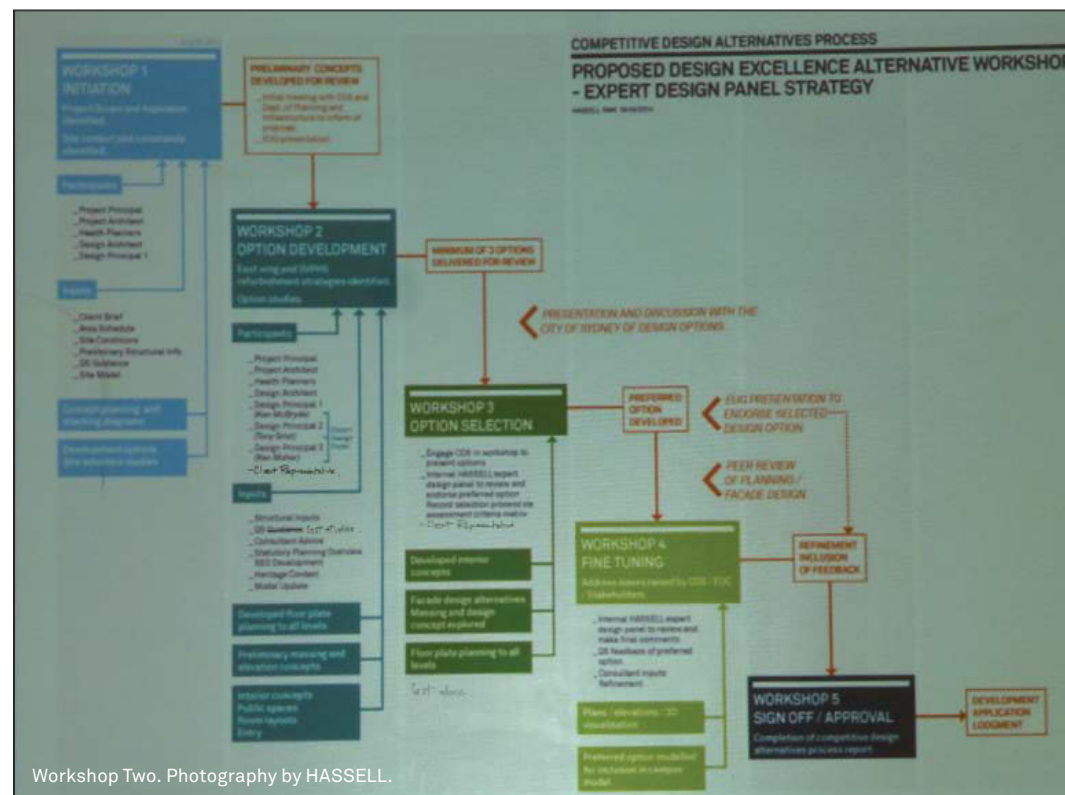
7. Landscape

- _ Identify scope of work for new project
- _ Victoria Street up grade strategy
- _ Impacts to existing street trees
- _ Green roofs and terraces/rehabilitation garden

8. Workshop summary

- _Capture and recap of key issues
- _Action list

Workshop concludes at 3:00pm



02 Workshop Two Outcomes

2.4 Workshop Two Outcome Response

St Vincent's Private Hospital East Wing Project Including existing SVPHS refurbishment

Design Workshop No 2
Record of Outcomes

Date: 7 October 2014
Time: 10:00am to 3:30pm
Location: Brisbane Studio

Attendees

Ron Bridgefoot	HASSELL - Principal (Health Sector Leader)
Ken McBryde	HASSELL - Principal (Design Leader Sydney)
Guy Antonini	HASSELL - Associate (Project Coordinator)
Robert Keen	HASSELL - Senior Associate (Design Leader)
Adam Hetherington	HASSELL - Senior Interior Designer

Apologies

Megan Reading	HASSELL - Principal (Health Sector Leader)
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Workshop Agenda

1. Welcome

1. Project status summary

- _Ron Bridgefoot/Megan Reading to provide Project overview
- _Guy Antonini to provide status/program update
- _Review of Project Risk Register
- _Project Team - Roles and Responsibilities

Workshop Comments

- _50%-60% through SD for Planning
- _Scope of works for level 3 day Surgery and level 4 Ambulatory Care still to be verified
- _Alternative level 4 entry and cafeteria planning option developed for presentation. Preferred option for amenity, way finding and street activation
- _Program identifies SD complete on the 31st of October 2014. Clinical Planning SD phase to be complete whilst facade designs in progress. Facade design intent to be provided.
- _DD phase programmed to commence in November and run for 5 months to March 2015
- _External project programmer to be appointed shortly

- _Project Risk Register identifies major project risks
- _Design options and scope creep still a major issue together with cost control
- _Client management and delay in stakeholder inputs will impact resolution, cost and program
- _State Significant Development (SSD) designation and requirement for Alternative Design Competition Strategy still to be finalised with Department of Planning and Environment (DP&E) and City of Sydney (COS). JBA guiding process. HASSELL to be mindful in process to protect reputation in City of Sydney and CIP representations.
- _Landscape architect input required to address landscape and interface issues
- _Issues associated with proximity to north boundary require resolution/agreement between SVPHS and SVHS. DM to advise
- _Building adjacency to existing SVHS and SVPHS buildings creates interface issues requiring acceptable mediation

- _Team structure and client clarification
- _Kevin Dalton (KD) will represent SVPHS as client. Dale McMahon (DM) will act as the client representative
- _Team structure identifies Ken McBryde (KM) as design reviewer and HASSELL interface with City of Sydney and DIP
- _KM to liaise directly with DM to present design, endorse design strategy and reinforce quality of design work
- _Robert Keen (RK) role as design architect for project with key interaction with KM
- _GA Project Architect acting as interface with key consultants and client rep
- _Interior design concepts still to be finalised for presentation. Megan Reading (MR)and Adam Heatherington (AH) to develop concepts in conjunction with RK.
- _Early contractor engagement progressing. Scope document issued. Possible December selection with early January involvement. Likely contenders being Buildcorp, Hansen and Yuncken, Built and BLL
- _Perceived role to exert design management and services D and C. HASSELL not proposed to be novated HASSELL control over design quality a potential issue.

2. Statutory Planning

Key issues

- _Ken McBryde feedback/outcomes from City of Sydney meeting and NSW Department of Planning and Environment (DP&E)
- _Update on Design Excellence Alternative Strategy as proposed by JBA. (Option 3). Design Competition waiver based on HASSELL and SVPHS internal process)
- _Update on proposed future meetings with City of Sydney representatives
- _Review of Internal Design Strategy to respond to requirements to deliver Design Excellence
- _Review proposed Design Excellence Diagram
- _Review proposed timing of Design Reviews/workshops, attendees and recording of process. Inclusion of and Liaison with City of Sydney representatives
- _Expert peer review timing
- _Outstanding risk items i.e. Cost impacts of Design Excellence, streetscape/landscape requirements, heritage streetscape impacts ,car parking provision and traffic

Workshop Comments

- _DM and KM meeting with City of Sydney minuted. KM driving strategy of engagement
- _JBA still to provide argument for alternative Competitive Design Process
- _JBA Option 3 to be adopted. (Stage 1 envelope DA with Stage 2 detailed DA concurrently for East Wing and refurbishment works).
- _Waiver for design competition requested upon application SEARS
- _HASSELL needs to manage risk of JBA proposal not being accepted
- _Timing of representations to City of Sydney to be mindful of Dept of Planning and Environment acceptance of alternative strategy
- _HASSELL to document design process as part of HASSELL design process but also in accordance with proposed Alternative Competition Process as proposed
- _Process diagram to be updated to include SVPHS selection process (Stage 1) and client representative engagement
- _SVPHS consultant selection process to acknowledge based on Health experience and design quality, established relationship with client, HASSELL credibility and respect of City of Sydney
- _Streetscape works to be acknowledged as part of design scope by HASSELL
- _Landscape consultant to be engaged to review interface impacts and promote street activation and engagement

02 Workshop Two

Outcomes

3. Functional Planning

3a. New East Wing Building

- _Strategy for responding to adjacency to north boundary (facade projection impacts)
- _Planning and stacking review
- _Adjacency issues and mitigation strategies.
- _Connection to existing buildings (ramps and bridges)
- _Servicing connections
- _Future stage planning
- _ Proposed structure and issues i.e. Structural transfers, South–East stairs

Workshop comments

- _Alternative siting options 1-3 reviewed. Options to be assessed by multi criteria assessment in accordance with preferred outcome (Option 3).
- _North site boundary adjacency issues. Architectural projections over boundary a potential risk. SVHS and SVPHS land ownership demarcation defined but agreement required for any incursion over boundary. DM has advised to continue on basis of potential agreement of infringement.
- _Facade option development will acknowledge no overhangs a response to this issue
- _Drop off awning to access road required at level 3 and will overhang boundary
- _SVPHS and SVHS are separate companies with separate Boards that have ownership over separate titles but where operation occurs over both lots
- _Public Hospital understanding of new East Wing project will be defined at present. Interface issues yet to be presented
- _Servicing of New East Wing to occur through existing loading docks located off Barcom Avenue. Service linkages to be diagrammed
- _Stacking of functional planning still consistent with initial intent
- _Floor to floor heights adjusted to level 12 now 5800 mm
- _Plant room to level 6 and level 12
- _Roof plant requirement dependant on final location of chillers and equipment required for consultant rooms to levels 13 and 14
- _Two options for consulting suite layout provided for review. DM to provide direction as to whether to treat as shell or fit out.
- _Maximise building height with lift lobby to roof level with future potential for Executive accommodation.
- _Level 12 plant preferred to east with Gym to west. Promote outlook to CBD.
- _CSSD (Central Sterilising and Supply) to level 8 over surgical theatres could accommodate green roof. Confirm if possible with Structural Engineer
- _Zone between existing roof under and floor to CSSD to be aesthetically treated and accessible for maintenance
- _Alternate planning strategy for level 4 with cafeteria and relocation of entry to be presented as preferred outcome with benefit of street activation, improved staff facility and greater transparency to Victoria Street
- _Cafeteria proposal likened to that of Lighthouse at Northshore Hospital

5b. Refurbishment of existing SVPHS building

- _Planning update
- _Activation opportunities at ground level (Cafeteria and new entry point)
- _Impacts to Victoria Street and mediation strategies
- _Planning review of ensuite location options, prefabrication and layouts
- _New entry position and configuration
- _Connectivity with existing buildings
- _Structural issues, i.e. construction over existing theatres, facade removal
- _Ground level activation and landscape upgrade

Workshop Comments

Existing SVPHS Building Facade Refurbishment Options

- _Key issues of appropriate health character to be explored/identified in new facade works. Rebranding opportunity for SVPHS
- _Allowance for provision of natural light essential to ensuites and refurbished Inpatient rooms. Rooms for healing. Maximise window size
- _Potential for window operability to be explored
- _Assess extent of proposed street awning and reinforce entry locations

Option 1 - Vertical facade stacking

- _Review of retention of precast pods to levels 4 and 5. Cost impacts of removal and curtain wall replacement. RB to contact Sweett. GA to confirm outcome.
- _Expresses ensuite modules in their applied pure form. Preferred option. Option to be developed for review.
- _Ensuite pairs will diminish view out from Inpatient bedrooms. Tunnel visioned.
- _Adopt rebate between pods at floor levels to allow hydraulic access during construction phase
- _Consideration still required for exclusion of sun to Inpatient rooms. Adoption of horizontal hoods possible.
- _Lower window sill level to 450 mm to maximise vision glass area. Day bed adjacent.
- _Optional use of additional framing members to unify vertical modules
- _Consideration given to cladding treatment over to compliment streetscape
- _Cladding options glass, Alpolic, anodised aluminium sheet, high pressure timber laminate etc
- _Material selection to cladding will influence character. Inference of domestic type materials may infer a less commercial and a more healing environment.
- _Potential to include glazed panels for back lighting at night
- _Location and continuity of street awning an important component in providing street scale and buffer to appearance to level 4 and 5
- _Awning should reinforce entry and could be segmented rather than continuous to full length

Option 2 - Modular facade stacking

- _Composition of ensuites into vertical and horizontal modules to break up repetition and perception of scale/height
- _Segments the long facade into more modulated configuration
- _Variation in the use of materials to differentiate height of ensuite stacks
- _Perception that configuration is too complex for facade length and could be simplified

Option 3 - Horizontal stacking.

- _Composition of ensuites into horizontal bands defined by horizontal frames
- _Second preference. Option to be developed for review
- _Attempts to break up repetitious vertical massing into framed modules
- _Horizontal configuration breaks down perception of scale/height to street
- _Variation in the use of materials to differentiate elements
- _Justification of screening device across indent zone to be identified.

4. Architecture Facade strategies

- _Review developed facade option for East Wing and refurbishment works
- _Review integration strategy for new building and SVPHS facade upgrade
- _Review extent of facade upgrade to SVPHS. East/West/North
- _Review adoption of street awning and/or new entry awning

Workshop Comments

02 Workshop Two

Outcomes

Overview of total facade compositions (East Wing and SVPHS refurb)

Option 1 - Unifying screen composition

- _The use of the screen can unify without being continuous
- _Doubt of the merit of screen covering surfaces that do not benefit. Cost implications
- _Expresses strategy to use screen as dominant building expression taking emphasis off resolution of all building components behind
- _Screen a bespoke perforated/laser cut anodised aluminium element changing in transparency depending whether adjacent to transparent or opaque surfaces

Option 2 - Vertical massing

- _Preferred massing expression for East Wing and ties in with vertical massing to SVPHS refurb. Reinforces height and transparency to north elevation and simplifies massing
- _Suggestion to reduce the number of framing elements and utilise only where necessary to define key elements
- _Look at option to remove frame from end stair on existing SVPHS and express ensuites
- _Transparency of foyer glazing to allow reading of interior finishes
- _Finishes options. Timber to lift core with stone floor or stone to core and floor and timber to ceiling
- _Is street awning continuous to entry 3 level? If so confuses primary entry point. Detach awnings.
- _Street awning to be located over footpath and separated from building to address conflicts with existing trees and car park vents

Option 3 - Horizontal massing

- _Second preference
- _Breaks vertical scale and reflects floor stacking utilisation
- _Horizontal massing to East Wing to work in combination with horizontal massing strategy to SVPHS refurb
- _Review option of street awning being discontinuous with entry to East Wing

Option 4 - Extended horizontal massing

- _Similar to Option 3 massing but extends expression of horizontally over lift core foyer
- _Concern that this option breaks vertical expression
- _Combines with proposition for horizontal expression to SVPHS refurb

Option 5- Curtain wall

- _Replicates massing of option 4
- _Concern that this option breaks vertical expression
- _This option removes all external sun shading devices in response to boundary position
- _Places emphasis on IGU performance and integrated solar control. Okalux system suggested as a means of addressing issue
- _Curved facade to north- west not consistent with buildings in general but softens building and makes it less confrontational
- _Glazed screen expression over SVPHS facade. Fritted where required.

Option 6 - Modular massing

- _This option differentiates building into component parts
- _Building elements expressed as differentiated components
- _Lift core expressed as primary vertical element wrapping over at roof level
- _Option relies on flush curtain wall expression
- _East Wing component expression to work in combination with modular expression to SVPHS refurbishment

Option 7 - Crystalline form

- _East Wing expressed in geometric flush curtain wall expression
- _No external shading devices
- _Places emphasis on IGU performance and integrated solar control. Okalux system suggested as a means of addressing issue.
- _Used in combination with angled glazed screen to SVPHS refurb
- _Simple expression
- _Incongruity with rest of campus and desired health character outcome

Lunch break

6. Interiors

- _Refurbishment of existing SVPHS building
- _Internal street development
- _New Entry position and configuration
- _Existing Inpatient room upgrade
- _Ensuite location and configuration

Workshop comments

- _Priority to provide a healing environment for patients and a desirable working environment for staff
- _Provides opportunities for patients to control their environment, i.e. operable windows, provision of day bed etc.
- _Provision of natural light and outlook imperative for recovery
- _Proposed character of private hotel using an organic palette of materials
- _Adopt recycled materials where possible
- _Reduce window sill height to 450mm from 600mm
- _Integrated day bed to promote patient movement out of bed
- _Adoption of carpet to key areas
- _Maintainability and cleaning a priority in material selection also
- _Adopt timber to feature surfaces
- _Lighting to be integrated and include the use of strip LED. Low glare outcomes

7. Landscape

- _Identify scope of work for new project
- _Victoria Street up grade strategy
- _Impacts to existing street trees
- _Green roofs and terraces/rehabilitation garden

Workshop comments

- _Streetscape treatment could become risk for project if not addressed
- _COS previous advice focussed on street quality and pedestrian amenity
- _Heritage listing of Victoria Street will trigger required responses
- _Strategies to be developed to activate and reduce existing barriers and improve CPTED
- _Existing street trees will be impacted by SVPHS refurbishment works and will require Arborist input for protection
- _Landscape consultant to be engaged asap

Workshop concludes at 3:00pm

Next meeting time to be confirmed

02 Workshop Two

Reference Drawings/Images



ST VINCENTS PRIVATE HOSPITAL SYDNEY.
DESIGN WORKSHOP NO 2.
7th of October 2014

PROJECT LOCATION

Building location confirmed.

Proximity issues to north boundary to be resolved by agreement with SVHS

SVHS/SVPHS property rights issues.



EXISTING ST VINCENT'S HOSPITAL CAMPUS

PROJECT TEAM

Roles and responsibilities.

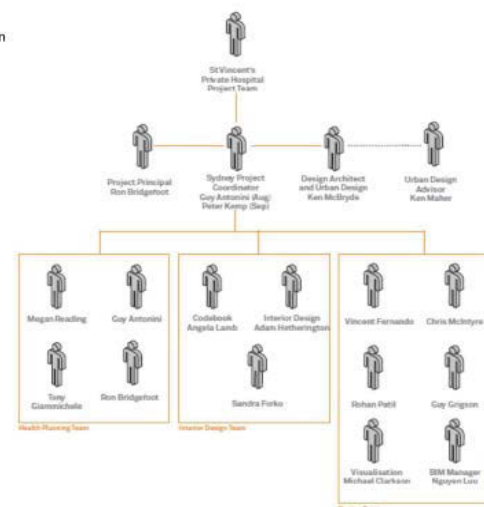


NEW EAST WING AND FACADE WORKS. (7 & 11)



PROPOSED EAST WING AND FACADE ALTERATIONS TO EXISTING SVPHS BUILDING

Proposed Team



NEW EAST WING TO BE LOCATED WITHIN SVPHS LAND OWNERSHIP. (orange zone)

DESIGN EXCELLENCE STRATEGY

Summary of meeting with City of Sydney undertaken by Ken McBryde and Dale McMahon

Below are my notes from Friday's meeting at CoS.

The major issues arising are:

A. whether we do / are required to do a stage 1 DA or not

B. whether we have to do a design competition or not

In regard to (A) we need to find out in the first instance whether we really will be required to or not by DP&E, and it seems to me that JBA you need to provide a short paper with the requirements, the options, the pros and cons and a recommendation. SVPHS can't make a decision on this without knowing these things. Thanks

In regard to (B) we seemed to have got a long way into discussions with DP&E and CoS last year without them saying we'd have to have a design competition. Is this arising now because there are new players at CoS? From SVPHS's point of view a design competition would be unnecessary, disruptive and counterproductive:

- We already have an architect chosen from a field of hospital-specialist architects with superior design capability (note that architects with superior design capability, but that are not hospital-specialist could not do this project and are just not interesting).
- Hasell's credentials are demonstrably equal to any other high calibre Australian architect that CoB would be looking to attract through a design competition
- It is possible to achieve a high level of design, equal to the CoB standard achieved through a design competition, by working directly with Hasell and through a consultative process including CoB officials.
- The idea that we would achieve a high level of functional and aesthetic design satisfaction through a design competition (or an already industry mandated process) just doesn't work for me - there is a high risk that such a process would be counterproductive and won't produce good designs. I am a firm believer that the best designs come from a direct contact and users working in a creative partnership, and this works over time through collaboration and through building trust - it doesn't come about through a design competition.
- Peer review may be one option, which I don't believe will be necessary, but could be offered if it were to be the only way to get agreement that a design competition is not required.
- Notes:
1. A staged DA under the LEP is triggered (>25m = Stage 1 = Design Competition), however, DfE can waive stage 1 and go straight to design competition, but we'd need to argue why we shouldn't be going through stage 1
 2. Ix: noted discussion with DfRE is required wrt the staged DA process
 3. Ix: noted wrt design competition that DfRE would mirror the CoB's process and CoB would participate.
 4. Ix: noted there is a template brief for the design competition
 5. Discussed improvement of ground plane at human level
 6. Note to liaise with Pam Urquhart, Public Domain Manager, CoB
 7. Discussed the extension of public domain at existing garden within boundary per sketch (see attached) and the possibility of a further terrace footprint on CoB land and footprint on S'VPHS land (DM comment: note that the garden at the front has been donated and can't just be done away with - it might be more difficult to get S'VPHS approval but it still needs to be a discrete (and discrete) garden)
- Regards,

In regard to (B), could JBA please provide a short paper spelling out for SVPHS the requirements for a design competition and what process we need to follow in arguing that this is not the best course of action for this project? And could Hassell please provide reasons as to why it's best to continue on the path we are already on, and how you would address the CoS's design concerns?

We need to have our act together on this asap please. Do we need to meet JBA, Hassell, SVPHS this week to plan our approach to DP&E and CoS?

Meeting held 2:30pm Friday 05.09.14 at City of Sydney

Attendance:

- Louise Kerr, Executive Manager Development, CoS
- Tony Smith, Urban Design and Heritage Manager, CoS
- Sue McMahon, Area Planning Manager, CoS
- Ken McBryde, Hassell
- Dale McMahon, SVPHS

Notes

1. A staged DA under the IEP is triggered (<25m – Stage 1 – Design Competition); however, D&E can waive stage 1 and go straight to design competition, but we'd need to argue why we shouldn't be going to design competition stage 1.
2. I.R. noted discussion with D&E is required wrt the staged DA process and CoS will participate.
3. I.R. noted that the IEP is a template for the design competition.
4. Discussed improvement of ground plane at human level.
5. Need to liaise with Pam Treguhart, Public Domain Manager, CoS.
6. Discussed the extent of the design competition – the design within boundary on CoS land and footprint on SVPHS land (DM comment: note that the garden at the park has been donated and can't just be done away with but it may be more of a 'use of' SVPHS approval) but it still needs to be a discrete (and discreet) garden.

Regards

Dale McMahon | Project Director

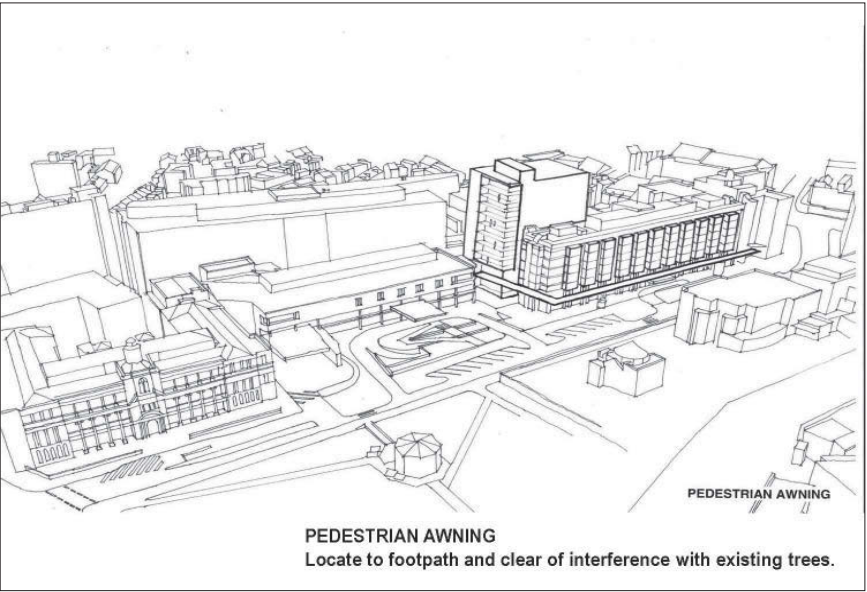
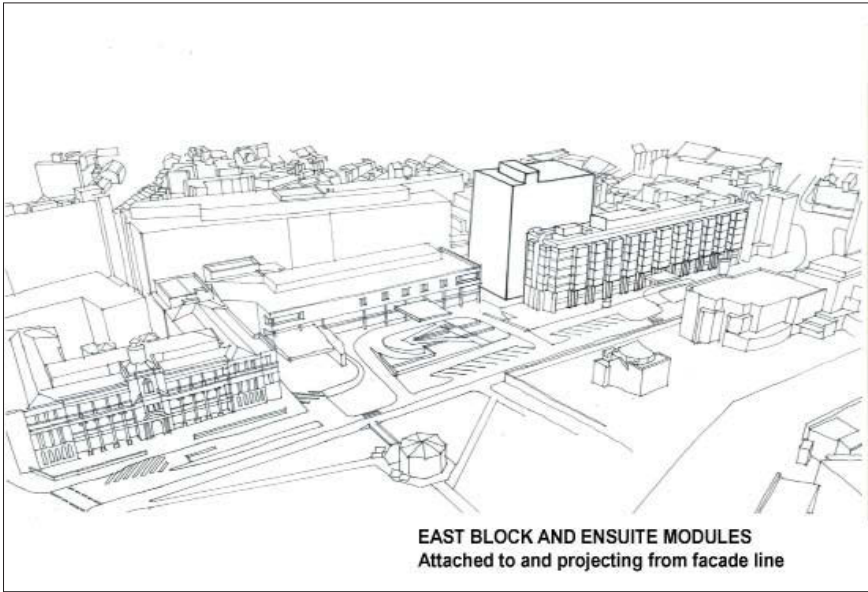
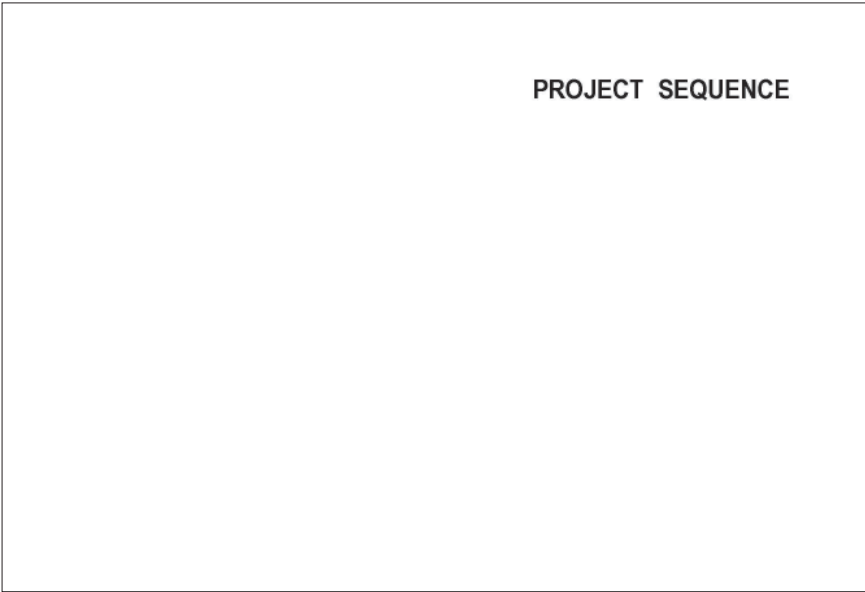
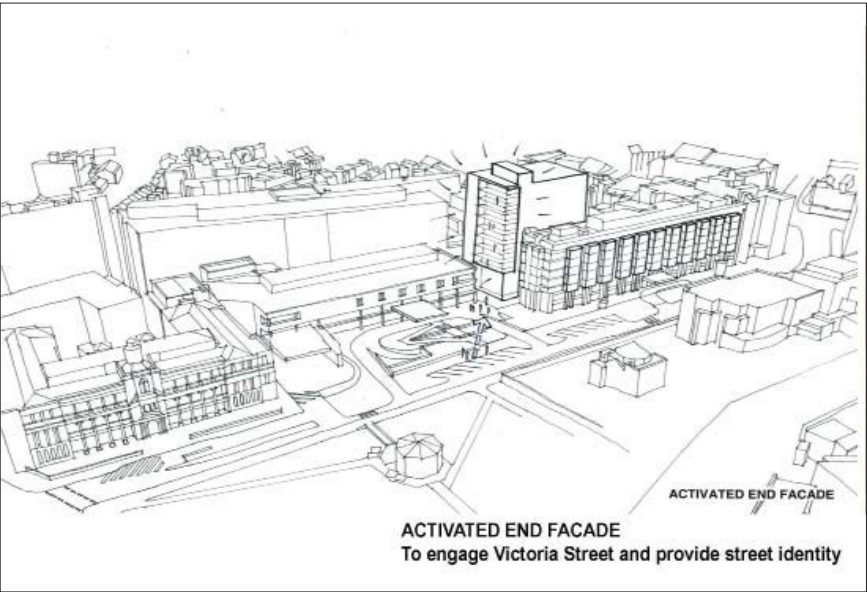
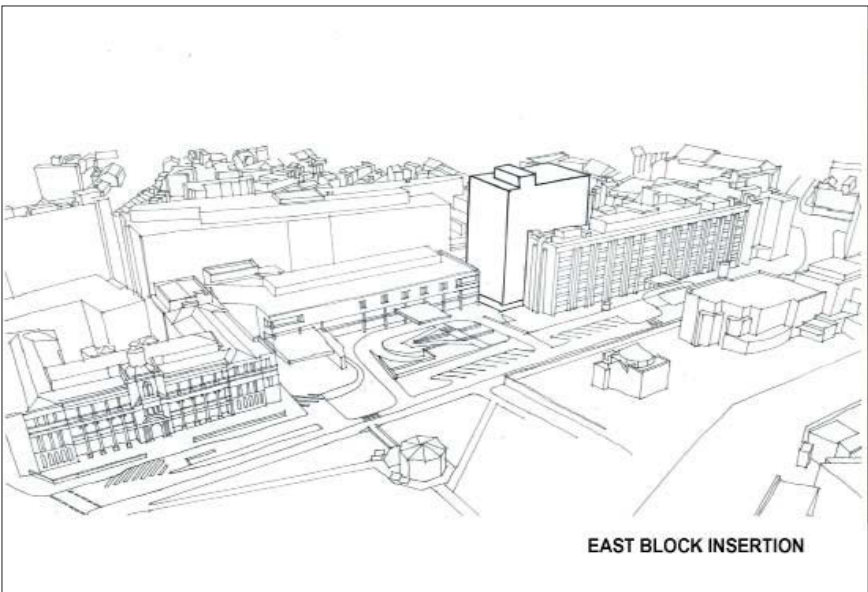
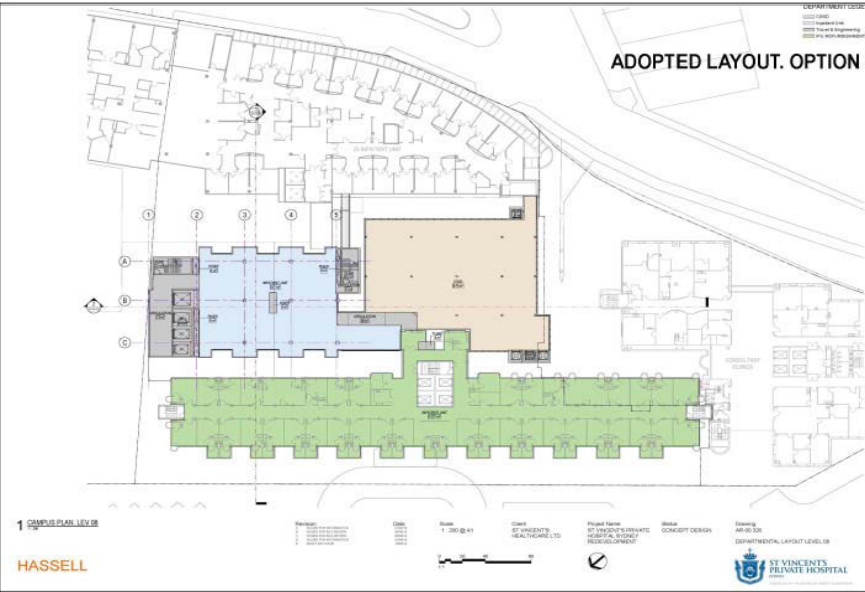
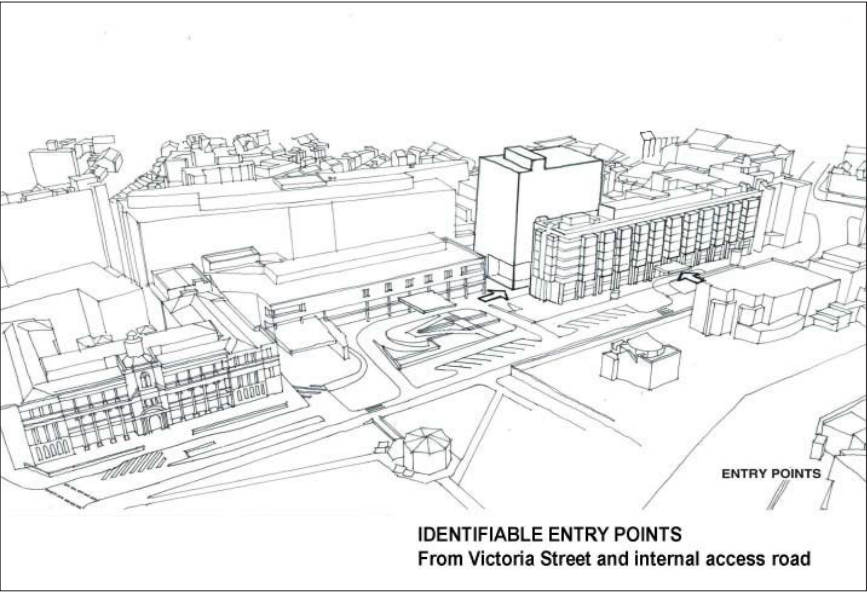
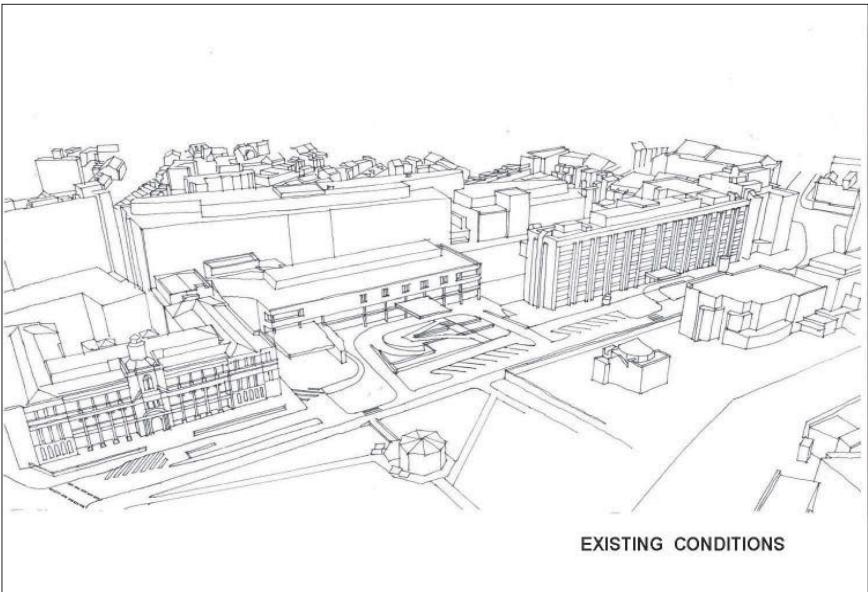
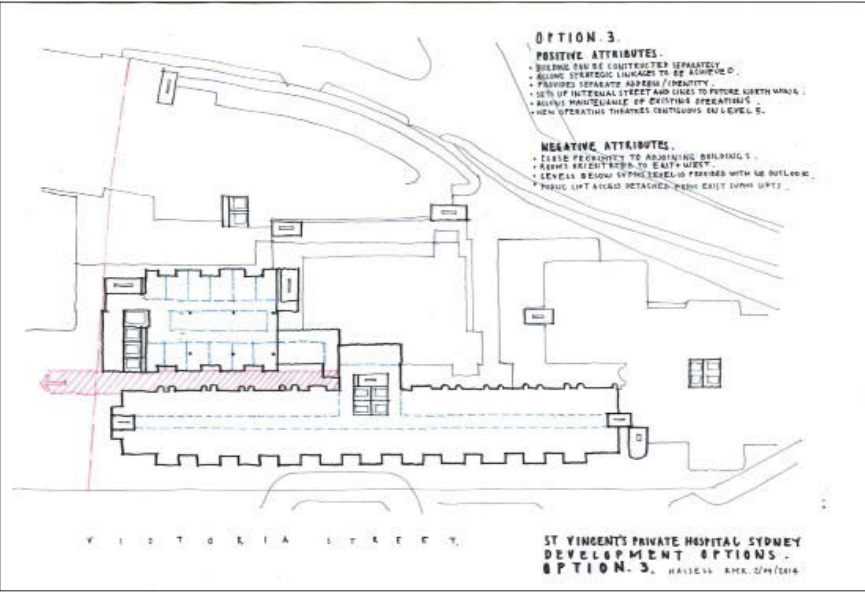
St Vincent's Private Hospital Sydney

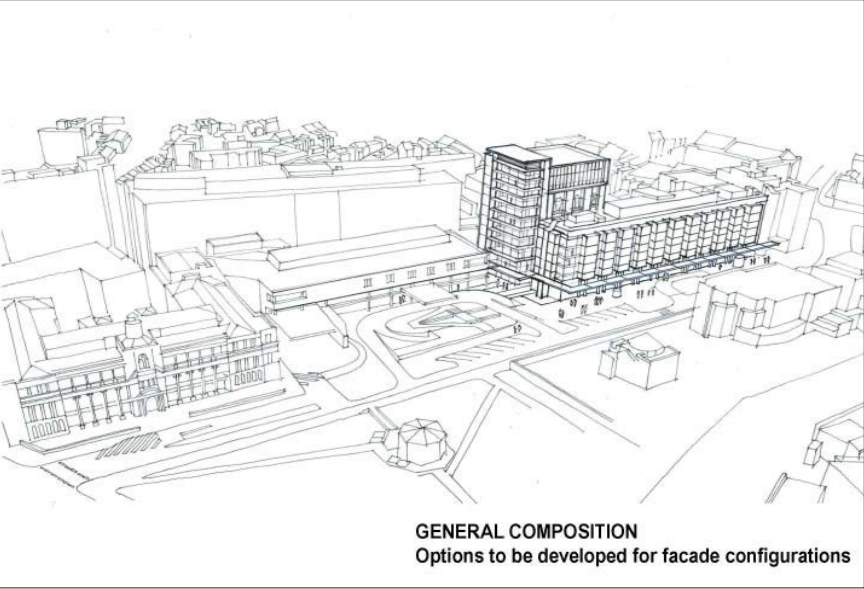
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Where siting options explored?



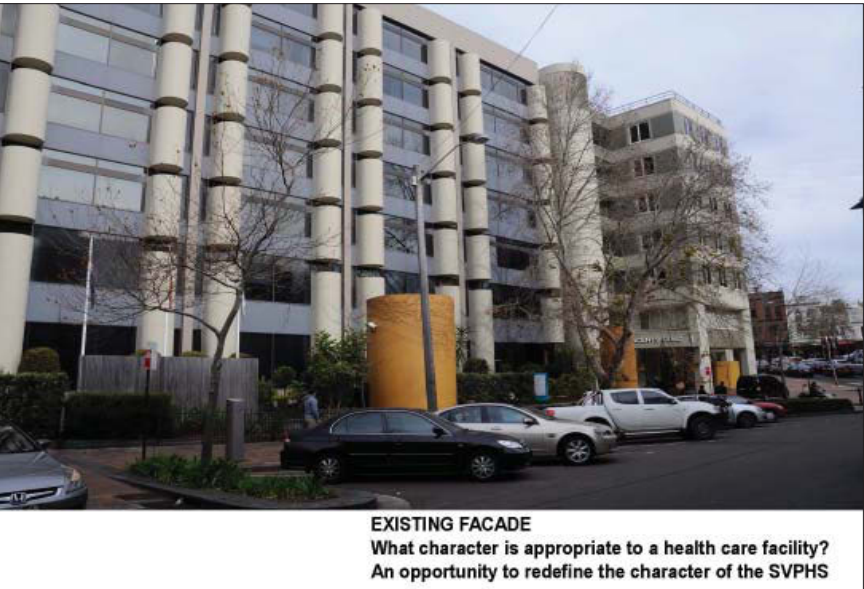




REFURBISHMENT OF EXISTING
SVPHS BUILDING

Building character

Design options

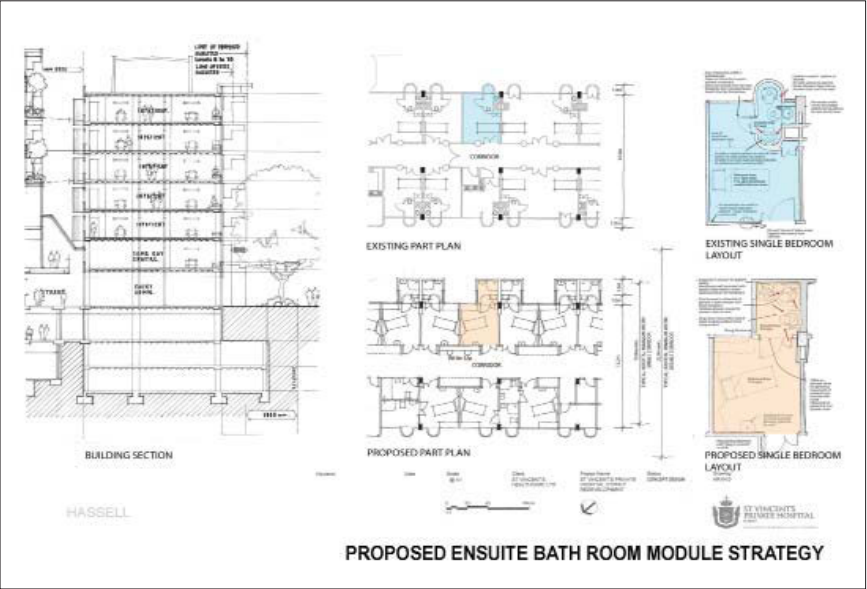


ENSUITE MODULES TO EXISTING SVPHS

Necessity to provide compliant ensuite
bathrooms has provided opportunity to redefine
the existing facade and rebrand the character of
the hospital

What is the appropriate character?
Commercial/residential/a hybrid of both

Non confronting/healing/reflecting street
character



FACADE OPTIONS

Two Opportunities

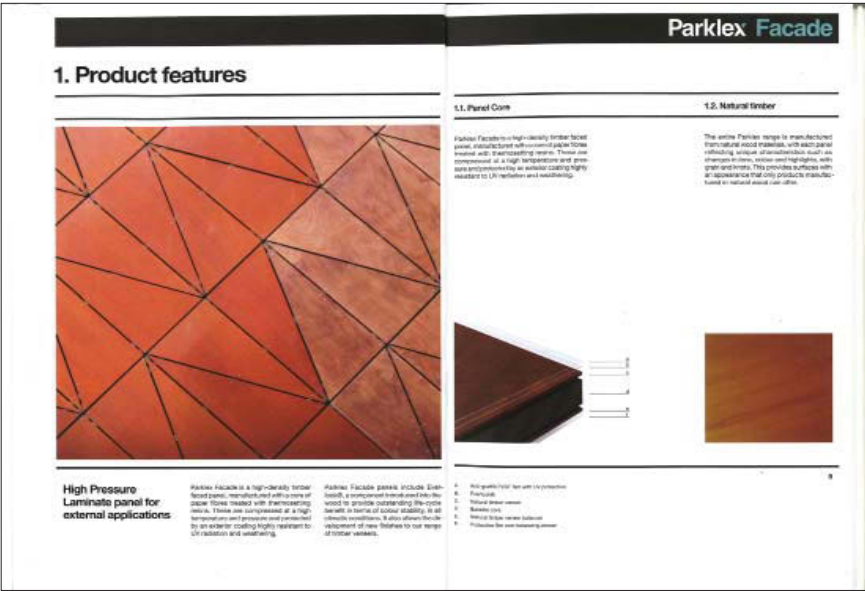
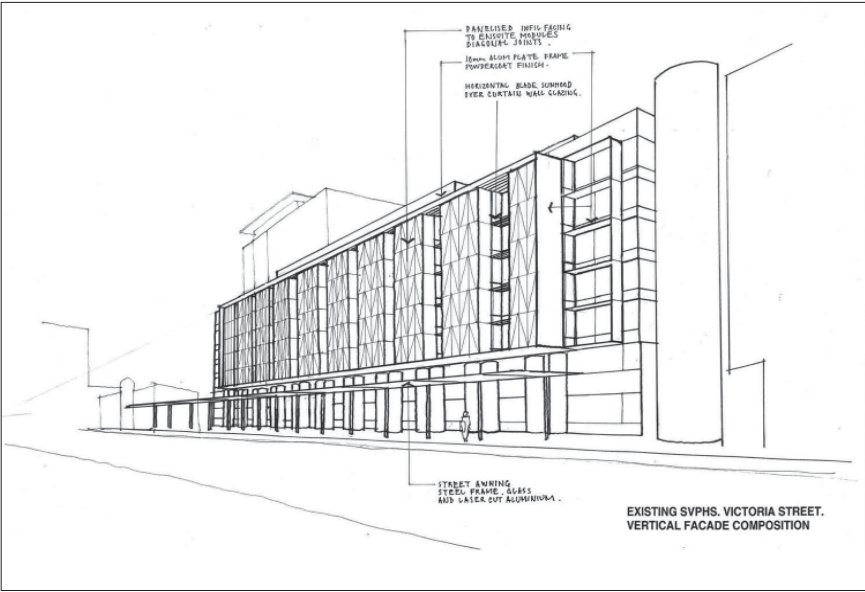
1. New East Wing Development

2. Refurbishment of existing SVPHS Building

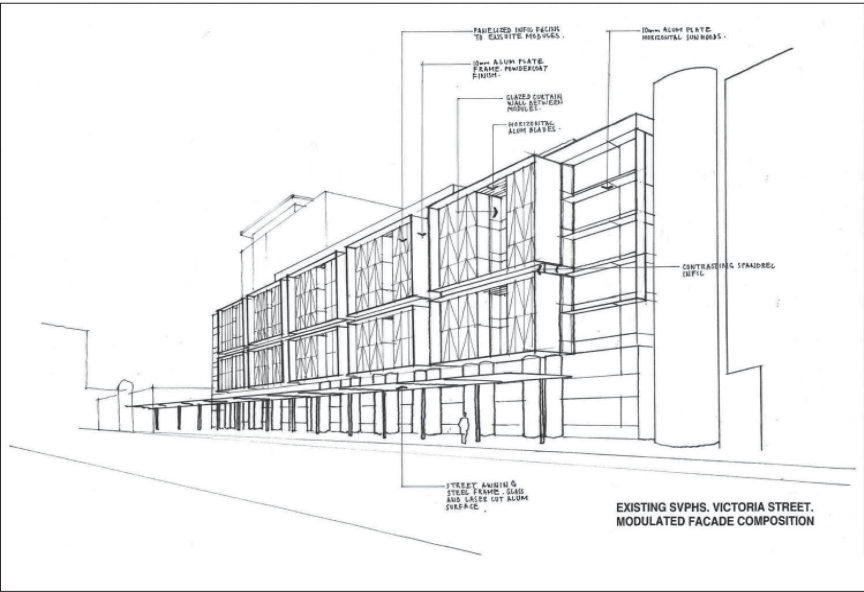




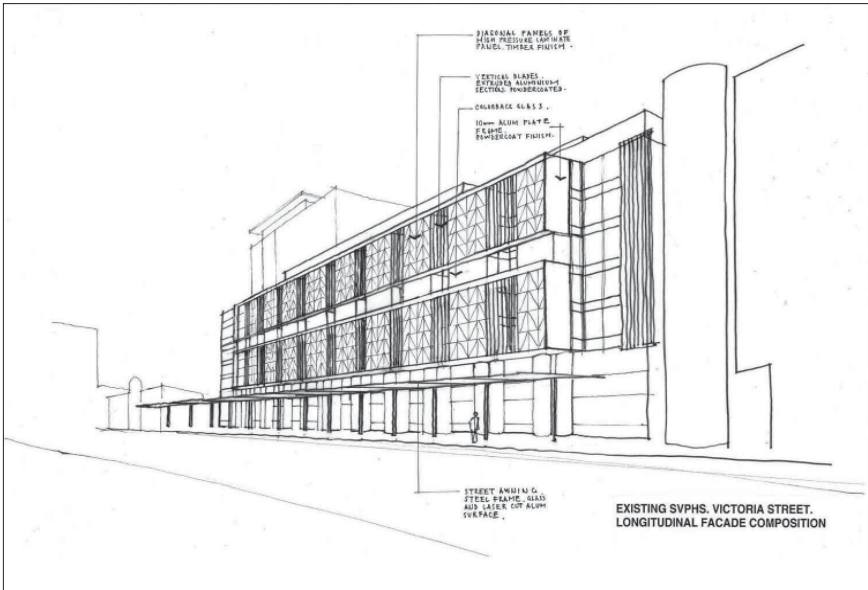
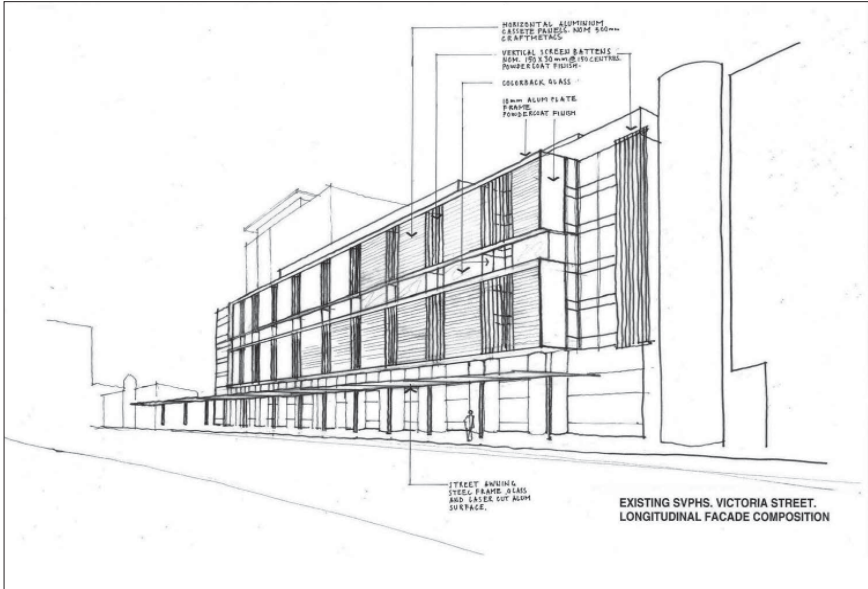
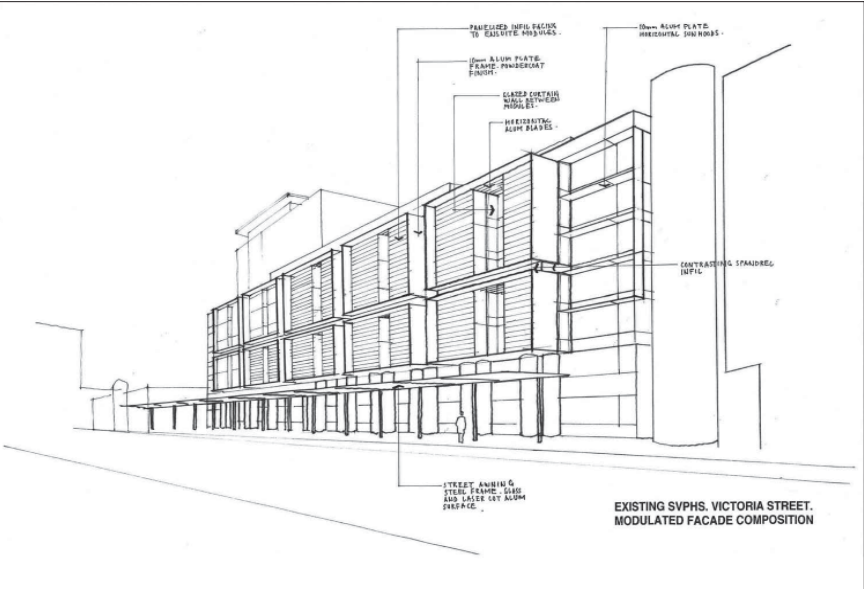
EXISTING FACADE

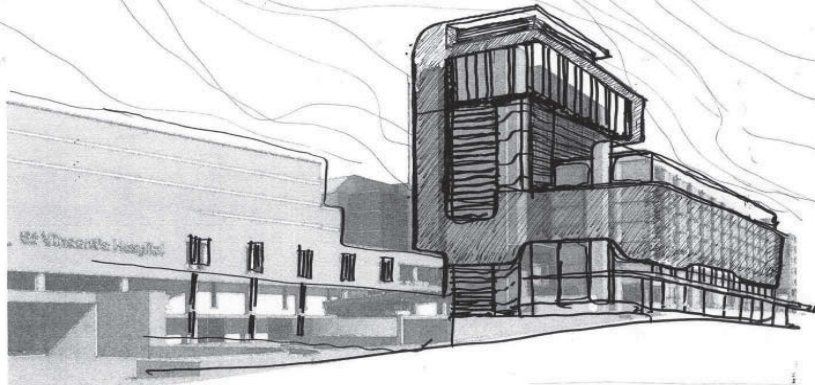


VERTICAL MASSING



02 Workshop Two
Reference Drawings/Images





FACADE CONCEPT 1
HORIZONTAL MASSING

FACADE OPTION 2

Option 2

This option arranges the massing of the East Wing building in a vertical arrangement accentuating the lift foyer as full height vision glass with horizontal sun screen devices tempering the impacts of the northern sun.

Built out eye brow forms frame the lift foyer vertically and separate this element from adjacent building elements.

Although the lift foyer provides a strong vertical element to the north of the building, the top three floors behind are linked by the framing element and form a singular mass. The upper level Consulting suites adopt full height vision glass with closely spaced vertical blades spanning over three levels to unify the composition. The lower inpatient wards at levels 7 to 10 are characterised by the projecting ensuite bathroom modules with indented vision glass zones to bedrooms. Screening devices across the indents will mitigate potential privacy conflicts.

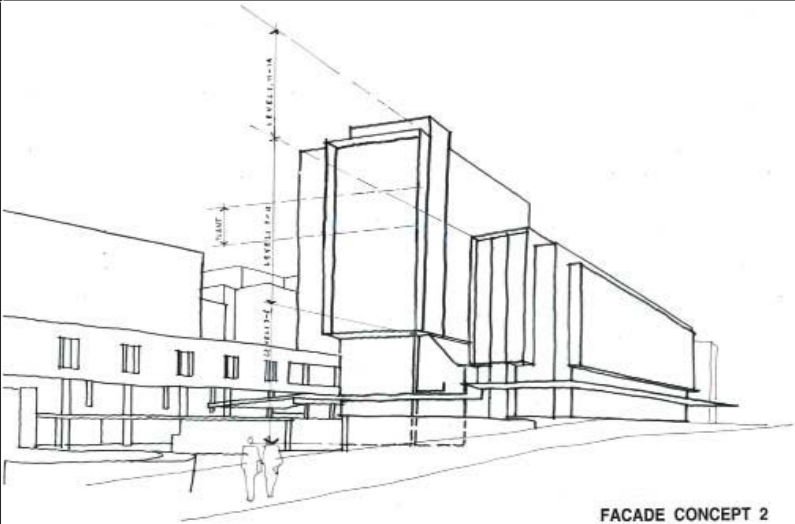
The lift over runs and plant room to the roof level are separately expressed as a differentiated form with a strong roof edge expression.

The lower floors from level 3 to 5 are separated from the mass over and adopt full height vision glass with horizontal sun shades.

The treatment to the existing SVPHS building adopts a vertical framed end expression from level 6 to plant room level at the northern end of the building. This utilises a built out frame as adopted on the east Wing and frames the new ensuites built adjacent to the existing escape stair. To the west the ensuites would be wrapped in special metal sheeting to express the verticality. The vision glass in between would be curtain wall with solar control devices to mitigate sun ingress. It is proposed in this composition that a unifying pedestrian awning be developed along Victoria Street to improve pedestrian amenity and provide a street scaled device that links the two buildings.



STREET SCREEN AS A BINDING ELEMENT



FACADE CONCEPT 2
VERTICAL MASSING

FACADE OPTION 1

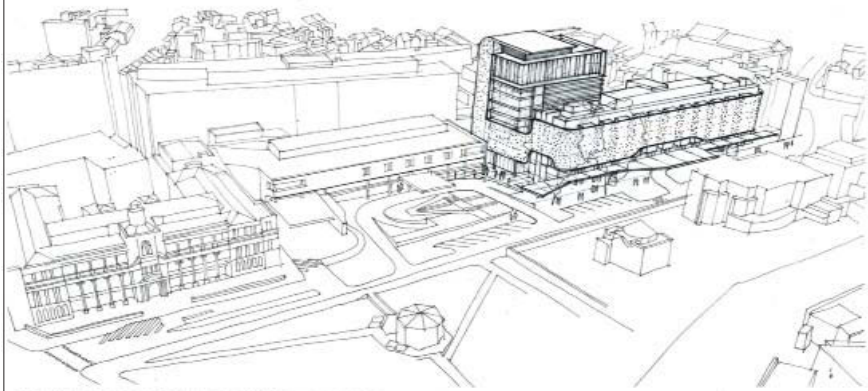
Option 1.

This option recognizes the two buildings as a pair and utilizes a screen device to tie the buildings together. The new East Wing resides behind the existing SVPHS building and assumes a less dominant position within the surrounding precinct. The screen acts as a bandage that binds the two buildings together in collective usage and allows this element to be the dominant feature.

The screen is the primary element and flows over both solid and glazed surfaces. The screen would reflect the character of its context and would vary in transparency depending upon its adjacency to building elements such as fenestration.

Although the ensuite projections are paired in vertical massing to Victoria street the screen is continuous over the projected wall and indent providing solar control to the in board vision glass. The northern lift foyer is full height tinted vision glass to accentuate transparency and to acknowledge an activated connection to the campus and Victoria Street.

It is proposed in this composition that a unifying pedestrian awning be developed along Victoria Street to improve pedestrian amenity and provide a street scaled device that links the two buildings.

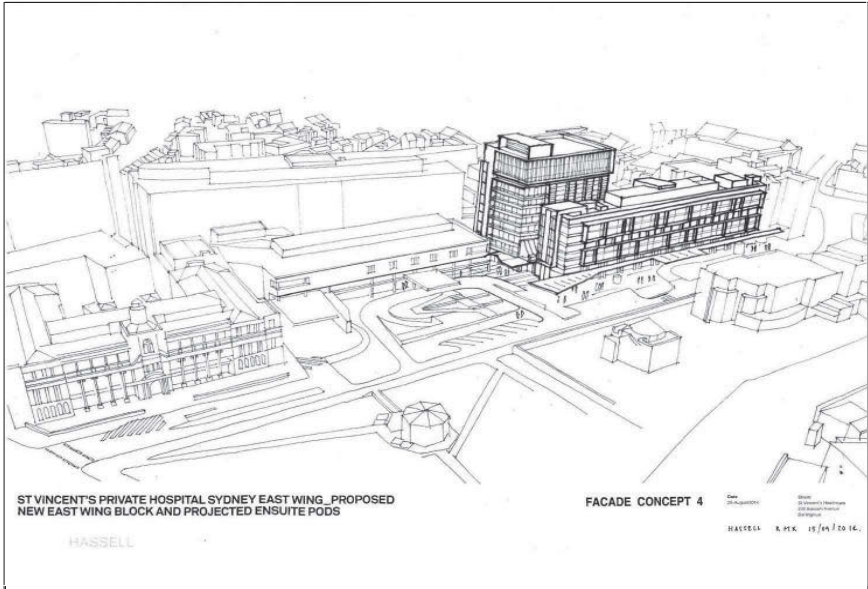
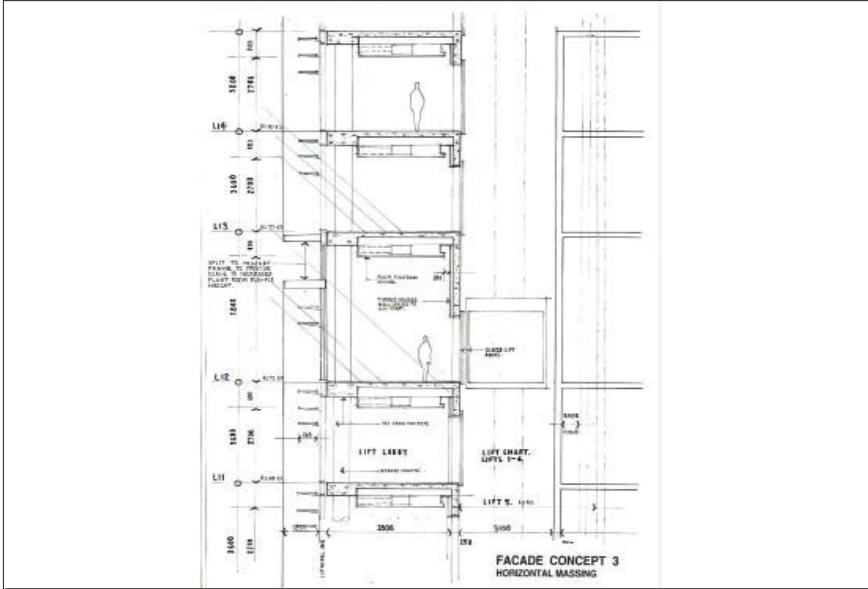
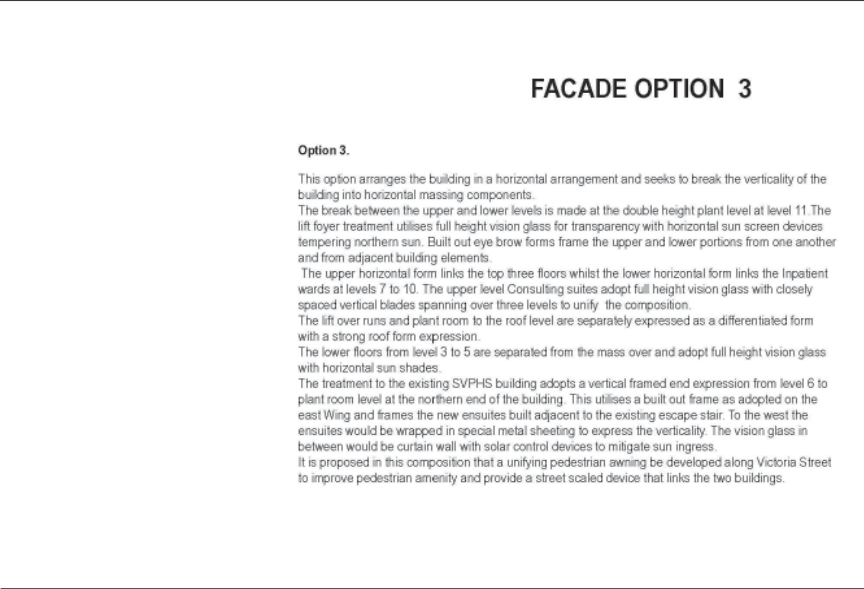
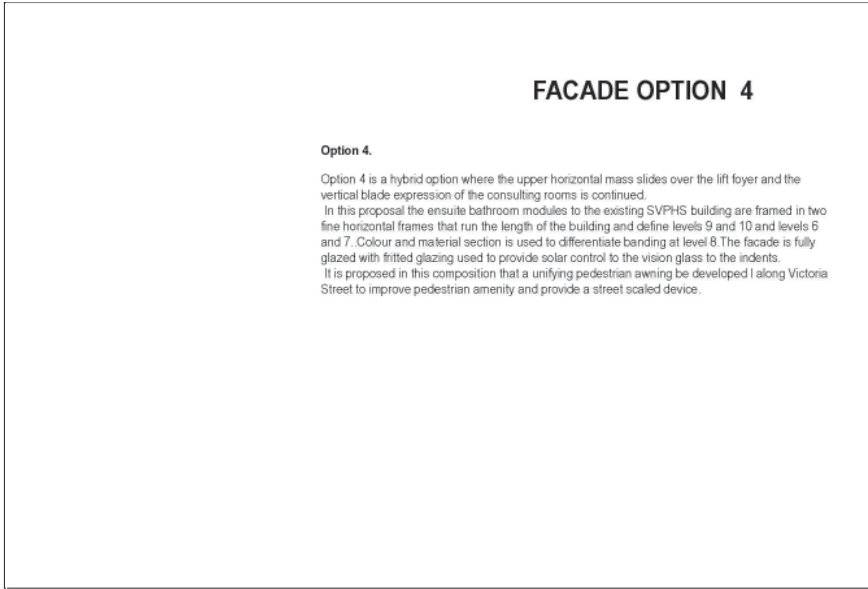
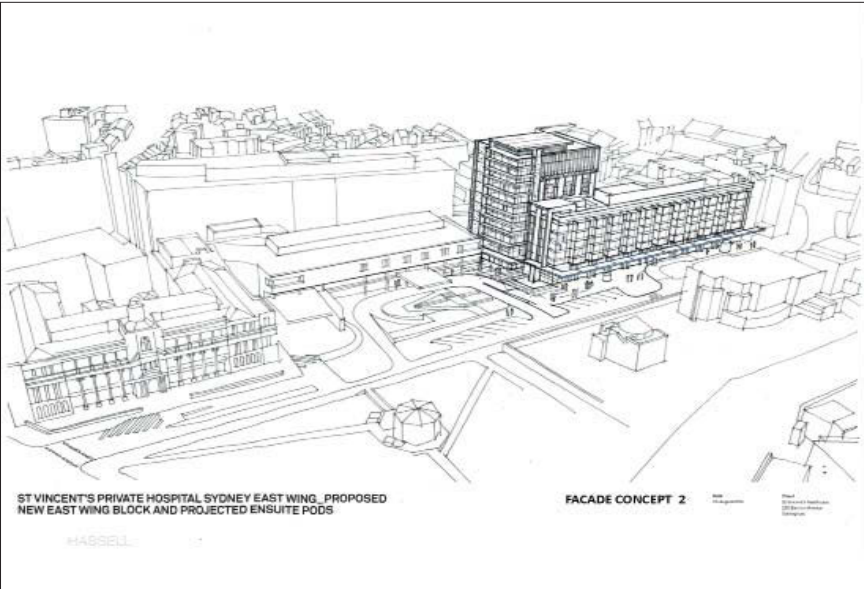
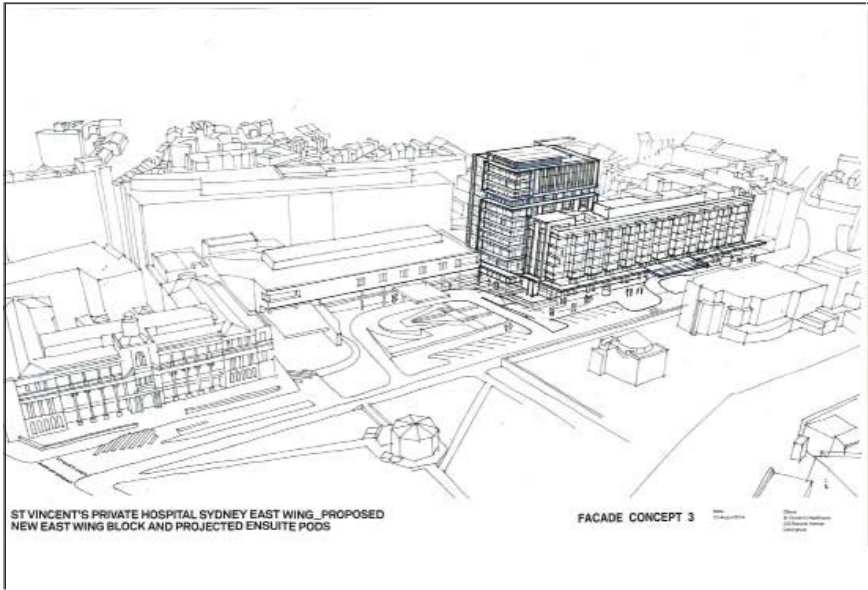
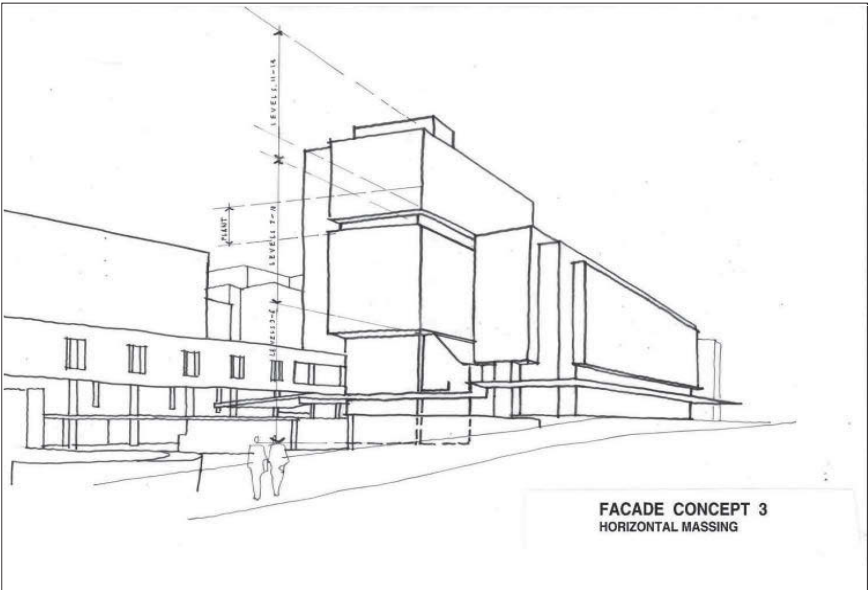
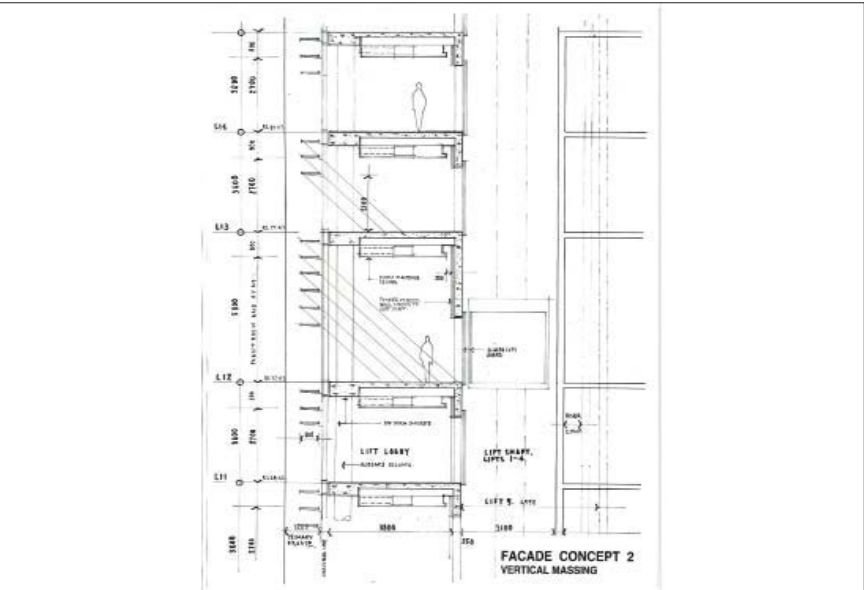


ST VINCENT'S PRIVATE HOSPITAL SYDNEY EAST WING, PROPOSED
NEW EAST WING BLOCK AND PROJECTED ENSUITE PODS

FACADE CONCEPT 1



FACADE CONCEPT 2
VERTICAL MASSING



FACADE OPTION 5

Option 5.
Option 5 is also a hybrid option where the upper floor mass is extended over the lift foyer. Rather than a square edged form, the building to the north-west is curved to soften its presentation to the campus and Victoria Street.
The facade adopts the use of a double glazed curtain wall system with integral solar control material. This treatment is continued to Victoria Street with a single glazed skin that covers the projecting ensuite bathroom modules to the existing SVPHS from levels 6 to 10. The glass skin is continuous across the indents and through a fritted pattern provides solar control to the west whilst providing visual amenity to the outlook.
This option has been developed to respond to the issue of architectural projections not impinging over the boundary and also to provide a clean and simple facade response. The performance level of the glazing system will be higher and will also require integrated solar control devices to address solar loads.
It is proposed in this composition that a unifying pedestrian awning be developed along Victoria Street to improve pedestrian amenity and provide a street scaled device.



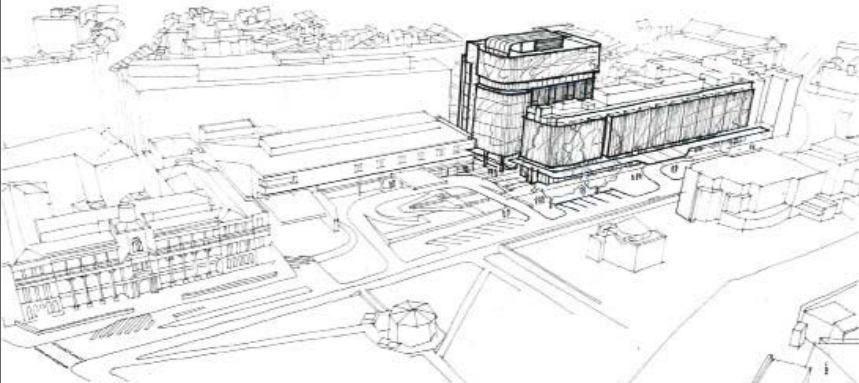
IGU WITH SUN CONTROL METALLIC INTERLAYER

FACADE OPTION 7

Option 7
This option wraps the floor plates in a double glazed curtain wall and by the use of truncations to the form develops a crystalline facade expression. The folded planes are continuous over the lift plant to the roof and form an integrated roof form.
This treatment is continued to Victoria Street with a single glazed skin that covers the projecting ensuite bathroom modules to the existing SVPHS from levels 6 to 10. The glass skin is continuous across the indents and through a fritted pattern provides solar control to the west whilst providing visual amenity to the outlook. By angling and varying the angles of the faces to the glazed facade variation in reflection of the tree lined street is achieved.
This option has been developed to respond to the issue of architectural projections not impinging over the boundary and also to provide a clean and simple facade response. The performance level of the glazing system will be higher and will also require integrated solar control to address solar loads.
It is proposed in this composition that a unifying pedestrian awning be developed along Victoria Street to improve pedestrian amenity and provide a street scaled device.

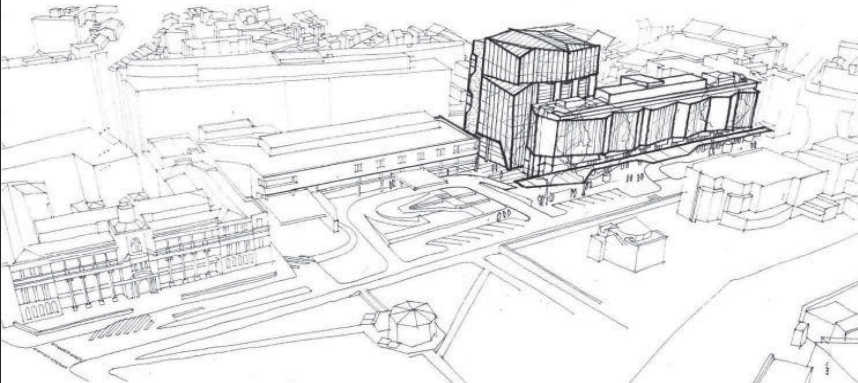
FACADE OPTION 6

Option 6.
This option arranges the building in definable components parts and assigns a structural expression accordingly. This treatment relies on the composition of the component parts to provide a distinctive building expression and each of the components adopts a double curtain wall glazing system with integral solar control material.
The projecting ensuite bathroom modules to Victoria Street are arranged in a manner to consolidate their size into larger elements proportionate to the height and length of the facade. Level 6 and 7 and levels 8-10 paired in a vertical form that are two paired ensuites in width. The bays are glazed including the indent whilst the indent expressed in between primary bays.
This option has been developed to respond to the issue of architectural projections not impinging over the boundary and also to provide a clean and simple facade response. The performance level of the glazing system will be higher and will also require integrated solar control to address solar loads.
It is proposed in this composition that a unifying pedestrian awning be developed along Victoria Street to improve pedestrian amenity and provide a street scaled device.



ST VINCENT'S PRIVATE HOSPITAL SYDNEY EAST WING, PROPOSED NEW EAST WING BLOCK AND PROJECTED ENSUITE PODS

FACADE CONCEPT 5

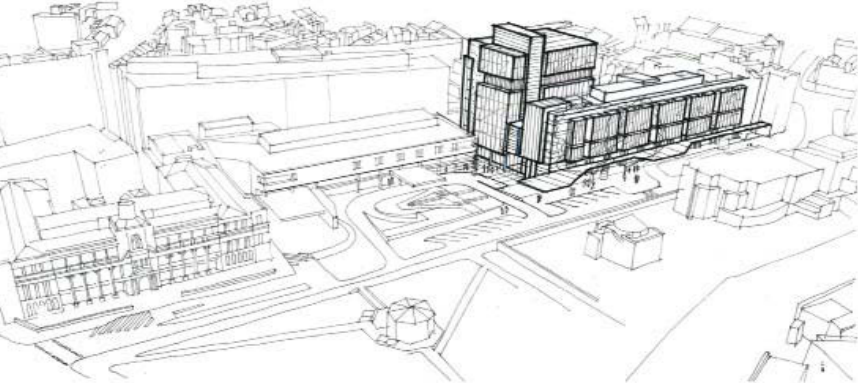


ST VINCENT'S PRIVATE HOSPITAL SYDNEY EAST WING, PROPOSED NEW EAST WING BLOCK AND PROJECTED ENSUITE PODS

FACADE CONCEPT 7

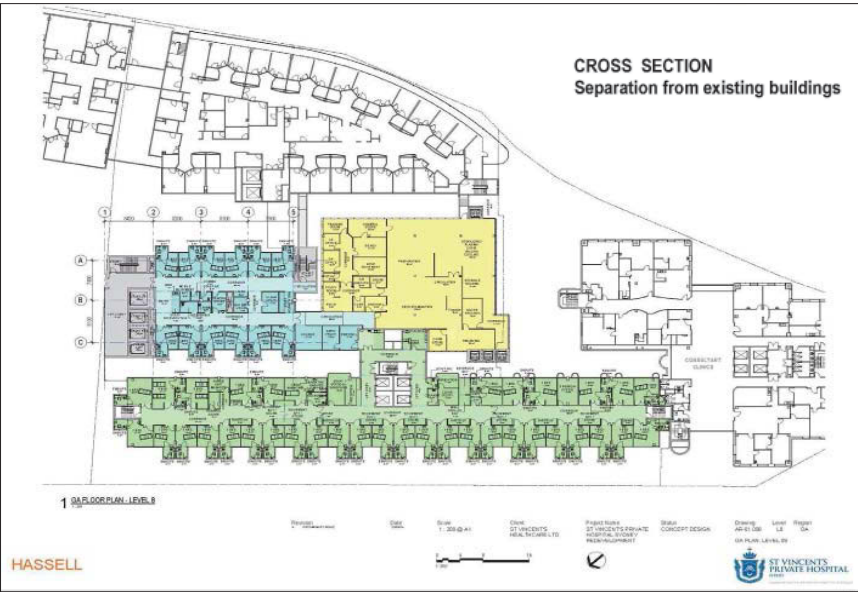


IGU WITH SUN CONTROL METALLIC INTERLAYER



ST VINCENT'S PRIVATE HOSPITAL SYDNEY EAST WING, PROPOSED NEW EAST WING BLOCK AND PROJECTED ENSUITE PODS

FACADE CONCEPT 6



CROSS SECTION
Separation from existing buildings

1 BASILICAN LEVEL

HASSELL

ST VINCENT'S PRIVATE HOSPITAL

02 Workshop Two
Reference Drawings/Images

