Ms Carolyn McNally  
Secretary  
NSW Department of Planning and Environment  
GPO BOX 39  
Sydney  NSW 2001  

16 NOV 2018  1/7  

Dear Carolyn,  

NEPEAN HOSPITAL REDEVELOPMENT  

BVN RESPONSES TO AGENGIES QUERIES  

We refer to the comments received from the Government Architect NSW dated 22 October 2018, and Penrith City Council dated 12 October 2018 in response to the Integrated Nepean Hospital and Integrated Ambulatory Services Redevelopment (Stage 1) SSD 8766 application. We have reviewed the queries put forward from both agencies and have provided the following responses to each of the queries.  

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<thead>
<tr>
<th>Government Architect NSW</th>
<th>BVN responses</th>
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<tbody>
<tr>
<td>GANSW generally supports the proposal, however further detail is required to demonstrate the scheme delivers good amenity and user experience. We recommend the following issues be addressed.</td>
<td>The pedestrian spine services as fundamental aspect of the Zonal Masterplan framework and to support the growth of the campus to meet the aspirations of the NBMLHD with a focus on improving services across acute health care, ambulatory health care, research and education, mental health and community care services to 2032. Whilst not part of the Stage 1 scope, it is envisaged that the pedestrian spine as described on the Zonal Masterplan will be subject to development and delivery as part of any future (medium and long term) stages of development.</td>
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<tr>
<td>Site Strategy and Master planning</td>
<td>Conceptually, Barber Ave could potentially connect with the ED access road to allow vehicle movement. However, this will be subject to further detailed design development and delivery as part any future (medium or long term) stages of development and relationship with the pedestrian spine noted in the Zonal Master Plan. It should be noted that there is a dedicated Emergency access off Somerset St for emergency vehicles (ambulance / Police), which is separate to the ED drop off which is for public vehicles.</td>
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<td>A pedestrian spine running from the north-east to the south-west of the site features prominently in the Zonal Master Plan and the Hospital Site Master Plan but appears absent from the Stage 1 Landscape Plan. Details of how the landscape design accommodates and reinforces this primary pedestrian travel path should be provided.</td>
<td>Accessible paths of travel for pedestrians between</td>
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the Barber Ave threshold and the ED drop-off zone is achievable – refer to the Architectural Design Statement, Section 5.00.

Following the recent NSW Government announcement in March 2018 for funding commitment of additional $450m for the Stage 2 Nepean Hospital Redevelopment, the future expansion of the pedestrian spine and connection between Barber Ave & ED drop off will be further considered.

**Landscape**

The Stage 1 Landscape Plans appear generous, incorporating significant numbers of new trees, ground cover and places for people to sit, which is supported. Landscape plans should address the pedestrian spine and reinforce critical external access routes. Ramp access should be direct and easily navigated. Landscaping immediately adjacent to hospital entries should offer good amenity, places to sit and attractive views from internal waiting areas to promote calm. Landscaped buffer zones to parking and drop-off areas are encouraged.

The concept of ‘landscapes that heal’ is supported. Strategies for enhancing the patient experience through landscape design should be detailed, particularly those for optimising views to the landscape from within habitable rooms. Courtyards and terraces have the potential to improve amenity and are supported in principle. Landscape terraces on Level 6 should be assessed to ensure wind effects and helicopter downdraft have been considered. The Level 00 courtyard is surrounded by tall built form and is likely to be continuously overshadowed and receive little skylight. The amenity offered by courtyard spaces in constant shadow and the viability of their gardens should carefully be considered.

Refer to Acarida’s Response to Submissions letter

**Internal Amenity**

The Architectural Design Statement makes general reference to human centered design objectives for ‘harmonious, stress-free user experience’, but provides insufficient detail to demonstrate strategies to achieve these. The ability of the proposal to provide high levels of amenity to patients, staff and visitors should be verified. Architectural plans submitted are at a scale of 1:500 which do not provide sufficient detail for the internal planning to be fully understood. These drawings should be re-issued at a suitable scale and with adequate detail.

Amended Stage 1 1:200 clinical schematic design plans for the general arrangement of the Stage 1 clinical departments have been included as part of this response to resubmission.

Refer to Appendix 2 of the Architectural Design Statement that describes the interior architecture strategy and design intent for patient, staff and visitor amenity.

The Main Entry component will not be delivered as part of the Stage 1 works. The development and delivery of
The main hospital entry and emergency department front of house areas should provide generous waiting areas and have direct access to external landscaping. Particular attention should be given to amenity provided within the Psychiatric Emergency Care Centre. An internal public access link between the main entry and the emergency department may be helpful to those who have arrived in the wrong place. A café would be a welcome addition.

The location and size of windows should be reviewed in detail to ensure optimum provision of natural daylighting and access to views. Windows within the light well should provide privacy but admit daylight. Internal amenity would be significantly enhanced by the addition of sitting places on each floor for people to gather or retreat to. The southern lift lobby could be expanded for this purpose.

The new campus wide FoH will form part of a future stage of development. The existing Main Entry located in South Block will function as the main entry to the acute hospital core until the completion of Stage 1. The ED has provision for waiting areas as per the requirements of the functional design brief following stakeholder including consumer consultation. - refer to the L00 1:200 clinical arrangement.

The intent is to provide privacy measures to windows in rooms that have a clinical function which are located along the lightwell facades.

A dedicated courtyard to the PECC department provides a level of amenity for the patients which meets the briefed requirements. The proposed courtyard is secured off the PECC department and is accessible. Refer to Appendix 2 of the Architectural Design Statement which describes the design intent for the PECC courtyard.

The provision of a new cafe is not included as part of the Stage 1 scope. Future stages of development propose new retail spaces integral with the future Main Entry component and associated public spaces. Predominantly located on Levels 1 and 2, the retail spaces will seek to align with the framework and strategy nominated (and described) in the campus wide retail strategy requirements. Existing cafes are in close proximity to the existing Main Entry and will be maintained providing cafe amenity to the public.

Further consideration for Front of House, respite and retail facilities will be undertaken through the design development phase as interim solutions. As noted above the Main Entry and Retail components will be considered as part of the planning for Stage 2 Redevelopment.

The location and size of windows is coordinated with the clinical planning and briefed requirements and meets the minimum requirements under the BCA in respect to access to daylight in habitable rooms. It is noted that potential existing vistas available to the tower component of the building include:

- Western Sydney Parklands to the south/east; and
- Nepean River and the Blue Mountains National Park towards the west and the south.

The location and the orientation of the Nepean Hospital Stage 1 Building provides the opportunity to
create outlook and views for staff, patients and visitors accommodated in or visiting the Nepean Hospital Tower.

Sitting/respite spaces for the public around the main lift cores is provided as part of the schematic design. These areas are predominately located on the public levels such as the Inpatient Unit departments, and within the waiting spaces within each department. Refer to Appendix 2 of the Architectural Design Statement which describes the interior design intent of these spaces as part of the schematic design.

**Built form and façade expression**

It is accepted that the building form is largely a function of the clinical requirements of the hospital. The orientation provides good solar access and is supported. The entries to the building on the northern and western façades appear to be inadequate in scale and design for such a significant civic building. These entries should be enhanced.

The metal cladding system should be shown in detail and the performance of the projecting solar screens verified. The proposed façade offers the flexibility to locate windows to best suit internal planning requirements. Fixing the facade composition into 1, 2 and 4 storey bands may limit this flexibility and should be reconsidered. While providing relief to an otherwise uniform façade, the large, square windows on the eastern and western elevations do not appear to correspond with any internal programme requiring large windows. The scheme would be greatly improved if these windows served internal gathering areas or winter gardens.

The Main Entry component will not be delivered as part of the Stage 1 works and will form part of the planning for future development stages. The development and delivery of the new campus wide FoH will form part of a future stage of development. It is envisaged that a large north-facing public plaza sited between the Stage 1 building and any future development towards the west will seek to establish a new public entry and focal point for the Hospital Campus. This space provides a framework for the main public vehicular drop-off and pedestrian entrance to the Hospital’s clinical core, whilst reinforcing the east-west link from Parker and Somerset Streets into the existing campus. Links are established to future development along the Great Western Highway frontage promoting pedestrian links across the campus.

The northern entry to ED has been developed during schematic design. The current design provides a focal point for users wishing to access the ED department. The stepped awning arrangement, along with large full height glazed areas and wayfinding is highly visible providing easy navigation to the building from the respective drop off zones. Refer to Appendix 2 of the Architectural Design Statement which describes the design intent for the ED entry point.

Refer to Appendix 2 of the Architectural Design Statement which describes in detail the general arrangement of the metal cladding system. The projecting solar screens have been subject to value management and have been removed – it is envisaged that the performance of the glass will need to be enhanced as result. The performance of the glass will be determined by the JV3 analysis.

The “banding” of the façade has been reconsidered during schematic design. The façade composition is
now grouped in three and five levels and crown with the plant room level. This new assembly enhances the level of flexibility and is a direct response to the clinical planning and arrangement.

The large square windows on the eastern and western facades have been removed as a result of clinical planning development undertaken during the course of schematic design. The current facade design and arrangement corresponds to the briefed and approved clinical schematic design.

**ESD Strategy**

Sustainability should be a fundamental aspect of every new public building. While an aspirational 4-star green star rating is commended a commitment to ESD performance standards should be made. Solar power generation, solar water heating, external solar shading and rainwater systems should be incorporated in the proposal.

Refer to SVA response to submissions

**Public art, cultural heritage, and community consultation**

The proposal should support the specific needs and reflect the cultural heritage of the diverse community which includes indigenous and refugee populations. Consultation and engagement is crucial to identify specific cultural needs and to verify the proposal is welcoming, accommodating and supportive. The early development of a public art strategy is encouraged. Public art should be developed with community to celebrate cultural heritage and be integral to the architecture and landscape to mitigate the risk of omission.

Refer to Creative Road response to submission.

**Summary of Recommendations**

Our recommendations are as follows:

- ensure central pedestrian spine is reinforced in the landscape design
- clarify the vehicular access strategy and justify general and emergency access roads not connecting
- verify good external ramp access from main entry to emergency entry and consider additional internal public connection between the two
- clarify strategies to achieve ‘landscapes that heal’
- consider wind effect and helicopter down draft in upper level landscaping
- consider amenity and planting viability in deep courtyards
- detail the application of human centred design strategies for healing internal environments

Noted. Refer to above relevant responses.
• provide drawings at a larger scale and with greater detail
• detail public entry and waiting spaces demonstrating high levels of amenity
• provide sitting spaces throughout the hospital
• provide details demonstrating optimum window placement for offering landscape views and effective solar shading
• reconsider square windows and ensure fenestration optimises internal amenity for patients
• commit to ESD targets
• detail public art and cultural heritage strategies.

Penrith City Council

Design Excellence – State Design Panel Review

It is not clear from the documentation submitted if the proposal following lodgement has been considered by the State Design Panel, established through the NSW Office of the Government Architect.

The scale of development and the design of the development will be an important element within the skyline of Penrith noting that surrounding height restrictions are significantly less than that currently proposed.

The Architectural Design Statement notes that the Government Architect of NSW “panel questioned the appropriateness of the terracotta cladding in response to the ‘Blue Mountains’ colour reference. Further consideration should be given to alternative material strategies”. The Blue Mountains theme overall is questioned given the urban setting in which the hospital sits and whilst the terracotta cladding may provide some visual connection with the existing Oral Care building, it doesn’t seem to provide a visual connection with the varied green tones of the new parking building and may exaggerate the experience of the Urban Heat Island effect that occurs local.

As a result, the architectural design of the development, the materials selected and the finishes as viewed from key vantage points necessitates demonstration of design excellence and It is requested that the State Design Panel be re-engaged to review the lodged development proposal (if this has not already occurred).

Landscape Design and Landscape Character

The proposed landscape vision for the site is predicated on a Blue Mountains character theme which is inappropriate given the availability of limited landscaped...
space and the urbanised nature of the development.

The site is not within the Blue Mountains and is located within a health and education precinct which will be surrounded by multi storey residential, commercial and medical developments rather than an expansive bushland setting.

This same concern was raised with the Hospital in the design of the landscape treatment surrounding the Car Park Structure, recently approved through the Sydney Western City Planning Panel.

The landscape theme and planting design should be revised to reflect the urban landscape setting in which the site sits, with suitable spatial separation between large canopy trees and plant species and densities suitable for this space.

Yours sincerely,

Leny Lembo
Senior Practice Director

Cc:
Cameron McClement