3. Concept Proposal
   a. Stage 1 Concept Proposal

   The development proposal is for a new eight storey Clinical Services Building to the south of the existing Multi Block building, to be completed as part of the Stage 1 works. The key features are:

   New Clinical Services Building & Multistorey Carpark
   • new Clinical Services Building rehouses and expands Aged Care and Veteran's Physical and Mental Health and Rehabilitation services
   • Eight new inpatient units on the upper floors
   • Integrated Cancer Care Centre
   • new Hospital Street atrium located at the interface between the new Clinical Services Building and the existing Multi Block.
   • Dedicated drop-off and entries
   • Bridge links within the atrium for patient transfers between the new Clinical Services Building and Multi Block.
   • New link below hospital street atrium for back of house goods and services transfers between the new Clinical Services Building and Multi Block.
   • New temporary on-grade carpark to accommodate approximately 300 cars.
   • New multi-storey carpark with 550 spaces to accommodate the increased demand
b. **Stage 2 (Future Expansion)**

Stage 2 is a future expansion of the hospital with an Acute Services Building (ASB) in the expansion zone east of the Multi Block.

When the new ASB is complete, Acute Services will then be decanted from the Multi Block into the new ASB and the Multi Block refurbished for Outpatient Services, administration, etc. The Multi-storey carpark is extended to the north east when necessary.

There will be civil works associated with new roads accessing the new Acute Services Building including new emergency access, ambulance bay and potentially, a pedestrian bridge linking the multistorey carpark with the new entrance.

Stage 2 introduces a dual carriage entry road providing access/drop-off to Stage 1 and Stage 2. It may also provide an aerial bridge link between the Multi Block and Stage 2, enabling the sharing of acute services and beds.

Flexibility for future development as part of the NSW Government Architect’s general recommendation is discussed in detail in the Schematic Design/Masterplan Report.

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*Figure 14. Stage 2 Future Expansion*
c. Stage/Construction Phasing

Details regarding the staging of the proposed hospital redevelopment is shown below as part of the SEARs requirements:

The first phase of Stage 1 is to clear a site for the new building that displaces as few services as possible. The demolition of these buildings was approved through a Review of Environmental Factors (REF) under Part 5 of the Environmental Planning and Assessment Act (EP&A Act) and does not form part of the proposed SSDA*.

Phase 2 of Stage 1 is for the new Clinical Services Building to be constructed adjacent to the Multi Block and then decant the RAMP wards into the new building.
Phase 3 of Stage 1 replaces the demolished RAMP wards with a temporary on-grade carpark. Some of the existing on-grade parking is removed to clear a site for a new multi-storey carpark.

Phase 4 of Stage 1 is for the new multi-storey carpark which will include road works.
Phase 1 of Stage 2 is for the new Acute Services Building to be constructed on the temporary on-grade carpark adjacent to the Multi Block.

Phase 2 of Stage 2 is for the expansion of the multi-storey carpark which will include road works.
5. Design Principles
   a. Site Layout & Building Footprint

The 45 degree orientation to north of most existing buildings on the site, is not ideal in terms of solar and thermal performance (Refer to Environmental Analysis Diagram). However, to achieve efficient use of the land available, the proposed building will need to adopt the same orientation.

Siting of the proposed buildings is guided by the conservation management policies of the CRGH Conservation Management Plan 1999. The CMP recommends:

- Providing a visual curtilage to the Multi Block
- Retaining the landmark significance of this building as a dominant feature of the hospital site
- Enhancing the heritage precinct

The building footprint is based on an 8.4 x 8.4 metre structural grid which allows for operational efficiencies and flexibility/adaptability best suited to accommodating all the principal hospital functions.

Figure 21. Site Layout and Building Footprint
b. GFA

The hospital campus is located within Special Purpose SP2 zone and has no height or floor space ratio constraints.

As a result the gross floor area is determined primarily by the clinical planning which responds to the Clinical Services Plan, the Functional Brief, the Australasian Health Facility Guidelines and NSW Health Infrastructures’ systemised approach to planning and design.

For intuitive wayfinding the concept proposal is based on the principle of public internal horizontal circulation taking place at Ground level, shown blue with servicing flows segregated on other floors shown red. The basement is dedicated to goods transfers - food, linen, consumables and waste. Bed transfers will take place on Levels 1 and 2. Individual buildings are unlikely to be connected above Level 2 where floors are mostly inpatient units.
c. Building Height

The proposed building has a podium extending over the lower ground and basement floors. Above that there are two seven-storey wings and a four-storey wing. The building will extend up to approximately RL 43.5 with flues extending a further 3m beyond that.

The new building will be lower than the Multi Block and by stepping down to the northeast, it respects the form and massing of the Multi Block, preserving views to and from the large curved glazed facade on its east side.
d. Building Massing

The building massing is determined primarily by the clinical planning which responds to the Clinical Services Plan, the Functional Brief, the Australasian Health Facility Guidelines and NSW Health Infrastructure’s systemised approach to planning and design.

The building has a deep plan rectangular podium which is below the existing Ground Level of the hospital, but will appear two storeys high from the east and south where the topography slopes down to the riverside.

Above the podium the building form is an ‘E’ shape with three parallel wings connected by a ‘Support Bar’ along the northwest of the building adjacent to the Multi Block.

The east wing is the lowest at 5 storeys (Basement, Lower Ground, Ground, Level 1 and Level 2), the central wing and the west wing extends a further three storeys up to Level 6. The Support Bar is a storey higher than the adjacent wings because it includes rooftop plantrooms. The Support Bar extends to level 7 at the west end.

The result is a stepped structure that addresses both the riverside and the Multi Block. The stepped form maximises views from patient rooms northeast to the riverside. The predominantly aged care and rehabilitation functions of the building require a significant amount of external terraces and many of these will also enjoy great views with the proposed configuration.

For Stage 2 or future development stages, the building massing will follow a similar approach as per Stage 1.

The concept proposal has considered the impact of its built form and massing on the hospital campus as part of the NSW Government Architect’s general recommendations. A site wide indication of massing is shown in figures 26 and 27, where the proposed development has been configured to maintain the Multi Block as the principle block at the centre of the hospital’s spatial arrangement. This will retain the overall precinct character with the proposed development as new contemporary extension of the Multi Block.
e. Landscape, Open space and Public Domain

The landscape for Concord Hospital aims to address the following:

- **Public Realm and Amenity**: The proposed landscape works are designed to complement proposed and existing buildings. Spaces are provided for patients, staff and visitors.
- **Visual Amenity**: A consistent palette of materials, planting and forms are proposed to assist in the overall place making on the hospital.
- **Ecology / Sustainability**: Where possible native low water use species have been selected. Detail planting design is to be carried out with consideration for available light, adjacent uses and maintenance.

Broadly the landscape of the site can be described in the following areas:

**Public Realm and General Amenity**:

The main public space has considered the NSW Government Architect’s general recommendation whereby the public realm and amenity establishes a framework for proposed and future development. The main public space in the proposal is the enclosed Hospital Street atrium which will provide a variety of amenities including food and beverage, retail, exhibition, educational and performance facilities. This space is intended to represent the spirit of the hospital, its focus on patients, veterans and the community and is intended to create a refreshed identity for the hospital.

The proposed Hospital street has also considered its impact on site connections, entry points and overall precinct character as part of the NSW Government Architect’s general recommendation. The proposed Hospital Street atrium provides a major new public connection from the current main hospital entrance and the Multiblock through to the main entrance of the new building and in future all the way through to a new main hospital entrance in Stage 2. That route will also connect to the pedestrian axis lined with jacarandas (shown in figure 29) that connects the acute and sub-acute facilities with the Research, Education and Mental Health precincts of the campus. With greater definition provided to the pedestrian axis, a greater emphasis will be given to pedestrian movement around the campus and the creation of shared and activated public spaces at the centre of the campus.

As part of the NSW Government Architect’s general recommendation for amenity of internal spaces and public domain, human scale and welcoming space for well being, the scheme carefully considers access of natural light to the internal spaces and wherever possible extends internal corridors to end at full height windows with views to the exterior environment. The new building generally, and the principal public and entry spaces in particular, are designed to be warm and welcoming using terracotta and timber finishes, natural colours, planting and artwork. Places of respite are also incorporated, both internal and external.

**Circulation & Drop-off Areas**

Circulation and drop-off areas will be complemented with feature presentation planting. Wayfinding is assisted off the main service road with areas of presentational planting to help indicate significant driveways and drop-off areas.

**Roof Terraces**

The roof terraces form a number of functions including therapeutic uses and general rest and respite. The terraces range in scale from areas with cafe seating for through to areas suitable for small groups. Consistent elements through the terraces are raised planter beds, built in seating with appropriate back and arm rests, and planting wherever possible. Courtyards are designed to be viewed from above so a strong visual language has been adopted.
Landscape Areas

Figure 29: Landscape Plan (Source from Site Image Landscape Architects)
f. Building Envelope, Separation & Setback

Whilst there is no required setback or building separation, the proposed building envelope seeks to maintain an appropriate separation between existing buildings and most importantly integrates into the Multi Block. The envelope defers to the Multi Block as the most prominent building on the campus. Harmony between new and existing will be achieved using a continuity of form and materiality.
### g. Heritage Conservation

As per the conservation management policies of the CRGH Conservation Management Plan 1999 which was recently updated by the project Heritage Consultants, the CMP recommends:

- Providing a visual curtilage to the Multi Block
- Retaining the landmark significance of this building as a dominant feature of the hospital site
- Enhancing the heritage precinct and significant fabric

As a result, the proposed buildings will be designed to be sympathetic and respond to the existing context that creates appropriate relationships with the original Stephenson & Turner designed buildings and the location on the harbour foreshore.

NSW Government Architect’s general recommendation for culture and heritage through design has also been considered as part of the proposed development. The proposed development will be lower than the Multi Block and by stepping down to the northeast, as it respects the form and massing of the Multi Block, preserving views to and from the large curved glazed faced on its east side. An arts and cultural program is currently being prepared by Health Infrastructure to incorporate site specific histories and narratives.

### h. Sustainability

The project is targeting an energy performance level 10% better than the deemed to satisfy requirements of the NCC / BCA. Refer to the Section J report and services engineering reports for more detail on sustainability initiatives.
i. **Vehicular access and carparking**

To accommodate the extra traffic generated by the expansion of the hospital it is proposed to build a multi-level carpark to the northwest side of Hospital Road on the site of the current on-grade carpark. This location is as close as possible to the future main entrance and provides the potential to link an upper level of the carpark to the future main entrance with a pedestrian bridge, enabling pedestrian access from the carpark direct to the hospital without a need to cross Hospital Road.

Construction of the carpark will be staged to match the projected growth in demand. The first stage will provide an increase of around 550 spaces and the second stage a further 450 spaces (approx).

A number of factors were considered when selecting the location of the multi-storey carpark. It was important to avoid overshadowing neighbouring residential properties and crucial that the carpark avoid jeopardising future clinical expansion by locating a parking structure where that expansion is likely to go.

Concerns were raised as part of the NSW Government Architect’s review in regards to the location of the carparking and the division this creates across Hospital Road. The division already exists because the current on-grade carparking is in the same location as that proposed for the multi-storey carpark. Hospital Road needs to be retained because it is the only vehicular access to the Thomas Walker Hospital and the Mental Health precinct further out on the peninsula. Locating the multi-storey carpark on the south east side of Hospital Road would constrain the future flexibility of the campus by occupying a site intended for future expansion.

The Masterplan allows for the potential provision of an elevated footbridge linking the multi-storey carpark to a new main public entry in the Stage 2 building. This would allow pedestrians to avoid crossing Hospital Road. The road and carpark design has been configured to reduce the amount of vehicular traffic on the section of Hospital Road between the multi-storey carpark and the new main public entry in the Stage 2 building, i.e. traffic is diverted left into the multistorey carpark or right to the entry and drop-offs, and traffic on Hospital Road will be reduced to just that heading to the Thomas Walker Hospital and the Mental Health precinct.

Key changes to vehicular access include:

Stage 1 plan proposes a public ring road connecting Hospital Road with Boronia Street taking pressure off the Hospital Road entry. It will feature dedicated drop-off facilities and parking for a number of departments. There will be an Aged Care drop-off at lower Ground Floor adjacent to the East entry to the Hospital Street and there is a patient drop-off and parking at Basement Level beneath the eastern wing.

Stage 2 plan will incorporate an additional ring road around the Stage 2 building. This will provide sufficient traffic flow to respond to the growing need as the hospital expands.
j. Summary

The justification for the height, bulk and scale of the proposed building envelopes within the context of the locality, its impacts on amenity, views and vistas, and how it would successfully relate to the existing and future character of the surrounding area set out is evident in the proposed architectural expression.

The proposed architectural expression is a response to both design principles and context. The response to context is broadly to create appropriate relationships with the original Stephenson and Turner designed buildings and the location on the river foreshore. The proposed envelope and massing defers to the Multiblock as the most prominent building on the campus. Harmony between new and existing will be achieved using a continuity of form and materiality.

Continuity of form comprises an emphasis on horizontality, using balconies, canopies and expressed horizontal ‘courses’ between storeys, as well as the use of bullnose and rounded forms, especially projecting stairways and articulation of the building corners.

Continuity of materiality is achieved by selecting the best contemporary building systems that have an appearance similar to the existing materials, especially in terms of colour and texture.

The idea of ‘continuity’ is to interpret and develop the positive and memorable aspects of the heritage buildings, not to copy them or disguise the age of either building. In fact, the Multiblock itself could be considered to be a Modernist update of the 19th Century ‘blood and bandages’ hospital aesthetic.

The key objective of the proposal is to seek approval of a concept design and building envelope that will allow the development of integrated health related accommodation, services and clinical facilities within the Concord Hospital Precinct and maximise the range and breath of services available to the local community.

The design seeks to incorporate emerging best practice in health design and provide a civic amenity consistent with the hospital’s commitment to veterans and their families, all hospital users and the community.