Government Architect NSW Panel Review
Meeting: 30 May 2018

1. Church Street Landscaping and colonnades:

**Comment**: The panel are concerned the area of seating, paving and associated colonnades to Church Street would not be well used. There is no proposed access to the hospital from Church Street to activate this landscape space. Unlike the local historic buildings presented as precedents, the colonnade areas are likely to feel uncomfortable without direct access to the building or passive surveillance. Either the approach to landscape should be reconsidered, or direct access to staff amenities should be provided from Church Street.

**Design Team response**: Proposed breakout spaces to the Church Street frontage have been removed from the western aspect of the building. A continuous low hedge is proposed within the western setback to create a generous public domain and provide visual clarity to the prominent sign on the Meares street corner. This hedge will also discourage the current tendency of Mudgee drivers to park on grassed areas close to buildings.

General pedestrian access is discouraged to this area. A North facing staff courtyard is proposed which is directly accessed from the administration area on lower ground floor of the hospital. The courtyard will feature a variety of sitting and eating spaces for the benefit of staff and visual privacy is provided space through layered vegetation

2. Hospital Entry

**Comment**: The panel commend the generous, light filled hospital entry. While the panel notes community desire for parking close to the entry, a landscape buffer between the reception area and the carpark would greatly improve the amenity for people using the waiting area.

**Design Team response**: A vegetated buffer will be integrated into the pedestrian set down area. This in conjunction with trees and vegetation in the carpark will soften the user experience at the front entry of the hospital.

3. Southern façade permeability and visual connection

**Comment**: The panel recommend the eastern portion of the southern façade be rethought to create physical and visual connections between inside spaces and landscape. The café, waiting and community spaces are currently shown behind a translucent wall with no transparency or access to the adjacent open area. These spaces would benefit from access and views
to the adjacent usable landscape spaces. The Meares Street elevation should be reconsidered so that eastern and western portions are better visually integrated.

**Design Team response:** The façade along the public areas (waiting and café) is proposed to be transparent glazing to allow visual connection with the outside. Some areas along the south elevation of the main entry building like toilets and part of Reflection room do not require transparency, filtered natural light is provided with translucent glazing.

The café is located directly next to the main entry. The main entry forecourt is generous in space and could be used as an enhancement to the café. Additional entry/exit points are not proposed in consideration of safety and security due to the workforce size.

The proposed design allows for generous visual connections with the outside and physical connection through the main entry is established due to operational requirements of the hospital.

Visual integration of the eastern and western portions is proposed to be achieved by introducing the same materiality from the west into the east part - face brickwork is now proposed to the blades at the main entry airlock. Proposed changes also include introducing portions of transparent glazing into south façade (corridor, hospital auxiliary/volunteers and part of reflection room), echoing the rhythm of the western part of the building.

The design intent is to differentiate the main entry component from the rest of the building as a clear and intuitive wayfinding gesture. The rising terrain reduces the height of the building to a single storey and thus a different architectural language is employed to highlight the entry component. The visual connection is established through the use of datum elements, such as expressed gutter/canopy and slab edge.

Together with the proposed amendment outlined above, the design allows for Main entry building expression within the coherency of the overall composition.

4. Sun shading

**Comment:** The panel note that sun shading is yet to be shown to the courtyards and the external windows. Where required, shading should be incorporated in the design of the façade to mitigate glare and solar heat gain.

**Design Team response:** Externally fixed shading is not envisaged on the courtyard façades or external windows. The internal blinds are incorporated to address any solar issues in those locations. The east-facing main entry glazing has 2 canopies (lower and upper) in order to mitigate direct sun and glare the reception desk.

In addition to the trees in the car park, internal blinds are also being explored for the eastern façade to further reduce any chance of early morning glare into reception area (dropping down from 3.7m down to 2m above the floor).
JV 3 modelling has been carried out and the energy use of the proposed services and proposed envelope combined is more than 10% lower than the requirements of deemed-to-satisfy provisions.

5. Future connectivity to medical centre

Comment: Though it is understood there are no immediate plans to connect the hospital to the adjacent, privately operated medical centre, the proponents have indicated that there would be benefit in doing so in the future. The feasibility of adding this link should be investigated.

Design Team response: A pedestrian link can be located as an extension to north south corridors between gridlines 5 and 6 and also at grid 2 in the future. Practitioners from the Medical centre are currently servicing Mudgee Hospital and this will continue in the new build. Refer to diagrams attached.

6. Future hospital expansion

Comment: Though not covered during the briefing, the proposal should consider the future expansion of the hospital in greater detail. GANSW encourage a master plan to be prepared which establishes the future patterns of development as well as detail strategies for car parking, pedestrian access and public open space. The reconfigurability of the proposed building should also be considered.

Design Team response: Whilst not part of the redevelopment, future expansion for clinical areas has been enabled northward, towards the medical centre and over the service yard. Future expansion for existing services has been enabled to the west of sterilising services and to the east side of the perioperative department. Auxiliary future expansion could occur to the eastern part of the site campus where the original hospital is located. The entire block is considered as a health precinct. Refer to diagrams attached.
FACADE DEVELOPMENT

SUN AND GLARE CONTROL IN THE MAIN LOBBY

- Deep Overhangs
- Vertical Element on the North Side
- Introduction of Light Diffusing Glazing