

Campbelltown Hospital Redevelopment (CHR)



Clinical Services Building and Associated Works

Rev F

Consultation Summary

Issue date: August 2018



REVISION RECORD

Version	Date	Issued To	Status
Rev A	05/06/2018	Ethos Urban	Test of Adequacy EIS Submission
Rev B	05/06/2018	Ethos Urban	Test of Adequacy EIS Submission
Rev C	22/06/2018	Ethos Urban	Test of Adequacy EIS Submission
Rev D	22/06/2018	Ethos Urban	Test of Adequacy EIS Submission
Rev E	16/07/2018	Ethos Urban	Test of Adequacy EIS Submission
Rev F	02/08/2018	Ethos Urban	Final Lodgement

CONTACT DETAILS

Role / Company	Name / Role	Phone	Email
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Principal HEALTH INFRASTRUCUTRE	Edward Doherty Project Director	02 9978 5402	edward.doherty@health.nsw.gov.au
Client CAMPBELLTOWN HOSPITAL	Loretta Andersen Director of Redevelopment	02 4634 4990	loretta.andersen@health.nsw.gov.au

1 Consultation

The following consultation has been undertaken to date for the Campbelltown Hospital Clinical Services Building (CSB) project with the following stakeholders:

- Government Architect NSW;
- Campbelltown City Council;
- Transport for NSW (TfNSW);
- Roads and Maritime Services (RMS);
- Sydney Water;
- Local Aboriginal Land Council
- Hospital user groups; and
- The local community

The following sections provide details of consultation undertaken with the above stakeholders.

1.1 Government Architect NSW

Health Infrastructure (HI) presented the CSB proposal to the Government Architect's Office on 30 May 2018 and 27 June 2018. Refer to Appendix A for GAO notes from meeting 1, Appendix B for GAO notes from meeting 2 and Appendix C for the Architect's response to meeting 2 notes.

1.2 Campbelltown City Council and Local MPs

A number of meetings have been undertaken with Campbelltown City Council and Local MP's in relation to the project. The table below provides a summary of the meetings held.

Date	Consultation	Summary of Meeting	Feedback
13/09/2017	Meeting with Campbelltown City Council	Initial discussions regarding traffic and parking and broader site considerations.	
21/11/2017	Meeting with Campbelltown City Council	Meeting held in advance of DA submission for the new multi storey carpark. Update on scope and development of the project.	
13/12/2017	Meeting with Camden MP	Overview of the masterplan provided and noted the multi-storey carpark will commence mid-2018. MP advised that the community was comfortable with the previous Stage 1 development.	Positive feedback
13/12/2017	Meeting with Wollondilly MP	Overview of the masterplan provided and noted the multi-storey carpark will commence mid-2018. MP asked if there would be a rebrand to bring the project together, and if there would be impacts on services.	Future hospital works will create the opportunity to consolidate and provide more cohesive and enhanced services for the hospital.
15/12/2017	Meeting with Campbelltown MP	Overview of the masterplan provided and noted the multi-storey carpark will commence mid-2018. MP advised that there would be community concerns to be addressed.	MP to be kept updated and noted that the project would be extremely beneficial for the area. Community consultation would be provided via a number of communication channels to keep the local community informed of development proposals.
30/01/2018	Meeting with Macquarie Fields MP	Overview of the masterplan provided and noted the multi-storey carpark will commence mid-2018. MP expressed interest in preventative health.	Positive feedback

21/02/2018	Meeting with Campbelltown City Council	Update on scope and design of the project. Discussion on site parking, access and multi-storey carpark DA.	
26/02/2018	Presentation to Campbelltown City Council Councillors	After a presentation was given to the councillors, a question was raised as to whether planning considerations were adequate. HI advised that planning was appropriate for the project. Parking issues were raised, the Local Health District (LHD) advised that this would be addressed with the new multi storey car park.	Positive feedback
23/04/2018	Meeting with Campbelltown City Council	Update on scope and design of the project. Discussion on site parking, access and carpark DA.	
17/05/2018	Enstruct Group meeting with Campbelltown City Council	Enstruct Group continues to work with Campbelltown City Council on the flooding and drainage aspects of this project.	N/A
05/06/2018	Presentation to Campbelltown City Council	A presentation was provided showing the current design status including proposed images and photomontages. An update on the status of the multi-storey carpark project was also given.	

1.3 Transport for NSW

A meeting was held with Transport for NSW on 30 May 2018 with HI to discuss the project at Campbelltown Hospital. The following points were discussed:

- TfNSW explained the current situation with buses entering into the hospital campus. TfNSW advised that they were planning to introduce a new bus route and considering amending two existing routes.
- TfNSW advised that Campbelltown Hospital is an end-of-trip stop and thus buses layover at the Hospital for 15min between services. It was noted that there were currently two layby areas shown on the design, and TfNSW advised it was appropriate for visitor drop-off/taxis to be located behind the bus layby area.
- TfNSW advised that additional distances to any bus route can have an impact on its operating costs.
- TfNSW is considering amending its bus services to increase frequency per hour in November 2018 and these services may be further increased into the future.

The project team addressed points raised by TfNSW by maintaining the currently designed two layby areas, with provisions for future extension if required by an increase in bus services. The proposed bus route through the hospital, is the most efficient to minimise impact on bus operating costs.

1.4 Roads and Maritime Services

An initial meeting was held with Roads and Maritime Services on 14 November 2017 to discuss overall site considerations and the government's commitment to the hospital's future redevelopment. A follow up meeting occurred on 31 July 2018 where the following points were discussed:

- HI informed RMS of the proposed road network. HI advised that the proposal will diversify traffic flows to and from the hospital so that capacity for growth up to at least the 2026 horizon projections is provided.
- HI noted that in the long-term a signalised intersection on Appin Rd may be required.
- RMS highlighted their previous advice that the current Appin Road access is to be removed as it was agreed on a temporary basis. RMS agreed with the new proposed location of the Appin Road access as it is more centrally located between the Therry Road and Narellan Road intersections.
- RMS advised that the new Appin Road access needs to be designed to suit the existing situation. RMS is planning to construct an additional lane along both sides of Appin Road, and therefore, the

layout should allow sufficient property and set-backs to accommodate a lateral shift of the access based on the additional lane alignment.

- RMS advised that the designers will need to demonstrate that there is no risk of queuing from the Multi-storey Carpark north entrance back onto Appin Road.
- RMS advised no objection to the new access on Therry Road
- RMS noted that they will request that the left-turn slip lane from Therry Road to Appin Road should be extended along Therry Road to increase the capacity within the adjacent right-turn lanes.
- RMS advised that both new access intersections should be high angle Give Way approaches with no acceleration lane.

In response to RMS's comments, the project team notes that there is potential for the new Appin Road link to be extended from two lanes to three lanes at a later date. The Traffic Impact Assessment prepared by PTC states that there is no risk of queuing from the Multi-storey Carpark north entrance back onto Appin Road. Further to this, the addition of a queuing lane on Therry Road for the left run onto Appin Road will be considered as the design progresses.

1.5 Service Providers

The project team has liaised with relevant service providers to discuss requirements for the new Clinical Services Building.

1.5.1 Electrical

The project team contacted Endeavour Energy on 19 December 2017 to apply for an upgrade to incoming electrical supply as required for the new Clinical Services Building. Endeavour Energy responded on 14 May 2018 to advise that it can supply the additional electrical load required.

1.5.2 Gas

The project team has held discussions with Jemena to ensure capacity of the surrounding infrastructure. Jemena has confirmed there is sufficient capacity to support the proposal. The application for the upgrade will be completed through the Hospital Retailer.

1.5.3 Water

As part of the consultation process, the project team has submitted a feasibility Section 73 (S73) application to Sydney Water under CN172062. Sydney Water has responded to advise that they have the capacity to support the development.

1.6 Local Aboriginal Community

The project team have begun engaging the Tharawal Local Aboriginal Land Council, to discuss the involvement of interested registered people in the project.

Further to the above, meetings have been held with the local Aboriginal Health team in relation to the proposal, as summarised below:

Date	Consultation	Summary of Meeting	Feedback
07/11/2017	Meeting with the Aboriginal Health team and the Tharawal Aboriginal Corporation	It was identified that the Tharawal Aboriginal Corporation should be consulted to discuss the project and a meeting for March 2018 was organised. Aboriginal staff were keen to assist with establishing relationships and engaging the community.	Positive

06/12/2017	Meeting with Macarthur Community Representatives Network	The purpose of the meeting was to establish a relationship with Macarthur Community Representatives Network (MCRN). Some representatives were interested in participating in the project, there were comments around endorsement of the brand by the Aboriginal community.	An Aboriginal liaison officer was invited to the relevant Project User Groups.
27/03/2018	Meeting with the Aboriginal Health team and the Tharawal Aboriginal Corporation	Art and cultural opportunities were discussed. A large mural depicting the lyrebird which is the totem for the local area is to be provided within the main entrance of the facility. An accompanying plaque is also to be incorporated that describes the significance of the Lyrebird. Tharawal language is to be used on signage throughout the facility. The partnership and important relationship between Campbelltown Hospital and Tharawal AMS is acknowledged.	
Regular meetings	Ongoing meeting with the Aboriginal Health team	Regular updates are provided with Aboriginal Health representatives.	

1.7 Hospital User Groups

The Project Team has completed four rounds of concept/feasibility Project User Groups (PUGs) and two rounds of schematic design PUGs. Meetings cover both individual departments, such as Emergency Department, while other meetings look at whole of hospital issues, including items like wayfinding and security. Following these formal meetings, focus groups are scheduled for particular items that need further consultation. The PUGs were held between Q4 2017 through to Q2 2018. PUG attendees also included a number of community representatives in the aim to achieve a broad range of opinions and viewpoints into design development.

1.8 Local Community

Community consultation sessions were held on 31 May 2018 and 2 June 2018 at Campbelltown Hospital and Campbelltown City Civic Centre respectively. The intention was to provide an opportunity for the community to seek further information about the project. The table below summarises matters raised and the project team's response.

Matter Raised	By Who	Response
Concerns with paid parking	Numerous attendees	Paid parking is part of the NSW Health policy, implemented state wide with concessions available.
Carparking proximity to residential areas	Local resident	Light pollution controls will be provided and the works will be staged to minimise disruption to local residents.
Cancer therapy – dedicated and convenient parking is required	SWS cancer advocate	There is a dedicated carpark for cancer. It is part of the operational policy to maintain dedicated cancer parking.

In addition to the matters raised above, community members also had queries regarding the program and scope of the project. The queries were addressed with reference to the plans and flyers available.

The wider community has been engaged throughout the project as summarised in the table below:

Date	Communication Vehicle	Target Audience	Objective
19/01/2018	Camden & Campbelltown Hospital Website	Community	Information is provided on the project and an online registration form for community participation is available.
Ongoing	Media Releases	Community	Media released are provided to communicate branding and awareness, generating positive news stories and increase community participation in the project.
Ongoing	Project website	Community and Staff	Building brand and awareness. Provide information.
Future	Information Kiosk	Community and Staff	A kiosk is to be provided to support communication in addition to communication touchpoints such as website, newsletters, staff memos and social media. The kiosk will also act as a physical hub of information for staff or patients without computers.

In conclusion, the majority of feedback from various consultation methods has been positive. All issues raised have been addressed in the development phases of the project.

Appendix A

06 June 2018

RECORD OF MEETING
NOTES FOR ATTENDEES:

Health Infrastructure –
Leone McEntee,
Mark Lamond (Mudgee),
Steve Hall (Campbelltown)

STH Architects (Mudgee)
Maxim Bachimov,

BLP (Campbelltown)
Tara Veldman & Adam
Mugleton,

GANSW –
Lee Hillam (Chair)
Di Snape
Abbie Galvin
Roger Jasprizza
Nic Moore

DPE Assessments –
Megan Fu

GANSW PRELODGE MENT BREIFING - HEALTH INFRASTRUCTURE
PROJECTS: Mudgee Hospital Redevelopment SSD 9211, Campbelltown Hospital
Redevelopment SSD18_9241, Masonic Centre, Goulburn Street - 30.05.18

The following notes summarise the discussion and comments provided to the project team by GANSW in relation to the preparation of an EIS for the above proposals. We note that the comments below do not reflect a full design review of each project. Full reviews of each will be undertaken and responses provided to the relevant Planning assessment officers on receipt of lodged EIS packages.

Please forward this advice where appropriate to design team and other project team members.

Please find below a summary of key issues arising from the discussion.

Generally

The following issues should be considered for these and all future health infrastructure submissions:

- Masterplans should consider built form as well as public realm and amenity in establishing a framework for proposed and future development. This should include a site-wide indication of massing and impacts on through site connections, entry points and overall precinct character with built in flexibility for future development.
- Project teams should generally consider the human scale of the hospital campus and how this relates to patient and visitor experience. Scale and material should be used to create a welcoming and reflective space for a sense of wellbeing and recovery. Early consideration of integrated public art and landscape strategies can aid in this.
- Sustainability should be considered at every stage of the project development especially as relates to energy use and amenity of internal spaces and public domain.
- Projects should demonstrate a response to culture and heritage through the design. The panel encourage the project team to engage and consult with the local Aboriginal community to incorporate site specific histories and narratives into the design at this early stage in the project. GANSW is available to provide assistance for this if required.

Mudgee Hospital
80 Lewis Street, Mudgee

The panel support the scheme generally for its natural light, rich materiality use of courtyards and articulated building form.

1. Church Street Landscaping and colonnades:

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.

2. Hospital Entry

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.

3. Southern façade permeability and visual connection

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.

4. Sun shading

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.

5. Future connectivity to medical centre

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.

6. Future hospital expansion

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.

Campbelltown Hospital
Therry Rd, Campbelltown

The panel note that though the planning strategies presented were clear and commendable, insufficient information was provided to explain important fundamental aspects of the proposed building.

1. Spine diagram

The arrangement of the hospital buildings around a circulation spine is supported. While the spine strategy was described in initial site diagrams, it was not clear how the spine has been incorporated in the presented scheme. The panel request more detailed information about how the spine works, particularly within the proposed building envelope.

2. Clarity of wayfinding, circulation

Circulation routes and wayfinding strategies were not made clear in the presentation. Floor plans are requested in order to understand how the hospital operates on the ground floor. It is not clear how the ground floor entry experience and internal circulation will work. The horizontal and vertical circulation strategies for each of the various access scenarios should be detailed – including servicing.

3. Building form and façade

It was not clear how the form of the building has been generated and what planning and environmental strategies have been considered. Though colour was discussed, the facade articulation, sun shading and expression was not.

The panel recommend a further SDRP review to address these issues in greater detail.

Appendix B

6 July 2018

Leone McEntee
Planning Manager
Health Infrastructure NSW

Via email –
Leone.McEntee@health.nsw.
gov.au

PROJECT: Campbelltown Hospital Redevelopment
RE: SDRP SESSION 07 – 27.06.18

Dear Leone,

Thank you for the opportunity to review the above project at this stage in the design process which follows the pre-lodgement briefing on 30.05.18. A summary of advice and recommendations arising from the design review session held on 27.06.18 follows.

Please note that this letter and subsequent letters of advice relating to the SDRP will be distributed to the meeting attendees listed herein.

The panel acknowledges that the scheme has developed since feedback provided at the pre-lodgement briefing but there are several aspects of the scheme for which further information or resolution is required. These are detailed below along with recommendations to enhance design quality. Any future SDRP presentation should address the following issues.

Spine and circulation

In principle, the panel supports consolidation of circulation between buildings via the central spine and the proposed internal look and feel of the spine as a public space.

Further information is required to understand how the spine contributes to internal circulation and wayfinding in relation to both new and existing wings of the hospital, including internal access to the emergency department.

Further resolution is also required to address the function and program of the spine, including how it is accessed externally and from different levels within the hospital. The panel notes that a pharmacy is currently the only public use proposed and suggests that other public uses might be explored to activate this space.

The panel considers that the visual and physical links between the upper and lower levels of the spine are unresolved. There is concern about use of the existing lifts which are not easily seen when entering the spine from the north. Further, the entry sequence from the north does not allow visual connection up to the main entry level of the atrium and hospital.

The panel also considers that the single storey height of the southern lobby as the main entrance of the spine is not sufficiently generous for its intended use.

Further information and design detail is required to address:

- the difference in internal levels
- how the spine contributes to wayfinding and can be used to provide equitable access internally, externally and beyond the site.

Built form and façade

The panel understands the form of large and complex buildings such as these is developed predominantly through the clinical planning. However, the panel is concerned at the lack of clear architectural intent. The panel feels that insufficient consideration has been given to the evolution and development of the built form and the scale and articulation of the mass of the building.

While reference was made to a vertical sequence where towers sit atop a podium base, insufficient information was provided to demonstrate how bulk and mass has been mitigated, either through form or materials. The panel is concerned that the rooftop plant is imposing, exacerbates the overall appearance of bulk and mass and works against the stated aims of discrete tower forms.

The panel is also concerned about the bulk and mass of the western side of the hospital. This is the main elevation seen on arrival, and presents a sheer face with no articulation or apparent shading from the western sun.

There was also insufficient information to demonstrate how the program and entry sequence is made legible on arrival through the built form.

Further information and design detail is required to address:

- the architectural intent to ensure the built form, in relation to existing buildings and the broader masterplan, is clear and robust
- how bulk, scale and mass will be articulated through form, innovative façade materials and sun shading
- how the western elevation will be detailed to provide a welcoming entry
- sustainability and ESD approach.

Entry and access

The hospital is accessed from both the north and south sides, and the northern entry has been considered in some detail, with the proposal of a landscaped entry into a 24/7 circulation spine. Wayfinding opportunities from the train station through the town centre and Marsden Park to this entrance should be considered, however at this stage the northern entry seems unlikely to be a principle entry point.

The panel considers the access experience to the south of the site, the articulation of the main entrance and the entrance to the emergency department, to be unresolved. Further design detail is required to understand the change in levels and associated access between the main entrance and the entrance to the emergency department, wayfinding from car parks and drop-off zones to these entrances, and how the building addresses the street.

Consideration should also be given to the patient experience and spatial generosity of entering the building particularly for mental health and pediatric patients.

The panel accepts that while the hospital can be accessed via public transport, including a dedicated bus service which loops through the hospital grounds, there is a heavy reliance on cars. However, consideration should be given to improving pedestrian access between car parks, drop-off zones and north and south entrances, particularly in response to the distances and level changes between car parks and entrances.

The panel notes the potential for traffic and pedestrian conflicts to the east of the site where the staff multi-deck carpark and hospital services are located. The safety of staff in and around this area should be prioritised.

Further information and design detail is required to address:

- the entry experience to the south of the hospital, including the main entrance and entrance to the emergency department
- how CPTED will contribute to the safety of staff in and around the multi-deck car park and services entrances to the east of the site

- a wayfinding approach to accessing the hospital grounds to address user-friendly access from the train station through the town centre and Marsden Park
- vehicular and pedestrian flows in and around the site, including any conflicts between drop-off zones and services entries particularly to the east of the site
- options for prioritising public transport and pedestrian access over private car usage.

Landscape and public realm

The panel supports the proposal of a landscaped public realm to the north of the site and can see the potential for this to be a great space, but the levels in and around this side of the site require further analysis to confirm how they will be articulated to ensure equitable access.

Similarly, the panel requires further information about the landscape approach and levels in and around the south side of the site, particularly to the main entrance and entrance to the emergency department and between these.

Landscaping the interstitial spaces between the new and existing wings of the hospital, including those created by the spine, is supported in principle, but the panel notes that overshadowing will limit what can be achieved. The amenity provided to any open courtyards where overhead bridges are proposed should be particularly considered.

Further information and design detail is required to address:

- how the differences in levels in and around the site, particularly at the entrances, will be articulated to provide equitable access
- the approach to landscaping at the car park, drop-off zones and entrances to the south of the site
- how landscape can be used to lessen the impact of the overall building mass and the visual impact of car parking, through a landscape masterplan.

Community cultural requirements

The panel encourages the team to engage with a diversity of community groups, including Aboriginal cultural groups, to ensure their needs are met by the proposal. These needs are likely to include outdoor meeting or seating spaces and should be explored through a landscape approach to the whole of the site.

Sincerely,



Olivia Hyde
Director of Design Excellence - Government Architect NSW
Chair, Campbelltown Hospital Redevelopment SDRP

CC	
NSW SDRP Panel members	Ingrid Mather, Abbie Galvin, Diane Jones, Bob Meyer (Campbelltown Council Nominee), Olivia Hyde (Chair – GANSW)
GANSW Design Advisor	Nic Moore / Emma Kirkman
GANSW Observers	Paulo Macchia
DPE	David Gibson
Council Officer	N/A
Billard Leece	Katarina Vrdoljak, Adam Muggleton
Health Infrastructure NSW	Leone McEntee, Steve Hall

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Appendix C

9th July 2018

Adam Muggleton
Associated Director
Billard Leece Partnership
Studio 201
50 Holt Street
Surry Hills NSW 2010



Dear Chris,

GANSW_SDRP Session 07_ 27.06.18 BLP Response

The project team would like to thank the panel for their generous responses and feedback in respect to the Campbelltown Hospital Redevelopment Stage 2 Project. The status of the project presented was 40% Schematic Design Development and as such many of comments made by the panel are issues that the team are aware of and will implement as the design progresses.

The following items were highlighted by the panel, in their written feedback and will be addressed in the subsequent meeting. Below is a summary of the key items and responses.

Spine and Circulation

1. *Further information is required to understand how the spine contributes to internal circulation and wayfinding in relation to both new and existing wings of the hospital, including internal access to the emergency department.*

Response: The evolving design of the hospital spine addresses and the above items. Particular emphasis is to provide clear, logical and equitable access across the full length of the spine and connection to new and existing horizontal and vertical connections. Further developed design drawings and clear, evolved diagrams will be presented at the next meeting.

2. *Further resolution is also required to address the function and program of the spine, including how it is accessed externally and from different levels within the hospital. The panel notes that a pharmacy is currently the only public use proposed and suggests that other public uses might be explored to activate this space.*

Response: The intent of the hospital spine is to create a lively, highly public space. This will accommodate a variety of spaces, ranging from 'active spaces' (eg retail outlets, eateries, coffee carts, market pop-up stalls, demonstration spaces, children's play areas), 'functional spaces' (concierge, reception counters, kiosks, common waiting areas) and 'retreat spaces' (quiet spaces for discrete and quiet activities). This will ensure its activation as well as catering for broad range of emotional states. The final location and distribution of these spaces is currently being worked through. As part of the project team a retail consultant has

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David Leece
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Nominated Architect in NSW
Tara Veldman
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been engaged, to ensure that the best solutions are achieved for both the hospital and community needs. The developed design, including explanatory diagrams will be presented at the next meeting.

3. *The panel also considers that the single storey height of the southern lobby as the main entrance of the spine is not sufficiently generous for its intended use.*

Response: The design team feels that a compressed space, although reduced in length, still holds merit to the south, at level 2. The entry compression, prior to moving into a more open space allows for the 'calming of persons' upon entry to the building. There is also a pedestrian bridge link, at level 3, required to access the southern carpark. Discussion at the meeting also included that the 'northern entry' could benefit from being elevated to a double height space. It is also important to note, that the spine design has been benchmarked against other similar health projects. Concerns were raised that similar large spaces, with high ceilings created spaces that overwhelmed and confused users. The developed design, including explanatory diagrams will be presented at the next meeting.



4. *Further information and design detail is required to address:*

- *the difference in internal levels*

Response: The drawings presented may have not clearly expressed the difference in level of the hospital spine. That is, southern entry at Level 2 and northern entry at Level 00. Additional clearer sectional diagrams will be provided at the next meeting.

- *how the spine contributes to wayfinding and can be used to provide equitable access internally, externally and beyond the site.*

Response: The design is currently being developed so that a clear hierarchy is established between movement/ connections versus activity zones. This includes the ability to clearly see the entries from both the northern and southern entry points, stair circulation and access at each level and clearly legible, vertical circulation points. The developed design, including explanatory diagrams will be presented at the next meeting.

Built Form and Façade

1. *The panel understands the form of large and complex buildings such as these is developed predominantly through the clinical planning. However, the panel is concerned at the lack of clear architectural intent. The panel feels that insufficient consideration has been given to the evolution and development of the built form and the scale and articulation of the mass of the building.*

While reference was made to a vertical sequence where towers sit atop a podium base, insufficient information was provided to demonstrate how bulk and mass has been mitigated, either through form or materials. The panel is concerned that the rooftop plant is imposing, exacerbates the overall appearance of bulk and mass and works against the stated aims of discrete tower forms.

Response: The design team appreciates the comments made by the panel. The planning of a hospital is very much driven by the desire to achieve optimal clinical outcomes. However, the design team acutely aware the important civic role it holds within the Campbelltown community and as such the need to respond to its loci in both mass and articulation. As the clinical planning is evolving so is the mass and external response. The latter has been driven and responses to clearly defined overarching design principles, rooted in local conditions. These include: reflecting the structure of the Remnant Cumberland Plains Woodlands; responding to existing established site datums; and building on original site masterplan intent of creating a 'castle on the hill. The final form and physical expression of these principles is still evolving. The developed design, including explanatory diagrams will be presented at the next meeting.



- 2. The panel is also concerned about the bulk and mass of the western side of the hospital. This is the main elevation seen on arrival and presents a sheer face with no articulation or apparent shading from the western sun.*

Response: The design team is aware that the western façade is the most prominent façade and as such was identified in the pre-briefing material. As the design evolves the western façade will require particular attention in material expression, articulation and scale as it is the main face on the southern approach to the main hospital and emergency entry. The developed design, including explanatory diagrams will be presented at the next meeting.

- 3. There was also insufficient information to demonstrate how the program and entry sequence is made legible on arrival through the built form.*

Further information and design detail is required to address:

- the architectural intent to ensure the built form, in relation to existing buildings and the broader masterplan, is clear and robust*
- how bulk, scale and mass will be articulated through form, innovative façade materials and sun shading*
- how the western elevation will be detailed to provide a welcoming entry*
- sustainability and ESD approach.*

Response: The design team is aware of the issues raised by the panel. These will be further developed and addressed as part of the detailed design process. The developed design, including explanatory diagrams will be presented at the next meeting.

Built Form and Façade

- 1. The panel considers the access experience to the south of the site, the articulation of the main entrance and the entrance to the emergency department, to be unresolved. Further design detail is required to understand the change in levels and associated access between the main entrance and the entrance to the emergency department, wayfinding from car parks and drop-off zones to these entrances, and how the building addresses the street.*

Response: The design team is aware of the issues raised by the panel. These will be further developed and addressed as part of the detailed design process. The developed design, including explanatory diagrams will be presented at the next meeting.

2. *Consideration should also be given to the patient experience and spatial generosity of entering the building particularly for mental health and pediatric patients.*

Response: The design team is attuned to the needs of the varying users and differing user experiences. Careful consideration as the design develops is being placed on user entry points and the need for some of these to be discrete and separate. The developed design, including explanatory diagrams, that explain these needs will be presented at the next meeting.



3. *The panel accepts that while the hospital can be accessed via public transport, including a dedicated bus service which loops through the hospital grounds, there is a heavy reliance on cars. However, consideration should be given to improving pedestrian access between car parks, drop-off zones and north and south entrances, particularly in response to the distances and level changes between car parks and entrances.*

The panel notes the potential for traffic and pedestrian conflicts to the east of the site where the staff multi-deck carpark and hospital services are located. The safety of staff in and around this area should be prioritised.

Response: The vehicular (public, private, services) and pedestrian movements across the whole site are still being fine-tuned. The intent as the design develops is that any conflicts are mitigated and that safe, logical, efficient movement paths are established. Distances and level changes between carparks, drop offs and entries will be mitigated to ensure that safe, activated and equitable pedestrian routes are created. The developed design, including explanatory diagrams will be presented at the next meeting.

4. *The panel notes the potential for traffic and pedestrian conflicts to the east of the site where the staff multi-deck carpark and hospital services are located. The safety of staff in and around this area should be prioritised.*

Response: The design team as part of design development is working through the eastern link design. In particular, the ability for staff to enter the building earlier and through a safe environment.

5. *Further information and design detail is required to address:*
 - *the entry experience to the south of the hospital, including the main entrance and entrance to the emergency department*
 - *how CPTED will contribute to the safety of staff in and around the multi-deck car park and services entrances to the east of the site*
 - *a wayfinding approach to accessing the hospital grounds to*

address user- friendly access from the train station through the town centre and Marsden Park

- *vehicular and pedestrian flows in and around the site, including any conflicts between drop-off zones and services entries particularly to the east of the site*
- *options for prioritising public transport and pedestrian access over private car usage.*

Response: The design team is aware of the issues raised by the panel. These will be further developed and addressed as part of the detailed design process. The developed design, including explanatory diagrams will be presented at the next meeting.



Landscape and public realm

1. *The panel supports the proposal of a landscaped public realm to the north of the site and can see the potential for this to be a great space, but the levels in and around this side of the site require further analysis to confirm how they will be articulated to ensure equitable access.*

Similarly, the panel requires further information about the landscape approach and levels in and around the south side of the site, particularly to the main entrance and entrance to the emergency department and between these.

Response: The design team is aware of the issues raised by the panel, particularly in respect to level changes and provision of equitable paths of travel, access to external landscaped spaces and the entry. This will be further developed and addressed as part of the detailed design process. The developed urban and landscape design, including explanatory diagrams will be presented at the next meeting.

2. *Landscaping the interstitial spaces between the new and existing wings of the hospital, including those created by the spine, is supported in principle, but the panel notes that overshadowing will limit what can be achieved. The amenity provided to any open courtyards where overhead bridges are proposed should be particularly considered.*

Response: The design team is aware of the issues raised by the panel. Careful selection of local plant species that will thrive in shady conditions are being investigated as the design develops. The developed landscape design, including plant selections will be presented at the next meeting.

3. *Further information and design detail is required to address:*
 - *how the differences in levels in and around the site, particularly at the entrances, will be articulated to provide equitable access*
 - *the approach to landscaping at the car park, drop-off zones and entrances to the south of the site*
 - *how landscape can be used to lessen the impact of the overall building mass and the visual impact of car parking, through a landscape masterplan.*

Response: The design team is aware of the issues raised by the panel. This will be further developed and addressed as part of the detailed design process. The evolved urban design, landscape design and interface with the building mass, including explanatory diagrams will be presented at the next meeting.

Community cultural requirements

1. *The panel encourages the team to engage with a diversity of community groups, including Aboriginal cultural groups, to ensure their needs are met by the proposal. These needs are likely to include outdoor meeting or seating spaces and should be explored through a landscape approach to the whole of the site.*

Response: The project team to date has undertaken a range of community consultation, including local community consultation and aboriginal consultation, this is part of an ongoing consultation process. Also, as part of this process, contact has been made with The Australian Botanic Garden Mt Annan and there is the intention to also engage with the Campbelltown Arts Centre. The outcomes and translation into the design development will be presented at the next meeting.

Yours sincerely



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