

Meeting Minutes – SSDA Consultation Meeting with Griffith City Council No. 1

Date and Time	18 December 2020, 11:00 am – 12:30pm
Venue	Zoom Meeting

Attendees	Organisation	Role	Present
Nicolas Di Condio (NDC)	Health Infrastructure	Project Director	•
Arjuna Thiru Moorthy (ATM)	Health Infrastructure	Project Director	•
Rose Li (RL)	Health Infrastructure	Graduate Project Officer	•
Ricky Gregory (RG)	CBRE	Senior Project Manager	•
Giorgia Howard (GH)	CBRE	Project Manager	•
Daniel Lescano (DL)	Stantec	Hydraulic Engineer	•
Adam Keeble (AK)	Stantec	Hydraulic Engineer	•
Grant Backhouse	Stantec	Fire Protection Engineer	•
George Krzywda (GK)	Meinhardt-Bonacci	Civil Engineer	•
Natalie O'Brien (NO)	Meinhardt-Bonacci	Associate Structural Engineer	•
Graham Gordon (GG)	Griffith City Council	Director Utilities	•
Phil Harding (PH)	Griffith City Council	Director Sustainable Development	•
Phil King (PK)	Griffith City Council	Director Infrastructure and Operations	•
Kelly McNicol (KM)	Griffith City Council	Strategic Planner	•
Apologies	Organisation	Role	
None			
Attachments Distributed			
PowerPoint Presentation - 201218 GBHR - SSDA Consultation Meeting w Council			

Minutes

Item	Topic	Action	Date
1.0	Introductions		
1.1	ATM noted apologies and facilitated introductions	Note	
1.2	ATM noted the presentation aims to address the queries raised by the Griffith City Council (GCC) letter issued with the Secretary's Environmental Assessment Requirements (SEARs).	Note	
2.0	Presentation		
2.1	<u>Built Form</u> (presented by RG)		
2.1.1	The redevelopment is to maintain health service provisions throughout the project. NDC noted the Griffith Base Hospital Redevelopment has a \$250million total estimated cost. .	Note	
2.1.2	The design of the redevelopment considers ease of wayfinding, access to natural light and complimenting the landscape. Glass is used in the façade to allow natural light in. Landscaping and colours incorporated in the design allow the redevelopment to be in keeping with its neighbouring surrounds. ATM noted: <ul style="list-style-type: none"> The central courtyard within the new Clinical Services Building (CSB) will enable additional natural light into the hospital building. The shadow diagram illustrates the CSB will not overshadow neighbouring lots. 	Note	
2.1.3	NDC noted that the design presented to Griffith City Council has also been presented to the Government Architect NSW in early December 2020 with positive feedback received.	Note	
2.2	<u>Landscape and Tree Removal</u> (presented by RG)		
2.2.1	The landscape design aims to utilise the strong connection between the landscape and the regional community.	Note	
2.2.2	There are new trees to be planted to enable the campus to emulate a parkland setting for the comfort of patients, visitors and staff. A number of existing trees will be removed as part of the redevelopment but a greater number of new trees will be replanted.	Note	
2.2.3	KM asked if the local Aboriginal community has been consulted in the design. RG responded that discussions with the Griffith Local Aboriginal Land Council have been ongoing, as well as meetings with a specific Aboriginal consultative group in the design development.	Note	

Item	Topic	Action	Date
2.3	<u>Noise and Vibration</u> (presented by ATM)		
2.3.1	ATM noted the closest neighbour is St Vincent's Private Community Hospital (SVPCH). The main mechanical plant room is on the roof of the CSB and it will be enclosed with appropriate acoustic louvres to reduce noise impacts.	Note	
2.3.2	The construction hours for the redevelopment to be requested as part of the SSDA will follow the standard construction hours as noted by Department of Planning, Industry and Environment (DPIE).	Note	
2.3.3	KM asked if there would be acoustic impacts associated with rock excavation. ATM responded that the geotechnical report for the redevelopment notes the presence of rock on the site that will need to be excavated to construct the CSB. NDC responded that the redevelopment team have ongoing communication with the SVPCH to ensure minimal operational disruption during construction works. NDC noted that the closest sensitive receiver is the Griffith Base Hospital, and in particular the medical imaging department. Suitable measures will be in place to ensure operations are maintained during construction of the new hospital. The contractor will also implement an Environmental Management Plan.	Note	
2.3.4	KM asked if a dilapidation survey will be conducted. ATM responded that a dilapidation survey needs to be completed by the construction contractor before they start work.	Note	
2.3.5	ATM noted the impacts of light spillage as part of the redevelopment is predicted to be minimal; <ul style="list-style-type: none"> Car park lights will be directed to face downwards as they are for security and wayfinding purposes. Building signage lights proposed are at the ground level entry and not at the top of the building. Pylon signs showing the location of the Emergency Department and entrance and access points may be illuminated to direct vehicles at night. 	Note	
2.4	<u>New Hospital - Staging and Traffic</u> (presented by ATM)		
2.4.1	Stage 1: <ul style="list-style-type: none"> Demolition of remaining infrastructure within CSB works zone. Construction of new CSB including required building services infrastructure (substation, generator, fire sprinkler/hydrant tanks and pumps) Construction of new Western Carpark. 	Note	

Item	Topic	Action	Date
	Stage 2: <ul style="list-style-type: none"> Temporary main entrance at lower ground floor to new CSB. Stage 3: <ul style="list-style-type: none"> Demolition of existing Medical Services Block, adjoining structures, and car park. Modification of road connections to Noorebar Avenue. Construction of new Main Carpark. Opening of front entrance Stage 4: <ul style="list-style-type: none"> Removal of modular Renal Building. Stage 5: <ul style="list-style-type: none"> Removal of Temporary Carpark. 		
2.4.2	<p>KM questioned if a temporary on-site carpark can be built for contractors to use during construction of the redevelopment to minimize impact on council street parking.</p> <p>NDC responded that a temporary on-site carpark for contractors has not been considered at this stage due to the availability of on street parking to the perimeter of the hospital that generally has low utilisation by the public, noting the preference to prioritise project funding on health related outcomes for the community. The project team would ensure that suitable control measures are put in place with the contractor to manage this arrangement and keep high demand areas free, such as the medical centre.</p> <p>ATM to review draft traffic management plan to determine the impact contractors will have on the street parking around the hospital based on current use and predicted use.</p>	ATM	
2.5	<u>Water, Sewer, Gas Services</u> (presented by AK)		
2.5.1	The two existing water connections (one off Warrambool St, one off Noorebar Ave) will be utilized for the redevelopment.		
2.5.2	Water demand on utility infrastructure: <ul style="list-style-type: none"> Water demand calculation is based on the number of patient beds. There is a slight increase. Water Efficiency Labelling and Standards (WELS) rated tapware, water meters, and re-use reverse osmosis reject water will be implemented throughout the CSB to enable efficient water management and usage. Water usage increase is estimated to be 7% to 8% (TBC). 	Note	
2.5.3	Sewer discharge will be distributed to two catchments: G1 and G3 with the majority discharged to the G1 catchment.	Note	
2.5.4	Sewer demand on utility infrastructure:	Note	

Item	Topic	Action	Date
	<ul style="list-style-type: none"> Sewer demand increase is estimated to be minimal (7-8%) due to an increase of patient bed numbers (TBC). 		
2.5.5	<p>GG asked if there is sewer storage onsite given catchment G3 currently has limited capacity. AK responded that there is no sewer storage onsite as there is a minimal increase in sewer discharge to G3 catchment. AK also mentioned that only the Lower Ground Level sewer discharge will be directed to G3 catchment. All the other levels of the CSB will be distributed to G1.</p> <p>AK noted that Stantec are the primary hydraulic engineering contact for the Griffith City Council.</p> <p>ATM to provide Stantec's sewer discharge calculations to GCC to show that a majority of sewer discharge is going to G3 catchment.</p> <p>ATM to schedule meeting with Griffith City Council, Hutchinson Builders, A Murray and Sons, and Stantec week commencing 11 January 2021 to close out sewer connection queries for the Griffith Base Hospital redevelopment early works project, which is currently in progress onsite.</p>	<p>ATM</p> <p>ATM</p>	23/12/20
2.5.6	The gas service will feed from the existing main line connection provided by Jemena.	Note	
2.5.7	<p>Gas demand on utility infrastructure:</p> <ul style="list-style-type: none"> Minimal with no anticipated impact to authority gas service. 	Note	
2.6	<u>Fire Services</u> (presented by GB)		
2.6.1	New water supply connection from existing town main in Animoo Avenue will be constructed.	Note	
2.6.2	<p>Fire services demand on utility infrastructure:</p> <ul style="list-style-type: none"> Griffith City Council pressure and flow test results indicate water supply can meet demand for the new redevelopment. 	Note	
2.6.3	<p>KM asked hydrant/sprinkler tanks will be screened by plants. GB responded that the tanks will be screened by the hydrant/sprinkler pump room at a minimum.</p> <p>ATM to review detailed landscape planting plans to determine if shrubs will be planted to screen the tanks. Question raised in relation to screening of tanks. Project team to review.</p>	ATM	
2.7	<u>Stormwater</u> (presented by GK)		-
2.7.1	Estimated total proposed impervious area is significantly lower than the existing impervious area resulting in a reduced stormwater runoff.	Note	

Item	Topic	Action	Date
	<p>Further reductions in stormwater runoff will be achieved with the construction of;</p> <ul style="list-style-type: none"> • Infiltration trenches and water quality treatment areas (grassed stormwater quality improvement/treatment and infiltration swale, bioretention pond/swales) • A Gross Pollutant Trap 		
2.7.2	<p>GG asked if there are concentrated discharge areas (65L/s) as this will require onsite detention.</p> <p>GK responded according to the <i>Onsite Detention CS-CP-404 Local Policy</i>, as there is no increase in impervious area, onsite detention is not required.</p>	Note	-
2.7.3	<p>GG asked if there is increase in stormwater runoff during construction considering the existing hospital is still operational at the time.</p> <p>GK responded that a Soil and Erosion Management Plan will be created to manage this using sediment basins and temporary stormwater drainage. The calculation for this is yet to be completed but will be provided to GCC.</p>	ATM	18/01/21
2.7.4	<p>KM asked if there is an existing plan showing the stormwater discharge points.</p> <p>GK responded that an in-ground survey has been carried out.</p> <p>ATM to provide the in-ground survey to GCC.</p>	ATM	18/01/21
3.0	Other Business		
3.1	Nil.	Note	
4.0	Next Meeting		
4.1	TBA (ATM noted any further RFIs can be requested via email)	Note	

From:
Sent:
To:
Cc:
Subject:

RE: Griffith Hospital - sewer meeting w/ council 11/1/21 - notes

All,

Thanks for your time this morning, please find below notes from from meeting. Please let me know if any information needs clarification.

Date: 11/01/21

Time: 11am to 11:50am

Attendees: Graham Gordon (Griffith City Council), Joe Rizzo (Griffith City Council), Tim Todd (Hutchinson Builders), Adam Keeble (Stantec), Daniel Lescano (Stantec), Ricky Gregory (CBRE), Peter Cantrill (A Murray & Sons), Ben Ryan (BSG), Nicolas Di Condio (Health Infrastructure), Arjuna Thiru Moorthy (Health Infrastructure)

Section 68 approval

Section 68 approval is only required before connection to council infrastructure is made, internal works to the site are able to proceed

Sewer

Health Infrastructure and **Stantec** to check existing bed numbers as there is a discrepancy between DJRD masterplan and Stantec utilities services report – sewer discharge dated 22/12/20

Griffith City Council to review calculations in Stantec utilities services report – sewer discharge dated 22/12/20

Stormwater

Health Infrastructure and **Hutchinson Builders** to review location and capacity of surface spreader/infiltration bed A2 against council requirement for overflow to be contained within the site boundary

Griffith City Council to review calculations from Bonacci DRAINS calculations (from email on 17/12/20)

Other

Griffith City Council to advise if their building inspector would like to conduct inspections for the current construction works (NCS building)

Hutchinson to send Phil King (Phil King, Director Infrastructure & Operations, [REDACTED] traffic management plan for information

Next meeting: Friday, 22/01/21, morning

Regards,



Visit the [NSW Health website](https://www.health.nsw.gov.au) for the latest information on COVID-19.

[REDACTED]

From:

Sent:

To:

Cc:

Subject: RE: Griffith Hospital - sewer + stormwater meeting w/ council 22/1/21 - notes

All,

Thanks for the productive discussions this morning, please find below notes from the meeting. Please let me know if any information needs clarification.

Date: 22/01/21

Time: 9:30am to 10:15am

Attendees: Graham Gordon (Griffith City Council), Joe Rizzo (Griffith City Council), Tim Todd (Hutchinson Builders), Adam Keeble (Stantec), George Krzywda (Bonacci), Ricky Gregory (CBRE), Nicolas Di Condio (Health Infrastructure), Arjuna Thiru Moorthy (Health Infrastructure)

Sewer

Griffith City Council to send through comments on Stantec calculations from their hydraulic engineer

Stantec to update their report once comments from Council's hydraulic engineer are received, this update is to include bed numbers within the report

Griffith City Council reiterated their preference for discharge to be directed to G1 catchment instead of G3 (which is currently shown on drawings)

Stormwater

Bonacci and **Hutchinson Builders** to update documents to use a 150mm dia pipe between pit A3-A1 and enlarge surface spreader/infiltration bed as required

Griffith City Council to investigate existing stormwater system to determine if any items are not on the as-built drawings before providing comments on Bonacci calculations/DRAINS modelling.

Health Infrastructure and **Bonacci** to provide stormwater drainage drawings showing connections and calculated discharge to the catchment areas once design is finalised

Other

Griffith City Council to send building inspector details to Tim Todd so inspections can be organised

Health Infrastructure to send through as-built sewer, stormwater and hydraulic drawings when completed

Health Infrastructure to organise infrastructure meeting with Griffith City Council to discuss traffic and permanent signage (this meeting will include other Phil King, Phil Harding and Graham Gordon)

Regards,

[REDACTED]

GOVERNMENT ARCHITECT NEW SOUTH WALES

24 March 2021

Claire Muir
NSW Health Infrastructure
Project Director
PO Box 1060, North Sydney
NSW 2059

PROJECT: Griffith Base Hospital
RE: HI SDRP SESSION 01 – 10.03.21 (Third Review)

Dear Claire,

Thank you for the opportunity to review the above project. Please find below a summary of advice and recommendations arising from the design review session held on Wednesday 10th March 2020.

Health Infrastructure is again commended on investing significant time and resources in the design development of this landmark project. Many of the design issues raised at the SDRP#1 and SDRP#2 have been successfully dealt with and we enthusiastically support the response from the design team and the proponent in facilitating this.

Please note that this letter of advice relating to the SDRP will be distributed to the meeting attendees.

The broad strategies as outlined at SDRP2 are still supported, namely:

- Biophilic and courtyard design principles have been carefully considered and resolved at all levels of the design clearly illustrating how these core generating principles can enrich the experience of a hospital and lead to better design outcomes;
- The breaking up of the large rectilinear forms and deep floor plates previously presented, partly through the insertion of a substantial courtyard to the north, allow for more external windows and connection to the landscape;
- The orientation of the courtyard and low buildings to the north allows for good solar access and amenity to create a useable courtyard space;
- The courtyard and adjacent glazed link building, with vertical circulation, brings clarity to the orientation and wayfinding within the hospital as desire lines are visible from the entry forecourt;
- Access to outdoor space and the biophilic intention has been embedded into the design, for example the outdoor terrace accessed from the pediatrics wing;
- The singular axial entry addresses the town centre and ties into the Walter Burley Griffin 1914 plan for Griffith. The axis along Wyangan Ave is also strengthened by its continuation into the building through the

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courtyard and entry forecourt. The location of the courtyard and its connection to the town centre is positive;

- The cranking of the built form to respond to the topography of the site as well as take advantage of views out to the landscape;
- A considered landscape strategy that takes better advantage of this hospital in a parkland setting.
- The landscape plan contains a number of site-specific sustainable approaches including a replacement program for all removed trees as well as filter beds adjacent to the carpark;
- An increase in overall landscaping in response to the heat island effect;
- The development of a range of walking paths throughout the site in response to various uses, intra-campus connections and external access points.
- The entry courtyard including places for gathering and events as well incorporating multicultural planting drawing from consultation with the diverse Griffith community;
- The mix in outdoor open spaces allowing for different levels of privacy and access allows for a diverse range of uses;
- Careful consideration of access to natural light into places where it will have the most impact such as the circulation paths and treatment rooms;

Further, the following strategies as outlined at SDRP3 are supported, namely:

- The sustainability initiatives demonstrate real innovation and work across a number of levels to deliver a whole of project response especially with regard to water conservation, landscaping and WSUD;
- The Indigenous Cultural Courtyard design development has responded to community consultation as well as the addition of a Performance Forecourt to ensure community involvement;
- Carefully developed planting, screening and access details for the Indigenous Cultural Courtyard adjacent to the main entrance responds to the community's expressed needs;
- The considered covered seating areas along the entry path, ramping and other pedestrian paths to provide moments of respite and opportunities to sit in the landscape particularly for the use of the elderly and infirm;
- The landscape design has been developed to incorporate more natural bush character elements with native and European species creating a landscape strategy that is specific to this place and continues the existing axes;
- The increased area for planting to the carpark, and retention of existing mature eucalypts, to reduce the heat island effect and emphasise the 'park' elements of the carpark;
- The provision of decompression outdoor spaces for children for informal play and a yarning circle;
- The consideration of future expansion to preserve access to the views that have informed the design;

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- The careful consideration of the location of MVAC services to maximise windows at the periphery.

The following recommendations relate to design considerations for the project:

- Ensure the design integrity is carried through into the final design and is not compromised through the value management process. The landscape design is a priority as it is critical to the success of this scheme and should not be compromised by value engineering. Consider avenues for cost saving in other design elements for example the proposed façade patterns could be simplified without compromising the integrity of the envelope design;
- Explore the potential for the main entry and waiting area to have a clearer connection to the forecourt;
- The proposed vinyl to the walls, colourful interior design and art strategy should carefully consider context and views so as not to detract from the carefully framed views to the landscape that are the focus of the scheme.
- Consider simplification and integration of the interior design, wayfinding and art strategy to work together with common themes.
- The clear circulation system combined with art elements at strategic landmark points may work well to create an integrated wayfinding and art strategy that minimises reliance on signage;
- Further exploration of the opportunity for rainwater retention and re-use is encouraged;
- Consider additional planting to the existing car park where possible to provide shade, canopy and visual amenity;
- The allowance for buses to enter the site and drop off at the main entry is not resolved and is critical for equitable access. The proposed entry canopy and turning circle allow for this which is commended. A through site bus route should be considered;

We trust this information is helpful and look forward to seeing the proposal as it develops.

Sincerely



Kory Loomey

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Principal Design Excellence
GANSW

Meeting Attendees:

Panel:

Esther Dickins

Mungo Smith

Rory Toomey – Chair

Caroline Comino – Design Advisor

Claire Muir

Health Infrastructure NSW

Wade Sutton

Health Infrastructure NSW

Ricky Gregory

CBRE

Ingrid Berzins

Planning NSW

Nick Metcalf

Site Image

John McFadden

Health Infrastructure NSW

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GOVERNMENT ARCHITECT NEW SOUTH WALES

9 December 2020

Claire Muir
NSW Health Infrastructure
Project Director
PO Box 1060, North Sydney
NSW 2059

PROJECT: Griffith Base Hospital
RE: SDRP SESSION 67 – 02.12.20 (Second Review)

Dear Claire,

Thank you for the opportunity to review the above project. Please find below a summary of advice and recommendations arising from the design review session held on Wednesday 2nd December 2020.

We commend Health Infrastructure on investing more time and resources in the design development of this landmark project. Many of the design issues raised at the SDRP#1 have been successfully dealt with and we support the response from the design team and the proponent in facilitating this.

Please note that this letter of advice relating to the SDRP will be distributed to the meeting attendees.

The broad strategies outlined are supported, namely:

- Biophilic and courtyard design principles have been carefully considered and resolved at all levels of the design clearly illustrating how these core generating principles can enrich the experience of a hospital and lead to better design outcomes;
- The breaking up of the large rectilinear forms and deep floor plates previously presented, partly through the insertion of a substantial courtyard to the north, allow for more external windows and connection to the landscape;
- The orientation of the courtyard and low buildings to the north allows for good solar access and amenity to create a useable courtyard space;
- The courtyard and adjacent glazed link building, with vertical circulation, brings clarity to the orientation and wayfinding within the hospital as desire lines are visible from the entry forecourt;
- Access to outdoor space and the biophilic intention has been embedded into the design, for example the outdoor terrace accessed from the pediatrics wing;
- The singular axial entry addresses the town centre and ties into the Walter Burley Griffin 1914 plan for Griffith. The axis along Wyangan Ave is also strengthened by its continuation into the building through the

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courtyard and entry forecourt. The location of the courtyard and its connection to the town centre is positive;

- The cranking of the built form to respond to the topography of the site as well as take advantage of views out to the landscape;
- A considered landscape strategy that takes better advantage of this hospital in a parkland setting.
- The landscape plan contains a number of site-specific sustainable approaches including a replacement program for all removed trees as well as filter beds adjacent to the carpark;
- An increase in overall landscaping in response to the heat island effect;
- Development of a range of walking paths throughout the site in response to various uses, intra-campus connections and external access points.
- The entry courtyard including places for gathering and events as well incorporating multicultural planting drawing from consultation with the diverse Griffith community;
- The mix in outdoor open spaces allowing for different levels of privacy and access allows for a diverse range of uses;
- A considered response to Aboriginal Culture including coloured façade references derived from Country as well as the cultural courtyard that is accessed through the Aboriginal lounge;
- Careful consideration of access to natural light into places where it will have the most impact such as the circulation paths and treatment rooms;

The following recommendations relate to design considerations for the project:

- Future expansion to the west should be kept below one level to preserve the access to views that have informed the design. Consider how future expansion could also occur to the south of the southern wing;
- Consider an allowance for buses to enter the site and drop off at the entry noting there is currently a long steep walk from the existing bus stop to the main entry;
- Provide covered seating areas along the entry path, ramping and other pedestrian paths to provide moments of respite and opportunities to sit in the landscape particularly for the use of the elderly and infirm;
- Carefully develop planting, screening and access details for the Indigenous Cultural Courtyard adjacent to the main entrance to ensure favourable conditions responding to the community's expressed needs.
- Investigate opportunities for the landscape design to incorporate more natural bush character overlaid onto the geometric order of the masterplan grid – an ordered layout within a bush campus;
- Reduce the impermeable hardstand area to the carpark with the possible inclusion of permeable paving;

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- Increase the area for substantial planting to the carpark to reduce the heat island effect and emphasise the 'park' elements of the carpark;
- Tree planting to boulevard trees and the carpark could be more dense to achieve more canopy continuity;
- Investigate opportunities for break out spaces on roof terraces including access off the children's ward;
- Low maintenance green roof elements to the lower buildings, including the roofs off level 1, are encouraged to mitigate the heat island effect;
- Decompression outdoor spaces for children are required. Opportunities to incorporate a play area to the east of the carpark should be developed further;
- Provide details on the planting to the courtyard on the southern side to ensure viability of plants in this shaded location;
- The planning of the north west lower ground floor plan needs to be reconsidered to maximise windows to the administration spaces, we understand the MVAC services are being re-designed to allow for this;
- The current planning of the hospital embeds staff in the centre with treatment rooms around the perimeter. Consider how some windows can be incorporated into staff areas and make the most of the break out spaces at the end of the corridors by providing seating and respite opportunities adjacent to windows;
- Provide details on how the proximity of break out spaces to circulation paths will work in terms of privacy;

We trust this information is helpful and look forward to seeing the proposal as it develops.

Sincerely



Rory Toomey
Principal Design Excellence
GANSW

Meeting Attendees:

Panel:

Esther Dickins

Mungo Smith

Rory Toomey – Chair

Caroline Comino – Design Advisor

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Meeting Minutes – SSDA Consultation Meeting with Transport for NSW Transport No. 1

Date and Time	11 February 2021, 12:00pm – 1:00pm
Venue	Zoom Meeting

Attendees	Organisation	Role	Present	Apology
Arjuna Thiru Moorthy (ATM)	Health Infrastructure	Project Director	•	
Nicolas Di Condio (NDC)	Health Infrastructure	Project Director	•	
Ricky Gregory (RG) (Chair)	CBRE	Senior Project Manager	•	
George Economy (GE)	CBRE	Project Manager	•	
Giorgia Howard (GH)	CBRE	Project Manager	•	
Daniel Beekwilder (DB)	DJRD	Director	•	
Aaron Pau (AP)	PTC Consultants	Traffic Engineer	•	
Maurice Morgan (MM)	Transport for NSW (TfNSW)	A/Manager Development Services South	•	
Joe Rizzo (JR)	Griffith City Council	Engineering Design & Approvals Manager	•	
Attachments Distributed				
PowerPoint Presentation - 210211 GBHR - SSDA Consultation Meeting w TfNSW				

Minutes

Item	Description	Action	Date
1	Introductions and Apologies		
1.1	ATM facilitated introductions and noted there were no apologies.	Note	
2	Presentation		
2.1	<p><u>Project Overview & Plans</u> (presented by DB)</p> <p>An overview of the scope and staging of the Project was provided by the project architect DJRD. This included details of how the site is currently accessed and how it would be accessed once the redevelopment is completed.</p>	Note	
2.2	<p>MM asked if consideration had been given to the fact that the Emergency Vehicle Access is off Warrambool St which is used by the school and church on the opposite side of the road.</p> <p>JR advised that Warrambool St gets busy during peak times (school pick up and drop off) and during large events (church weddings and funerals)</p> <p>NDC responded that the location of the Emergency Vehicle Access is the most direct route to the Emergency Department and</p>	Note	

Item	Description	Action	Date
	<p>Emergency Vehicle Access has been separated from the Public Access (which is off Noorebar Ave). Extensive consultation has occurred with NSW Ambulance to date with no concerns raised. The peak times identified have predictable demand flows, although consideration should be made to ensuring the safety of the local community at all times who may be accessing services along Warrambool Street.</p> <p>The traffic consultant (PTC) to update Transport Impact Assessment to identify potential mitigation measures needed along Warrambool Street to ensure safety of all impacted by emergency vehicle movements along this street.</p>	<p>Note</p> <p>Project Team</p>	
2.3	<p><u>Transport Impacts</u> (presented by AP)</p> <p>An overview of the transport impacts was provided by the traffic consultant PTC. This included detailed information on on-street parking, traffic movements to site, traffic movements in and out of site, and intersection impacts.</p>	Note	
2.4	<p>AP noted that there street parking around the hospital site, which is under utilised (except for Warrambool St during school pick up and drop off times) and sufficient.</p> <p>Parking will be provided on the hospital campus to meet current and future demands of the hospital, as detailed in the Traffic Impact Assessment.</p> <p>AP noted that there is minimal additional traffic demand due to the project and that there is no recommendation to upgrade any roads due to the project.</p> <p>MM asked how the future parking demand was calculated and if it includes spaces outside the hospital site.</p> <p>AP responded that the demand calculations are calculated using PTC internal modelling and based off the size of the hospital.</p> <p>MM asked if the travel distribution to the hospital site via Wakaden St and Beale St had been considered.</p> <p>AP to update the travel distribution to include 30% of trips to the hospital coming from Beale St.</p> <p>MM asked if the traffic movements for the intersection of Warrambool St and Noorebar Ave have been reviewed.</p> <p>AP responded that there were approx. 250 traffic movements in the AM and 300 in the PM and that this information will be provided in the Transport Impact Assessment as part of the SSDA submission.</p> <p>AP noted that there are no issues identified with the intersections around Griffith Hospital due to the project.</p> <p>JR advised that Griffith City Council doesn't envisage much additional traffic demand from the project. Their Main concern is the use of Warrambool St. for emergency vehicle access to the</p>	<p>Note</p> <p>Note</p> <p>Note</p> <p>Project Team</p> <p>Note</p>	

Item	Description	Action	Date
	emergency department and logistics vehicle movements in the Non-Clinical services building.		
3	Questions		
3.1	<p>MM asked if there was any visual or physical demarcation between the surrounding public road network and the internal road network of the hospital campus (which are private roads) included in the design.</p> <p>MM also asked if there was any treatment (e.g. lane separators or splitter island) to the internal road off Noorebar Ave to reinforce the fact that it is a shared zone between vehicles and pedestrians.</p> <p>DB to articulate the design response to this query in the SSDA submission.</p>	Project Team	
3.2	<p>MM asked if cycleways on the site will be linked with the existing Griffith City Council cycleways.</p> <p>DB to articulate the links provided in the SSDA submission.</p>	Project Team	
4	Other Business		
4.1	Nil		
5	Next Meeting		
5.1	TBA, if requested by TfNSW (ATM noted RFIs can be requested via email)		