TEMORA HEALTH SERVICE REDEVELOPMENT

CPTED Assessment

Prepared for
HEALTH INFRASTRUCTURE NSW C/O CAPITAL INSIGHT

URBIS

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We acknowledge, in each of our offices, the Traditional Owners on whose land we stand.

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1. INTRODUCTION

This Crime Prevention Through Environmental Design (CPTED) assessment has been prepared by Urbis Ltd (Urbis) on behalf of Health Infrastructure NSW (HINSW) (the Applicant) to support a Part 5 – Development without Consent environmental assessment process for the Temora Health Service Redevelopment. The application seeks consent to provide a range of new clinical and non-clinical facilities to support capacity issues and improve the provision of services available at the Temora Health Service.

Under Section 5.5 of the *Environmental Planning and Assessment Act 1979,* determining authorities are required to examine and take into account to the fullest extent possible all matters affecting or likely to affect the environment by reason of that activity. This includes crime and safety matters.

The CPTED assessment has been prepared to meet the requirements of the Health Infrastructure Review of Environmental Factors (REF) guidelines, and accordance with the NSW Police Service's 'Safer By Design' principles for buildings and public spaces, as outlined by Section 6.5 under Development Applications within the Temora Shire Council DCP.

1.1. AIM

A CPTED assessment is a specialist study undertaken to help reduce opportunities for crime by using design and place management principles. A CPTED assessment employs the NSW Police Service's 'Safer By Design' principles for buildings and public spaces, shown in Figure 1.

Where CPTED risks are identified in the proposed design, recommendations are made within this report to help reduce the likelihood of the crime from occurring.

Figure 1 CPTED principles

1.2. METHODOLOGY

Local context analysis	Proposal analysis	Recommendations
▪ Review of surrounding land uses and site visit. ▪ Review of relevant state and local policies to understand the strategic context and approach to crime and community safety. ▪ Analysis of relevant data to understand the existing context and crime activity.	▪ Review of site plans and technical assessments. ▪ Consultation with LHD Security Manager to discuss potential crime and safety risks. ▪ Review of proposal against CPTED principles.	▪ Design recommendations. ▪ Draft and final reporting.

2. PROPOSAL

The Temora and District Hospital is a Role Delineation Level 2-3 hospital which provides healthcare services to the Temora Local Government Area (LGA) and surrounding area. Current services include 28 inpatient beds (22 inpatient beds for general medical patients, six maternity beds), a level 2 Emergency Department (ED), surgical services (typically day only), specialist outpatient services, community health services, clinical/non-clinical support services, and staff accommodation. The hospital currently operates 24 hours a day, 365 days per year.

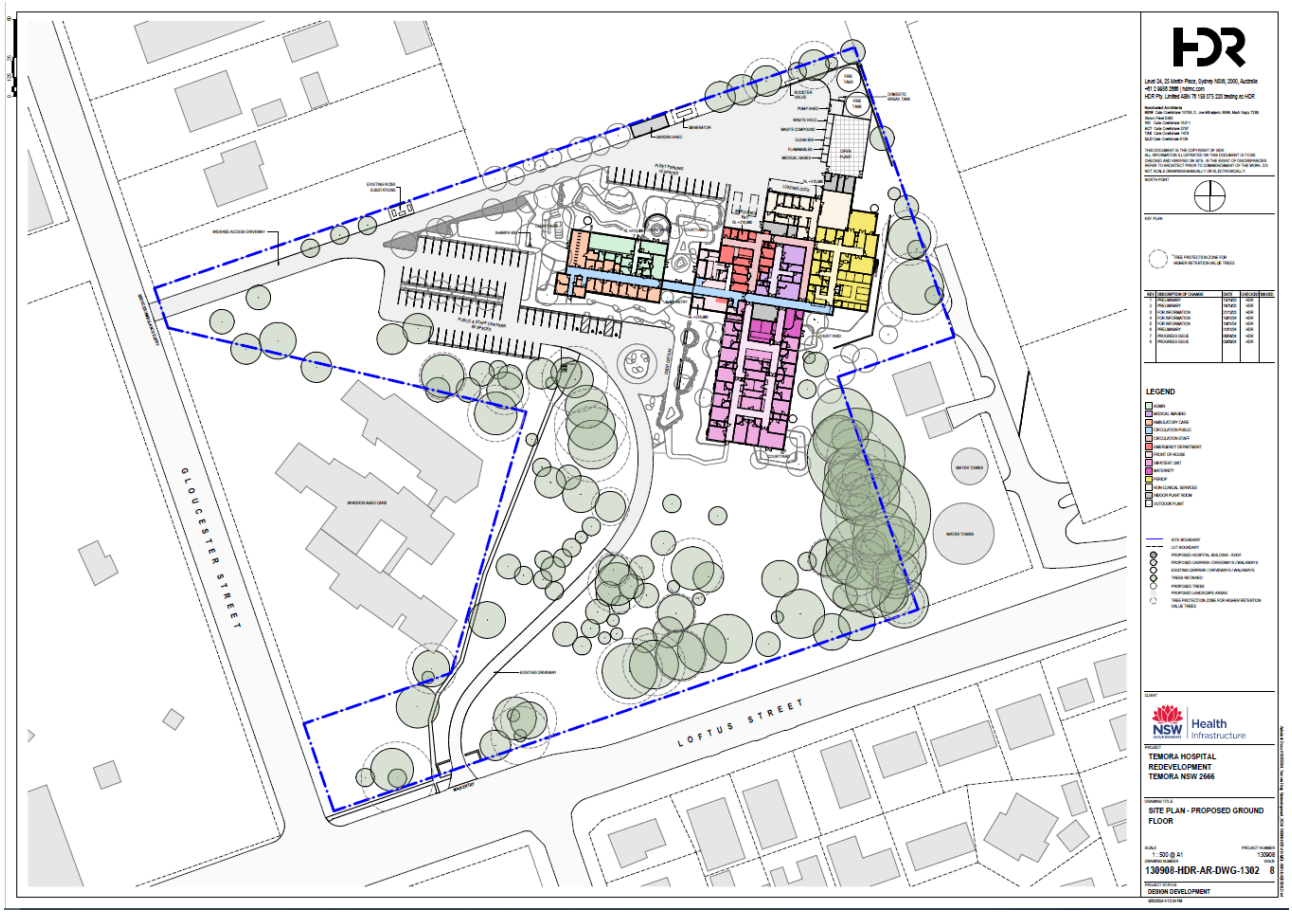
The existing hospital was constructed in 1939, and while there have been some improvements throughout its time of operation, the existing Temora Hospital building has been assessed as being in poor condition and to have poor compliance and functionality. As such, in November 2021 the NSW Government committed $80 million to redevelop the Temora Hospital as part of the broader $500 million rural health boost.

Following extensive analysis and consultation with user groups, the adaptive re-use of the existing buildings, including the existing staff accommodation building, was determined not to be feasible. This was due to the extent of essential service upgrades required to refurbish the existing buildings to a standard capable of delivering contemporary models of care.

The chosen location for the new building, on the footprint of the existing hospital building, maximises the site's topography, utilising the existing flat area and providing access to views. It also enables retention of the existing arboretum and landscape setting.

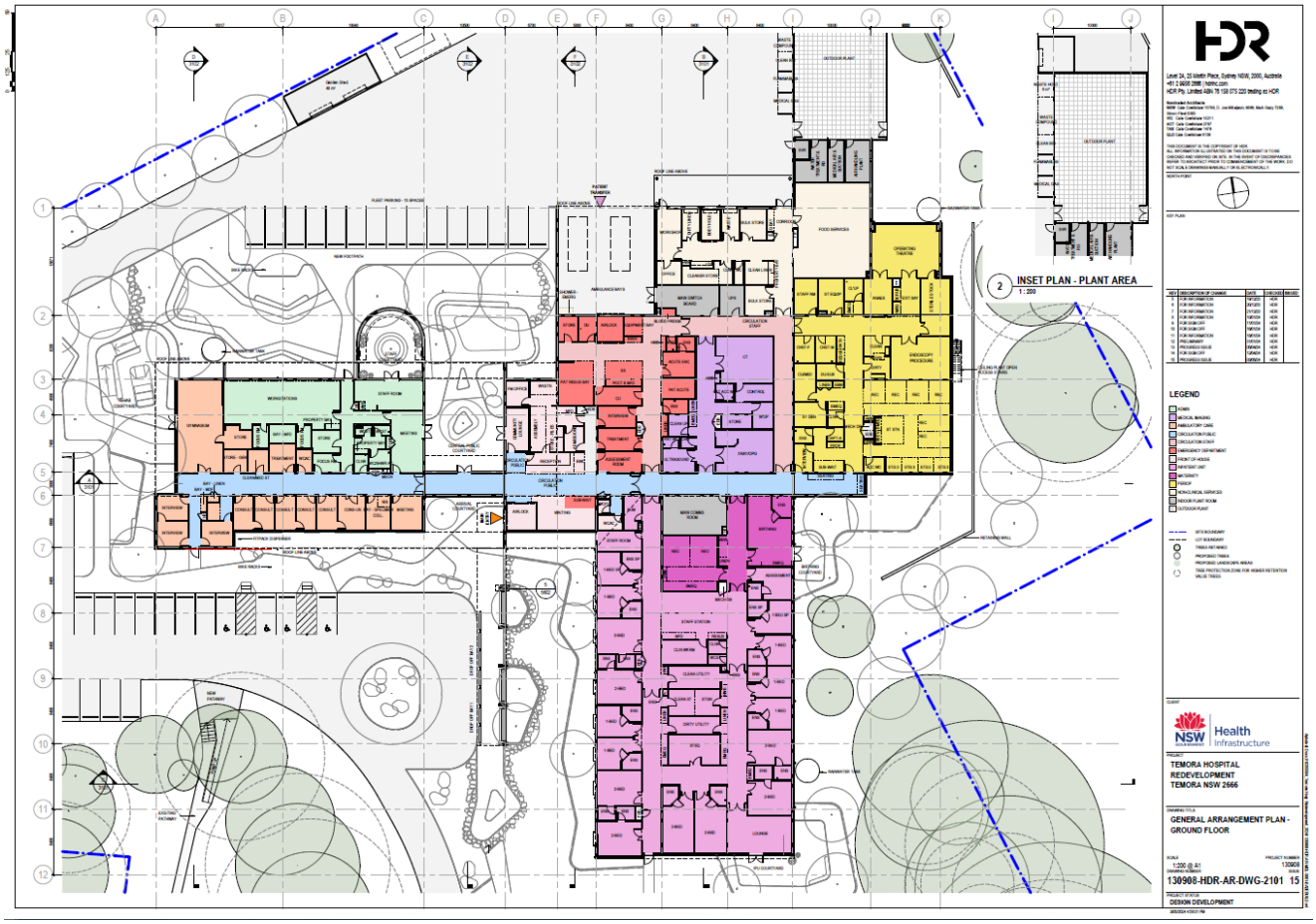
The proposal includes demolition of the existing hospital and associated outbuildings (including the staff accommodation building) and construction of a single-storey hospital building. The provision of new key worker accommodation has been explored by Health Infrastructure HINSW however, at the time or writing, is not included in the project scope.

Figure 2 Site plan



Source: HDR, 2024

Figure 3 General arrangement plan



Source: HDR, 2024

3. SITE CONTEXT

3.1. CONTEXT DESCRIPTION

The site (shown in Figure 4 overleaf) is located at 169-189 Loftus Street, Temora within the Temora LGA, in the Riverina region of NSW. The site is legally described as Lot 2, DP 572392. The site is on the traditional land of the Wiradjuri people.

The main hospital building, staff accommodation building and arboretum are listed as heritage items of local significance I108 under TLEP 2010. Heritage assessment undertaken to support the master planning process found that the existing hospital building is of moderate heritage value as a representative example of its type, and the staff accommodation building is of little significance. The landscaped arboretum is of high heritage significance.

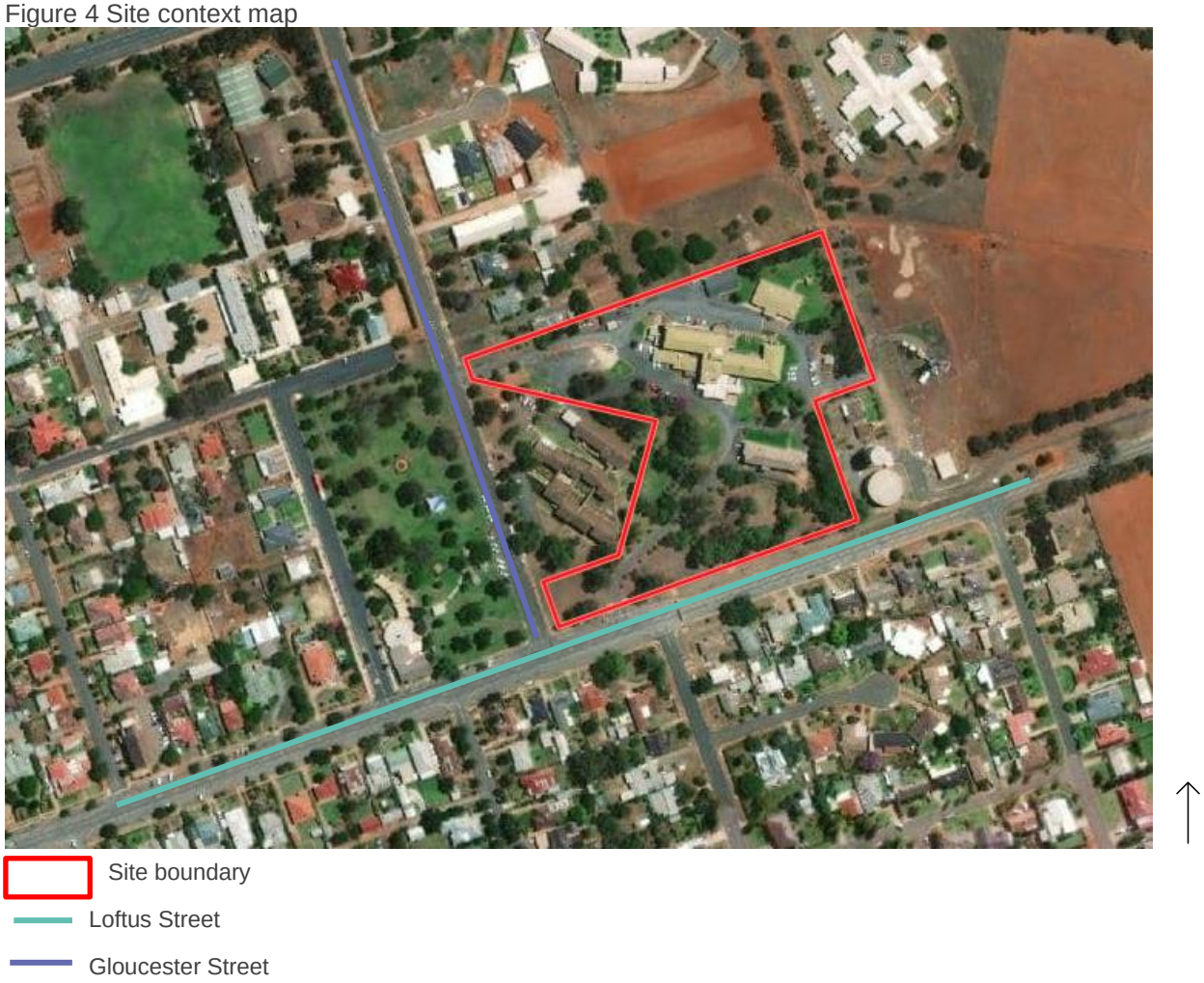
The site is located on the corner of Loftus Street and Gloucester Street, Temora. The surrounding locality is described below:

- **North:** Temora TAFE adjoins the site. Temora High School is located north-west of the site.
- **East**: Predominantly vacant land and a seniors' housing development (north-east).
- **South:** The land uses are predominantly low density residential.
- **West:** Whiddon Temora Residential Care and beyond this is Gloucester Park, a local open space with playground facilities.

The main site entry is located on Loftus Street, a local road which directly connects the site to the B94 Major Arterial Road ('Burley Griffin Way'). Access through the site is one way and the exit is located on Gloucester Street. A minor service entrance provides access to the eastern side of the site from an unsealed road accessed via Bundawarrah Road which leads to the water tower directly adjoining the site.

Temora Railway Station is located approximately 2.5km west of the site. It is not served by passenger routes but retains a function as signalling facility and a stop on the Lachlan Valley tourist railway.

Figure 4 Site context map



Source: Nearmap (2023)

3.2. SITE VISIT OBSERVATIONS

A site visit was conducted by Urbis on 14th November 2023 in the afternoon. The site visit was used to understand the existing activity around the site and the interface between surrounding land uses.

The site visit found that:

- The main entry to the site on Loftus Street was marked with a prominent entry wall and 'Temora Hospital' signage.
- It was difficult to navigate the carpark and to locate the visitor parking, due to a combination of one-way roads and lack of delineated pathways.
- Most of the carpark area included signage and lighting, however there were some sections with overgrown trees and no lighting.
- The carpark pavement was in poor condition. There were several potholes and areas of uneven pavement, presenting potential trip hazards.
- The front entrance of the building, accessed via the Emergency Department (ED), did not include adequate signage to denote it as the main entry.
- There was no clear delineation between the back of house spaces and the main entry and publicly accessible areas. The road around the perimeter of the building enabled access to back of house spaces.

- While conducting the site visit, a staff member noted that people frequently have difficulty navigating the site and locating the front entrance.
- The outdoor areas feature several overgrown bushes and trees, impacting site lines and reducing visual access.
- The front walkway is in reasonable condition however its appearance could be improved. The ramp appears to be steep and may be difficult for people with reduced mobility to access. There is also inadequate lighting along the pathway.
- There were several elements of historical note or meaning, including a tree (denoted with a commemorative plaque), a newly built gazebo (denoted with a commemorative sign), and the overall unique design of the building.
- The back of house area included an external building where staff were observed gathering outside. This area was out of sight of the main building and had poor visibility from the rear carpark.
- The site is adjacent to a neighbouring residential aged care facility. Vehicles associated with the facility (vans) were parked in a location that requires access from the Hospital's carpark.
- There was sufficient signage indicating the direction of the carpark exit, however the one way lane connecting to Gloucester Street had the appearance of a driveway, rather than an official site accessway, due to a lack of signage and sense of connection.

Figure 5 Site visit photos

Picture 1 Front entrance to the Hospital on Loftus Street

Picture 2 Western-facing side of existing hospital

Picture 3 Pathway through gardens to front entrance

Picture 4 View of hospital carpark looking Southwest towards Whiddon Temora Residential Care

Picture 5 Front gardens

Picture 6 Road leading to rear carpark, looking East

Picture 7 View from rear of site, looking Southeast

Source: Urbis

Picture 8 View of rear/Eastern boundary of hospital site from Kitchener Road

4. POLICY CONTEXT

The following section provides a summary of relevant state and local policies in relation to crime and safety and local context.

NSW Crime Prevention and Assessment of Development Applications (2001)

In April 2001, the NSW Department of Infrastructure, Planning and Natural Resources (now the Department of Planning, Housing and Infrastructure) introduced the Crime Prevention Legislative Guidelines (the Guidelines) to Section 4.15 (formerly Section 79C) of the *Environmental Planning and Assessment Act 1979*. The Guidelines require consent authorities to ensure that development provides safety and security to users and the community.

The Guidelines introduce the four CPTED principles introduced in Section 1. These are: surveillance, access control, territorial reinforcement and space management.

The Guidelines aim to assist councils implement and consider the CPTED principles. CPTED assessments seek to influence the design of buildings and places by:

- Increasing the perception of risk to criminals by increasing the possibility of detection, challenge and capture.
- Increasing the effort required to commit crime by increasing the time, energy or resources which need to be expended.
- Reducing the potential rewards of crime by minimising, removing or concealing 'crime benefits'.
- Removing conditions that create confusion about required norms of behaviour.

Temora Shire Council, Community Strategic Plan: Temora Tomorrow – Towards 2035 (2022)

One of the key strategic objectives outlined by Theme 1 (Enhancing our quality of life) in Temora Shire Council's Community Strategic Plan is to have 'a community that is safe and inclusive, and looks after people who are experiencing disadvantage'. This includes the following sub-strategies:

- Provide opportunities for intergenerational activities that promote safety, respect and understanding.
- Provide options and support for people who are fleeing violence, or who experience homelessness, substance abuse or mental illness.

This demonstrates the community-identified value on ensuring safe spaces throughout Temora, particularly for any groups that may be especially vulnerable to crime or feeling unsafe, such as elderly people, people with disability, or vulnerable groups.

Temora Shire Council, Public Lighting Policy (2023)

Temora Shire Council's Public Lighting Policy provides a framework pertaining to the provision of public lighting for the purpose of pedestrian access, traffic safety, public amenity and crime prevention. The objectives of the policy are to:

- Provide a safe, secure and attractive visual environment for pedestrian and vehicular traffic during times of inadequate natural light.
- Provide lighting with illumination levels appropriate to the lighting environment and generally in accordance with AS/NZS1158 series of standards and the NSW Public Lighting Code Version 1.3.
- Provide a cost-effective public lighting service.
- Conserve energy and promote sustainability.

5. SOCIAL BASELINE

5.1. DEMOGRAPHIC PROFILE

The profile of a community can influence the type and likelihood of crime that may impact a development. The following section contains a brief analysis of the characteristics of the Temora (suburb) community, based on data from the Australian Bureau of Statistics (2021) Census of Population and Housing and DPE Population Projections (2019).

In 2021, it is estimated there were 4,706 people living in Temora (suburb). Key characteristics of this community include:

Older population

Temora has a significantly larger proportion of people aged 65 years and above (28.2%) compared to NSW (17.7%). The proportion of elderly people (28.3%) is similar to the proportion across the Temora LGA (27.2%). The median age (48) is also notably higher than NSW (39).

Higher proportion of Aboriginal and/or Torres Strait Islander People

Temora has a slightly higher proportion of Aboriginal and/or Torres Strait Islander people (3.9%) compared to both Temora LGA (3.4%) and NSW (3.2%).

Lower levels of education

Temora and the Temora LGA have lower levels of higher educational attainment than NSW, with 10.9% of Temora's residents holding a Bachelors degree or above, compared to 11.5% in Temora LGA, and 27.8% across NSW.

High level of certifications

A similar proportion of Temora residents have completed Cert III (17.7%) and Cert IV (3.2%) qualifications to those in Temora LGA (Cert III 3.3%, Cert IV 17.8%), reflective of the Cert IV qualifications across NSW (3.3%), but notably higher than Cert III qualifications across NSW (11.7%).

Few homeless people

In 2021, there were **4 people** in the Temora LGA staying temporarily with other households. This reflects a rate of 6.6 per 10,000 people, which is significantly lower than the rate across NSW at 50.6 per 10,000 people. There were no people who identified as living in improvised dwellings, tents, or sleeping out, or who were living in supported accommodation.

Unique health and care needs

There is a high proportion of people living with a long-term health condition in Temora (64.8%) and Temora LGA (63.8%), compared to the proportion of people across NSW (48.0%). Within Temora, 377 people (8.0% of the local population) identified as having a need for assistance due to disability, old age, or long-term health condition.

5.2. CRIME PROFILE

Crime data from the Bureau of Crime Statistics and Research (BOCSAR) was analysed to identify the crime profile for the area. Data for Temora LGA and the NSW average has been used to assess comparative risk. This data is accurate as of 29 September 2023.

Key crime findings relevant to this assessment include:

- BOCSAR produces hotspot data to illustrate areas of crime density relative to crime concentrations across NSW. The site is not located in hotspots, although the town centre (approximately a 3-minute drive away) is a hotspot for domestic and non-domestic assault, and malicious damage to property.
- Overall, Temora and Temora LGA experience **generally lower rates of crime per 100,000 people** (687.1 and 633.8 respectively) compared to NSW (901.4), as shown by a comparison of crime rates over the last two years.
- However, there were **some crime types** where Temora had higher rates of crime per 100,000 people than the LGA and NSW averages, including:
  - Non-domestic assault: 405.5 (compared to 365.9 in LGA, 400.2 in NSW)
  - Robbery without a weapon: 42.7 (compared to 33.3 in LGA, 13.3 in NSW).
  - Sexual assault: 192.1 (compared to 149.7 in LGA, 94.4 in NSW).
  - Break and enter dwelling: 320.2 (compared to 316.0 in LGA, 235.7 in NSW).
  - Break and enter non-dwelling: 234.8 (compared to 266.1 in LGA, 99.2 in NSW).
  - Steal from dwelling: 298.8 (compared to 282.8 in LGA, 189.1 in NSW).
  - Deal/traffic other drugs: 21.3 (compared to 16.6 in LGA, 5.3 in NSW).
- Two year crime trends from October 2021 – September 2023 indicate that crime is generally stable in the Temora suburb.

As such, this crime profile indicates that Temora generally experiences low rates of crime in comparison to the Temora LGA and broader NSW averages, though may be more susceptible to opportunistic and theft crimes relating to residences and motor vehicles.

5.3. ENGAGEMENT OUTCOMES

As part of the consultation for this CPTED assessment, we undertook an in-depth interview with the Murrumbidgee LHD Security Manager, as well as interviews with other relevant stakeholders as part of the Social Impact Assessment (SIA) Field Study.

5.3.1. Interview with Murrumbidgee LHD Security Manager

General observations and preliminary recommendations received during consultation with the LHD Security Manager include:

- Navigation and wayfinding throughout the building is inhibited by the design of areas such as the main entrance, the waiting room/foyer, and the multi-storey nature of the building. This can be addressed through several recommendations including:
  - Enhanced wayfinding via the provision of a central foyer and singular main entry point, designed for optimal passive surveillance and good separation of space. The foyer could act as a natural extension of a visitor's treatment and experience (e.g. separate areas for those needing emergency treatment and those waiting for community health services).
  - Consideration of additional activations to entertain visitors, particularly children (not toys, infection control is a health risk), such as historic images or photos.

  - Recommend clear signage and environmental cues (such as landscaping or alternative paving) to delineate the staff parking area from public parking (territorial reinforcement). This will also help to enhance access control and building security, particularly after hours.

- Navigation and wayfinding within outdoor areas are also hindered by overgrown vegetation and poor footpath condition.
  - The hospital gardens should be regularly inspected and maintained to avoid areas of low visibility which could serve as areas of potential entrapment.
  - The existing pathway from the main site entrance to the hospital building should be well-lit and maintained to reduce risk of falls and trips.
- The Gazebo and seating provide additional opportunities for passive surveillance.
- Drug use is a consistent problem. The provision of Hospital fit pack (syringe) dispensers in select areas is recommended. These areas should be lit in accordance with Australian Standards, covered by CCTV footage, clearly signed, and have very good passive surveillance (pedestrians and/or vehicles).
- New landscaping should not include any loose items which could be used as potential weapons (such as rocks or pot plants) to reduce opportunities for opportunistic and potentially violent crimes.
- Avoid the use of glass or any breakable materials in the waiting room (such as a display case), which may increase the risk of violent or opportunistic crime, particularly given the highly emotive nature of some hospital visits.
- There is a tendency for vehicle related crime, such as theft of license plates. To combat this, the carpark and external areas should be well lit in accordance with Australian Standards, should incorporate clear signage delineating the public and staff carparking areas, and should include CCTV surveillance.
- There are very low levels of access control throughout the hospital, with several open doors and hallways featuring very little restriction. It is recommended the new building incorporate access controls, such as swipe card systems, which will prevent confusion when wayfinding and increase staff and patient safety.
- The heritage aspects of the building hold significant importance to the community. The new building should incorporate design features which will pay homage to the history of the site and encourage a sense of community ownership (territorial reinforcement), such as:
  - Preservation of key architectural features, such as the main staircase, with consideration given to potentially exhibiting these in the Temora Rural Museum.
  - Incorporation of a historical component in the new building such as a pictured wallpaper with photos and a timeline.
- Enhanced staff amenities, such as an outdoor staff area and separate staff entrance, should be provided to increase the sense of ownership and space management, as well as territorial reinforcement through a secure back of house area.
- Avoid features on the building facade that would enable climbing and unauthorised entry.

5.3.2. Interview with Temora High School

A targeted consultation session with Temora High School representatives identified several key observations about the community and potential safety and crime risks:

- A notable portion of the community face socio-economic challenges, experience complex challenges and high levels of need. Some key issues may not be reflected statistically (e.g. rates of domestic and family violence).
- A gap in the provision and access to community services (such as counselling) is a challenge facing young people, with many services restricted to outreach and/or infrequent visitation. In particular, mental health was raised as a core concern relevant to young people, with the health service redevelopment perceived as an opportunity to improve access to services.
- There has been some consultation already conducted by the landscape and interior designer for the Temora Health Service Redevelopment with the Aboriginal education team at the school. This involved

exploration of opportunities to integrate the student's ideas into landscaping, design and artistic features of the proposal.

5.3.3. Interview with Temora Shire Council

An interview with Temora Shire Council representatives provided insights into the community, its values, as well as the concerns and opportunities regarding the redevelopment. Key information provided, relevant to this CPTED assessment included:

- Temora is known as 'the friendly shire' and is built upon a very strong and trusting community. However, a key focus of Council is on increasing inclusion and diversity, with several Council initiatives aiming to embrace newly arrived residents, Aboriginal and/or Torres Strait Islander people, people with a disability, and elderly people.
- There is a strong value on being 'courteous', with Council reporting that the community reinforces the sentiment that 'if someone does something wrong they're held to account'.
- Heritage is a core community value. The community particularly value the environment, well maintained streets, and historical features of the town such, including the Hospital building. There is a very active heritage committee who have been involved in consultation for the redevelopment proposal to identify strategies to preserve building elements.
- The continuation of the service throughout construction was raised as a priority, and it was suggested that there should be clear signage during construction to ensure the safety of visitors and the general public.
- There are a lot of drug and alcohol issues within the community which are often hidden from view.

5.4. IMPLICATIONS FOR THE PROPOSAL

- The crime profile and engagement outcomes reveal that Temora experiences some specific crime activity, including ongoing drug use and vehicle-related crimes, which should be particularly considered throughout the assessment.
- The engagement outcomes highlight the need to prepare a safe environment that considers the welfare and safety of staff, patients, and visitors from violent or opportunistic crimes, particularly those relating to a hospital setting and the highly emotive nature of some hospital visits.
- There is notable community connection and value placed on the heritage and history of the hospital building and gardens. This presents potential opportunities to enhance a sense of community ownership through interpretation within the new hospital design.
- There are several components or features of the existing site and building that do not align with CPTED principles. Development of the new hospital presents an opportunity to enhance safety for staff, patients and visitors including through access management, and separation of staff-only areas, landscaping that supports clear sightlines, and improved signage, wayfinding and access.

6. CPTED ASSESSMENT

This section provides an assessment of the proposal against the NSW Police Service's 'Safer By Design' principles for buildings and public spaces, and the four the CPTED principles: surveillance, access control, territorial reinforcement and space management.

Recommendations are also provided to further enhance safety and reduce or deter opportunities for crime.

6.1. SURVEILLANCE

Surveillance is an important consideration as places that are well supervised through casual, mechanical or organised surveillance are less likely to attract criminal behaviour, and people tend to feel safer in public areas when they can see and interact with others. Natural (or passive) surveillance is when normal space users can see and be seen by others, which raises the importance of building layout, orientation and location, strategic use of design, landscaping and lighting. Technical (or mechanical) surveillance is achieved through measures such as CCTV, help points and mirrored building panels, while formal (or organised) surveillance can be achieved through tactical positioning of staff stations or security guards.

Key aspects of the proposal relevant to the surveillance principles include the main entrance and entryway, waiting room and public hallway areas, carparks, surrounding gardens, outdoor courtyards, and the inpatient unit.

Assessment of proposed development

The proposal incorporates the following CPTED principles:

- The location and orientation of the reception enables clear sightlines to the main entrance and waiting area, supporting passive and formal surveillance of key internal public areas.
- There is good visual access between the secure courtyard garden and adjacent spaces, through the provision of windows or glass walls, supporting good passive surveillance of all these areas. These adjacent spaces include the meeting room, staff room, cultural space and hallway/public circulation space.
- There is good visual access from the staff areas to the fleet parking at the rear of the building, supporting passive surveillance.
- There is limited visual connection and passive surveillance provided from the building to the public carpark, in particular the main, western section of the carpark. There are however good sightlines throughout all sections of the carpark, due to the regular and orderly carpark layout, the absence of visual obstructions, undesired corners or spaces supporting concealment.
- The staff station in the maternity and inpatient unit is centrally located and well oriented to provide surveillance of incoming visitors and patients.
- There is good visual access between the outdoor secure courtyard and the adjacent inpatient unit lounge, supporting passive surveillance between the two spaces.
- The provision of seating in the hallway outside the Periop unit provides opportunities for activation and passive surveillance of the public circulation space/hallway. The glazed wall in this area will also provide good natural lighting. While the public circulation space/hallway lacks a permanent staff presence, there is likely to be ongoing staff movement through this space as staff move between the various units of the hospital.
- The general siting of the hospital at the top of a hill enables good passive surveillance across the site. There is also good visual access into the site from the surrounding roads and land uses, though some areas are obscured by existing trees.
- The relocation of the gazebo (proposed to be adjacent to the gymnasium on the western end of the building) will increase opportunities for activation of this area, increasing opportunities for passive surveillance of the western section of the site, including the carpark.
- The Hospital fit pack dispenser (for syringes) is proposed in a location which offers sufficient opportunity for passive surveillance by any passing people or vehicles (i.e. from the carpark, entryway, and the doors/windows of the consult rooms) as well as in an area which is under cover (signifying hospital ownership).

- Security cameras/CCTV will monitor the main entry, ED, and IPU entry, as well as external areas including the dock and carpark, with a live feed available at various locations including the ED station, IPU and/or reception (refer Operational Plan, Section 5.19).

Recommendations and design considerations

The following mitigation and design measures are recommended:

- The Plan of Management (POM) for the hospital should specify that site maintenance include regular pruning of vegetation to maximise sightlines and minimise opportunities for concealment.
- Ensure that the parking lots and outside areas (including the area housing the hospital fit pack dispenser) are well lit in accordance with Australian Standards, incorporate clear signage delineating the public/staff and fleet carparking areas, and are covered by CCTV footage. Effective lighting can improve visibility, increase activity, reduce fear, and increase the likelihood that offenders will be detected. Adequate lighting also ensures there are no dark corners and passive surveillance is maintained both day and night to deter potential offenders, and potentially reduce graffiti and vandalism.

6.2. ACCESS CONTROL

Access Control involves designing spaces to restrict access to certain areas and/or to channel and encourage people and vehicles into, out of and around the areas it is intended they occupy. This can be achieved through crime prevention considerations such as wayfinding, desire-lines and formal/informal routes. Natural design measures include building configuration, definition of formal and informal pathways, landscaping and waterways, fencing and gardens. Implementation of security hardware, such as swipe cards, and on-site security officers, are technical and formal considerations for access control.

Aspects of the proposal particularly relevant to access control principles include the main entry and front of house areas, public circulation areas/hallways and staff only hallways, the 24hour and 12hour zones, and all doors and windows.

Assessment of proposed development

The proposal incorporates the following CPTED principles:

- The design incorporates several access control measures to enhance the staff safety and security and control access to staff only areas. These include:
  - internal door with keycard access between staff amenities and the staff outdoor area, which is only available during the 12hr operations period
  - keycard access for staff through the rear entrance
  - the provision of a designated area for fleet parking separated from the public carpark
  - the provision of two-way access in consultation, interview, treatment, and triage rooms providing secondary escape routes.
- The inclusion of doors along the east and west corridors will separate the 12hour zones and 24hour zones to enable staff to restrict public access to the designated public areas, and provide enhanced security during nighttime operation.
- The design of the ED and ambulatory care departments facilitate a greater ease of access to release patients from the interview and consult rooms back into the public corridor, and greater wayfinding to exit the facility.
- The design of the facility as a single storey building assists implementation of access control, wayfinding and surveillance measures, in comparison to its existing two-storey form.
- After hours public access to the ED is monitored by IPU staff through the main entry airlock using CCTV and direct vision from triage (Design report Section 8.6 24 Hour Zones).
- The provision of a privacy screen along the pathway connecting the drop off bay to the front entrance provides a symbolic boundary marker signalling the correct pathway for visitors. The extended roof/awning also provides a similar visual cue.

- Location of the ambulance bay and separate ambulance entry at the rear of the building enhances privacy and safety of staff and incoming patients arriving by ambulance.
- The proposed building design presents good flow and functional relationships between each unit and service through a legible layout and enhanced access control. The layout enhances security, safety and ease of movement of staff across the workplace environment (as discussed in Section 3.2 of the Design Report, and Section 4.1 in the Operational Plan).
- Through the implementation of the site and building wayfinding principles outlined in Section 8.13 of the Design Report, the proposal will provide clear and natural pathways for movement throughout the site.
- The provision of several entrances into the secure garden courtyard (in addition to the entrance via the cultural space) enables access without disturbance to users of the cultural space.
- Access to the staircase on the exterior of the Periop area will be controlled via the installation of a secure gate at the base of the staircase to prevent unauthorised access.
- The fence surrounding the public courtyard is of a height and design that restricts climbing and scaling, preventing any external access and ensuring privacy for users.
- The incorporation of existing walls and openings surrounding the outdoor staff area provides good natural light and visibility through the surrounding area, with access into the staff room controlled by a secure entry.

Recommendations and design considerations

The following mitigation and design measures are recommended:

- The POM should detail access control methods, such as swipe cards, to be used for areas that are restricted or have a limited volume of pedestrian traffic when not in use. These areas include the back of house services area (including the airlock connecting to the ambulance bays), the staff-only entrance connecting to the staff carpark, the doors separating the 24hour section of the facility from the 12hour sections, and medical equipment rooms.
- Review the existing pedestrian access from the main site entry to the Hospital building and develop a plan for improved, safe pedestrian access, with good natural surveillance and lighting. If upgrades to the existing pathway are determined unfeasible, consider adding a secondary pedestrian access for users who park along Gloucester Street and walk up to the hospital.

6.3. TERRITORIAL REINFORCEMENT

Territorial Reinforcement is defined by the way in which a community demonstrates connection to and ownership over a space, as places which feel owned and cared for are more likely to be used and enjoyed. People who have a sense of guardianship over a space are more likely to protect it and report crime, compared to passing strangers. The use of actual and symbolic boundary markers, spatial legibility and environmental cues are ways to connect people and encourage communal responsibility over places.

Incorporation of CPTED measures to facilitate Territorial Reinforcement are particularly important in public buildings, such as hospitals, to encourage community connection and care. There is also the potential to encourage strengthened positive connections of staff to their work environment.

Assessment of proposed development

The proposal incorporates the following CPTED principles:

- The retention of the existing signage at the main entrance will encourage a retained sense of community ownership towards the site and new building. Design elements that reflect the local character and history can facilitate a sense of community ownership and attract casual surveillance.
- The retention of the surrounding arboretum grounds, trees and landscaping will contribute to maintaining a sense of community ownership towards the facility.

- The design also intends to place MLHD branding at all main entrances and wayfinding points throughout the site, which will signify clear ownership over the space.
- The clear separation of staff areas within the hospital building and carpark, and provision of staff amenities (such as the staff rooms and courtyard) will provide places for staff to relax, connect and recreate, and foster positive perceptions, connection to and guardianship of their workplace.
- The proposed widening of the entrance of Gloucester Street will strengthen its connection to the hospital site (during the site visit it was observed that this area felt more like a side road), in addition to improving vehicular access and safety.
- The provision of courtyards and/or views of outdoor spaces will enhance the experience of patients and visitors to the hospital, as research indicates there are positive benefits of physical and visual access to nature and green spaces.
- The incorporation of gardens and low planting to the area between the privacy screen and hospital building will provide visual access to natural elements and plants to support patient wellbeing.
- The proponent has advised they will continue to consult the local heritage committee and Temora High School students throughout the detailed planning and design stages. This will include the investigation of opportunities to incorporate design elements that reference the heritage and history of the site and the previous hospital building to encourage community sense of connection and ownership, as outlined in the Detailed Design Report. This could include, for example, public art (within internal or outdoor areas), a photo wall, mural or custom interior design elements.

Recommendations and design considerations

The following mitigation and design measures are recommended:

- Install pavement markers (painted lines or similar) to indicate the reversing space for ambulance vehicles and a designated loading bay for delivery and service vehicles to improve access, minimise potential for vehicle collisions and improve pedestrian safety.
- The intended route/direction of access to the main entry drop off bay should be clearly indicated via signage, road markings and/or environmental cues such as a change in pavement, to enhance wayfinding and traffic safety.
- Additional signage and symbolic barriers should be included along the Gloucester Road entrance after the public carpark exit, to indicate access for ambulance, service and fleet vehicles only. A traffic mirror should also be installed at the public carpark exit, to improve visual access and safety of staff, visitors, and service/fleet operators.

6.4. SPACE MANAGEMENT

Space and Activity Management strategies include measures to establish formal supervision, control and care of a development. Places that appear well designed and maintained encourage positive perceptions of safety, and in turn encourage higher levels of use, activation and passive surveillance.

For this proposal, maintaining the appearance of the hospital site and publicly accessible areas will be key to creating a place that feels well cared for, and encouraging perceptions of safety. This is particularly important in a hospital setting, in which emotions and fears of patients and visitors may be heightened.

Assessment of proposed development

The proposal incorporates the following CPTED principles:

- The facility will be cleaned and maintained in accordance with relevant Health Standards, ensuring the facility appears clean and cared for.
- The facility will also comply with relevant security procedures as outlined in Section 5.19 of the Functional Brief (HI, 2023), including:

  - Protecting People and Property: NSW Health Policy and Standards for Security Risk Management IB2022_039
  - Preventing and Managing Violence in the NSW Health Workplace – a Zero Tolerance Approach PD2015_001.
- The building and landscape design will incorporate materials and elements that do not easily deteriorate and are easier to maintain.
- The landscape design avoids using any loose items which could be used as potential weapons (such as rocks or moveable plant pots) to reduce opportunities for opportunistic crimes and violent behaviours.

Recommendations and design considerations

The following mitigation and design measures are recommended:

- The Plan of Management (POM) for the hospital should specify regular maintenance and repairs to all internal and external areas, to maintain the appearance of the building and site. It should propose that graffiti is removed, and any repairs required to address vandalism are undertaken in a timely manner.
- Particular attention should be paid to the maintenance of planting and landscape elements around the site entry, entrance drive, the carpark, entrance path and building courtyards.

7. CONCLUSION

Urbis has undertaken a CPTED assessment for the proposed development against the four CPTED principles and has identified potential risk areas and recommendations to help reduce crime risk. The assessment has been informed by a review of relevant local and State policies, as well as demographic and crime data.

The assessment found that the proposal incorporates a notable amount of CPTED principles throughout its design, to ensure a safe and secure environment for its current and future staff, patients and visitors.

To further increase safety and reduce crime risk, the following recommendations should be implemented:

- The Plan of Management (POM) for the hospital should specify that site maintenance includes regular pruning of vegetation to maximise sightlines and minimise opportunities for concealment.
- Ensure that the parking lots and outside areas (including the area housing the hospital fit pack dispenser) are well lit in accordance with Australian Standards, incorporate clear signage delineating the public/staff and fleet carparking areas, and are covered by CCTV footage. Effective lighting can improve visibility, increase activity, reduce fear, and increase the likelihood that offenders will be detected. Adequate lighting also ensures there are no dark corners and passive surveillance is maintained both day and night to deter potential offenders, and potentially reduce graffiti and vandalism.
- The POM should detail access control methods, such as swipe cards, to be used for areas that are restricted or have a limited volume of pedestrian traffic when not in use. These areas include the back of house services area (including the airlock connecting to the ambulance bays), the staff-only entrance connecting to the staff carpark, the doors separating the 24hour section of the facility from the 12hour sections, and medical equipment rooms.
- Review the existing pedestrian access from the main site entry to the Hospital building and develop a plan for improved, safe pedestrian access, with good natural surveillance and lighting. If upgrades to the existing pathway are determined unfeasible, consider adding a secondary pedestrian access for users who park along Gloucester Street and walk up to the hospital.
- Install pavement markers (painted lines or similar) to indicate the reversing space for ambulance vehicles and a designated loading bay for delivery and service vehicles to improve access, minimise potential for vehicle collisions and improve pedestrian safety.
- The intended route/direction of access to the main entry drop off bay should be clearly indicated via signage, road markings and/or environmental cues such as a change in pavement, to enhance wayfinding and traffic safety.
- Additional signage and symbolic barriers should be included along the Gloucester Road entrance after the public carpark exit, to indicate access for ambulance, service and fleet vehicles only. A traffic mirror should also be installed at the public carpark exit, to improve visual access and safety of staff, visitors, and service/fleet operators.
- The Plan of Management (POM) for the hospital should specify regular maintenance and repairs to all internal and external areas, to maintain the appearance of the building and site. It should propose that graffiti is removed, and any repairs required to address vandalism are undertaken in a timely manner.
- Particular attention should be paid to the maintenance of planting and landscape elements around the site entry, entrance drive, the carpark, entrance path and building courtyards.

DISCLAIMER

This report is dated 10 September 2024 and incorporates information and events up to that date only and excludes any information arising, or event occurring, after that date which may affect the validity of Urbis Ltd **(Urbis)** opinion in this report. Urbis prepared this report on the instructions, and for the benefit only, of Health Infrastructure NSW c/o Capital Insight Pty Limited **(Instructing Party)** for the purpose of CPTED Assessment **(Purpose)** and not for any other purpose or use. To the extent permitted by applicable law, Urbis expressly disclaims all liability, whether direct or indirect, to the Instructing Party which relies or purports to rely on this report for any purpose other than the Purpose, and to any other person which relies or purports to rely on this report for any purpose whatsoever (including the Purpose).

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All surveys, forecasts, projections and recommendations contained in or associated with this report are made in good faith and on the basis of information supplied to Urbis at the date of this report, and upon which Urbis relied. Achievement of the projections and budgets set out in this report will depend, among other things, on the actions of others over which Urbis has no control.

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