

NEW WESTMINSTER DESIGN PANEL

Tuesday, May 26, 2020 at 3:00 p.m.

Meeting held electronically under Ministerial Order No. M139

MINUTES

MEMBERS PRESENT:

Taichi Azegami	- Architectural Institute of BC (AIBC) Representative
Achim Charisius	- Architectural Institute of BC (AIBC) Representative
Geoff Lawlor	- Architectural Institute of BC (AIBC) Representative
Fabian Leitner	- Urban Development Institute (UDI) Representative
Sarah Siegel	- BC Society of Landscape Architects (BCSLA) Representative
Mark Thompson	- Architectural Institute of BC (AIBC) Representative
Mary Wong	- BC Society of Landscape Architects (BCSLA) Representative

GUESTS:

Marco Buccini	- EllisDon
Sharat Chandra	- Fraser Health
Mary Chow	- HDR Inc.
Kenneth Hintze	- EllisDon
Meredith Mitchell	- M2 Landscape Architecture
Jorge Remolina	- Fraser Health

STAFF:

Rupinder Basi	- Supervisor of Development Planning
Jacque Killawee	- City Clerk
Heather Corbett	- Committee Clerk

The meeting was called to order at 3:02 p.m.

1.0 HOUSEKEEPING

1.1 Virtual Meeting Introductions

Heather Corbett, Committee Clerk welcomed Panel members to the meeting and briefly outlined how to use the online meeting functions.

2.0 ADDITIONS TO AGENDA

There were no additions.

3.0 ADOPTION OF MINUTES

3.1 Adoption of the Minutes of March 3, 2020

MOVED and SECONDED

THAT the minutes of the March 3, 2020 New Westminster Design Panel meeting be adopted.

CARRIED.

All members of the Panel present voted in favour of the motion.

4.0 REPORTS AND INFORMATION

There were no items.

5.0 DESIGN REVIEWS

5.1 330 E Columbia Street: Royal Columbian Hospital Phase 2 and 3 – Preliminary Review of Design-Build Proponent’s Design Drawing Submission

Rupinder Basi, Supervisor of Development Planning, summarized the staff report dated May 26, 2020, regarding the design-build proponent’s preliminary design drawings for Phases 2 and 3 of the Royal Columbia Hospital (RCH) redevelopment.

Mr. Basi noted that the proponent’s submission includes more refined architectural and landscape drawings along with a design rationale and comparison between the latest design and the preliminary massing drawings (indicative design) that were included as part of the draft Master Plan and Campus Design Standards, reviewed by the Design Panel on March 26, 2019.

Mr. Basi asked the Panel to identify general comments on the draft plans and in response to the set of questions in the staff report.

In response to questions from the Panel, Mr. Basi provided the following information:

- Phase 2 is projected to achieve substantial completion by early 2024, and Phase 3 is projected for late 2026;
- Streetscape improvements and other spaces that are to be allocated as part of the public realm are still being negotiated and refined between the City and the applicant; and,
- An accessibility consultant is examining appropriate measures to include the Council resolution to ensure that 10% of all parking on the site is accessible, and is comparing the proposal to other recent hospital developments.

Sharat Chandra, Fraser Health, introduced the project, noting that it is still in procurement, with a contract likely to be executed near the end of summer 2020.

Mary Chow, Architecture and Meredith Mitchell, M2 Landscape Architect, provided a presentation regarding the application, highlighting the following information:

- Four design goals for the project;
- Overall massing, including site integration into the local area and in relation to neighbouring single-family homes;
- Street elevations from surrounding streets, showing building shapes, and height of building, which is well underneath the zoning application;
- Shadow studies showing decrease in shadows than the previous design;
- Site plan, including vehicle and pedestrian entryways from surrounding streets;
- Contemporary aesthetic for the building, including solid and opaque materials, texture achieved through panelisation and colour striation and placement of windows and rooms within the hospital;
- Details on materials and design aesthetic of the entrances and features of the tower;
- Images of streetscapes, shadowing and placement of the building in context;
- Sustainability design aspects, including LEED Gold and features such as bicycle parking and electric vehicles;
- Design rationale, including welcoming opening areas, open space connection and integration with the community;
- Precedent images for the design and key areas;
- Landscape plan, including the entry nodes, entry and wayfinding, and identification of the great street and connection to Sapperton Park;
- Details of greenspaces, including significant planting areas to provide opportunities for stormwater management, soil volume, retention of existing trees and respite areas; and,
- Materials, furnishing plan and landscape sections.

In response to questions from the Panel, Ms. Chow and Ms. Mitchell provided the following information:

- The building has been moved on the site (to the West) since the first design iteration in order to accommodate large vehicles in the service lane and loading dock;
- It is proposed that the covered walkway be lit using pot lights on the underside of the cover, and continuous bollard lighting at ground level;
- All proposed trees would be planted with a minimum of 10 feet of soil per tree, and structural soil would be provided underneath all walkways, so all trees have continual soil beds;
- The materials proposed for the acute tower include aluminum composite panel on the sides and soffits, and vertically corrugated metal panel on the mechanical and elevator lobby sections of the tower;
- Posted signage is proposed as the means to inform and prevent public vehicles from using the service lane;

- The slope of the service lane elevation down towards the plaza at Keary Street is proposed as 12 to 15%, which would adhere to any vehicular requirements;
- The light well would be open air, in order to promote daylighting into patient rooms;
- There would be hardscape landscaping, such as decorative stone material and other easily maintained materials, at the base of the light well;
- The vehicle access points on Sherbrooke Street are intended to manage traffic congestion on East Columbia and provide vehicles access to the site in a distributed way;
- The space around the access ramp into the P1 parking level is not going to be usable space because of the sloping site, so it would be filled;
- The accessible entrance to the building at the Keary Street plaza may not be at the same level as the main entry plaza, as the priority is to provide an accessible entrance and then use vertical circulation to access the rest of building;
- The confirmed proposal for the Keary Street entrance is still forthcoming because the accessibility report was not available in time to provide drawings;
- The intention at the Keary Street entrance is to provide a visual connection to the hospital when exiting the SkyTrain station and then provide access to the building, depending upon accessibility needs. A hospital patron would enter the building via the sidewalk and stairwell, or via a sloped sidewalk;
- Achieving 10% of accessible parking stalls would be a challenge for the site; however, achieving 10% of limited mobility parking stalls should be achievable; and,
- The windows to wall ratio has been considered in conjunction with Fraser Health's requirements for room sizes and patient observation.

The Panel was generally complimentary about the revised design of the Royal Columbian Hospital, noting that the programming is complex and the general solution is well articulated.

The Panel noted the following comments in relation to the staff questions asked in the above-noted staff report:

Question 1) Please comment on the massing of the proposed Acute Care Tower with respect to neighbourhood context and shadow impacts on the adjacent residential areas.

- The massing of the proposed tower is successful, particularly for a regional, institutional building, and is successful in its presentation to the neighbourhood;
- The massing has achieved the goal of being distinct and inviting, and appears elegant and graceful;
- The horizontality of the tower is effective and appears to have sculptural quality;

- The building could be strengthened by incorporating the service elevator and the mechanical penthouse into the tower, as they would have prominence when looking from above;
- The massing and shadowing of the proposed building and future phases may encroach on the public realm and Sapperton Park; therefore, consideration could be given to extending the massing of the podium towards the east end of the site to create more room for a future building at the west end of the site;
- The tower could be moved farther away from adjacent residents; however, it is appreciated that the site may not allow this; and,
- The planned entry plaza at the southeast corner of the site is a significant improvement on past iterations.

Question 2) The Design Standards suggest that the new Acute Care Tower should have an inviting and innovative architectural expression that moves away from institutional characteristics associated with traditional medical facilities. Does the proposed design meet this objective? Does the new and architecturally distinct design integrate well with the existing hospital?

- Further consideration could be given to the articulation of the tower, particularly of the space facing the neighbourhood, on Sherbrooke Street;
- The tower's rectilinear plan is efficient; however, the treatment is plain and institutional and could use more differentiation;
- Adding an introduction of colour and visual elements from the podium to the façade of the tower could help to incorporate the tower into the neighbourhood and break up the scale;
- There may be an opportunity to move away from an institutional look and break up the massing of the tower by using more expression within the colour palette;
- The west facing portion of the tower may benefit from further solar control;
- The use of earthy tones provides a good connection with the existing hospital design; and,
- The proposed colour palette and materiality is intelligent and mindful of budget.

Question 3) Please comment on the quality of the public realm.

- The landscape design is impressive and laudable, and succeeds in adding enjoyable greenspace to a hospital environment;
- It may be beneficial to consider landscaping on the roof, if other demands for roof space and budget allow;
- The addition of shade-tolerant plants would add value to the light wells;
- The proposed respite courtyard is a nice feature; however, use of artificial turf may not provide a very low-maintenance surface, and a shade-tolerant garden could be more appropriate;

- The coniferous trees at the emergency entrance on Sherbrooke Street are a good choice to provide green presence, and will be in good scale with the neighbourhood and the building massing;
- Consider continuing the conifers on Sherbrooke Street around the corner of the plaza to create a buffer for the ambulance court;
- The provision of benches throughout the site is an important element within the public realm for the building type;
- The use of bollard lighting may need to be reconsidered in the context of users looking down when pushing wheelchairs; and,
- Consider the placement of a significant and busy entrance in proximity to the single-family housing neighbourhood and any residual effects of lighting or noise that could be further minimized.

Question 4) Please comment on the quality of the entry expression.

- The entries into the building are generally successful given the site constraints;
- The plazas are successful in their placements and adjacencies to the building, and as welcoming areas;
- It was commented that the main entry expression was logical in its proposed position, but the articulation could be improved, incorporating some or all of the following suggestions:
 - Ensure the landscaping and trees in the parking area do not obscure the entry area, signage and doorways;
 - Ensure entrance text is prominent and can be read clearly;
 - Consider raising the canopy, or making it more dramatic with texture, a sloping roofline, lighting or seating;
 - Breakdown the long, linear line of the canopy to draw more attention to it;
 - The shape of the large V columns could be echoed in the shape of the canopy to provide more presence;
 - Provide more special focus on the entrance;
 - Wayfinding to the main entrance could be clearer;
 - Consider widening the entrance canopy to provide shelter over the patient drop-off area;
- Further rationalization of the circulation route and traffic calming measures connecting the alley of trees to the building may be needed;
- The alley of trees is an important space, but could be clearer on its purpose as an additional walkway to the front entrance;
- Comments about the Keary Street entrance were as follows:
 - The proposed sketch indicates a promising step in improving the connectivity with the SkyTrain;
 - The proposed sight line and accessible path is logical;
 - Consider using large text at this entrance; and,
- There may be opportunity to provide more screening at the service entry.

The Panel made the following general comments about the service lane at the east end of the project site:

- The service lane would likely be used by bikes and pedestrians who do not want to walk through the hospital; therefore, it may be worth including it within the accessibility study to study its functionality and provide further clarification on circulation guidelines;
- If there is a steep slope on the service lane, it may be possible to make it less steep and clarify the use of the pathway for pedestrians and bicyclists by separating an area with a retaining wall and providing lighting for Crime Prevention Through Environmental Design (CPTED) aspects, and trees for shade; and,
- Sherbrooke Street could be referred to a City committee to be examined for accessibility, as there would be many types and volumes of vehicles accessing the street, and mixing with the vehicles accessing the service lane.

MOVED and SECONDED

THAT the New Westminster Design Panel support the project with the applicant's consideration of the Panel's comments, as it moves into design development.

CARRIED.

All members of the Panel present voted in favour of the motion.

6.0 NEW BUSINESS

There were no items.

7.0 UNFINISHED BUSINESS

Heather Corbett, Committee Clerk, noted that information about appointing a back-up UDI representative would be addressed at the next meeting.

8.0 CORRESPONDENCE

There were no items.

9.0 NEXT MEETING

Tuesday, June 23, 2020, via electronic meeting.

10.0 ADJOURNMENT

ON MOTION, the meeting was adjourned at 5:06 p.m.

Certified Correct,

ORIGINAL SIGNED

Fabian Leitner
Chair

ORIGINAL SIGNED

Heather Corbett
Committee Clerk