



WENTWORTH HEALTH SERVICE REDEVELOPMENT

DESIGN STATEMENT

MAY 2023 | REVISION 05

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TO BE READ IN CONJUNCTION WITH:

- A. ARCHITECTURAL REF DRAWINGS
- B. CONNECTING WITH COUNTRY REPORT
- C. LANDSCAPE REF DRAWINGS

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1.1 BACKGROUND

The Wentworth Health Service Redevelopment is a \$30m project located in the Far West region of NSW, close to the Victorian border. The project will include full asset replacement of the existing health service's ageing buildings and infrastructure, along with additional health services in line with contemporary models of care and the ongoing needs of the local area.

The current Wentworth Health Service is in the town of Wentworth within the Far West Local Health District (FWLHD). It has historically been a 20-bed inpatient health service with 2-bays dedicated to urgent requirements. 15 beds are currently operational and there is currently no Urgent Care or Emergency facility. The hospital is a short drive from the town with no immediate neighbours. It serves approx. 3700 people from Wentworth and surrounding towns and is supported by a small service in Dareton and a new HealthOne in Buronga. The nearest hospital within the Local Health District is Balranald (approximately 2hrs away) and Broken Hill (3hrs away). The service is also supported by Mildura Base Hospital, operated by Victoria Health (30 minutes away).

Three sites were shortlisted and explored during the master plan phase, of which the existing hospital site is the preferred site and was endorsed by the governance during the master plan phase.

1.2 PROJECT SCOPE

The proposed project is a new purpose-built facility that incorporates the NSW Health Multi-Purpose Service (MPS) principles of patient/resident-focused care environments with a high level of functional efficiency suitable for regional and rural facilities. Although the project is not part of the MPS program, many of the MPS design principles apply to the Wentworth Health Service due to its regional location and many operational similarities to a Multi-Purpose Service, including the project size, bed numbers, urgent care unit, and the provision of Transitional Aged Care Program (TACP) beds. The new health service will improve the community's access to health services and deliver additional inpatient and community outpatient health services, reducing the need for residents to travel to Victoria to access some services.

A total of 20 beds including 5 Acute, 6 Sub-Acute and 8 TACP beds. There will be an additional telehealth (HiTH) or virtual bed that will facilitate consultations from external tertiary facilities to the hospital as well as from the Hospital to patients at home.

The new Urgent Care Centre incorporates a Triage and 3 treatment spaces including a resuscitation area, a treatment bay and a treatment room. The Community Health/Ambulatory Care area includes General Practitioner (GP) Services and will have 3 Consult Rooms, 1 Universal Consult Room, and 1 Interview Room.

There are 2 two-person existing staff and student accommodation buildings in good condition on the existing hospital site. They are proposed to be retained. In addition, there will be 3 additional two-person accommodation units planned under the scope of this project.

1.3 DESIGN PROCESS

The primary intention for the design was to maximise the river views in all inpatient bedrooms.

Other key principles include:

- Retain existing hospital service until the new service is built and occupied,
- Retain existing levee bank,
- Elevate the new hospital building level above the predicted 0.5% Annual Exceedance Probability (AEP) flood level (1 in 200 years event), The new hospital FFL is above the Probable Maximum Flood (PMF) level.
- Consider bushfire asset protection zone recommendations,
- Minimise impact on existing riparian zone along the river,
- Minimise impact on existing vegetation, and
- Provide adjacencies between various health service departments to address the principles of regional multi-purpose service as identified in the functional brief and schedule of accommodation,
- Allow for future growth opportunities.

The preferred concept design option addressed all the key constraints identified above. The design maximised the river views for all the inpatient bedrooms and has minimal impact on existing vegetation.

The schematic design development focused on the three key stakeholder groups which form part of an engaged co-design process:

- Consumer experience included the perspective of patient and

creating a welcoming inpatient environment,

- Public & visitor experience included all users of the buildings, including family and community members,
- Staff experience included both clinical and logistical staff, including those who work closely with consumers, and those who work primarily in supporting roles.

The design explored the location and access of key spaces and the movement between zones for all users. Each area was discussed within the framework of the intended use and the flexibility it can offer.

The project will be delivered in 3 stages as per below –

Stage 1A – The main hospital building and 2 x staff accommodation units.

Stage 1B – Decanting of existing facility and make good. Civil works around ambulance entry and driveway.

Stage 2 – Entry road providing direct connection from the main site entry to the hospital entry, enhanced landscape treatment, 1 x additional staff accommodation unit.

The developed proposal considers the building experience holistically within the framework of the functional design brief.

The building is governed by design principles that create meaningful spaces for engagement, including:

- A place to be safe & supported: Transparent and connected open plan with appropriate glazing.
- A place for recovery: Soft natural materials and great daylight which appeal to the senses, creating a restful and calm experience throughout.
- A place to bond: Comfortable and a shared environment with opportunities to connect with others.
- A place that can adapt: Location and design of areas can offer flexibility of use.

The spatial planning and building form strengthened the connection to the landscape through targeted high-volume spaces providing an opportunity for direct connection to river views from the entry and a light-filled spine through high-level glazing.

1.4 DESIGN QUALITY PRINCIPLES

The design proposal has been developed in consideration of the seven distinct objectives of "Better Placed" to achieve a good design of the built environment.

Better Fit

The proposal has been designed as a direct response to the context of the site, the Country in which it is located, the adjacent river and the constraints of existing development. The designing with Country process fundamentally underpins the design approach.

The building location responds to the views of the river and integration with the landscape along the river bed. In doing this the proposal seeks to create a better built environment for the future. Unique elements such as the proposed entry with a curved wall add a special feature to the building. Tree-like column and an oval skylight drawing reference from the significant indigenous element of the scar tree; create a connection with the locals. The building massing, high-level skylight and materiality create a connection to the ground plane as well as to the sky;

Better Performance

The proposal is designed to be sustainable in its construction and operation, fit for purpose in its use and durable in its construction.

The building is designed to be 4 star Greenstar equivalent. The building includes numerous sustainability initiatives. Key ESD initiatives incorporated in the project include:

- Full electrification of the site in line with Health Infrastructure's long-term electrification strategy and to reduce carbon footprint. The site currently uses LPG gas, and transitioning to 100% electrification will enable a future of carbon neutral operations
- Consultation and incorporation of Indigenous Design Elements
- Onsite Renewable Energy via Rooftop Solar Photovoltaics (PV) cells
- Outdoor green spaces and access to nature
- Enhancement of ecological values through green

infrastructure and planting selection.

- Reduce building energy use and associated carbon emissions through passive design strategies and energy efficiency considerations
- Rainwater tanks of 15,000 litres for landscape irrigation with raw water top-up
- Promote the use of low carbon transport model through the service provision for EV charging
- Ongoing development of a Climate Change Risk Assessment (CCRA) and adaptation plan
- Views to external planting for connection to nature), natural daylighting and glare control
- Design for Lighting comfort, Acoustic comfort, and Thermal comfort
- Reduction of embodied energy in construction materials
- Minimising demolition and construction waste
- Increasing the use of sustainable materials and recycled content
- Use of materials with low off-gassing (low VOC's and Formaldehyde)
- Operational waste reduction and recycling
- Sustainable drainage system considered such as biofiltration and swales.

The building is designed for robustness and durability. Wherever possible materials are selected with integral finishes to minimise wear and maintenance.

The strategies will be considered within the project constraints such as budget, programme, site, infection control etc to ensure the appropriate and sensible outcome.

Better for Community

The proposal seeks to provide an inclusive and connected environment for its users and the community.

- The main building entry is designed to be welcoming and accessible
- The landscaped spaces around the edges of the building and at the entry are designed to provide places for people to

either sit quietly or gather with others.

- Indoor gathering space opening to the the courtyard connecting with yarning circle provides a unique meeting space for the families of the patient as well as general community members .
- The building is designed for equitable and dignified equitable access to all areas across Community Health, Urgent Care Centre and the Inpatient Unit.

Better for People

The proposal seeks to provide safe, comfortable and livable spaces for all the people who use it.

- The building is designed with safety in mind, ensuring clear sidelines for safety and surveillance.
- Internal spaces are designed to maximise natural light and create user-friendly and rich enjoyable environments. The inpatient day living areas are designed to provide access to abundant but controlled natural light, generous double height spaces and river outlooks.
- Gathering areas such as Patient lounge, Gym and Indoor Gathering Area allows direct access to outdoor landscape.
- Palliative Care Bedroom and the Family Lounge have a dedicated outdoor area that is accessible directly from the rooms.
- Staff areas are designed to be safe, well lit and well ventilated.

Better Working

The proposal is designed for functionality and effectiveness to ensure its ongoing viability and utilisation. Considerable analysis and design refinement has developed a proposal that has efficient circulation, streamlined workflows, creates consolidated workspaces across hospital considering Protecting People and Property guidelines, and provides flexibility in use as suitable by the staff. Access to natural daylight for most working areas is considered to enhance the work experience.

Better Value

The proposal creates value for the users and the community, setting a high standard in the design of a rural health service, creating social and well-being benefits for users and enhancing the adjacent areas of the site. The design of the building fundamentally considers and integrates responses to the needs of sustainability, social impact and economic viability.

Better Look and Feel

- The proposed development seeks to create an environment in and around the building that contributes to the sense of place and enriches the surrounding environment.
- The unique design approach of the connection with nature contributes to a rich and diverse environment enhancing the experience of the facility.
- The site areas are softened and enriched with a landscape treatment that creates rich and varied environments around the new development. This landscape treatment is underpinned by the regeneration of Country and incorporates direct response to first nations engagement.
- The design of the building entry makes a significant contribution visually and in terms of connecting with Country, through transparency, art, symbolic elements of scar tree and greening of external spaces

hospital site) as well as key concepts for the site masterplan and building design described further in Section 2 and 3 of this report.

Reviews from HI Service and Facility Planning expert were also undertaken, both during Schematic and Design Development. The discussions and comments informed the internal planning layout and to ensure that the design has considered appropriate requirement from health planning perspective.

The design process included comprehensive reviews from Health Infrastructure Service and Facility Planning experts, both during the Schematic and Design Development stages. These reviews involved discussions and comments regarding the internal planning layout of the facility, with the aim of ensuring that the design met the appropriate health planning requirements. The insights gathered were crucial in informing the internal planning layout of the facility, which was designed to provide optimal outcomes for patients, visitors and staff.

1.5 HEALTH INFRASTRUCTURE DESIGN ADVISOR'S REVIEW

During the design phases, regular review and feedback from Health Infrastructure's Design Advisors were undertaken and incorporated as suitable. The review included the following:

- 3 x ERG during Concept Design
- 3 x ERG during Schematic Design
- 1 x ERG during Design Development

The feedback received has informed the team with appropriate site selection, suitable building location on selected site (existing

2.1 SITE LOCATION

The site is a crown land title DP 1136392 and the address is listed as 24 Hospital Road, Wentworth, NSW, 2648

The hospital site is accessed via the Hospital Road off the Silver City Highway. It is approx. 1km from the town center across the two bridges.

The entry connects to a driveway and the parking along the side. The precinct plan considers this driveway to be re-aligned to direct the traffic to the new building entrance.

The levee bank is considered a route to any emergency flood egress.

There is also a pedestrian walkway outside the eastern boundary. The new master plan has identified a connection to the walkway for easy pedestrian access.

The Wentworth Health Service is located on the eastern side of the township across the Darling River. The figure below shows the location in context with other health services within Wentworth region.

1. Broken Hill Hospital (Approx. 267km from Wentworth Town).
2. Mildura Base Public Hospital (Approx. 27km from Wentworth Town).
3. Mildura Health Private Hospital (Approx. 27km from Wentworth Town).
4. Buronga HealthOne (Approx. 30km from Wentworth Town).
5. Dareton Primary Health Service (Approx. 13km from Wentworth Town).

2.2 SITE SUMMARY

The site is an existing hospital site and is zoned RU5 Village in the Wentworth Local Environmental Plan 2011. Health services facility is permitted with consent under Wentworth LEP 2011 as well as via clauses 56 and 57(1) of the Infrastructure SEPP and its successor (the Transport and Infrastructure SEPP from 1 March 2022)



Plan – Aerial – Vehicular and Pedestrian Access

- EXISTING BUILDING TO DEMOLISH
- EXISTING BUILDING TO REMAIN
- VEHICULAR ACCESS
- PEDESTRIAN ACCESS
- LEVEE BANK
- APZ FOR HEALTH SERVICE BUILDING
- APZ FOR STAFF ACCOMMODATION AND AMBULANCE STATION
- SITE BOUNDARIES
- FENCES
- RIPARIAN ZONE



Image – Aerial view of the existing site



Image – Aerial view of the existing site



Image – River view from the existing site looking south



Image – River view from the existing site looking west

2.3 SITE INVESTIGATIONS

All project team members including many consultants visited the site and carried out investigations related to their disciplines. The team has also approached the local council and LHD on required matters. There was also a detailed survey carried out during the early part of this phase. All this information has helped the concept and schematic design process outlined in this report.

Flooding

The town of Wentworth is sited at the junction of the Murray and Darling Rivers. Very severe flooding of low-lying areas surrounding Wentworth occurs when major flows are experienced in the Murray, Darling and Murrumbidgee Rivers. The existing hospital site is protected by a levee bank surrounding most of the site to protect the asset from floods.

A detailed Flood Study has been carried out by Advisian for the site to determine the optimum level for the new proposal as well as outlining strategies to mitigate flood risk.

Heritage

The Wentworth Health Service site is noted on Health Infrastructure's section 170 register. This is further investigated by the Heritage consultant and described in their report.

The water tower located to the south outside the site boundary is a heritage-listed item and significant to the community.

Built Form

The current hospital is located adjacent to the Darling River and consists of several single level structures with brick cladding and a metal roof. There are no immediate neighbours to the service.

Topography

The site location is generally level with a slight slope to the south west. There is a levee bank surrounding the existing establishments that was built to protect the asset from the floods. The new health service will be built above the PMF levels and will have minimal impact to the current levee.

Sun and Wind

The climate of the Wentworth region is semi-arid with hot dry summers and mild winters, and highest rainfall is in the May to October period. Breezes are generally present from south-east and south-westerly direction throughout the year. The site experiences westerly winds from late winter and throughout spring. Shading to the façade is generally preferred. Sheltered outdoor areas should be protected from winds from south and west if necessary.

Development Area

The south-west corner of the site is free from any building and vegetation. As per the Arborist advice, there are approximately three trees within the main hospital site area of which one has a memorial plaque at the base. However, This tree is not considered a viable specimen to transplant.

The majority of the area to the north of the site free from existing buildings is either covered with vegetation or is outside the levee bank and therefore not ideal for new development.

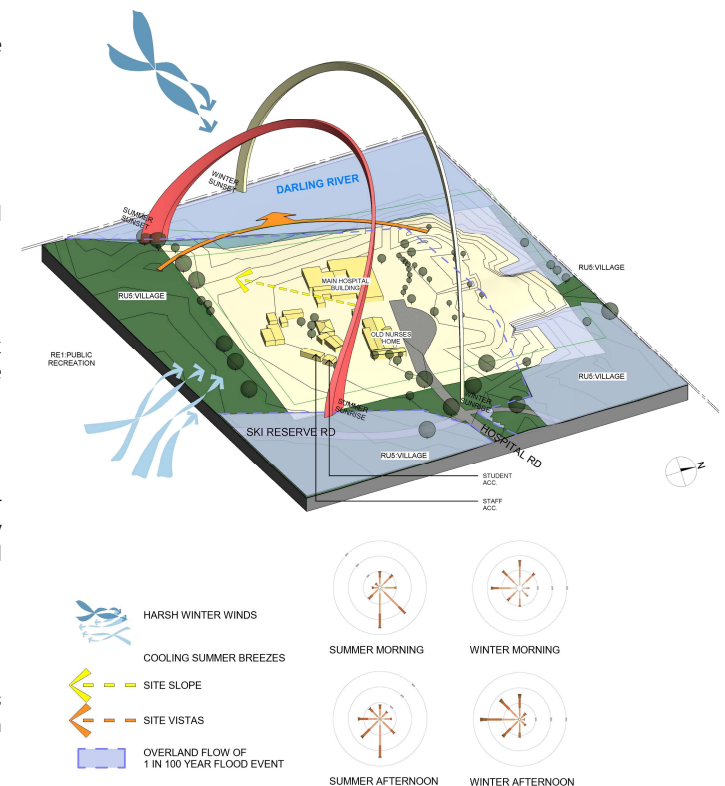


Figure – Sun and Wind Analysis

Biodiversity

Generally, no threatened flora or fauna were observed on the subject site. The site is along the Darling River to the west and has significant mature trees and vegetation along the northern side. The trees comprise a mix of locally indigenous, Australian native and exotic species. There are a few other trees spread across the site. An arborist assessment has taken into account the Retention Value of Priority for Retention. The vegetation along the south west area of the site is very scarce with only three trees identified within the proposed building zone.

The ecologist raised concern about aquatic impacts from runoff and sedimentation. Risk of impacts on water quality, aquatic species, bank stability, the riparian corridor and on species utilising the hollows in the River Red Gum within the riparian vegetation. This risk applies to both the construction and operation phases. Erosion, runoff, and sediment controls would be necessary to mitigate impacts on the nearby Darling River. Also, the Supplementary planting of River Red Gum and other locally appropriate riparian species between the new buildings and the habitat trees would help mitigate the impact on fauna using the riparian corridor. These recommendations have been considered in architecture, landscape and civil designs.

Geotechnical

The general topography of the area is flat, gently undulating low tablelands. the borehole investigation revealed natural alluvial material comprising clay-based and sand-based material within the investigated depth of 7.5m. The detailed findings and recommendations are in the Geotechnical Report. It is noted that the total settlements should be minimal provided the design is made within the allowable design parameters recommended and the maintenance of the structures and proper drainage measures are adopted around the structures.



Images – View from south west corner of the site



Images – View towards south west corner of the site



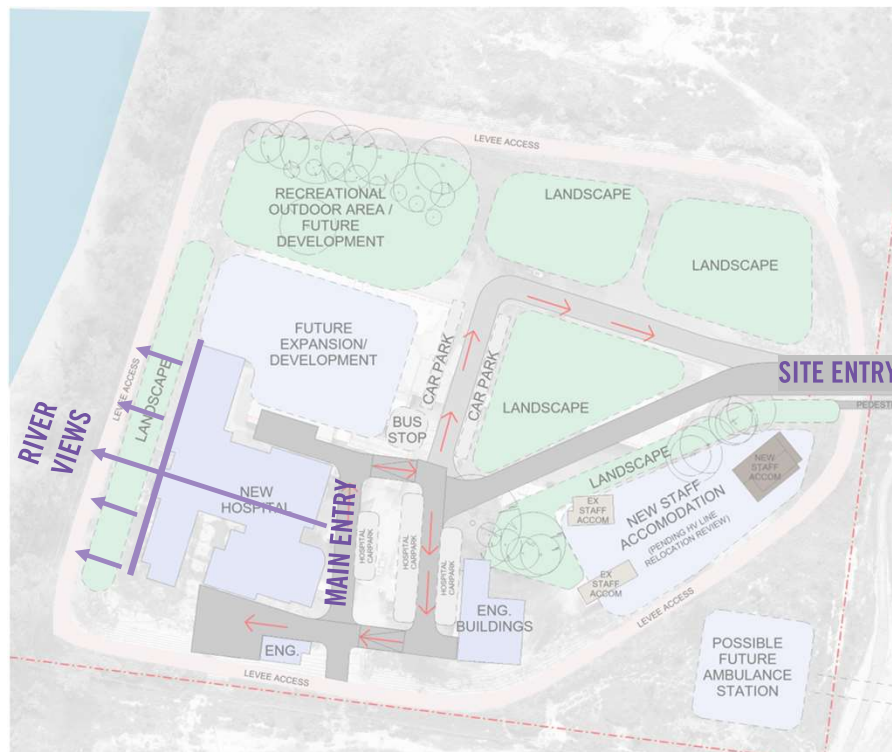
Plan – Survey Plan

3.1 CONCEPTUAL FRAMEWORK

The site is along the Darling River and is very close to the junction of the Darling and the Murray River, a significant location for the local elders. The central idea of the design is to get strong connection to Country and maximise river views for inpatients. This is addressed via some key design considerations as per below:

- Every patient bedroom will have a river view,
- The lounge & dining area will form the central activity hub and will have river views as well,
- There will be a direct connection from the entry to the outside landscape and river through the inpatient central activity area.

The inpatient unit is designed along the riverside with windows to the west. The landscape strip between the bedrooms and the levee bank will maximise the opportunities for connection to the river. The main entry will be to the east surrounded by Community Health and Urgent Care Centre to the North, the Inpatient Unit to the West and the Back of House and Plant area to the South.



Plan – Site Plan showing connection to the main entry + River view opportunities

3.2 SITE SETTING

The existing hospital site is surrounded by a levee bank with a single point of entry from the east. The existing structure is a traditional building with a main entry to the north and an ambulance entry to the east. There are a few other buildings scattered across the site including the Old Nurses Home, the Student accommodation and the Staff accommodation unit. While most of the buildings are dilapidated, the accommodation units are more recent structures and in good condition. The project aims to keep these accommodations as is. The South West corner of the site is currently empty and is identified as a best location for new development.



View – River View from the Patient Bedroom

3.3 DESIGNING WITH COUNTRY

From the outset of the project, it was identified that Indigenous guidance and local knowledge is integral to the projects design, longevity and future use. 3 x Aboriginal Focus groups were facilitated by NSWHL and the FWLHD. It involved talking to local elders about the project design and actively listening to their needs and concerns. The sessions allowed the opportunity to talk to the various Community members for feedback on the design and to understand their needs and priorities.

The following points have been adopted to ensure cultural safety for participants and the design team for the life of the engagement.

- Indigenous-led,
- Community-specific,
- Share knowledge and collaborate,
- Demonstrate respect and honour.

The design and engagement process has resulted in the Project team establishing broader connections with the Barkindji community. The engagement has received supportive feedback from the Indigenous community. The process and outcomes are consolidated in the Connecting with Country report.

3.4 MASTERPLAN

The precinct plan was developed to consider the campus-wide strategy for the new health service. The areas outside of the levee bank were excluded from the project scope.

The master plan addressed the following key design considerations:

- Improved wayfinding opportunity to the building entry from the main entrance of the site,
- Strategic location of landscape to keep the existing vegetation and connection to the river,
- Carparking close to the hospital,
- Creating a Staff Accommodation precinct,
- Identifying future expansion possibilities,
- Keeping the development within the area protected by the existing levee bank.

The project will utilise the existing hospital entry and maintain the existing carparks.

The main hospital building is located to the south west corner of the site. To maintain the operations of the existing service, the construction will be done in stages. The main hospital building will be constructed in a single stage, and the ambulance driveway civil works will be done as a second stage.

As the building is located within the existing hospital site, the infrastructure is largely supported by the existing networks servicing the current hospital. Existing services infrastructure will be upgraded to support the new development as required. Some of the services will be relocated to clear the development area.

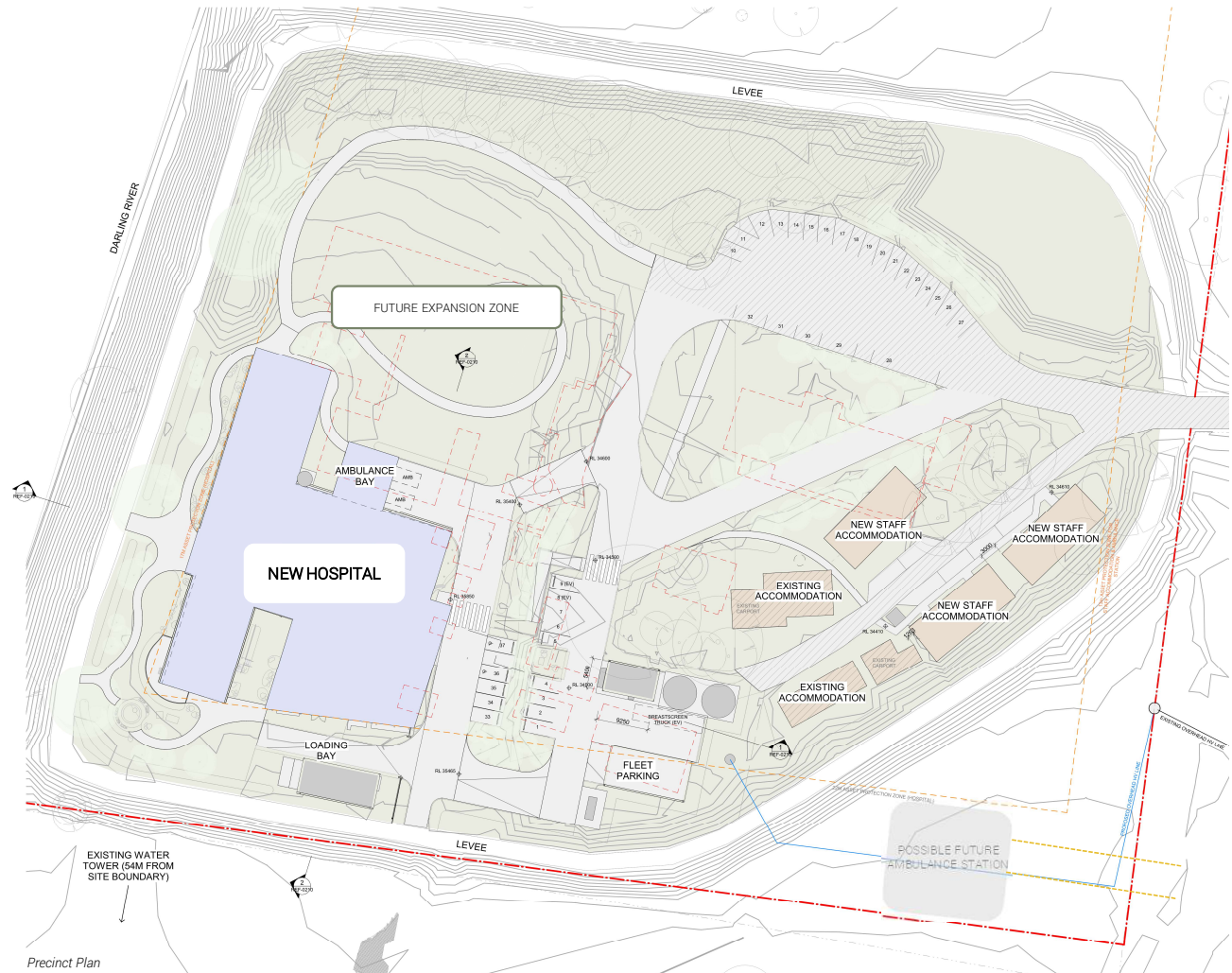
The staff accommodation area is retained around the existing accommodations and will be screened from the main access road.

The north of the site will primarily offer landscape opportunities to promote great visual and physical connection to the land and the country.

The precinct plan also identifies the future hospital expansion location towards the north of the new building.

There is a location shown for a possible future Ambulance Station within the site with a direct connection to the outside road networks for easy connection.

The plans were presented to PUG, EUG, ERG and ESC to consider their comments and endorsement of the design.



3.5 ACCESS AND CIRCULATION

The existing hospital site has a single point of entry from the east. The existing access road will be extended to south with new road network for accessing the new hospital building. This will facilitate access to the carpark, drop-off area, ambulance bay and loading areas. There is a vision of a new main access road to connect the existing entry point to the new building entry if cost permits. There will also be pedestrian paths alongside the vehicular roadways to connect pedestrians to the main hospital entry.

For the new health service building, there will be a single point for public entry. Visitors will enter via the main entry. An intercom system will be required to provide contact between staff and visitors when the reception staff are not available. Ambulance presentations will enter via the Ambulance entry connected to the Urgent Care Centre. A service entrance to south will provide vehicle access for delivery trucks. The Back of House area also can be used for a discreet Staff entry.

3.6 CAR PARKING

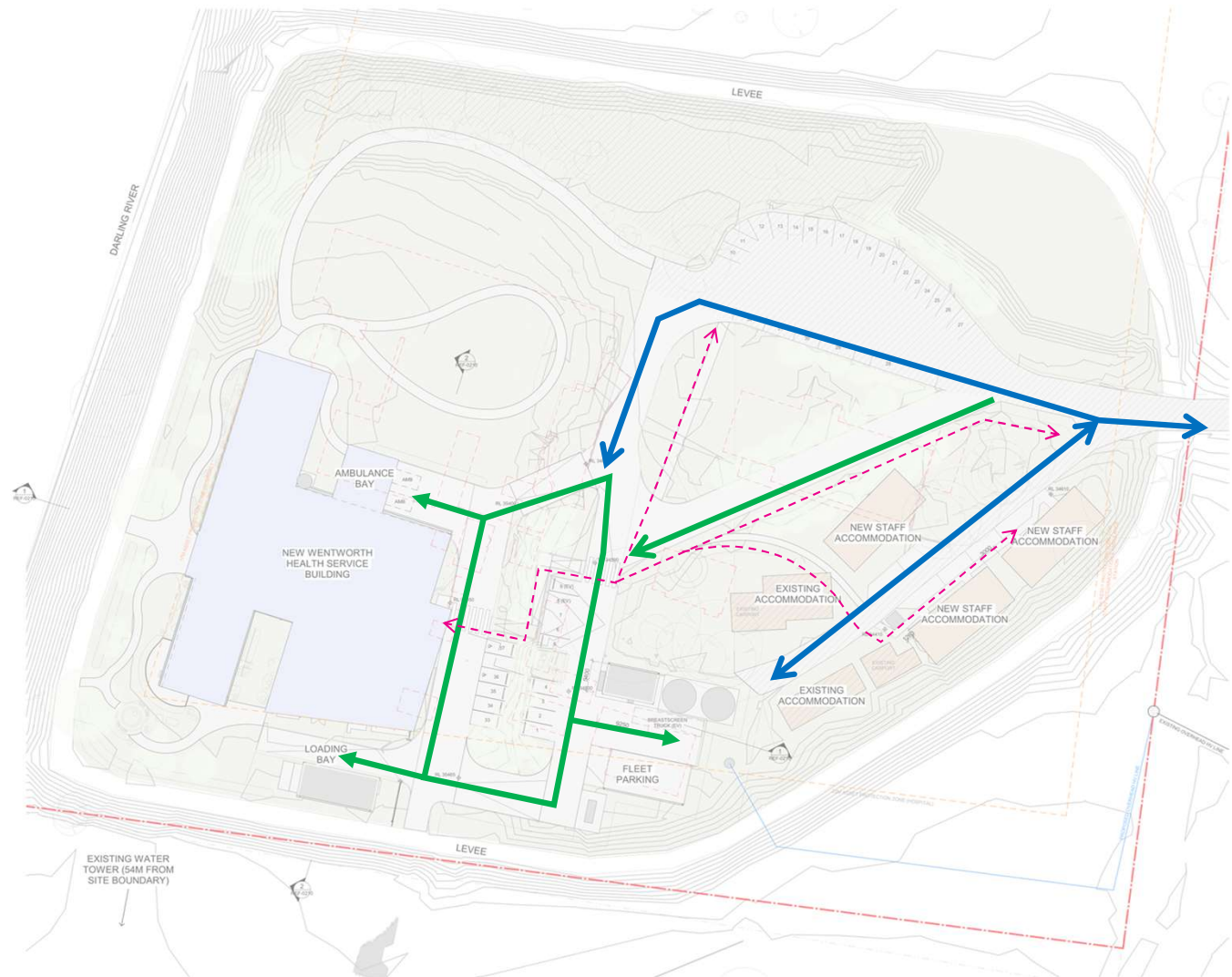
The existing hospital site has a carpark very close to the site entry which will be retained as staff/overflow parking. The project will also include some new on-grade carparking closer to the proposed hospital building. The accessible carpark spots will be provided very close to the main entry. The other carparks will be at a lower level to suit the existing site grade with a pedestrian ramp connection to the main entry.

A designated undercover drop-off area will be provided near the entry. The traffic consultant's advice for a total of 37 carpark is maintained.

3.7 STAGING

The existing building is currently occupied and will be decanted after the completion of new works. A site perimeter will be established around the existing buildings and the major building works will be completed in a single phase.

Only the Ambulance driveway will be constructed in the second stage after the demolition of existing services.



- ➡ Two-way vehicular path
- ➡ One-way vehicular path
- - - ➡ Two-way pedestrian path

3.7 STAGING

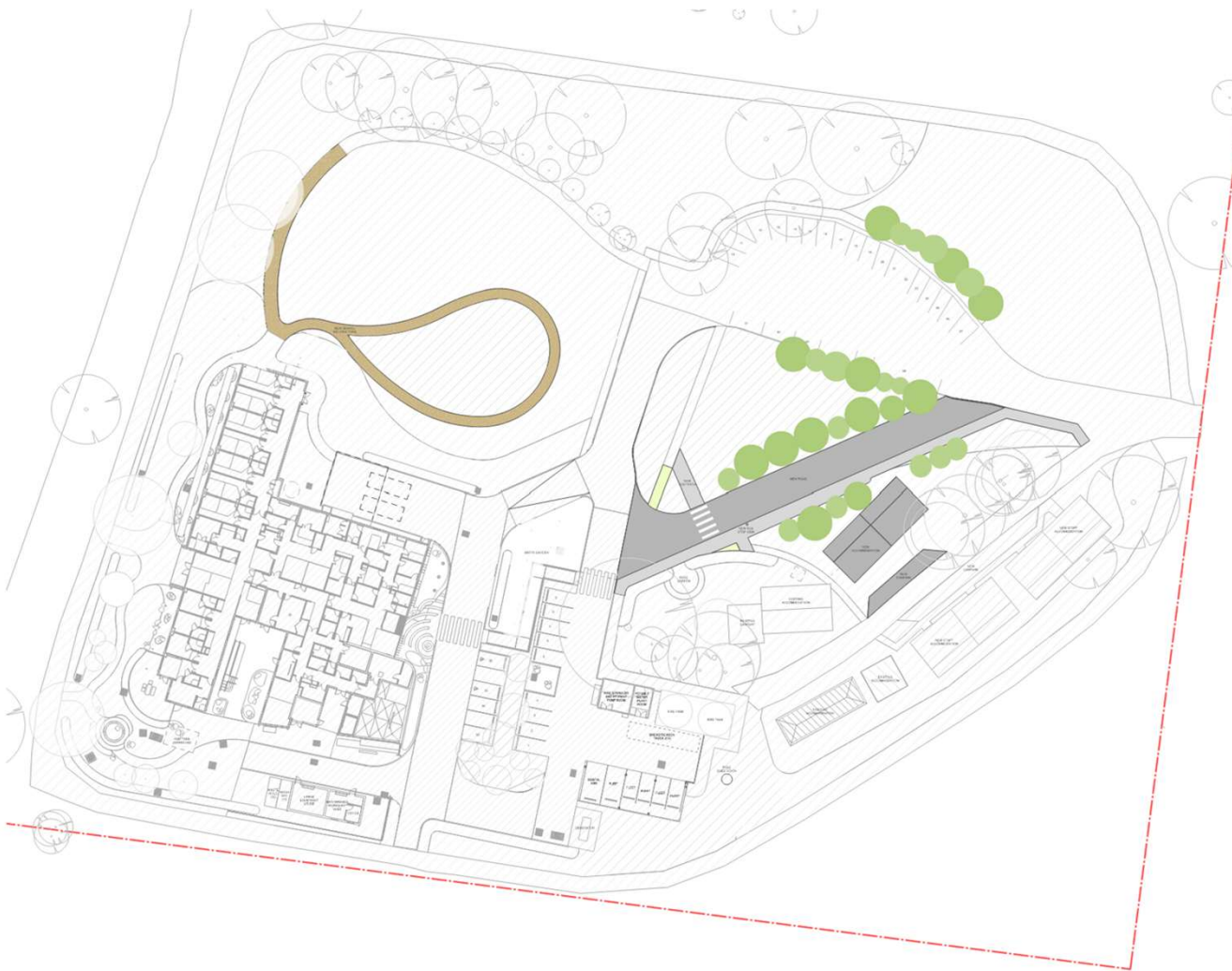
Subject to the available budget, the inclusion of the final Stage 2 precinct plan will be considered in the delivery phase of the project.



Precinct Plan - Milestone 1A (Base Scope)



Precinct Plan - Milestone 1B (Base Scope)



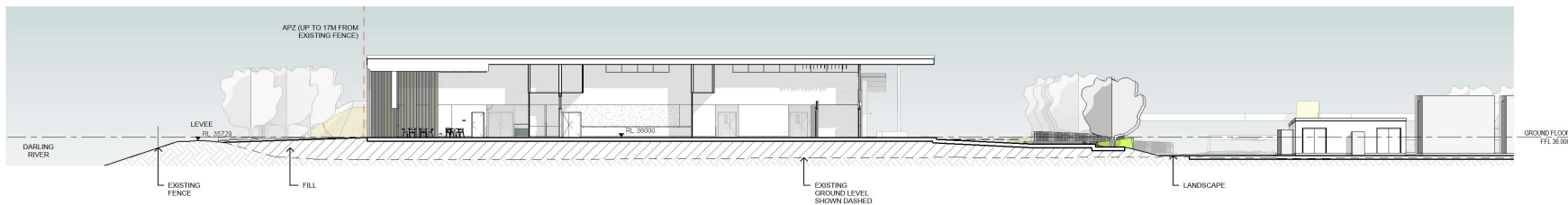
Precinct Plan - Stage 2

3.8 BUILDING LEVELS

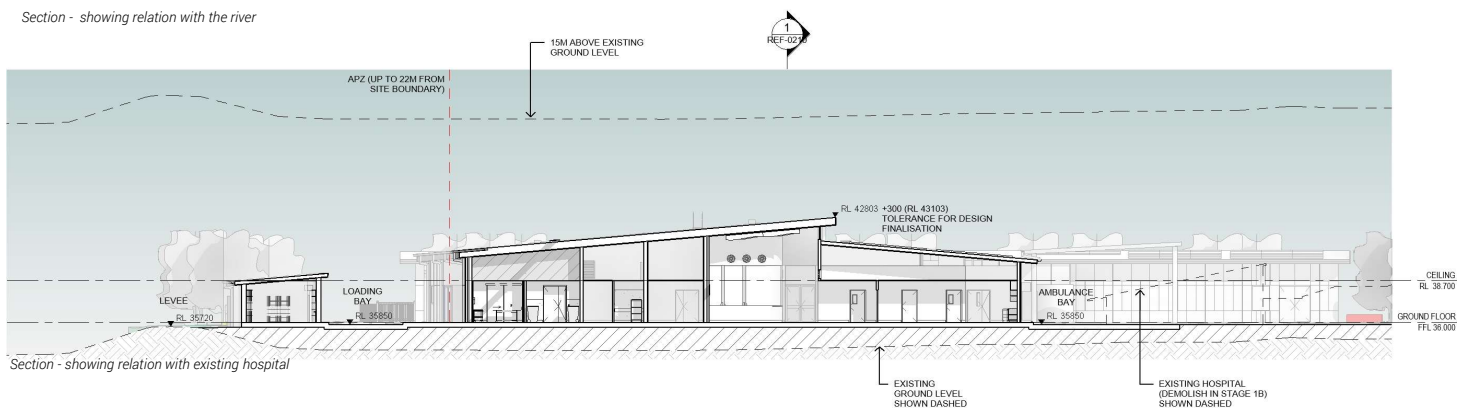
The flood study has identified the building level to be above the predicted extreme event (PMF). The building SSL will be at 36.00 mADH. The entire health service building will be a single storey and maintain the same floor level.

3.9 WAYFINDING

Building entry will be via the new carpark and driveway to a new main entry. The reception and waiting area will link inside and outside, providing good visibility to manage the arrival of visitors, staff and consumers. A corridor link will connect front-of-house areas with the main consumer spaces, including community health, meeting and activity zones, urgent care centre and living zones within the Inpatient unit. This link will provide a visual connection from the entry to the river. Private areas such as bedrooms are located away from the centre. The staff zone is located behind the reception zone through a secure door, providing privacy and separation.



Section - showing relation with the river



Section - showing relation with existing hospital

3.10 BUILDING DESIGN

The building will be governed by design principles that create meaningful spaces for engagement, including:

A place to be safe & supported: Transparent and connected open plan with lots of windows to let daylight in. Comfortable domestic features with areas to relax and recover.

A place for recovery: Soft natural materials and diffuse light appeal to the senses, creating a restful and calm experience throughout.

A place to meet and engage: A shared environment with opportunities to connect with others.

The building form aims to draw inspiration from elements that are important to the local community. For example, the column and the roof cutout at the entry are inspired by a scar tree, a tree that has had bark removed by the local Indigenous community for the creation of bark canoes.

3.11 FAÇADE DESIGN AND MATERIALS

The eastern façade at the main entry has a large curved feature wall and a high volume glazed entry zone. The form breaks into smaller volumes for the other areas that respond to the existing scale of local architecture. The façade will be a panelised system with irregular panel widths drawing inspiration from the flow of the river.

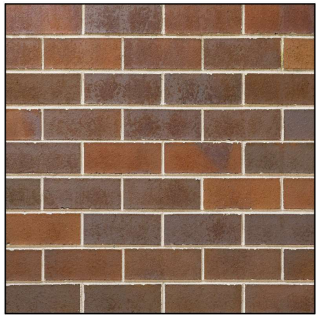
The new façade will be designed to exceed the Section J deemed-to-satisfy (DTS) requirements to meet ESD initiatives with insulation in the walls and roofs. Thermal bridging and air tightness has been taken into consideration to ensure thermal performance is maintained.

The proposed design will seek to enhance the materiality that draws from the existing local architecture and utilises the colours inspired by the rural landscape.

The building envelope primarily will use compressed fibre cement cladding system. The feature curved wall near the main entry is designed to be a large canvas for artwork, either as brick patterns or similar to be further developed with art strategy. The aim will be to have a great sense of arrival that provides a welcoming entry for all the local community members. The glazing will have metal framing and the roof will be a metal sheet supported on steel framing structure. A combination of vertical blades and horizontal perforated metal shade is being considered to provide appropriate solar relief to the glazed areas.



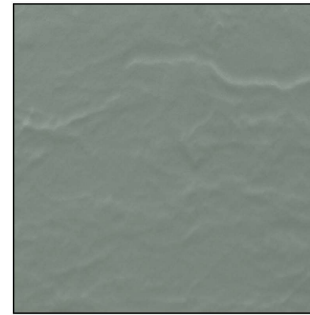
Conceptual reference Images



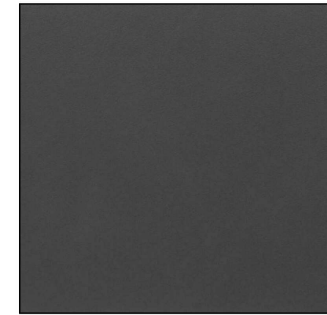
BRK-101
BRICK - ENTRY FEATURE WALL



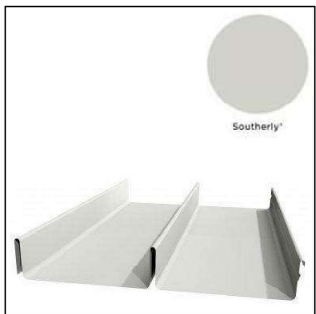
CLD-101
FIBRE CEMENT CLADDING - FACADE PANEL



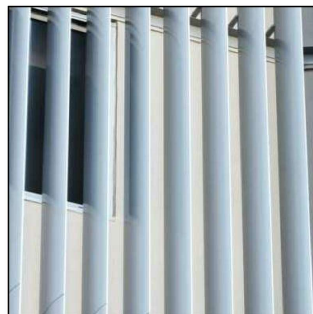
CLD-102
FIBRE CEMENT CLADDING - FACADE PANEL



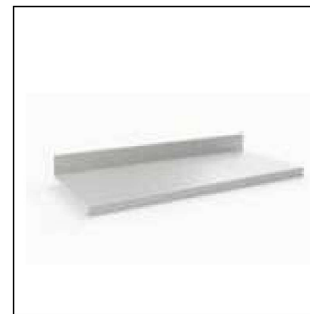
CLD-101
FIBRE CEMENT CLADDING - FACADE PANEL



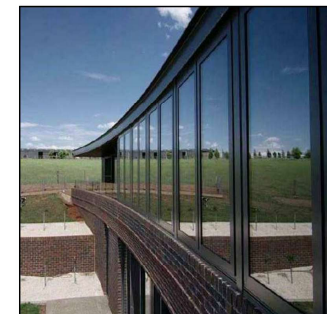
RFS-101
STANDING SEAM ROOF SYSTEM



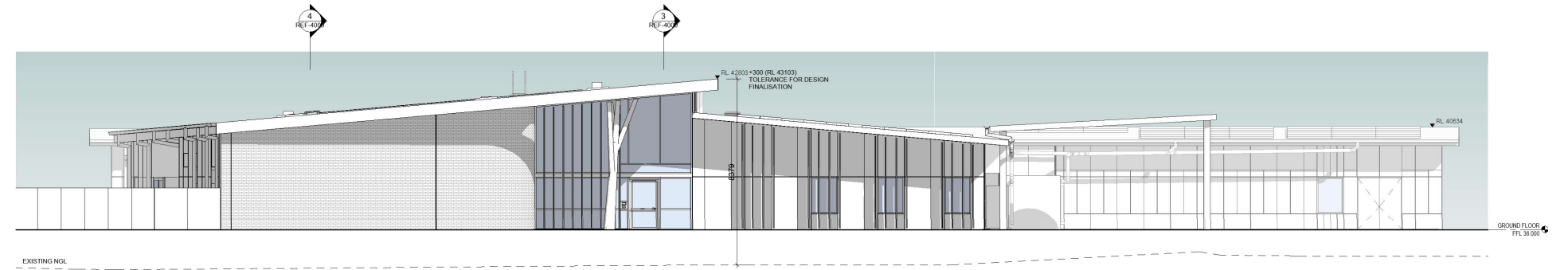
SCN-101
POWDER COATED ALUMINIUM BLADES



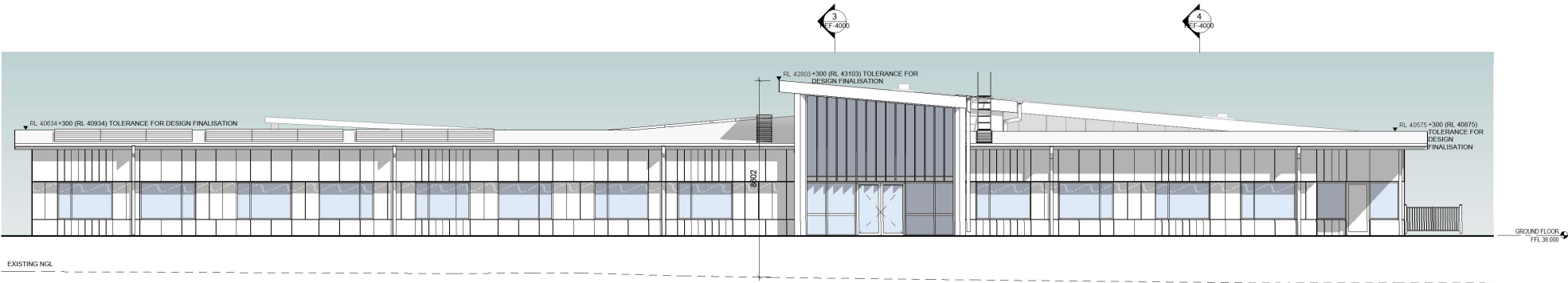
SCN-102
SUNHOOD - PERFORATED METAL SCREEN
COLOUR - CHARCOAL



WIN-101
EXTERNAL WINDOW



East Elevation



West Elevation

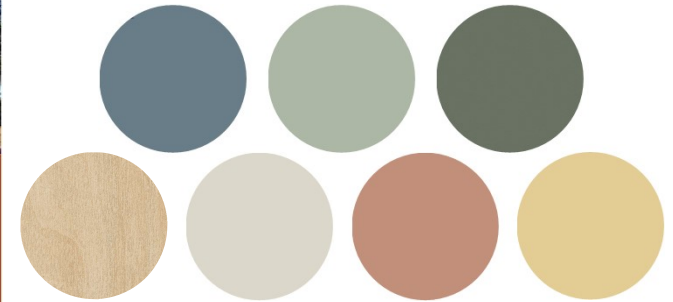
3.12 INTERIOR DESIGN

Design Principles

A place where the best quality of care can be provided: A public & staff experience that is modern, professional and welcoming. This is achieved with a neutral palette softening the entrance to the building and creating an inviting scheme by adding a few accent colours to connect with the surrounding nature and heritage buildings.

Sustainability

Preference will be given to the selection of materials that are locally manufactured, recyclable and have low embodied energy. Selection will also consider high thermal and acoustic insulating properties where required. Green Star ratings will be sought for timber, flooring, joinery, ceiling, walls, partitions and loose furniture selections. Low volatile organic compound (VOC) interior finishes and materials will be included in the specified selection to achieve a high level of indoor air quality.



Conceptual reference images

Finishes and FFE

Primary internal material finishes will be a high quality, with a preference for patterns and textures that evoke an experience of nature.

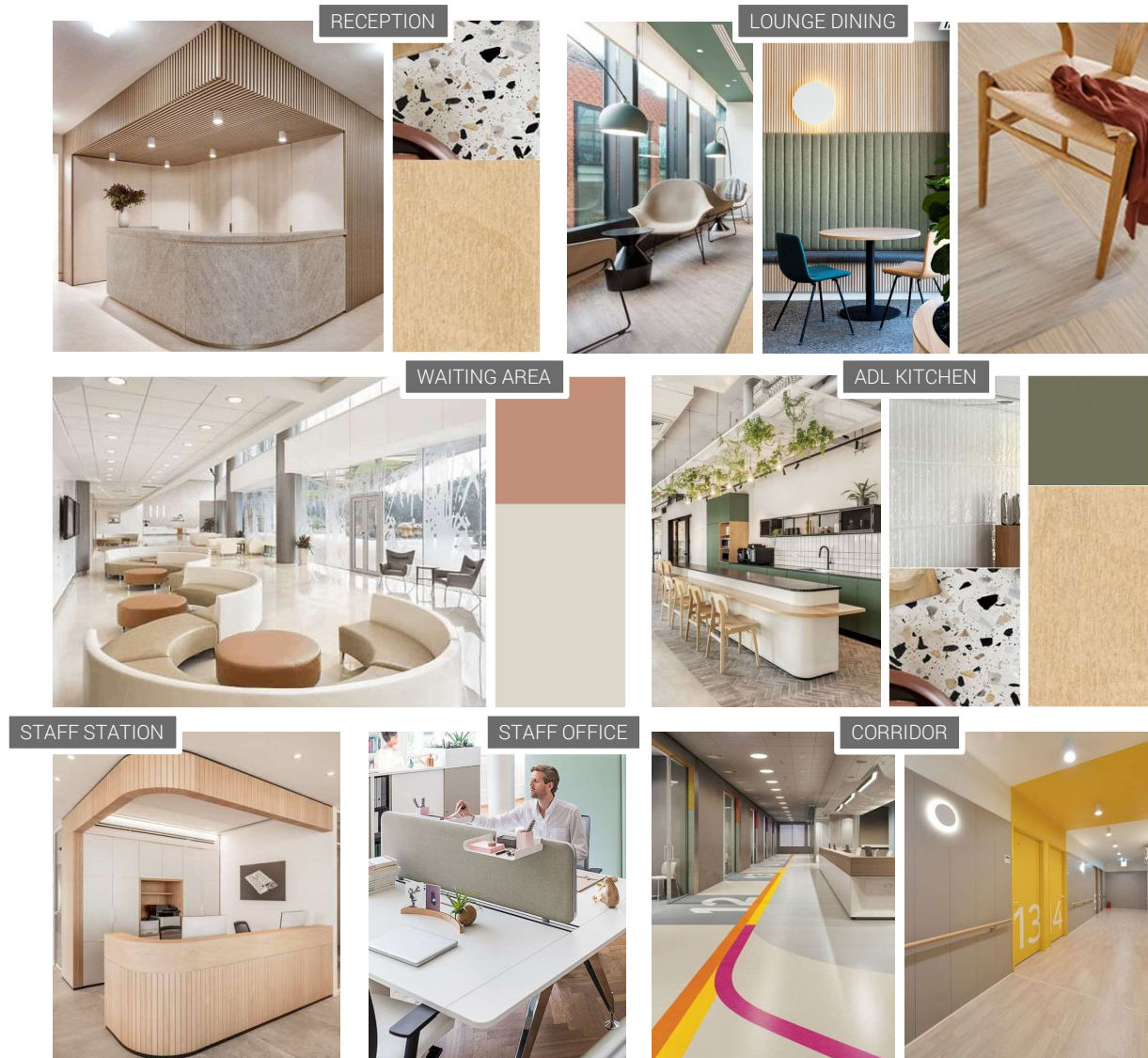
Acoustic wall panel will be utilised in the reception to reduce noise reverberation from the copier and create less intimidating experience to visitors at the waiting area. Acoustic ceilings incorporating acoustic ceiling blades, panel and perforated plasterboard with insulation above will provide acoustic privacy to key consumer areas, especially where carpet is not provided.

Floor linings will be high quality floor tiles and homogenous vinyl in high traffic areas, with impervious and heavy duty carpet tiles to be explored where possible. The design will explore the need for feather edge skirting to most area and coved vinyl skirting to area which need moisture resistance, with an option to explore aluminium skirting to waiting area with floor tiles and staff offices with carpet.

The kitchen, living and staff station areas will be designed in a cohesive and consistent material palette, to create a seamless and de-institutionalised experience to staff interactions. The open reception counter is conceived as a two-directional communication point that is as welcoming as a hotel concierge.

Furniture in living spaces will be selected for flexibility and safety, with custom fabric-look vinyl that are impervious to water and bleach.

An FFE list is prepared to outline the Fixtures, Finishes and Equipment being considered for the project. This will be further refined during Design Finalisation Phase with feedback from the FFE Group.



Conceptual reference images

3.13 SECURITY AND ACCESS CONTROL ZONES

Wentworth Health Service is operational 24 hours/day, 7 days/week. Inpatient beds, TACP and Urgent Care Centre will be operational 24/7. The other areas will mainly be occupied during the day for outpatient activities. Overnight, nursing staff based at the staff station will monitor the 24-hour zones as well as entry and exit points via CCTV and the intercom network.

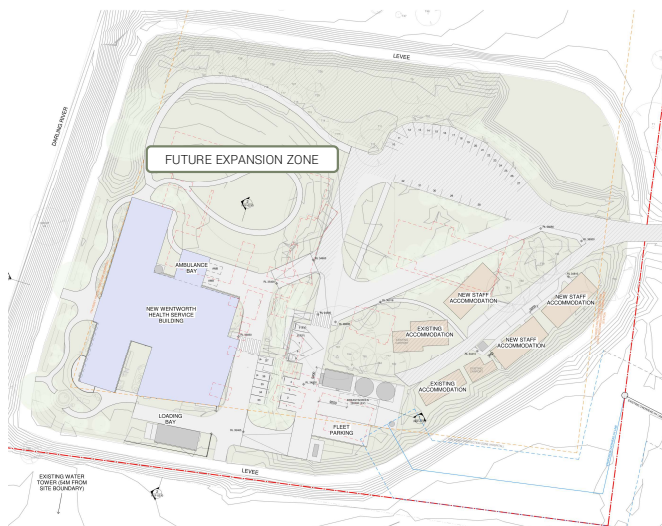


3.14 IMPACT ON EXISTING SERVICES

The location of the new facility is carefully selected to minimise any impact on the existing service. The existing service will be fully operational throughout the construction of the new facility. There may be some minor disruption during construction, but no major impacts.

3.15 FUTURE-PROOFING AND EXPANSION

Future expansion possibilities have been identified along the northern side of the new facility. This may include the expansion of the current facility or a new supporting facility.



Plan – Future Expansion Zone

3.16 CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN (CPTED)

The following measures have been implemented as part of the design strategy to address the principles of CPTED:

Surveillance and Visibility –

There are clear sight lines between public and private areas. Public access will be controlled to areas that are well supervised and entry points into the building are limited.

The use of CCTV will be implemented as required. To be an effective crime prevention tool, cameras must be monitored.

Access Control –

There will be access control to define staff only areas throughout the hospital. The access control will be applied to all entry points after hours.

Territorial Reinforcement –

Places that are well maintained and designed are often more regularly visited and endowed with a sense of community, accordingly well used spaces reduce crime opportunities, and in this instance, it is intended that the new landscaped permitted will provide patients with recreational and congregating opportunities which, from experience of other facilities, will be well used.

Space Management –

Well maintained and cared for spaces discourage crime as they tend to be more actively used and unwelcome persons readily identified. The hospital is a secure facility from the perspective of public access, with monitored access points at the main entry, and CCTV monitoring of the external areas.

Clearly marked, open, visible pedestrian access ways have been provided throughout the landscape to destination points.

Circular movement of traffic provides more constant natural surveillance of the landscape.

Lighting –

Lighting will meet minimum requirements under Australian Standards (AS 1158 for external lighting and AS 1680 for interior lighting). Direct lighting to the external areas and car park so that the staff and visitors can have clear vision of the area.

METHODOLOGY

This analysis has identified key existing viewpoints around the hospital site and assessed the visibility of the proposed development. The determination of the visual impacts is based on two criteria - sensitivity and magnitude.

Sensitivity is defined as "The sensitivity of a landscape character zone or view and its capacity to absorb change. In the case of visual impact, this also relates to the type of viewer and number of viewers."

Magnitude is defined as "The measurement of the scale, form and character of the development proposal when compared to the existing condition. In the case of visual assessment, this also relates to how far the proposal is from the viewer."

The combined assessment of the sensitivity and magnitude provides the rating for the visual impact

VISIBILITY OF THE PROPOSAL

The location of the selected viewpoint is illustrated in the adjacent diagram.

The visibility of the proposal, from the immediate areas along north, south and east, is considered not significant as the location of the proposal is well within the site with no immediate neighbours.

IDENTIFICATION OF THE VIEW POINT

The selection of key viewpoint has been based on identifying the view that assesses the impact of the proposal at a distance and site-specific.

As the proposal is right opposite the river, and is elevated above the levee height, the view from across the river is considered significant.



Plan – View Analysis

VIEW 01

Description: The view is from the river bank across the Darling River to the west of the proposal.

Sensitivity: The view primarily comprises of mature trees and vegetation along the river bank that dominates the view aspect. Therefore the sensitivity of the view is considered to be Low / Moderate.

Magnitude: The proposal is set behind the trees that are retained. The proposed building is less visible in this view as shown indicatively in the diagram to the right. Therefore the magnitude of the proposed development from this viewpoint is considered Low.

Assessment of impact: The combination of the sensitivity of the viewpoint and the magnitude of the proposal on the view provides an integrated impact of Low. The level of impact is lessened by existing trees providing coverage for the proposal.



View 01 – From the river bank across the site

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