



BLAYNEY MULTI PURPOSE SERVICE REDEVELOPMENT

REF REPORT AND DESIGN STATEMENT

Western NSW Local Health District

AUGUST 2023 | REVISION 02

NBRS & PARTNERS PTY LTD

4 Glen Street, Milsons Point NSW 2061 Australia | +61 2 9922 2344 | nbrsarchitecture.com | Nominated Architect Andrew Duffin NSW reg. 5602 | ABN 16 002 247 565

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NBRS.
NBRS & PARTNERS PTY LTD
ABN 16 002 247 565
Nom. Architect: Andrew Duffin – NSW 5602
4 Glen Street, Milsons Point NSW 2061 Australia
nbrs.com.au | architects@nbrs.com.au

p. +61 2 9922 2344

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1.1 BACKGROUND

The Blayney MPS is a small rural health facility located in the Southern Sector of the Western NSW Local Health District (LHD) and it is the first line health provider for the people of the Blayney catchment. It is located in the Blayney Local Government Area (LGA) in central NSW.

Blayney Health Service (BHS) operates as a Multi-purpose Service (MPS) and is co-located with a HealthOne providing primary health care services. Blayney Health Service currently has 29 beds with a mixture of high care residential beds, inpatient beds and 4 treatment bays within the ED treatment space.

Major redevelopment of the Blayney MPS is proposed to meet the current and projected demand for services. The masterplan explored four options for the redevelopment of the facility. The preferred option (Option B) endorsed by all stakeholders was taken further through the next design stages.

1.2 PROJECT SCOPE

Key development considerations for Blayney Health Service include:

- Ageing population and demand for residential high care,
- Providing a range of outpatient care services integrated with the existing HealthOne,
- Providing integrated Emergency, Acute with Ambulatory Care services, and
- Improved connectivity of existing services.

After analysis of the consultation findings, current service models, service mapping, population needs and health service utilization data, the most appropriate service redevelopment would be to have a new facility to expand the inpatient zone, enhance the residential aged care supporting infrastructure (such as communal areas), and expand consultation capacity at HealthOne Blayney. The new service will promote staff and patient safety, improve functional relationships, and enable best practice models of care to be implemented.

The new facility would incorporate the NSW Health Multipurpose Service Principles of patient/resident-focused care environments with a high level of functional efficiency suitable for regional and rural facilities.

The Blayney MPS will provide:

- **Residential aged care** accommodation providing care to aged care residents with high care needs including clients with dementia who have been assessed as suitable for an MPS. Blayney MPS also provides respite care for low and high care residents.
- **Inpatient services** that will provide low level acute care to patients including palliative care in line with the agreed role delineation.
- **Emergency services** including stabilization and management in preparation for admission or transfer of care in line with level 1 role delineation.
- **Imaging services** including general x-ray with a visiting Radiographer onsite from the Cowra Health Service – two days a week.
- **Western NSW LHD community health**, outpatient / ambulatory services and Hospital in the Home (HiTH).

There is an allowance for the space requirements associated with the above services including shared activity/ lifestyle areas, quiet room/family room, clinical support, non-clinical support and office space.

Overall, the goal for the project team is to deliver a sustainable long-term health service precinct that can be efficiently delivered in a regional context and staged to support the operational continuity of the hospital.

1.3 DESIGN PROCESS

The primary intention for the design was to maximise connection between outside and inside, especially from residential age care and inpatient unit to the landscape and courtyard areas.

Other key principles include:

- Retain existing hospital service until the new service is built and occupied (this will be done in stages),
- Minimize difference of levels from the pedestrian access and internal corridor,
- Consideration to retain most of the significant well established trees – specially the mature trees alongside Martha Street,

- 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,
- Strong connection from Osman Street to Main Entry,
- Allow for future growth opportunities.

The preferred concept design option addressed all the key constraints identified above. The design includes a strong connection to outdoor landscape right from the main entry. It also allows for all Residential Ages Care Bedrooms except the one facing south to have external doors open into the courtyard providing direct connection to residents.

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

- 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,
- Consumer experience included the perspective of the community, especially the indigenous community in creating a welcoming hospital environment.

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 1 – Construction of RAC and IPU on existing staff car park area. A temporary connection link to the existing hospital.

Stage 2 – Demolition of existing RAC and IPU and construction of all remaining new hospital departments.

Stage 3 – Demolition of Existing facilities and temporary carpark. Construction of new drop-off road, carpark and landscaping to the entry zone.

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.

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.

Feedback from the consultations with the HI Design Excellence team and HI Design & Evaluation team to ensure the Better Design Principles are considered appropriately for the project were incorporated into the design.

The feedback of a concept of a glazed corridor between the two halves of the building to provide a visual connection to outdoor areas was incorporated into the design.

The feedback of separating the RAC/IPU wing from the HealthOne/ED building to create space and visual separation was incorporated into the design.

The meetings notes from 21/09/22 and 12/12/22 are appended to this report.

Better Fit

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

The design is developed to ensure the staging on-site maintains the operation of the existing facility with minimal disruptions. The elements such as direct visual connection to landscape upon entry, doors to residents' bedrooms allowing them to walk

outside from their rooms reference the important cultural element if the indigenous community to feel comfortable in the space. The building massing and the roof form highlight the main entry to the hospital helping with wayfinding.

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 natural 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 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 provision of EV charging
- Views to external planting for connection to nature), natural daylighting and glare control
- Design for Lighting comfort, Acoustic comfort, and Thermal comfort
- Use of materials with low off-gassing (low VOC's and Formaldehyde)
- 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 building and at the entry are designed to provide places for people to either sit quietly or gather with others.
- Multipurpose room close to Residential Aged Care and Inpatient Unit opening to the courtyard connecting with yarning circle provides a unique meeting space for the families of the patient.
- The building is designed for equitable and dignified equitable access to all areas across Community Health, Emergency, Inpatient Unit and Residential Aged Care.

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 residents day living areas are designed to provide access to natural light and landscape outlooks.
- Gathering areas such as Lounge, Therapy Room, Activity Room and Multipurpose room allow direct access to outdoor landscape.
- Most of the residents bedrooms in Residential Aged Care have direct access to outdoor courtyard space.

- 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, and greening of external spaces.

2.1 SITE LOCATION

The site is a crown land title DP 1097082 and the address is listed as 3 Osman Street, Blayney NSW, 2799

Blayney MPS is located in the Western NSW Local Health District. The District covers around 250,000 square kilometres and encompasses inner regional, outer regional and remote communities

The main vehicular access to the site is on South of Osman Street close to the intersection with Mid Western Highway (Martha Street).

On Osman Street there is a secondary vehicular exit way from the car park.

From Queens Street there is a paved area that supports vehicular parking.

Pedestrian access happens alongside Osman street frontage with the 2 major entry points being between the existing car park and the internal road.

The Site has existing patient car parking as well as staff and fleet Car parking.

The Ambulance Service NSW is located to the West of the Hospital Block with direct access to Site. There is a paved single lane road connecting the site on Southwest to the Blayney Ambulance Station.

There is no opportunity for parking on Mid Western Highway. However, within the vicinity of the Hospital on Osman Street, 18 marked car spaces were identified. Osman street is quiet and residential; with an opportunity for cars to park in unmarked positions along the street where applicable.

2.2 SITE SUMMARY

The site is an existing hospital site and is zoned R1 General Residential in the Blayney Local Environmental Plan 2012. Health services facility is permitted with consent under the LEP.

- The northern boundary is shared with 2 residential properties with single dwelling houses.
- The north-west boundary is shared with the Lee Hostel.
- The western boundary is shared with Ambulance NSW.
- The site is bound by Osman St to the East and Martha St to the south.



Aerial Photo– Site Location



Image – Aerial view of the existing site



Image – Aerial view of the existing site



Image – Rear access from Queen Street



Image – View from Existing Car Park

2.3 SITE INVESTIGATIONS

All project team members including 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 is also a detailed survey carried out during the early part of this phase. All this information has helped the design process outlined in this report.

Heritage

There are no listed historic values associated with the Blayney Health Service site.

Built Form

The current hospital is located adjacent to the Great Western Highway and consists of one main single level structures with brick cladding and a metal roof. There are ancillary buildings, also single storey supporting the health service engineering, maintenance and other requirements.

Topography

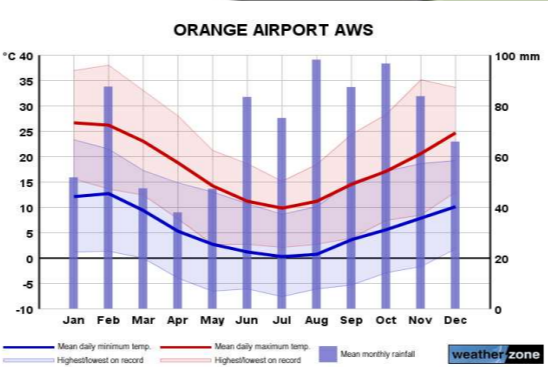
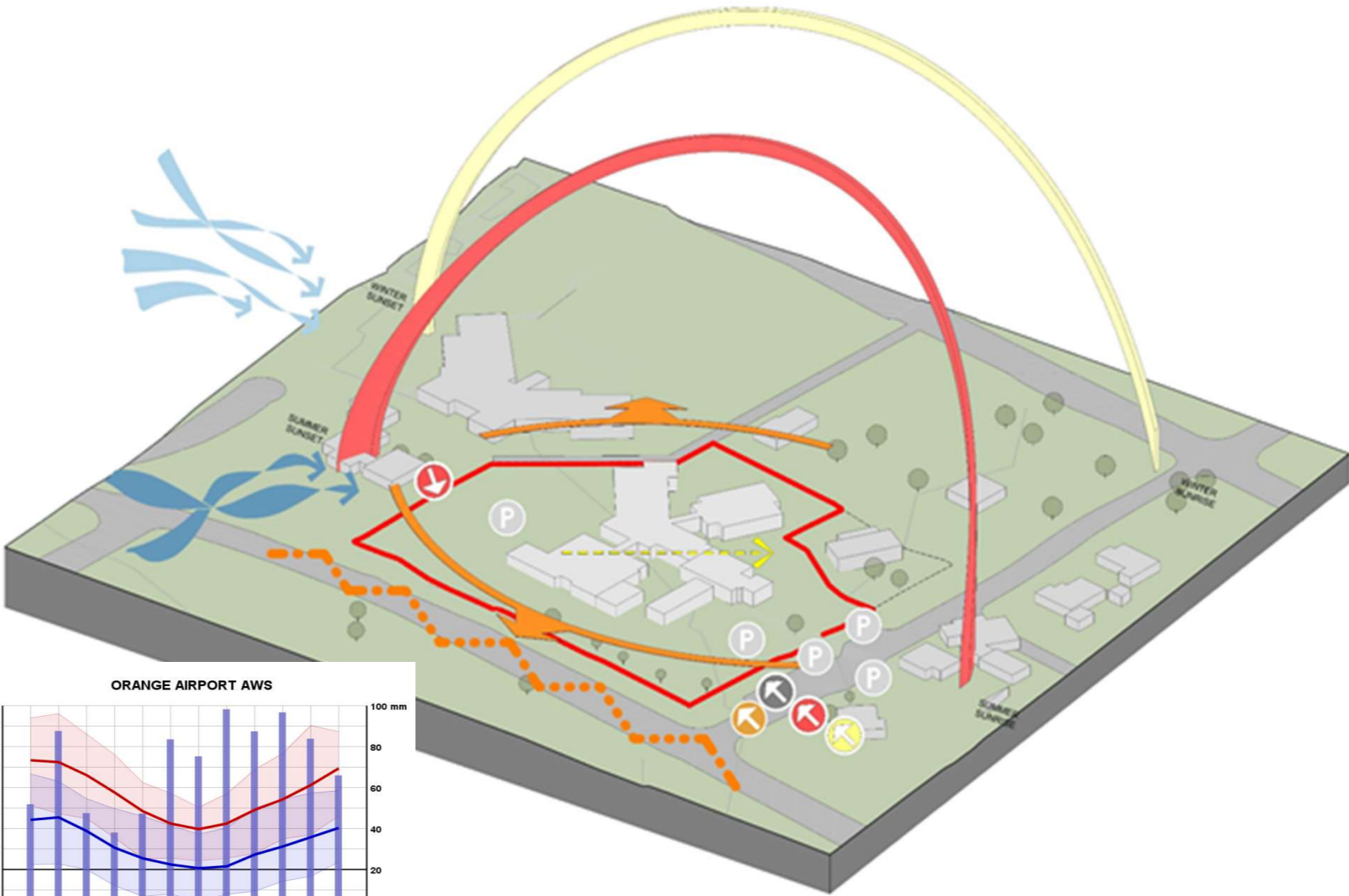
The site location is generally level with a slight slope to the north-east.

Sun and Wind

The climate of the Blayney region is cool climate with mild summers temperatures and cold winters, and highest rainfall is in the June to November period. Breezes are generally present from south-west and westerly direction throughout the year. Persistently south-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 south if necessary.

Development Area

The western side of the site primarily contains the staff carpark and workshop area. With a temporary arrangement of these, the area can be cleared for new construction without much impact to the operations of the existing facility. The stage one of the construction will primarily utilise this area for location of new RAC and IPU wings.



DATA FROM THE CLOSEST WEATHER STATION BASED IN ORANGE (APPROXIMATE 21KM FROM BLAYNEY)
SOURCE: <https://www.farmonlineweather.com.au/climate/station.jsp?lt=site&lc=63303>
Figure – Weather Chart

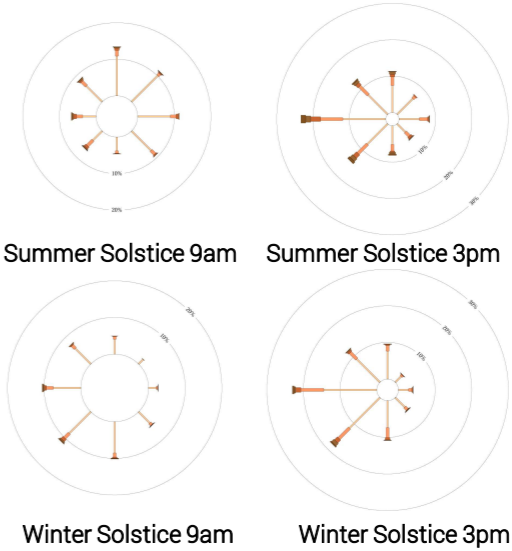
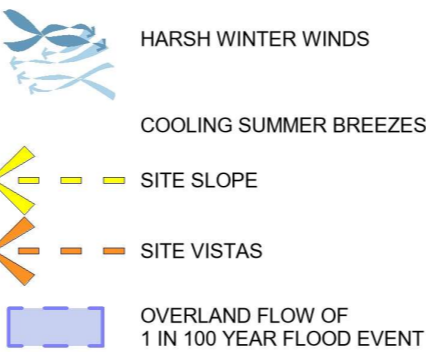


Figure – Sun and Wind Analysis

Geotechnical

From the south site boundary there is a significant drop on levels until the existing internal road. The general topography of the area is flat, gently undulating from south-west towards north-east. the borehole investigation revealed predominantly residual silty clay, with occasional layers of clayey silt. No bedrock was found, apart from deeper layers of clay with some remnant rock structure. Groundwater is present on site.

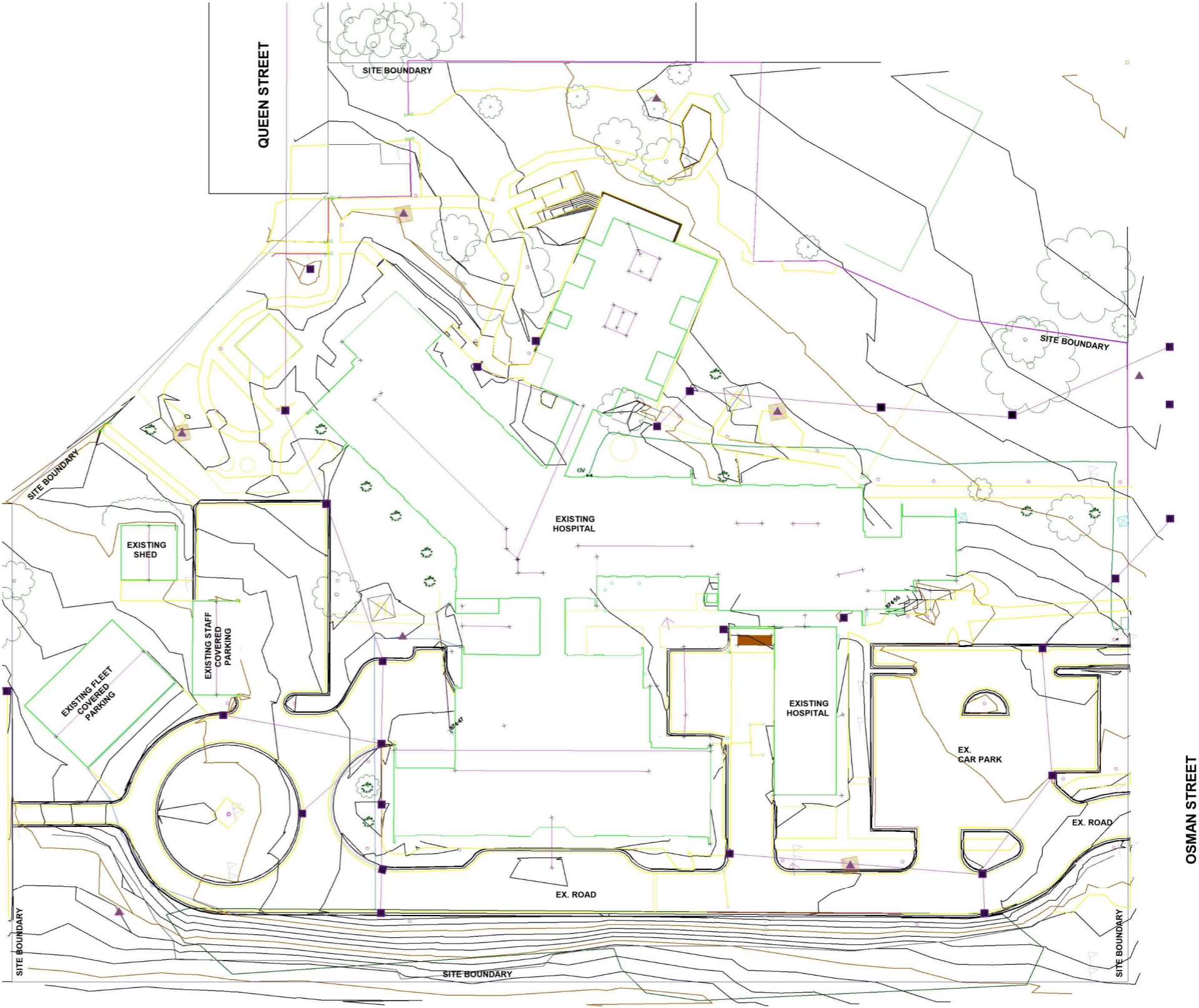
The detailed findings and recommendations are in the Geotechnical Report. It is noted that the total settlements should be minimal provided the design is made within the allowable design parameters recommended and the maintenance of the structures and proper drainage measures are adopted around the structures.



Images – Aerial view from North East corner of the site



Images – Aerial view from South West corner of the site showing area of construction of Stage 1 building



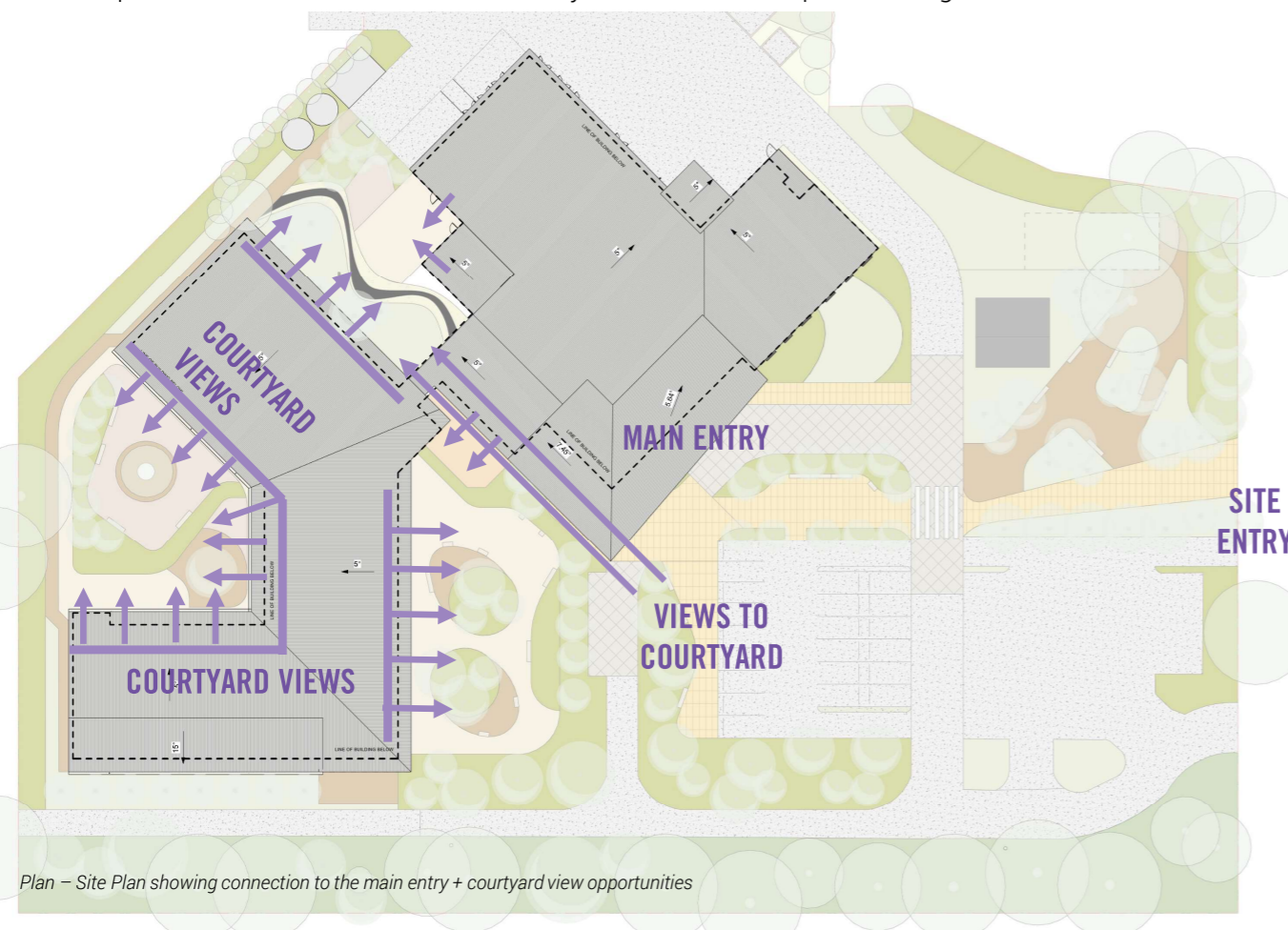
Plan – Survey Plan

3.1 CONCEPTUAL FRAMEWORK

The site is along Mid Western Highway on a established area of the town of Blayney. The central idea of the design for the new facility is to create a visual glazed connection from entry to the rear courtyard, through the main corridor and lateral landscape area. This will potentialize the connection with the country and maximise outdoor/landscape views for inpatients. This is addressed via some key design considerations as per below:

- Every patient bedroom will have a courtyard view,
- Most residents will have direct access to a resident courtyard from their bedrooms,
- The lounge & dining area will form the central activity hub and will have direct access to the courtyard,
- There will be a direct connection from the entry to the rear landscape through the main corridor,
- Multi purpose Lounge to have direct access to West Courtyard and the yarning circle.

The inpatient unit, will have views to the courtyards, while palliative care will have access to it own discrete patio. The services such as Therapy room and Activity room will have access to outdoor areas. The staff room and offices also have an outdoor access to maximise the opportunities for connection with the country for staff members. The main entry will be to the east surrounded by landscape and connected to Osman street by a central landscaped thoroughfare.



3.2 SITE SETTING

The existing hospital site has 3 entry points: North-West, East and West.

The existing structure is a traditional building with the main entry to the south, and ambulance entry in the middle, via a drop-off road from south.

HealthOne is closed to the main entry and is commonly mistaken as the main hospital entry. The maintenance building divides the car park and the main entry building, hiding the emergency access and the main entry, making difficult way finding for the users.

Most of the building are dilapidated and do not follow the current standards and guide-lines.

The West side of the site is currently the staff car park and sheds and is identified as a best location for new development.

The project aims to provide an area and allow considerations for future staff accommodations on site on the North-East area.



View – Pedestrian Entry View from Osman Street

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. Two Aboriginal Focus groups were facilitated by NSWHI and the WLHD. It involved talking to local elders about the project design and actively listening to their needs and concerns.

The session 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 Wiradjuri community. The engagement has received supportive feedback from the Indigenous community. The process and outcomes are consolidated in the Connecting with the Country report., but the main key point raised were:

- Focal courtyard should be green (ideally with trees) and with artwork secondary,
- Residential Age Care courtyard is the preferred location for the yarning circle,
- Relocation of multi-purpose room for better access to courtyard and yarning circle,
- Staff Base to be a central connection point to assist patient and visitor orientation and create lesser disruption to the residents,
- Landscaped areas to reflect unique local community, homelike environment in Residential Age Care and to be multi-sensory,
- Entry & Wait areas should have good visual connections with the outside. The design to take into consideration the user.

3.4 MASTERPLAN

The master plan addressed the following key design considerations:

- Better wayfinding opportunity to the building entry from the main entrance of the site,
- Careful staging during construction for minimising the impact on the operation of the existing facility.
- Strategic landscape design to maximise retention of the existing vegetation and connection to the pedestrian pathways,
- Carparking close to the hospital,
- Identifying location for future Staff Accommodation area,
- Identifying future expansion possibilities.

The development of the precinct considered an investigation of options for the building in different locations on site. The building on the north-west part of the existing hospital site was the preferred location, and the precinct plan was developed to consider the engineering services requirements, access to the neighbouring ambulance station, staging and the future expansion of the service. The project will utilise the existing hospital entry and maintain the existing carpark near Osman Street.

The main hospital building is located to the North-West corner of the site. To maintain the operations of the existing service, the construction will be done in stages. The Residential Age Care, Inpatient unit and temporary connection to the existing hospital will be constructed on the first stage, while the rest of the building will come in the second stage. Subsequently, the rest of the existing hospital will be demolished, and the road and landscape will come in the third stage.

The precinct plan also identifies the future hospital expansions for the different departments of the hospital – as well as future staff accommodation area on North-East of the site.

To maintain the operations of the existing service, the construction of the new building will be done in two stages. The RAC and IPU wing will be constructed in the first stage and the rest of the facility will be constructed in the second stage.

As the building is located within the existing hospital site, most of the infrastructure will need to be upgraded and/or brought to the current standards. Some services including gas will be removed or terminated.

The west of the site will primarily offer landscape opportunities to promote great visual and physical connection from Osman Street to the main hospital entry.

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



Precinct Plan

3.5 ACCESS AND CIRCULATION

The existing hospital site has 3 main entry points (North-West, South-West and East). The existing entry road will be rectified to be entry only and a new connection road (single lane) will be provided from the ambulance station. The current exit to Osman street will be rectified to comply with the standards and from Queens Street all delivery and waste vehicles will access the site. Ambulance drop-off, mortuary vehicle access, deliveries and garbage collection areas are all located on the north of the site. This will facilitate user's pedestrian and vehicular access as well as way finding.

A road connecting the north of the site to the south will facilitate ambulance circulation from south areas of Blayney and the ambulance station towards the ambulance drop-off/pick-up area. There will also be a pedestrian thoroughfare alongside the north side of existing and proposed car park from Osman street to the main hospital entry.

The whole facility will have a single public point of entry – including those accessing HealthOne services and emergency. 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 Emergency Department.

3.6 CAR PARKING

The existing hospital site has a carpark very close to the site entry which will be retained as staff/overflow park. The project will also include a new car park closer to the entry of the proposed hospital building. The accessible carpark spots will be the closest to the main entry. The fleet car park and some extra staff car spaces will be covered and on the North of the site, accessing through Queen street. The traffic consultant's advice is for a total of 38 car park spaces (not including fleet, special parking and on Osman street).

3.7 STAGING

The existing hospital will be decanted in stages, following the staged construction of the new facilities, as described on the following pages:



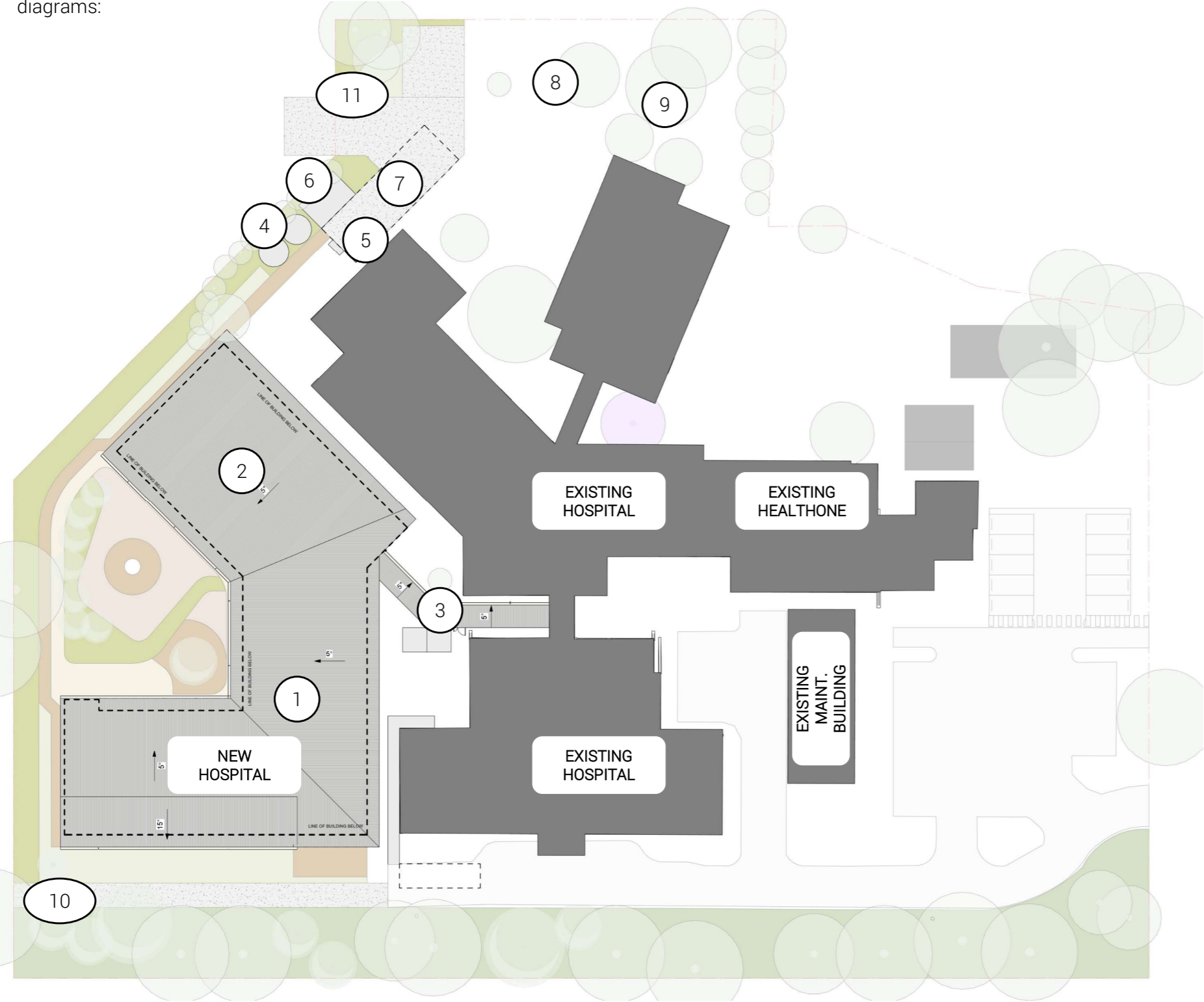
Vehicular Circulation Plan



Plan – Aerial – Vehicular and Pedestrian Access

3.7 STAGING

The existing hospital will be decanted in stages, following the staged construction of the new facilities, as illustrated in the following diagrams:



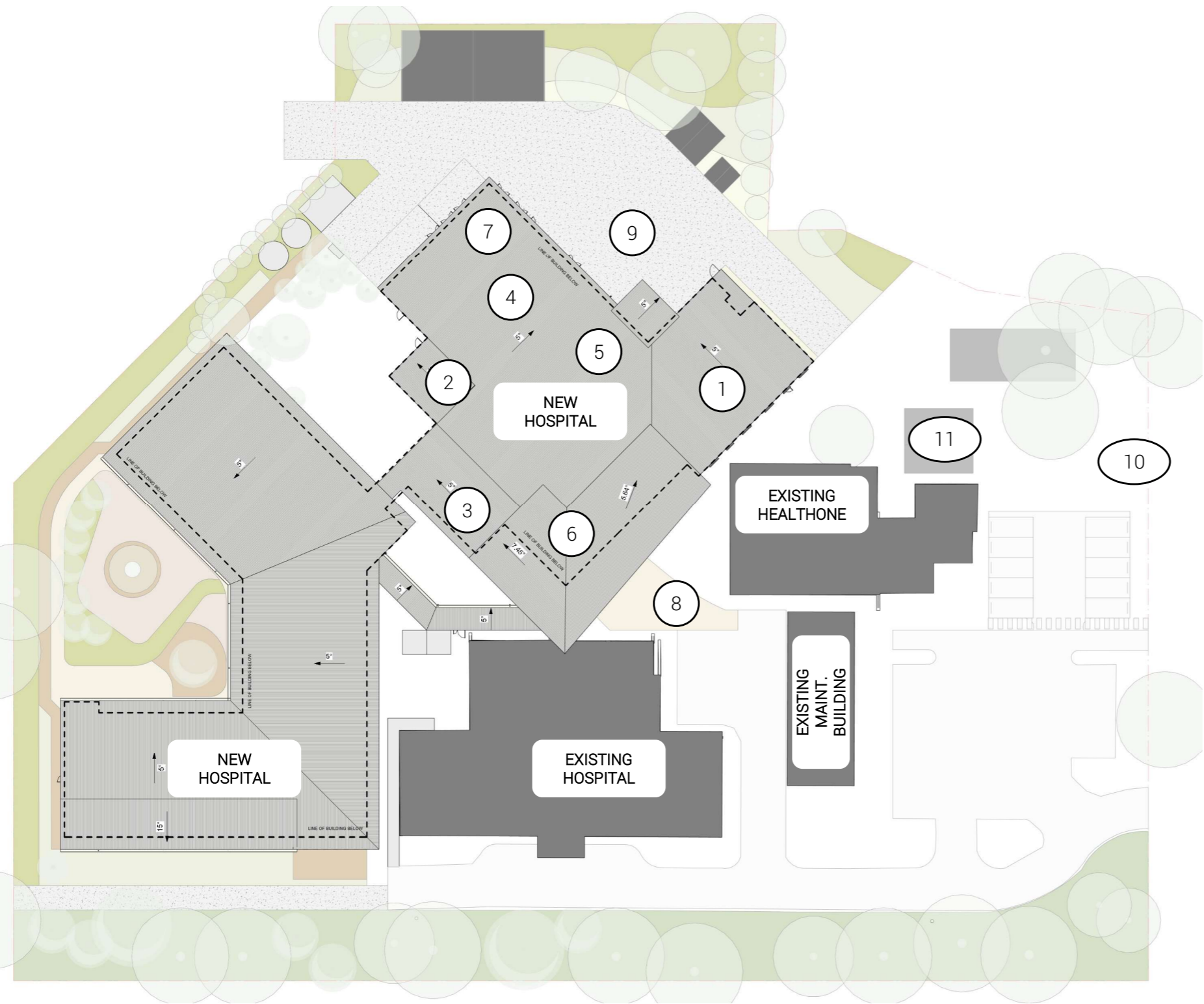
STAGE 1

Demolition of:

- Covered Fleet Structure,
- Garden Shed,
- Staff Car Park /Including Roof over,
- Round about on West and surrounding roads – including access to Ambulance Station,
- Removal of some trees and landscape.

Construction of:

1. Residential Age Care wing,
2. Inpatient Unit,
3. Connection corridor between New IPU and Existing Hospital,
4. Sprinkler Tanks,
5. Sprinkler Booster,
6. Sprinkler Pump Room,
7. Hard standing area for Fire Truck,
8. Covered Fleet car Park,
9. Dirty Workshop building and Garden Shed,
10. New Access Roads from Ambulance Station,
11. New Access Roads from Queens Street.



STAGE 2

Demolition of:

- Existing RAC Wings (Including Palliative Care)
- Residents' courtyard
- Existing IPU and central core (nurse station area)

Construction of:

- Main block:
 1. HealthOne,
 2. Staff Areas,
 3. Shared Services,
 4. Non-Clinical Support areas (including Kitchen),
 5. Emergency Department,
 6. Entry/Admin and waiting areas,
 7. Plant Areas,
 8. Connection from current ambulance drop-off area and New Entry,
 9. Hard paving area around garbage collection, delivery, mortuary and ambulance drop-off,
 10. Kiosk Sub-station,
 11. Diesel Generator and Main Switchboard Room.



STAGE 3

Demolition of:

- Existing HealthOne Building
- Existing Main Hospital Building – including ambulance drop-off area
- Existing engineering building and diesel generator
- Temporary Car Park
- Connection corridor between New IPU and Existing Hospital

Construction of:

1. Remaining Internal Roads
2. Drop-off Road
3. Rectification of Exit road to Osman Street
4. Extension of landscape (planting, seating, walkways, etc.) to all remaining areas
5. Public Car Park
6. Pedestrian thoroughfare

3.8 BUILDING LEVELS

The levels for the proposed facility will be marginally the same as the current hospital. This will allow for easy connection during the stage construction as well as reducing extreme changes of levels and transitions between building, internal roads, pedestrian access and landscape.

The entire building will be a single storey and maintain the same floor level. This will assist on minimizing the visual impact of the new facility on the surround allotments.

3.9 WAYFINDING

Building entry will be via the new carpark and drop-off 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. From the reception the users will move to the right to access HealthOne and to the left to access the main connection corridor.

This wide corridor will link the front-of-house areas with the residential age care and main consumer spaces, including shared services (Activity and Therapy room), emergency department and the Inpatient unit. This link will provide a visual connection from the entry to the staff courtyard on the North-West of the site. Private areas such as resident bedrooms are located away from the centre; while the staff zone is located at the end of the main corridor through a secure door, providing privacy, separation and easy access to non-clinical support areas (such as kitchen, store-rooms, plant area, etc.).



West-East Section - showing Residential Age Care with Main Entry to North-East



North-South Section - showing Main Entry with Residential Age Care block behind

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 will aim to draw inspiration from elements that are important to the local community, such as the connection with the landscape.

The entrance for pedestrian and vehicle drop-off along with a central glazed spine connecting it to the courtyard on the back will bring transparency and easy circulation inside the building. The form was designed to create visual separation between the Residential Aged Care + Inpatient Unit and the rest of the hospital. The Residential Aged Care and Inpatient wing responds to the existing scale of local architecture while the Community Health and the Main entry of the building has a more commercial presence on the site. These two building forms are separated via a glazed corridor.

3.11 FAÇADE DESIGN AND MATERIALS

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 eastern façade at the main entry has a feature brick wall and a high-volume glazed entry zone. Below and above the windows to this façade CFC panels are slight recessed to break the façade and create articulation. The remaining façades on the main building is a combination of different compressed fiber cement panels in different finishes.

The main entry roof has its form to invite users in and be a beacon when approaching the site and the building. Prefinished CFC panels will be used to bring a more warm feeling while sustaining resilience to the external fabric.

Windows and external glass doors will have double glazing and metal framing, and the roofs will be of metal sheeting supported by a steel framing structure. Vertical and horizontal louvres will be introduced on the following stage as required to mitigate solar gain.

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 will be taken into consideration to ensure thermal performance is maintained. The details will be developed during the next phases of the project based on the overall project budget.



View of the Proposed Main Entry



View of the Residential Aged Care Wing

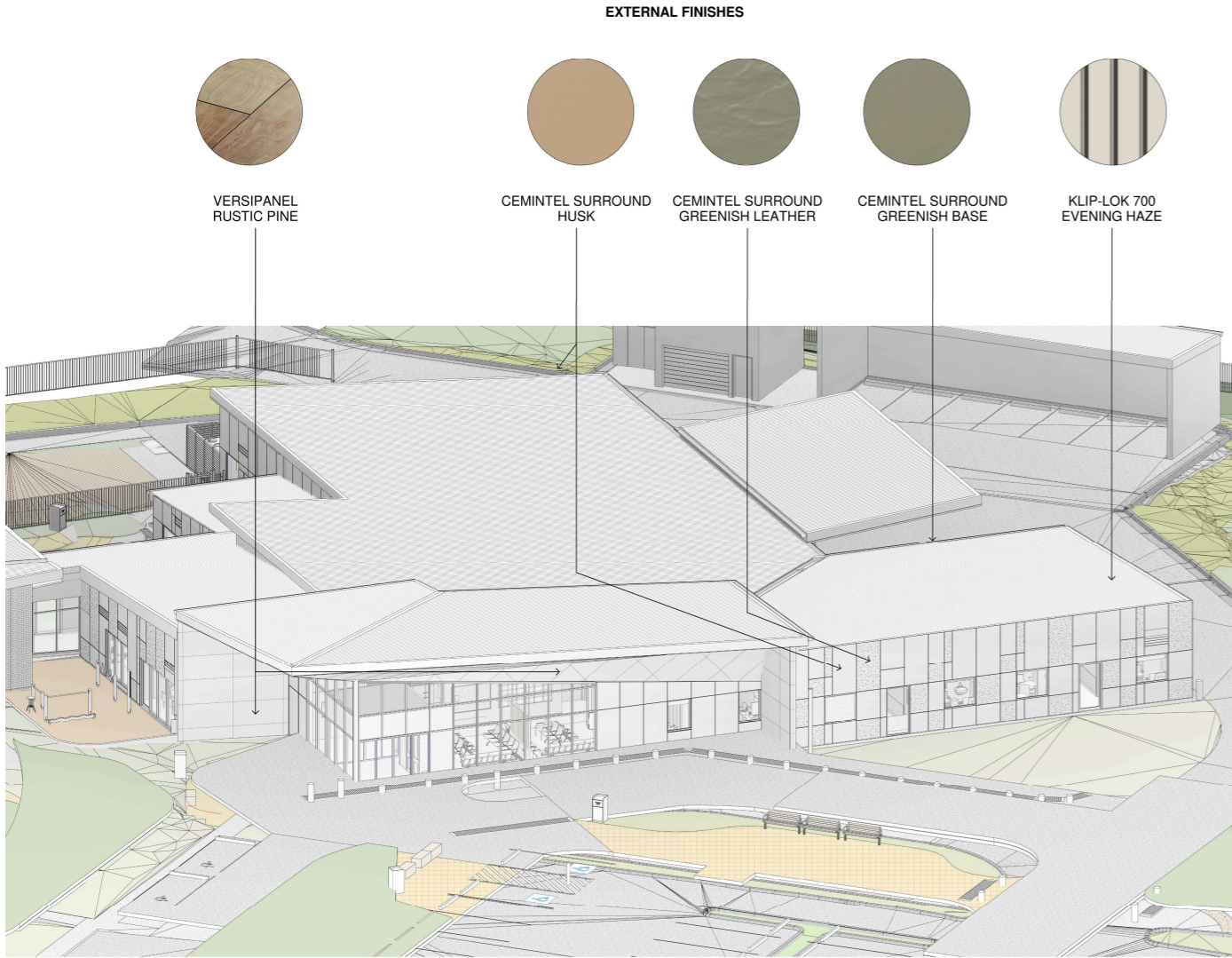


Conceptual reference Images

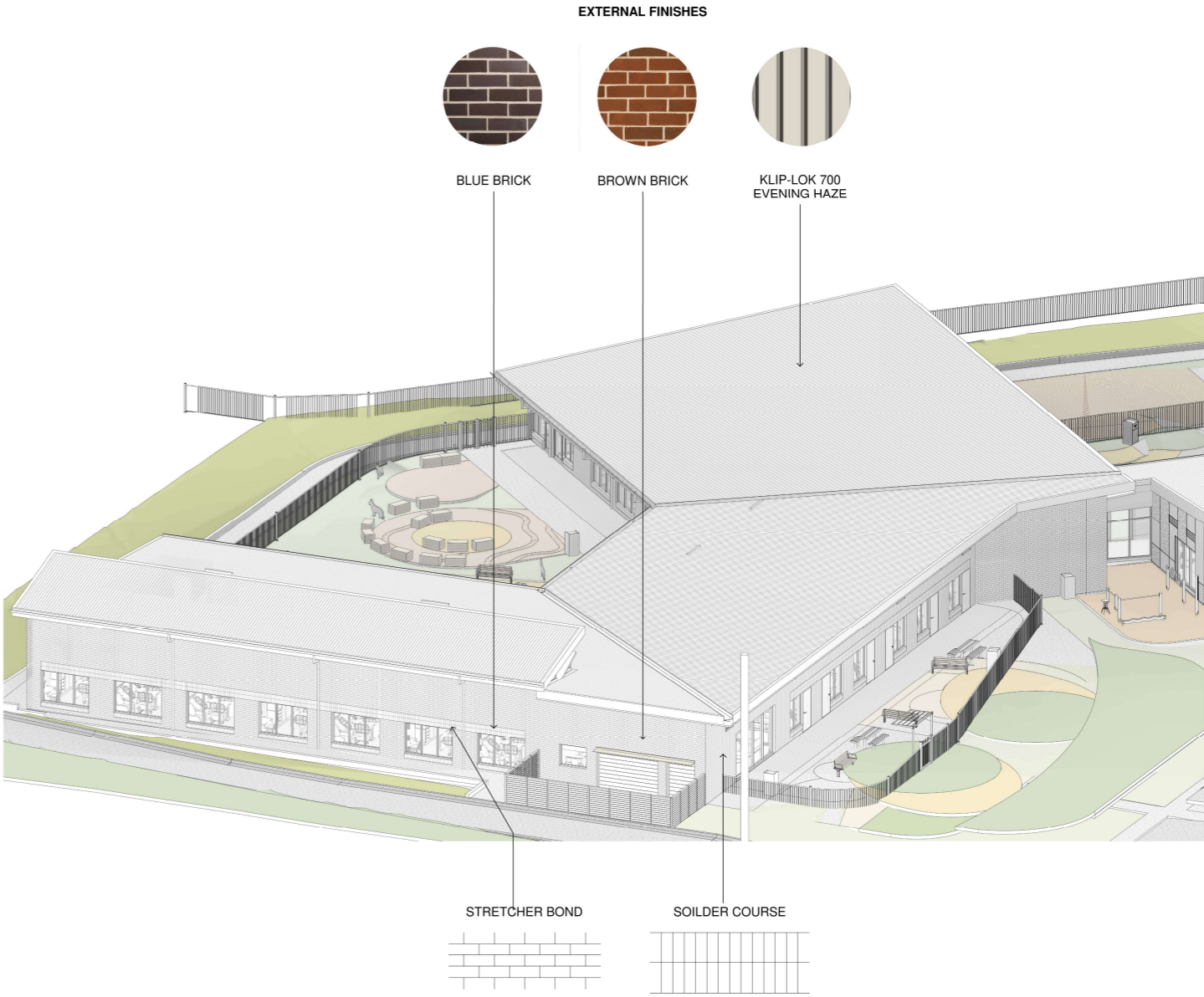


Conceptual reference Images

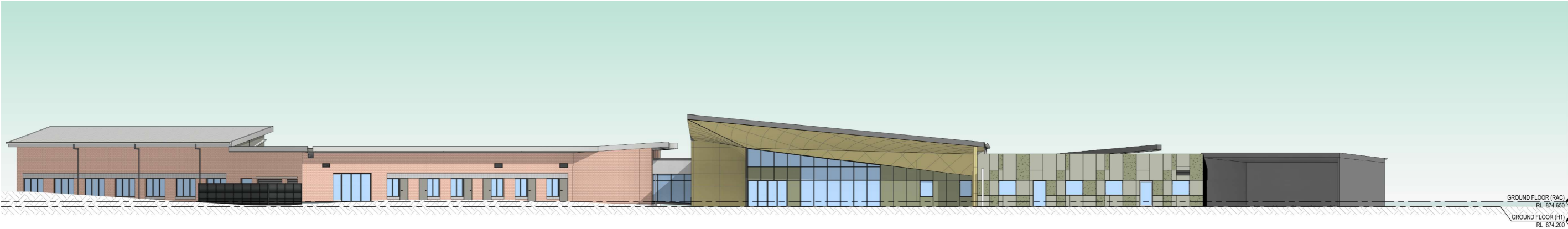




MAIN ENTRY BLOCK



RESIDENTIAL AGE CARE AND INPATIENT UNIT BLOCK



East Elevation – From Osman Street towards Main Entry and Residential Age Care



West Elevation – From Lee Hostel and Ambulance Station to Residential Age Care, Staff Courtyard and back-of-the-house

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. Selections 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 of high quality, with a preference for patterns and textures that evoke an experience of nature and the local indigenous culture.

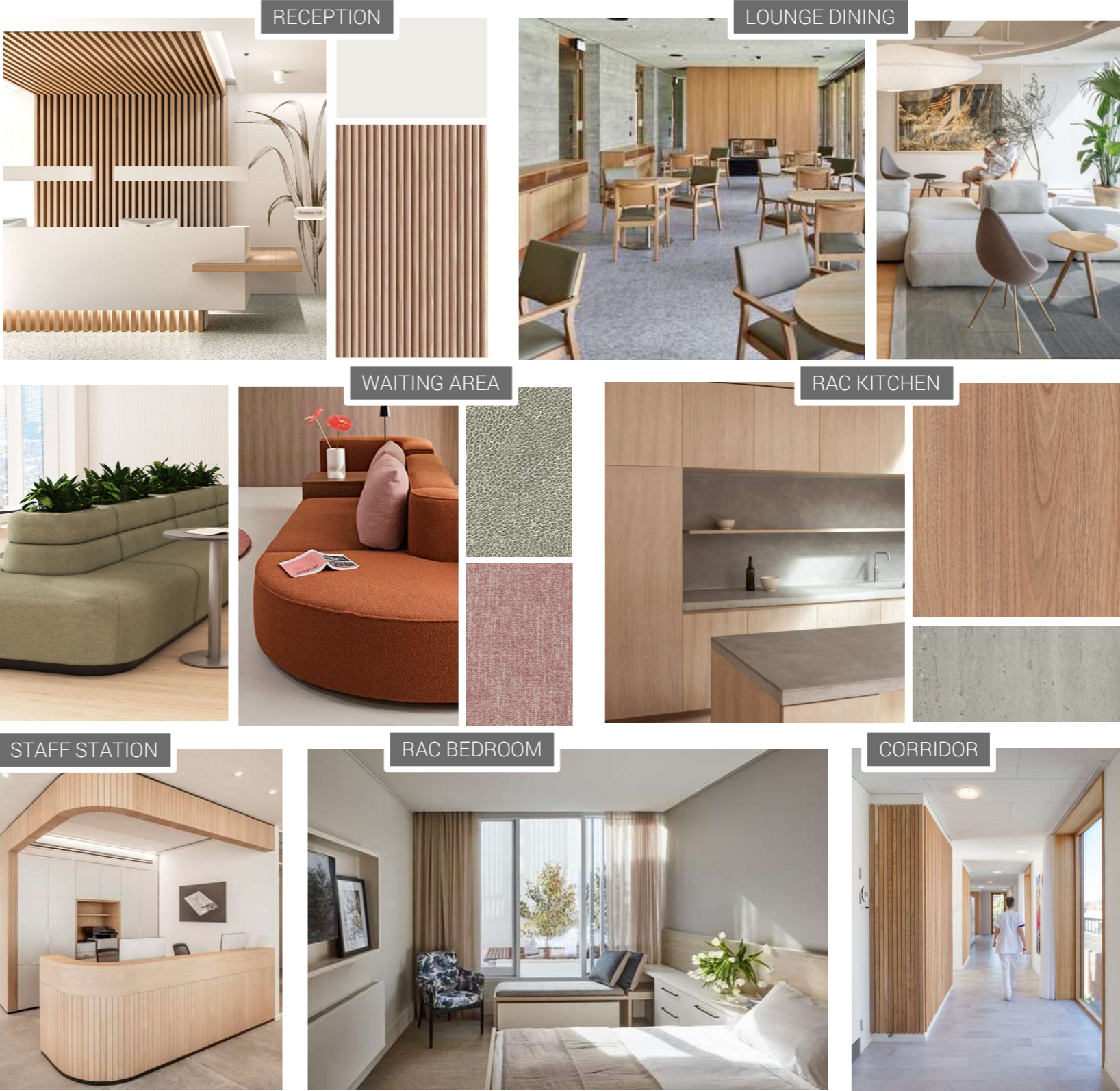
In key areas finishes and FFE selections aim to create a calm and home like experience for residents, staff and visitors. This feeling is evoked through use of timber look laminate, upholstery and warm colours.

Floor linings will be high quality homogenous vinyl in all high traffic areas, with impervious and heavy-duty carpet tiles to be explored where possible. The design will explore the need for coved vinyl flooring to all areas, with an option to explore traditional timber skirtings to communal areas 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 staff 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 comfort, flexibility and safety, with fabric-look upholstery with an antimicrobial, water and soil repellent finish.

A FFE list outlines the Fixtures, Finishes and Equipment being considered for the project. This will be further refined during Design Development Phase with feedback from users during the user consultation process.



Conceptual reference images

3.13 SECURITY AND ACCESS CONTROL ZONES

Blayney MPS is operational 24 hours/day, 7 days/week. Inpatient beds, Residential Aged Care and Emergency will be operational 24/7. The other areas will mainly be occupied during the day for outpatient activities. HealthOne will operate Monday to Friday on office hours and On Saturday mornings.

Overnight, nursing staff will be based at the Staff Base on Clinical Support area and 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 was carefully selected to minimise any impact on the existing services, - during staging construction - specially considering the proximity to the existing hospital.

In order for the existing services to be fully operational throughout the construction of the new facility, a series of actions will need to be taken. There will be some minor disruption during construction, but all actions listed below will be taken to ensure least disruption:

- The proposed hospital will be built a minimum 4000mm from the existing building, to allow for proper fencing and avoid any potential dilapidation of existing facilities in operation,
- Construction of a Connection Link between the existing Main Building and Stage 1 Construction. This Link will be used as the main connection for patients, residents, staff and visitors. Meals will be delivered from the existing kitchen to the new Residential Age Care and Inpatient Unit through this new connection,
- Relocation of delivery loading dock,
- Relocation of Garbage Wheelie Bins and point of collection,
- New road connecting the Ambulance Station to the hospital site, to provide temporary connection for existing Delivery and Waste Collection areas, as well as the access point for patient drop-off and pick-up.
- Rectification of Entry/Exit on Queens Street to allow for the access to the fleet vehicles, delivery, logistics, waste collection, Fire Truck and Ambulance.
- Construction of Fleet Covered Area and Garden Shed to the North.

The staging on site described in section 3.7 carefully considers required connections to maintain the operations of the facility as required. The staging will be further detailed during the next stage of the design.



3.15 FUTURE-PROOFING AND EXPANSION

Future expansion possibilities have been identified along East side of RAC wing, North-West of IPU and East side of HealthOne. This accounts for an expansion of the current facility providing more Residential Age Care beds, more Inpatient Unit beds and consult rooms on HealthOne. It is noted that the IPU expansion to the north-west, if required, will need a DA application as it is within the 5m of the site boundary.

Other supporting areas for the facility – such as car park, staff accommodation and outbuildings can be further extended or implemented in the future, if necessary.



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.

Duress and Mobile Duress

The new facility will have an expanded duress system compatible with the existing facility. Mobile duress will be provided to cover areas where staff can be vulnerable (e.g.: car park area for after hours)

Secondary Egress

All areas (excluding bedrooms and wc) accessible to the public will have a secondary egress connected to the duress system. Staff will be able to use it as a route of escape from a potential aggression.

Plan – Future Expansion Zone

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 proposed hospital will be built around the same footprint of the existing hospital, and similar building volumes. The exception will be the new RAC/IPU building which is going to be built where the current staff car park is (West side if the site). The main Entry roof will be higher than the existing building.

The view selected will demonstrate the proposed hospital outline will be behind the existing trees on boundary and won't have significant impact to the neighborhood.

The visibility of the proposal, from the immediate areas along north, east and west, is considered not significant as the location of the proposal is well within the site compared with the existing hospital buildings.

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 located alongside Mid Western Highway (Marth Street), the view from across the road is considered significant.



Plan – View Analysis

VIEW 01

Description: The view is from Martha Street towards North-West of the proposed hospital site.

Sensitivity: The view primarily comprises of existing mature trees and low vegetails alongside Martha Street (Mid Western Highway) 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 will be less visible in some areas and more visible on others compared with the existing hospital to be demolished. The area visible in this view as shown indicatively in the diagram to the right (red dashed lines). 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 and the overall distance of the proposed facility to Martha Street and Osman Street. The proposed roof forms and building heights do not vary much from the existing, and building levels will be similar to the current facility.



View 01 – From Martha Street across the site



Blayney – Concept Design

Meeting No. 01

Date/Time	21 September 2022	Start: [Start time]	End: [End time]
Venue	Microsoft Teams Meeting	3:00pm	4:00pm
Attendees	Marion Blender (Health Infrastructure) (Meeting Organizer) Wade Sutton (Health Infrastructure) (Accepted in Outlook) Arjuna Thiru Moorthy (Health Infrastructure) (Accepted in Outlook) Priyanka Rathod (Accepted in Outlook) Ian Gibson Anselmo Matsui		
Apologies	Arjuna Thiru Moorthy (Health Infrastructure) (Accepted in Outlook) Partial attendance.		
N/A	TBC		

No. 1 Concept Design – Blayney MPS Upgrade - Presentation

Presentation of project status:

Project in concept Design

NBRS

Anselmo NBRS

Priyanka

Ian Gibson

- Introduction of 'design' portfolio and its placement in HI
- Engagement piece connecting / designing with country
- Directing setting for projects and education piece
- GANSW design excellence - coming through all size projects
- Good Design for Healthcare – *draft 2 send to team.*

Project

- Just completed masterplan
- Design currently clinical driven
- 1 connection to country session:
 - Discussions around artist and insignificant place
- Close to Orange / Bathurst



- Scope - replace existing - minor increase
- 20 age care stay
- 8-12 inpatients bed
- 8 Out patients

No. 2 Concept Design – Blayney MPS Upgrade - Presentation

4 options explored

Option B - preferred option

- Parking still large - investigate into appropriate size provision?
- clear separation of services: IPU in one building / ED, HealthOne, BOH in other.
- entrance corridor separating the two building blocks.
- Suggestions :
- The chosen option is a good decision of the explored options .
- The principles area good but still a bit timid in the architectural execution.
- If you think of roof lines - See if you can be clearer, by simplifying the building shapes. - might be two clear buildings linked by the entrance space?
- IPU courtyard might want to be opened up to be more generously separated from the services.
- The entrance corridor could develop into an open multi-functional spaces?
- **NB:** Is there a possibility of drawing the courtyard through the building to experience the space and connect to country all the way?
- The entrance space could be an opportunity for art and the significant place.

9.7.3 TEST FIT B – Complete



Blayney – Schematic Design

Meeting No. 01

Date/Time	22 December 2022	Start: [Start time]	End: [End time]
Venue	Microsoft Teams Meeting	3:30pm	4:30pm
Attendees	Priyanka Rathod (Meeting Organizer) Wade Sutton (Health Infrastructure) Arjuna Thiru Moorthy (Health Infrastructure) Marion Blender (Health Infrastructure) Ian Gibson Anselmo Matsui Dorian Brennan Mengling Fu		
Apologies			
N/A	TBC		

Notes:

- Where concept ends and how to proceed – in schematic currently
- End of Jan 2023 – wrap up user groups for schematic
- Items of discussion:
 - Glazed entrance
 - Commercial
 - Living /living
 - Transition of indoor and outdoor

No. 1 Concept Design – Blayney MPS Upgrade - Presentation

Presentation:

General Arrangement



Infrastructure | 12 December 2022

- Open up further into courtyard

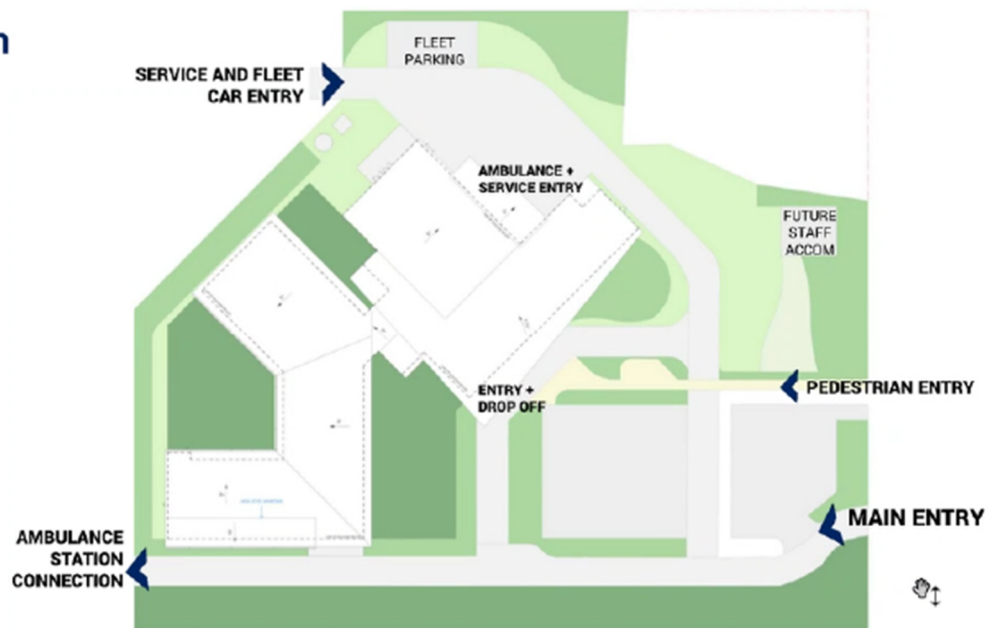
Schedule of Accommodation

DEPARTMENT / FUNCTIONAL AREA	TOTAL AREA (m²)
ENTRY & ARRIVAL	37m²
RECEPTION / ADMIN	43.5m²
EMERGENCY SERVICES	151.5m²
HEALTHONE	281m²
STAFF AMENITIES	99m²
INPATIENT SERVICES	253m²
RESIDENTIAL AGED CARE SERVICE (RACS)	620m²
SHARED SERVICES	90m²
CLINICAL SUPPORT	45m²
NON-CLINICAL SUPPORT AND MORTUARY	158m²
SUB-TOTAL	1,754m²
INTERNAL CIRCULATION (32%)	561m²
TRAVEL & ENGINEERING (23%)	503m²
S&A PLANNING CONTINGENCY (5%)	142m²
TOTAL GROSS DEPARTMENT AREA	2,990m²
UNENCLOSED AREAS	220m²

Health Infrastructure | 12 December 2022



Site Plan



Health Infrastructure | 12 December 2022

8

- Enormous car space
- Break up parking
- Large loading dock
- Allow of ED
- Opportunity to open up the courtyard
- CFC paneling
- External doors to all bedrooms

Recommended again to move building apart to allow for some space for the entrance.