

WORLD CLASS END OF LIFE PROGRAM



Westmead Palliative Care

Architectural Design Statement



BVN

We acknowledge the Dharug people as the Traditional Owners of the Eora region on which the Westmead Hospital Campus is on.

We pay our respects to your Country, ancestors and the community that maintains culture from the past, in the present and into the future.

We recognise that the success of this project requires us listening to the Traditional Owners of the land and other Aboriginal and Torres Strait Islander People, working with you, and walking beside you on this journey.

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DATE	REVISION
13. 09. 2024	01 FOR REF SUBMISSION

1. Executive Summary

1. Executive Summary

WORLD CLASS END OF LIFE CARE PROGRAM

The World Class End of Life Care program (WCEoLP) commits to ensuring NSW has the best palliative care services and support in Australia, if not the world. This will increase access to end-of-life care locally, deliver purpose-built facilities that support contemporary models of care, improve patient safety and quality of care and improve environments for patients, carers and staff. This program will deliver 15 Supportive & Palliative Care (SPC) beds for Westmead Hospital in a new build facility constructed on top of the podium plantroom roof of the existing hospital, linking the Supportive & Palliative Care unit (SPCU) directly into the acute hospital into both the staff/bed movement lift core and provide a new link directly into the public lift core for family and visitor 24/7 access to the unit.

World Class End of Life Care provides patients with access to best quality care in a home-like environment to provide spaces which optimises quality of life. Palliative care is unique as it cannot cure, however it can reduce the severity of symptoms and suffering of patients with serious illness. In addition it can provide spaces which enable families to be together in a calm, tranquil environment. Access to natural light, fresh air, access to outdoors to provide the best quality of life for the time left.

- The location was selected given it
- Provides the functional design briefed area
 - Supports the endorsed model of care with connectivity into the CASB
 - Provides safe and high-quality care
 - Provides culturally sensitive care
 - Provides access to expansive courtyards dedicated to palliative care

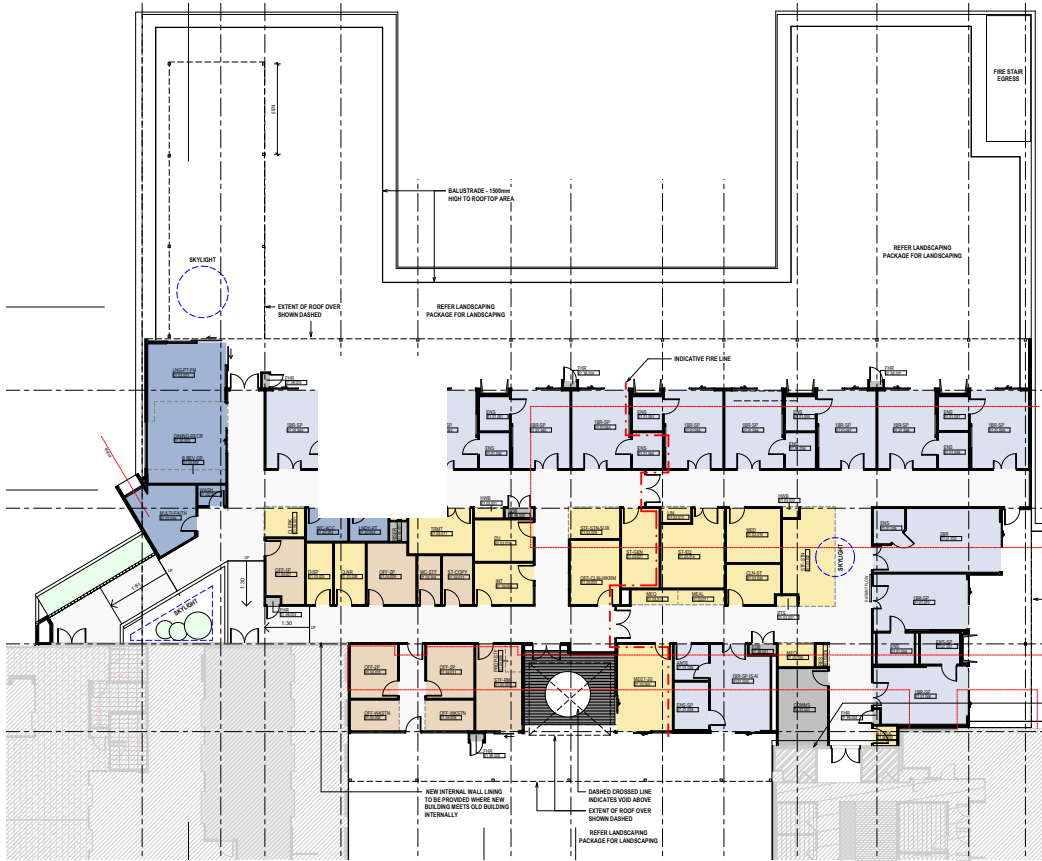
The palliative unit footprint is designed to connect into the CASB cores on both the east and west sides of the building. The volume is located south to maximise rooftop gardens for patients, families, visitors and staff to the north.

As the Palliative Care Unit is connected to the existing Clinical Acute Services Building, the exterior palette chosen draws from the existing building. A dark grey colour has been chosen for the majority of the facade in keeping with the cladding expressed in the existing CASB podium, whilst feature alcoves in the facade provide some articulation to the building and are highlighted with an earthy orange tone to mimic the existing 'picture frame' materiality of the main building.

The unit is provided with 12 single palliative care bedrooms, 1 no. 2 bedroom and 1 no. isolation room to meet the functional brief. These bedrooms are located around the perimeter of the building footprint to provide outlook and direct access to balcony spaces directly outside of the patient room with communal landscaped courtyards beyond. Large glazed sliding doors provide direct access (by patient bed) to a patient courtyard from every bedroom.

A staff area is included to the south with direct access to a separate staff courtyard for staff respite and wellbeing.

The communal spaces are located at the entry to the unit, with the patient family lounge volume expressed on the north western edge with sliding glazed doors opening this volume to the landscaped area beyond. A louvred canopy provides sunshading to a communal barbecue area for family birthdays and celebrations.



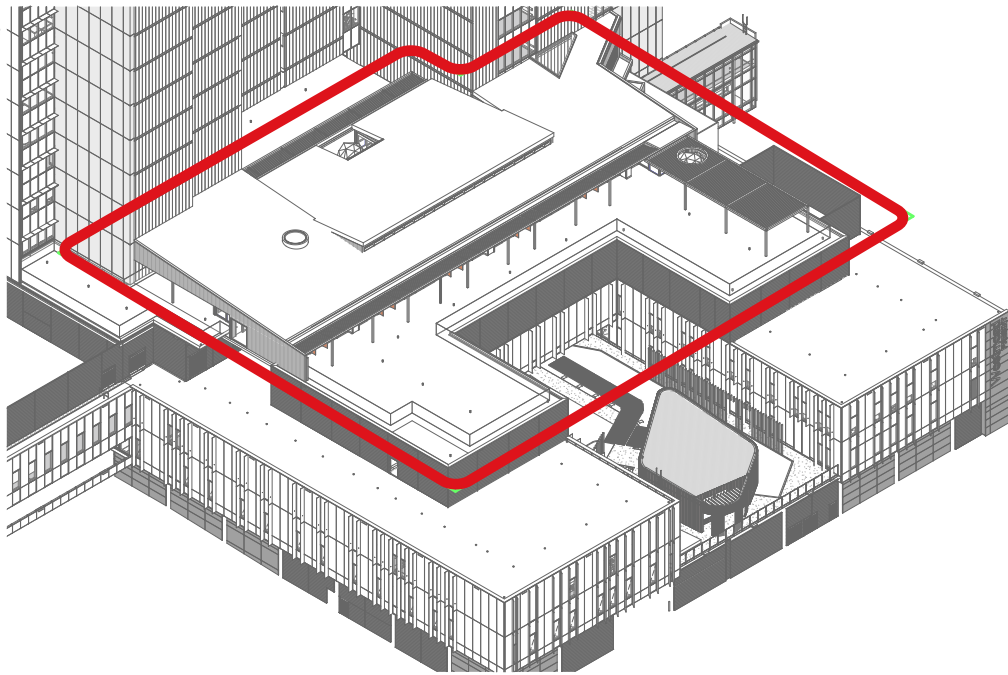
LEVEL 05 - GENERAL ARRANGEMENT PLAN - PROPOSED SUPPORTIVE AND PALLIATIVE CARE UNIT



ARTIST IMPRESSION - PALLIATIVE CARE BEDROOM



EXTERIOR VIEW LOOKING TOWARD COMMUNAL SPACES



AXO VIEW FROM NORTH EAST

2. Design Principles

2. Design Principles

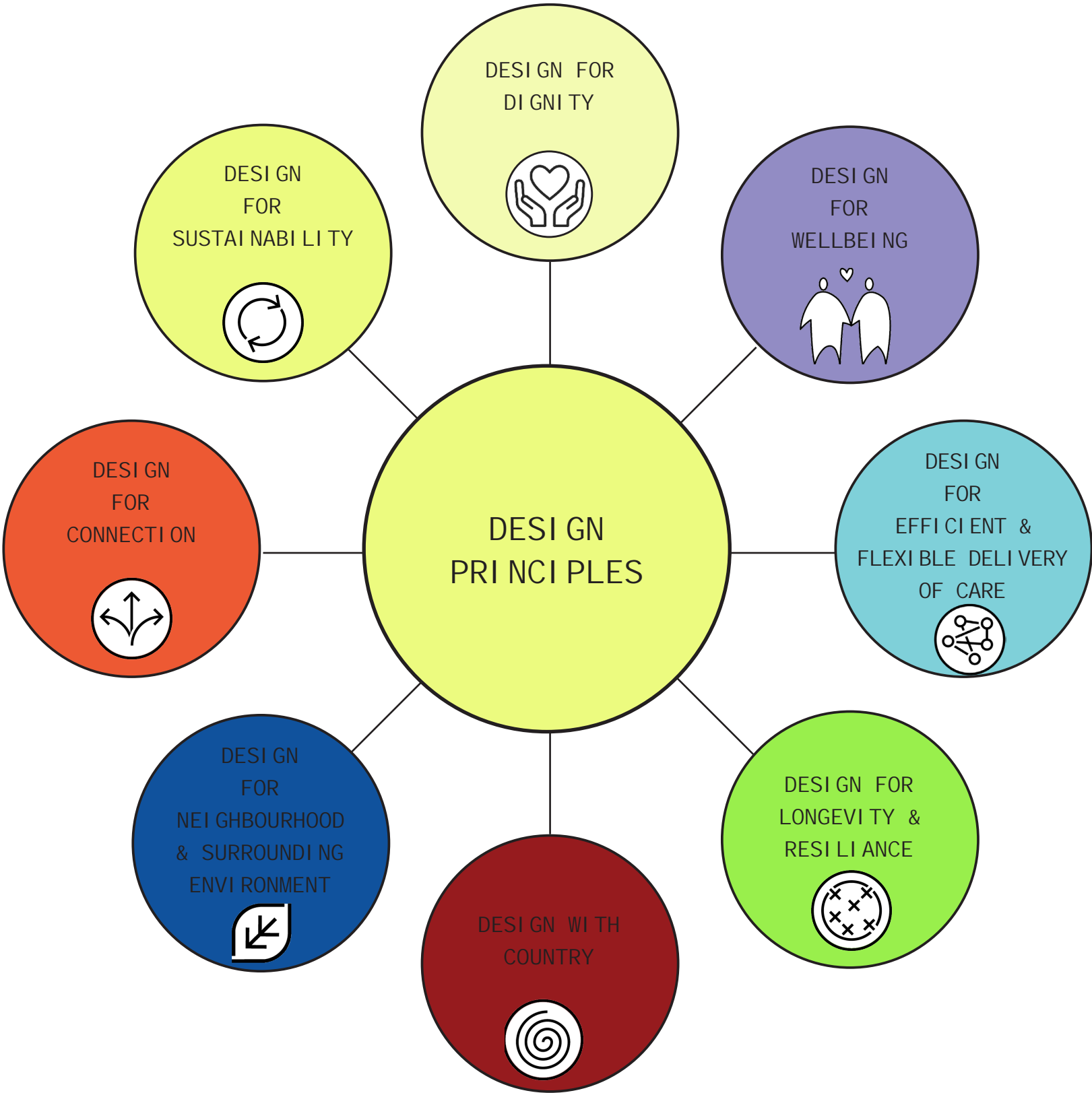
DESIGN PRINCIPLES

The Westmead WCEoLP has been designed in accordance with and acknowledging

Greener Places Design Guide
Better Placed
Design Guide for Health
Connecting with Country
CPTED Principles

The following key design principles have been developed to respond to these and underpin the design of the World Class End of Life Westmead Supportive and Palliative Care unit.

Design for dignity
Design for wellbeing
Design of efficient and flexible delivery of care
Design for longevity and resilience
Safety and security
Design with Country
Design for the neighbourhood and surrounding environment
Design for connection
Design for sustainability



2. Design Principles

DESIGN FOR DIGNITY

Create spaces which enable privacy and patient control of their environment by providing single bedrooms with the opportunity for individual curation



Rooms should have large windows for patient outlook and maximise daylight within the room. Rooms, where possible, should have direct access to outdoor space to enable the patient to be taken by bed or by chair to the balcony area.

Bedrooms should provide space for carer's and families, to allow for cuddle beds, carer beds and fridges. Materiality should be homelike with soft materials.



ROBI NA HOSPI TAL CUDDLE BED, QLD, BVN



HI GH LAND HOSPI CE, I NVERNESS, JDDK

larger rooms for families with cuddle beds & carer beds

homelike spaces

large windows to maximise light & provide a view



ROYAL CHI LDREN' S HOSPI TAL, MELBOURNE, BLP & BATES SMART



ST PETER' S HOSPI CE, BRI STOL, UK, KKE

2. Design Principles

DESIGN FOR WELLBEING

Provide a calm & soothing environment in support of staff, patients and their families



Enabling direct access to outdoor spaces to be close to nature and outlook to plants and gardens. Providing external sheltered spaces offering views to the horizon beyond for reflection and mindfulness.

Create internal courtyards which provide direct access to outdoor space and maximises daylight into the building.

Create seating nooks which can be used by families for quiet conversations or by clinicians to discuss patient care.

Pet friendly spaces to reduce patient anxiety given pets are family members too.



offer glimpses and views of the nature that surrounds them



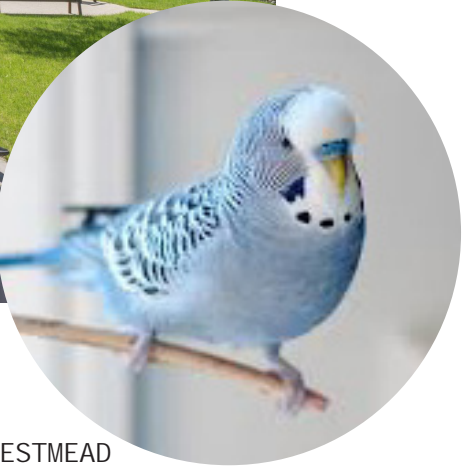
MAGGIE CENTRE, GLASGOW, OMA

are calm, friendly and welcoming places, full of light and warmth

provide thoughtful spaces to find privacy as well as places to come together as a group



ST PETER'S HOSPICE, BRISTOL, UK, KKE



MAGGIE CENTRE, OLDHAM, OMA

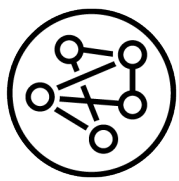


ROBINA HOSPITAL EXPANSION, QLD, BVN

2. Design Principles

DESIGN FOR EFFICIENT & FLEXIBLE DELIVERY OF CARE

Ensure the planning of the department provides for patient, staff, family and support needs in a well considered design response which maximises efficiency and flexibility in the delivery of patient care



Provide multi-functional spaces for group therapies such as music and art therapy. Areas to read and listen to music and be with families. Spaces for massage and pampering. Create spaces which are the best they can be and which optimise quality of life.

A variety of family spaces which need to provide seating for all ages, allowing children to play whilst adults can have quiet conversations. Spaces with soft couches and easy chairs with access to a beverage bay and kitchen facilities.



FAMILY LOUNGE, DINING, CONCORD



flexible use of spaces

memory making



spaces where people can come together

2. Design Principles

DESIGN FOR LONGEVITY & RESILIANCE

Ensure the design considers longer term use and potential future changes to models of care



Select soft durable materials like timberlook vinyls and carpet which are warm and homelike. Create spaces which allow daylight into the room or sounds of nature for reflection and mindfulness.



soft palette - reflection and mindfulness



ST PETER'S HOSPITAL, BRISTOL, UK, KKE



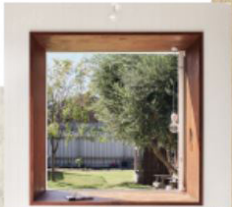
hard-wearing materials- durable and warm



FEASIBILITY STUDY NEW PALLIATIVE CARE, NEPEAN, BVN



EXISTING TRESILLIAN BUILDING



2. Design Principles

DESIGN WITH COUNTRY

Engage with local Indigenous community to understand the local history of the site and to enable culturally appropriate spaces be provided for patients and family



Provide spaces within the palliative and supportive care unit for large indigenous groups to gather. These outdoor spaces connect to surrounding green space, where a ground level is available or alternatively an outdoor balcony space on a rooftop setting. The outdoor space supports cultural rituals and ceremonies and where required enable smoking ceremonies in bedrooms.

Maximise opportunities to connect to landscape and outlook providing connection and shelter.



story telling



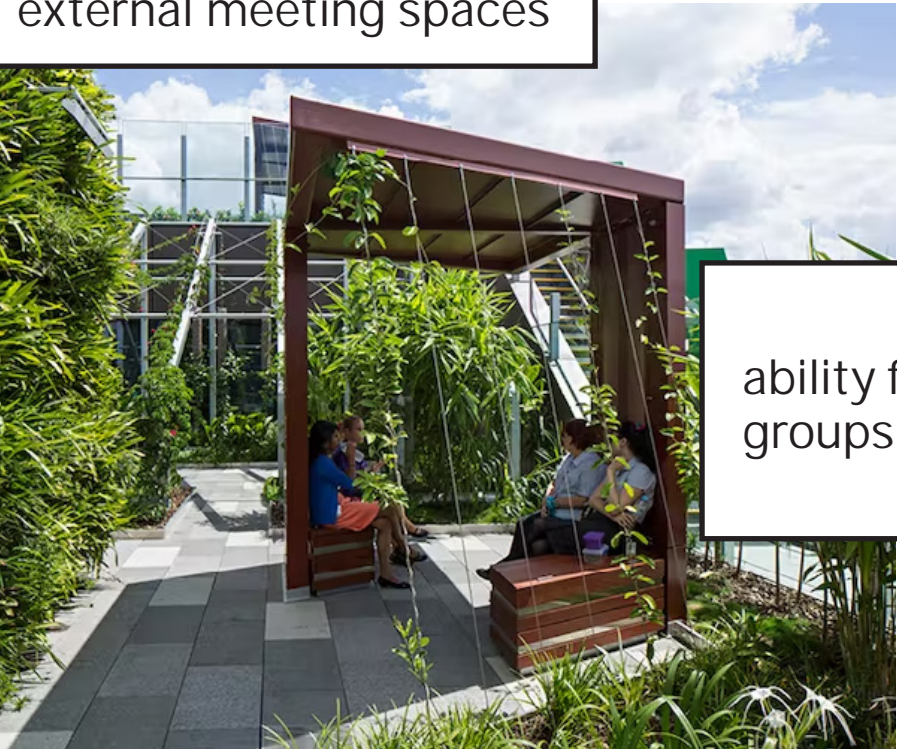
ability for smoking ceremonies in bedrooms



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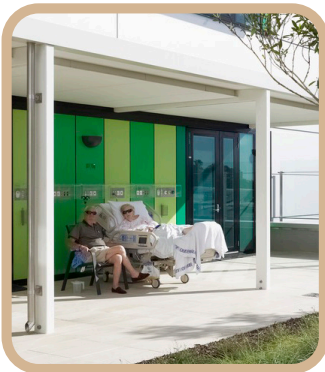
external meeting spaces



ability for large groups to gather



CONNECTION



SHELTER



LANDMARK



LOOKOUT

DESIGN FOR THE NEIGHBOURHOOD & SURROUNDING ENVIRONMENT

Consider how the design of the facility will provide the opportunity to contribute to public spaces in order to strengthen the quality of the built environment



Maximise connection to the surrounding environment by connecting to earth or sky. At ground level consider outlook and space beyond and ability for the communal areas to connect to the landscape. At a rooftop setting maximise views by using glazed balustrading for outlook to the horizon and landscape.

Consider room orientation and ability for sunlight to enter the room for warmth whilst providing solar shading to reduce solar gains.



PALLIATIVE CARE BALCONY, GOSFORD

opportunity for outlook



ROOFTOP LOCATION, WESTMEAD



ADOLESCENT & YOUNG ADULT HOSPICE BALCONY & BEDROOM, MANLY, NSW

how building sits within the landscape

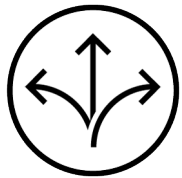


EXTERNAL GROUND LEVEL, WYONG

2. Design Principles

DESIGN FOR CONNECTION

Consider how the location of the facility can provide access to meet external public transport connections and internal department proximities



Provide parking local to the unit for ease of access to families, carers and visitors. Consider localised parking for patient transport vehicle.

Review connectivity back to main hospital setting and connections to key departments such as medical imaging, mortuary and emergency department.

ability to connect into existing lift cores for discreet, private access



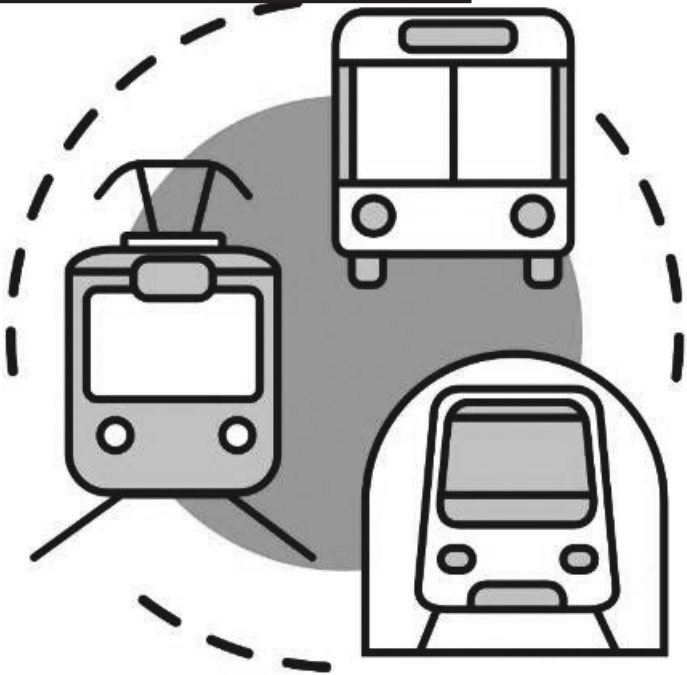
CENTRAL ACUTE SERVICES BUILDING, WESTMEAD, NSW

good access to the rest of the hospital campus



SHUTTLE BUS BETWEEN WELLINGTON AND KENEPURU HOSPITALS, NZ

ease of access to public transport



localised parking



HEALTHCARE CENTRE, HILLEROD, DENMARK, NORD ARCHITECTS

HOW WE MAKE PUBLIC TRANSPORT MORE ACCESSIBLE FOR PERSONS WITH DISABILITIES, EUROPEAN DISABILITY FORUM

2. Design Principles

DESIGN FOR SUSTAINABILITY

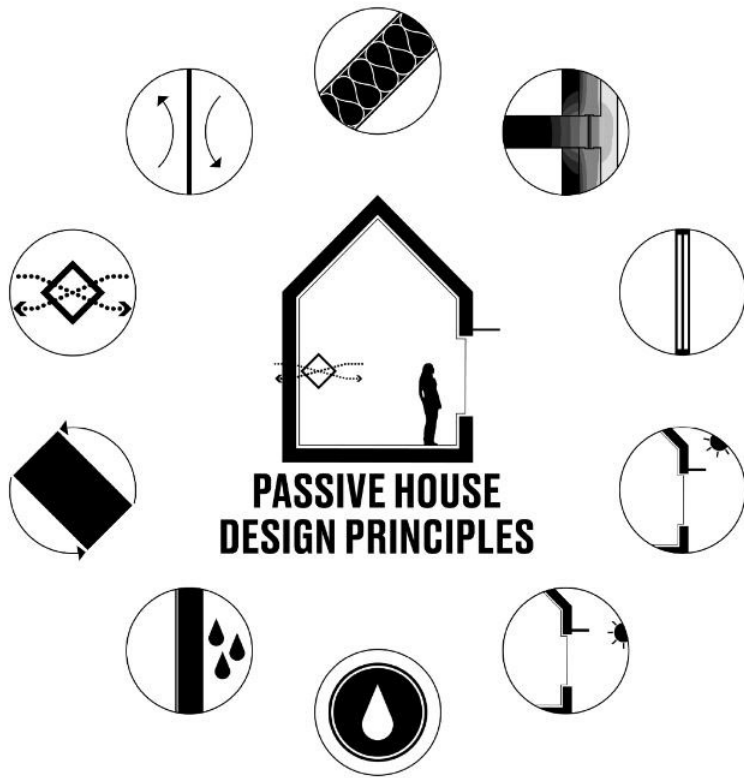
Consider opportunities for inclusion of sustainability initiatives, maximising green spaces, daylight and outlook opportunities



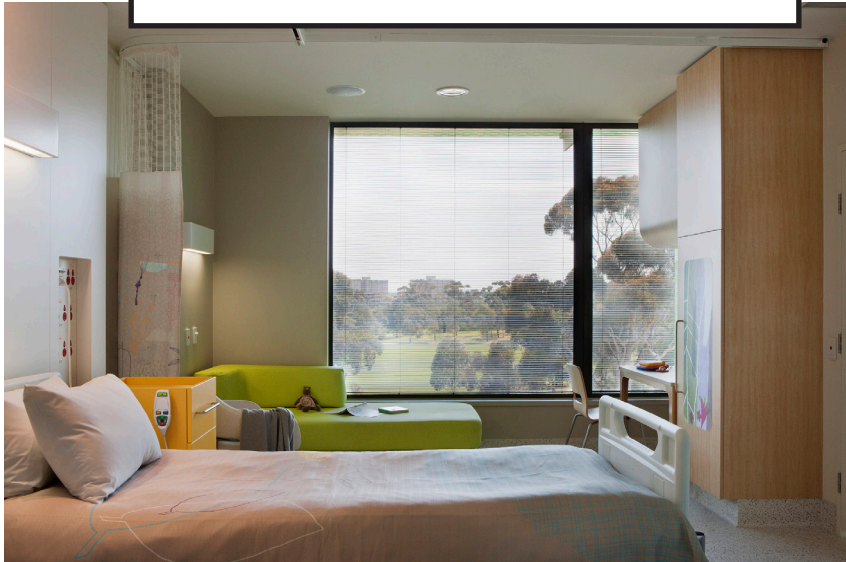
Allow daylight to access the floorplate by maximising areas of glazing to reduce the need for lighting. Consider thermally broken frames to eliminate cold bridging. Utilise internal courtyards for daylight access and to provide connection to outside which assists in orientation and way finding.

Implement passive house design principles to ensure the building envelope provides a sealed insulated buffer to outside keeping the inside warm in winter and cool in summer. Provide solar shading, horizontal to north facing facades and vertical shading to east and west facades to minimise solar gains.

Single storey buildings and palliative and supportive care units on rooftops have opportunity for rainwater collection and solar panels.



maximise daylight access



ROYAL CHILDREN'S HOSPITAL, MELBOURNE, BLP & BATES SMART

green internal courtyards



ROBINA HOSPITAL EXPANSION, QLD, BVN

sustainable design practices

rainwater harvesting



[HTTPS://WWW.MYSANANTONIO.COM/NEWS/ENVIRONMENT/ARTICLE/RAINWATER-COLLECTION-MAKING-A-SPLASH-AS-DROUGHT-1471691.PHP](https://www.mysanantonio.com/news/environment/article/rainwater-collection-making-a-splash-as-drought-1471691.php)

3. Site Context



3. Site Context

SITE LOCATION

LOCATION:

Westmead hospital site sits approximately 3km north west of Parramatta and 27km west of Sydney. Parramatta park with its expanse of greenspace, sits to the east with Toongabbie Creek and Parramatta River to the north and east.

The hospital is a major teaching hospital in Sydney forming part of the Western Sydney Local Health District. It serves a population of approximately 1.85m people.

PUBLIC TRANSPORT:

The site is well served by public transport. Hawkesbury Road has bus and lightrail routes which serve the main entry to the hospital. Access to the Westmead Station is only a 7 minute short walk away to the south.

HEALTH CONTEXT:

The health core includes key existing clinical services and support services. The hospital has undergone recent expansion with the construction of a new Central Acute Services Building (CASB) on Hawkesbury Road and is currently constructing a new Westmead Children's hospital (CHW2) adjacent to the east. In addition an expansive Integrated Mental Health Complex (IMHC) is planned together with a National Particle Therapy and Research Centre (NPTRC).

CLINICAL NEED:

Western Sydney Local Health District provides a wide range of health services to the largest and fastest growing population in NSW, projected to grow from 1.053 million people in 2021 to 1.33 million people in 2036. The District's catchment covers residents from four local government areas (LGAs) including: Blacktown, Parramatta, The Hills Shire, and Cumberland. The population is culturally diverse and has one of the largest urban Aboriginal populations in NSW. There is also great variation across the District in terms of socio-economic disadvantage and the ability to access health care.

Supportive Care is the delivery of treatment that aims to maximise quality of life as defined by the patient without the specific intention of reversing the primary life limiting condition. Such care may also prolong life.

Palliative care is an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and thorough assessment and treatment of pain and other problems, physical, psychosocial, and spiritual.

The WSLHD Supportive and Palliative Medicine Department is a specialised networked service that provides specialist multidisciplinary assessment and consultation in the setting of the complexity of symptoms and/or end-of-life care for patients with malignant and non-malignant advanced diseases who require symptom control, pain management and end-of-life care.

Supportive and Palliative Care patients are referred from various sources, including via inpatient consultation, cancer centre clinics, private specialists' rooms, general practice, out-of-area services, family or self-referred, acknowledging the referral could be at any time in their patient journey. The approach to palliative care for a person with a life-limiting illness is gradual and aligned with disease progression to support the patient, their family and carer.

The current Westmead Hospital Supportive and Palliative Care Service is provided in a shared environment with oncology services. Acute symptom control beds are available on the 25-bed oncology and supportive and palliative care ward. Westmead Hospital's admitted services focus on acute symptom control and palliative management through addressing complex medical issues, which may require diagnostic and interventions from a range of other specialists and sub-specialists.

There is a commitment from the WSLHD to establish a dedicated 15-bed SPCU at Westmead Hospital to provide an appropriate environment for patients, carers, and staff and reduce any delays to care that may be currently experienced.

Patients admitted to the acute specialist supportive and palliative care unit will be monitored and treated for acute, complex symptom control/symptom management. This may require specialist interventions available at Westmead Hospital, e.g., interventional pain management, surgery, interventional radiology, or palliative radiation therapy.

There are currently no dedicated facilities for palliative care patients or their family/ carers. Inpatient palliative care is instead provided within existing acute and subacute inpatient units, or on the oncology/ haematology ward depending on each individual's care needs and bed availability.

The nature of the current model results in a dispersed patient cohort that can create inefficiencies and delays to service delivery, in environments that are not specific to the needs of palliative care patients or their carers/ family. There is limited access to outdoor spaces and other aspects that support the holistic care requirements of this cohort, and the development of the unit will remedy that.

Functional relationship priorities include efficient connections to the SPCU from the emergency department, other inpatient and critical care units, and diagnostic and interventional suites, direct access to outdoor green space and congregation areas, and discreet travel paths to the mortuary. The proposed location, on top of the podium plantroom roof of the CASB, will link the SPCU directly into the acute hospital into both the staff/bed movement lift core and provide a new link directly into the public lift core for family and visitor 24/7 access to the unit to meet clinical need.



PROPOSED LOCATION OF SPCU

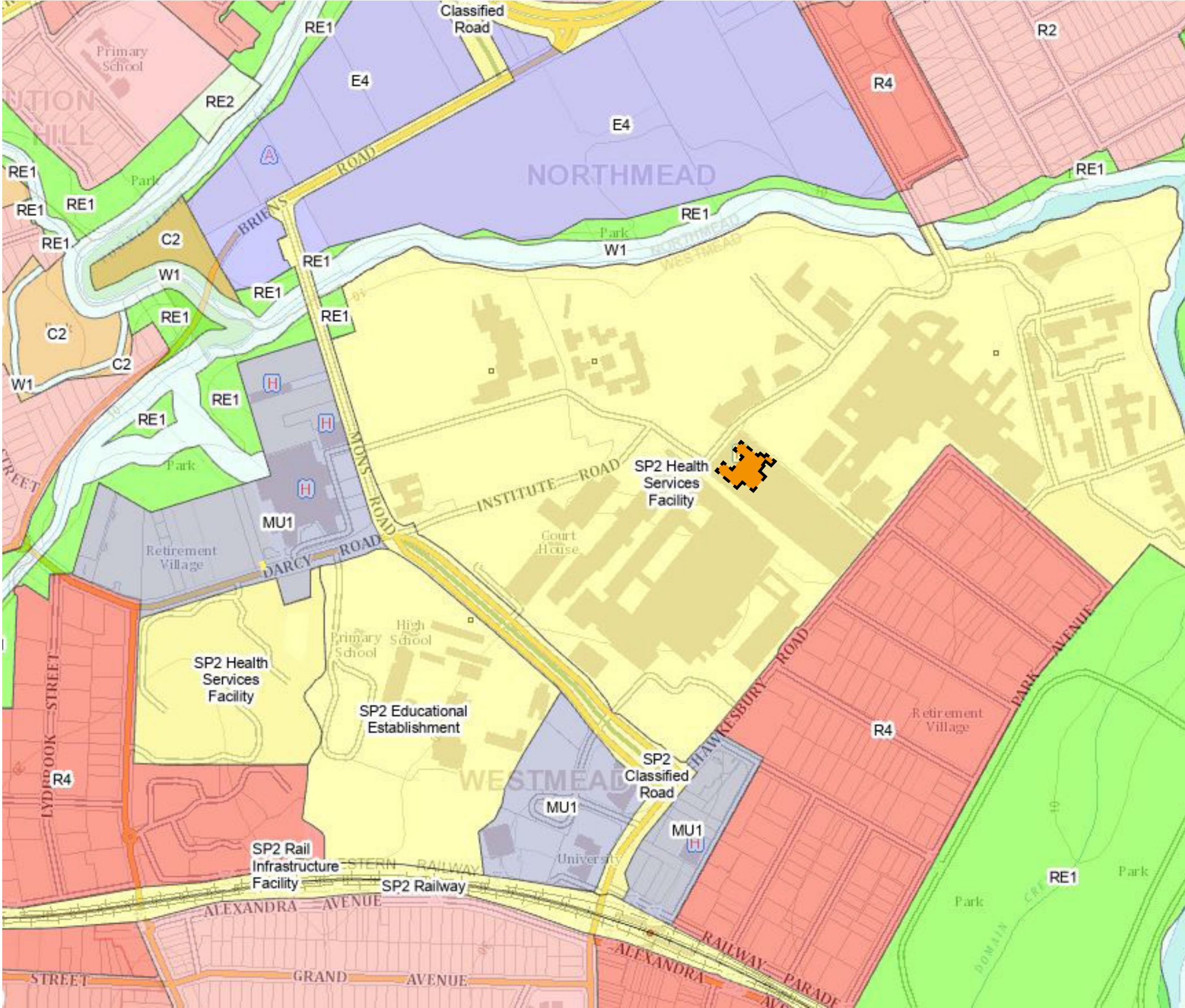
3. Site Context

SITE ZONING

The map insert from NSW Planning Portal Spatial Viewer site, confirms the zoning of the site.

Westmead Hospital is zoned ‘SP2 - Health Services Facility’ under Parramatta Local Environmental Plan 2023 (LEP) but is otherwise not subject to any planning controls of any significance. This includes no building height, FSR or minimum lot size controls.

- C2 - ENVIRONMENTAL CONSERVATION
- E4 - GENERAL INDUSTRIAL
- R2 - LOW DENSITY RESIDENTIAL
- R4 - HIGH DENSITY RESIDENTIAL
- RE1 - PUBLIC RECREATION
- SP2 - INFRASTRUCTURE
- MU1 - MIXED USE
- W1 - NATURAL WATERWAYS
- PROPOSED LOCATION



MAP INSERT FROM NSW PLANNING PORTAL SPATIAL VIEWER

3. Site Context

SITE SUMMARY

SITE ACCESS AND VEHICULAR CIRCULATION:

Main public access to Westmead hospital is from the south east of Hawkesbury Road, with drop-off to Emergency and Main Entry at the recently completed Central Acute Services Building (CASB).

Ambulance vehicles access via the north of Redbank Road to the CASB.

Logistics vehicles access via the north of Redbank Road to the CASB and the existing Westmead hospital building.

Westmead hospital has good public transport links, served by lightrail, buses and Westmead Station only a 7 minute walkway.

- MAIN ENTRY
- PUBLIC ENTRY
- EMERGENCY ENTRY
- PUBLIC
- LOGISTICS
- AMBULANCE
- LIGHTRAIL
- PUBLIC PARKING
- STAFF PARKING
- BUS STOP
- EXISTING BUILDINGS
- HELIPAD
- PROPOSED LOCATION



SOLAR ACCESS:

Given low level buildings north of Redbank Road and Institute Road there is good opportunity for solar access on the north of the site.

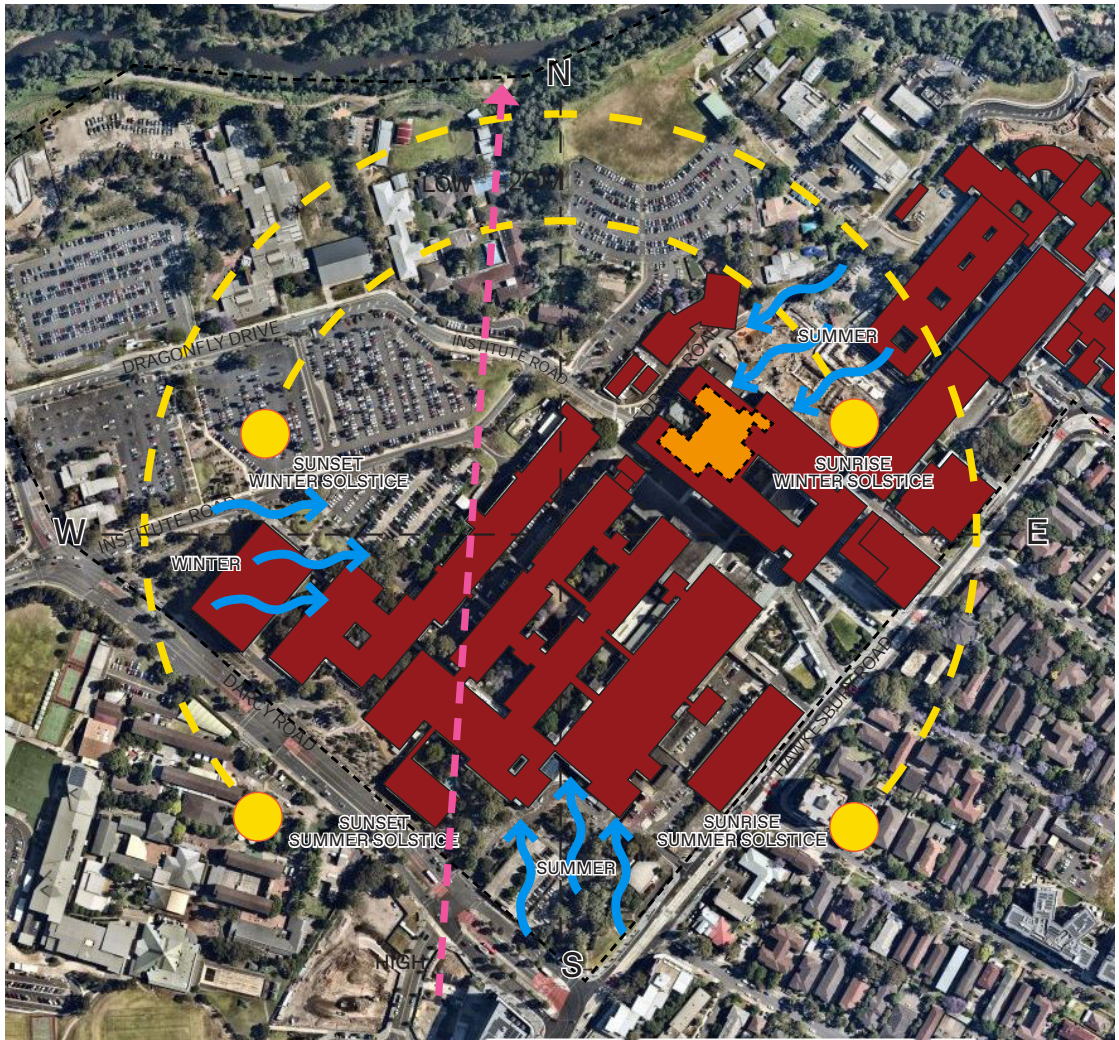
WIND:

The site receives easterly and southerly winds in summer and westerlies in the winter.

TOPOGRAPHY

The site slopes 20 metres from a high point in the south on the corner of Hawkesbury Road and Darcy Road to a low point north east near the Redbank Road and towards Toongabbie Creek.

- WIND DIRECTION
- SUN PATH
- SITE FALL (HIGH TO LOW)



3. Site Context

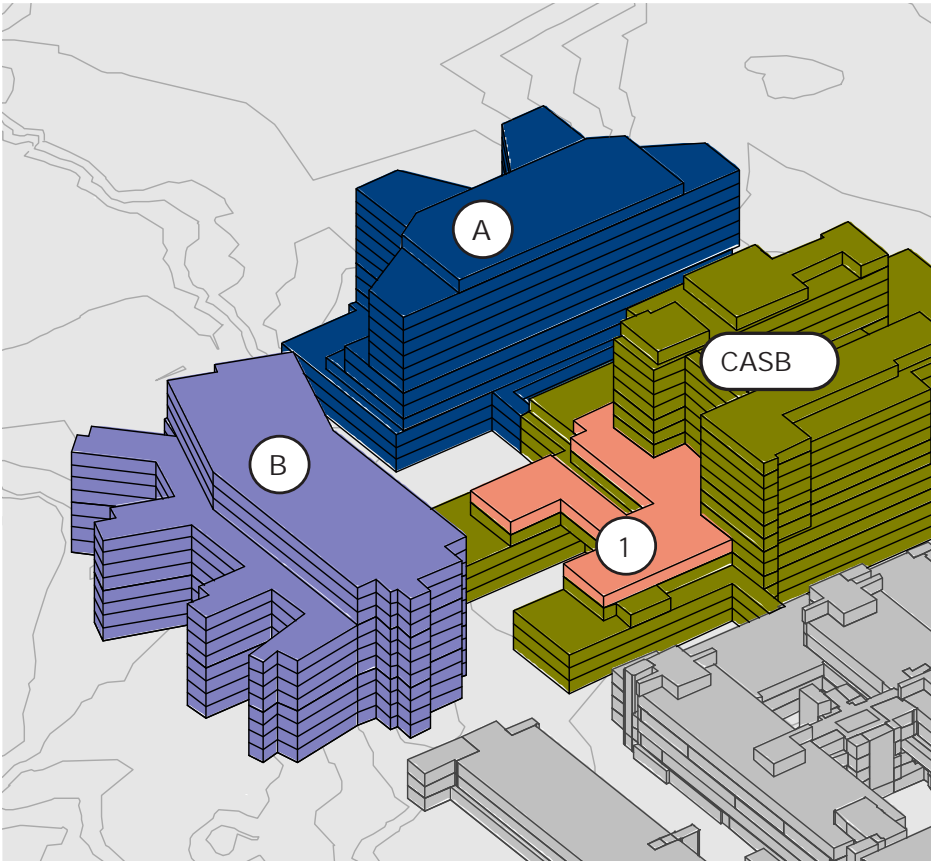
SITE CONTEXT

SITE DEVELOPMENTS

Given the density of the existing Westmead campus and the clinical need for direct connectivity into the hospital's acute care, the selected SPCU location is on level 05 of CASB, on top of the podium plant roof.

The proposed location for the SPCU has considered the future developments close to the site. A new Children's Hospital (A) is under construction directly to the north east of the chosen SPCU location and works are now well underway for the new Integrated Mental Health Complex (B).

The design of SPCU, locating the footprint close to the existing CASB cores maximises the landscaped area available for patient, family and visitor amenity to the north and provides a greater distance between the IMHC to palliative care for greater patient privacy.



PREFERRED OPTION 1 & FUTURE DEVELOPMENTS

- ① PROPOSED SPCU LOCATION, ON TOP OF CASB PLANTROOM ROOF
- ② THE CHILDREN'S HOSPITAL AT WESTMEAD (CHW2)
- ③ INTEGRATED MENTAL HEALTH COMPLEX (IMHC)



② WESTMEAD CHILDREN'S HOSPITAL IMAGE



③ INTEGRATED MENTAL HEALTH COMPLEX IMAGE

4. Architectural Design

4. Architectural Design

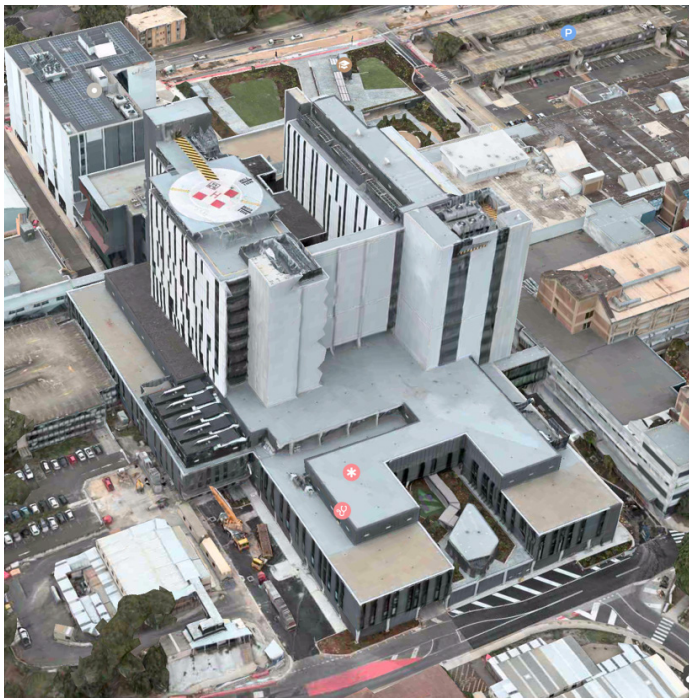
BUILT FORM

The existing Westmead hospital building [buildings A-G] is 5 storey brick construction with plantrooms above, located to the west of the CASB.

CASB by contrast rises 13 storeys with a helipad at level 14 and is highly prominent within the Westmead healthcare campus.



CASB - SOUTH WEST - MAIN ENTRY



CASB - AERIAL VIEW FROM NORTH EAST



CASB (BUILDING H) ON LEFT, BUILDING D ON RIGHT



VIEW TOWARDS BUILDING E & ICU ROOFTOP



WESTMEAD AERIAL VIEW FROM SOUTH WEST

4. Architectural Design

BUILT FORM

CASB is a mix of fair faced concrete, white metal cladding and glazed curtain wall.

The white metal cladding panels span level to level. This cladding is temporary to enable future proofing and replicating the IPUs north to meet an increase in bed numbers within the building life of the CASB.

The glazing runs in vertical bands expressing the function behind. Glazing expresses both the public and staff/bed cores as well as meeting and office areas within the CASB. The design of the new SPCU will need to take into account existing glazing locations to ensure patient privacy for palliative care bedrooms.

The fair faced concrete expresses the structural cores of the CASB. One located on the eastern facade of the staircore; the other located on the northern west corner staircore.

The podium of the CASB is clad in grey metal cladding with vertical glazed slots interspersed along the facade. Louvres are integrated into these glazed slots. The level 05 roof looks down onto the Level 02 landscaped roof. This includes a paediatric play area and a separate single storey structure which accommodates family rooms and lounge/dining and activity space. This structure is clad in vertical panels in a grey tone, similar to the podium cladding colour.



CENTRAL ACUTE SERVICES BUILDING - NORTHERN FACADE



EASTERN EXPRESSED CONCRETE STAIRCORE AND GLAZED STRIP



TEMPORARY CLADDING, NORTHERN FACADE



VIEW TOWARDS STAFF/BED (LEFT) AND PUBLIC (RIGHT) LIFTCORES



VIEW SOUTH OF THE EXISTING IPU WINGS



VIEW OF THE LEVEL 02 LANDSCAPED COURTYARD (PAEDIATRIC PLAY) AND SINGLE STOREY STRUCTURE

4. Architectural Design

BUILT FORM

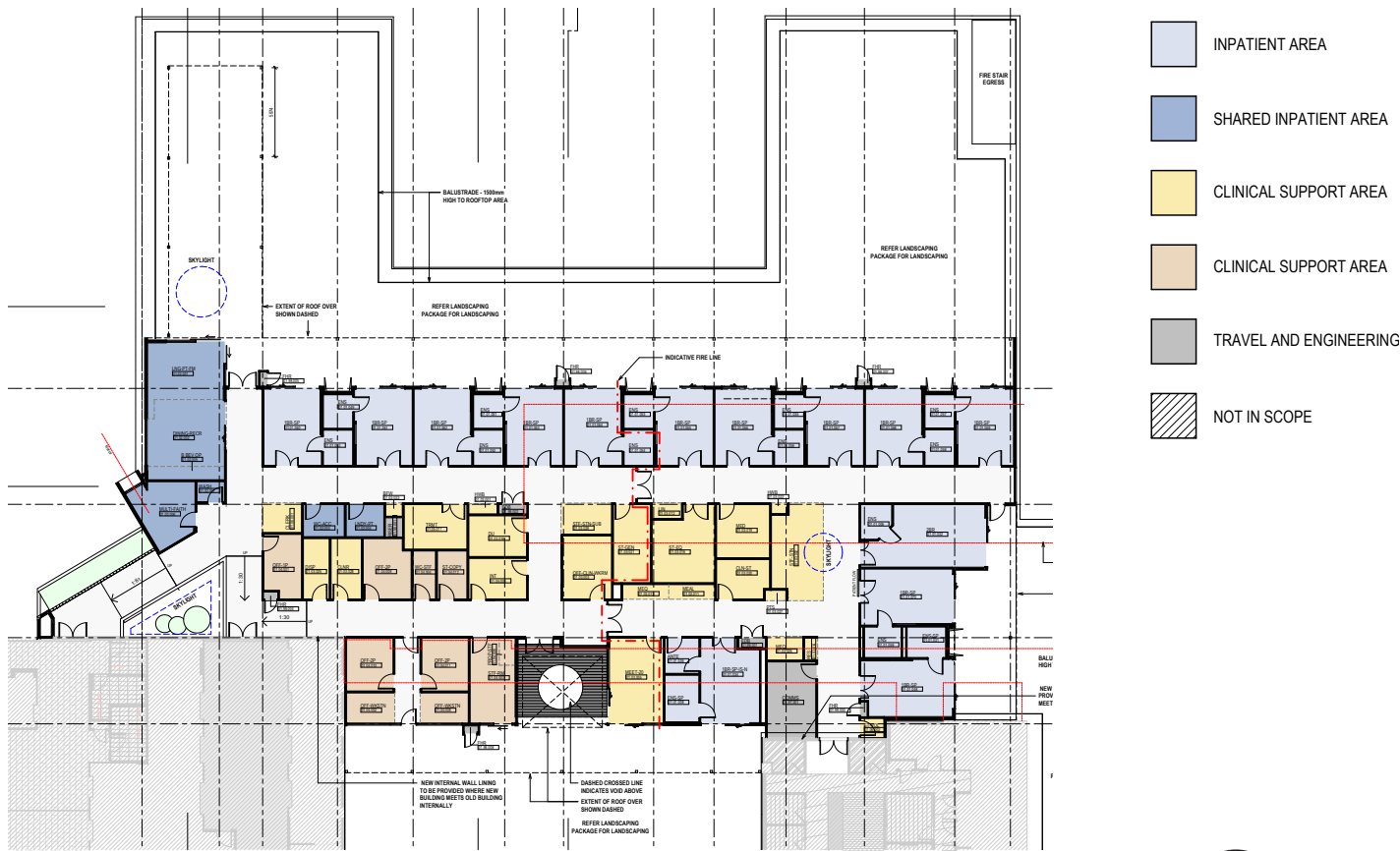
PROPOSED PALLIATIVE CARE

The palliative unit footprint is designed to connect into the CASB cores on both the east and west sides of the building. The single storey proposal is located south to maximise rooftop gardens for patients, families, visitors and staff to the north.

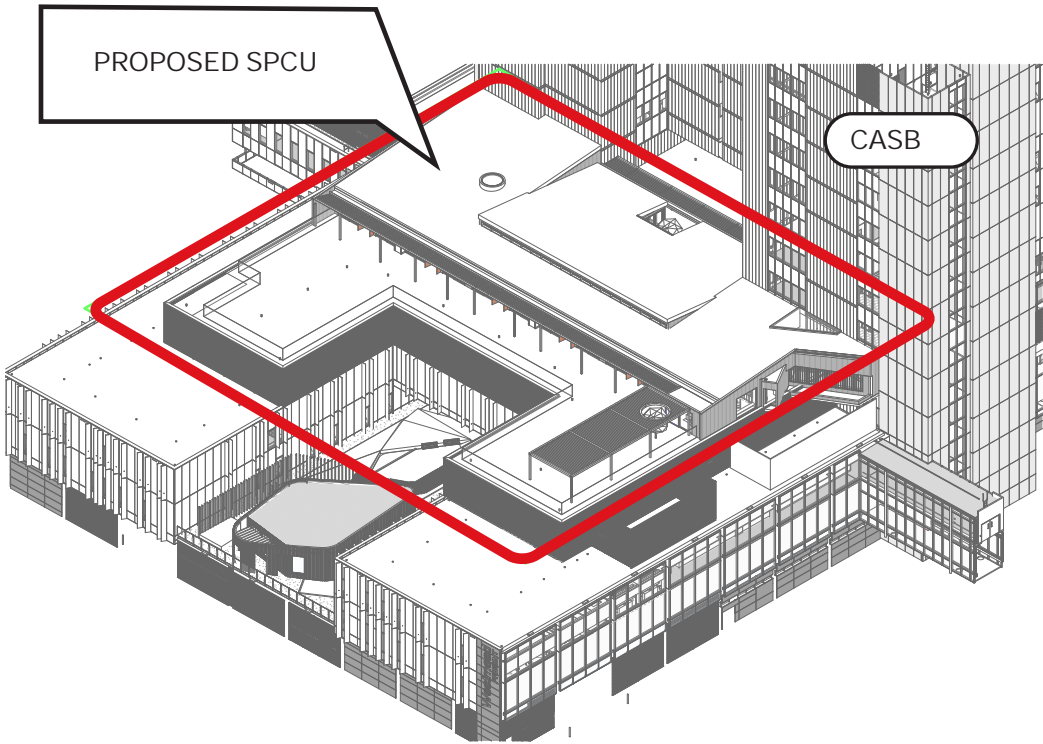
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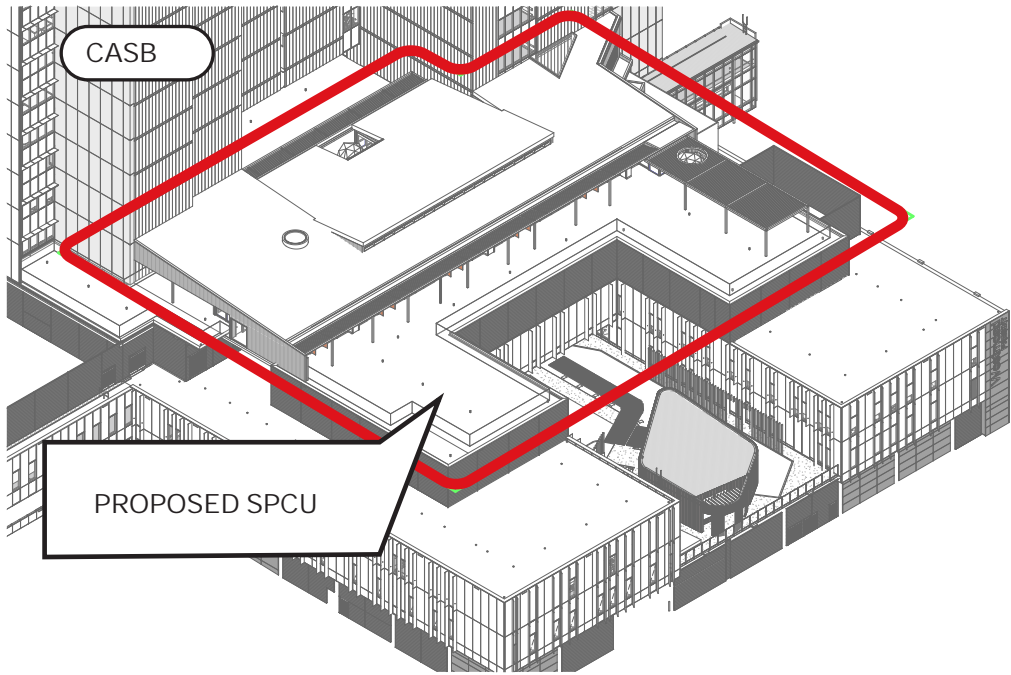
The communal spaces are located at the entry to the unit, with the patient family lounge volume expressed on the north western edge with sliding glazed doors opening this volume to the landscaped area beyond. A louvred canopy provides sunshading to a communal barbeque area for family birthdays and celebrations.



LEVEL 05 - GENERAL ARRANGEMENT PLAN - PROPOSED SUPPORTIVE AND PALLIATIVE CARE UNIT



AXO FROM NORTH WEST



AXO VIEW FROM NORTH EAST

4. Architectural Design

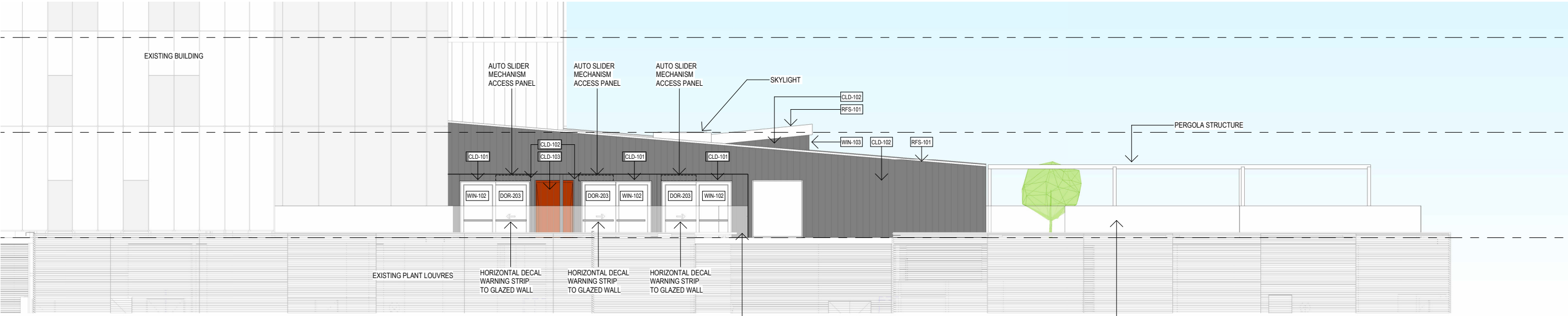
BUILT FORM

PROPOSED PALLIATIVE CARE

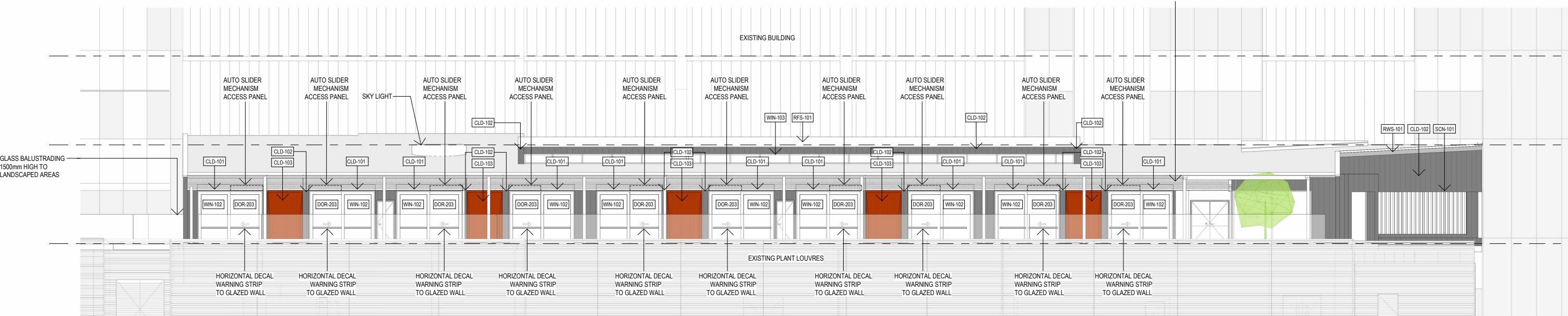
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EXTERIOR VIEW LOOKING TOWARD COMMUNAL SPACES



PROPOSED EAST ELEVATION



PROPOSED NORTH ELEVATION

4. Architectural Design

VISUAL IMPACT

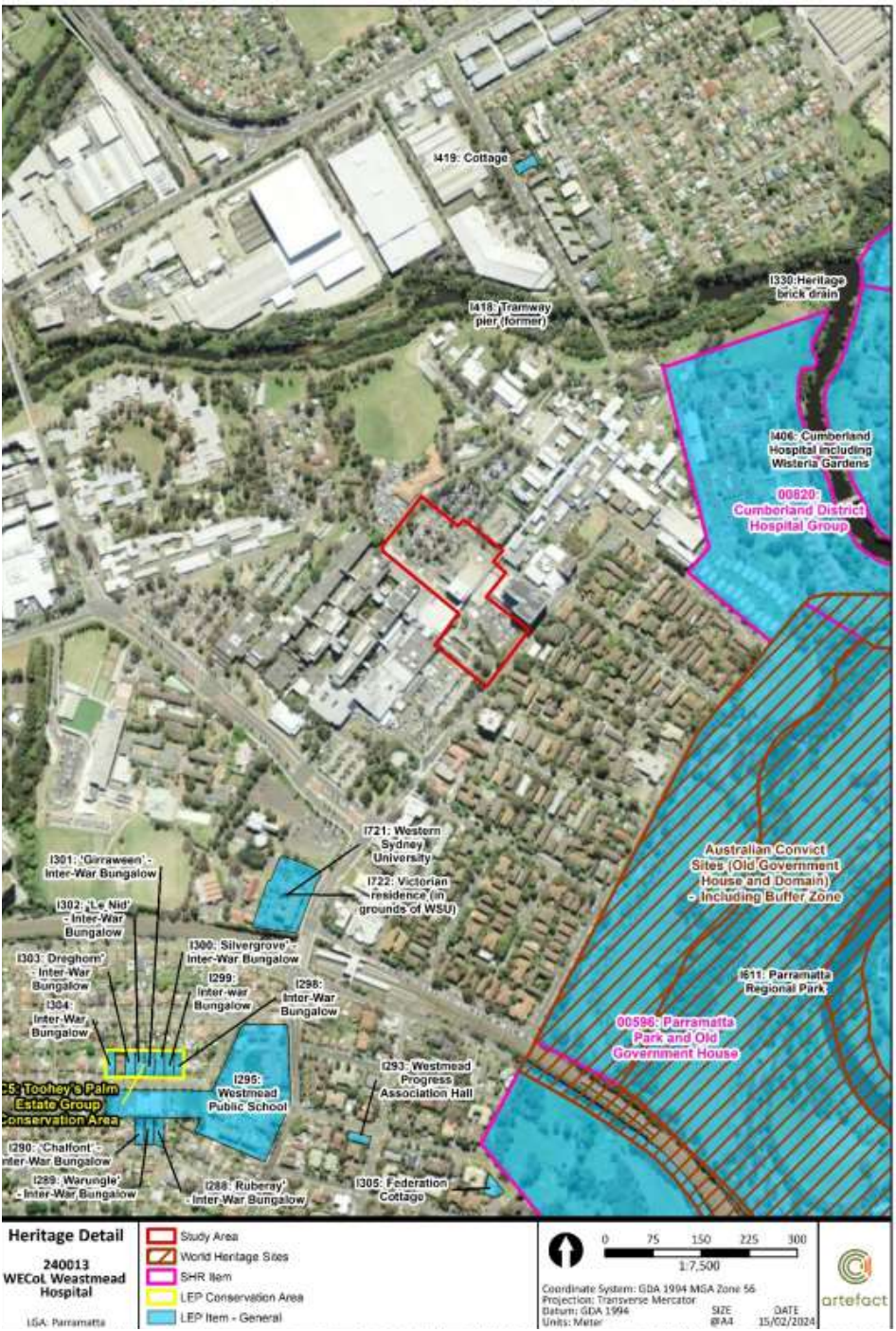
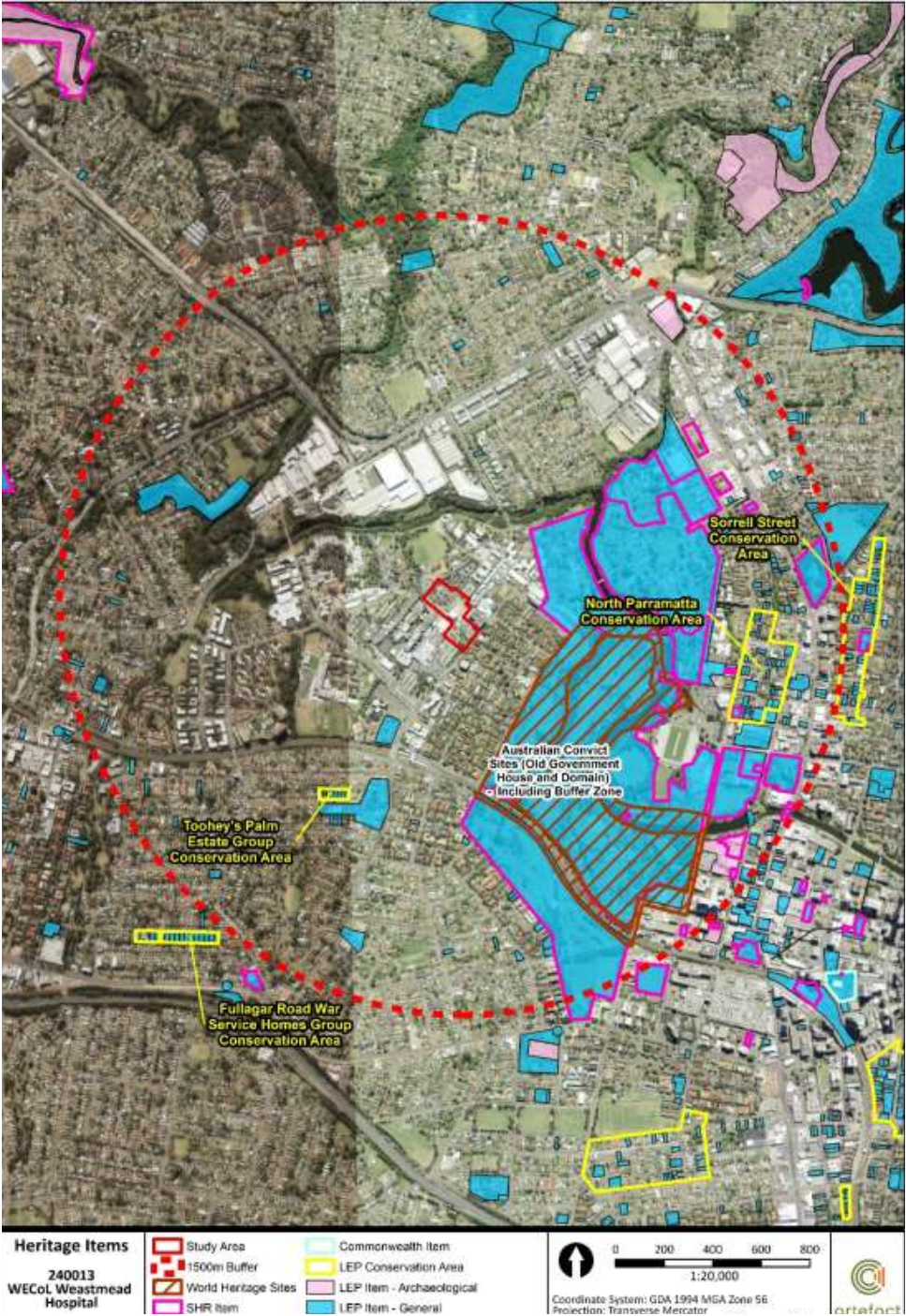
The map insert is taken from the Draft Statement of Heritage Impact by Artefact.

LEP items are denoted in cyan.
SHR items are outlined in magenta.

The proposed single storey Supportive and Palliative Care unit is located on the podium level 05 of the CASB and is blocked from direct view from the LEP and SHR items by the existing 13 storey CASB volume.



PROPOSED LOCATION OF SPCU



DRAFT STATEMENT OF HERITAGE IMPACT REPORT, ARTEFACT MAR ' 24

4. Architectural Design

VISUAL IMPACT

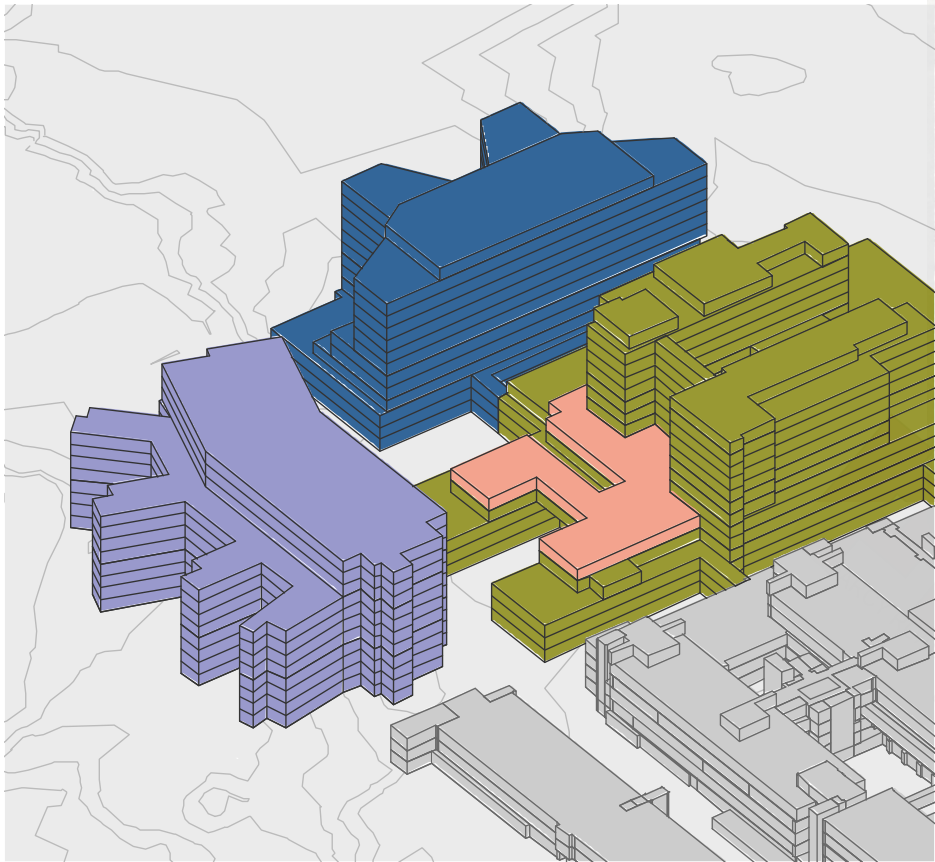
Other developments currently under construction surrounding the SPCU location include the CHW2 (13 storeys) to the north east and IMHC (10 storeys) to the north west. Both new developments will dwarf the proposed single storey palliative care unit which is set back from the podium so not visible from the existing streetscape.



WESTMEAD CHILDREN'S HOSPITAL IMAGE



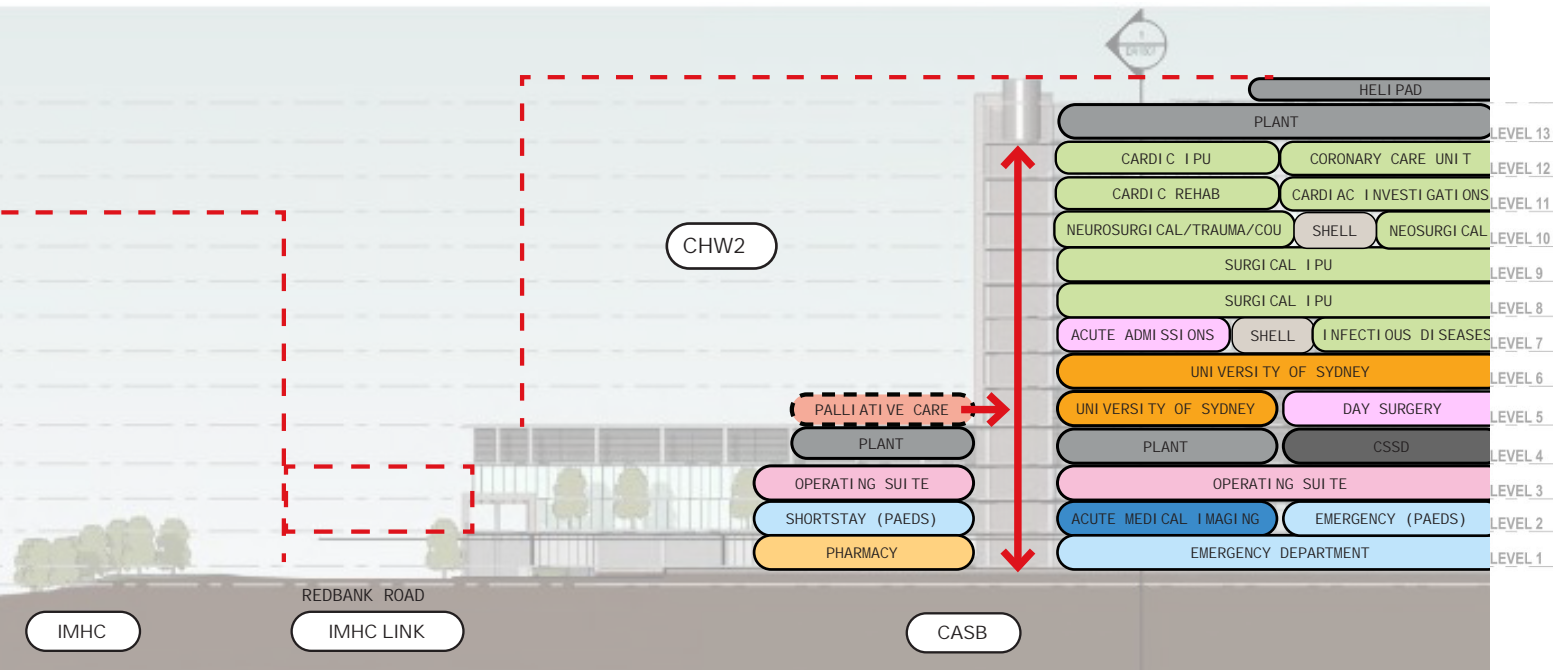
INTEGRATED MENTAL HEALTH COMPLEX IMAGE



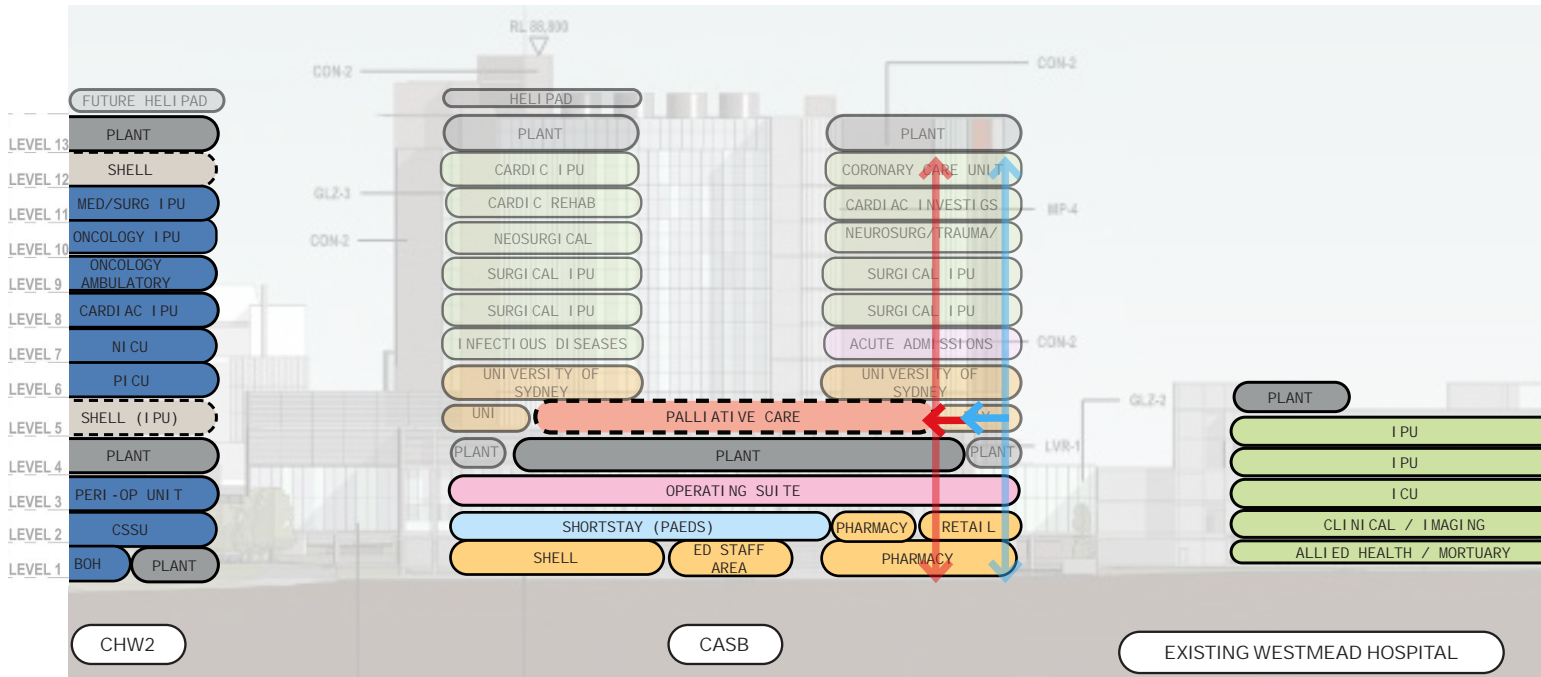
AXONOMETRIC SHOWING CASB, PROPOSED PSCU AND FUTURE DEVELOPMENTS



- EXISTING BUILDINGS
- EXISTING CASB (13 STOREYS)
- THE CHILDREN'S HOSPITAL AT WESTMEAD (CHW2) UNDER CONSTRUCTION (14 STOREYS)
- INTEGRATED MENTAL HEALTH COMPLEX (IMHC) UNDER CONSTRUCTION (10 STOREYS)
- PROPOSED SUPPORTIVE & PALLIATIVE CARE UNIT (LEVEL 05)



SECTION 1 - PROPOSED PALLIATIVE LEVEL 05

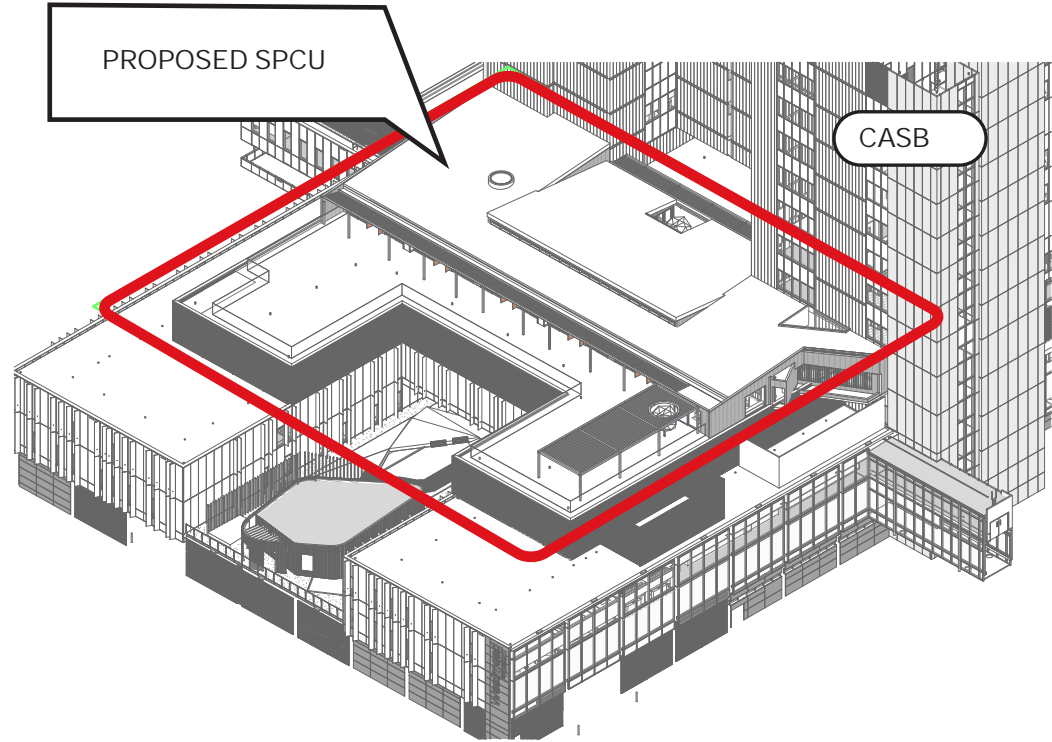


SECTION 2 - PROPOSED PALLIATIVE LEVEL 05

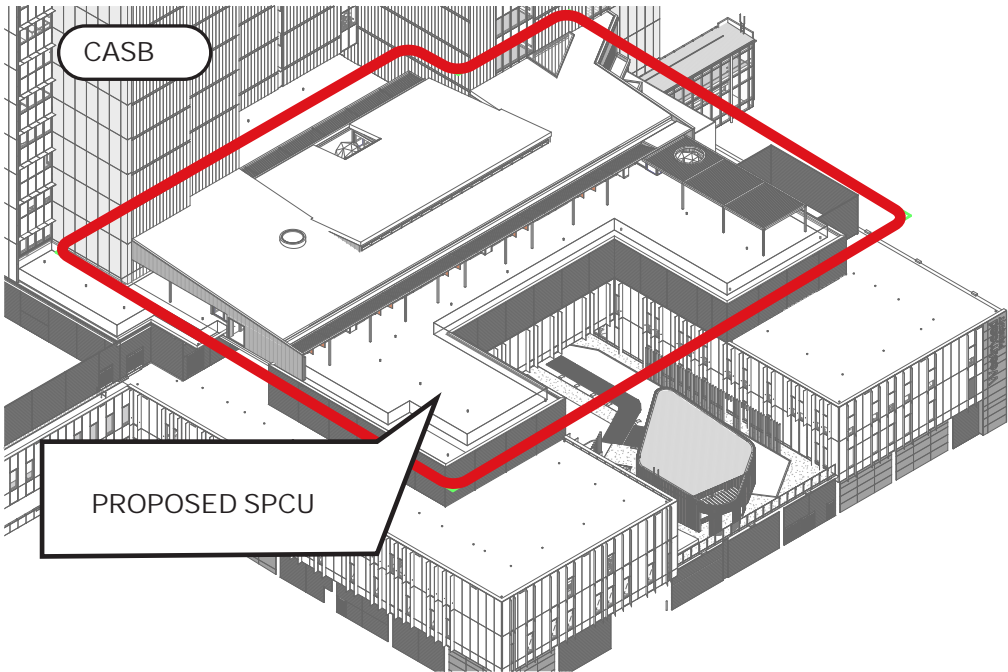
4. Architectural Design

VISUAL IMPACT

The proposed single storey palliative care unit is set back from the podium with materiality to match . It is concealed from view by the larger scale developments adjacent so will have minimal visual impact.



AXO FROM NORTH WEST



AXO VIEW FROM NORTH EAST



CASB PEDESTRIAN ACCESS FROM HAWKESBURY ROAD



CASB - VIEW FROM REDBANK ROAD



CASB - VIEW FROM REDBANK ROAD



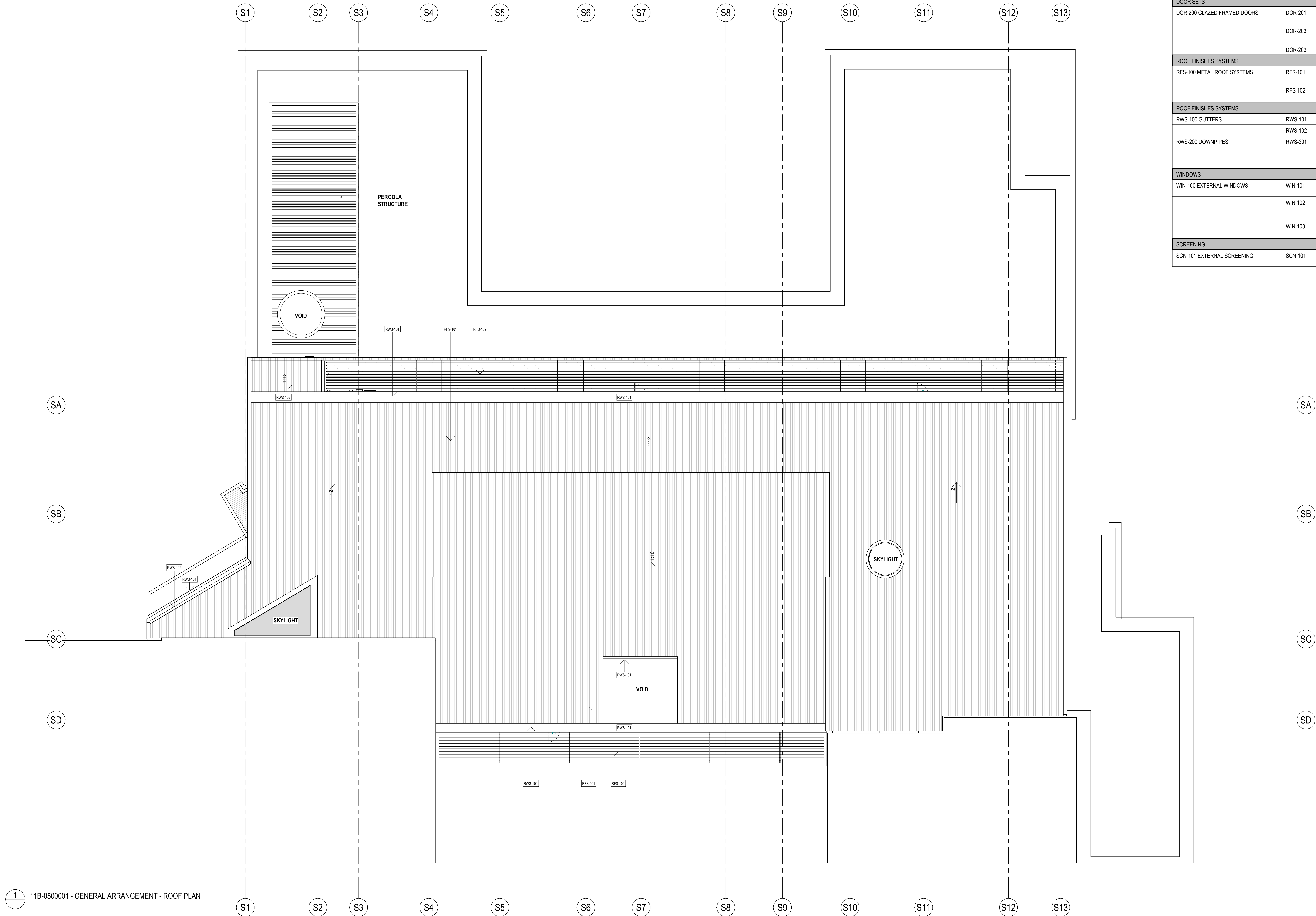
CASB - VIEW FROM INSTITUTE ROAD

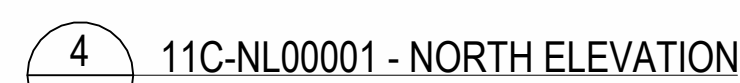
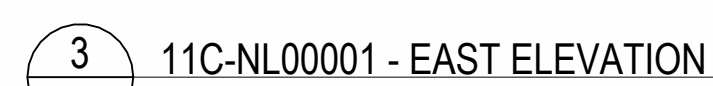
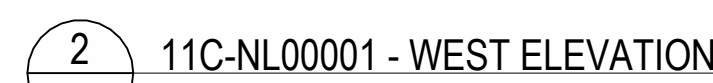
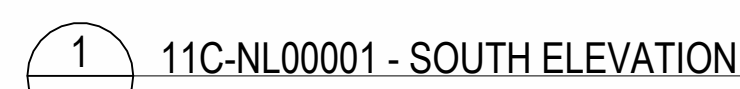
5. Appendices

5.1 ARCHITECTURAL REF DRAWINGS

WESTMEAD - SHEET LIST - REF SUBMISSION		
SHEET PREFIX	SHEET NUMBER	SHEET NAME
WCP-BVN-DRW-ARC-WMD-	00A-0000001	COVER SHEET
WCP-BVN-DRW-ARC-WMD-	01A-NL00001	LOCATION PLAN
WCP-BVN-DRW-ARC-WMD-	11B-0500001	GENERAL ARRANGEMENT - LEVEL 05
WCP-BVN-DRW-ARC-WMD-	11B-0500002	GENERAL ARRANGEMENT - LEVEL ROOF
WCP-BVN-DRW-ARC-WMD-	11C-0500001	FACADE ELEVATIONS
WCP-BVN-DRW-ARC-WMD-	40A-NL00001	3D VIEWS - BUILDING MASSING

FAÇADE ELEVATIONS LEGEND		
ITEM / SERIES	REF CODE	DESCRIPTION
CLADDING SYSTEMS		
CLD-100 EXTERNAL CLADDING SYSTEMS	CLD-101	NEW CLADDING TO SPANDREL/INTEL OVER DOOR* OR WINDOW SYSTEM (INCLUDING AUTO SLIDER MECHANISM SYSTEM)
	CLD-102	NEW EXTERNAL CLADDING
	CLD-103	NEW EXTERNAL CLADDING - FEATURE
CEILINGS		
CLG-100 EXTERNAL CEILINGS/SOFFITS	CLG-101	NEW SOFFIT LINING
FAÇADE / EXTERNAL WALL		
FWT-100 EXTERNAL WALL SYSTEMS	FWT-101	FRAMED ALUMINIUM LOUVRE WALL
DOOR SETS		
DOR-200 GLAZED FRAMED DOORS	DOR-201	EXTERNAL ALUMINIUM FRAMED GLAZED SINGLE SWING DOOR SET
	DOR-203	EXTERNAL ALUMINIUM FRAMED GLAZED DOUBLE SWING DOOR SET
	DOR-203	EXTERNAL GLAZED AUTO-SLIDING DOOR
ROOF FINISHES SYSTEMS		
RFS-100 METAL ROOF SYSTEMS	RFS-101	NEW PROFILED METAL SHEET ROOFING SYSTEM
	RFS-102	NEW BATTEN AWNING TO BEDROOM PORCHES
ROOF FINISHES SYSTEMS		
RWS-100 GUTTERS	RWS-101	NEW EAVES GUTTER
	RWS-102	NEW BOX GUTTER
RWS-200 DOWNPIPES	RWS-201	NEW RAINWATER DOWNPIPE AT NEW LOCATIONS (EXISTING DOWNPIPE LOCATIONS TO BE RETAINED WHERE POSSIBLE)
WINDOWS		
WIN-100 EXTERNAL WINDOWS	WIN-101	EXTERNAL ALUMINIUM FRAMED GLAZED PUNCHED WINDOW (SINGLE BAY)
	WIN-102	EXTERNAL ALUMINIUM FRAMED GLAZED WINDOW WITH LOW LEVEL SHADOW BOX ABOVE SILL (SINGLE OR MULTIPLE BAYS)
	WIN-103	EXTERNAL ALUMINIUM FRAMED GLAZED CLERESTORY WINDOWS
SCREENING		
SCN-101 EXTERNAL SCREENING	SCN-101	EXTERNAL ALUMINIUM FRAMED GLASS FIN PRIVACY SCREEN







BVN