

ORANGE-BLOOMFIELD HOSPITAL REDEVELOPMENT



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Contents:

Executive Summary	Page 3
Master planning	Page 3
Carparking	Page 3
Footprint	Page 5
Landscape	Page 7
Vehicular/Pedestrian Movement	Page 8
Architectural Expression	Page 11
Heritage	Page 12
Environmentally Sustainable Design	Page 15
Appendix A - Architectural Drawings	Page 16
Appendix B - Landscape Drawings	Page 17
Appendix C - Heritage Impact Statement	Page 18
Appendix D - Bid ESD Summary	Page 19
Appendix E - Meeting Minutes	Page 20

Executive Summary:

This report documents the modification to the approved major project 06-0111, Orange-Bloomfield Hospital Re-development. The report outlines changes made to the approved scheme, highlighting amendments in footprint, master planning and planning for the purpose of modification to the approved scheme.

Master Planning:

The proposed scheme reflects the master planning strategies of the approved Project on site, with the new general hospital (GH) located at the north of the site on the existing oval, the Acute Mental Health (AMH) directly to the south, and the new Forensic Mental Health (FMH) situated to the west of buildings 42 and 43, and north of building 56, Canobolas clinic.

The general hospital and AMH buildings have moved approximately 15m to the north, to create a closer relationship between AMH and the operational areas of the general hospital. This is a result of the consultation process with NSW Health to improve clinical and operational services between the two facilities. The other benefit of moving AMH to the north is an improved retention of heritage gardens and their curtilages through an increase in the landscaped areas between the new buildings and existing buildings on site.

(See architectural drawing SK-01.01 master plan in Appendix A for site arrangement)

Carparking:

Carparking numbers remain as per the approved scheme, however due to the introduction of radiotherapy and vehicular access to the AMH building, the layout of the staff/public car park to the east of the general hospital has been amended (see Figure 1/2). The buffer zone between the public car park to the west of the general hospital has also been improved along with the protected tree zone adjacent to Forest Road (See Figure 1/2). This is achieved through minor adjustments to planning of this carpark, increasing the landscape buffer between the carparking and protected trees. Further to this, localised building parking arrangements throughout the site have been amended to suit clinical and service requirements for individual buildings.

(See architectural drawing SK01.01 Master Plan in Appendix A for parking layouts and break up)

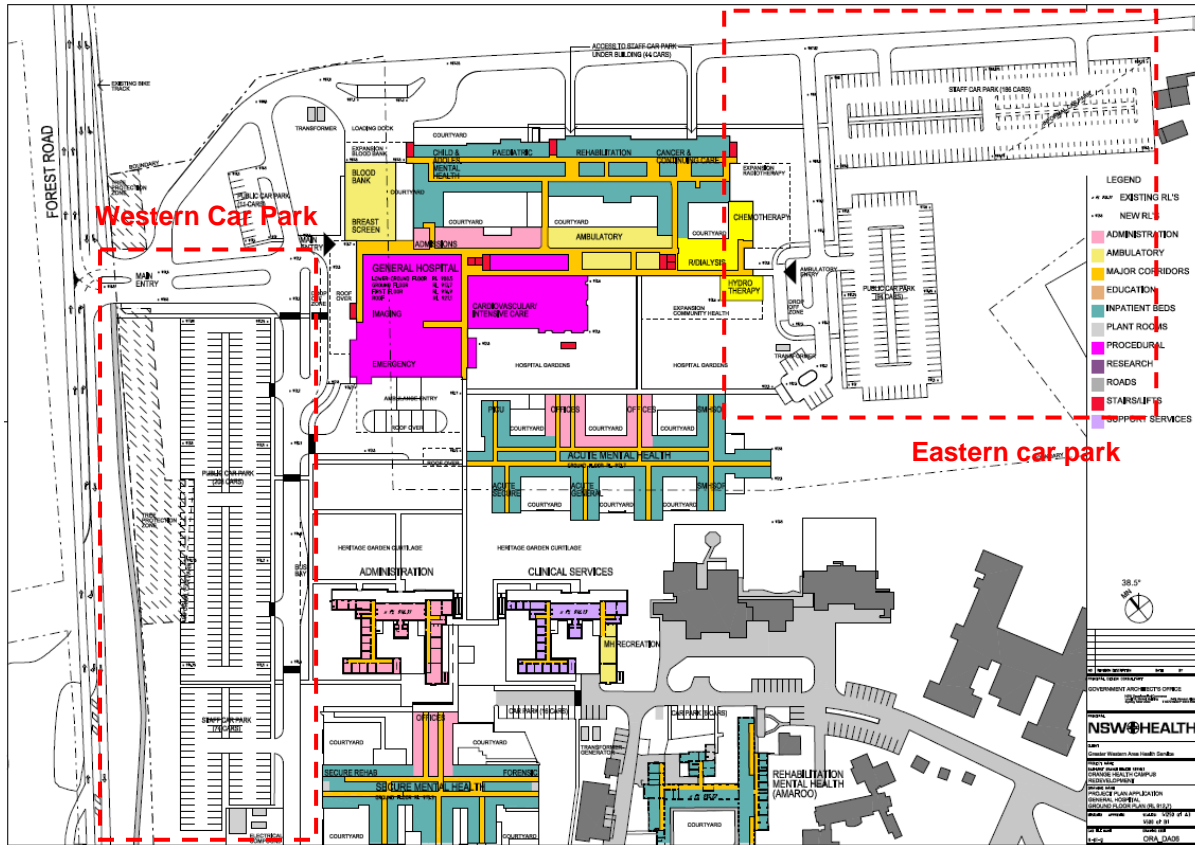


Figure 1: Part Site Plan – Approved Scheme

PHC-SK-SP-01.02 - B - Site Plan-Sheet 1

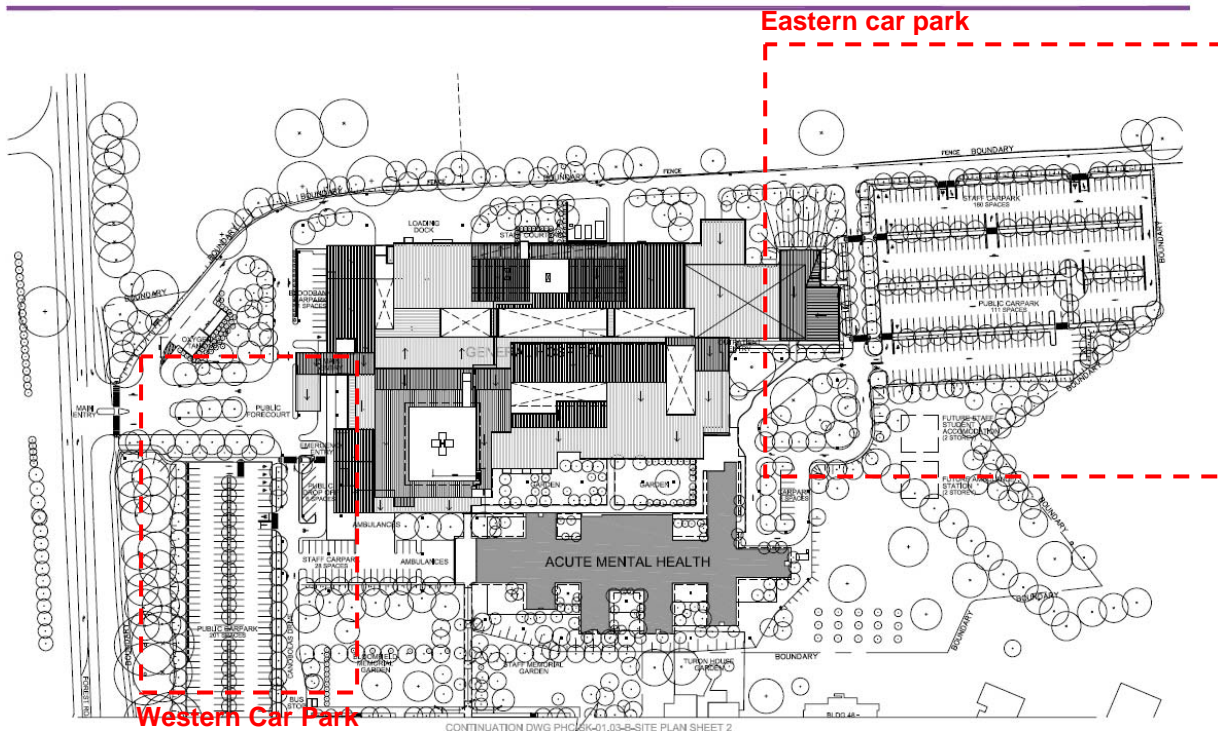


Figure 2: Part Site Plan – Modified Scheme

Footprint:

Hospital planning and clinical operations have been improved during the consultation process with NSW Health, leading to changes and moves in internal departmental arrangements. This has led to an increase in the southern ground floor footprint of the general hospital. This area was already identified as a designated expansion area in the approved scheme. (See Figure 3).



Figure 3: Increased Footprint @ G/F

Designated expansion areas have also been introduced into the scope for the new facilities, which have affected the footprint of the general hospital. These include:

- 1) Radiotherapy. (Figure 4)
- 2) Increased area for Dental Therapy. (figure 5)

The refinements to internal planning have a positive impact on the visual bulk. The building remains a 2½ storey building, but a number of shared services originally on the first floor have been relocated to the ground floor for a better distribution of these services between the levels. The increase in the ground floor footprint is offset by a reduced area at first floor level, resulting in a smaller footprint and improved views from the existing buildings to the south to the adjacent golf course. See architectural drawings SK01.01, SK01.02, SK01.03, and SK-GH-04.01, SK-GH-04.02 for plan and elevations with approved scheme outline shown for reference.

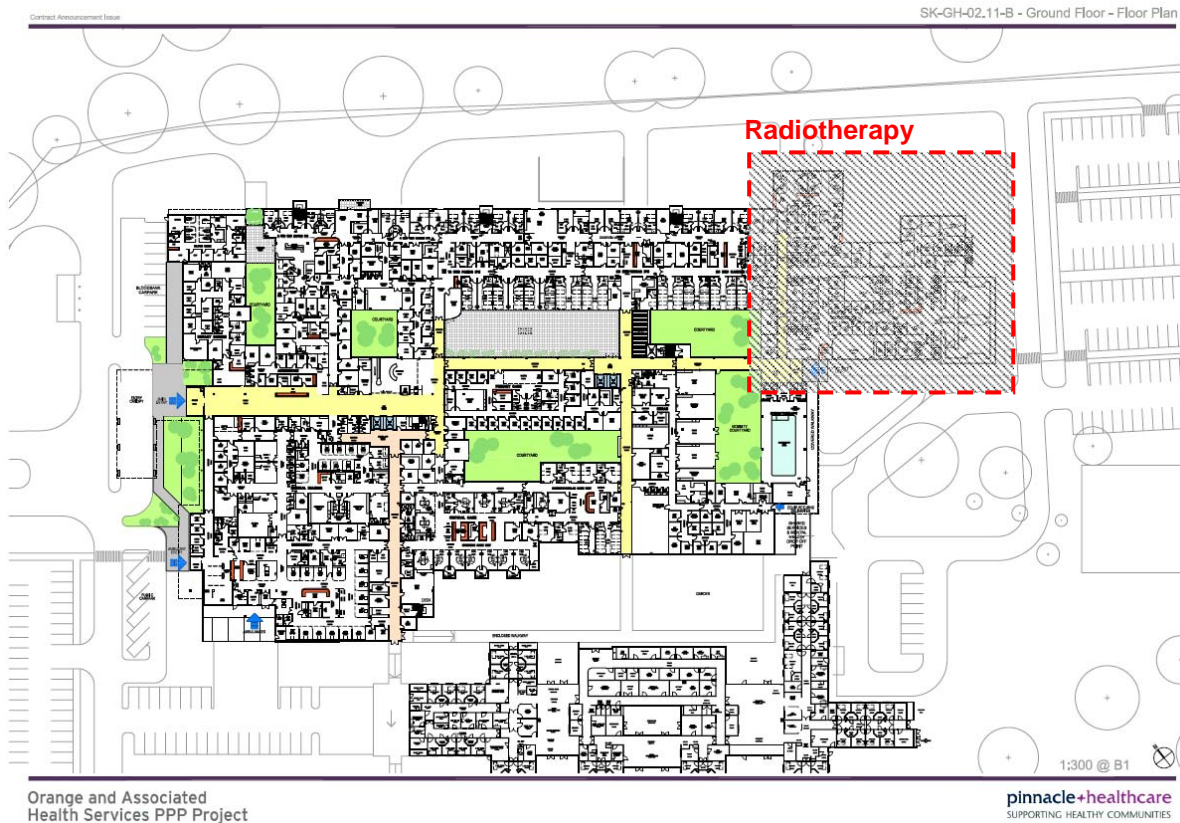


Figure 4: Ground Floor Plan – Modified Scheme

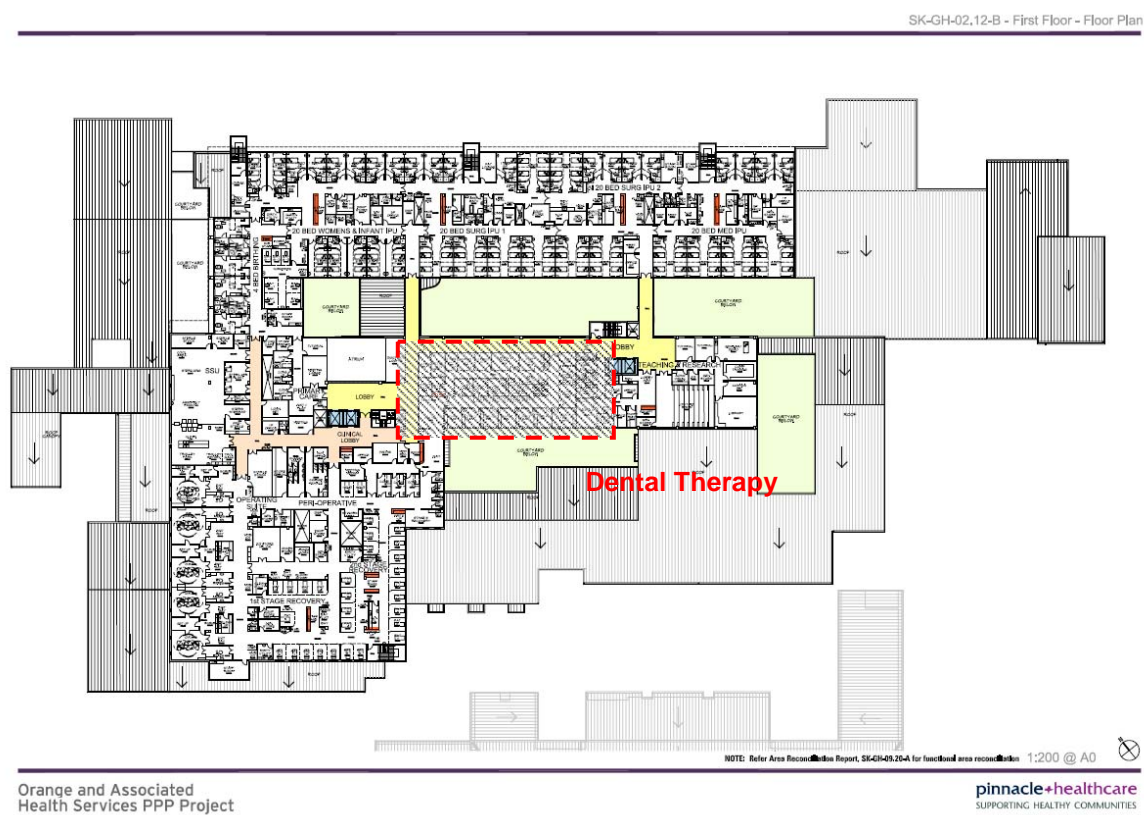
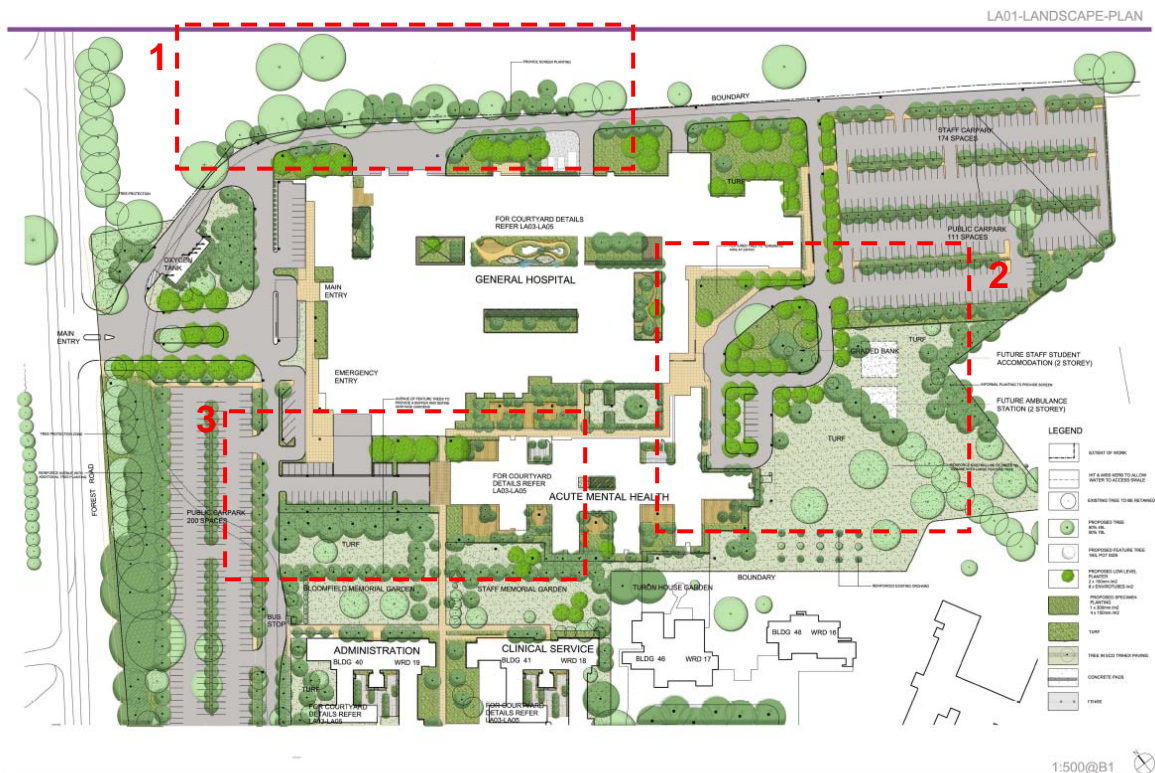


Figure 5: First Floor Plan – Modified Scheme

Landscaping:

Revised landscape drawings have been prepared by landscape architects Taylor Brammer Pty Ltd which incorporate the principles of the previous landscaping drawings into the revised scheme (See Appendix B). Heritage consultant David Scobie has consulted with Taylor Brammer to ensure amendments have been made to comply with the Conditions under B2 of the Project Approval 06-0111. These changes are described below and outlined in figures 7-8.

- 1) Screen plating to the adjacent golf course.
As to comply with Part 3A consent Condition C4 (d)
- 2) New landscaping arrangement to the east of the general hospital.
As to suit new carparking and vehicular access arrangements.
- 3) New landscaping arrangement to heritage garden cartilage.
As to comply with Part 3A Consent Condition B2 (e)
- 4) New landscaping arrangement to surrounds of FMH, derived from changes in clinical planning arrangements and building form.



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Figure 7: Part Landscape Plan

LA02-LANDSCAPE-PLAN

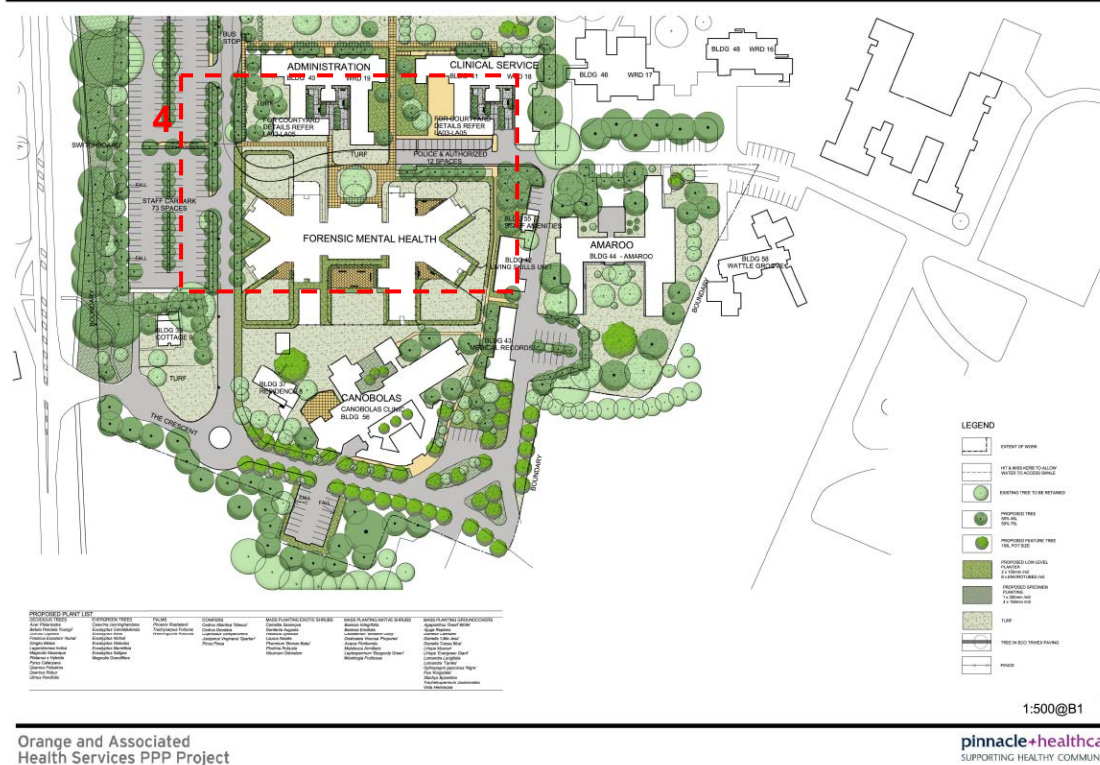


Figure 8: Part Landscape Plan

Vehicular/Pedestrian movement:

Overall, the pedestrian and vehicular movement throughout the site has remained consistent with the approved scheme, with major public and staff footpaths, and points of access being retained. However, some areas have been revised through alterations of car parking arrangements as stated above, to improve pedestrian movement and safety and as to comply with Conditions B5 of the Project Approval. These changes are described below and outlined in figures 9-10.

- 1) Pedestrian access: Western car park to General Hospital main entry.
As to comply with Part 3A consent condition B5 (d) (e)
- 2) Pedestrian access: eastern Car park to General Hospital Outpatient’s entry.
As to suit new car parking arrangements and ensure safe access from the carpark to the hospital entry.
- 3) Vehicular access: Main campus entry, blood bank parking and service road.
As to comply with Part 3A consent condition B5 (f)
- 4) Vehicular access: Outpatients drop off and Acute Mental Health secure drop off.
To suit adjusted internal clinical arrangements of AMH secure entry, and improve the flow of emergency, staff and public vehicles in this area of the site.

Architectural expression:

The visual aesthetic of all new buildings on site have been enhanced to reflect an appropriate architecture of new changes in planning, heritage issues, siting and ESD principles.

Through consultation with our Heritage consultant, an appropriate heritage principle has been developed to strengthen the new buildings relationship and connection with the surrounding existing buildings. A series of 'heritage panels' of a modern construction typology, picking up on the scale and colour of existing bricks on site, strengthen the buildings' façade at ground floor, with a clear datum created relating to the floor level of the existing ward18/19 buildings.

The lower ground floor takes on a simple role of a dark, quiet and monolithic platform, which is appropriate to the floor's role of accommodating the building's 'back of house' departments and services, from which the heritage panels and floors above protrude, pronouncing the colours and modern materials off a dark secondary base element. The first floor compliments the heritage panels by stepping back from the line of the heritage panels, and through change of colour and material scale, assists in pronouncing and strengthening the colours of these panels.

The three entries to the hospital, Main entry, Emergency and Outpatients (See architectural drawing SK01.01 Master Plan in Appendix A) are pronounced through change in material, with high quality finishes utilised in these areas of the building to pronounce entries and directing visitors and patients to the relevant area of the hospital. Heritage panels acting as screen walls, also highlight entry points, leading patients and visitors towards the building, along covered walkways or canopies.

Both AMH and FMH respond similarly to the general hospital in regards to its architectural language and heritage principles. The masonry base, a continuation of the heritage 'datum' and colour is a continuous theme. The use of pre-finished, hard wearing materials such as vitrapanel replaces metal cladding for patient safety and security issues.

The roof forms of all buildings are enhanced from the approved scheme to continue the ideas carried through the facades and architecture. Skillion style rooves float above the building, leading the eye line past the mass of the general hospital onto existing vistas beyond to the north and east. The low level rooves retain views from the existing building to the south, whilst also strengthening the roof forms and allowing sunlight to enter through the various courtyards throughout the buildings.

Heritage:

Through consultation with heritage consultant, David Scobie, and the NSW Heritage Office, key areas of the site and existing buildings have been considered in the new scheme. The proposed buildings and site works respect the heritage significance of the site and where possible, have retained many of the key heritage aspects of the site. The existing articulation of Canobolas drive has been expressed and interpreted through concrete strips set into the ground with indicative signage to visually express the original condition of the site. Interpretation has also been provided for the existing building 20, TB ward to be demolished.

Through consultation with the NSW Heritage office, several key areas of the design have been improved to further strengthen the relationship of the new buildings and existing heritage elements. Finishes to the SW corner of the general hospital have been amended to strengthen the visual relationship between the 'heritage panels' and existing heritage buildings, wards 18 and 19, whilst the overall design has considered and referred to the NSW Heritage 'Designing in Context' guidelines.

Materials in the enclosed and covered walkways have been selected to relate the materials of street furniture throughout orange city. The use of infill timber panels at changes of direction and nodal points expresses this relationship, whilst assisting with way finding throughout the hospital campus.

These and other heritage aspects of the site have been considered, and outlined in the attached heritage Impact Statement prepared by David Scobie Architects. (See Appendix C)

Major heritage issues and respective heritage strategies are described below and listed in Figures 11-16.

- 1) Heritage garden Curtilage. As to comply with Part 3A consent condition B2 (e)
- 2) Relocation of existing sunken greenhouse.
As to comply with Part 3A consent condition B2 (f)
- 3) Concrete strip outline of existing ward 20 building to be demolished
- 4) Concrete strip outline of existing Canobolas drive.
- 5) SW corner of General Hospital
As per comments through consultation with NSW Heritage office.

Environmentally Sustainable Design (ESD):

Strong ESD initiatives in architectural design and services have been introduced to reduce energy consumption within the buildings, and also to recognise the need to passively control sunlight and climate in the region. Sun shading structures provides passive sun protection, whilst courtyards and light wells allow natural light to enter the building in a controlled manner, improving the environment for patients, visitors and staff within the building.

Please refer to Appendix D, outlining the ESD principles and strategies introduced.