

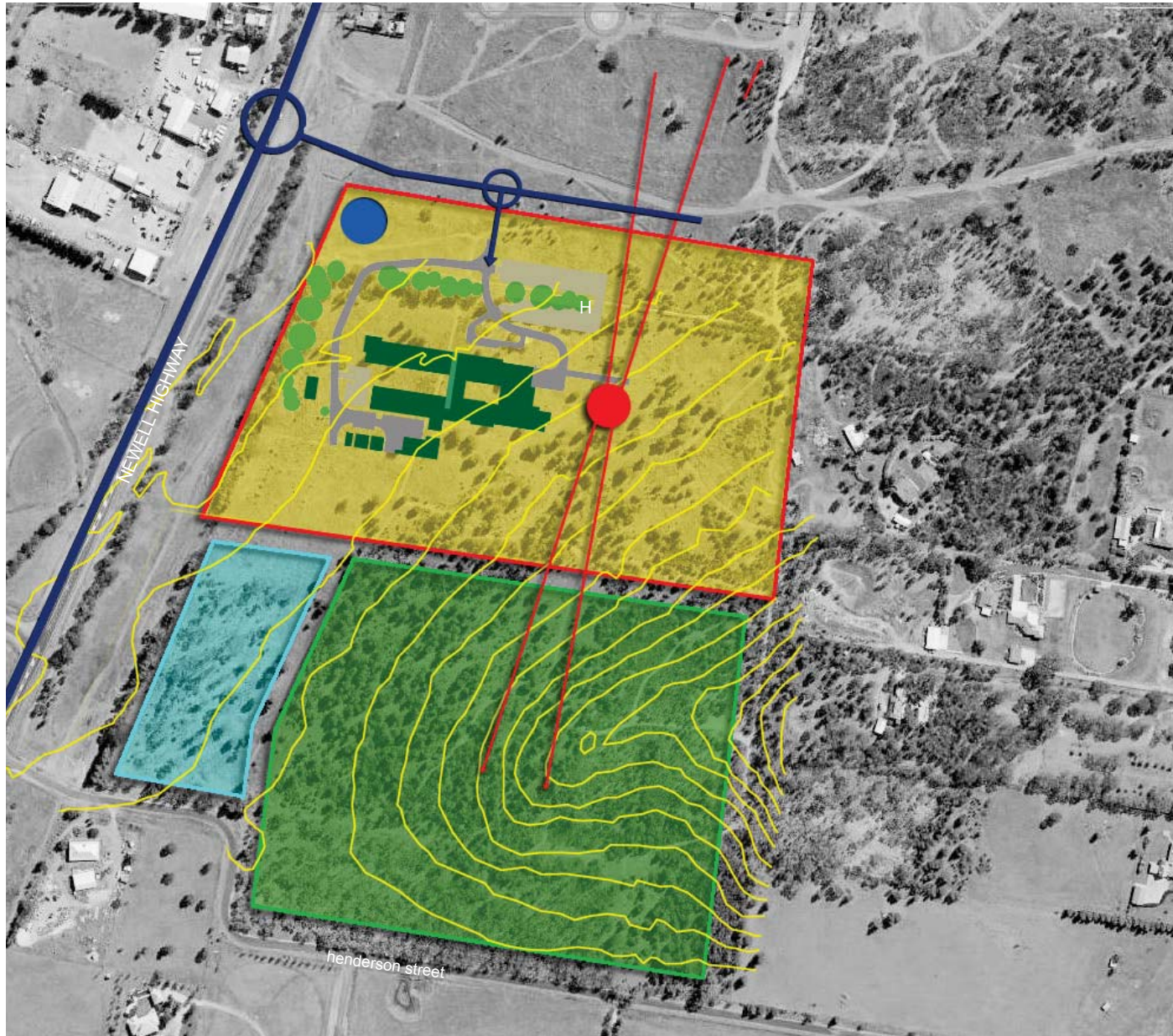
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3.5 masterplan

SITE MASTERPLAN

The proposed site location is well connected to the local highway, is not constrained by surrounding development and can allow the building form an opportunity for east / west expansion.

The Optimum location for the hospital building would be towards the north west of the site which is the flattest portion of the land and would ensure scope for future expansion. The current layout indicate a hospital that has plan dimensions of approximately 60m x110m. The main entry arrival point is located to the north of the site, adjacent to the car parking and site entry point. This will provide direct access to the Emergency Department and Ambulatory Care Zone. The Inpatients Unit and the Non clinical services are provided toward the South and have provision of a separate access road to the west of the new hospital.



indicative site concept diagram

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3.6 existing services

EXISTING SITE INFRASTRUCTURE

A new road link is proposed to run north of the site and link the Newell Highway to Back Yamma Road. It is envisaged that the new access road to the hospital will be formed from this road onto the site.

Site services currently exist in close proximity to the surrounding site. An existing overhead power line is located directly to the west and north of the site with fibre optic and telecommunications cabling running parallel to the power lines.

The site has a number of options with regards to Hydraulics and gas services as these are located in the surrounding areas



-  Indicative Existing Hydraulics Location
-  Indicative Existing Natural Gas Location
-  Indicative Existing Electrical Power Lines
-  Indicative Existing Underground fibre optic cables

indicative site infrastructure diagram





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4..1 site summary

Outlined below are a summary of the key site factors that will influence the design of the new hospital. They include;

SITE ACCESS

A new access is proposed on the northern boundary that will give direct access to the Newell Highway. Access into the site will be informed by the row of Eucalypts on the north.

SITE TOPOGRAPHY

The slope is steeper from a crown towards the east of the site with the contours fanning out in an easterly direction creating a flatter section. Overall the fall across the site from east to west is approximately 22m.

It is envisaged that the new hospital will be located to the centre of the site and will require an element of cut and fill.

SUN, ORIENTATION, WIND

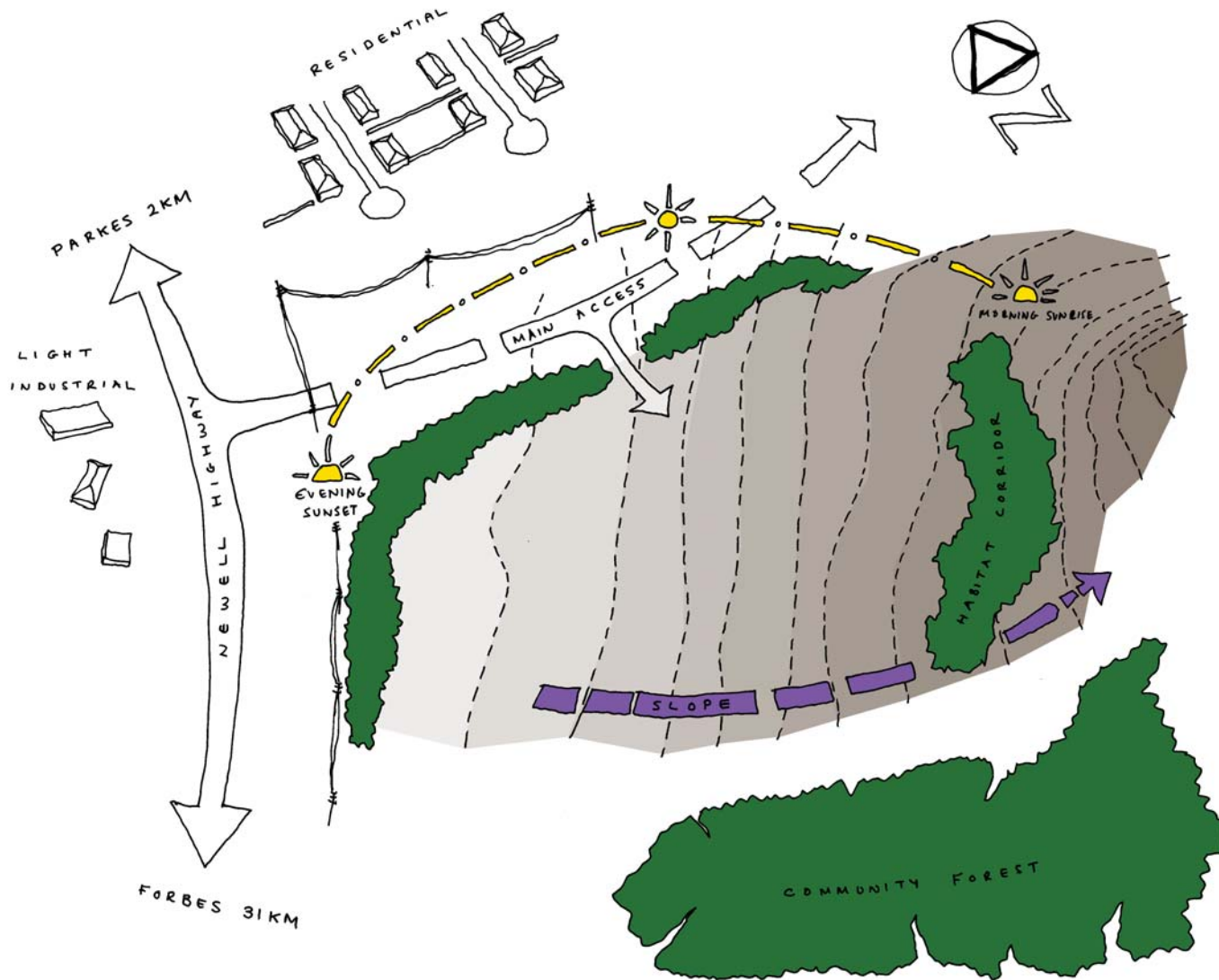
The shape of the site affords an orientation that maximises a northerly aspect and minimises the extent of facade on the east and west facades.

WATER DETENTION

A new water detention system will be provided to the north eastern boundary.

LANDSCAPE AND VEGETATION

The perimeter planting of mixed eucalypt species occur on the northern and western boundary of the site while the white cypress pine woodland occurs in the southwestern portion of the site. It is envisaged that a habitat corridor is maintained to run north - south across the proposed site.



indicative site constraints and massing diagram

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4.2 architectural intent



Indicative view from north of the site

The plan and form of the building have been derived from a direct response to building use and site specifics. The Primary drivers that have informed the design of the new building include:

BUILDING USE

The size of the floor plate have been instrumental in outlining the form of the new building. Through careful consideration the adjacencies between departments and services provided have been designed to allow the centre to function appropriately.

EXPANSION CAPABILITIES

The “street” concept allows for some flexibility in the location of departments, their relationships, entry points and potential future expansion. The location of the block planning on the site is such to allow expansion in both the north south and the east west directions.

INTEGRATION WITH THE LANDSCAPE

The building envelope design will be a result of careful consideration of its context, responding to the local vernacular and its rural setting.

The proposal's rhythm and form will echo its environment and will bring an appropriate level of cohesiveness to the site and its environs. The sensitivity of the built form, relativities of scale, design and materials, finishes and colours are important keys in the design philosophy.

The architecture will look to enhance the existing context by unifying and reflecting the local environment with the architecture seen on approach as a low scale form within its site setting. The relationship and connection to the landscape is a key driver into the buildings ability to sensitively integrate with its surrounding incorporating existing views and vistas to outlying parts of the landscape reinforcing the link back to nature.

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4.3 strategic site access

ACCESS

Access to the site will from the proposed southern distributor road that runs parallel to the northern boundary of the site. The Newell Highway and Back Yamma Road give direct access to the distributor road.

New signage beacons will be required to direct visitors to the required department.

TRANSPORT ANALYSIS

Access to the site is via a planned road construction by Parkes Council, to the north of the site.

Vehicular access to the site, from the Newell Highway, will require slip lanes for turn in and turn out to a secondary road network for site access. Direct access from the Newell Highway is not recommended, nor likely to be approved due to the nature, the speed and volume of the traffic. Consideration of right hand turning traffic onto the Newell Highway will be required, particularly emergency vehicles.

The railway line and station is located approximately 1.5 km to the north of the site. Bus route 552 is the closest bus route servicing the residential area approximately 750m to the north Parkes airport is approximately 6km to the north east.

Formed pedestrian pathways to the site terminate at the residential are approximately 250m north of the site. There are no cycleways.

Noise and glare from traffic along the Newell Highway may be mitigated through the 65m "buffer zone" to the west of the site. Appropriate architectural and landscape design and construction may also be applied to mitigate any adverse effects.

Liason with the local bus company should be undertaken to provide bus services to the new site.

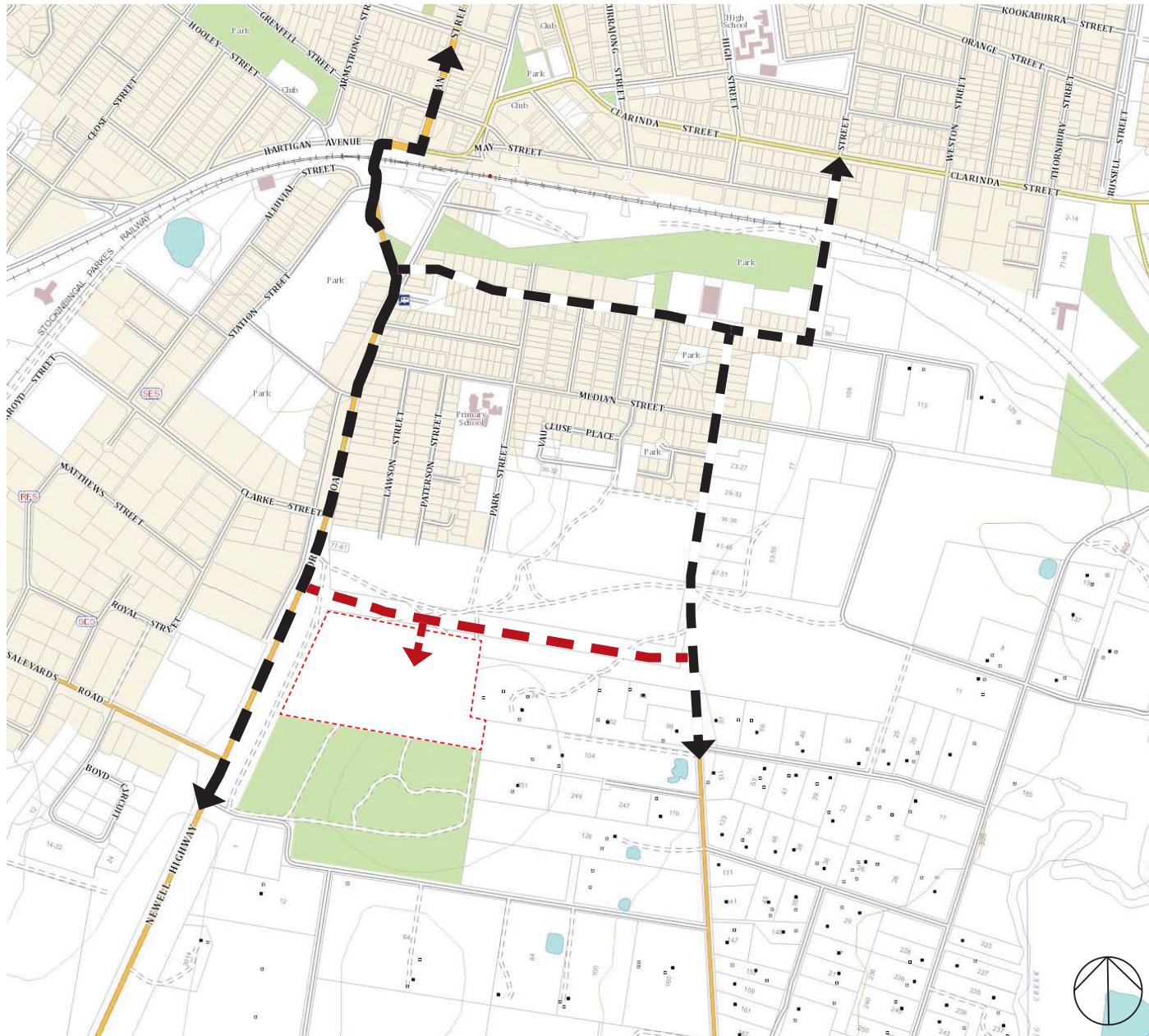


diagram showing site access ①

4.4 site access

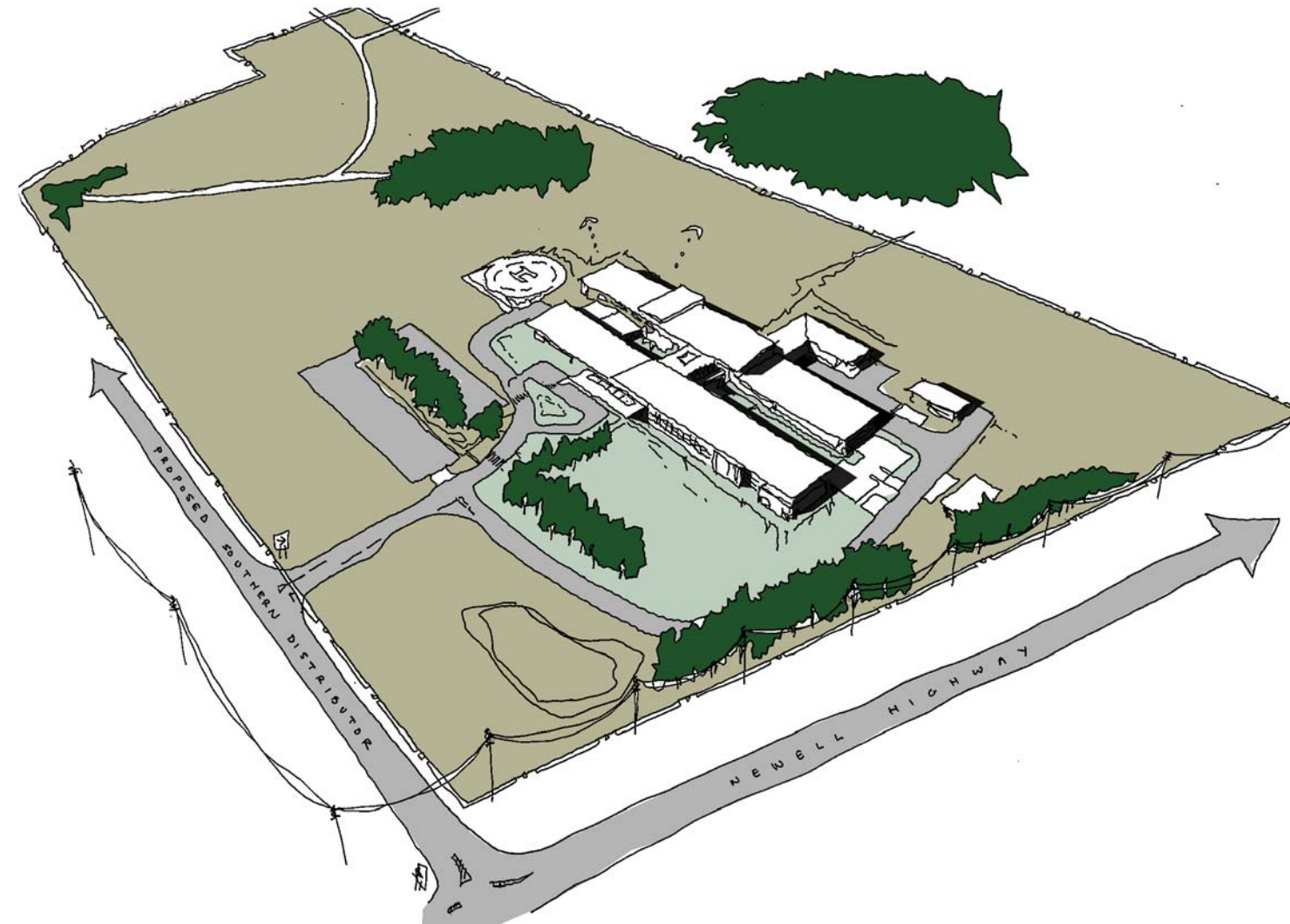
SITE ACCESS

Currently the site is accessed via existing dirt tracks. It is therefore proposed that a new link road (which will eventually form part of the southern distributor link) is constructed to provide a connection to the Newell Highway and the regional road network. Internal links roads will distribute traffic within the site. All intersections are to be priority controlled with appropriate turn bay requirements, lane width / configuration and sight lines.

BUILDING ACCESS

The main public access will be located to the north of the main hospital street adjacent to the main drop off area. Emergency access is located to the west and will have a separate entry road. A service/ delivery road is located to the east and will give direct access to secure staff car parking, the loading docks and maintenance workshops.

The main entrance to the building is located on the north elevation. The legibility of the entrance zone is further refined by the provision of a new drop off canopy that extends from the building mass.



indicative site concept diagram

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4.5 siting the building

SITING THE BUILDING FOOTPRINT

A site specific appraisal has been undertaken of the proposed site, including location, topography, the surrounding environs and key site constraints and opportunities. A number of factors have influenced the siting of the new Hospital. These include:

REDUCING CUT AND FILL

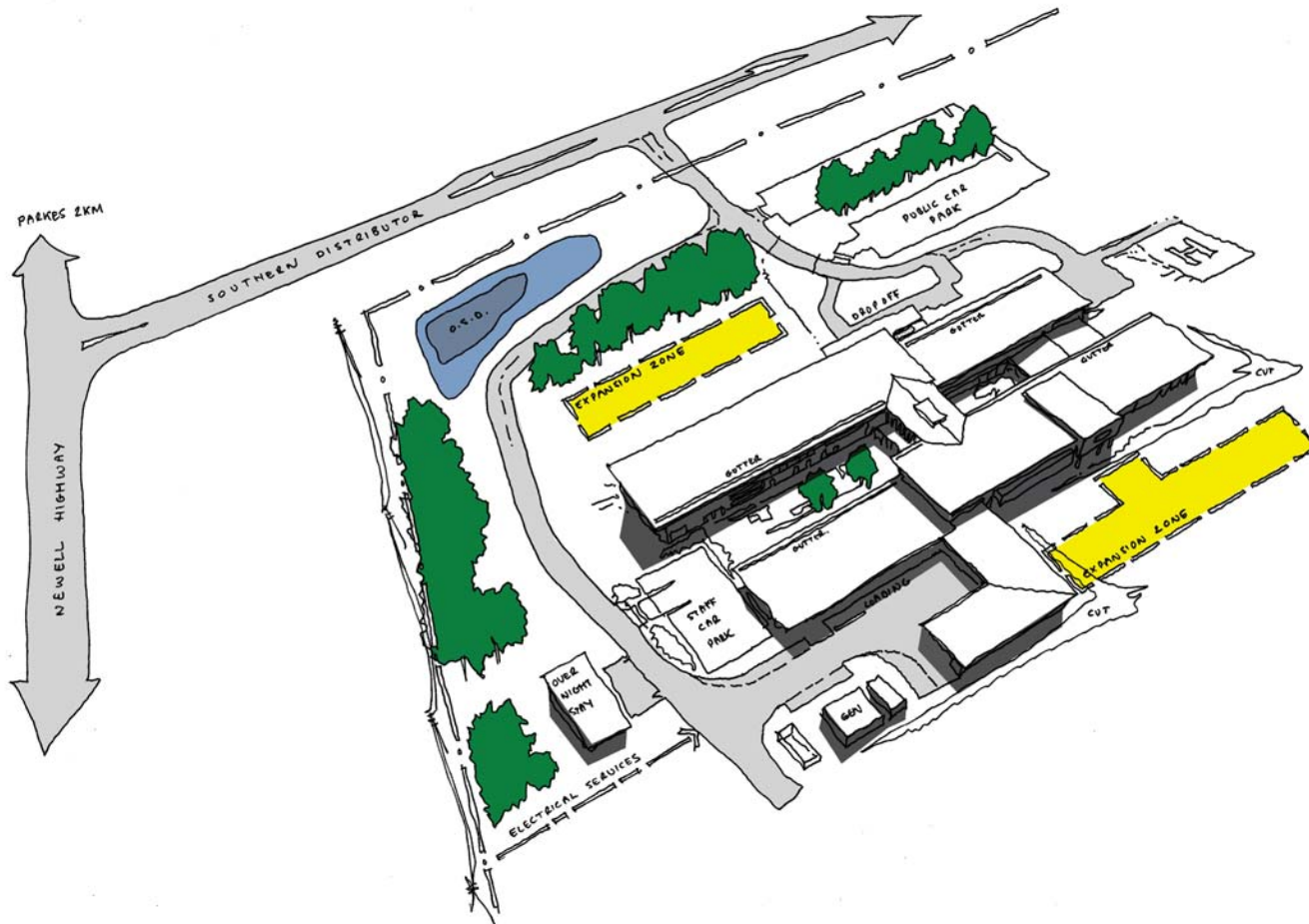
In order to reduce the extent of cut and fill across the site, the building has been placed on the flattest portion of the site. Following site investigation and analysis this area was deemed to be towards the north west corner.

ALLOWANCE FOR EXPANSION

Expansion considerations are a key factor within the design of the new building. Thus the building is placed as far as appropriate towards the north west corner that allows for the future expansion of ambulatory care.

USING NATURAL FEATURES TO SHADE BUILDING (TREES)

By placing the building just south of a band of trees running in an east west direction, this will enable the car parking area to use the existing trees canopy for shade and also provide an element of shading to the north facade of the building for winter sun.



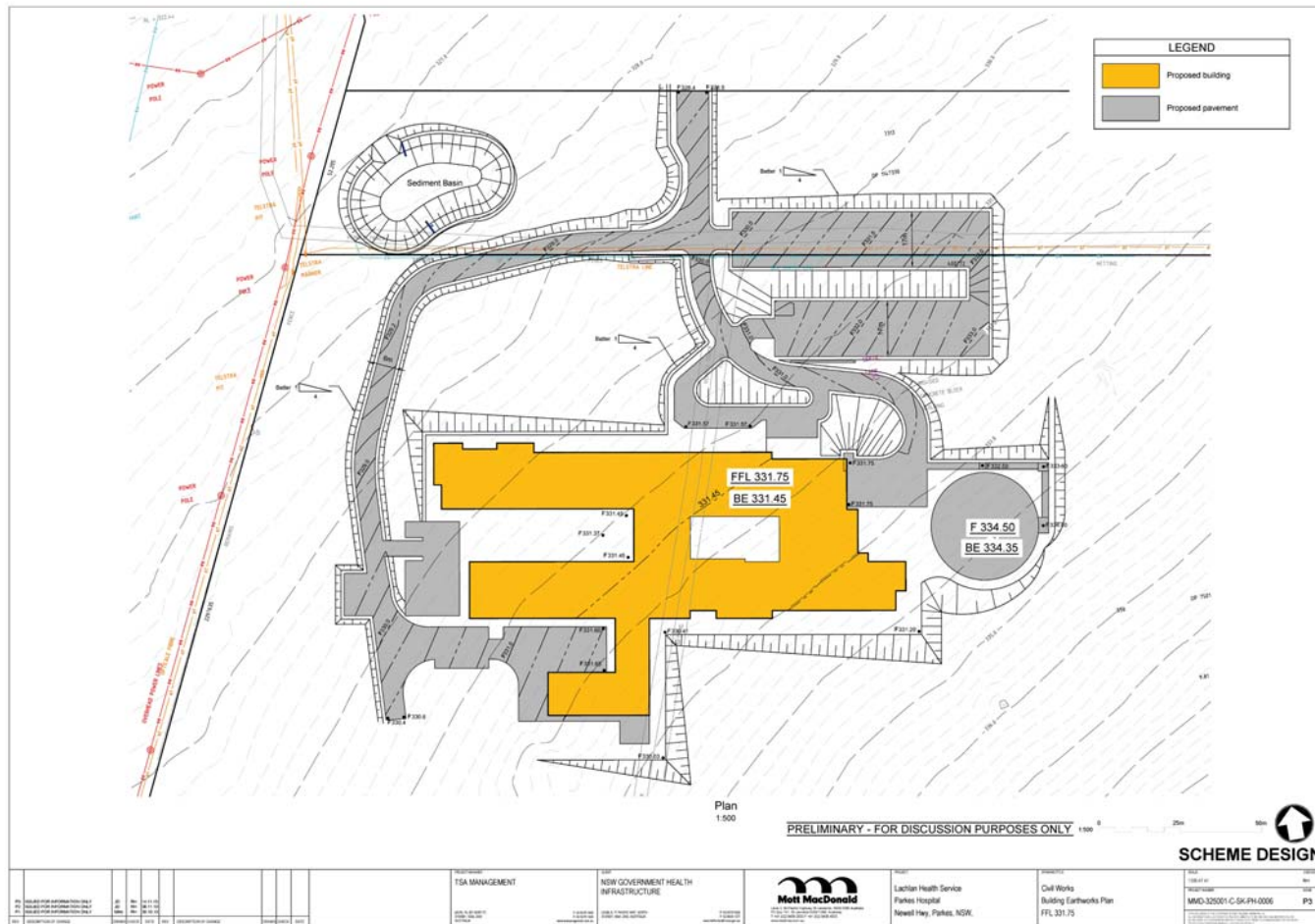
indicative site setting



4.6 extent of cut & fill

EXTENT OF CUT AND FILL (PLAN)

The proposed cut and fill strategy looks to set the Finished Floor Level (FFL) of the new hospital @ 331.75.



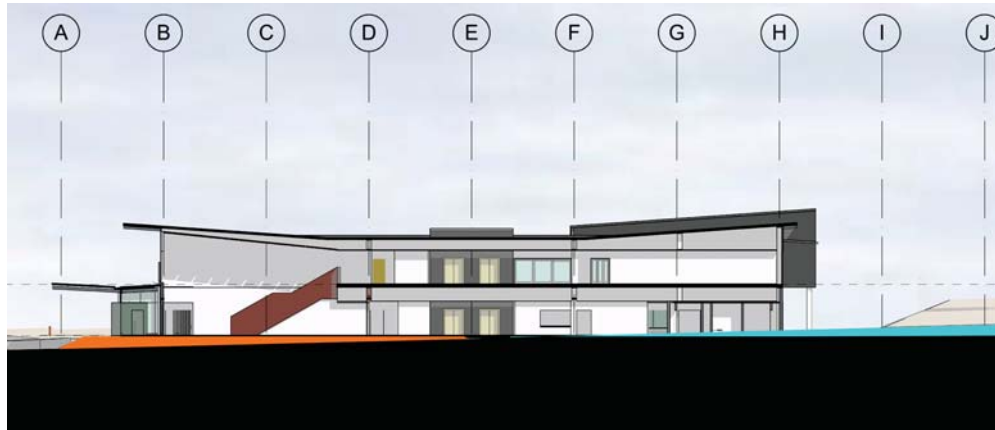
extent of cut and fill

extent of fill

extent of cut

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4.7 site sections



extent of cut and fill - X - section through Hospital Street

EXTENT OF CUT AND FILL (SECTIONS)

Within the building form the low point of fill is 329.0 and high point of cut is 333.0 resulting in a average fall of 4m across the building footprint. This equates to an approximately average gradient of 1 in 40 across the site.

extent of fill ●
extent of cut ●



extent of cut and fill - longitudinal section

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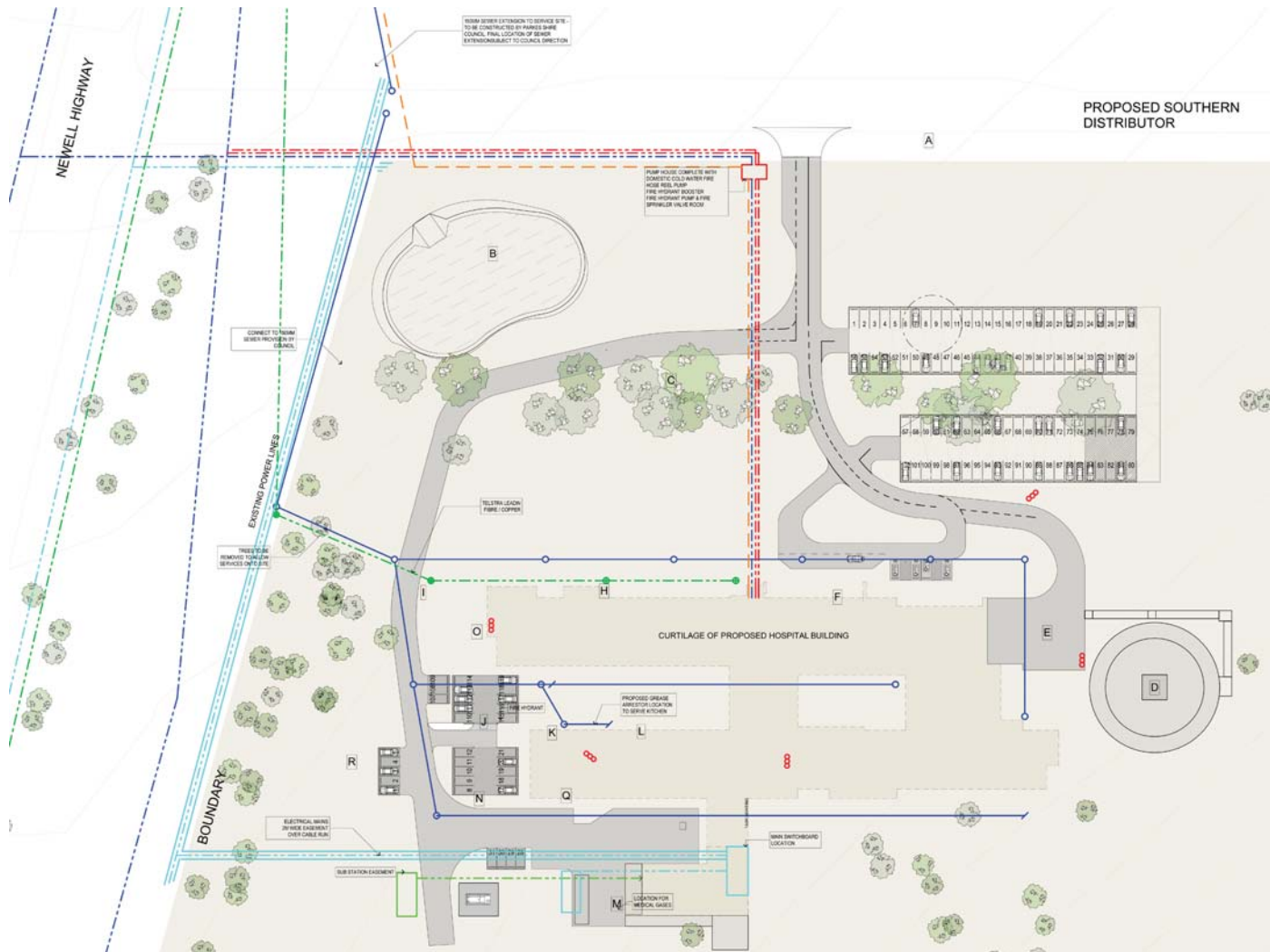
4.8 site services

SITE INFRASTRUCTURE

The majority of the major services will be consolidated to the north west corner of the site. Extending along the western boundary services will then extend across to serve the new hospital.

The services are located in this location to minimise future impact on any subsequent hospital expansion.

Please refer to service engineers appendices for extent of site services.



indicative site infrastructure masterplan



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4.9 site plan

SITE PLAN

The new hospital will be located within a new landscaped environment that will reference the existing landscape. The public car parking is located below an existing tree canopy that lies to the north of the building. A primary pedestrian path links the car parking zone to the main entry that forms the northern end of the hospital street. Landscaped courtyards are located centrally to the hospital and will provide amenity to both patients and their visitors. The main service loading area is located to the south and includes secure parking for staff fleet cars.



proposed landscape plan



example of meeting place within the landscape



example of enclosed central courtyard



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4.10 ground floor plan

GROUND FLOOR

The ground floor will include provision for ambulatory care, medical records, medical imaging, the emergency department, birthing, the inpatient unit, no clinical services and a maintenance area.

All will be accessed via the main hospital street that runs north to south.



proposed ground floor plan

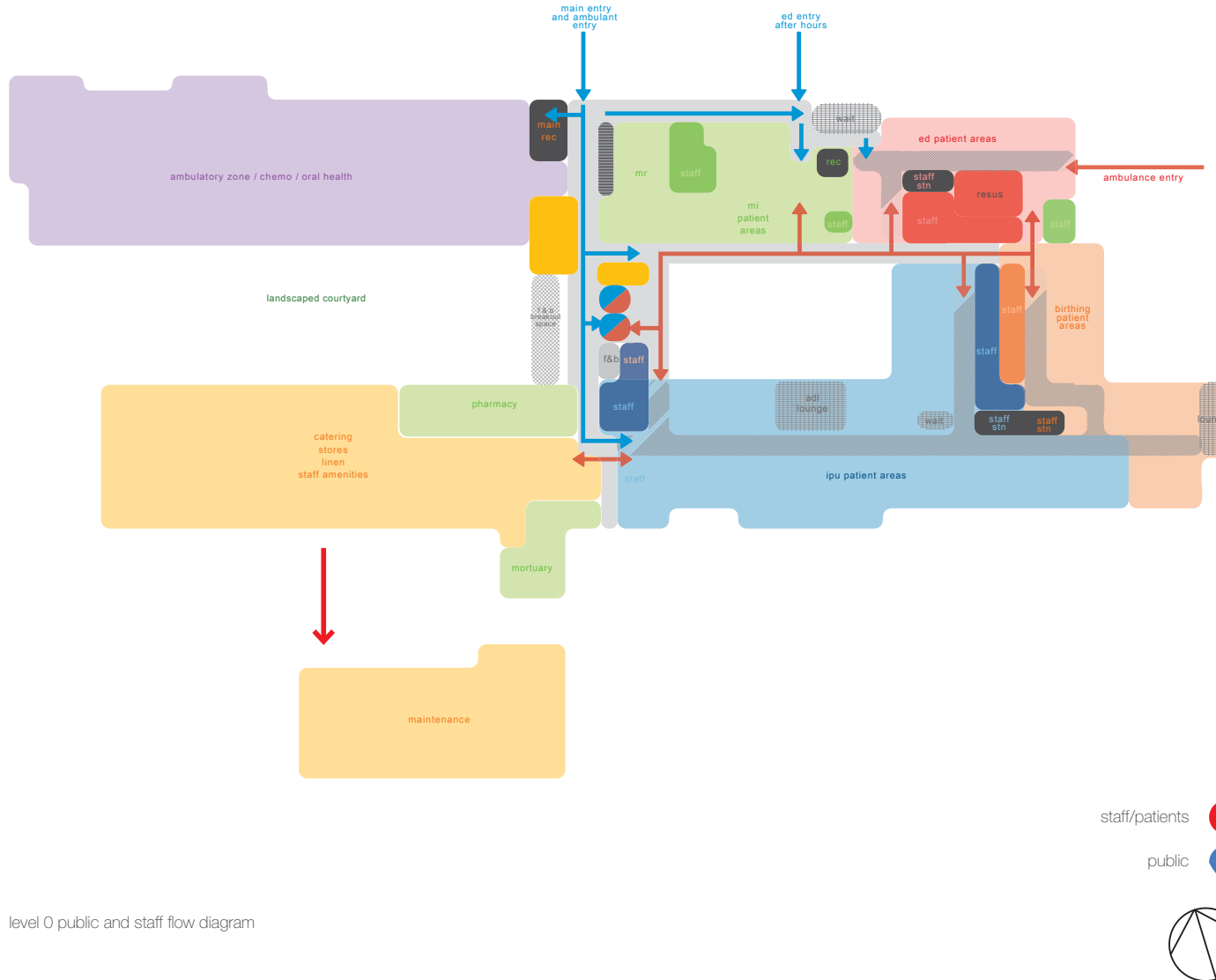


4.11 circulation

HOSPITAL STREET

The organisational hospital street is located on a north-south axis. As an architectural strategy, it enables clear and efficient wayfinding. With the corridor interacting with the perimeter facade, it allows penetration of natural lighting into the heart of the hospital. For ease of access, the main hospital street will be designed to cater for patients, public and staffing, and through the use of various architectural strategies such as breakout points and courtyards that integrate with the surrounding landscape ground and connect the interiors to the local site and context.

The appropriate control of circulation patterns and movement within a health care facility is critical. The new development has a carefully considered separation of freely accessible public movement routes and escorted patient and staff zones of the building. These dedicated public and staff circulation routes apply to both horizontal and vertical movements. The separation of staff and public corridors and lifts is fundamental to the design, maximising operational efficiencies and providing clear and rational circulation patterns. The differentiated circulation strategy supports the clinical model and will produce efficiencies in functionality and movement throughout the medical zones of the facility.



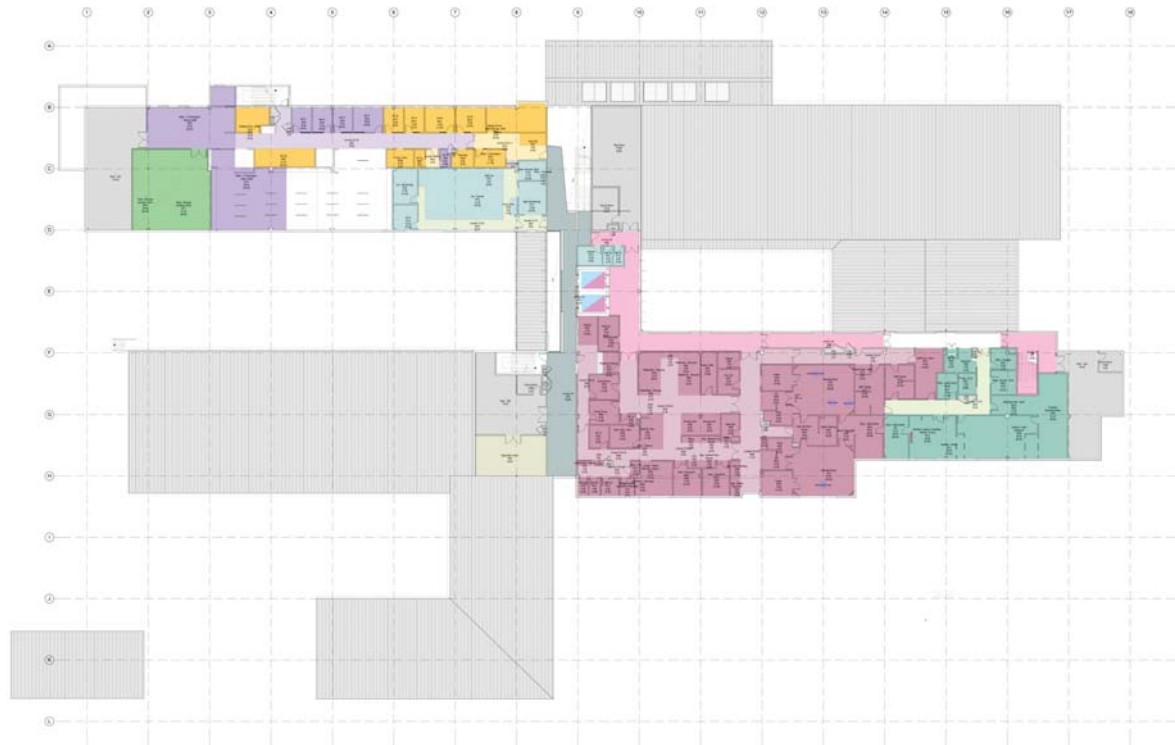
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4.12 first floor plan

FIRST FLOOR

The first floor will include provision for operating theatres, ssu, pathology and offices for LHD and the ambulatory care staff.

All zones will be accessed via the main hospital street that runs north to south.

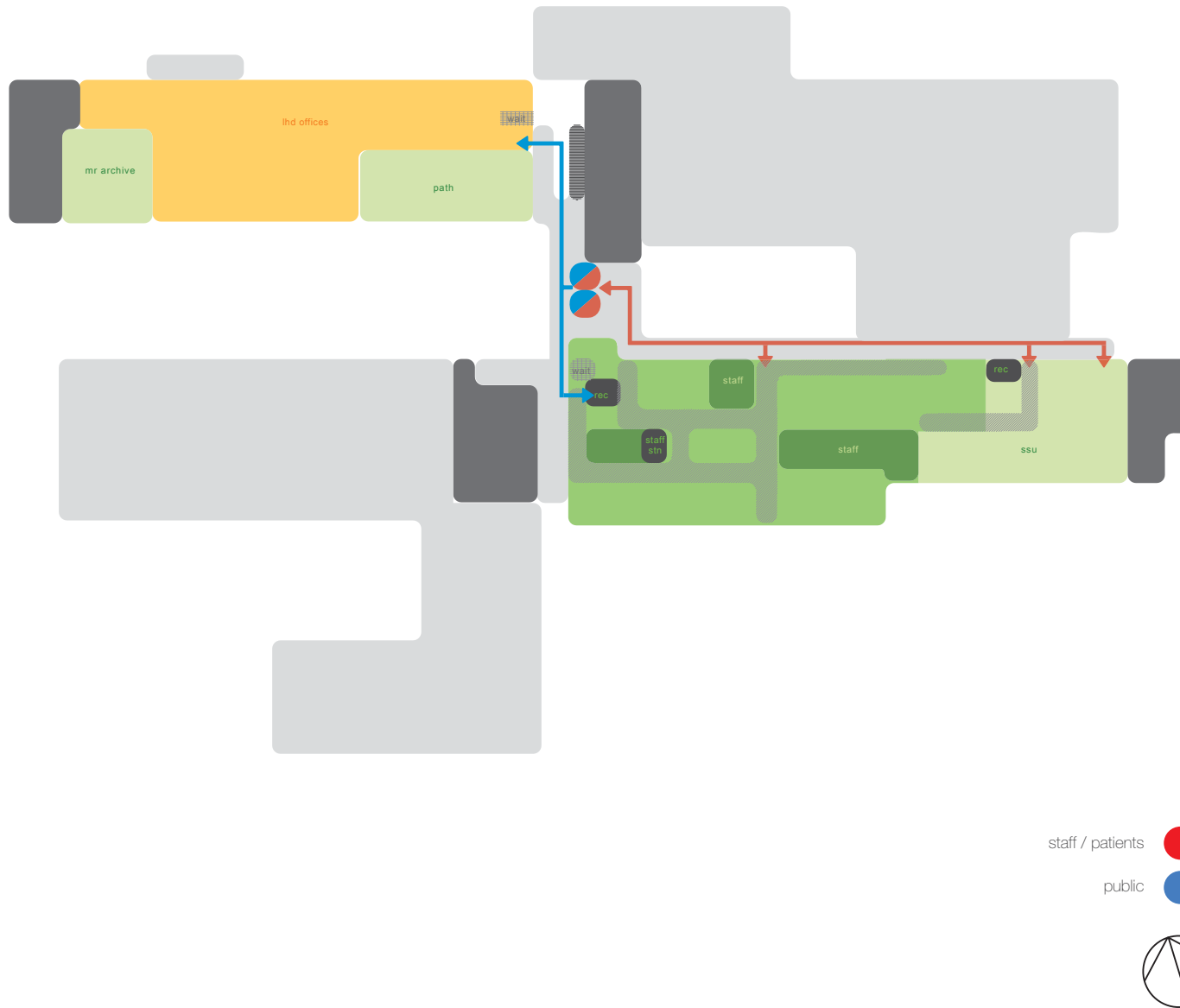


proposed ground floor plan



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4.13 circulation pattern



proposed flow diagram Level 1

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4.14 massing

SITE MASSING

The new build is derived from a “form follows function” approach. The articulation of the façade will respond to the uses provided within the building, while structural integrity will be key in identifying a natural rhythm to the façade. The new build portion is based on an 8.4 x 8.4m / 4.2 x 4.2m grid – to enable flexibility in planning in line with the AusHFG both now and into the future. The new hospital is proposed to the north west of the site and formed around the “Hospital Street” concept. The building is a combination of single storey (Emergency Department) and two storey with integrated mechanical and electrical services.

BUILDING MASSING

The new hospital is comprised of a mix of 1 and 2 storey elements. The single storey houses the emergency department, birthing towards the north east corner of the building, while further single storey elements contain an area of maintenance and ambulatory care.

The remainder of the departmental services are contained within the 2 storey block.

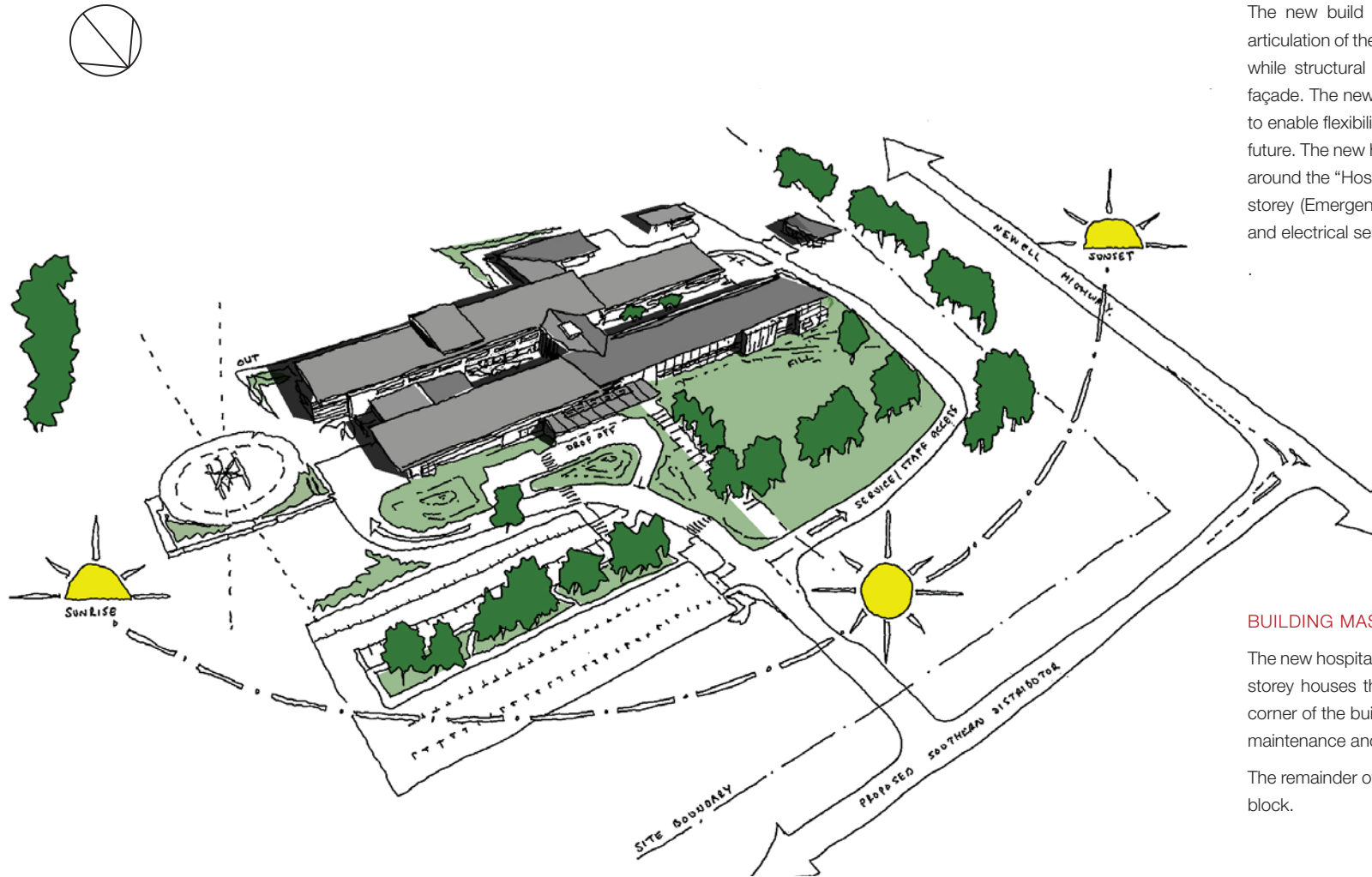


diagram showing proposed massing on the site

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4.15 building character

CHARACTER

The new building will greatly enhance the existing context by unifying and reflecting the local environment. The building will be seen and approached as a low scale form within the landscape with the relationship and connection to the landscape seen as a key driver into the buildings ability to sensitively integrate with its surroundings. Existing views and vistas to outlying parts of the landscape are strengthened to reinforce the link back to nature using the central “hospital street” as a visual connection to the landscape setting and the broader environment.

At ground level a new landscape setting will link the environment with the new building creating new connections and providing permeability through the site while new spaces should encourage a sense of place enabling people to sit rest and socialise.

The landscape treatment will be simple, restrained and “of its place”, using a palette of complimentary materials to enhance the building setting.

IDENTIFYING PLACE

Connections and permeability through the space represent movement, while new gardens and landscaping acknowledge spaces that can be used for sitting, relaxing or providing a meeting place. A new external waiting space is provided adjacent to the main reception area allowing users to wait internally or externally.



Indicative view of the hospital from north west

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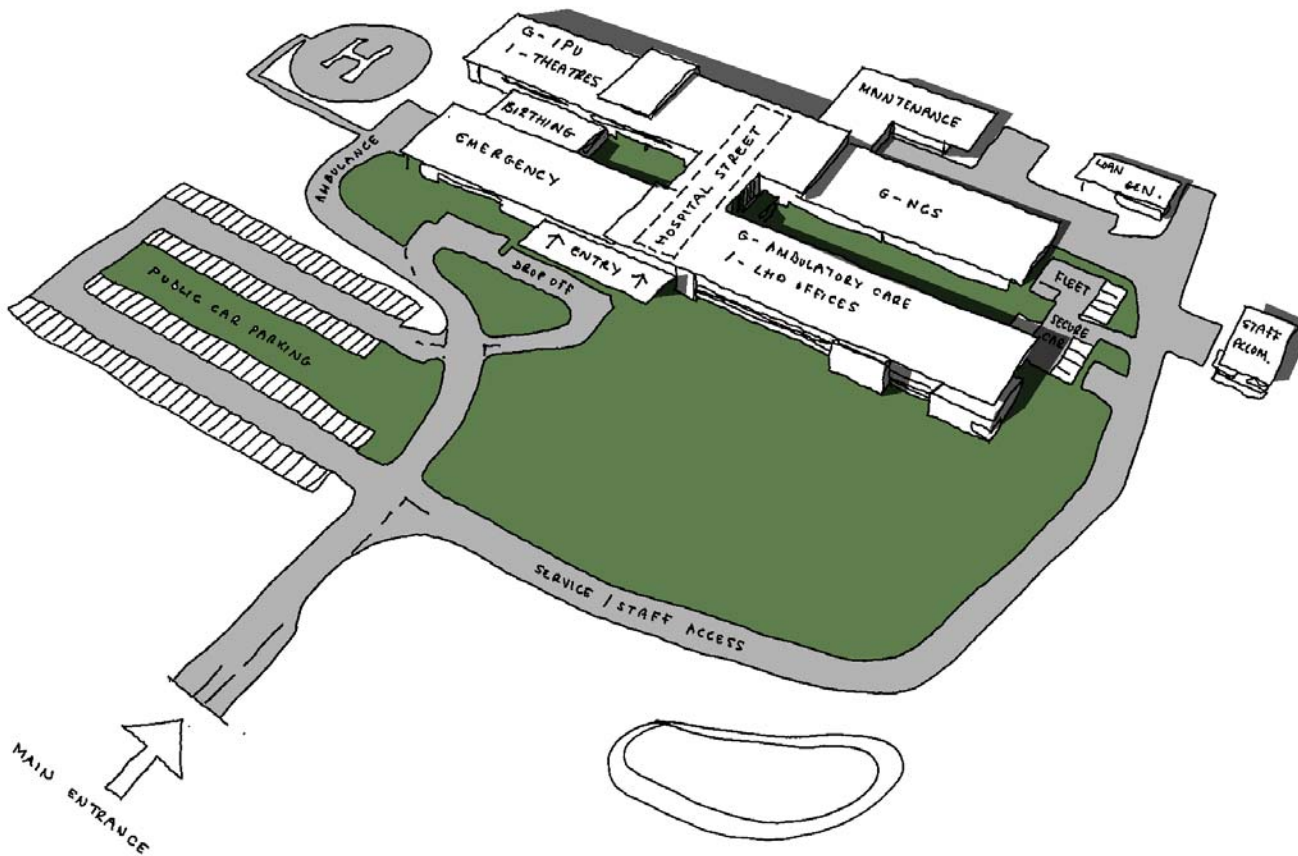
4.16 building form

BUILDING FORM

The proposed form is based around the Hospital Street concept. The main public entry point forms the northern end of the street which runs directly south. Hospital departments are located off the main street and have an east/west aspect. This functionality directly relates to the form of the building which sets four main pavilions off the main central spine.

BUILDING ENVELOPE

The building envelope is constructed of a mixture of a steel lightweight for single storey elements together with a concrete frame for 2 storey. The external façade will be a combination formed of lightweight panelling that has a modularity associated with panel sizes. The roof consists of corrugated roof sheeting and incorporates broad overhangs for sunshading.



concept site massing

4.17 roof form

ROOF FORM

A simple roof scape has been used that enhances its relationship to the local surroundings. Mono pitch roofs graded at a minimum fall have been used to reduce the impact of the roof scape. Large overhanging eaves extend from the building the form creating an element that is not too dominant but seen as element that floats within its context. This also assists in providing the necessary protection and sun shading to the building fabric below.

The main roofs that incorporate hospital departments are all designed to be a mono pitch. Roofs on the two storey elements fall back towards the courtyards offering an opportunity for rainwater cycle reuse. This also affords a frontage which is raised slightly to create an importance to the main hospital public frontage.

A canopy over the entrance drop off area extends from the main building and reinforces way finding of the main entry.

Evergreen trees will provide winter sun shading of the northern facade and to cars in the car park

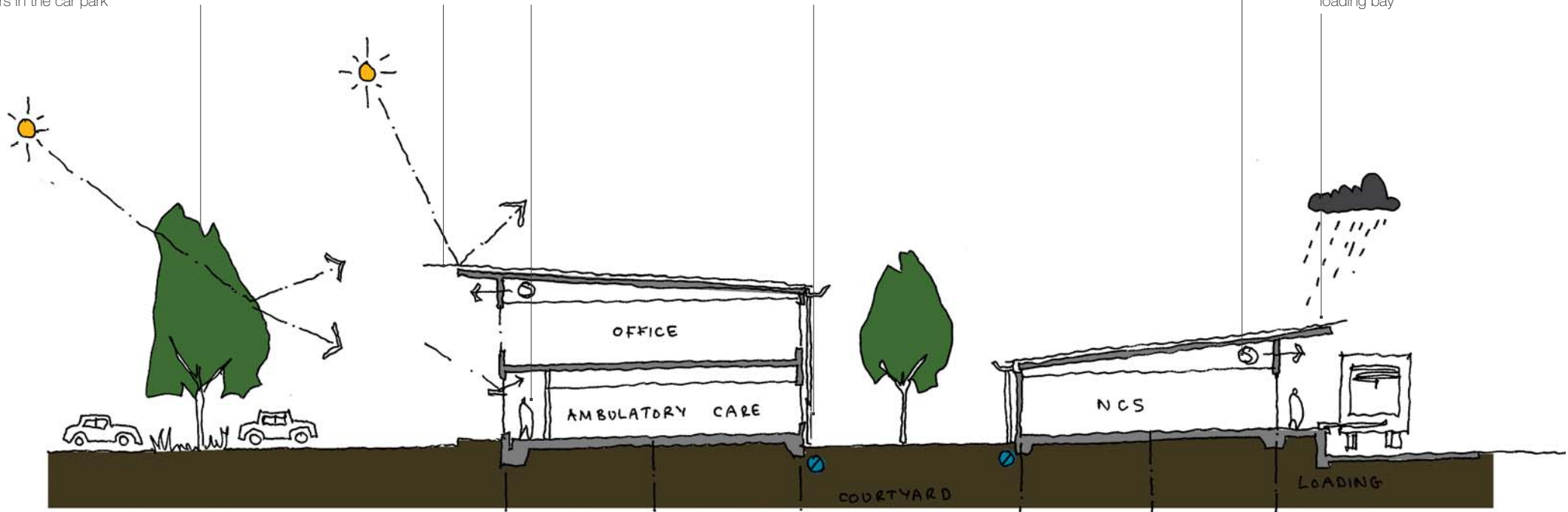
Overhanging eaves provides sun shading to summer sun

Circulation to northern corridor

Gutter and rainwater collection

Service zone to roof space

Overhanging roof provides shelter to loading bay



Indicative view looking east

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4.18 landscape integration

RELATIONSHIP TO LANDSCAPE

The new building looks to provide wings of accommodation that extend east and west. Due to the natural topography of the site, these will interact with the surrounding landscape providing an architecture that is sensitive to the site.



Indicative view looking towards main entrance

SCALE

The new building will be provided as a combination of single and double storey that are connected via a new hospital street. The overall mass will be one that relates to a human scale allowing a 'homelike' environment to occur.



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4.20 carparking

CAR PARKING

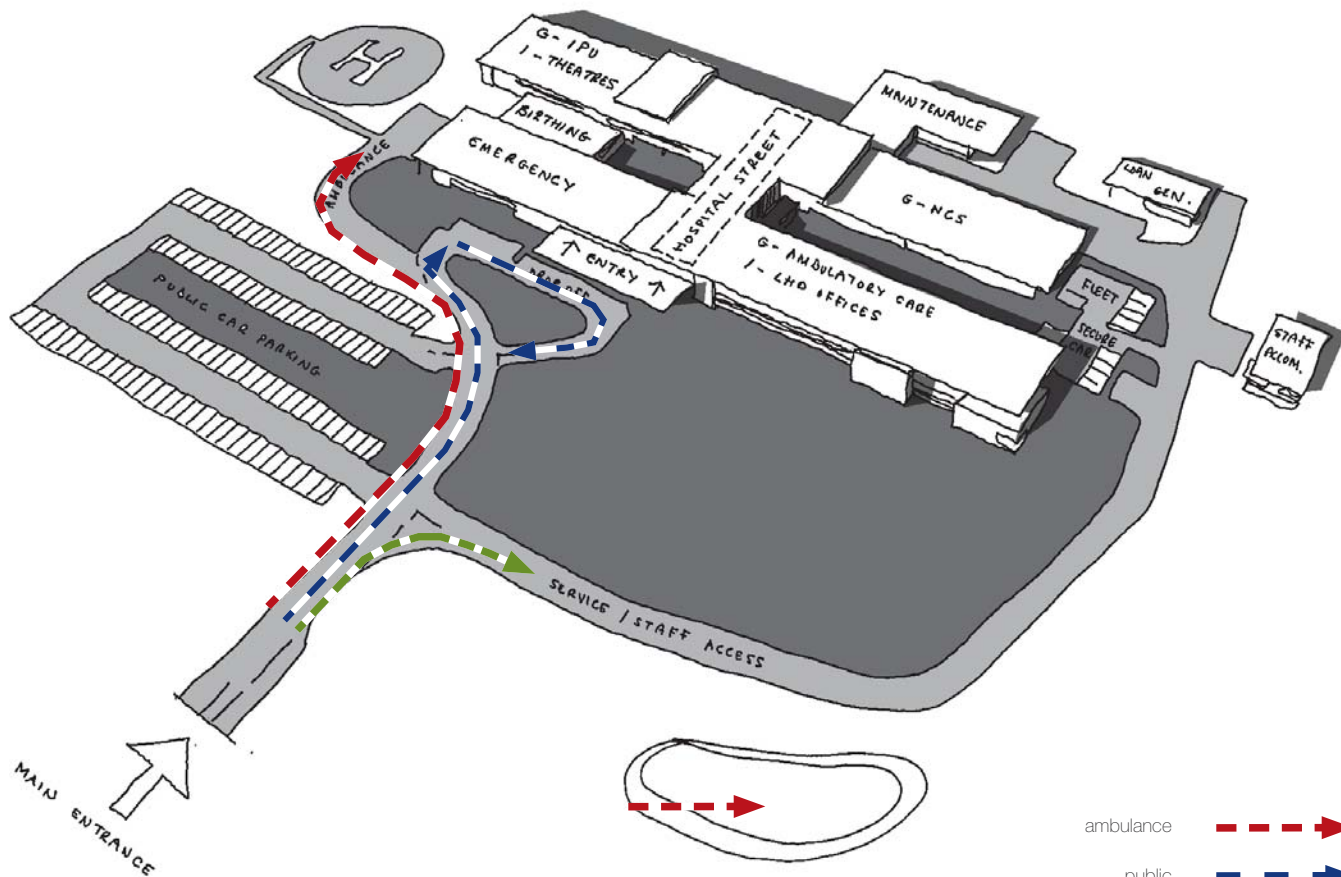
On-site visitor / patient car parking will be separated from staff car parking, with the main hospital entry located in close proximity to the public car parking area. The new development will include a designated and separated ED access for ambulances to the emergency bay.

A hospital supply of 120-130 spaces be provide within the site, to allow for existing demand and future provisions.

The main public car park will be located to the north of the site adjacent to the main hospital entrance. The car park will integrate into the local surroundings by using the topography and be broken up with landscape elements.

A secure staff car parking area will be located to the south of the site and will have a direct link to the non-clinical services department.

The loading bay is located to the south of the site.



proposed car parking diagram

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4.21 public access

Exposed Corrugated roof supported on steel 'T' beams (to engineers spec)

Block colour denotes entrance. Way finding consultants to advise

Main hospital signage

Stainless steel bollards

External seating

Main Entrance

ENTRANCE

The entrance will create a new way finding marker towards the northern end of the Hospital street. Located directly adjacent to the main drop off area the entrance area looks to reinforce way finding by incorporating the following:

- Extending the canopy beyond the building line to denote the drop off area
- Visual stimulation through colour that leads to the main entrance
- Well defined landscaping that defines entry paths, drop off etc



Indicative view looking towards entrance

4.22 service access

SERVICE / LOADING REQUIREMENTS

A number of key services are collocated to the rear of the new facility and are outlined below:

LOADING BAY

The loading bay is located adjacent to the non-clinical services building and allows for side and rear access for loading. The loading dock is 950mm above ground level to facilitate on grade loading.

WASTE COLLECTION

Waste store are located adjacent to the non-clinical services building with provision for a skip located to adjacent to the loading dock. This enables easy access for waste into the skip.

MORTUARY ACCESS

Discreet access (and if required screened) is provided for the Hearse adjacent to the Mortuary.

SECURE FLEET CAR PARKING

An area of secure fleet car parking is provided south of the non-clinical services department.

MEDICAL GAS PROVISION

Medical gas storage is located outside the main building footprint. Access is required for refuelling and so is positioned adjacent to an area of hard standing.

SINGLE VEHICLE WASHING FACILITY

An area has been designated for washing of vehicles

MAINTENANCE ACCESS

The maintenance block extends south from the main building form and requires access to workshops, vehicle compound and maintenance equipment.

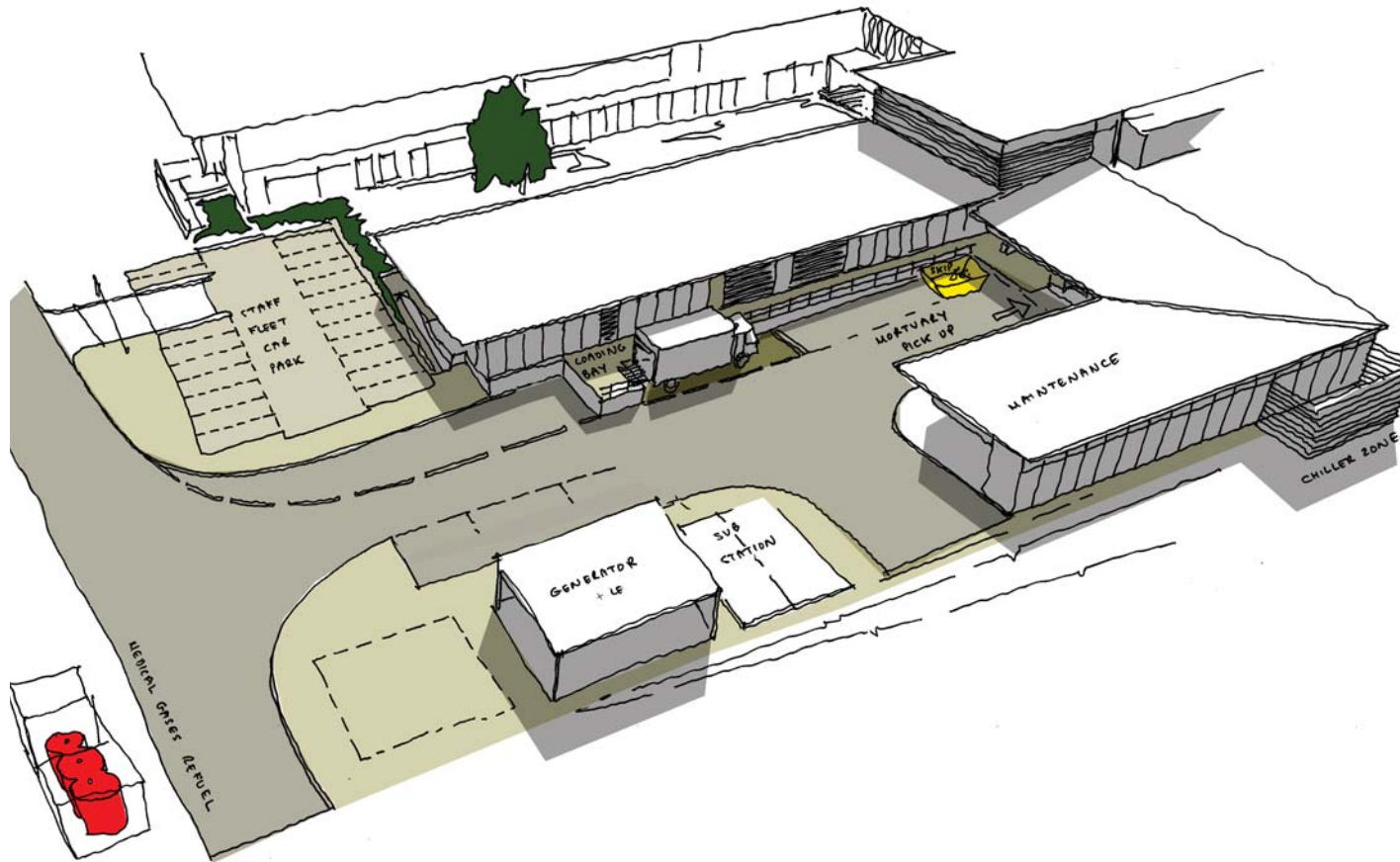


diagram showing service arrangement

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4.23 building articulation

BUILDING ARTICULATION

The form of the building has been derived out of a direct response to both building use and the local context.

Close discussion with the user groups have guided the functional planning of the hospital environment which have helped to inform the buildings floor plates. Furthermore the elevation treatment responds to a planning and structural grid of 8.4m as outlined by HI's preferred planning strategy. In conjunction with user requirements, the building relates and responds to their needs.

SUN SHADING

The solar shading solution has become an integral part of the form of the building and in order to maintain simplicity the roof form extends over the building footprint to provide solar shading to the building envelope.

WINDOW ARTICULATION

Windows are grouped to facilitate modular construction and accented by the vertical joints between the panels. The solid to void ratio extenuates the verticality in this elevations that creates a rhythm and an interest.

Windows and glazed elements will be as broad as possible keeping in mind thermal gain and loss, security keeping in mind Section J compliance



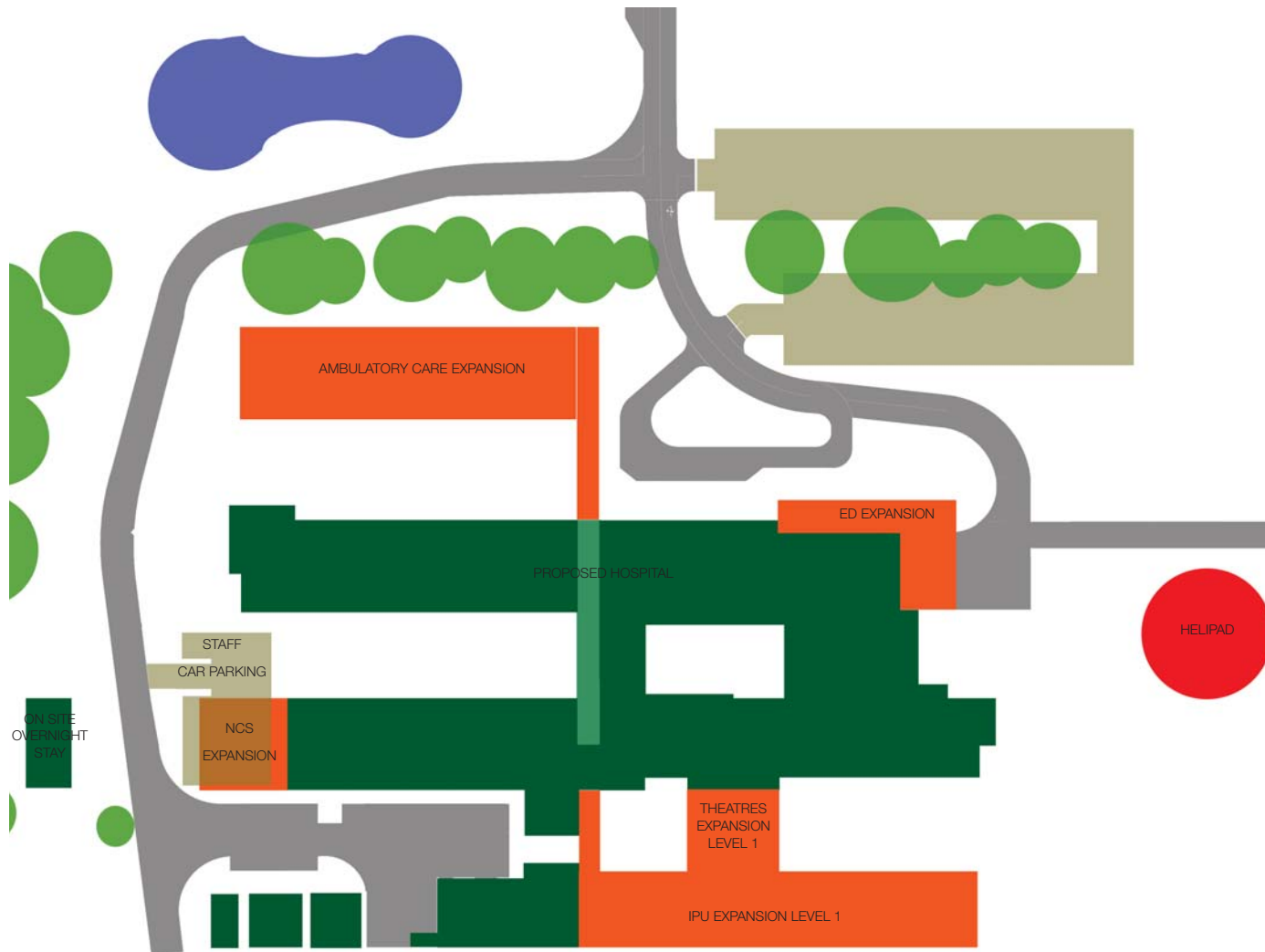
Indicative view of new entrance and drop off zone

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4.25 expansion

EXPANSION

The form and layout within the concept design affords scope for expansion. Each department is located to the perimeter of the floor plate and so could be expanded as part of a local or larger program of works minimising disruption to adjacent departments. In addition a principle of horizontal, not vertical, expansion is applied here allowing expansion of services with minimal disruption to existing and avoiding potential waste in structural design to cater for a second level that may or may not eventuate.



expansion strategy diagram

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4.26 ESD summary

Identified below are key ESD initiatives that are to be implemented within the Parkes Hospital development.

SELECTION OF APPROPRIATE CONSTRUCTION MATERIALS

Materials will be robust and low maintenance and consideration given to the use of both reused and recycled materials that are from the local area which will allow the building to 'bed down' more quickly into its new setting.

ORIENTATION

The hospital has been orientated so the main facade faces north to maximise natural daylight. T

OPTIMUM USE OF NATURAL LIGHT

The Parkes concept has developed around the hospital street model which allows access to departmental wings from a central circulation spine. This form allows an outlook from each department onto external areas and allows natural light in. Within the hospital street double height spaces allow light to permeate through the main circulation route. Along the northern edge a glazed circulation corridor enhances the link to the landscape and is flooded with natural light.

PASSIVE DESIGN PRINCIPLES

The solar shading solution has become an integral part of the form of the building and in order to maintain simplicity the roof form extends over the building footprint to provide solar shading to the building envelope. Furthermore solar shading is provide in the form of horizontal brise soleil to the north elevation and vertical fins.

In clinical areas interstitial blinds have been incorporated to not only provide privacy to the patient but also to provide controlled solar shade to these rooms.

Windows and glazed elements will be as broad as possible keeping in mind thermal gain and loss, security keeping in mind Section J compliance

THERMAL INSULATION

External walls that form part of the thermal envelope must satisfy the requirements stipulated in Part J1.5 – Walls. Exceptions are for opaque non-glazed openings such as doors, vents, penetrations, shutters and the like; earth retaining wall; and glazing where compliance with Part J2 must be achieved.

All external walls that form part of the thermal envelope will achieve a minimum total R-value of 2.8.

Reductions below the minimum total R-value are allowed as set out below:

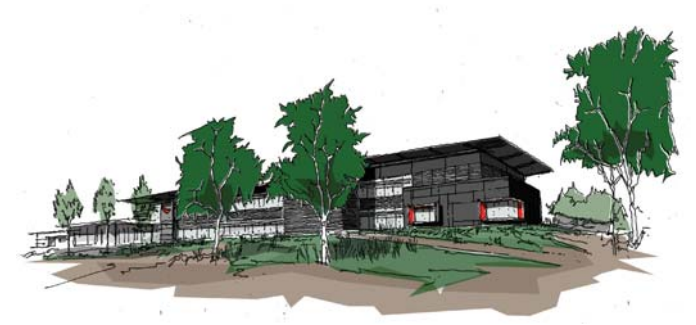
- 0.5 reduction of R-value for heavy weight construction that has surface density of not less than 220 kg/m². This is applicable to precast concrete wall (density of 2400kg/m³) with minimum thickness of 92mm; AND
- 0.5 reduction of R-value for south facing walls (orientation sector of SSE 157.5° to SSW 202.5°); OR
- 0.5 reduction of R-value for shaded wall with a projection shade of 30 degrees to not more than 60 degrees OR
- 1.0 reduction of R-value for shaded wall with a projection shade of more than 60 degrees.

GLAZING PERFORMANCE REQUIREMENTS

It is proposed that the windows within the Parkes facility will be double glazed units. This will provide thermal insulation during colder winter months and alleviate condensation and heat gain during summer.

In particular north facing windows prefer higher U-value but lower SHGC.

South facing windows would benefit from window selection that allows heat into the building (in winter). Thus higher Solar Heat Gain Coefficient (SHGC) is preferred. The East and West windows would benefit from a lower U-value and lower SHGC.



5.1 materials

BUILDING FABRIC

The materials selected for the new building have been identified to create a building that is 'of its time', but also sensitive to the local environment. They are seen to compliment the surroundings and selected to be pragmatic, fit for purpose and visually appealing.

Materials will be robust and low maintenance and consideration given to the use of both reused and recycled materials that are from the local area which will allow the building to 'bed down' more quickly into its new setting.

The roof will form a larger part of the building form, and consideration given to materials, form and the function it will provide. The materiality will enable to withstand the harshness of the sun and rain, the form not too dominant but seen as element that floats within the landscape, and the function should assist in providing the necessary protection and sun shading to the fabric below.

Thought will be given to new technologies, construction methods and modular design. The use of local materials will enable local labour to assist in the construction of their new facility and should assist the building to sitting harmoniously into its new setting.

STANDARDISATION

Efficiency in design will be explored through modularity, which will not only create rhythm and flow to the facade but assist the quality of workmanship especially at the micro level. Standardisation will assist in the flexibility of internal planning and allow for future expansion should the need arise.

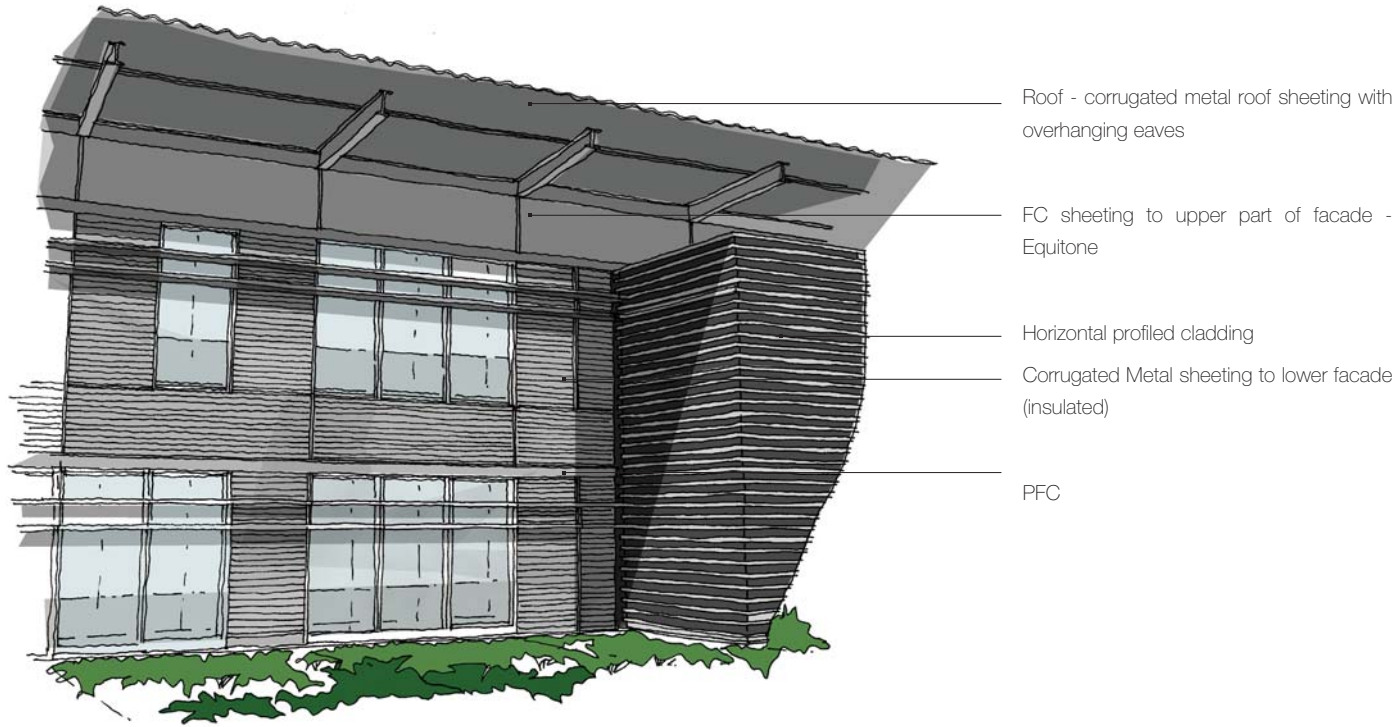
Internally Materials used will be robust in order to withstand some intentional damage and be easily replaceable.

Standardisation will assist in the flexibility of internal planning, provide a more efficient workplace, promote patient safety, and increase efficiency in construction and cost. It will also allow flexibility and adaptability in the use of spaces supporting changing models of care over time. Co-location of services (eg IPU / birthing) allows changing service demands to be managed within the overall infrastructure, improving efficiency.



view of north elevation

5.2 materials



Indicative view of modular facade

STANDARDISATION

Efficiency in design will be explored through modularity, which will not only create rhythm and flow to the facade but assist the quality of workmanship especially at the micro level. Standardisation will assist in the flexibility of internal planning and allow for future expansion should the need arise.

Internally Materials used will be robust in order to with stand some intentional damage and be easily replaceable.

Standardisation will assist in the flexibility of internal planning, provide a more efficient workplace, promote patient safety, and increase efficiency in construction and cost. It will also allow flexibility and adaptability in the use of spaces supporting changing models of care over time. Co-location of services (eg IPU / birthing) allows changing service demands to be managed within the overall infrastructure, improving efficiency.



indicative metal sheeting

fc sheeting

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5.3 materials palette

MATERIALS PALLETTE (EXTERNAL)

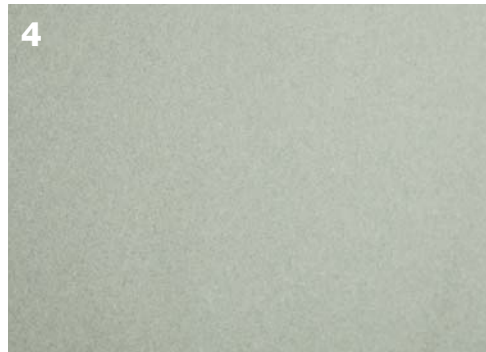
MAT 01 PRE FINISHED PANEL
FEATURE COLOUR

MAT 02 CORRUGATED METAL SHEET ROOFING

MAT 03 PROFILED METAL COMPOSITE PANELS
COLOUR SILVER - FINISH MATT

MAT 04 THROUGH COLOUR FIBRE CEMENT SHEETING - EQUITONE
COLOUR N154 NATURA

MAT 05 THROUGH COLOUR FIBRE CEMENT SHEETING - EQUITONE
COLOUR PU243 PICTURA



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5.4 typical elevation

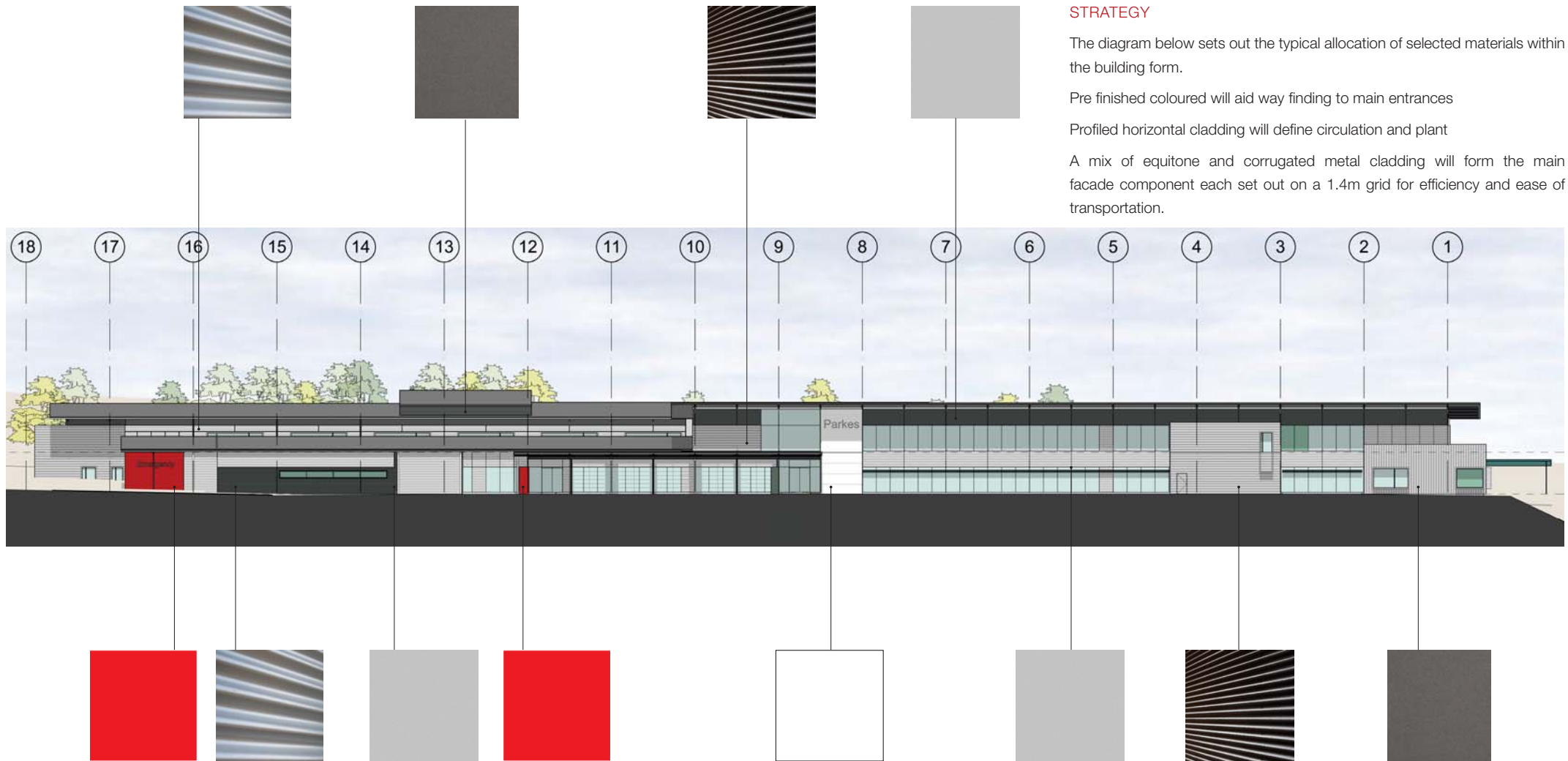
STRATEGY

The diagram below sets out the typical allocation of selected materials within the building form.

Pre finished coloured will aid way finding to main entrances

Profiled horizontal cladding will define circulation and plant

A mix of equitone and corrugated metal cladding will form the main facade component each set out on a 1.4m grid for efficiency and ease of transportation.

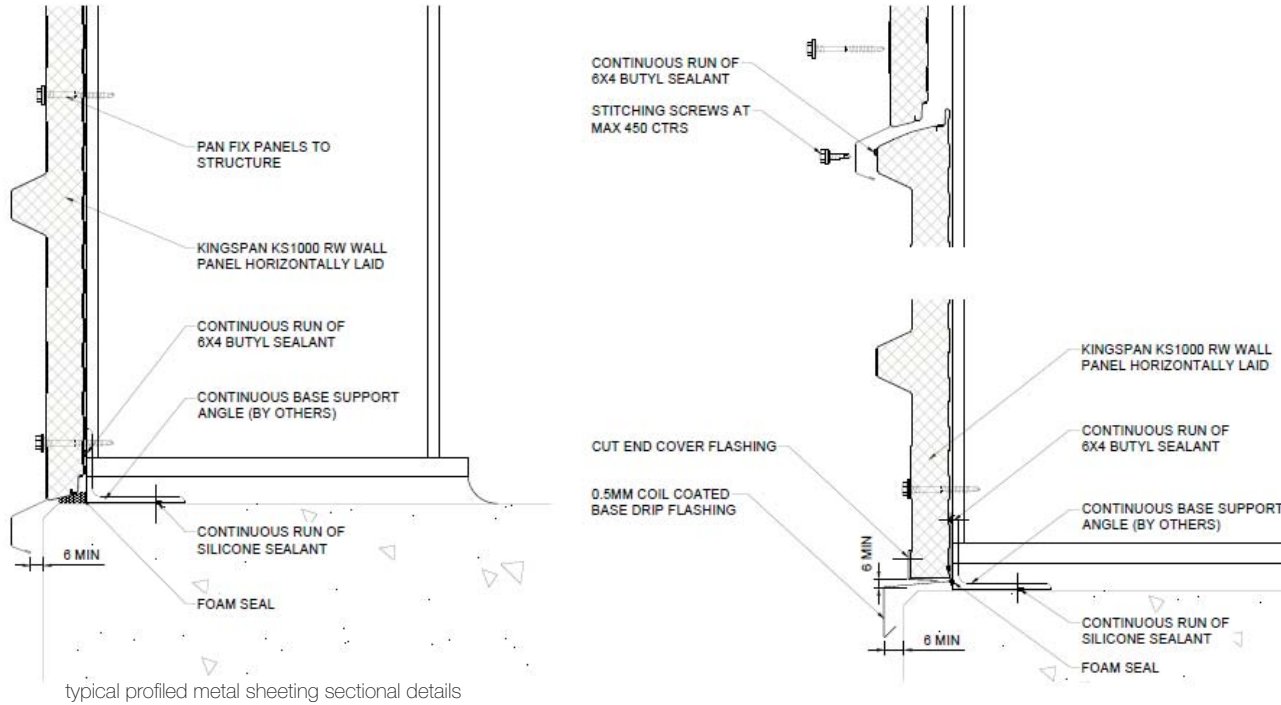


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5.5 typical system

TYPICAL SYSTEMS (METAL CLADDING)

The key material component within the new build design will be a Profiled metal sheet orientated in a horizontal aspect. Examples for consideration include a standard metal sheeting and an insulated profiled metal sheet.



typical profiled metal sheeting sectional details



typical profiled metal sheeting



typical profiled metal sheeting (horizontal)



typical profiled metal sheeting (insulated)



typical insulated metal panel

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5.6 typical system

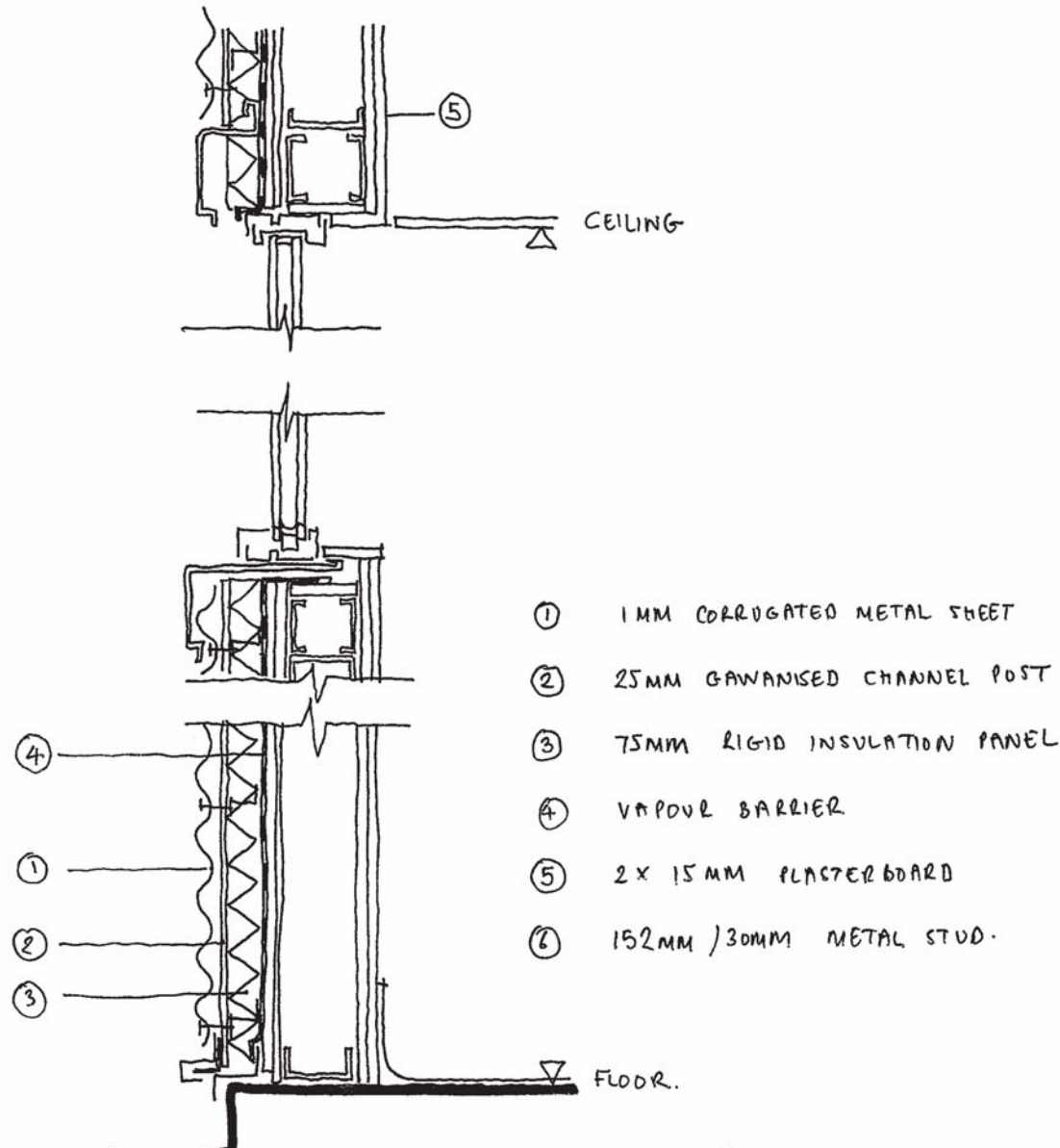
TYPICAL SYSTEMS (WALL CLADDING)

The main facade will be composed of a corrugated metal sheet cladding as the cladding face, an insulated rigid panel sized to the required R value, vapour barrier fixed to the main structural system.

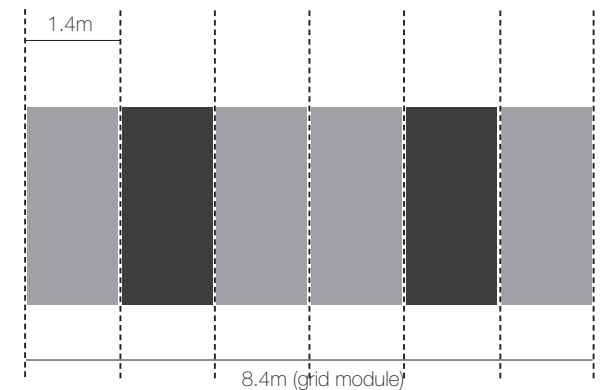
MODULARISATION

The proposed facade design will permit modular construction methods. It has been set out in a structured and ordered way that fits within the 8.4m grid. Panel sizes within each module have been limited to allow transportation and ease of construction.

Opportunities for prefabricated construction may be accommodated within the en suite bathrooms of the IPU. Within the new Parkes Hospital 27 en suites exist and these could be manufactured either a single or dual entities.



indicative sketch section through wall cladding



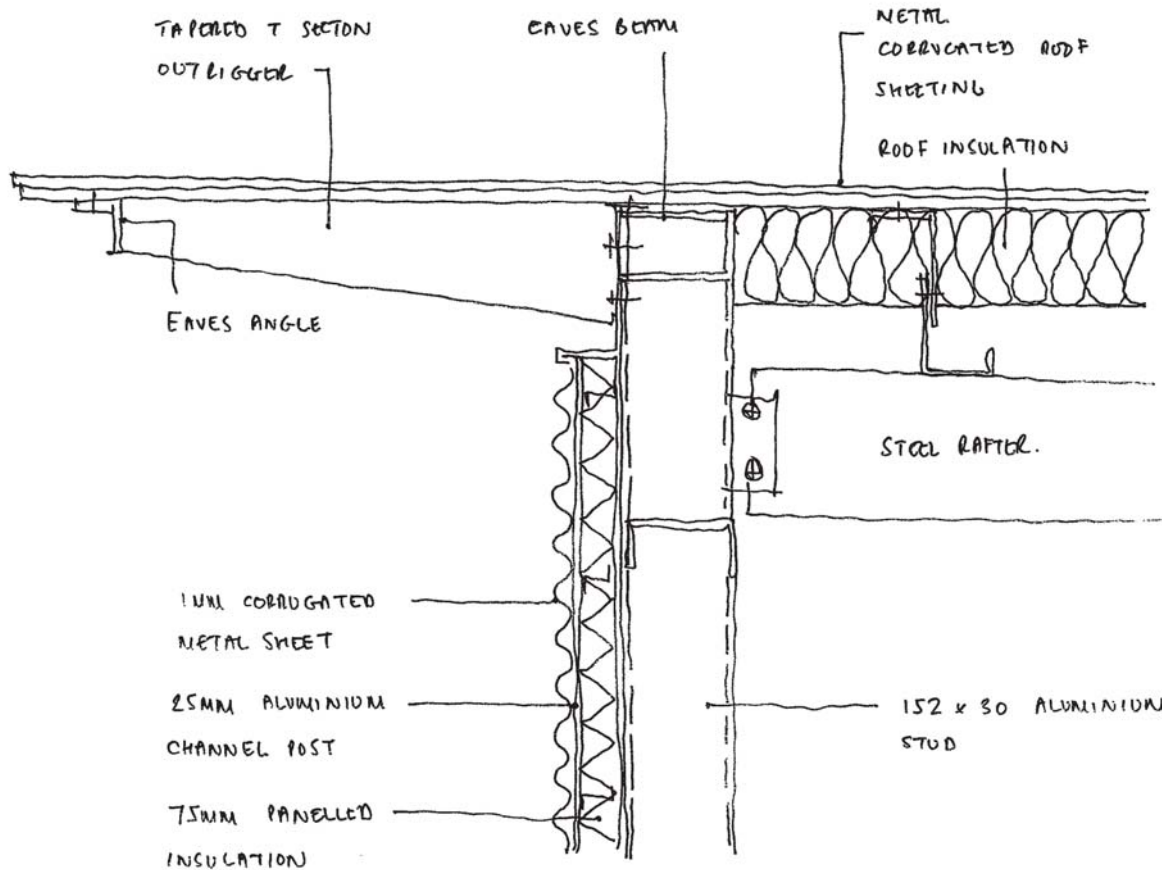
typical facade panel breakup based on 8.4m grid

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5.7 typical details

EAVES DETAIL

The external walls have been based on a 150mm thick stud wall section with the short cantilever canopies at high level formed using tapered TB sections welded off the eaves beams. At the ridge the eaves beam has been raised to create a sharp profile at the tip of the roof.



example of steel outriggers

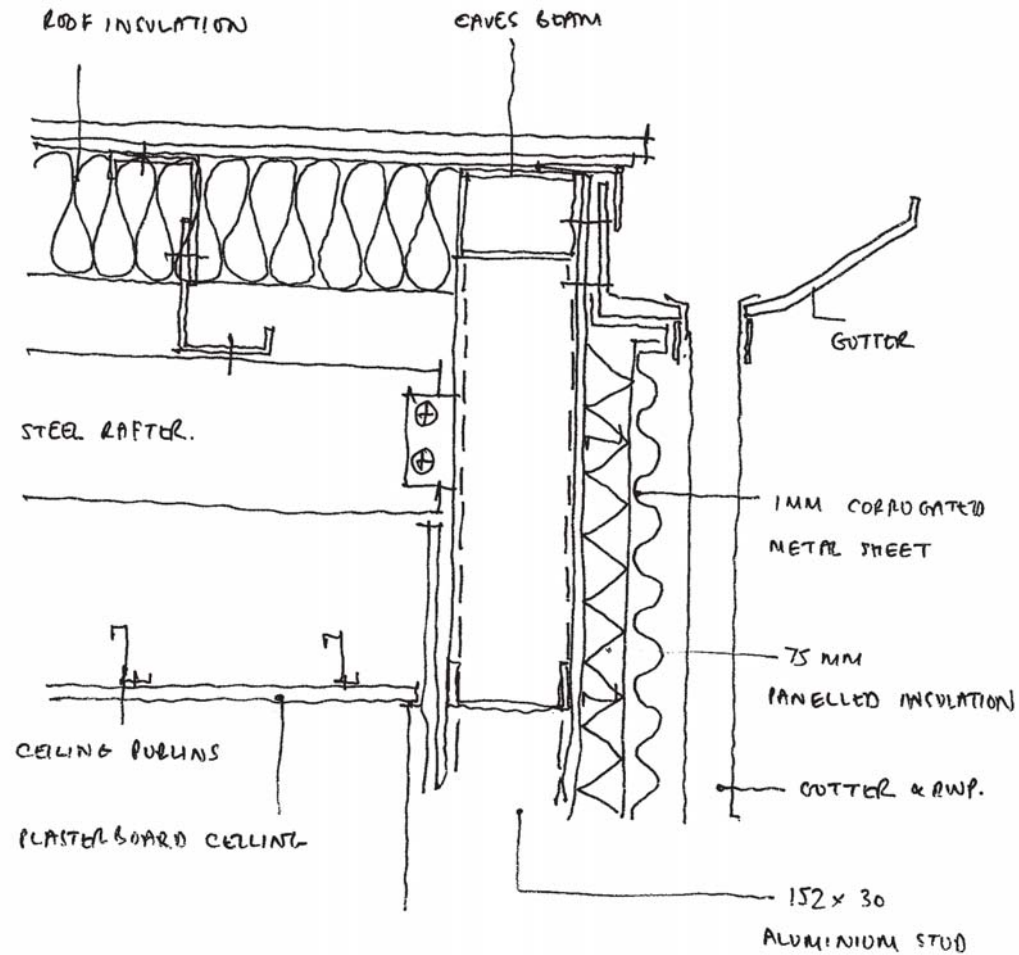
typical eaves detail

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5.8 typical details

GUTTER DETAIL

A preformed steel gutter is proposed to collect rainwater from the mono pitch roofs. It will be located on the facade edge to minimise the need for swan neck rainwater pipes.



typical gutter detail

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5.9 internal finishes

RECEPTION AREA INTERNAL FINISHES PALLETTE

The main waiting space looks to connect the internal space directly to external areas that allow the patient and their relatives a choice of where to wait. Natural tones have been selected to the space creating a light and warm environment.

MAT 01 POLISHED CONCRETE

MAT 02 VINYL - DARK GREY (TIMBER EFFECT)

MAT 03 WALLPAPER

MAT 04 WHITE PAINT

MAT 05 TIMBER LOOK LAMINATE

MAT 06 DARK GREY PAINT

MAT 07 ACOUSTIC PLASTERBOARD

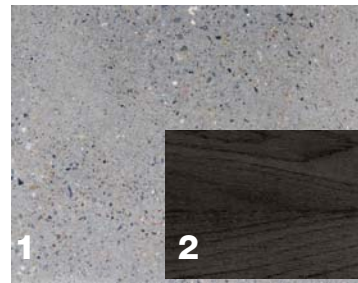
MAT 08 SET PLASTERBOARD CEILING



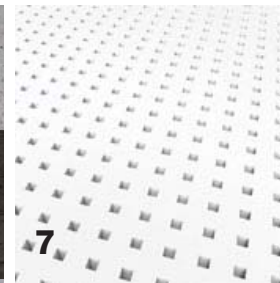
Indicative view of reception area



WALLS



FLOORS



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5.10 internal finishes



INPATIENT ROOM INTERNAL FINISHES PALLETTE

Inpatient rooms are designed to be light, warm and robust. Light vinyl floors are complemented against a feature wall behind the bed. Laminex has been selected to be robust against bed movements and all provide a natural warm environment.

MAT 01 VINYL - LIGHT GREY

MAT 02 LAMINEX - TIMBER LAMINEX WALL COVERING

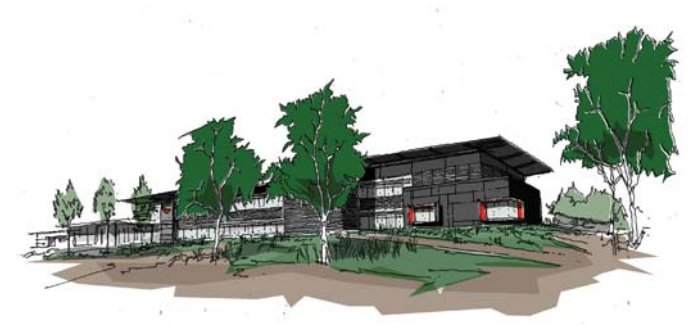
MAT 03 WHITE PAINT

MAT 04 SET PLASTERBOARD CEILING

MAT 05 WALLPAPER



Indicative view of Inpatient bedroom





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CLIENT

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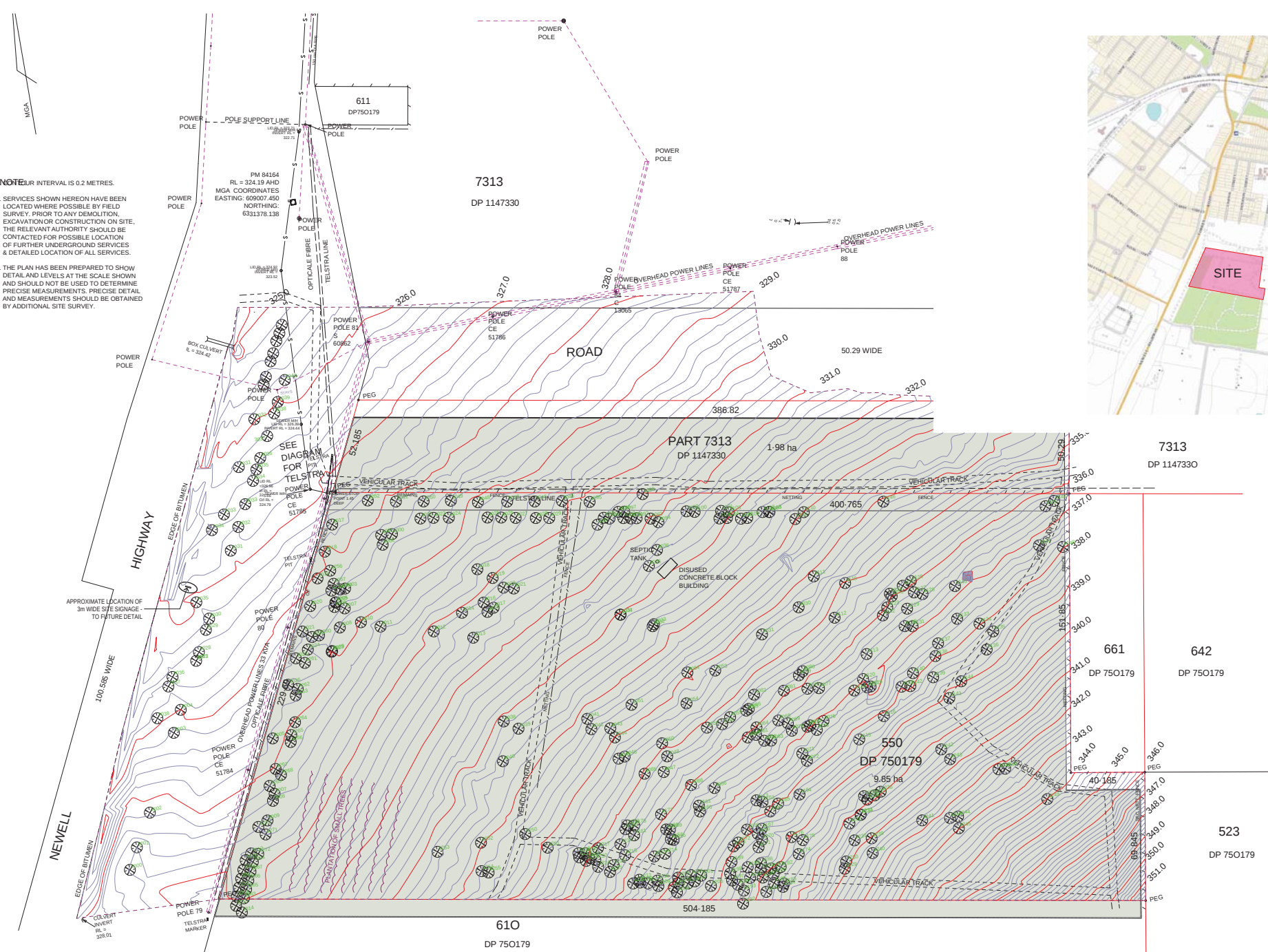
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F: #Client Fax
#Client Custom

LACHLAN HEALTH SERVICE - PARKES HOSPITAL

PARKES, NSW

SSD SUBMISSION

1. NOTE: 1. THE PLAN HAS BEEN PREPARED TO SHOW DETAIL AND LEVELS AT THE SCALE SHOWN AND SHOULD NOT BE USED TO DETERMINE PRECISE MEASUREMENTS. PRECISE DETAIL AND MEASUREMENTS SHOULD BE OBTAINED BY ADDITIONAL SITE SURVEY.
2. SERVICES SHOWN HEREON HAVE BEEN LOCATED WHERE POSSIBLE BY FIELD SURVEY. PRIOR TO ANY DEMOLITION, EXCAVATION OR CONSTRUCTION ON SITE, THE RELEVANT AUTHORITY SHOULD BE CONTACTED FOR POSSIBLE LOCATION OF FURTHER UNDERGROUND SERVICES & DETAILED LOCATION OF ALL SERVICES.
3. THE PLAN HAS BEEN PREPARED TO SHOW DETAIL AND LEVELS AT THE SCALE SHOWN AND SHOULD NOT BE USED TO DETERMINE PRECISE MEASUREMENTS. PRECISE DETAIL AND MEASUREMENTS SHOULD BE OBTAINED BY ADDITIONAL SITE SURVEY.



1 SITE LOCATION NTS

2 PLAN SURVEY (BY OTHER) 1:1000

SSD SUBMISSION

PROJECT MANAGER APPIAN GROUP				CLIENT NSW GOVERNMENT HEALTH INFRASTRUCTURE				ARCHITECTS HDR RICE DAUBNEY				PROJECT LACHLAN HEALTH SERVICE - PARKES HOSPITAL PARKES, NSW.				DRAWING TITLE SITE SURVEY SITE SURVEY				SCALE AS SHOWN				CHECKED CL			
LEVEL 1, 20 CHANDOS ST, ST LEONARDS, NSW, 2055				LEVEL 9, 77 PACIFIC HWY, NORTH SYDNEY, NSW, 2055				Level 1, 118 Market Street - North Sydney 2058 G +41 02 9550 5000 F +61 02 9550 5003 hdr@hdr.com.au rice@rice-daubney.com rice-daubney.com.au				Level 1, 118 Market Street - North Sydney 2058 G +41 02 9550 5000 F +61 02 9550 5003 hdr@hdr.com.au rice@rice-daubney.com rice-daubney.com.au				Level 1, 118 Market Street - North Sydney 2058 G +41 02 9550 5000 F +61 02 9550 5003 hdr@hdr.com.au rice@rice-daubney.com rice-daubney.com.au				Level 1, 118 Market Street - North Sydney 2058 G +41 02 9550 5000 F +61 02 9550 5003 hdr@hdr.com.au rice@rice-daubney.com rice-daubney.com.au				Level 1, 118 Market Street - North Sydney 2058 G +41 02 9550 5000 F +61 02 9550 5003 hdr@hdr.com.au rice@rice-daubney.com rice-daubney.com.au			
PROJECT NUMBER 11525				DRAWING NUMBER DA2_0100				ISSUE A				THIS DOCUMENT IS THE PROPERTY OF RICE DAUBNEY. IT IS TO BE USED ONLY FOR THE PROJECT AND NOT FOR ANY OTHER PURPOSE. IT IS TO BE KEPT IN A SAFE PLACE AND NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF RICE DAUBNEY.				THIS DOCUMENT IS THE PROPERTY OF RICE DAUBNEY. IT IS TO BE USED ONLY FOR THE PROJECT AND NOT FOR ANY OTHER PURPOSE. IT IS TO BE KEPT IN A SAFE PLACE AND NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF RICE DAUBNEY.				THIS DOCUMENT IS THE PROPERTY OF RICE DAUBNEY. IT IS TO BE USED ONLY FOR THE PROJECT AND NOT FOR ANY OTHER PURPOSE. IT IS TO BE KEPT IN A SAFE PLACE AND NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF RICE DAUBNEY.				THIS DOCUMENT IS THE PROPERTY OF RICE DAUBNEY. IT IS TO BE USED ONLY FOR THE PROJECT AND NOT FOR ANY OTHER PURPOSE. IT IS TO BE KEPT IN A SAFE PLACE AND NOT TO BE REPRODUCED OR COPIED IN ANY MANNER WITHOUT THE WRITTEN PERMISSION OF RICE DAUBNEY.			