

Gosford Hospital Redevelopment and Health & Wellbeing Precinct

HEALTH INFRASTRUCTURE NSW

Architect's Design Statement

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Gosford Hospital Redevelopment and Health & Wellbeing Precinct

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1. Introduction

1.1 Purpose of this Report

This architectural design statement has been prepared to address the architectural components of the Secretary's Environmental Assessment Requirements relating to SSD 6913 for the Gosford Hospital Redevelopment. A separate architectural design report has been prepared by Fitzpatrick and Partners for the Health and Wellbeing precinct.

As well as containing plans and documents that describe the proposal and support the application, this report also addresses the following SEARS Requirements:

- 3. Built Form and Urban Design
- 4. Environmental Amenity
- 6. Ecologically Sustainable Development
- 13. Staging

1.2 Context



Figure 1- Gosford Hospital site context map

Gosford Hospital occupies an 8.1 hectare site to the northwest of Gosford city centre, bounded by Racecourse Road, Holden Street, Bean Street West, Cape Street and Ward Street. The site is on the shoulder of a hill and lies between Gosford Golf Course and Victoria Park to the north, the railway line to Sydney to the east and Waterview Park to the south. The immediate context is of suburban housing with schools located to the west and north of the site.

Gosford Hospital is the principal referral hospital and regional trauma centre for the Central Coast Local Health District (CCLHD). The site has been progressively developed since 1945 with buildings varying in age from the 1950s to 2012 with the existing Administration Block being one of the oldest buildings on the main campus. The most recent addition and expansion to the site is the new Cancer Care Centre. The CCLHD owns many of the properties adjacent to the site, particularly along Holden Street to the east.

1.3 Site Analysis



Figure 2- Gosford Hospital site context map

The topography of the site varies significantly, with the centre forming the highest point and providing a level platform for the hospital. The topography provides views towards the north, east and south. The site falls steeply to the north and north west, levelling at the bottom on Racecourse Road. At the southern end, the site rises towards Ward Street. The site also falls to the south east towards the city centre and rail station. While Gosford Station is within 250m of the site it is separated by Showground Road and a climb of 20 vertical metres to the entrance level (from RL 12.00m to RL 32.30m).

The 1970 Stage 1 Old Ward Block formed the centre of later additions making up the current acute hospital complex. The notable additions are the 2004 Stage 4 (ED and Operating Theatre) to the north and the 1990s Health Service Building and Stage 3 Ward Block to the south.

The majority of the buildings are orientated north or north-west and are generally configured to complement the site topography. They are generally constructed of concrete structural frames with facades of brick, precast concrete or light weight cladding such as compressed fibre cement and metal sheeting.

Ancillary buildings have developed on the area of the site to the West of Hospital Road. These contain activities such as the library, training and computer rooms. The Mandala building previously housed the psychiatric unit on the East side of Holden Street.

Gosford hospital forms a major destination for the Central Coast community. The main public entry to the hospital (vehicular and pedestrian) is from Holden Street and provides the main entry and drop-off point for the hospital. Additional access points (vehicular and pedestrian) include access to Outpatients from Hospital Road on the north west of the site, and from Ward Street south of the site.

Separate emergency vehicle access is located towards the northern end of Holden Street.

Back-of-house support vehicle access is provided on the west of the campus from Cape Street North.



Figure 3– Vehicular flows and access points



Figure 4 – Pedestrian flows and access points

The site, topography and existing built infrastructure, including buildings, services, roads and parking, imposes many constraints on development, including:

- The location of the Mental Health Unit constrains visibility of the main entrance and adds to the congestion around the drop-off and parking area
- The location of the Emergency Department limits options for expansion
- The multi-deck carpark is cost prohibitive to relocate
- Existing ageing buildings, including the 1970s and 1990s multi-storey buildings, have limited capacity to support contemporary clinical functions
- The site is quite congested with a lack of vacant space in existing buildings for decanting purposes
- The steep topography of the site, particularly to the north, makes pedestrian circulation difficult
- While the railway corridor is conveniently located for the hospital – the topography makes it difficult for people to walk, resulting in the need for a shuttle bus
- The proposed Acute Building including Perioperative Services needs to be linked to both the existing hospital and any future expansion
- The clinical adjacencies required within a contemporary acute hospital building result in a building higher than any existing building on campus



Figure 5 - Gosford Hospital Topography

The existing landscape is comprised predominantly of native species referencing the surrounding area however, it still lacks a distinguishable landscape character. Expansive managed lawn areas are found to the north, with patches of endemic tree plantings throughout. The dramatic topography creates views and vistas throughout the site, however there is a lack of site legibility without any distinguishable site axes.

2. Site Planning, Phasing and Access

2.1 Site Planning

The Masterplan updated by Jacobs in 2014 identified how the site could be developed to accommodate different uses on the site and surrounding areas owned by the Local Health District. The major building uses identified for the site include:

- Teaching Education & Research
- Mental Health
- Acute Expansion
- Ambulatory Care
- Commercial Development

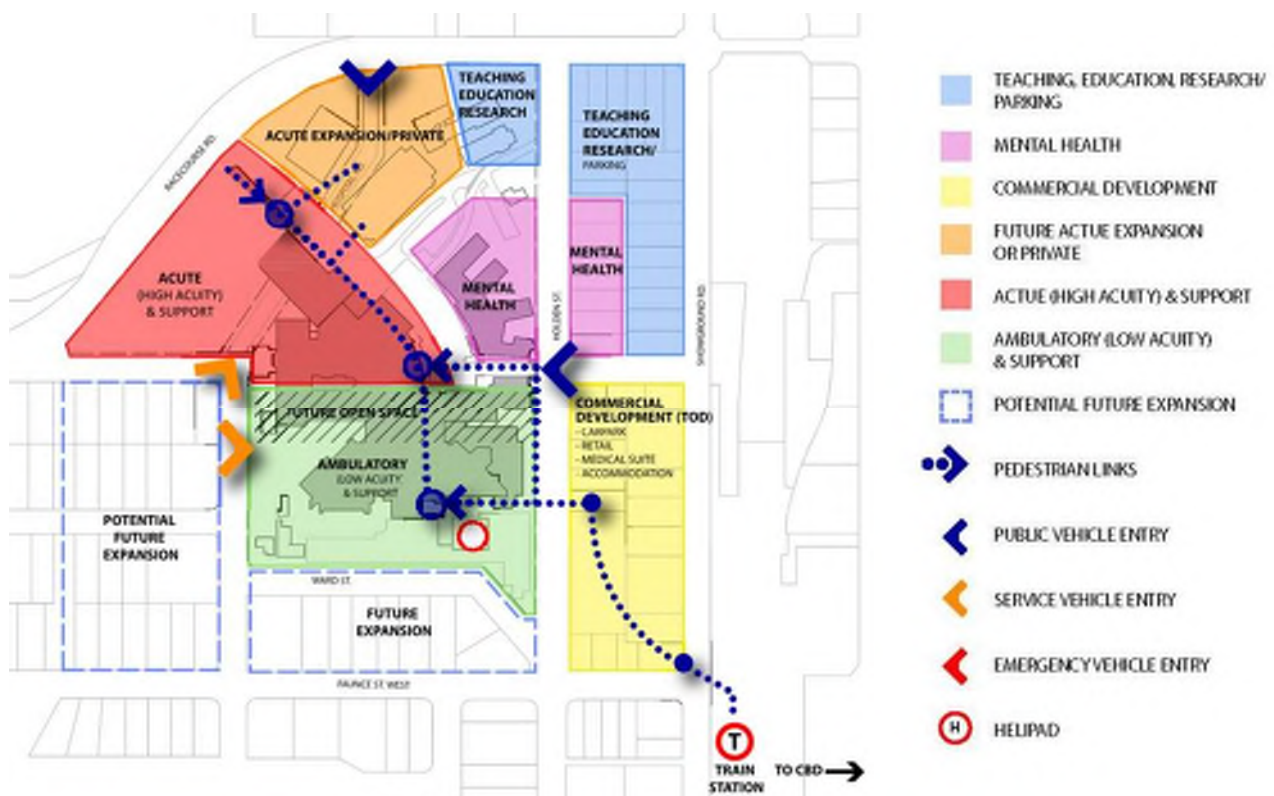


Figure 6 - Gosford Hospital zonal masterplan

The 'Caring for the Coast' Clinical Service Plan (CSP V.6) 2012-2022 issued by the CCLHD in September 2012 is the key reference document used to inform and establish the criteria for the planning consultation. The Clinical Services Plan (CSP):

- clarifies the roles and functions of each facility
- outlines clinical service strategies to meet trends in service delivery, changing models of care and growing demand
- estimates bed capacity and service requirements for projected activity

- identifies capital requirements across facilities and services

The Clinical Service Plan has identified that acute inpatient services and community health services are operating at capacity. The activity data and modelling show that increases in acute and sub-acute beds, ambulatory treatment spaces and community health services are required to meet current demand and allow for growth over the next ten years.

The following are strategies identified during masterplanning for zoning the development at Gosford Hospital:

- Provision for Acute Services to grow adjacent and north of the existing central acute zone - with the ability to downgrade the older building to less demanding lower acuity uses over time
- Provision for further expansion of Acute Services or a private hospital to the north
- Provision to accommodate and expand support services and carparking within the expansion zones
- Provision to accommodate the growth of Mental Health services over time
- Provision for a new Teaching, Education & Research precinct in the north of the site
- Provision to integrate hospital and health related services in a 'Health and Wellbeing Precinct' to the east of Holden Street whilst improving access from the railway hub and CBD to the campus

The preferred area of the site for expansion of the hospital lies to the North-West of the Stage 4, 2004 development. This has the advantage of:

- Extending the existing patient and staff circulation system
- Creating a link to the parcel of land enclosed by Hospital Road and Racecourse Road
- Allowing a more compact footprint to be developed where the land falls in height. This allows additional floors to be added below the current entrance and Day Care levels as well as above
- Allowing the existing car park and Health Services Building to be retained

The services to be added or upgraded to meet projected demand and support contemporary models of care include:

- Acute Hospital Inpatient Capacity
- Operating Theatre Capacity
- Emergency Department Capacity
- Cancer and Haematology
- Acute Medicine Services
- Interventional Cardiology
- Rehabilitation
- Obstetric / Maternity Services
- Paediatric Service
- Medical Imaging
- Mental Health

2.2 Building Configuration

The overall height and bulk of the building has been primarily determined by the clinical requirements. A total of approximately 37,500sqm of new construction is needed to accommodate the new clinical and building services requirements.

The building footprint represents an area that can function either as an IPU ward or a Clinical Department.

The redevelopment has created the opportunity to improve the zoning of the building between the Acute and non-Acute areas. The Emergency Department, Intensive Care, High Dependency Unit and Special Care Nursery are all in the new building while Imaging, Paediatrics and Oncology remain in the existing. It will be simpler to create the infrastructure required for the highly serviced Acute areas in the new building.

Both the site and building design have been developed to zone sub-acute and community health services separately from acute services, and to create a cohesive building that helps orientate the user while providing logical adjacencies and connections. All four stages of the hospital are linked with staff and patient corridors that are against external walls where possible.

The Main and Emergency entrances have been split between levels 3 and 4 to create more space for both.

The circulation through the building has been rationalised to create two spines that run through the building. These are gathered together on Level 4 where the entrance has been extended to create a well-defined Front of House. This will help orientate users through the building.

The IPUs have been vertically arranged at the end of the new phase to create short travel distances while ensuring that land is left available for future expansion.

The vertical stacking allows for manageable travel distances and maintains good clinical adjacencies as follows:

Level 1

The Rehabilitation IPU is collocated with Allied Health Therapies and has access to a rehabilitation garden and an external terrace. Non-urgent ambulance and short-term parking is provided to enable patients to be dropped off and picked up away from the main entry and emergency. An undercover connection provides links to the existing Kitchen and Loading Dock for deliveries.

Level 2

The Geriatric IPU is the only service on this floor along with offices and amenities. An external turning circle / cul-de-sac is located to the east.

Level 3

The new Emergency Department is accessed from the new ambulance manoeuvring deck and patient drop-off. Located adjacent is the Psychiatric Emergency Care Centre (PECC) and Medical Imaging / Nuclear Medicine department. ED Admin Support and EMU/SSU are located within the existing hospital, as is the Forensic Sexual Assault Unit and the After Hours Pharmacy. The Acute Medicine Unit (AMU) and Respiratory are also located on the floor in re-purposed space.

The ED is organised so that all treatment areas can be directly accessed from the waiting / triage zone. The Ambulance bay has direct access to triage and the resus bays.

Level 4

An Ambulatory Services Precinct is located adjacent to the extended and refurbished main entrance. An open stair and lift link the new fully glazed 'Hospital Street' concourse with level 3 and ED below. These elements connect new facilities at the northern end of the site with older facilities at the southern end. The northern public lift provides access to all departments in the new tower, while a new lift adjacent to existing stairs at the southern end of the building, provides access to the Day Oncology Unit.

The main entry expansion and reconfiguration provides internal links to the older buildings while relocating retail outlets more central to the redevelopment with access to a new 'green zone' between the main entry and the Mental Health building. This entry includes a Cultural Lounge with access to a courtyard.

Level 5

The expanded Surgical Procedure Suite is located over the new 'Hospital Street'. and is designed with direct access from the procedural area and a unidirectional flow from stage 1 and stage 2, through to endoscopy and discharge then change zone.

The current GSAC is repurposed for a new Cardiac Catheter Suite directly adjacent to the surgical suite.

A new Day Oncology Unit is located in the current Birthing Suite. The new Birthing Suite has 'direct' horizontal access to the Surgical Suite and ready access to the Special Care Nursery and Maternity on Level 7 via dedicated lifts.

Level 6

The Intensive Care Unit is configured as two 12 bed pods with shared support between plus an external terrace for patients. The support zone accommodates a Close Observation Unit as well as office, education and staff amenities.

Level 7

The Maternity IPU and the Birthing Suite are collocated with Maternity on this floor.

Level 8

The first 'generic inpatient floor' accommodates the Cancer and Cardiology IPUs.

Level 9

Level 9 is identical to Level 8, but is 'shelled' for future fit-out.

Level 10

Level 10 provides space for engineering plant.

Level 11

A rooftop helipad is linked to the ED below and the rest of the hospital via two lifts.

2.3 Integration with existing buildings

The progressive development of the site established three distinct phases of building:

- Stage 1: 1970s: 3 storey building. Concrete frame with brick and pre-cast concrete cladding. Flat asphalt roof.

- Stage 3: 1990s: 3 storey building. Concrete frame with concrete and metal cladding. Flat asphalt roof. Extended to take the Cancer Treatment facility.
- Stage 4: 2005: 5 storey building. Metal and concrete cladding. Flat concrete and pitched metal roof.

The section below illustrates the floor to floor heights established by the initial phase. These are varied through ramped sections between the Stage 1 & 4 buildings.

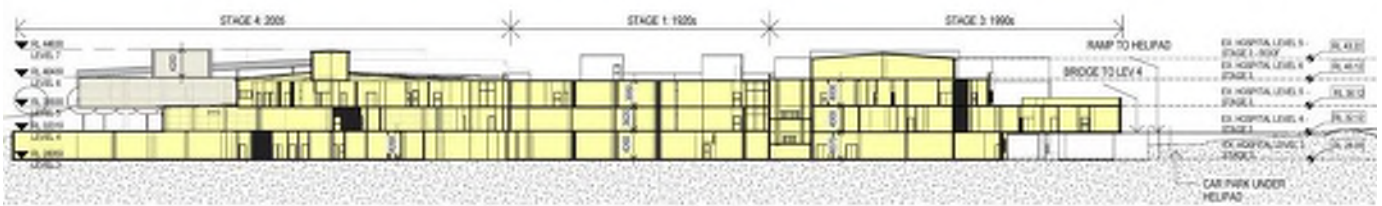


Figure 7 – Section through existing Gosford Hospital

The new building will be an extension to these three development phases that rationalises their clinical planning and provides the opportunity for further development to the north and west in a coordinated manner. The floor heights of the proposed building are carefully configured to match those of the existing buildings where possible.

2.4 Phasing

A staged construction will be required to allow the hospital to remain in operation during redevelopment. The main stages will be:

- 1) enabling works to demolish the subsidiary buildings under the building footprint
- 2) construction of the new works
- 3) staged redevelopment of the entrance area with the new operating rooms over
- 4) refurbishment of parts of the existing building



Figure 8 - Gosford Hospital Phasing Plan Phase 1



Figure 9 - Gosford Hospital Phasing Plan Phase 2



Figure 10 - Gosford Hospital Phasing Plan Phase 3



Figure 11 - Gosford Hospital Phasing Plan Phase 4

2.5 Access

The site is well served by the regional road network with easy connections to the Pacific Highway and Central Coast Highway. The site is surrounded by a perimeter road allowing direct access to the various parts of the building. The roads within the site can therefore be segregated between emergency, delivery and staff access. Car access will be simplified with the provision of the Health and Wellbeing Precinct and multi-storey car park accessed from Showground Road.

Access will generally be organised as follows:

Vehicular Access

Carparking is currently provided as street parking to the perimeter of the site, a number of parking bays within the site and in the multi-storey car park accessed from Hospital Road. Access to these will be maintained during construction and augmented with the new multi-level car park to be constructed between Holden St. and Showground Road. A separate architectural design report has been prepared by Fitzpatrick and Partners covering the Health and Wellbeing precinct and the new multi-level car park.

Figure 12 – Vehicular and Pedestrian access plan



Ambulance Access

The Emergency Department is to be relocated to Level 3, requiring a new dedicated access road to the patient drop-off and ambulance bay. To enable this, the 4 storey LHD building will need to be demolished prior to the construction of the new access road.

Helicopter Access

Refer Section 5: Helipad

Service Vehicle Access

The existing loading docks (part of the Stage 4 building) accessed from Cape Street North are to be maintained.

Pedestrian and Cycle Access

Public Pedestrian access to the hospital will be facilitated by the new Health and Wellbeing Precinct and multi-storey car park accessed from Showground Road. A building that will provide escalator and lift access to Holden Street, from which a covered walkway will lead to the main entrance. This space will be pedestrianised as part of the development. Refer to the separate report on the Entrance Gateway.

Parking

Refer to the separate Traffic and Parking Report.

Security

The design of the project takes into account the four CPTED Design Principles, but because of the special security requirements of hospitals, an active response to security requirements generally takes precedence over passive initiatives. In addition to compliance with regulations and standards, the design also responds to the following documents:

- HB228:2001 Guidelines for Managing Risks in the Healthcare Sector
- NSW Health Department Engineering Services Guidelines TS11 2013
- Protecting People & Property: NSW Health Policy & Guidelines for Security Risk Management in Health Facilities, June 2013
- Ministry of Health Risk Management Policy & Framework PD2009_039
- Ministry of Health Risk Management Policy Protecting People & Property 2013 Australasian Health Facility Guidelines, May 2009.

Controls and measures applied to public areas will include CCTV surveillance and recording to main building entrances, key pedestrian and vehicular movement pathways, car parks and help points, and access control and intercoms to the main entry foyer/reception and car park entry/exits.

Because effective security cannot be achieved through technology alone, the planning and layout of the new building has been carefully designed to take into account factors such as building perimeter protection, lighting, entry and exit points, and pedestrian traffic patterns and flows. In addition, the location of staff stations, reception points and visitor services has been considered to assist with providing layers of security for the building's perimeter and interior areas.

Good legibility and intuitive wayfinding is an important aspect of the design. An internal 'hospital street' connects the principal destinations in the hospital, which is in turn connected by a covered walkway to the carpark and Health and Wellbeing precinct. The intention is that public circulation is concentrated into a limited number of routes, and that those routes are overlooked by other activities.

Ease of maintenance has been considered during the design phases of the project. Low level façade cladding is mostly durable precast concrete and cleaning and maintenance access to all external glazing has been considered.

Signage

New exterior signs are proposed around the campus and within the new and refurbished buildings to assist wayfinding. The numbers and locations of signs are shown in Figure 13 and the indicative designs in Figure 14. Signs are clad in 4mm aluminium or composite panels folded and fixed to a steel frame. Intracut Graphics have opal acrylic insets and internal LED Lighting.



Figure 13 – Site plan showing proposed external signs



Figure 14 – Typical external signs – Note that colours and messages are indicative only

3. Built Form and Architectural Design

3.1 Design Principles

The design proposal maintains a focus on the following key design principles that represent best practice for the delivery of contemporary health care.

Models of Care

The facility infrastructure design is informed by the Australasian Health Facility Guidelines and aligns with the Clinical Service Statement so that appropriate clinical adjacencies and functional relationships are achieved.

Patient Focused Care

Planning and design is focused around the needs of the patient to provide a better experience for accessing health services, including maintaining patient privacy and dignity and keeping patient journeys as short and direct as possible.

Intuitive Way-Finding Strategy

Planning and design establishes a clear hospital identity and a simple and intuitive wayfinding system that is supported by logical departmental zoning.

Separation of Flows

Planning and design establishes clear departmental zones and circulation paths that segregate patient transfer and servicing flows from those of the public to support a safe and secure environment for staff, patients, visitors and logistics.

Flexibility & Adaptability

Facilities must be inherently flexible and able to adapt to future change. Development zones need to be created for future staged expansion. The design of new facilities should not constrain future, medium or long term development strategies.

Operational Efficiencies

The design of new facilities must enable services to be provided as efficiently as possible and cause minimal disruption to service delivery during construction.

Site Constraints & Opportunities

The design of new facilities must be responsive to the site, maximise opportunities and create renewal and buffer zones.

Environmental Sustainable Design

The design of new facilities must integrate ESD principles, access to natural light and landscaped areas.

Collaboration and Interaction

The design of new facilities should provide flexible and shared spaces for patients and staff. Connectivity with existing facilities should be maintained or improved.

3.2 Architectural Form

The architectural form of the development has been led primarily by clinical planning considerations. As a complex acute health services facility, the adjacencies of various services to each other is of prime importance and the following vertical 'stacking' of the building has been determined as the most appropriate:

	New Building: main activities	Existing Building: main activities
L 11 upper roof	Helipad	
L 10 roof	Plant	
L9	IPU (shell)	
L8	IPUs	
L7	Maternity IPU, Special Care Nursery	
L6	Intensive Care & High Dependency Units, Close Observation Unit	Plant
L5	Surgical and Procedure Unit, Birthing,	Existing Surgical Procedure Unit, Orthopaedic IPU, Surgical IPU, Cardiovascular, Day Oncology, IPUs
L4	Administration, Women's Health, Ambulatory Care, Concourse, Front of House	Diagnostics, Cardiology, IPUs, Paediatric IPU, Medical Imaging, Intensive Care Unit, Neurological IPU
L3	Imaging, Emergency Department, Psychiatric Emergency Care,	Acute Medical Unit, Respiratory, Cardiac, Radiation Oncology, Back of House, Docks
L2	Geriatric IPU	
L1	Rehabilitation, Plant	

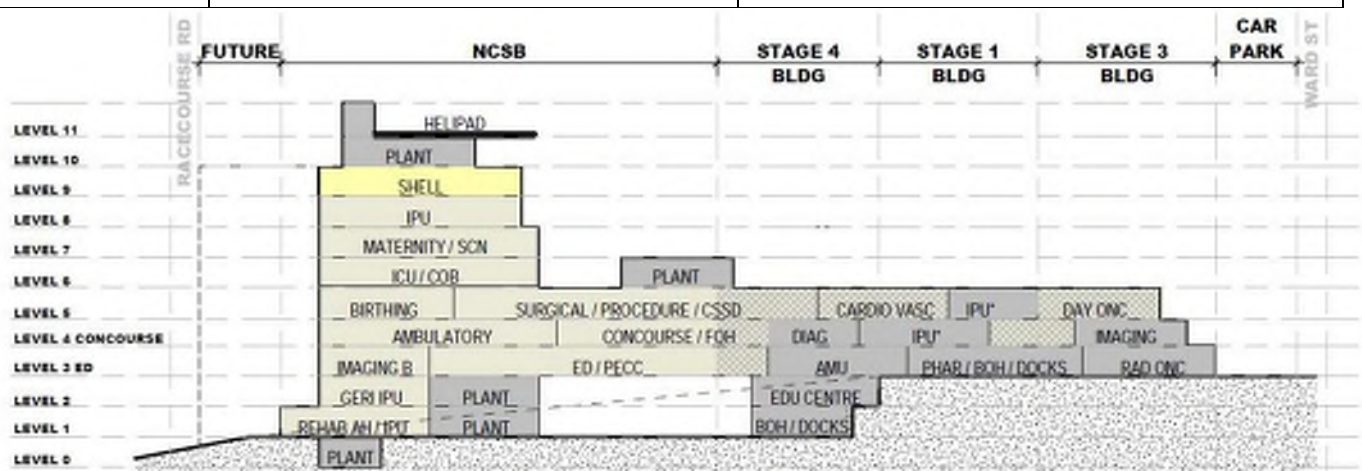


Figure 15 – Section stacking diagram

The other principal factors influencing the form of the building are:

- A secondary core has been created on the prominent corner of the two wings of the new building. The public lifts have been located to give an easy-to-locate access point to the wings of accommodation. This in turn connects to the staff lift and staircase. Staff are encouraged to walk between floors by placing the stair in the centre of their circulation area.
- Plant space has been located either on the Level 10 roof or on Levels 1 and 2 against the slope down from the existing Day Care entrance.
- The IPU wings use a standard 3 bay wide module where the planning grid is 8.4m x 8.4m. The 25.2m width gives the optimum balance between creating an efficient depth and allowing light into the flanks of the wing. The IPU floors have ward rooms to the perimeter and Nurse stations, stores and utility rooms to the centre.
- The linking wing is 5 bays wide up to Level 5. This gives it the depth to accommodate the complex range of functions required for the Emergency Department and Ambulatory Care.
- The ends of wings are articulated with a stair tower and local plant rooms supplying conditioned air and providing smoke exhaust.

The elevations have been developed to integrate the new and old buildings while creating a distinctive and appropriate appearance.

- The long north elevation is arranged horizontally into three main horizontal zones. These are:
 - A heavy pre-cast concrete plinth that accommodates the changing ground level to the perimeter of the building. This is divided to take louvres, windows and doors
 - A central four storey band with horizontal cladding panels. The windows cills are set at 1200 above the floor to allow for the clinical equipment required in these floors. Glazing is either clear or colour backed where solid panels are required
 - The top three floors are clad with vertically arranged panels. This suits the need for ward rooms where the glass can come down to the floor to suit the needs of patients in beds
- The North East corner is left largely glazed to make the most of the extensive views from that part of the public circulation
- The East elevation is rather more complex as it has to take the slope of the site and knit the new and old together. The concrete plinth takes the 2 floor rise of the site and extends to support the ambulance deck serving the Emergency Department
- The corridor access to the new wing is expressed above the ambulance bay. The IPU wing is recessed by one structural bay back from the main elevation
- The elevation reduces to three floors and then two as the ground level rises. The pre-cast concrete cladding is lifted over the projecting new extension of Level 4. This creates a sheltered access to the building. A projecting canopy defines the new entrance and leads the eye along the public route to the new tower building
- The façade has been used to identify the main entrance points by creating a portico that surrounds the new entrance doors. This is reached at the end of the new covered walkway connecting the new car park and Health and Wellbeing precinct with the landscaped entrance courtyard. There is a secondary entrance to the Level 3 Emergency Department. This is identified with a doorway leading to the staircase rising to Level 4
- The approach to plant space has been to enclose these areas with the same quality of cladding as the rest of the building. Plant or ductwork will therefore not be left exposed
- The helipad is clearly visible as a circular form distinct from the rest of the building.



GFA V1.1

Site Area	81131 sqm
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	Departments	Level 0	Level 1	Level 2	Level 3	Level 4	Level 5	Level 6	Level 7	Level 8	Level 9	Level 10	Level 11	UMR	TOTAL
New Build	Gross Floor Area - New Build	0	2,295	1,841	4,352	4,897	5,787	3,081	2,914	2,799	2,821	107	58	0	30,954
Refurb	Total Refurb GFA	0	121	0	2,685	3,110	2,655	0	0	0	0	0	0	0	8,571
Total GFA															39,525

Council Definition: Gross floor area means the sum of the floor area of each floor of a building measured from the internal face of external walls, or from the internal face of walls separating the building from any other building, measured at a height of 1.4 metres above the floor, and includes:

- (a) the area of a mezzanine, and
- (b) habitable rooms in a basement or an attic, and
- (c) any shop, auditorium, cinema, and the like, in a basement or attic, but excludes:
 - (d) any area for common vertical circulation, such as lifts and stairs, and
 - (e) any basement:
 - (i) storage, and
 - (ii) vehicular access, loading areas, garbage and services, and
 - (f) plant rooms, lift towers and other areas used exclusively for mechanical services or ducting, and
 - (g) car parking to meet any requirements of the consent authority (including access to that car parking), and
 - (h) any space used for the loading or unloading of goods (including access to it), and
 - (i) terraces and balconies with outer walls less than 1.4 metres high, and
 - (j) voids above a floor at the level of a storey or storey above.

Figure 16 – Gosford Hospital GFA Schedule

3.3 Materials and Finishes

The materials have been chosen to be appropriate for a building that has a long history in Gosford but represents the opportunity to develop and upgrade the major healthcare facility for the Central Coast. The Gosford area is famous as a source of high quality sandstone that has been used around Australia. To emphasise the local character of the building and to create a tactile and enjoyable material the cladding at the lowest levels will be sandstone and pre-cast concrete using a colour-matched stone aggregate. Above this will be metal cladding panels with a satin finish. The combination will therefore be:

- Base: sandstone and pre-cast concrete stone aggregate panels with dark metal frames to the glazed curtain walling and matching metal detailing
- Clinical Areas: horizontal light coloured metal finished panels with dark metal window frames and dark colourback glass to panels covering the columns.
- IPU Areas: vertical dark metal finished panels with dark metal glazed curtain walling and matching metal detailing

The main incoming Utility Area, reached at the end of the Hospital Road, is clad in pre-cast cladding to give it permanency and solidity.

The overall impression of the building is therefore one that:

- Naturally grows out the existing building form and accommodates the existing buildings and changes in level
- The apparent height of the building is visually reduced through the fall of the site and because it is kept to the centre of the available site
- Articulates the different activities within the building and gives some expression to them through the different façade treatments

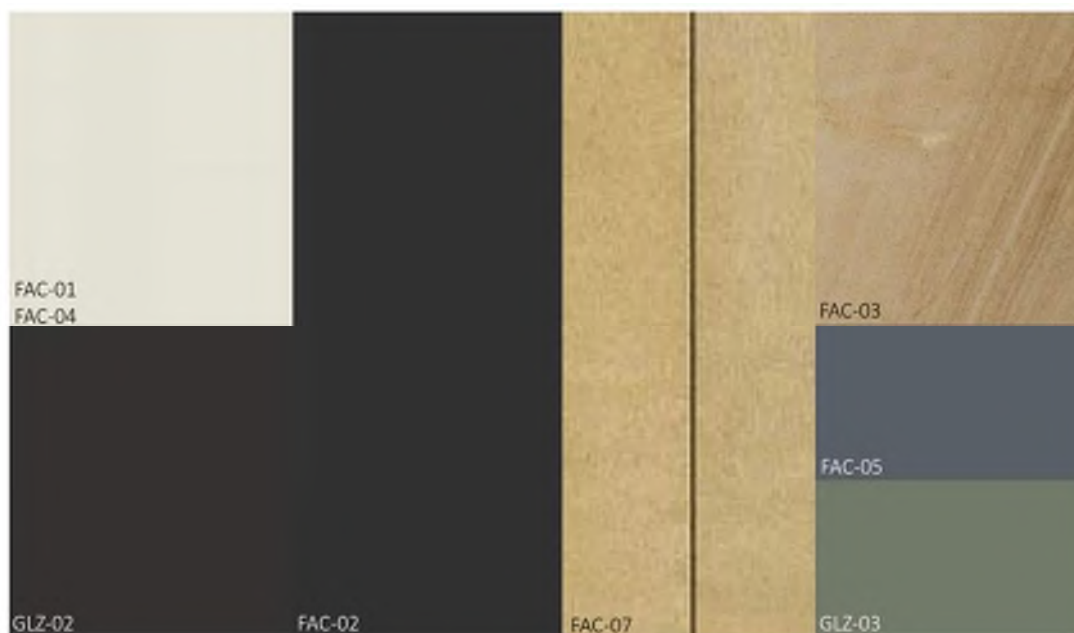


Figure 17 – Indicative exterior cladding colour palette

Indicative exterior cladding proposals are as follows:

- FAC-01 - Kingspan vertical insulated cladding panels – Off White (Surfmist)
- FAC-02 - Kingspan vertical insulated cladding panels – Dark Grey (Monument)
- FAC-03 – Pre-cast concrete vertical cladding panels to match Gosford sandstone – Pre-cast concrete
- FAC-04 – Kingspan horizontal insulated cladding panels – Off White (Surfmist)
- FAC-05 – Aluminium horizontal cladding panels – Dulux Duratec X15 satin powder coat
- FAC-07 – Gosford natural sandstone cladding panel
- FAC-08 – Aluminium faced cladding panels with integral parapets. 4mm thick with 10mm expressed joints – Various. Natural finish
- LVR-01 – Horizontal louvres – Dulux Duratec X15 satin powder coat
- GLZ-01 – Aluminium window frame with double-glazed IGU's. Glass: Neutral grey tint – Frame: Dulux Duratec X15 powder coat
- GLZ-02 – Aluminium window frame with opaque colourback glass and insulation behind (grey) Frame: Dulux Duratec X15 powder coat
- GLZ-03 – Aluminium window frame with opaque colourback glass and insulation behind (olive) Frame: dulux Duratec X15 powder coat

Material selection has been made using the following criteria:

Durability and Maintenance

As a significant investment in health infrastructure, the building must be durable. To minimise recurrent maintenance costs, preference has been given to materials that do not require replacement or repainting in the medium term. To that end pre-cast concrete has been used to create a robust plinth while self-finished cladding has been used on the upper levels.

Construction

The building will be constructed of an in-situ concrete frame designed on an 8.4m x 8.4m grid. This has the benefit of inherently creating fire and acoustic separation between floors with minimal downstands to simplify construction and services installation. The floor to floor heights vary to match the existing but do not exceed 4.5m. The vertically spanning materials can therefore span between the floor slabs without the need for secondary structure.

Sustainability

Preference has been given to materials that are locally manufactured, recyclable, and have high thermal and acoustic insulating properties. The principal cladding material will be insulated coated steel panels manufactured in Sydney.

Context

While the hospital is close to the Gosford CBD the immediate scale of the surroundings is suburban. This will change as the broader masterplan for the campus is developed. The location of the main building in the centre of the site will minimise the change in scale. A range of existing two and three storey buildings will remain to the perimeter of the site.

Colour

Colour selection has been carefully considered to address the following issues:

- Identity. The intention of the colour and material selection is create a building that is restrained and composed. The building is to give an impression of technical competence and good organisation.
- Context. The selected colours are designed to avoid competing with the existing phases and surrounding buildings. Instead they are designed to appear distinct and appropriate for their location and use.
- Wayfinding. Colour will also assist wayfinding within the Hospital and refurbished parts of the hospital. In conjunction with form and materials, interior design and directional signs will use colour to create distinctive 'places' or 'landmarks', the basis for an intuitive wayfinding system.

3.4 Internal Circulation and Spatial Organisation



Figure 18 – Internal Circulation Level 4

The key features of the internal circulation strategy are:

- To create routes that are simple to navigate through the different levels and buildings
- To collate Acute and non-Acute areas to create zones of related activity
- Where possible keep circulation against the external walls to assist orientation
- Encourage the use of stairs
- Expand and upgrade the Level 4 main entrance to guide patients and staff to the appropriate part of the building
- The new public lift core to be strategically located at the corner of the two wings. This will be at a manageable distance from the existing entrance

4. Helipad

The rooftop helipad is located on Level 11 above the main new wing of the building. This allows for two flight paths to be used avoiding the Lift Shaft. It will be used primarily for emergency arrivals and evacuations to other health facilities. Two lifts continue to Level 11 to service the roof and the helipad.



Figure 19 – Helicopter Approach Plan

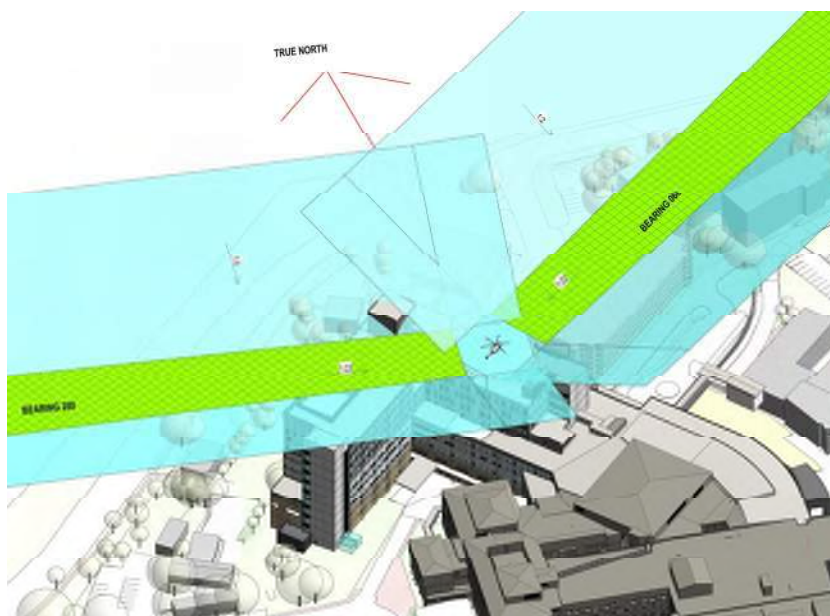


Figure 20 – Helicopter Approach 3D

5. Ecologically Sustainable Design

ESD principles (as defined in clause 7(4) of Schedule 2 of the Environmental Planning and Assessment Regulation 2000) will be incorporated in the design, construction and ongoing operation phases of the development.

ESD architectural initiatives include:

- Effective use of energy and resources and reductions in ongoing life cycle costs.
- Material Selection: Initiatives include recyclable construction materials with low embodied energy and environmentally friendly manufacture, low VOC paints and finishes, sustainable timber, high eco-content for flooring, joinery, ceiling, walls, partitions and loose furniture.
- Waste minimisation: Initiatives include a proportion of construction waste to be recycled or reused.
- Sustainable Procurement by committing to various management measures i.e. environmental management plan, sustainable procurement guide.

5.1 Relevant Policies and Guidelines

The engineering systems are being designed in accordance with NSW Health's Engineering Services and Sustainable Development Guidelines (TS11)

5.2 Safety by Design

Safety by Design reviews and workshops have been held for each of the major phases of the project, with the information distributed to all relevant parties. The process aims to:

- Meet the Client's and Users' needs
- Be socially and environmentally sustainable
- Minimise the risk of harm to people
- Minimise the risk of harm to the environment
- Eliminate or reduce risks to constructability, operations, maintenance and decommissioning.

Safety by Design considers two complimentary areas of preventing the creation of hazards during design, as follows:

- The Hazard Prevention by Design process, which supports proactive thinking to address risks during the design process.
- Design / Project risk management, which provide an assurance that hazards have been identified and residual risks have been managed.

6. Analysis of Feasible Alternatives

Prior to development of the current design proposal, an Options Analysis Overview was carried out, analysing the constraints and opportunities provided by the following list of options:

OPTION 1 - NEW EXPANSION 	DESCRIPTION - new 5 storey building with relocated ED, maternity, peri op, admin, stores - new 7 storey IPU wings	PRO - minimal disruption to ED - good connectivity between ED, peri op & IPUs - existing parking maintained - operationally efficient - aligns with zonal masterplan - achieved N-S connectivity - retains peri op suite - good horizontal alignment - good expansion capability	CON - high capital cost - need to demo buildings on NW of site - existing services relocated
NEW HOSPITAL ON NW SITE 	DESCRIPTION - new 6 storey building to take all clinical accommodation	PRO - minimal disruption - all new accommodation - limited decanting - final site creates open modern campus with space for expansion and landscaping	CON - very high capital cost - construction on sloping site with restricted access
DO NOTHING 	DESCRIPTION - locally upgrade building fabric & services - clinical demand met by non capital solutions	PRO - low capital cost - minimal disruption, avoids decanting	CON - unlikely to meet demand - refurbished buildings with poor linkages
EXPAND IN PLACE: PROVIDE ACCOMMODATION DEFINED IN CSP ONLY 	DESCRIPTION - build new IPU accommodation - move patients to new IPUs - expand ED, maternity, peri op, imaging into adjacent empty IPUs	PRO - low capital cost - clear zone for construction - reasonable fit for expansion - preserve expansion space for future	CON - inefficient operationally - significant disruption - retains old buildings - confusing circulation - future expansion compromised - imaging remote

The preferred masterplan is similar to Option 1 above. This extends the North West side of the Stage 4 building towards Hospital Road.

An evaluation of the options concluded that Option was preferred for the following reasons:

- **Response to Model of Care stated in Service Plan.** This option delivers the full service capacity and has the best opportunity of realising optimal clinical adjacencies and models of care to achieve operational efficiencies and improved clinical outcomes
- **Impact on Operations.** The major impact is on the buildings that will need to be demolished to accommodate the expansion to the North West. These include the Education, IT, Computer, Pathology and Harry Mattocks buildings
- **Future expansion / Development potential & Impact on operations.** The short term expansion of this scheme should have a low impact on the development, future phases may require the demolition of the HSB building and car park
- **Staging / Constructability.** The scheme has a clear construction access along Hospital Road. The decanting strategy to clear the site is relatively simple.

7. Consultation

The Redevelopment has been the subject of clinical engagement throughout the preparation of planning documents and the Schematic Design Scheme to date. The interface with hospital users is structured with Project User Groups and project Ensure Groups providing input to a Project planning Team overseen by a Planning and Development Committee.

The Project User Groups:

- Provide expert clinical and operational planning input to design, incorporating operational requirements and principles
- Represent the interests of the broader workforce
- Work collaboratively with the Project Team and other clinical and nonclinical representatives

The Project Working Groups:

- Monitor and implement planning strategies to achieve project objectives
- Are responsible for planning requirements with whole-of-organisation influence

These groups are populated with a diverse membership that includes representatives from all aspects of the hospital and includes ICT, FFE, Engineering, Site Planning, Infection Control, Occupational Health & Safety, Work Health Safety & General Services.

This consultation process will continue through subsequent detailed design stages.

8. Height, Bulk and Scale of the Development

Height

The overall height of the building has been primarily determined by the clinical requirements. A total of approximately 37,500sqm of new construction is needed to accommodate the new clinical and building services requirements.

This subdivides into a series of wings between 1,200m² and 3,800m². This footprint represents an area that can function as an IPU ward or a Clinical Department.

The vertical stacking allows for manageable travel distances and maintains good clinical adjacencies.

By locating the new building in one of the lowest parts of the campus, the overall height of the building has been considerable reduced. In addition the main public circulation floor, Level 4, which is at Ground Level at the main entrance, provides an entry point in the *middle* of the new building, with lifts connecting to the three clinical floors below and five clinical floors above. This arrangement further enhances the efficiency of the hospital.

The building is generally 46.5m high from the Level 1 access road to the top of the Lift Motor Room serving the Helipad, but this full height is only apparent from the west of the campus, where the building is setback a considerable distance from Racecourse Road and partly screened by existing trees.

The materiality and articulation of the façade cladding also serves to further break down the apparent scale of the building.

Bulk

The new building wings are either 3 or 5 bays in width: 25.2m or 42m. The width of the lower, broader wings cannot be judged from a distance as they sit between a return wing and the existing building. Therefore the apparent width of the new building is the lower 3 bay width. The gable end is articulated with a stair tower which acts to reduce the scale of the building by exaggerating its verticality, making it appear slimmer.

The scale of the main wing of the building is reduced by the set back at Level 6. This creates a horizontal emphasis which is terminated at the external corner. The projecting lift shaft acts to terminate this horizontal line and balances the stair shaft at the Western end of the wing.

9. Environmental and Residential Amenity

9.1 Solar Access

9.1.1 Within the site

The main orientation of the building runs North-West to South-East. The low level morning and afternoon sun will therefore cast shadows across the Beane St West landscaped area or the car park. At noon the main shadows will be cast back over the west wing of the Stage 4 building. The new long elevation linking the new entrance to the new tower will receive sun in the morning and early afternoon. The new northwest elevation will then receive the late afternoon sun.

9.1.2 Surrounding Development

The shadow diagrams show that the low winter sun only casts minimal shadow over the surrounding houses which are clear from shadows by 12 noon.

9.2 Privacy

The building has a good setback from the adjacent streets and the upper levels are sufficiently high to avoid overlooking.

Privacy blinds / venetians will be provided to all bedroom windows in intensive care and the inpatient units.

9.3 Wind

Refer to separate Pedestrian Wind Assessment Report.

9.4 Acoustic impacts

Refer separate Acoustic Consultant's report.

9.5 Servicing requirements

The expanded hospital will continue to use the existing kitchen, pharmacy, workshops, waste handling and consumable delivery and distribution areas. These are generally reached from Cape Street North.

The new utility areas for the electrical substation will be reached from the western stub of Hospital Road.

9.6 Landscaping

Refer to Landscape Consultants Report SS14-2867-NEWB-LA-DG-SSD01.

The scope of the landscape design, is mainly concentrated on the creation of new courtyards, as well as the refurbishment of 2 existing courtyard areas. Areas disturbed by construction will be re-vegetated / made good.

All courtyards and external spaces aim to directly respond to the functions demanded of them. However these various spaces, Rehabilitation, Geriatric IPU, ICU, etc. have a similar thread of outcomes;

- provide greenery; allowing for an instant contact with nature for users,
- provide functional and accessible areas for all users,

- provide easily maintained and sustainable spaces for many future years

The provision of a new hospital forecourt looks to create an open space area that will provide flexible passive recreation spaces for patients, visitors and staff, while also enhancing pedestrian circulation routes.

The forecourt will allow for chairs and tables to spill out into the undercroft area to utilise space for the new retail area, with additional concrete benches for users. The entrance from Holden Street will also be regraded with the provision of new ramps and stairs to allow for better access for patients.

The new landscaped forecourt evokes the strong lineal geometry proposed for the new hospital façade. Lineal bands of planting will extend from window panels on the level above, with specimen shade trees enhancing these axes.

The forecourt is defined by a series of lawn nodes with bench seating for staff, patients and visitors to enjoy. The paving banding encroaches on the lawn areas to allow for wheelchair access to ensure an equitable space for all uses.

Cross site links have been carefully selected to allow access to the existing Mental Health building. The design is also sympathetic to the new Health and Well-Being Precinct being constructed east of the site, with the lineal modulation reflected throughout both designs.

The Rehab Courtyard has lush planting, accessible seating and a subtle walking track shall aid in the healing and recovering of patients. Seating with appropriate back rests and arm rests shall ensure respite is available for all users, in small group or privately within the courtyard. A familiar pallet of plants and materials, with varying geometry to the other external spaces shall be employed within the design.

A clear circular 'track' for the Level 2 Geriatric Courtyard, surrounding artificial turf will be the main feature in the this courtyard. Accessible seating and rest areas shall be incorporated. While there is a mix of ground plan materials, all shall be flush to avoid trip hazards.

A cultural courtyard for indigenous visitors, patients and staff is proposed, to be designed in collaboration with Darkinjung Local Aboriginal Land Council. The area is to be carefully designed to provide screening to create a private area for reflection.

The ICU courtyard, will employ similar material to the other courtyards, with an organic geometry, providing a large area of greenery and vegetation, ample seating for small groups (2-3) and individuals.

Appendix A. View Analysis

1 Existing view looking towards the site from Holden Street



2 Proposed view looking towards the site from Holden Street



3 Existing view looking towards the site from Cape St. North



4 Proposed view looking towards the site from Cape St. North



5 Existing view looking towards the site from Beane St. West



6 Proposed view looking towards the site from Beane St. West



7 Existing view from Racecourse Road looking towards the site.



8 Proposed view from Racecourse Road looking towards the site.



Appendix B. Solar Access Study

- 1 The study identifies one house that will be in the shadow of the new building during the winter solstice.

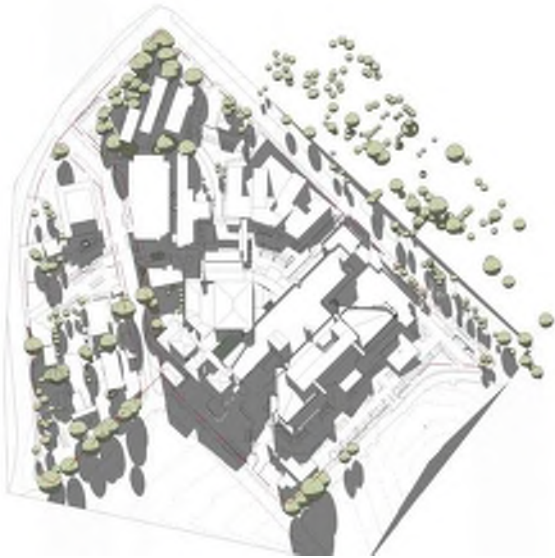


Figure 19 – Sun Shadowdown 21 June – 9am Existing

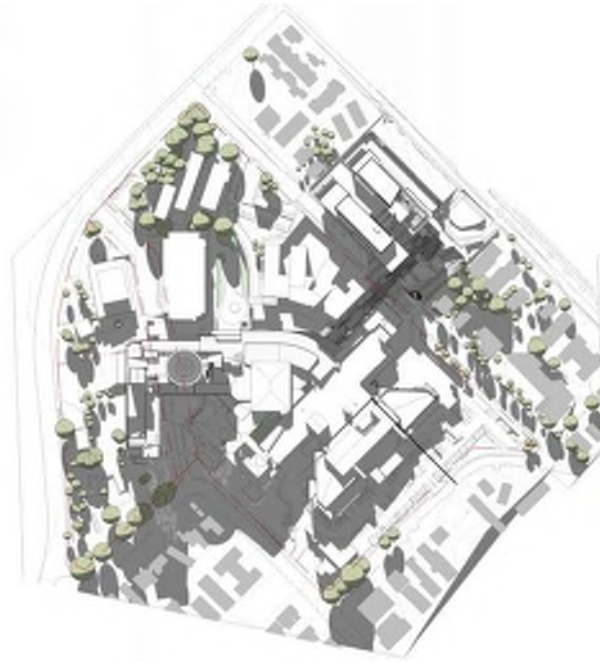


Figure 20 – Sun Shadowdown 21 June – 9am Proposed



Figure 21 – Sun Shadowdown 21 June – 12pm Existing



Figure 22 – Sun Shadowdown 21 June – 12pm Proposed



Figure 23 – Sun Shadowdown 21 June – 3pm Existing

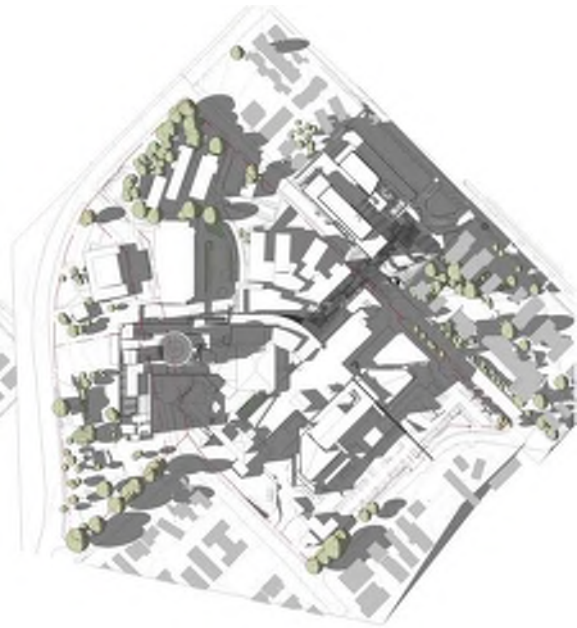


Figure 24 – Sun Shadowdown 21 June – 3pm Proposed

Appendix C. Context Photographs



1 Beane Street leading up to the Main Entrance of Gosford Hospital



2 Main Entrance Forecourt at Gosford Hospital



3 Existing Emergency Entrance & Amb. Care/ Pathology Building at Gosford Hospital



4 External seating area outside the Hospital Cafeteria & Education Centre



5 Existing Health Services & Adjacent Hospital Car Park



6 Existing New Mental Health Building Opposite Main Entrance

Appendix D. Architectural Drawings

SHEET NUMBER	SHEET NAME	REV
NB98078-NEWB-AR-DG-0005	SSD Cover Sheet	4
NB98078-NEWB-AR-DG-0050	Location plan (SSD)	4
NB98078-NEWB-AR-DG-0014	Existing Site Plan	9
NB98078-NEWB-AR-DG-0051	Proposed Site Plan (SSD)	6
Nb98078-NEWB-AR-DG-0007	Site Analysis	8
NB98078-NEWB-AR-DG-0009	Phasing Plan – Phase 1 (SSD)	9
NB98078-NEWB-AR-DG-0052	Phasing Plan – Phase 2 (SSD)	4
NB98078-NEWB-AR-DG-0053	Phasing Plan – Phase 3 (SSD)	4
NB98078-NEWB-AR-DG-0054	Phasing Plan – Phase 4 (SSD)	4
NB98078-NEWB-AR-DG-0022	Overall Plan - Level 1	11
NB98078-NEWB-AR-DG-0023	Overall Plan - Level 2	11
NB98078-NEWB-AR-DG-0024	Overall Plan - Level 3	11
NB98078-NEWB-AR-DG-0025	Overall Plan - Level 4	12
NB98078-NEWB-AR-DG-0026	Overall Plan - Level 5	11
NB98078-NEWB-AR-DG-0027	Overall Plan - Level 6	11
NB98078-NEWB-AR-DG-0028	Overall Plan - Level 7	11
NB98078-NEWB-AR-DG-0029	Overall Plan - Level 8	11
NB98078-NEWB-AR-DG-0030	Overall Plan - Level 9	12

NB98078-NEWB-AR-DG-0031	Overall Plan - Level 10	11
NB98078-NEWB-AR-DG-0032	Overall Plan - Level 11	11
NB98078-NEWB-AR-DG-0033	Overall Plan – Roof Plan	11
NB98078-NEWB-AR-DG-7001	GA Section G-G & Section H-H	9
NB98078-NEWB-AR-DG-7002	GA Section I-I & Section J-J	9
NB98078-NEWB-AR-DG-7003	Sections K-K & Section L-L	9
NB98078-NEWB-AR-DG-7004	Sections M-M & N-N	9
NB98078-NEWB-AR-DG-7100	Site Elevations – East & North	9
NB98078-NEWB-AR-DG-7101	North Elevation	9
NB98078-NEWB-AR-DG-7102	East Elevation	9
NB98078-NEWB-AR-DG-7103	West & South Elevation	9
NB98078-NEWB-AR-DG-0040	Helicopter Approach	6
NB98078-NEWB-AR-DG-7901	Shadow Diagrams	9
NB98078-NEWB-AR-DG-7902	Perspectives	9

GOSFORD HOSPITAL REDEVELOPMENT

SSD SUBMISSION



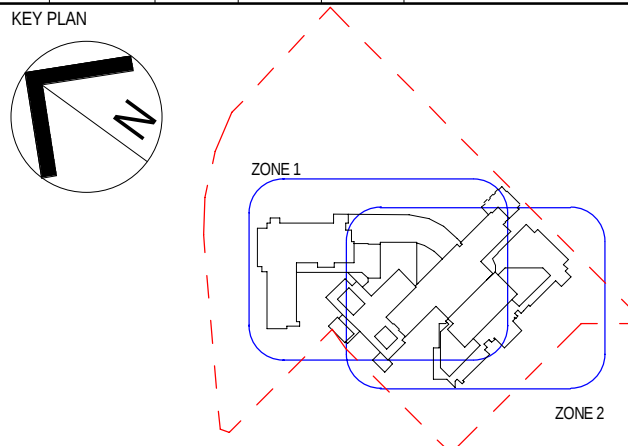
SSD Architectural Drawing List

NB98078	NEWB	AR	DG	0005	SSD COVER SHEET	5
NB98078	NEWB	AR	DG	0006	LOCATION PLAN (SSD)	4
NB98078	NEWB	AR	DG	0014	EXISTING SITE PLAN	9
NB98078	NEWB	AR	DG	0061	PROPOSED SITE PLAN (SSD)	6
NB98078	NEWB	AR	DG	0007	SITE ANALYSIS PLAN	9
NB98078	NEWB	AR	DG	0009	PHASING PLAN - PHASE 1 (SSD)	9
NB98078	NEWB	AR	DG	0062	PHASING PLAN - PHASE 2 (SSD)	4
NB98078	NEWB	AR	DG	0063	PHASING PLAN - PHASE 3 (SSD)	4
NB98078	NEWB	AR	DG	0064	PHASING PLAN - PHASE 4 (SSD)	4
NB98078	NEWB	AR	DG	0022	OVERALL PLAN - LEVEL 1	12
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NB98078	NEWB	AR	DG	7001	GENERAL ARRANGEMENT SECTION G-G & SECTION H-H	10
NB98078	NEWB	AR	DG	7002	GENERAL ARRANGEMENT SECTION I-I & SECTION J-J	10
NB98078	NEWB	AR	DG	7003	SECTIONS K-K & L-L	10
NB98078	NEWB	AR	DG	7004	SECTIONS M-M & N-N	10
NB98078	NEWB	AR	DG	7100	SITE ELEVATIONS - EAST & NORTH	10
NB98078	NEWB	AR	DG	7101	NORTH ELEVATION	10
NB98078	NEWB	AR	DG	7102	EAST ELEVATION	10
NB98078	NEWB	AR	DG	7103	WEST AND SOUTH ELEVATION	10
NB98078	NEWB	AR	DG	7001	SHADOW DIAGRAM	10
NB98078	NEWB	AR	DG	7002	PERSPECTIVE	10

NOTES:

5	14/09/2015	SSD ISSUE
4	24/04/2015	SSD FINAL ISSUE
3	01/04/2015	SSD ISSUE
2	30/03/2015	SSD DRAFT ISSUE
1	17/02/2015	SSD ISSUE

REV	DATE	ORIGIN	REV	APPRO	AMENDMENT
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TITLE

**ARCHITECTURE
SSD COVER SHEET**

DRAWING STATUS

FINAL ISSUE

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DESIGNED	DESIGN REVIEW
Jacobs	CY

REVIEWED	DATE
APPROVED	DATE

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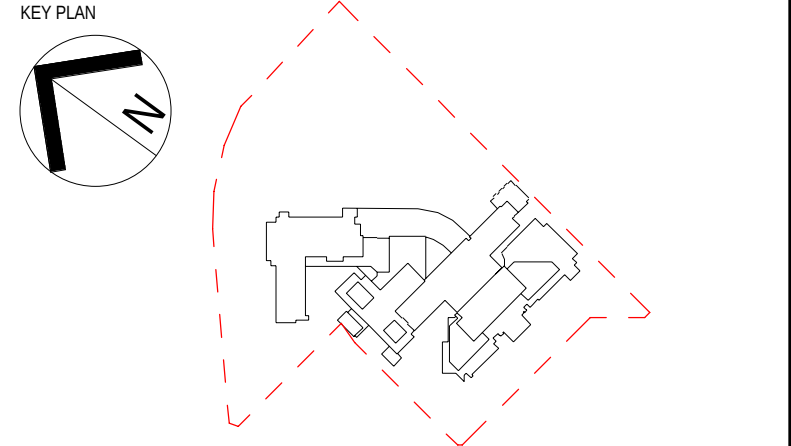
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3	24/02/2015	SSD FINAL ISSUE
4	02/04/2015	SSD ISSUE
5	03/04/2015	SSD ISSUE
6	26/02/2015	SSD SHIRT ISSUE
7	17/03/2015	SSD ISSUE
8	27/02/2015	100% SCHEMATIC DESIGN ISSUE
9	30/02/2015	100% SCHEMATIC DESIGN ISSUE



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PROJECT

GOSFORD HOSPITAL

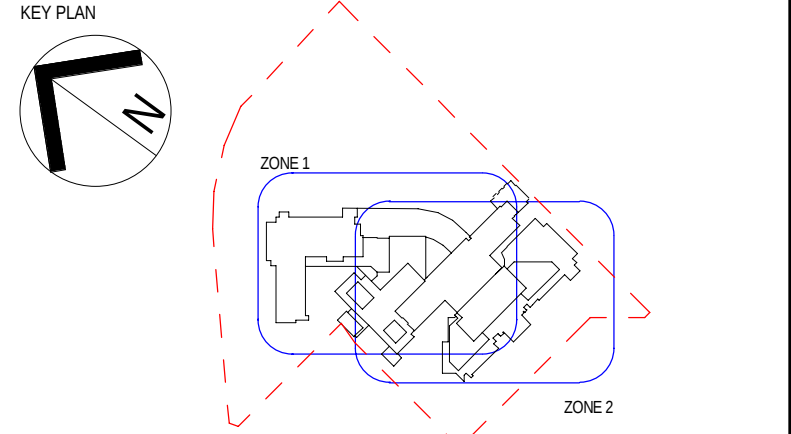
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GOSFORD, NSW 2250

TITLE
ARCHITECTURE
EXISTING SITE PLAN

DRAWING STATUS

FINAL ISSUE

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APPROVED	DATE	DATE	DATE
VL	27/02/2015	27/02/2015	27/02/2015
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DRAWING NO.	DATE	DATE	DATE
NB98078-NEWB-AR-DG-0014	27/02/2015	27/02/2015	27/02/2015



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TITLE
ARCHITECTURE
LOCATION PLAN (SSD)

DRAWING STATUS

FINAL ISSUE

DRAWN		DRAWING CHECK	
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DESIGNED		DESIGN REVIEW	
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