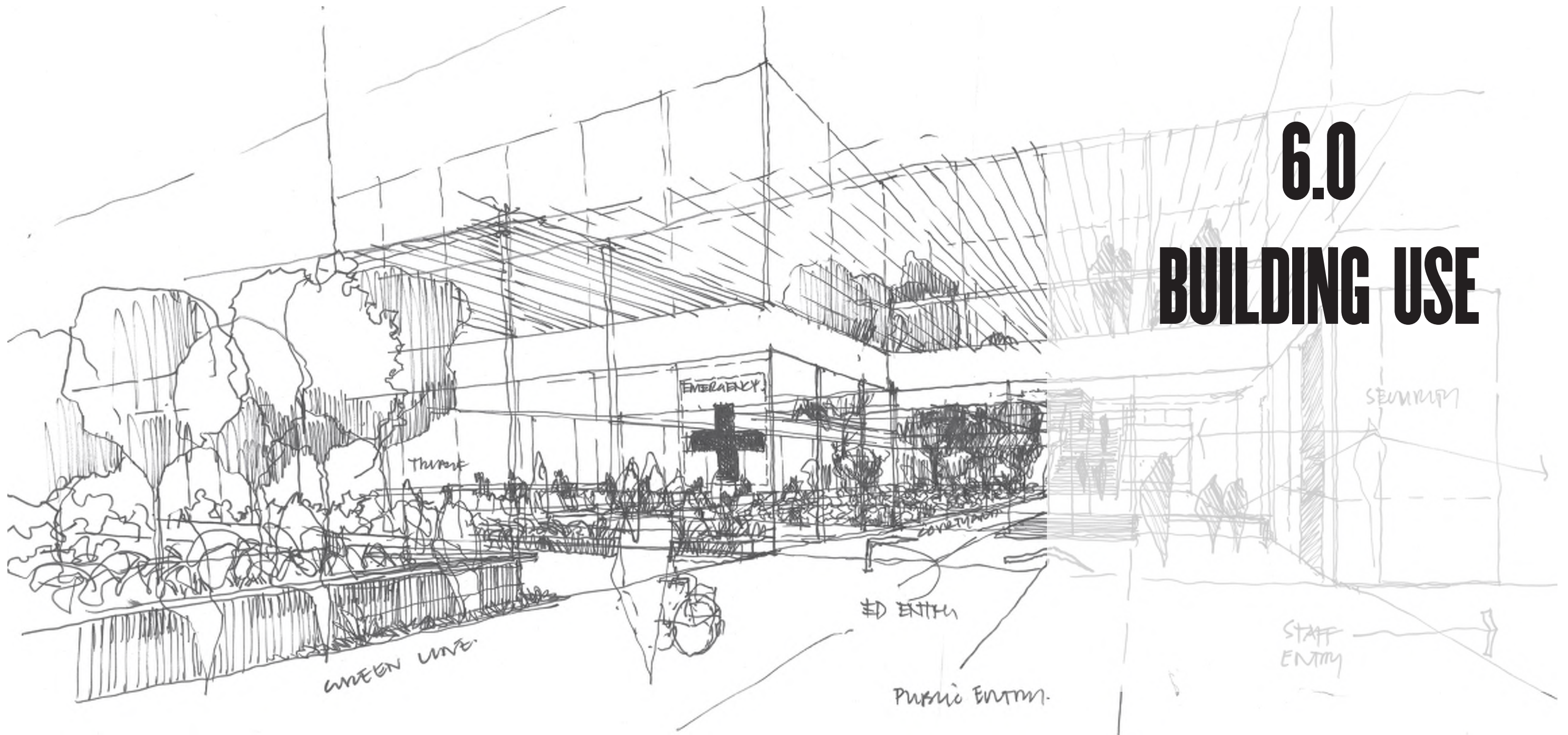


# 6.0 BUILDING USE

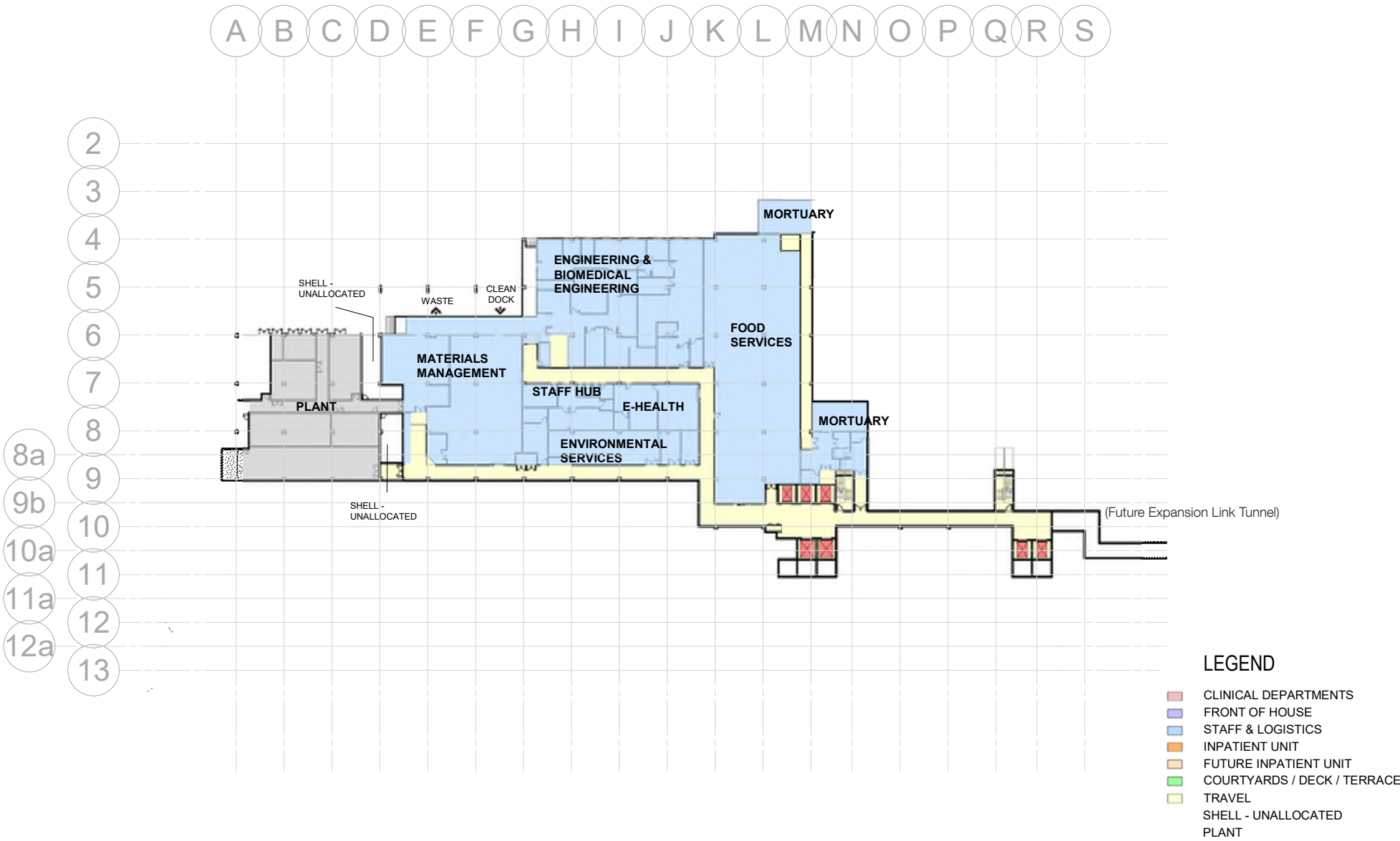


# 6.1 MAIN HOSPITAL, BASEMENT

- Departments:**
- Engineering
  - Biomedical Engineering
  - Materials Management (including Loading Dock)
  - Environmental Services
  - Central Equipment Resource Unit
  - Food Services
  - Mortuary
  - Basement Staff Hub
  - Central Energy Plant
  - Plant Rooms

- External Access:**
- Service vehicle, contractor and courier access to service yard, loading dock with five truck bays, waste compactors and Contractor/Courier set-down bays
  - Fire appliance access to fire booster assembly and Fire Control Room directly off the Service Yard
  - Service vehicle access to internal plant and central energy plant compound for maintenance and replacement

- Circulation Paths and Key Linkages:**
- Vehicle ramp connection from internal ring road to service yard and loading dock
  - Pedestrian access from Contractor/Courier set-down bays to Engineering reception for sign-in
  - Internal circulation from loading dock to both central lift cores (clinical lifts only at this level) for reticulation of logistics and facility support functions
  - Vertical circulation to all levels above
  - Proposed horizontal link via tunnel to future hospital expansion to the east



## GROSS FLOOR AREA

BASEMENT LEVEL	
DEPARTMENT	AREA (m²)
STAFF / LOGISTICS	2585
TRAVEL	659
SHELL - UNALLOCATED	89
TOTAL	3333

Figure 111. Floor Plan - Basement, Block & Stack



# 6.1 MAIN HOSPITAL, LOWER GROUND LEVEL

Departments:

- Emergency
- Satellite Medical Imaging
- Mental Health Inpatient Unit
- Community Mental Health (Outpatients)
- Drug & Alcohol Services
- Multi-Faith Space
- Pharmacy
- Pathology
- Indigenous Meeting Area
- Security
- Fleet Management

Public Amenities

External Access:

- Vehicle ramp via boom gates to ambulance hard-stand with 9 bays
- Emergency department ambulant consumer vehicle set-down and 5 short-term parking bays
- Dedicated vehicle access road from internal ring road for police / patient transport to Mental Health sally port
- Pedestrian access from proposed Multi-Deck Carpark
- Emergency Department public entry
- Primary ambulant hospital entry point (by expected traffic volume)
- Ambulant entry point to Drug & Alcohol Service

Circulation Paths and Key Linkages:

- Direct pedestrian access to both central lift cores
- Direct pedestrian access and sight line to circulation stairs, with void to hospital foyer on Ground Level above
- Access to Emergency Department, Pharmacy, Multi-faith space and Mental Health services
- Vertical circulation via both public lift cores and both clinical/ logistics lift cores
- Back of house circulation between Emergency Department and Mental Health, and to both clinical lift cores
- Direct egress from Security to ED Wait area, hospital entry and set-down. Ready access from Security to Mental Health services

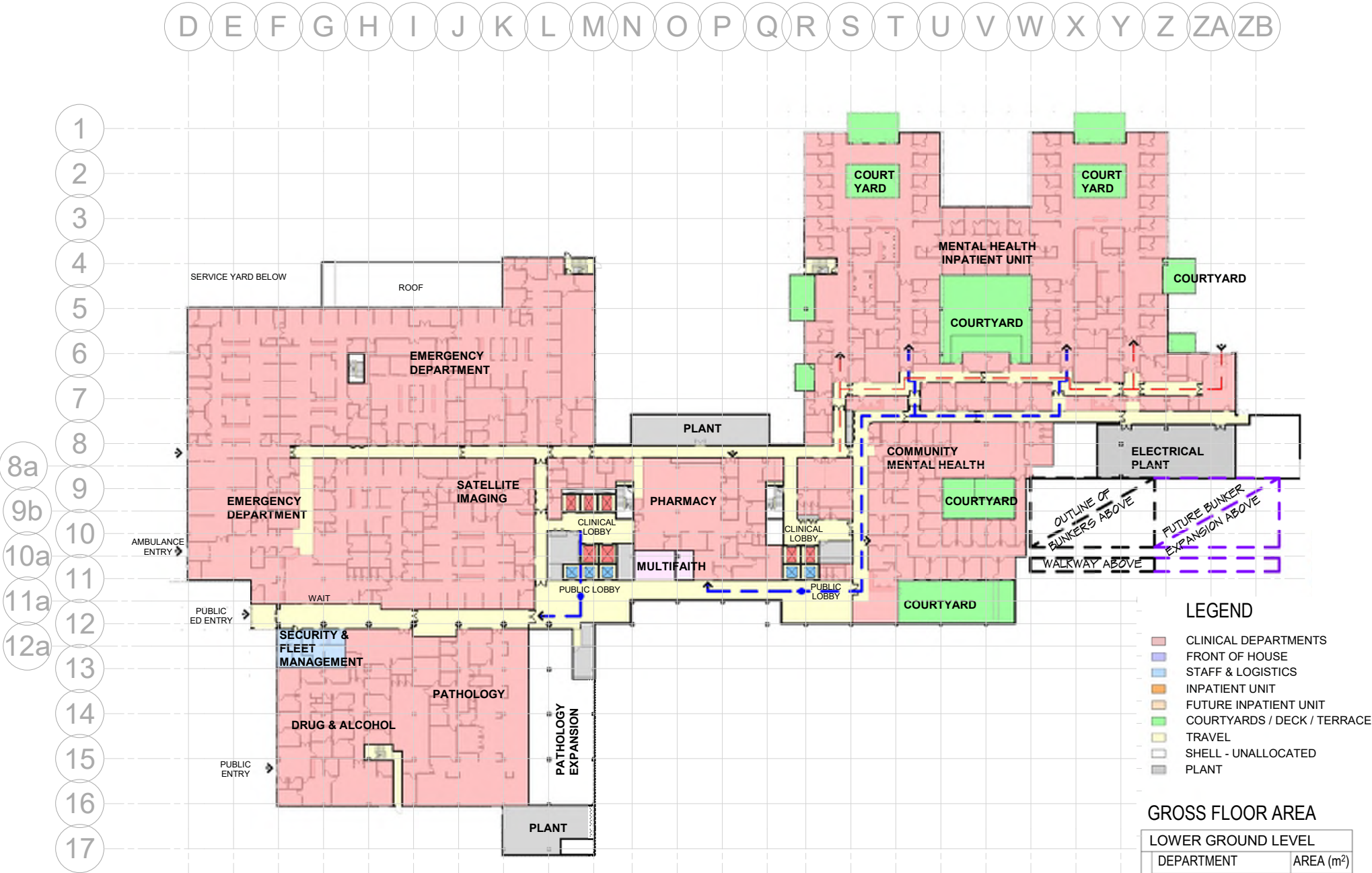


Figure 112. Floor Plan - Lower Ground Level, Block & Stack

# 6.1 MAIN HOSPITAL, GROUND LEVEL

Departments:

- Main Entrance
- Front of House / Administration / Integrated Booking Unit
- Ambulatory Care
- Integrated Cancer Services
- Medical Imaging
- Renal
- Specimen Collection
- Transit Lounge

Public Amenities

External Access:

- Ambulant drop-off, including set-down / short term parking. 5 bays provided
- Ambulant drop-off at Renal & Transit Hub with 8 bay set-down / short term parking bays. 8 bays provided, including dedicated spaces for renal patients.
- Dedicated patient transport vehicle access from internal ring road to rear of Transit Lounge with 4 bay setdown.
- Dedicated patient entry to rear of Transit Lounge
- 'By-pass' access for patients arriving by patient transport vehicle being admitted directly to wards, or accessing other services, without traversing the Transit Lounge
- Pedestrian access from Cudgen Road / Bus Stops
- Pedestrian access from proposed East On-Grade Carpark

Circulation Paths and Key Linkages:

- Direct pedestrian access to internal hospital street and through to northern terrace
- Direct pedestrian access and sight lines to both central lift cores at this level
- Direct pedestrian access and sight line to both circulation stairs to Lower Ground, with the east stair extending to Level 1 to access Maternity and Special Care Nursery.
- Pedestrian access off main hospital street to Ambulatory Care services, Renal, Medical Imaging, Cancer Services, Administration and Bookings Unit
- Vertical circulation via both public lift cores and both clinical/logistics lift cores

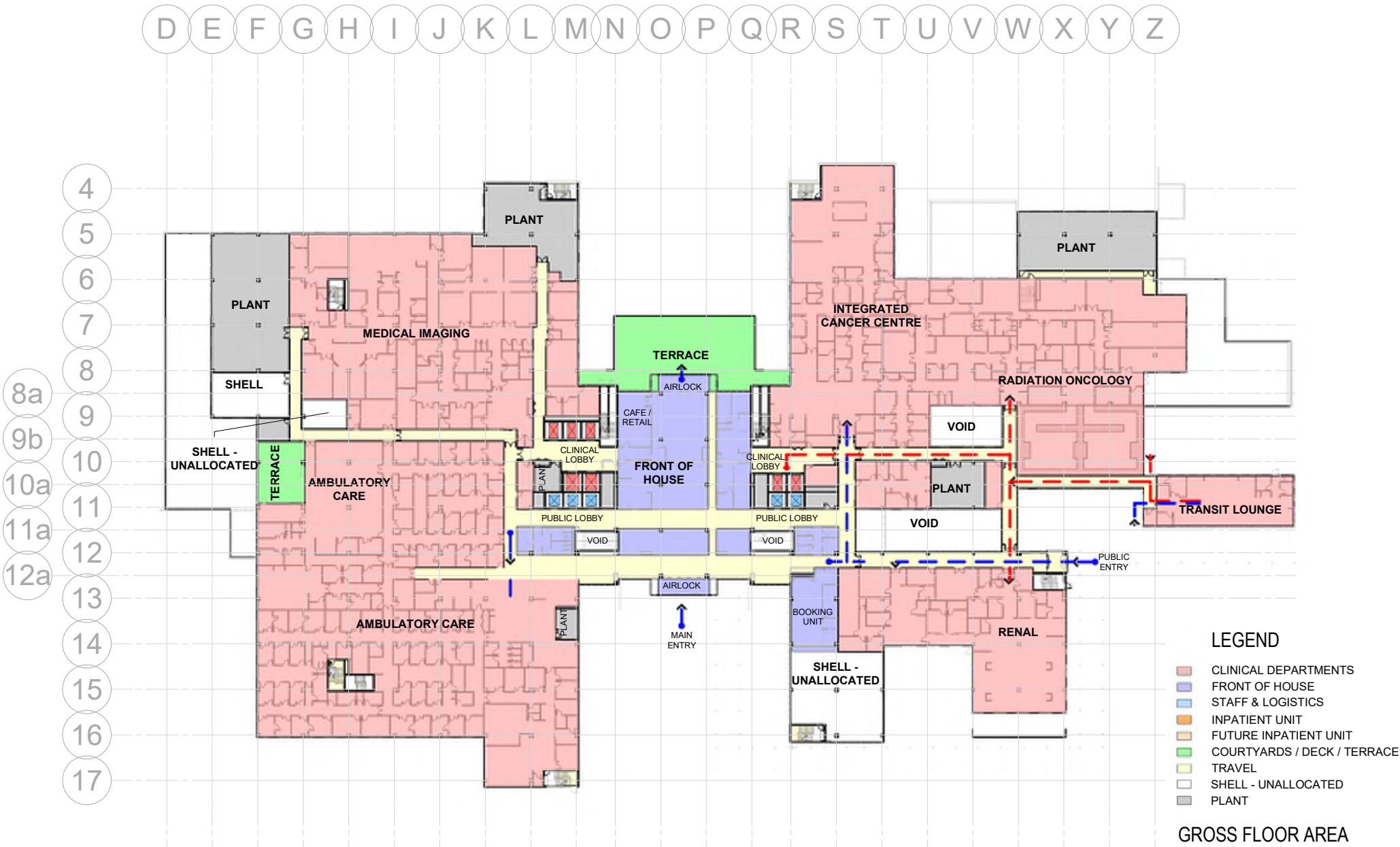


Figure 113. Floor Plan - Ground Level, Block & Stack



6.1

MAIN HOSPITAL,

LEVEL 1

- Departments:
- Perioperative Services
  - Interventional Radiography / Cardiac Catheterisation
  - Birthing Suite
  - Maternity Inpatient Unit
  - Special Care Nursery
  - Shared Staff Workspace / Support Area

Public Amenities

- External Access:
- Public access to Perioperative Services reception via western public lift core, for Day of Surgery Admissions
  - Public access to Birthing, Maternity IPU and Special Care Nursery via eastern public lift core or internal circulation stair from Lower Ground and Ground levels below
  - Clinical lift lobbies provide direct access to Perioperative Services and Maternity/Birthing, with vertical connections to helipad, ICU, Emergency and Medical Imaging, as well as to Inpatient Units

Circulation Paths and Key Linkages:

- Public access from lift lobbies to secure departmental entry points
- Eastern public lift lobby provides external views to assist with orientation
- Link bridge over double height entry foyer provides direct, discrete access from Birthing to Operation Theatres
- Back of House corridor provides direct access from Special Care Nursery to Theatres and to clinical lift lobbies
- Staff circulation facilitated by location of fire stairs adjacent clinical lifts
- Dedicated service lifts provide for sterile/soiled supplies from CSSU on Level 2 above

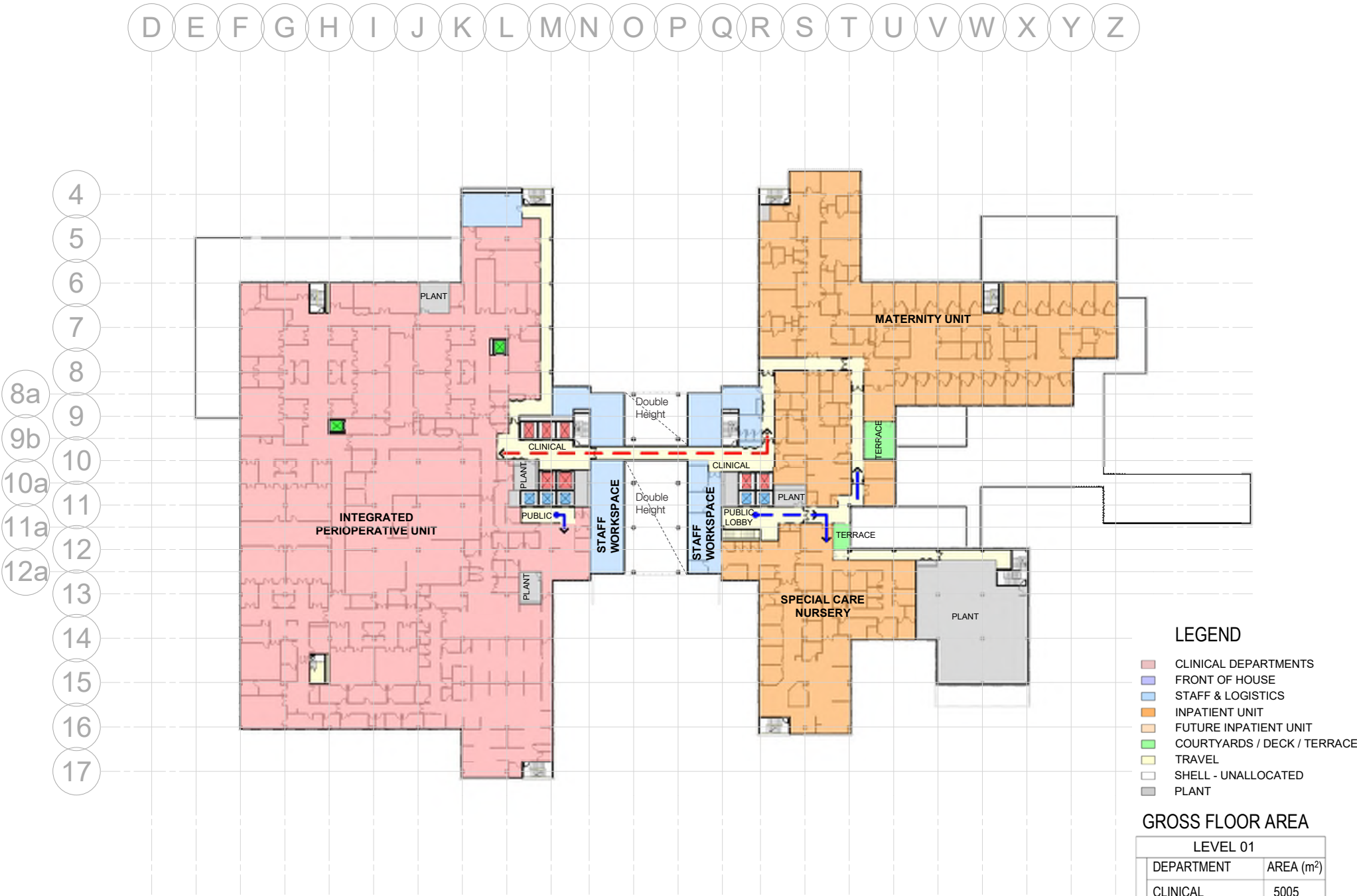


Figure 114. Floor Plan - Level 1, Block & Stack

# 6.1 MAIN HOSPITAL, LEVEL 2

Departments:

- Rehabilitation Services
- Child & Adolescent Inpatient Unit and Outpatient Services
- Older Persons Inpatient Unit
- Central Sterilisation Services Unit
- Shared Staff Workspace / Support Area

Public Amenities

External Access:

- Public access to Rehab IPU and Outpatient services via Western public lift core
- Public access to Child & Adolescent and Older Persons IPU via Eastern public lift core
- Clinical lift lobbies provide direct access to inpatient accommodation and shared staff workspace
- Clinical lift lobbies vertically linked via fire stairs as alternative means of access between stacked staff workspace / support areas

Circulation Paths and Key Linkages:

- Public access from lift lobbies to Rehab and secure departmental entry points (Child & Adolescent and Older Persons/Dementia Unit)
- Public lift lobbies provide external views to assist with orientation
- Direct access from West public lift core to terrace with natural light and ventilation
- Clinical lift lobbies linked via direct corridor to allow access between either lift core and departments on other levels
- Staff circulation facilitated by location of fire stairs adjacent clinical lifts

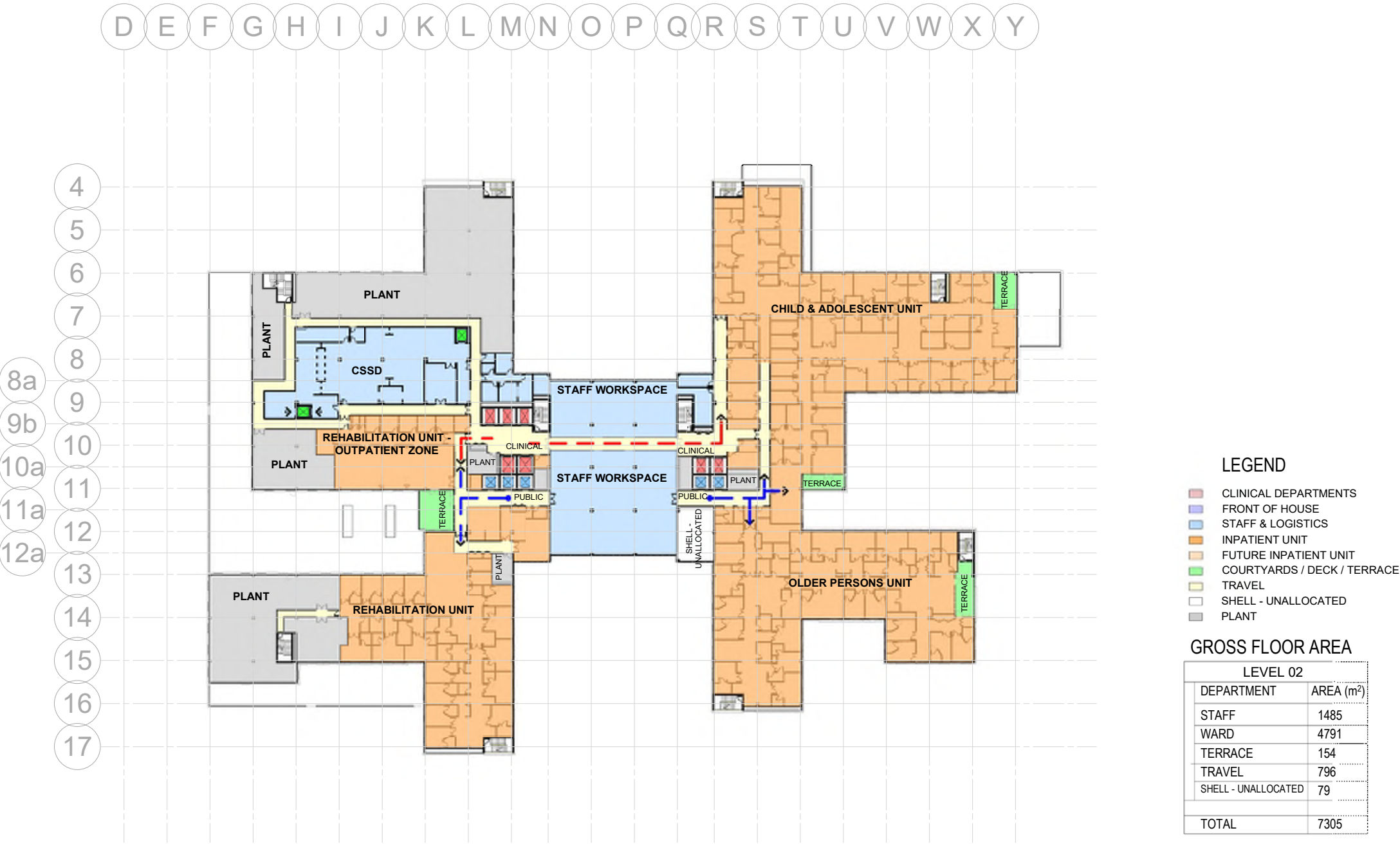


Figure 115. Floor Plan - Level 2, Block & Stack

6.1

MAIN HOSPITAL,

LEVEL 3

- Departments:
- Intensive Care Unit
  - Close Observation Unit
  - Cardiac Inpatient Unit
  - Cardiac Outpatient Services
  - Medical Inpatient Unit
  - Clinical Information Unit
  - Shared Staff Workspace / Support Area

Public Amenities

- External Access:
- Public access to ICU, Close Observation Unit, Cardiac IPU and Outpatient services via Western public lift core
  - Public access to Medical IPU via Eastern public lift core
  - Clinical lift lobbies provide direct access to inpatient accommodation and shared staff workspace
  - Clinical lift lobbies vertically linked via fire stairs as alternative means of access between stacked staff workspace / support areas

- Circulation Paths and Key Linkages:
- Public access from lift lobbies to Cardiac IPU/OP, Medical IPU and secure departmental entry point at ICU
  - Public lift lobbies provide external views to assist with orientation
  - Clinical lift lobbies linked via direct corridor to allow access between either lift core and departments on other levels
  - Staff circulation facilitated by location of fire stairs adjacent clinical lifts

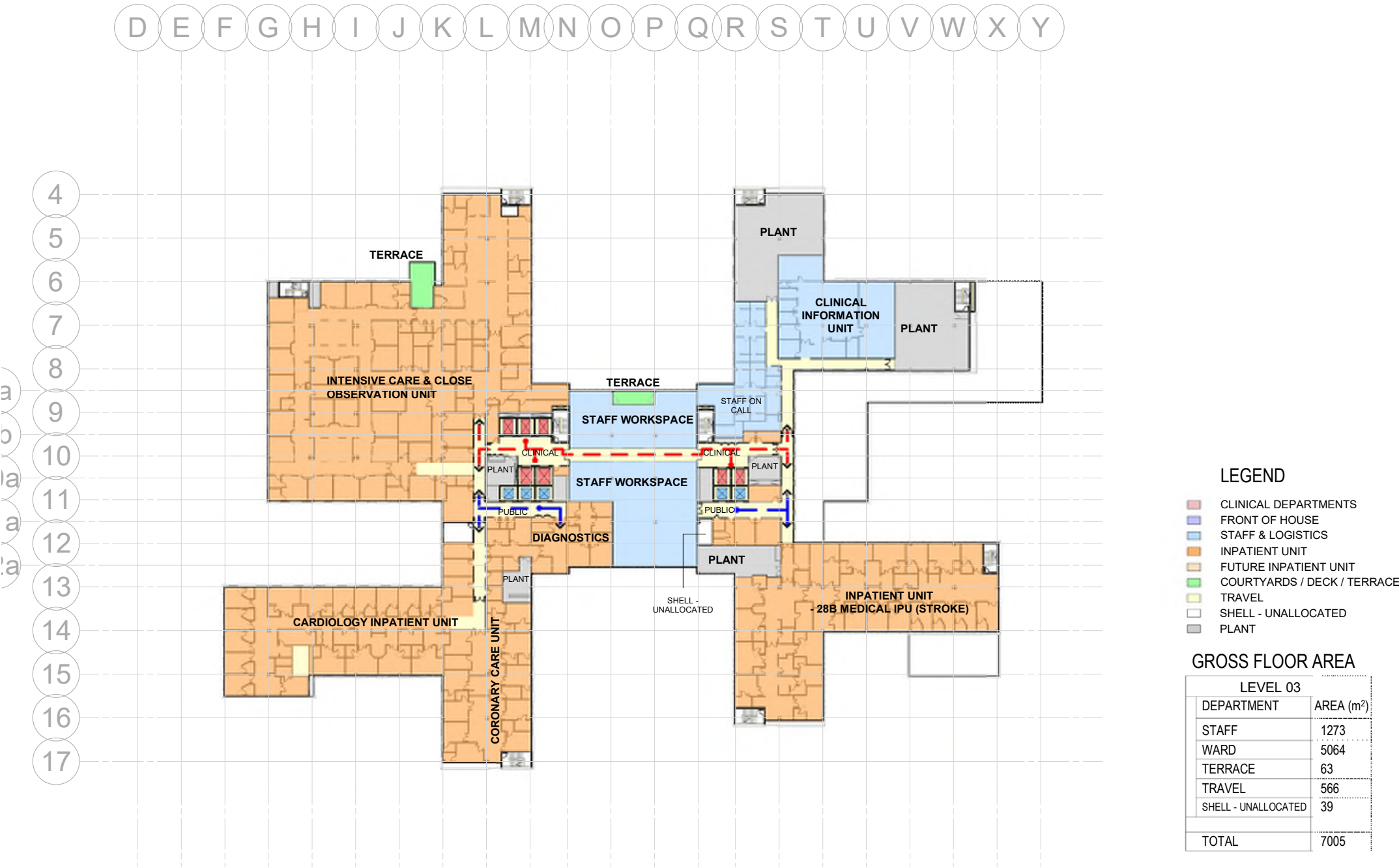


Figure 116. Floor Plan - Level 3, Block & Stack



6.1

MAIN HOSPITAL,

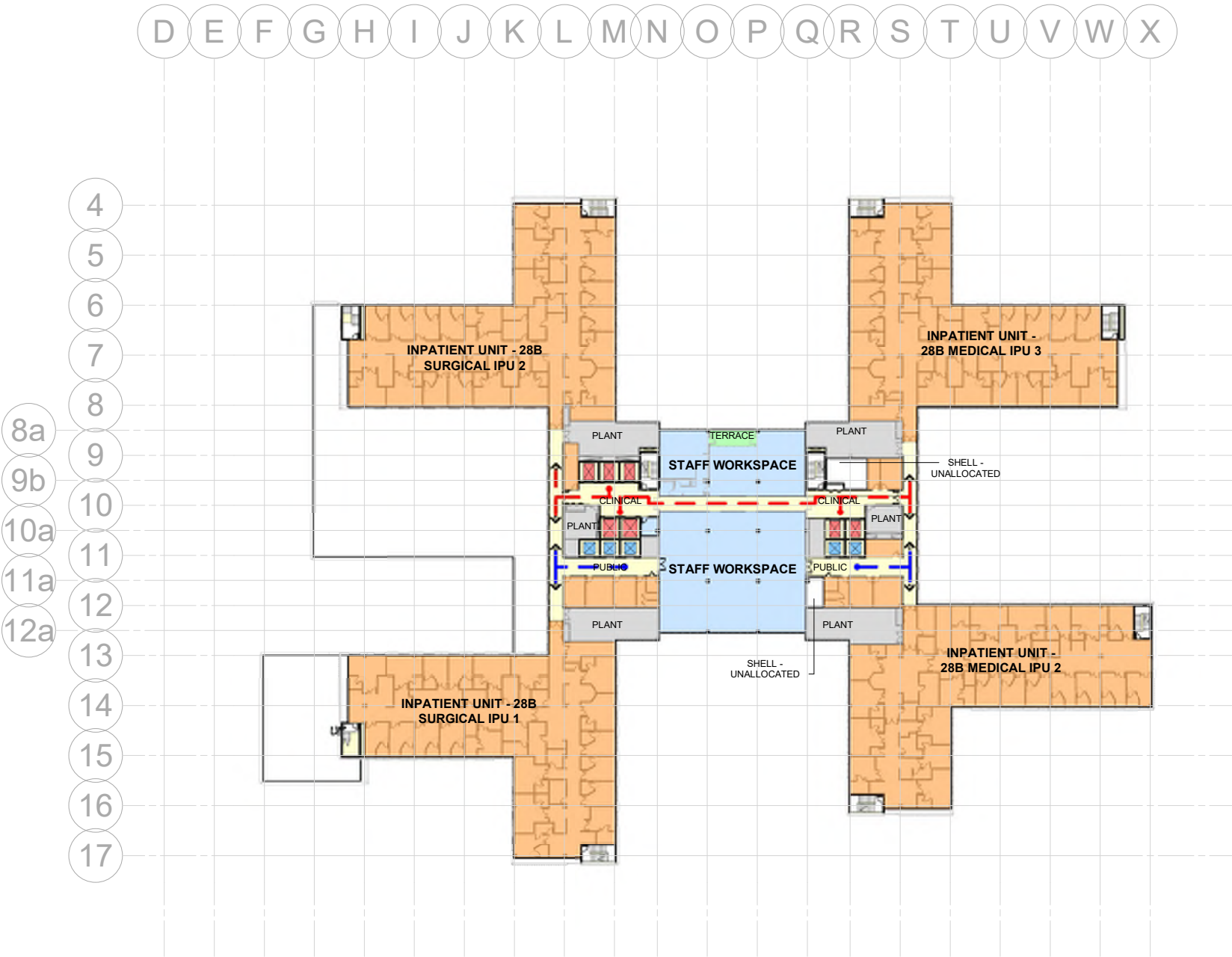
LEVEL 4

- Departments:
- Medical & Surgical Inpatient Units
  - Shared Staff Workspace / Support Area

Public Amenities

- External Access:
- Public access to Surgical IPUs via Western public lift core
  - Public access to Medical IPUs via Eastern public lift core
  - Clinical lift lobbies provide direct access to inpatient accommodation and shared staff workspace
  - Clinical lift lobbies vertically linked via fire stairs as alternative means of access between stacked staff workspace / support areas

- Circulation Paths and Key Linkages:
- Public access from lift lobbies to IPU entries
  - Public lift lobbies provide external views to assist with orientation
  - Clinical lift lobbies linked via direct corridor to allow access between either lift core and departments on other levels
  - Staff circulation facilitated by location of fire stairs adjacent clinical lifts



LEGEND

	CLINICAL DEPARTMENTS
	FRONT OF HOUSE
	STAFF & LOGISTICS
	INPATIENT UNIT
	FUTURE INPATIENT UNIT
	COURTYARDS / DECK / TERRACE
	TRAVEL
	SHELL - UNALLOCATED
	PLANT

GROSS FLOOR AREA

LEVEL 04	
DEPARTMENT	AREA (m²)
STAFF	763
WARD	4458
TERRACE	22
TRAVEL	456
SHELL - UNALLOCATED	49
TOTAL	5748

Figure 117. Floor Plan - Level 4, Block & Stack



6.1

MAIN HOSPITAL,

LEVEL 5

- Departments:
- Medical & Surgical Inpatient Units
  - Shared Staff Workspace / Support Area
  - On-call Staff Accommodation
  - Shelled space for future support areas
  - Future In-Patient Accommodation (Stage 2B)
- Public Amenities
- External Access:
- Public access to Surgical IPU via Western public lift core
  - Public access to Medical IPU via Eastern public lift core
  - Clinical lift lobbies provide direct access to inpatient accommodation, On-call Staff Accommodation and shared staff workspace
  - Clinical lift lobbies vertically linked via fire stairs as alternative means of access between stacked staff workspace / support areas
- Circulation Paths and Key Linkages:
- Public access from lift lobbies to IPU entries
  - Public lift lobbies provide external views to assist with orientation
  - Clinical lift lobbies linked via direct corridor to allow access between either lift core and departments on other levels
  - Staff circulation facilitated by location of fire stairs adjacent clinical lifts

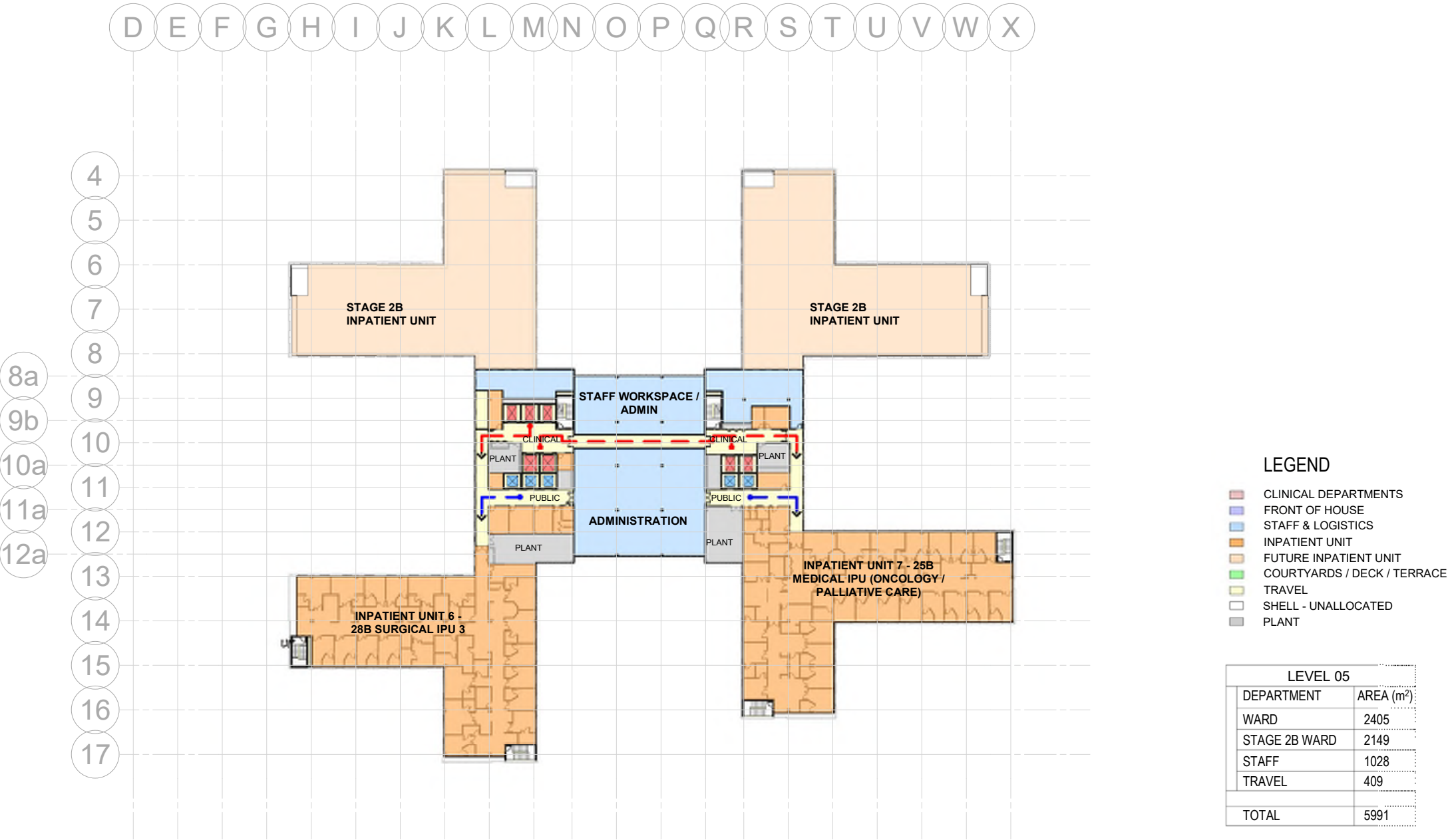
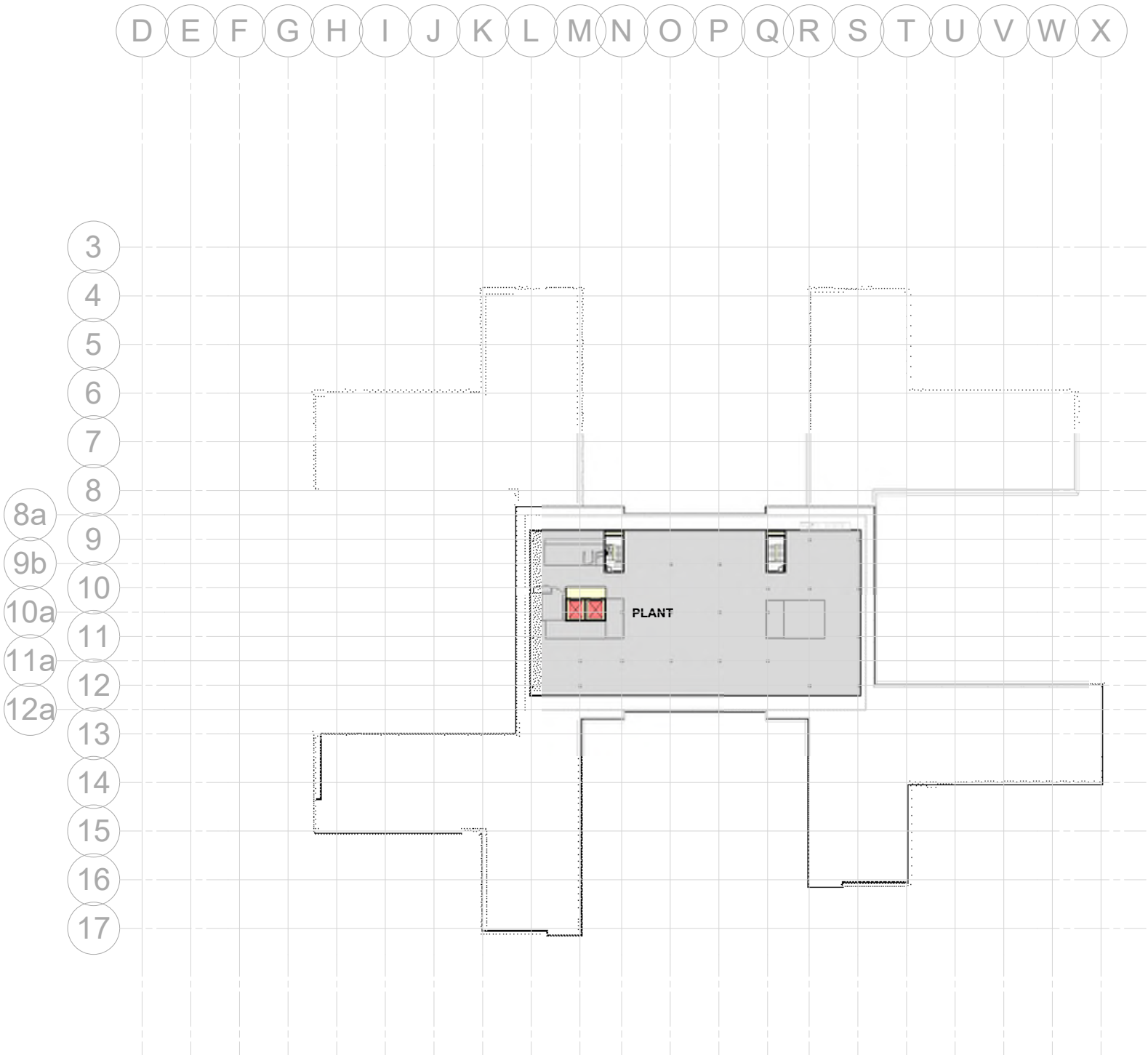


Figure 118. Floor Plan - Level 5, Block & Stack

# 6.1

## MAIN HOSPITAL, LEVEL 6

- Departments:
- Plant
- External Access:
- Access via two clinical/logistics lifts and two fire stairs that extend to this level
  - No public access to this level
- Circulation Paths and Key Linkages:
- Not applicable



LEGEND

CLINICAL DEPARTMENTS
FRONT OF HOUSE
STAFF & LOGISTICS
INPATIENT UNIT
FUTURE INPATIENT UNIT
COURTYARDS / DECK / TERRAC
TRAVEL
SHELL - UNALLOCATED
PLANT

GROSS FLOOR AREA

LEVEL 06	
DEPARTMENT	AREA (m²)
TRAVEL	15
TOTAL	15

Figure 119. Floor Plan - Level 6, Block & Stack



# 6.1

## MAIN HOSPITAL,

### LEVEL 7

Helicopter Landing Site (HLS) and Clinical Lobby

- External Access:
- Access via two clinical/logistics lifts and one fire stair that extend to this level
  - No public access to this level

- Circulation Paths and Key Linkages:
- Alternative emergency egress path from HLS is provided via an external stair to the Plant level below

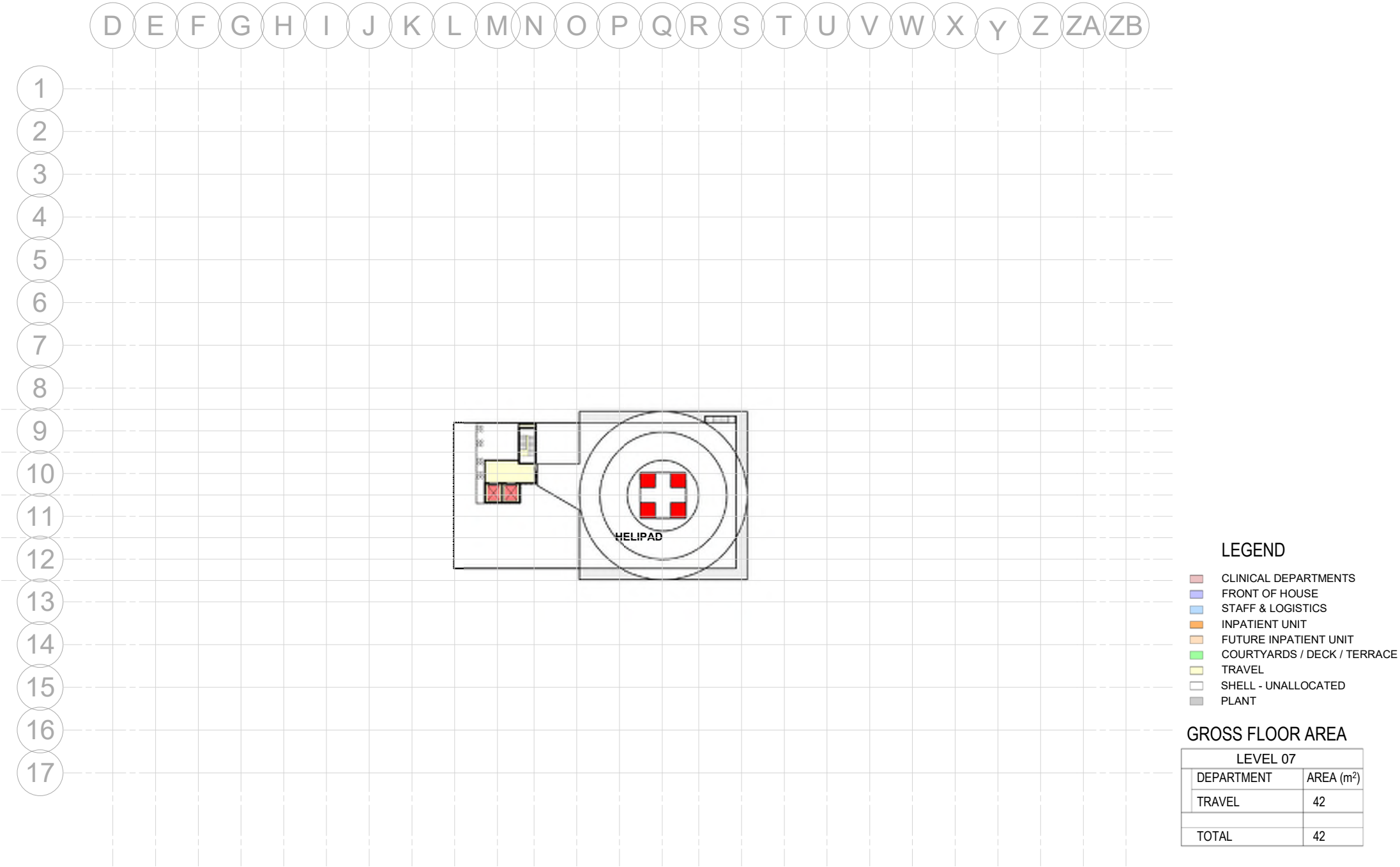


Figure 120. Floor Plan - Level 6, Block & Stack

# 6.2

## HEALTH HUB

### GROUND LEVEL

- Departments:
- Learning, Development and Research (LDR)
  - Health Assessment and Recovery Program (HARP)
  - Aboriginal Health Services (Bulgawena), supported by dedicated Aboriginal Health Courtyard

### Public Amenities

- External Access:
- Ambulant drop-off at hospital main entry with set-down / short term parking bays.
  - Service yard vehicle access to east end of Health Hub with limited short term parking spaces and set-down for deliveries
  - Pedestrian access from Main Hospital Building and from Cudgen Road / Bus Stops
  - Pedestrian access from proposed east On-Grade Carpark

### Circulation Paths and Key Linkages:

- Lift and stair to Oral Health at level 1

### LEVEL 1

- Departments:
- Oral Health
  - Future Expansion (Stage 2C)

- External Access:
- Pedestrian access via lift and stairs
  - Pedestrian access from proposed east On-Grade Carpark

HEALTH HUB  
GROSS FLOOR AREA

LEVEL 01	
DEPARTMENT	AREA (m²)
CLINICAL	605
FUTURE EXPANSION	887
TRAVEL	31
TOTAL	1523

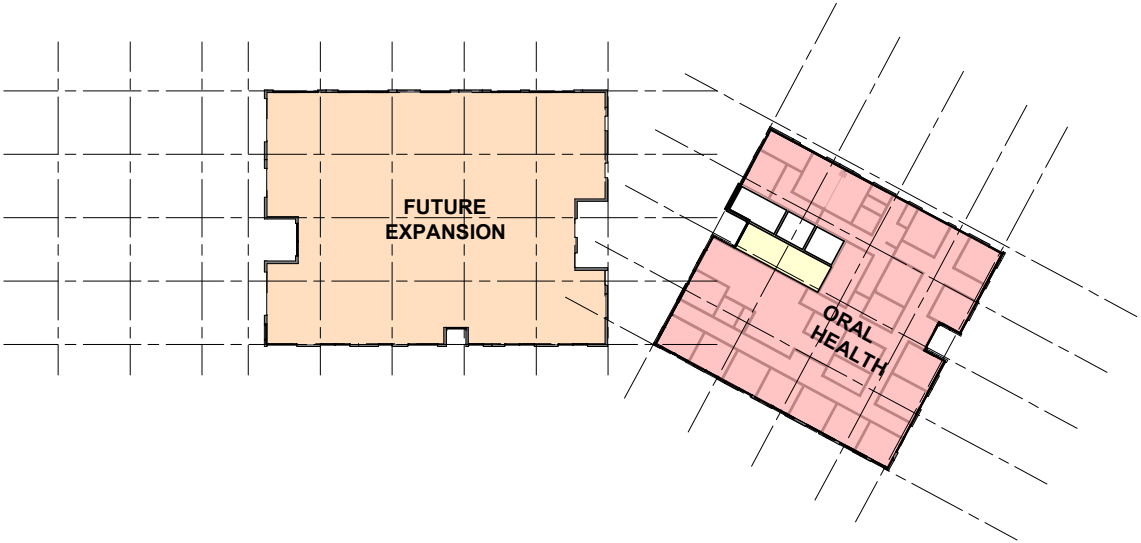


Figure 121. Health Hub, Floor Plan - Level 1, Block & Stack

HEALTH HUB  
GROSS FLOOR AREA

GROUND LEVEL	
DEPARTMENT	AREA (m²)
CLINICAL	1302
TRAVEL	125
TOTAL	1427
HEALTH HUB TOTAL	2950

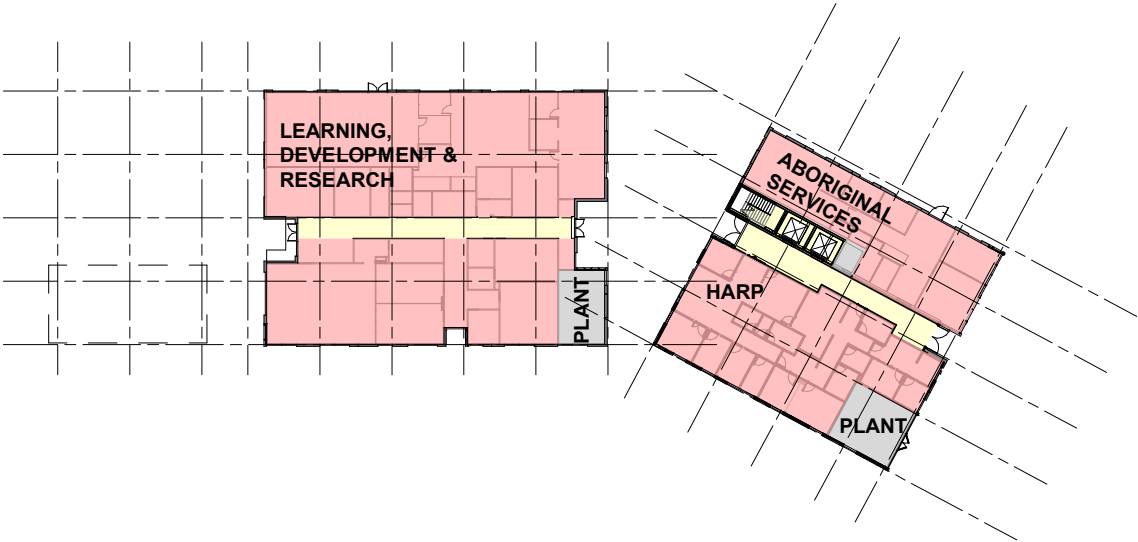


Figure 122. Health Hub, Floor Plan - Ground Level, Block & Stack



# 6.3 MULTI-DECK CARPARK, BASEMENT 2

Function

- Staff Carpark
- Fleet Carpark

External Access:

- Staff vehicle access via the north service road

Circulation Paths and Key Linkages:

- Fire escape stair discharge
- Stair access & discharge from plant room
- On ramp pedestrian access to lift core (providing access to ground level)

KEY

Public Carpark

Staff Carpark

Fleet Cars

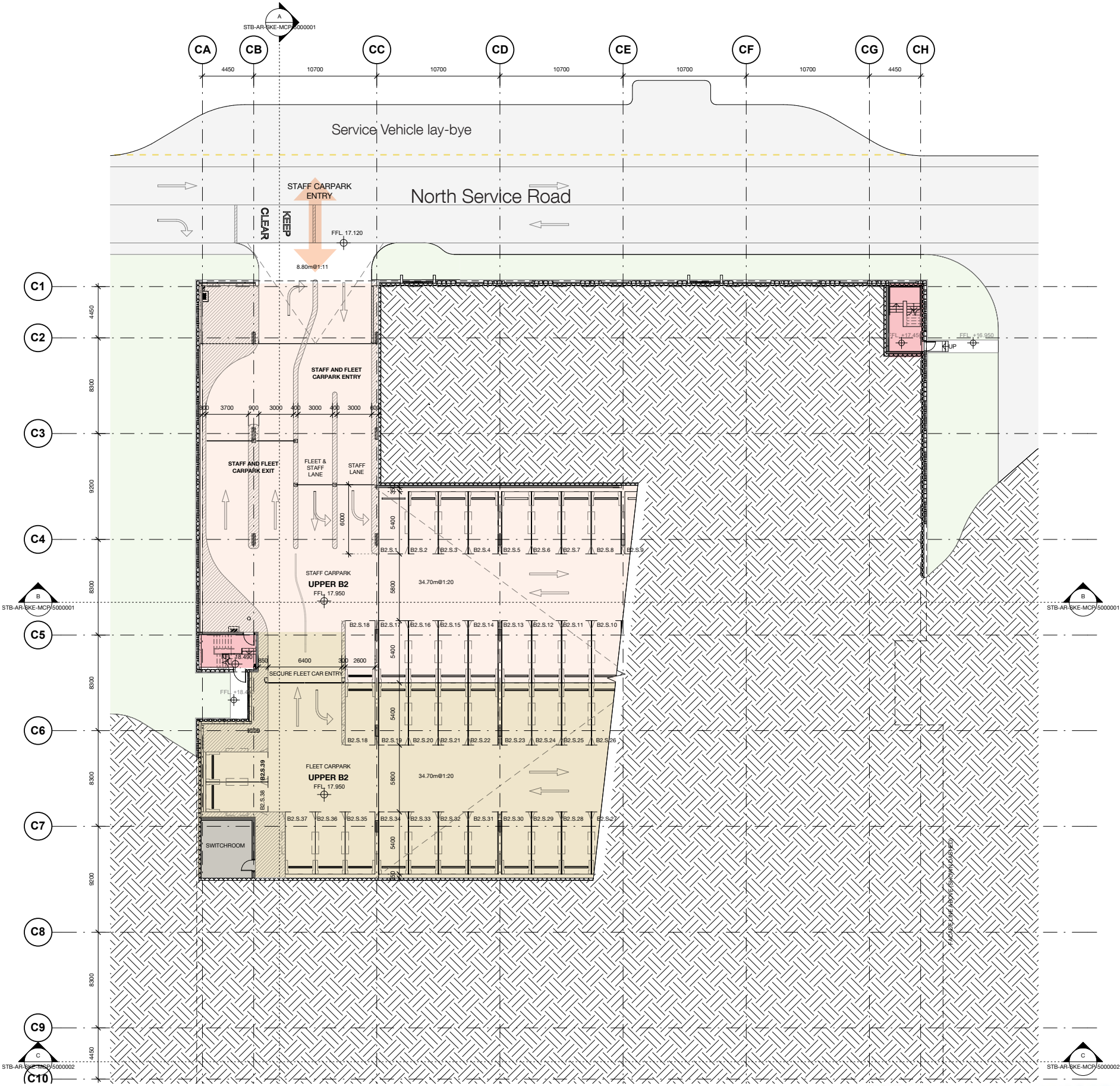


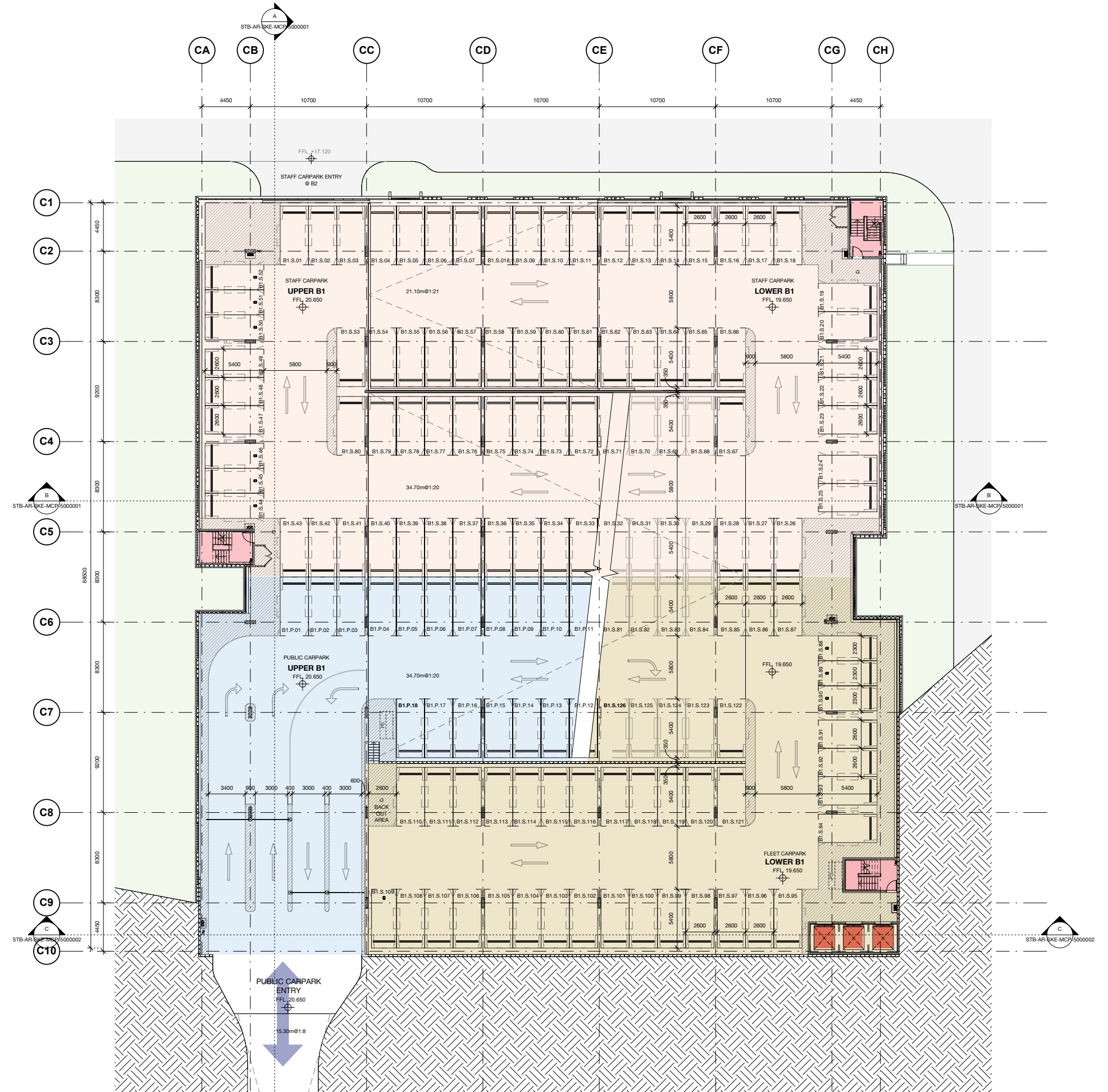
Figure 123. Multi-Deck Carpark, Floor Plan - Basement 2



- Staff Carpark
- Public Carpark
- Fleet Carpark

- Public vehicle access via the Boulevard (east)

- Fire escape stair discharge
- On ramp pedestrian access to lift core (providing access to ground level)



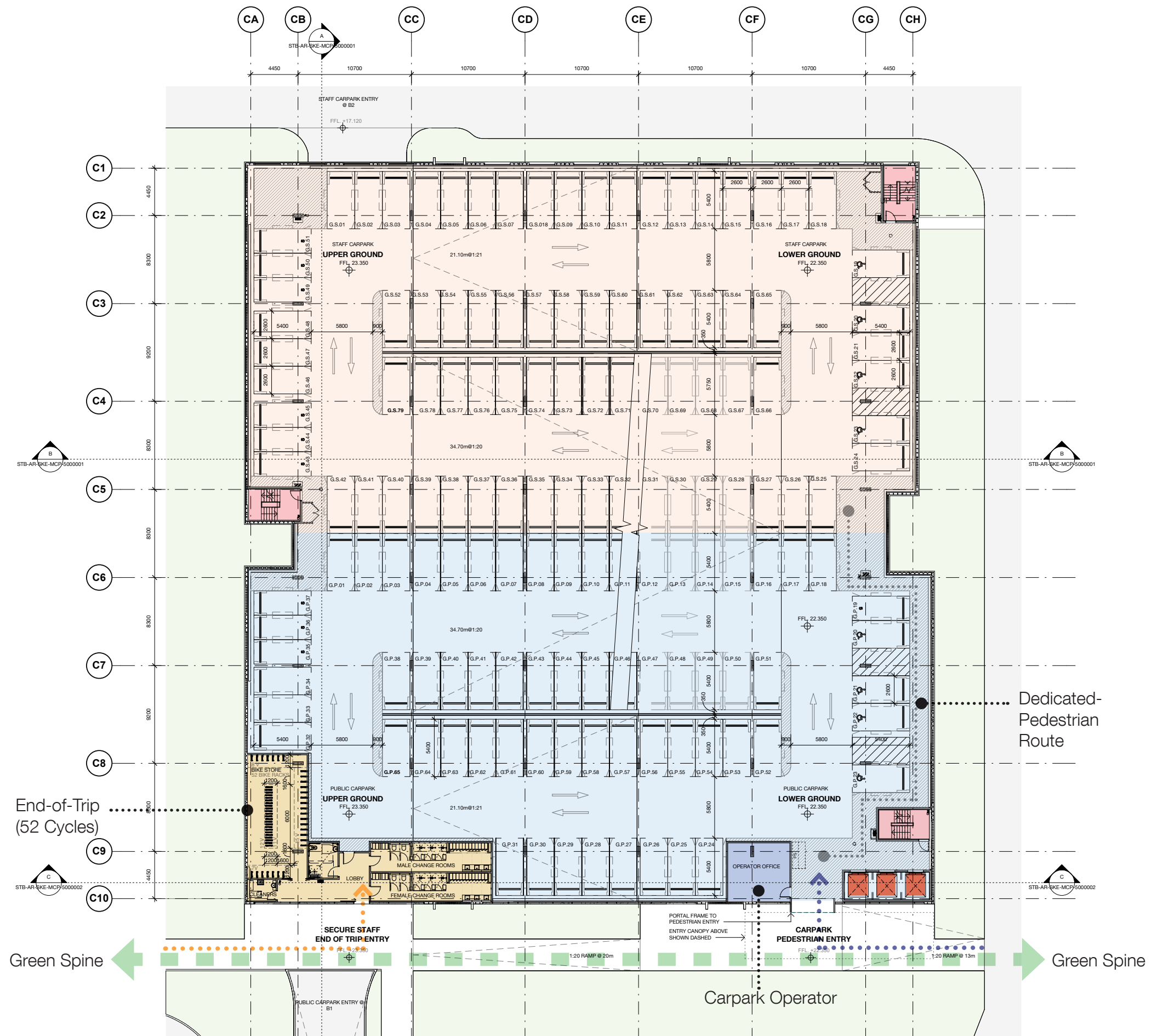


- Staff Carpark
- Public Carpark
- Staff End-of-Trip (52 Bicycle)
- Carpark Operator Offices

- Pedestrian & cycle access via Green Spine walkway

- Pedestrian route to hospital west public entrance (ED entrance) at Lower Ground Level
- Fire escape stair discharge
- On ramp pedestrian access to lift core (providing access to ground level)

- Public Carpark
- Staff Carpark
- End of Trip Facilities



# 6.3

## MULTI-DECK

### CARPARK,

#### LEVEL 1

Function

- Staff Carpark
- Public Carpark

External Access:

- None

Circulation Paths and Key Linkages:

- Fire escape stair discharge
- On ramp pedestrian access to lift core (providing access to ground level)

KEY

Public Carpark

Staff Carpark

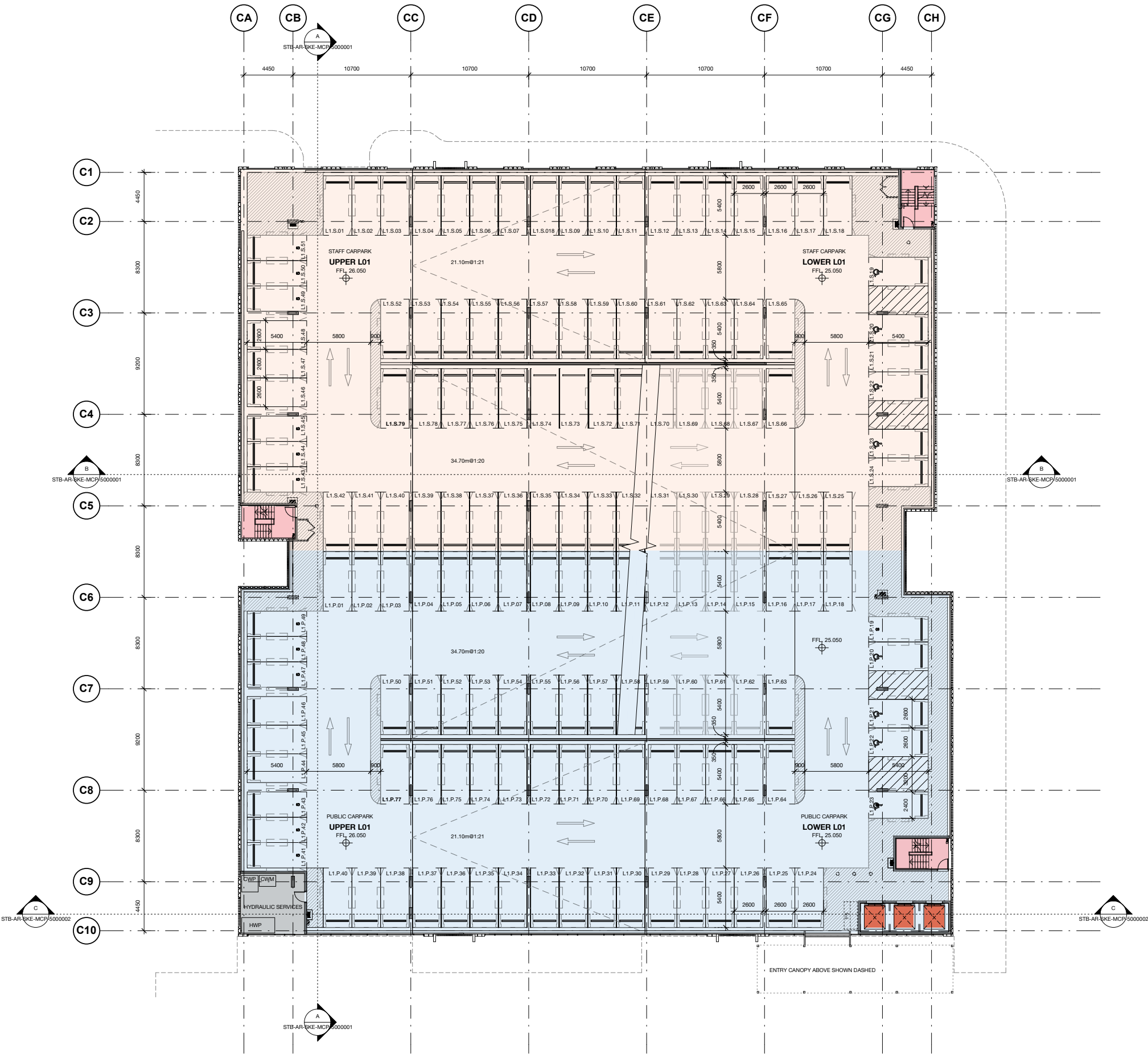


Figure 126. Multi-Deck Carpark, Floor Plan - Level 1

0 5 10 15



# 6.3 MULTI-DECK CARPARK, LEVEL 2

Function

- Staff Carpark
- Public Carpark

External Access:

- None
- Future Link Bridge connection to hospital

Circulation Paths and Key Linkages:

- Fire escape stair discharge
- On ramp pedestrian access to lift core (providing access to ground level)

KEY

Public Carpark

Staff Carpark

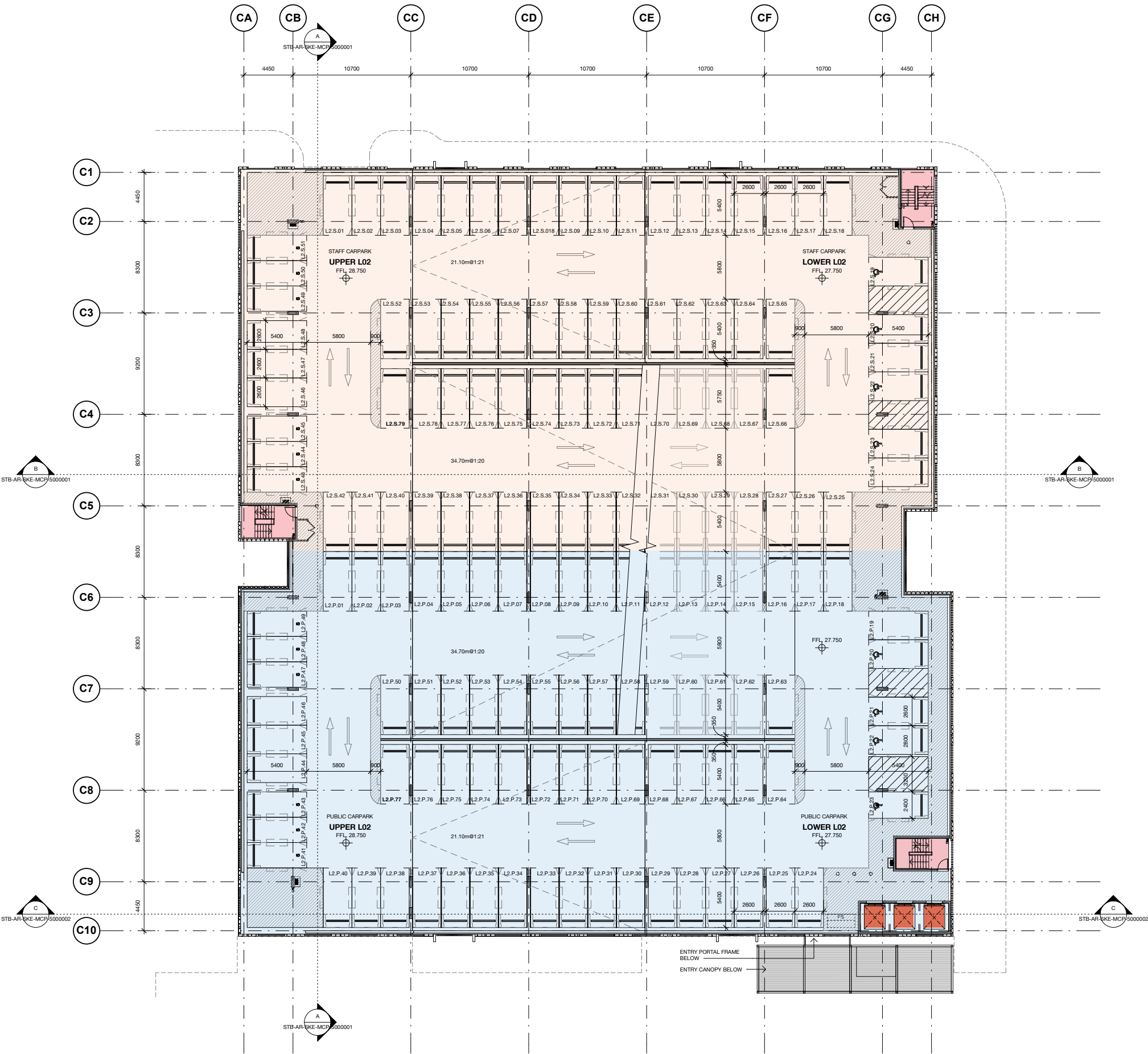


Figure 127. Multi-Deck Carpark, Floor Plan - Level 2



# 6.3

## MULTI-DECK

### CARPARK,

### LEVEL 3

- Function
- Staff Carpark
  - Public Carpark

- External Access:
- None

- Circulation Paths and Key Linkages:
- Fire escape stair discharge
  - On ramp pedestrian access to lift core (providing access to ground level)

KEY

Public Carpark

Staff Carpark

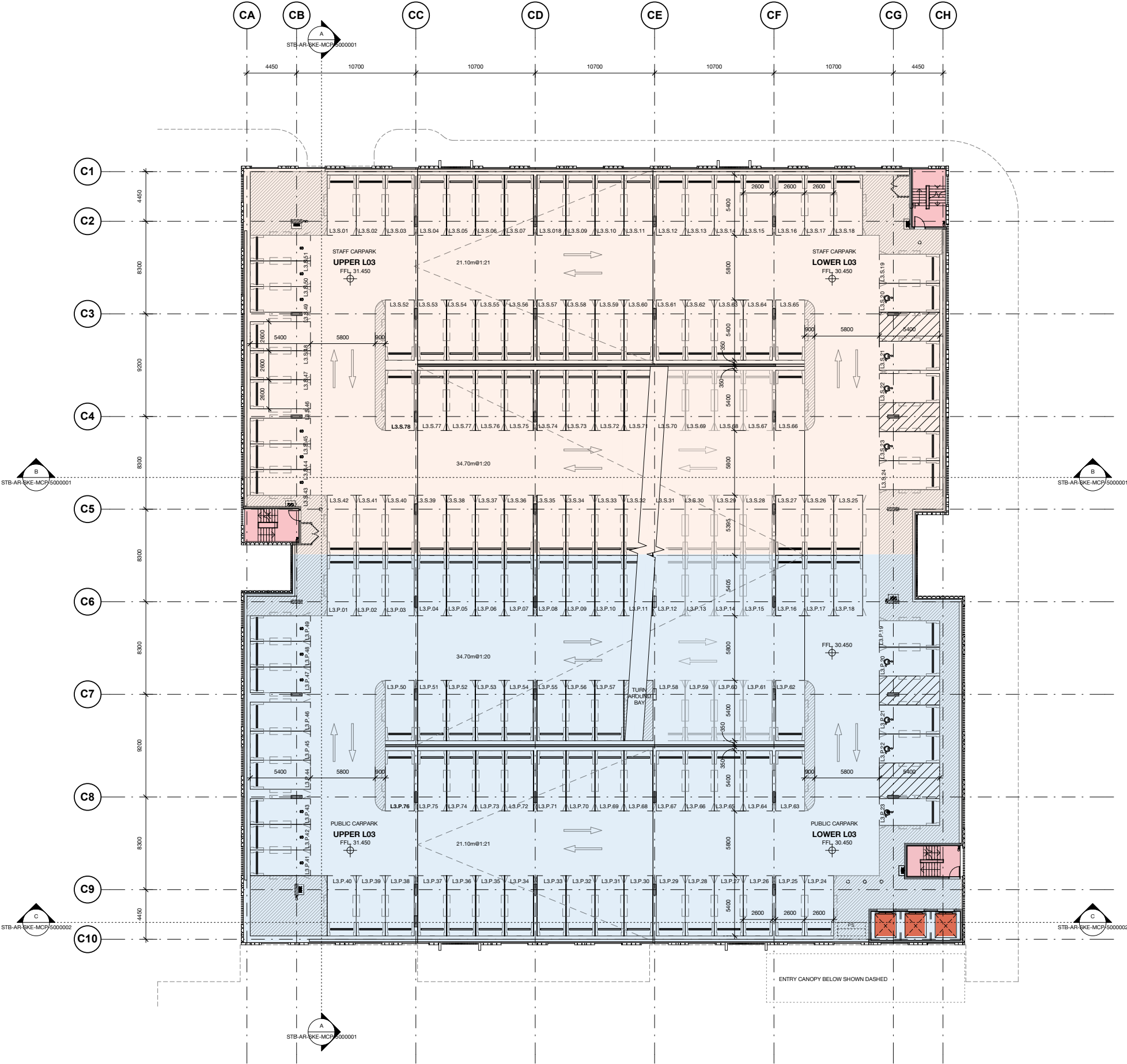


Figure 128. Multi-Deck Carpark, Floor Plan - Level 3



# 6.3

## MULTI-DECK

### CARPARK,

#### LEVEL 4

Function

- Staff Carpark

External Access:

- None

Circulation Paths and Key Linkages:

- Fire escape stair discharge
- On ramp pedestrian access to lift core (providing access to ground level)
- Boom gated link from staff parking down to Public to allow for overflow as required.

KEY

Public Carpark

Staff Carpark

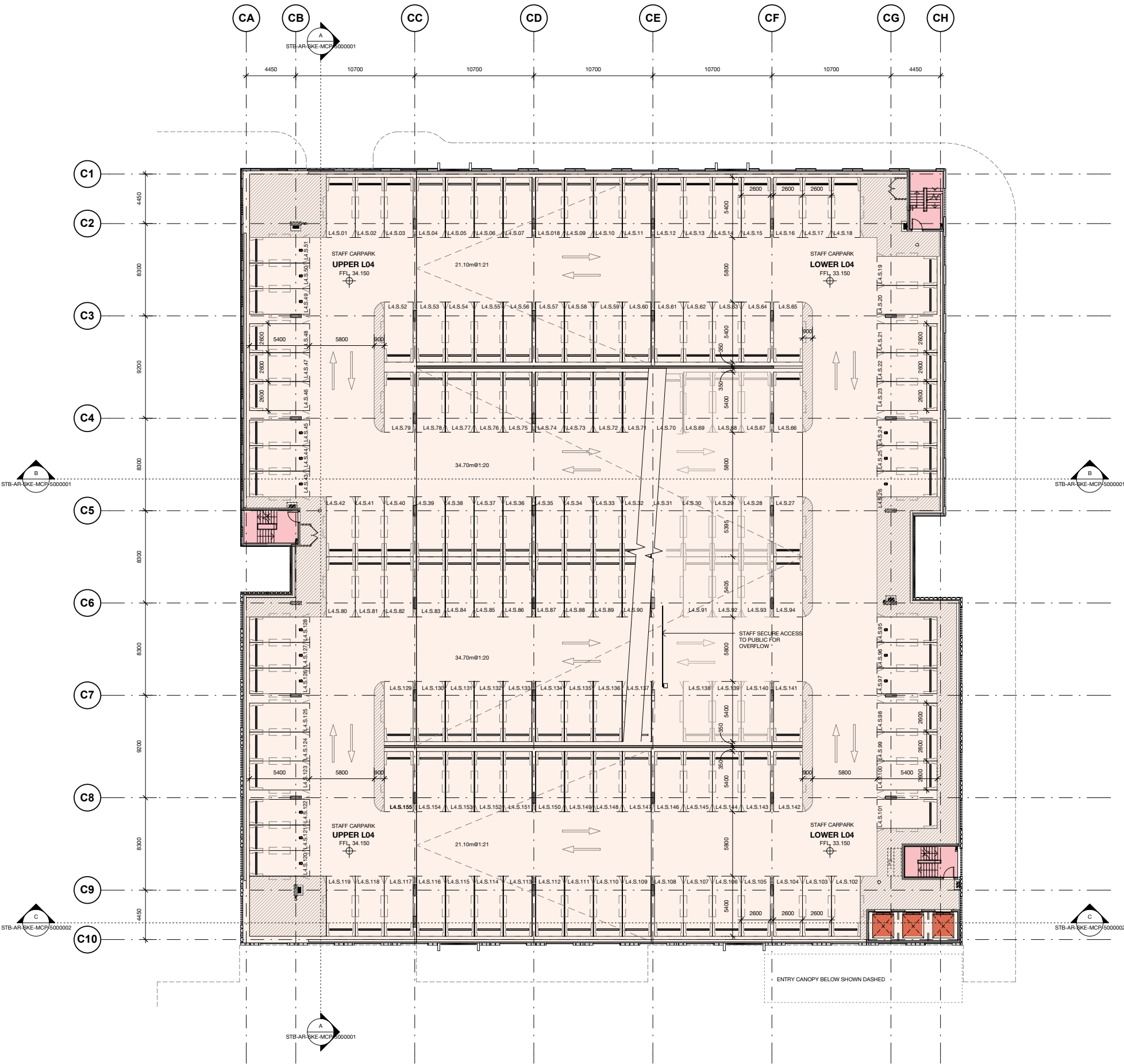


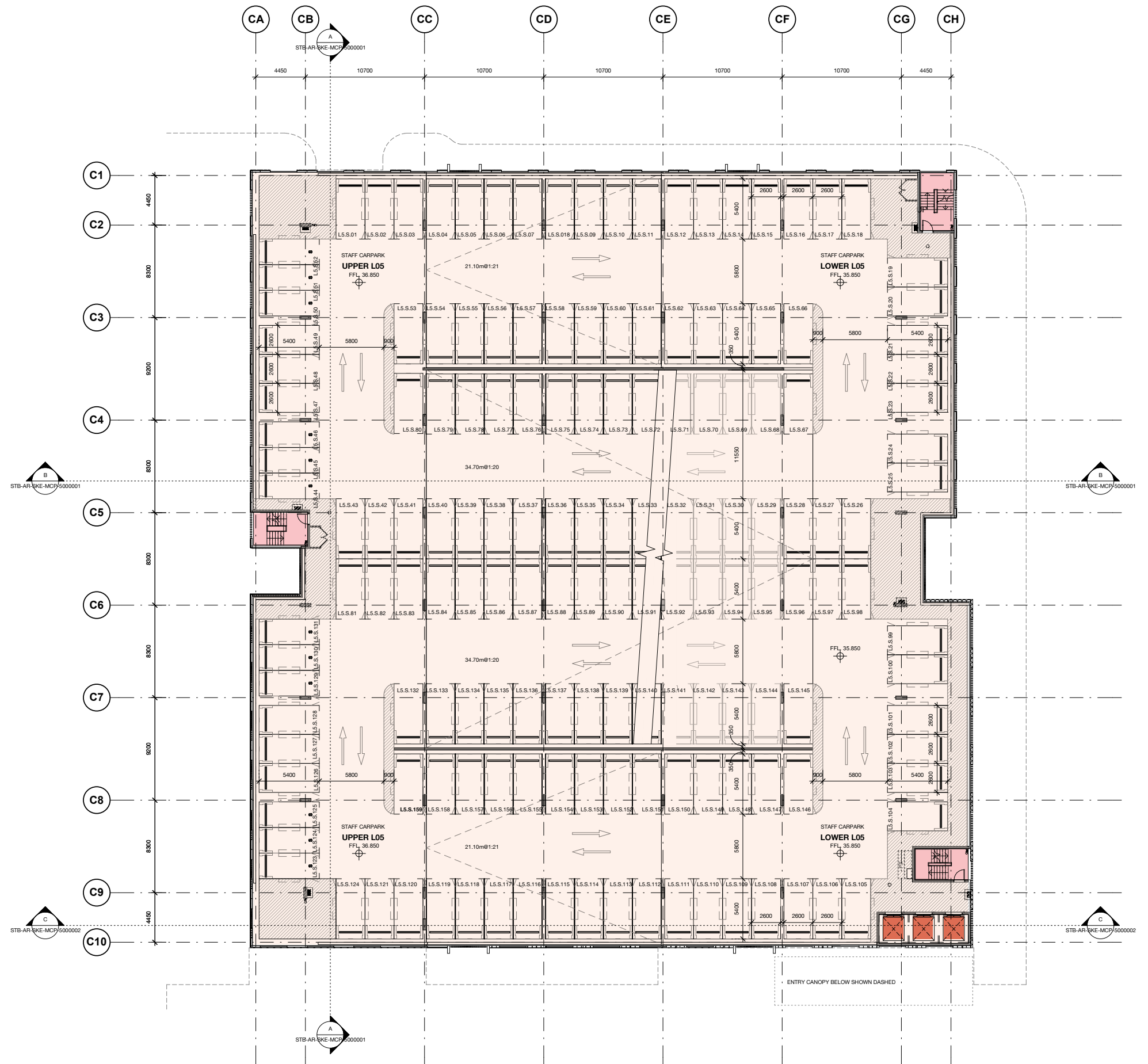
Figure 129. Multi-Deck Carpark, Floor Plan - Level 4

- Staff Carpark

- None

- Fire escape stair discharge
- On ramp pedestrian access to lift core (providing access to ground level)

- Public Carpark
- Staff Carpark





# 6.3

## MULTI-DECK

### CARPARK,

### LEVEL 6

- Function
- Staff Carpark
- External Access:
- None
- Circulation Paths and Key Linkages:
- Fire escape stair discharge
  - On ramp pedestrian access to lift core (providing access to ground level)

KEY

Public Carpark

Staff Carpark

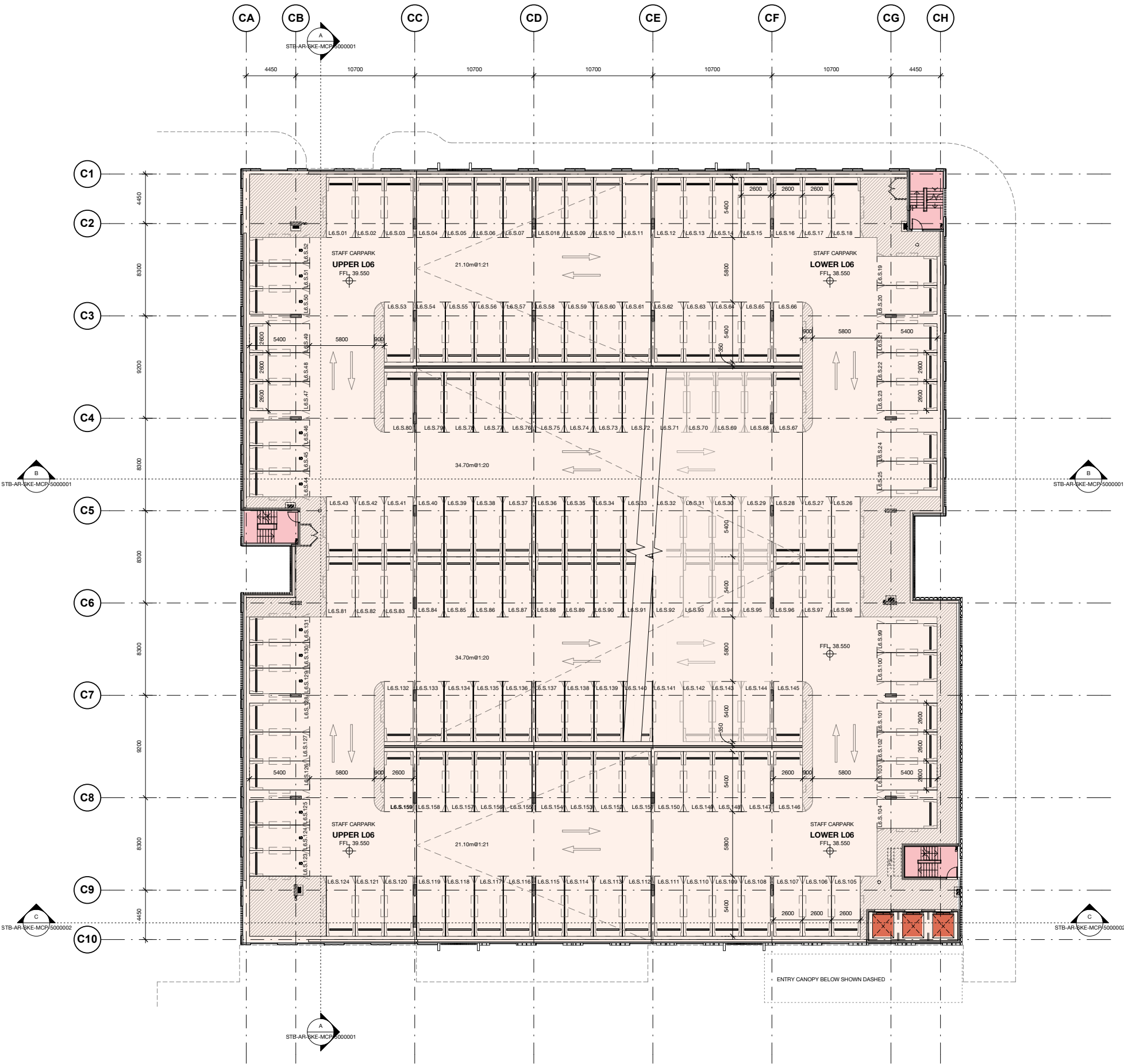


Figure 131. Multi-Deck Carpark, Floor Plan - Level 6

0 5 10 15

# 6.3

## MULTI-DECK

### CARPARK,

#### LEVEL 7

- Function
- Staff Carpark
- External Access:
- None
- Circulation Paths and Key Linkages:
- Fire escape stair discharge
  - On ramp pedestrian access to lift core (providing access to ground level)

KEY

Public Carpark

Staff Carpark

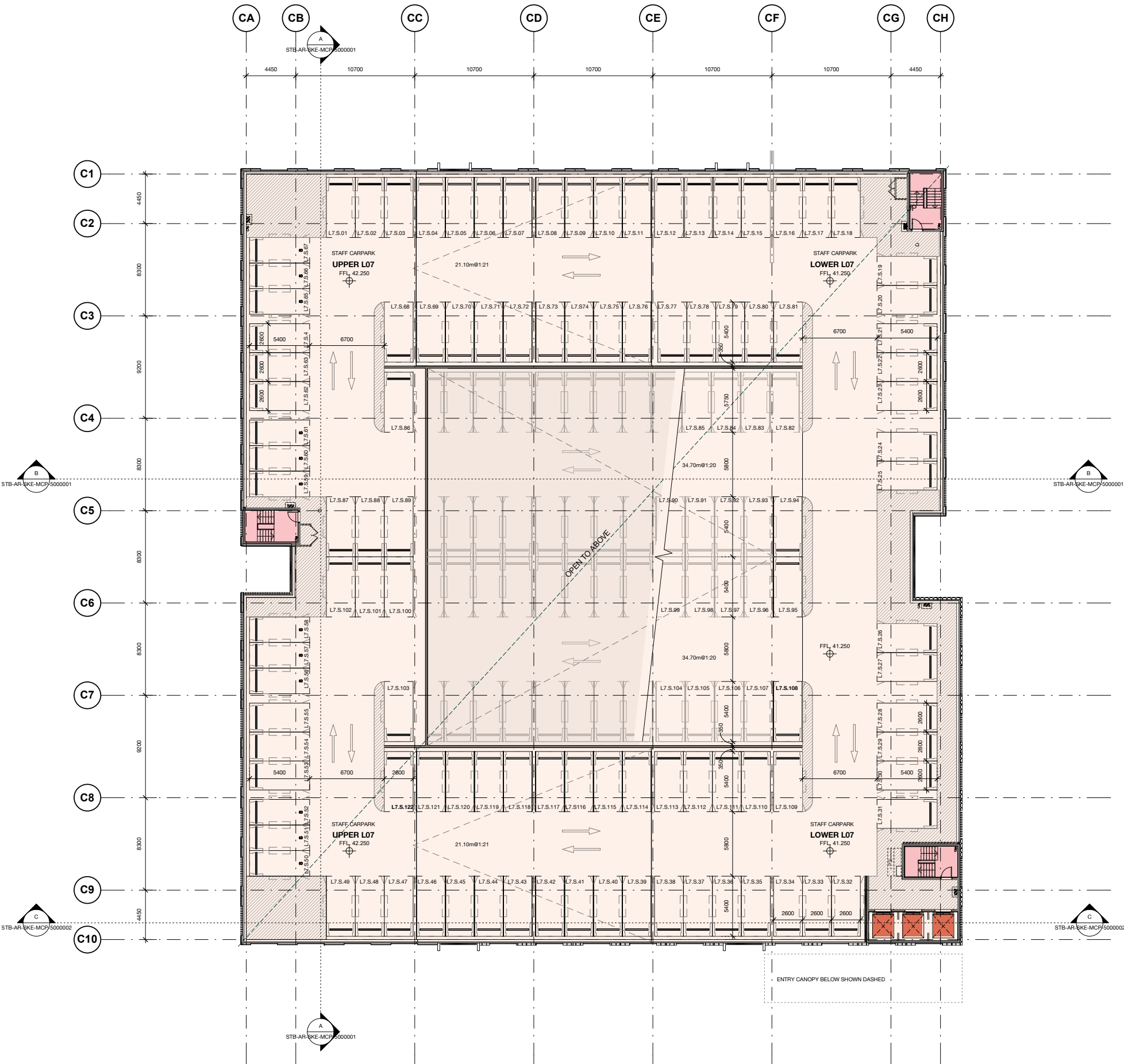


Figure 132. Multi-Deck Carpark, Floor Plan - Level 7



# 7.0 BUILDING AREA

SUMMARY BUILDING AREA

The maximum gross floor area of the hospital and Health Hub buildings, proposed under the Stage 2 application, are approximately 65,000 square metres (m2) excluding the helipad on the roof top of the proposed hospital building.

Definition: “Gross Floor Area”, as defined in the Standard Instrument: Principal Local Environmental Plan as at the date of this development submission:

‘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) carparking to meet any requirements of the consent authority (including access to that carparking), 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.

Table 6 – Summary Area Schedule (Gross Floor Area)

	Building / Levels		GFA (m²)
	<b>Main Hospital</b>		
1	Level 7 (Helipad)	42	
2	Level 6 (Plant)	15	
3	Level 5 (incl. IPU expansion)	5,991	
4	Level 4	5,748	
5	Level 3	7,005	
6	Level 2	7,305	
7	Level 1	9,253	
8	Ground Level	11,681	
9	Lower Ground	11,723	
10	Basement	3,333	
		<b>Sub-total</b>	62,096
	<b>Health Hub</b>		
11	Level 1 (incl. LDR expansion)	1,523	
12	Ground Level	1,427	
		<b>Sub-total</b>	2,950
		<b>Total GFA (m²)</b>	65,046
13	<b>Skills Centre</b> (temporary building)	612	612

Table 7 – Summary Area Schedule (Building Area)

	Building / Levels	Area (m²)
	<b>Multi-Deck Carpark</b>	
1	Level 7	3,665
2	Level 6	4,366
3	Level 5	4,366
4	Level 4	4,366
5	Level 3	4,366
6	Level 2	4,366
7	Level 1	4,366
8	Ground Level	4,366
9	Basement 1	4,465
10	Basement 2	1,490
	<b>Total Area (m²)</b>	40,182





# 8.0 APPENDICES

**8.1**

**GOVERNMENT  
ARCHITECT NSW**

**FEEDBACK AND  
RESPONSE REGISTER**

Ref	Design Area	SDRP Session & Panel Feedback	Response	Report / Design Reference
	SDRP Session 4: 31.07.2019 (Developed Schematic Design)			
		Since SDRP03, the panel recognises internal clinical planning has been the focus of the design process, resulting in significant changes to the planning of the hospital. The following issues have arisen from updated internal planning:	/ The final stages of Schematic Design has involved clinical planning, budget and design consolidation. / This process has required the review and rationalization of the building form and briefed area to ensure functionality and optimum cost efficiencies are achieved. / This has resulted in a rationalized building form that reflects the project brief and budget	
4.1	Architecture	Loss of courtyard to the basement level	/ The clinical layout design and supporting Project User Group endorsement process for the Perioperative Department has required an unhindered contiguous department footprint for operational effectiveness at level 1. This has necessitated the forfeiture of the western courtyard. A number of design strategies have been employed in order to mitigate the impacts of the clinical functional arrangement and removal of the courtyard, including; 1. Skylights have been incorporated over the Perioperative Recovery Ward (level 1) in order to introduce natural daylight to this patient zone. 2. Daylight dependent functions at basement level have been migrated to the north facade where possible, with light and views to outside. 3. Further design development of the lower ground level corridor - refer 4.3 for design strategies considered. 4. At ground level, patient consultation rooms and offices, where possible within the constraints of the building form, have been designed on the facade line optimizing use of available natural daylight	Refer section 6.1
4.2	Architecture	Loss of the north west internal courtyard on the lower ground floor and associated light voids on the ground level and level 1	/ As per 4.1, necessitated by clinical planning requirements at level 1.	Refer section 6.1
4.3	Architecture	Long, narrow corridors on the lower ground floor lacking in natural light	/ As a result of the Multi-Deck Carpark being located to the west of the hospital, it is recognised that the lower ground west Emergency Department entrance will serve as an important public entry point to the hospital. Design option studies have been prepared to develop and refine the lower ground floor entry experience and journey to ground level. Various options have been considered to establish spatial relief and amenity to support the user journey experience to the west stair/lift core which will bring the visitor to the main ground level foyer and reception. Design strategies include: 1. Materiality and treatment which reflects the main entry lobby of the hospital 2. An episodic journey curated through periodic corridor widening, ceiling height modulation 3. Introduction of wall murals (art), a refined ceiling design incorporating feature lighting and glazed walls serving to expand spatial perception at key sections of the journey. 4. Increase in size of the void connecting the lower ground floor lift lobby to the ground floor lift lobby providing visual connection through to the main entry lobby of the hospital.	Refer section 5.2 and 6.1
4.4	Architecture / Landscape	The reduction in size of the north east internal courtyard on the lower ground floor	/ The reduction in north east courtyard is necessitated to ensure a compact clinical design, minimizing horizontal travel where possible. Design of the courtyard will include landscaping to provide natural relief for internal overlooking spaces and public realm amenity. Views to surrounding landscape (external to the building) have been exploited where permissible while preserving clinical functionality.	Refer section 6.1
4.5	Architecture	Loss of sky gardens to the north west and north east of the shared administration area on level 2	/ Balconies ("sky gardens") have been provided in support of co-share admin area located at levels 3 and 4. The shared admin area is designed to function as shared collaboration space in anticipation of inter-departmental cooperation. The central clinical lift lobby stairs will be developed to be visible and attractive alternatives to the lifts, encouraging staff to access levels on foot, including access to shared staff balcony areas at levels 3 and 4 (limited to one floor up or one floor down).	Refer section 6.1
4.6	Architecture	50% (approx.) reduction in size of the level 2 Child & Adolescent and Older Persons IPU sky garden	/ Balconies serving the named level 2 departments have been aligned with the design brief and optimized to serve functional requirements	Refer section 6.1
4.7	Architecture	Loss of the sky garden to the north west of the shared administration zone on level 3	/ A staff balcony has been re-introduced to the north west co-share admin zone at level 3.	Refer section 6.1
4.8	Architecture	loss of all sky gardens on level 4 and 5	/ A staff balcony has been re-introduced to the north west co-share admin zone at level 4. Balconies at level 5 have been removed from the brief due to potential down-draft impacts associated with proximity to the helipad.	Refer section 6.1 & fig.105
4.8	Architecture	An emphasis on using lifts rather than the shared internal stairs	/ Design development of the public and staff stairs has occurred to improve their qualities, making this a more attractive option and alternative to lift usage where single storey level changes are required. The main public stairs are located at ground level providing access to lower ground and level 1 respectively. The main staff stairs are the two internal stairs flanking the central shared co-admin zone - these stairs will be developed to be more visible inviting alternatives to the lifts by incorporating internal windows and/or hold open doors to help activate their use.	
4.9	Architecture	A loss of presence and legibility of the Green Spine	/ The Green Spine legibility has been retained external to the building. The majority of the external route will be fully landscaped. Where landscaping is not possible, strategies for utilizing wall art and imagery will be adopted to activate the route.	Refer Landscape Design Report



4.10	Architecture	Revisiting the relationship between landscape and architecture is required to recover the amenity and spatial quality lost since SDRPO3, particularly around strength of connections, both physical and visual, between interior and exterior spaces. References to the neighbouring Hoop Pine forest through use of internal finishes are commended but connections to the actual Hoop Pine forest are no longer evident on the design.	<p>/ The landscape design has progressed to develop more engaging landscape/architecture interfaces, including design development of all main walkways, public gathering spaces and internal courtyards.</p> <p>/ The primary axes with access and views to landscape are still celebrated and supported in the architecture.</p> <p>/ The main entrance foyer provides a strong double height civic realm space, which terminates to the north with a generous public cafe and viewing terrace.</p> <p>/ The terrace leads to a lawn slope which descends with the ridge-line topography with screening to maintain privacy to adjacent lower ground clinical functions. Hoop Pine to be planted along the main entrance and boulevard central median strips, celebrating this local natural forest species within the external public realm of the campus.</p>	Refer Landscape Design Report and building sections 5.2
4.11	Architecture	In response to the provided renders, the external materiality was described as flat, lacking in clarity or expression and requiring stronger contrast to differentiate the various functional block elements. Further development of the facade and materiality is required to address this. The proposed reconfigured carpark facade needs further development in line with the hospital	<p>/ The façade design has been developed with various design options considered through the course of Schematic Design.</p> <p>/ During this process the façade design has evolved, having regard for budget, operational maintenance and resilience.</p> <p>/ Textures and expressed building elements become more apparent on approach to the building.</p> <p>/ Further design development has occurred to better differentiate the forms, including the introduction of stronger contrasting pigmented (oxides) concrete. The use of pigments has been exploited to introduce a textural grain and scale articulation, perceivable on approach.</p> <p>/ Facade articulation has been developed, expressing the building as an ensemble of distinctly separate objects. The consolidated building mass improves the legibility of these forms, improving the architectural outcome.</p> <p>/ The carpark facade design has been developed to harmonize with the hospital facade, with an improved relationship to the Green Spine, incorporating in-ground planting climbers as part of its architectural expression.</p>	Refer section 4.4
4.12	Landscape	The loss of internal courtyards, sky gardens and voids has greatly impacted the amenity of the design. Connections from within the hospital to the external landscape are weakened since SDRPO3 and are starting to lack meaning or relevance internally. The ‘Green Spine’ and associated ‘green fingers’ (internal corridors using green pockets for wayfinding, green courtyards and in-between spaces) have been largely lost and need to be reinstated to achieve the spatial qualities that were supported in SDRPO3. The architecture of the hospital, carpark and ancillary buildings currently dominates the landscape rather than connecting and responding to it.	<p>/ Landscape schematic design has been developed since SDRP-04 to offset the impacts associated with the loss of courtyards, necessitated by clinical planning requirements.</p> <p>/ Public art strategies will be reviewed to improve amenity.</p> <p>/ Landscaped corridors between buildings providing visual links to the environmental area to the north of the development have been retained.</p>	Refer Landscape Design Report
4.13	Site Planning	The panel notes there have been changes to the footprints of all proposed buildings on the site, with major changes to the multi-level carpark which has lost its connection to the internal Green Spine and moved north west with possible further expansion anticipated to the north east.	<p>/ The buildings have been located on the site in response to prescribed environmental set-back conditions, specifically the 67m Asset Protection Zone to the north of the campus.</p> <p>/ All the buildings have been set out in alignment with the original masterplan ordering principles.</p> <p>/ The Multi-Deck Carpark has been located to engage with the Green Spine, which it activates with the inclusion of End-of-Trip facilities directly accessed from the Green Spine.</p> <p>/ The Green Spine continues as a cycle track which returns to Cudgen Road with minimal vehicle cross over.</p>	Refer section 4.6
4.14	Site Planning	As a masterplan, the current scheme privileges drivers over walkers. The drop off at the entry remains problematic as does the overall pedestrian circulation strategy of the campus where vehicle movements dictate pedestrian activities to the detriment of the pedestrian experience. This is most apparent in the convoluted entry sequence for arrivals on foot from Cudgen Road	<p>/ The drop-off entry design has been functionally engineered to support the anticipated traffic demand - refer Traffic Engineer (Bitzios) diagram appended.</p> <p>/ Since SDRP04 the design of the footpaths and routes has been further developed, including the supporting landscape design.</p> <p>/ Walkways in addition to providing access between buildings, link the key public gathering spaces.</p> <p>/ A series of walking routes have also been identified and will be resolved in the final landscape design at Design Development Stage.</p>	Refer Bitzios junction justification diagram appended, section 4.12 and Landscape Design Report
4.15	Site Planning	This site affords rare opportunities for engaging with natural landscape and the masterplan suggests an extensive walking loop taking in the northern parts of the site — this should be embedded into the landscape design for the site. The terrace at the end of the main entry axis offers an opportunity for a physical connection to the landscape and views to the north/northwest. This potential should be explored with a view to setting a benchmark for hospital design in a landscape setting.	<p>/ Walking routes have been considered and integrated within the public realm to the south of the hospital.</p> <p>/ An on-road, public cycle route has been integrated within the north services road.</p> <p>/ A pedestrian footpath has not been provided along the northern roadway as DDA compliance could not be achieved due to road gradient requirements associated with the natural topography.</p> <p>/ The north cafe/viewing terrace overlooking the environmental area to the north of the hospital at ground level has been designed to facilitate a direct connection to the hospital gardens beyond.</p> <p>/ The ground level will be filled and landscaped, tying into the viewing terrace level facilitating walk-off access.</p>	Refer fig.22 and fig.23 and Landscape Design Report.
4.16	Site Planning	The panel recommends the design team revisit advice from SDRP03 (attached) and reinstate the green principles that drove the scheme originally. Detailed sections, user experience views and developed material boards should be presented in future to more fully explain the proposal from the user perspective.	<p>/ Further design development and mitigation strategies have been considered to reinstate user amenity. Detailed sections, pedestrian view renders and material boards have been included in the report to further explain the proposal as will be experienced from the users perspective.</p>	Refer section 4.2, 4.4 and 4.12

Ref	Design Area	SDRP Session & Panel Feedback	Project Design Response	Report / Design Reference
	SDRP Session 3: 08.05.2019 (Schematic Design Progress)			
3.1	Site Planning	The panel notes changes to the architectural form of the Main Hospital building and its location in the site have led to improved relationships between built form and the landscape. The central spine running from south west to north east in the main building is an effective orienting device both inside and through the building. Further development is recommended around connecting this spine to the ancillary buildings at both ends and associated landscaped spaces.	/ Refer to 4.13 / The Green Spine's relationship to the Multi-Deck Carpark has been reviewed and developed to run adjacent to it rather than through it to provide greater amenity to this key landscaped area. / The Green Spine route more closely follows the topography of the site and its ridgeline. / This revised relationship along the western Green Spine allows for outdoor activity areas and gathering spaces to exist along this important route.	Refer SDRP 4 follow-up presentation
3.2	Site Planning	The massing and site integration of the Main Hospital building is commended and this approach [selective transparency, use of axes and sightlines, access to courtyards etc] is encouraged for all other buildings on the site.	/ Human scaled, pavilion like health hub buildings respond to the topography and orientation of the site, defining a garden setting of landscaped courtyards, sheltered footpaths and resting areas	
3.3	Site Planning	Distribution of massing on site warrants further consideration: the Multi-Deck carparks currently dominate the southern part of the site and views from the approach on Cudgen Road. A redistribution of bulk or an integrated landscape treatment to these structures should be explored.	/ The Multi-Deck Carpark and the Main Hospital building are embedded into the topography of the site. Façade strategies have been incorporated to reduce the legibility of levels in the carpark building as well as the Main Hospital form	
3.4	Site Planning	The panel supports the idea of the main boulevard as an organising device in the campus, however this currently reads as a series of parts rather than a unified element. A reduction in size of the round-a-bout should be investigated to help provide direct walking access and improved sight lines from the bus stop on Cudgen Road to the Main Hospital building.	/ Refer to 4.14 / The boulevard has been developed as a series of episodic experiences with a clearly defined start and end. The eastern half of the boulevard will be realised in the future stages of the project. / The pedestrian journey from the bus stop to the hospital has been curated to reduce crossings for improved pedestrian safety	
3.5	Site Planning	Further strengthening of the 'Green fingers' concept throughout the site, in the current hospital building and between future clinical buildings is supported.	/ Green corridors between development sites have been retained, allowing for views out to the surrounding landscape between building forms	
3.6	Landscaping	the panel encourages the Landscape Architect to lead the design team to further integrate and strengthen the connections between landscape and architecture. Resilient access (both visual and physical) to the internal courtyards, roof top gardens for patient and staff well-being, and the use of landscape elements such as plant species as place markers is recommended.	/ The hospital's relationship to the landscape is an important aspect of the project. / There has been a focus to consolidate and deliver the key landscape spaces around the hospital's primary public spaces as follows; the town centre, boulevard, entry forecourt, north terrace and Green Spine corridor	
3.7	Landscaping	The panel encourages further placement of green elements into the interiors of the buildings to further develop the established landscape concept. This campus represents an opportunity to set a high standard for biophilic hospital design.	/ Refer to 3.6	
3.8	Architecture	The panel supports hospital building form as revised and how it better integrates with the environment. Open balconies are encouraged where possible to further strengthen connection to the landscape for both patients and staff.	/ Balconies and terraces are provided where possible. / Generously sized public areas are provided around the hospital with a close connection to the natural landscape	
3.9	Architecture	The multi-story carpark currently terminates the Green Spine. Further design development is required to address the visual and physical relationships of the carpark to the Main Hospital. More information about a proposed pedestrian bridge is requested for any future presentation.	/ Refer to 3.1	
3.10	Architecture	The panel would like to understand the architecture more fully: proposed materiality, ESD principles, experiences of the spaces.	/ Development of the hospital façade, key entry lobby space and ESD principles were presented at SDRP 04	
3.11	Architecture	A developed wayfinding strategy should also be presented at the next review.	/ Varying user journeys were provided in the SDRP 04 briefing pack	

Ref	Design Area	SDRP Session & Panel Feedback	Project Team Response	Report / Design Reference
	<b>SDRP Session 2: 20.02.2019 (Early Schematic Design)</b>			
2.1	Site planning / concept/ landscape	Given its prominent location, the panel encourages the design team to model the hospital arrangement as a 'town centre' or 'campus' with emphasis on creating a sense of place, providing useable amenity across the site, and strong relationships between the built form and landscape.	/ Development of a pedestrian focused town centre at the main pedestrian entry point of the hospital campus, providing landscaped rest areas and a safe, activated journey to the Main Hospital building.	Refer SDRP 3 follow-up presentation
2.2	Site planning / concept/ landscape	The panel supports the emphasis on public amenity through connection to landscape to the east, north and west of the site, as well as internal courtyards. Strategies must be developed and illustrated to ensure this amenity is not lost in any future expansion. 1. Ensure landscape and public amenity are maximized and safeguarded against subsequent stages of development.	/ Confirmation that future expansion of the hospital will have minimal impact on courtyards.	
2.3	Site planning / concept/ landscape	The panel does not support the current building footprint and site location. The panel encourages the design team to enhance the relationship between built form and landscape by use of clusters of grids that rotate or pivot to better address topography of the site. Section drawings should be utilised to understand the relationship of the built form to the topography.  1. Use section drawings to develop the design and explore the built form and its relationship to the topography of the site.  2. Consider adapting the structural grid to enable an improved relationship of the built form with the site contours.  3. Introduce further opportunities for physical connections to the landscape.	/ The Main Hospital building was relocated south by 11.5m to reduce pedestrian travel distances from Cudgen Road / Reduction in the overall size of the main entry roundabout/drop off area for an improved pedestrian crossing and journey / Update to hospital building mass to respond to 67m APZ setback resulting in a more varied and less symmetrical/rigid form / Demonstration of campus masterplan principles driving circulation and access framework for the site to establish development lots that respond closely to the natural topography of the site. / A built form masterplan that responds to the site's landscape topography and its varying conditions, conceived as a collection of objects that move and rotate with the landscape. Responding to the greater built form context by locating lower scaled buildings along Cudgen Road while taller forms are embedded into the falls across the northern half of the site.	
2.3	Site planning / concept/ landscape	The panel requests that a site plan with contours be provided at the next SDRP to clearly illustrate the landscape and public domain.	/ Provided in follow up meeting and subsequent meetings.	
2.4	Site planning / concept/ landscape	The panel encourages the design team to consider the ratio of planting to paving and avoid large expanses of hard surface.	/ Further development of key outdoor public landscape areas and paths.	
2.5	Architecture	The panel supports the proposal for internal courtyards but notes that for these to be successful the voids over the courtyards must be maintained, noting overhanging floors are not supported. 1. Ensure the spatial integrity of the internal courtyards are maintained.	/ Perceived overhanging floors were a result of plans not aligned during presentation. Clarification that courtyards were clear to the sky provided with no overhangs provided	
2.6	Architecture	The panel encourages the exploration of roof top gardens to improve staff, patient and visitor amenity. 1. Explore the creation of roof top gardens for improved amenity	/ Roof terraces and balconies provided where possible and briefed, noting that downward wind impact from helicopters may result in more sheltered balcony/outdoor terrace areas	
2.7	Architecture	The panel notes that hospitals require large scale volumes, however supports the approach of the series of modulated forms presented. 1. Explore the use of coloured masonry as a scaling device.	/ Various pigmented precast concrete materials used in lower building forms to create an earthy and grounded material palette reminiscent of the site's ground core samples	
2.8	Architecture	Moving forward the impact of the awnings on the rectilinear architectural language requires further exploration.	/ Further development of walkways and canopies provided	
2.9	Sustainability and environmental aspects	The proposal does not demonstrate excellence in sustainability and strategies to be incorporated should be presented at the next SDRP, in particular natural ventilation, appropriate solar orientation and screening.	/ The development is oriented approximately 45 degrees from the north ensuring that solar exposure throughout the building is tempered and resulting in no purely south or west facing windows / Naturally ventilated fire escape stairs visible on the façade of the building mark the ends of the civic axis quadrant anchor forms / An overall target of 25% glazing results in an energy efficient building while still allowing a good quantum of light to enter habitable rooms	



2.10	Transport/ Circulation/ Access	The panel does not support the road network immediately south of the hospital entrance and its impact on the landscape, noting there was little design development since the first review. The panel recommends introducing a boulevard in this location, supporting a notional town centre and create a sense of place 1. Introduce a boulevard at the entry to the site	/ Development of the boulevard and introduction of a campus town centre (refer to 2.1) / Reduction in length of roundabout to improve pedestrian crossing (refer to 2.3) / A more curated and human scaled pedestrian journey through the campus town centre	
.2.11	Transport/ Circulation/ Access	The design team is encouraged to clearly define both the general and emergency entrances. The entry atrium and other ground and plaza facing spaces should provide views and engage with the site by drawing the landscape in. 1. Resolve the entrances to ensure clarity and simplicity and improve relationships with the landscape.	/ The main entry to the hospital is clearly defined and key public landscape spaces are provided on the north and south of the main lobby atrium space, drawing the landscape into the heart of the building and defining the civic axis of the project / The highly permeable double height entry lobby promotes views out toward the environmental area to the north of the site / Entries from the eastern and western entries are flanked by courtyard spaces which define the Green Spine that runs along the hospital street in an east-west direction / Courtyard spaces throughout draw natural light, landscaping and views into the hospital	
2.12	Transport/ Circulation/ Access	The panel notes that a future multi-level carpark, parallel to the proposed hospital, may form part of the current proposal but this is to be confirmed.	/ A multi deck carpark is incorporated into the development, reducing the heat island effect of having large expanses of on grade parking, reducing visitor travel distances from their vehicles to the hospital and creating a safer crossing for pedestrians at the south east of the development	
2.13	Aboriginal Cultural Heritage	The panel was advised that there is a community consultation group which includes Aboriginal representation, however a strategy to incorporate site specific histories and narratives into the design should be adopted.	/ Aboriginal working group to be convened.	
Ref	Design Area	SDRP Session & Panel Feedback	Project Team Response	Report / Design Reference
SDRP Session 1: 03.10.2018 (Developed Concept Design Stage)				
1.1	Site planning / concept	The panel noted the 9 Masterplan principles proposed and consider these to be suitable for the future design of the precinct.	/ Supported masterplan principles to be integrated and further developed within ongoing schematic design / concept development	Refer SDRP 2 follow-up presentation
1.2	Site Planning / Concept	As this first stage proposal will form the urban framework for a substantial future precinct (four future expansion zones are identified), the panel believes it to be excessively driven by vehicle circulation imperatives and not coordinated with a coherent strategy for future infill development.	/ Future development and expansion options developed exploring flexibility in potential development lot sizes and resulting circulation networks	
1.3	Site Planning / Concept	Diagrams showing green ‘fingers’ extending through the site and into the hospital complex are promising but the rigid and compact geometry of the building would seem to preclude this. More consideration should be given to the positive impact of the landscape on community ‘wellness’ and the panel suggests this precinct is conceived as a ‘Health Village’. To achieve this, better engagement with site and landscape is necessary as the current proposal seems isolated from its context.	/ Project conceived as a hospital in the landscape. The building form is organised through a highly permeable north south civic axis with courtyards running alongside the hospital street in the east west axis, drawing the Green Spine through the building. / The building forms are further broken down by courtyards which draw light and landscape into the hospital floor plate, aiding with wayfinding and orientation through internal spaces. / This results in a village of more human scaled forms that combine to form the hospital	
1.4		The proposed setback to Cudgen Road (to create a buffer from agricultural dust) needs to ‘work harder’ as a forecourt to this precinct, but also as an amenity for the community, workers and visitors alike.	/ Further development of the health hub forecourt	
1.5	Context	There is good background data on environmental constraints such as bushfire hazard zones and flood levels but no investigation into the site’s border urban context has been carried out. Similarly, there is no indication that there has been any analysis of visual impacts - particularly on local view catchments such as adjacent residential areas, street approaches or Kingscliff village. The panel considers that this is a place-making opportunity for both the region as well as the site. Situated at the crest of a ridge and on one of the 2 major approaches into Kingscliff, the hospital precinct marks a threshold to the Tweed and Kingscliff. Its visibility and impact at both local and regional scales should be considered further. 1. Further consideration of the visibility and urban impact of the hospital precinct at both local and regional level.	/ Visual impact studies from surrounding context conducted. A variety of strategies were considered going forward to mitigate the visual impact of the development on surrounding neighbourhood, including; - Articulating the façade as 3 storey overall expression, by grouping levels in composite 2 storey expressions on Main Hospital Building - Introducing landscape/climbers on Multi-Deck Carpark facade - Building colour expression inspired by ground colours, extracted from Geotech core samples on site - Exploring mass articulation as "health village", being an ensemble of smaller clustered forms	
1.6	Architecture	It is felt that, given the generous site area, the overall volume could have been more articulated – possibly with more wings to the hospital building - to ‘refine’ its grain, better engage with the topography and open the structure up to the beautiful local climate.	/ refer to 1.3	

1.7		The proposed 'delineating element' further isolates the structure from its setting – the panel recommends that this device be reconsidered, in the context of other revisions outlined above.	/ Removal of the delineating element as a dominant architectural feature	
1.8		It was helpful for the panel to see the original concept options which had been considered. The options however, don't seem to be comparable in terms of volume and GFA yield, with one appearing to be an appropriate alternative to the proposed design option. The panel would like to see further demonstration of options / options assessment at the next presentation, including elevations and site sections.	/ Stacked vs unbundled IPU typologies compared and tabled	
1.9	Sustainability & Environmental Aspects	Further exploration into design strategies that promote passive environmental performance. Techniques such as natural ventilation, adjustments to orientation, material selection and suitable screening strategies could be considered. The panel felt that the 'city hospital' approach to hermetically sealing the building may be unsuited to this regional / coastal / semi-rural setting.	/ Target sustainability strategies tabled and investigated	
1.10	Public Domain & Landscape	There is no ground level site plan to show how the facility will settle onto the site, or how landscape can be integrated with hospital interiors and coordinated with long term development of the precinct. For example, the proposed Mental Health unit opens onto a landscaped hospital garden area which is also identified for future expansion of the hospital podium.	/ Landscape site plan and pedestrian views of the hospital developed / Future expansion of the hospital resolved further to avoid compromising landscape amenity	
1.11		Better use should be made of landscape strategies that connect the ground floor to the rest of the site, improve the ground plane experience and take more advantage of local climate conditions. The ground level plan should identify and prioritise a hierarchy of open space.  1. Prepare landscape strategies that connect the ground floor to the rest of the site, including a ground level plan that identifies and prioritises a hierarchy of open space	/ Landscape strategies around the Green Spine and key public spaces developed further	
1.12		As the site circulation system is the key component for which initial development consent is being sought, the panel is concerned that its longer-term impact has not been thought through, particularly in relation to site legibility, pedestrian amenity and urban form (as noted above).	/ refer to 1.2 / Further development and refinement of the site framework and masterplan	
1.13		The complexity of the road network, configured for one-way circulation, with roundabouts and dead-ends, is counter-intuitive and particularly unsuited for pedestrian use.	/ refer to 1.2	
1.14	Site Planning / Traffic	The proposed internal 'unifying pedestrian street' is not convincing as a substitute for pedestrian friendly access throughout the site. There should be a higher order public street system, that accommodates both pedestrian amenity and vehicle operation - in equal measure. 1. Review vehicle and pedestrian circulation and access to address considerations outlined above.	Further refinement of the road network and active place making considered. Development of a "town square" concept within the foreground of the hospital adjacent the Health Hub.	
1.15	Site Planning / traffic	The extent of surface parking is also a concern due to the visual and heat island impacts. The panel supports multi deck parking and further consideration could be given to configuring the street network to accommodate kerbside parking.	/ Multideck carpark strategy has been contemplated by HI as a future development option. Further business case development currently ongoing / Further development of the site planning framework supporting the future complementary program development reviewed / Landscape masterplan concept strategy developed, to strengthen the quality and presence of pedestrian path networks across the site	
1.16	Site Planning / Landscape & Traffic	The proposed ring road creates an artificial barrier that weakens the principle of landscape integration with the core of the hospital. Its alignment should be better coordinated with the overall landscape strategy for the site.	/ Further development of the site road network	
1.17	Traffic / Site Planning	The single formal visitor entry point is also problematic. The panel recommends multiple entry points for visitors into the site to support connectivity and promote the longer-term growth of the precinct into a health village.	/ Multiple entry points into the hospital developed further and made legible	



1.18	Traffic	Consideration should also be given to bringing bus routes into the site. Given the elderly demographic in this region, public transport should extend into the heart of the hospital precinct, instead of a single remote bus stop.	/ Bus stop to be located along Cudgen Road, provision made for future bus access into the hospital campus	
1.19	Aboriginal Cultural Heritage	The panel encourages the project team to engage and consult with the local aboriginal community to incorporate site specific histories and narratives into the design as it develops. GANSW is available to provide assistance with this. 1. Actively engagement with the local community as the design develops, utilising concept options to assist in engagement.	/ Aboriginal working group to be convened.	



Operational Considerations

Traffic Movements

- In the order of 250 peak hour traffic movements and 2,000 daily traffic movements
- 90% of movements to and from the west
- Main access facilitates access to multi-deck car park, emergency department, main entry drop-off / pick-up, health hub, at grade car park and eastern pick-up / drop-off
- Access to 394 parking spaces in the multideck (multideck has the flexibility for this to increase if needed), 128 spaces in the at grade car park plus short-term parking at the three drop-off areas
- Alternate emergency access via main entrance

Public Transport

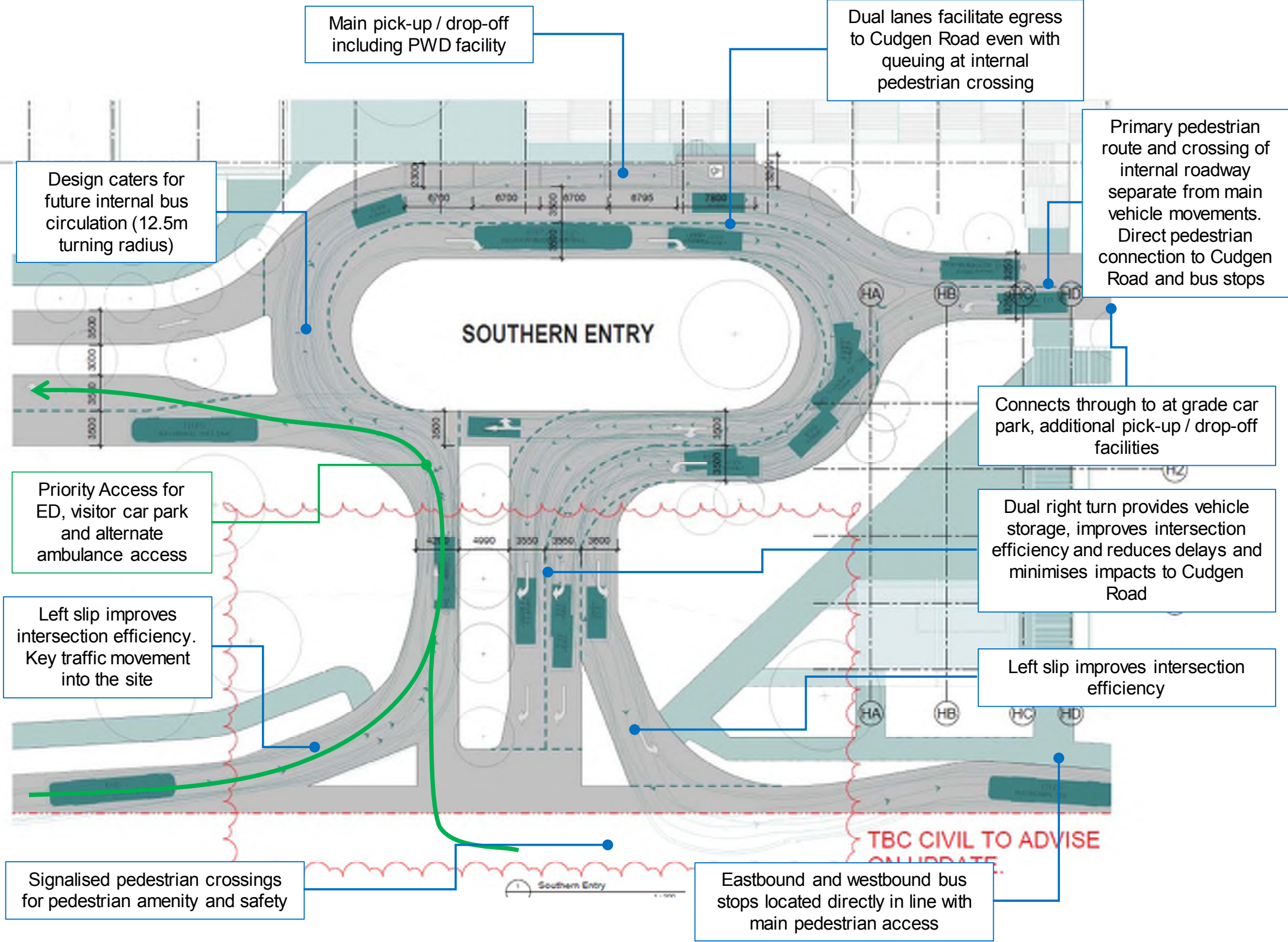
- Eastbound and westbound public transport bus stops on Cudgen Road based on consultation with Transport for NSW and service provider
- Internal roundabout caters for potential future bus circulation (using the full pavement width and both lanes) and public transport route changes based on consultation with Transport for NSW
- Internal roundabout caters for community transport services (mini vans, minibuses etc.)


Active Transport

- Signalised pedestrian crossings across site access and Cudgen Road facilitates pedestrian / cyclist amenity and safety
- Direct internal shared pathways cater for desire lines to and from the site, bus stops and external pathways

Design Considerations

- Pick-up / drop-off facilities based on benching marking other hospitals plus consultation with stakeholder groups
- Dual lanes eastbound (internal) allows free flow egress irrespective of queuing impacts from key internal pedestrian crossing / link
- Dual right turns facilitate key movement (90% westbound), provides internal queuing (up to 60m) catering for demand, allowing flexibility to reduce impacts of site access on Cudgen Road and future expansion
- Direct internal shared pathways cater for desire lines to and from the site, bus stops and external pathways



Date: 03/09/2019	Figure Title: Main Access and Entry Overview	 
Project I.D.: P3378	Project Name: Tweed Valley Hospital	
		Figure No.: 1

**8.2**

**ARCHITECTURE,  
DRAWING REGISTER**



# TWEED VALLEY HOSPITAL SSD2 SUBMISSION



<b><u>00 SERIES</u></b>	<b><u>COVER SHEETS.</u></b>
STB-AR-SKE-PRW-0000001	DRAWING REGISTER (THIS PAGE).
<b><u>10 SERIES.</u></b>	<b><u>SITE PLANS.</u></b>
STB-AR-SKE-PRW-1000000	SITE LOCALITY PLAN.
STB-AR-SKE-PRW-1000010	EXISTING SITE PLAN.
STB-AR-SKE-PRW-1000015	PROPOSED SITE PLAN.
STB-AR-SKE-PRW-1000020	BOUNDARY SETBACKS.
STB-AR-SKE-PRW-1000021	SITE SETBACK CONDITIONS.
<b><u>STB-AR-SKE-PRW-1000030</u></b>	<b><u>SHADOW STUDIES.</u></b>
<b><u>STB-AR-SKE-PRW-1000031</u></b>	SHADOW STUDIES (1 OF 2)
	SHADOW STUDIES (2 OF 2)
<b><u>STB-AR-SKE-MHB-1000040</u></b>	<b><u>PHOTOMONTAGE.</u></b>
<b><u>STB-AR-SKE-MHB-1000041</u></b>	PHOTOMONTAGE VIEW 01.
<b><u>STB-AR-SKE-MHB-1000042</u></b>	PHOTOMONTAGE VIEW 02.
	PHOTOMONTAGE VIEW 03.
<b><u>STB-AR-SKE-MCP-1000045</u></b>	<b><u>PHOTOMONTAGE MULTI-DECK CARPARK.</u></b>
	PHOTOMONTAGE VIEW 04- MULTI-DECK CARPARK.
<b><u>20 SERIES.</u></b>	<b><u>FLOOR PLANS.</u></b>
STB-AR-SKE-MHB-20B1001	GENERAL ARRANGEMENT PLAN BASEMENT.
STB-AR-SKE-MHB-20L0001	GENERAL ARRANGEMENT PLAN LOWER GROUND.
STB-AR-SKE-MHB-2000001	GENERAL ARRANGEMENT PLAN GROUND LEVEL.
STB-AR-SKE-MHB-2001001	GENERAL ARRANGEMENT PLAN LEVEL 1.
STB-AR-SKE-MHB-2002001	GENERAL ARRANGEMENT PLAN LEVEL 2.
STB-AR-SKE-MHB-2003001	GENERAL ARRANGEMENT PLAN LEVEL 3.
STB-AR-SKE-MHB-2004001	GENERAL ARRANGEMENT PLAN LEVEL 4.
STB-AR-SKE-MHB-2005001	GENERAL ARRANGEMENT PLAN LEVEL 5.
STB-AR-SKE-MHB-2006001	GENERAL ARRANGEMENT PLAN LEVEL 6.
STB-AR-SKE-MHB-2007001	GENERAL ARRANGEMENT PLAN LEVEL 7.
<b><u>STB-AR-SKE-HUB-2000001</u></b>	<b><u>FLOOR PLANS HEALTH HUB.</u></b>
<b><u>STB-AR-SKE-HUB-2001001</u></b>	HEALTH HUB GROUND LEVEL.
	HEALTH HUB LEVEL 01.
<b><u>STB-AR-SKE-MCP-20B2001</u></b>	<b><u>FLOOR PLANS MULTI-DECK CARPARK.</u></b>
<b><u>STB-AR-SKE-MCP-20B1001</u></b>	MULTI-DECK CARPARK BASEMENT 2.
<b><u>STB-AR-SKE-MCP-2000001</u></b>	MULTI-DECK CARPARK BASEMENT 1.
<b><u>STB-AR-SKE-MCP-2001001</u></b>	MULTI-DECK CARPARK GROUND LEVEL.
<b><u>STB-AR-SKE-MCP-2002001</u></b>	MULTI-DECK CARPARK LEVEL 1.
<b><u>STB-AR-SKE-MCP-2003001</u></b>	MULTI-DECK CARPARK LEVEL 2.
<b><u>STB-AR-SKE-MCP-2004001</u></b>	MULTI-DECK CARPARK LEVEL 3.
<b><u>STB-AR-SKE-MCP-2005001</u></b>	MULTI-DECK CARPARK LEVEL 4.
<b><u>STB-AR-SKE-MCP-2006001</u></b>	MULTI-DECK CARPARK LEVEL 5.
<b><u>STB-AR-SKE-MCP-2007001</u></b>	MULTI-DECK CARPARK LEVEL 6.
	MULTI-DECK CARPARK LEVEL 7.

<b><u>SHEET NUMBER.</u></b>	<b><u>SHEET NAME.</u></b>
<b><u>21 SERIES.</u></b>	<b><u>FACADE SCOPING PLANS DRAWINGS.</u></b>
STB-AR-SKE-MHB-21B1001	FACADE TYPE PLANS MHB - BASEMENT.
STB-AR-SKE-MHB-21LC001	FACADE TYPE PLANS MHB - LOWER GROUND.
STB-AR-SKE-MHB-210001	FACADE TYPE PLANS MHB - LEVEL GROUND.
STB-AR-SKE-MHB-2101001	FACADE TYPE PLANS MHB - LEVEL 1.
STB-AR-SKE-MHB-2102001	FACADE TYPE PLANS MHB - LEVEL 2.
STB-AR-SKE-MHB-2103001	FACADE TYPE PLANS MHB - LEVEL 3.
STB-AR-SKE-MHB-2104001	FACADE TYPE PLANS MHB - LEVEL 4.
STB-AR-SKE-MHB-2105001	FACADE TYPE PLANS MHB - LEVEL 5.
STB-AR-SKE-MHB-2106001	FACADE TYPE PLANS MHB - LEVEL 6.
STB-AR-SKE-MHB-2107001	FACADE TYPE PLANS MHB - LEVEL 7.
	<b><u>FACADE SCOPING PLANS MULTI-DECK CARPARK.</u></b>
STB-AR-SKE-MCP-21B2001	MULTI-DECK CARPARK FACADE SCOPING PLAN BASEMENT 2.
STB-AR-SKE-MCP-21B1001	MULTI-DECK CARPARK FACADE SCOPING PLAN BASEMENT 1.
STB-AR-SKE-MCP-2100001	MULTI-DECK CARPARK FACADE SCOPING PLAN GROUND LEVEL.
STB-AR-SKE-MCP-2101001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 01.
STB-AR-SKE-MCP-2102001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 02.
STB-AR-SKE-MCP-2103001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 03.
STB-AR-SKE-MCP-2104001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 04.
STB-AR-SKE-MCP-2105001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 05.
STB-AR-SKE-MCP-2106001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 06.
STB-AR-SKE-MCP-2107001	MULTI-DECK CARPARK FACADE SCOPING PLAN LEVEL 07.
	<b><u>FACADE SCOPING PLANS HEALTH HUB.</u></b>
STB-AR-SKE-HUB-2100001	HEALTH HUB FACADE SCOPING PLANS.
<b><u>25 SERIES.</u></b>	<b><u>ROOF PLANS.</u></b>
STH-AR-SKE-MHB-2500001	HOSPITAL HELIPAD & ROOF PLAN.
	<b><u>ROOF PLAN HEALTH HUB.</u></b>
STH-AR-SKE-HUB-2500001	HEALTH HUB ROOF PLAN.
	<b><u>ROOF PLAN MULTI-DECK CARPARK.</u></b>
STH-AR-SKE-MCP-2500001	MULTI-DECK CARPARK LIFT OVRUNN.
<b><u>40 SERIES.</u></b>	<b><u>ELEVATIONS.</u></b>
STB-AR-SKE-MHB-4000001	KEY PLAN ELEVATIONS & SECTIONS.
STB-AR-SKE-MHB-4000001	KEY ELEVATIONS 1 & 2.
STB-AR-SKE-MHB-4000005	KEY ELEVATIONS 3 & 4.
	<b><u>ELEVATIONS HEALTH HUB.</u></b>
STB-AR-SKE-HUB-4000001	HEALTH HUB ELEVATIONS BUILDING A.
STB-AR-SKE-HUB-4000010	HEALTH HUB ELEVATIONS BUILDING B.
	<b><u>ELEVATIONS MULTI-DECK CARPARK.</u></b>
STB-AR-SKE-MCP-4000001	MULTI-DECK CARPARK ELEVATIONS 1 & 2.
STB-AR-SKE-MCP-4000002	MULTI-DECK CARPARK ELEVATIONS 3 & 4.
	<b><u>ELEVATIONS OVERALL SITE.</u></b>
STB-AR-SKE-PRW-4000001	CONTIGUOUS ELEVATIONS CUDGEN ROAD & TURNOCK STREET.

<u>SHEET NUMBER.</u>	<u>SHEET NAME.</u>
<b><u>50 SERIES.</u></b>	<b><u>SECTIONS.</u></b>
STB-AR-SKE-MHB-5000001	OVERALL BUILDING SECTIONS A & B.
STB-AR-SKE-MHB-5000002	OVERALL BUILDING SECTIONS C & D.
STB-AR-SKE-MHB-5000003	OVERALL BUILDING SECTIONS E & F.
STB-AR-SKE-MHB-5000004	OVERALL BUILDING SECTIONS G & H.
	<b><u>SECTIONS MULTI-DECK CARPARK.</u></b>
STB-AR-SKE-MCP-5000001	MULTI-DECK CARPARK SECTIONS A & B.
STB-AR-SKE-MCP-5000002	MULTI-DECK CARPARK SECTION C.
	<b><u>SECTIONS HEALTH HUB.</u></b>
STB-AR-SKE-HUB-5000001	HEALTH HUB SECTION A, B, C & D.
<b><u>65 SERIES.</u></b>	<b><u>FACADE TYPES.</u></b>
STB-AR-SKE-MHB-6500001	FACADE SYSTEM FS-121A / FS-131.
STB-AR-SKE-MHB-6500002	FACADE SYSTEM FS-121 / FS-131.
STB-AR-SKE-MHB-6500003	FACADE SYSTEM FS-122.
STB-AR-SKE-MHB-6500004	FACADE SYSTEM FS-123.
STB-AR-SKE-MHB-6500005	FACADE SYSTEM FS-131.
STB-AR-SKE-MHB-6500006	FACADE SYSTEM FS-132 / FS-133.
STB-AR-SKE-MHB-6500007	FACADE SYSTEM FS-111.
STB-AR-SKE-MHB-6500008	FACADE SYSTEM FS-124.
STB-AR-SKE-MHB-6500009	MHB FACADE SECTIONS.
	<b><u>FACADE TYPES MULTI-DECK CARPARK.</u></b>
STB-AR-SKE-MCP-6500001	MULTI-DECK CARPARK FACADE TYPES FS-221/ FS-212/ FS-262.
STB-AR-SKE-MCP-6500002	MULTI-DECK CARPARK FACADE TYPES FS-211/ FS-212/ FS-262.
STB-AR-SKE-MCP-6500003	MULTI-DECK CARPARK FACADE TYPES FS-212/ FS-263 FS-211.
STB-AR-SKE-MCP-6500004	MULTI-DECK CARPARK FACADE TYPES FS-261.
	<b><u>FACADE TYPES HEALTH HUB.</u></b>
STB-AR-SKE-HUB-6500001	HEALTH HUB FACADE TYPES FS-312.
<b><u>81 SERIES.</u></b>	<b><u>ROAD &amp; PARKING SETOUT.</u></b>
STB-AR-SKE-PRW-8100001	EAST ON-GRADE CARPARK.
<b><u>94 SERIES.</u></b>	<b><u>SCHEDULES.</u></b>
STB-AR-SKE-MHB-9400050	SCHEDULE OF EXTERNAL MATERIALS.

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