



MOREE HOSPITAL REDEVELOPMENT

35 ALICE STREET, MOREE NSW 2400

BUILT FORM AND URBAN DESIGN REPORT

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ACKNOWLEDGEMENT OF COUNTRY

We would like to acknowledge the Traditional Custodians of Moree, the Gamilaroi (Kamilaroi) people, who have cared for the Country for thousands of generations. Their spirit can be found across the region and we honor the memory of their ancestors and Elders, past and present.

Their spirit can be found across the region and we honor the memory of their ancestors and Elders, past and present. As we endeavor to serve the health needs within the community, we recognise the importance of the land and the waterways, as an integral part of people’s health and wellbeing.



Painting by Katjarra Butler at Yaama Ganu Art Gallery, Moree, NSW

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An aerial photograph of a suburban area, featuring a mix of residential houses, commercial buildings, and green spaces. The image is overlaid with a semi-transparent teal color. In the upper left, there is a large, dark teal shape that serves as a background for the title text.

1.0

EXECUTIVE SUMMARY

1.0 EXECUTIVE SUMMARY

This Built Form and Urban Design Report is prepared by Silver Thomas Hanley (STH) for the Moree Hospital Redevelopment located at 35 Alice Street Moree, 2400.

1.1 INTRODUCTION

In 2020, the NSW Government announced its intention to redevelop the Moree Hospital services with a budget of \$80m. Moree Hospital is within the Hunter New England Local Health District(HNELHD) and is located on Alice Road, Moree.

Health infrastructure, which is part of NSW Health, in conjunction with the HNELHD, is delivering the Moree Hospital Redevelopment on behalf of the NSW Government.

Contractors Besix Watpac along with their consultant team are delivering the project, with Silver Thomas Hanley (STH) as architect and lead consultant.

The current hospital site has been developed over time with a number of buildings from different era’s, the oldest of which dates back to the beginning of the 20th century. The existing Acute Services Building (ASB) was constructed in the early 1960’s.

The proposed development is to deliver a new ASB to allow the relocation of acute services from Building 1, upgrading of car parking and associated landscaping within the site.

1.2 EXISTING CLINICAL SERVICES OVERVIEW

The Moree Hospital currently provides a range of healthcare services.

The current Clinical Services Plan(CSP V1.5) for Moree Hospital was approved by the NSW Ministry of Health on the 13th of September 2021.This plan outlines the clinical services to be considered through to 2031 and this is the basis of the redevelopment of the site.

Outpatient services include renal dialysis services, day surgery, oncology, radiology, pathology, maternity care and community health services. These services are proposed to remain in their current locations in buildings 1, 3 and 6.

Acute inpatient services include general medicine, general surgery, obstetrics, birthing services and palliative care. Visiting surgeons are able to provide orthopaedic, ophthalmology ear, nose and throat surgeries at the hospital. These services will be located in the new ASB.

Currently Pathology and Medical Imaging services are supplied by private providers and these will located in the new ASB.

1.3 SITE LOCATION AND OVERVIEW

Located to the south of the Mehi River, Moree Hospital sits within a residential area in south of the town centre of Moree, NSW 2400.

The site overlooks the Mehi River to the north of the site. Neighbouring the site is the Whiddon Retirement Village to the west, the Moree Information Centre, Jellico Park and the Moree Show-grounds to the east and a residential area to the south that also has the Ambulance NSW Station on Alice Street.

The site is predominately a flat site with several large trees to the east of the site along with a disused helipad.

The majority of the buildings on site date from around the 1950’s onwards, and while dated, are in good condition for their age and will continue to have a useful life for 10 to 20 years.

Building 1 which houses current acute services for the hospital is however is past its viable use for acute services, but will allow for community services expansion on the site with refurbishment.

Building 5 has been identified with a number of issues including termites and disintegrating brickwork that have ongoing maintenance costs and has been identified for demolition.

1.4 DESIGN PRINCIPLES

This project has adopted several significant design principles which enhance the overall design and cover.

- Urban Context and Site Character
- Architectural Design
- Clinical Efficiencies
- Safety and Delivery of Improved Health Services
- Environmental Sustainability
- Designing for the Workforce
- Security in Design
- Standardisation and Flexibility of the Design
- Accessible Design
- Technological Efficiencies.



01/ External render looking south west to ASB

1.0 EXECUTIVE SUMMARY

1.5 CONNECTION TO COUNTRY

Connection to country plays an important part informing design, drawing on local stories and culture of the indigenous Aboriginal communities.

The Weraera and Kamilaroi peoples are the earliest known inhabitants of the area, and the town's name is said to come from an Aboriginal word for "rising sun," "long spring," or "water hole".

This most likely in reference to the Mehi River or the towns artesian hot springs local to the area.

The local community have been consultant during the design process to date in the Aboriginal Design Working Group (ADWG) and the Arts Working Group (AWG).

The membership of these groups has shaped how the design has developed with meaningful insights in the local culture and that informed our thinking on design outcomes and how the rich culture of the local community could be integrated into the arts design response as well as architecture.

1.6 DESIGN RESPONSE

Part of the site response was to reduce the footprint of the new ASB to retain open spaces and existing parking and trees where possible.

This is achieved by developing the ASB over two floors. The two-storey structure will sit adjacent to the existing Building 1 (the current ASB) which is three floors including the plant level.

With the building adjacent to Alice Street which shares residential housing, it was important to retain the existing trees to the council verge to creating screening to the new building. The height of the building was further consider with the introduction of a single skillion roof approach with the lowest side of the roof again to the Alice Street elevation.

The inclusion of overhangs to introduce aspects of vernacular architecture found in the town and wider farming community creates a relatable form that is familiar and welcoming to the community.

1.7 SUMMARY

Besix Watpac and the design team Has worked with the LHD, the local community Aboriginal and wider community groups and Health Infrastructure to create a building that meets a diverse range of needs and requirements including.

- Responding to clinical needs of the hospital that struggles with limited staffing.
- Creating adjacencies within the building to reduce travel and giving better sight visions within departments.
- Allows for expansion in the future.
- Responds to community needs by creating a public building to invoke civic pride.
- Architecture that draws inspiration from the rural vernacular found in the area.
- Use of modern materiality and colour that responds to the climate and reduces the need of maintenance.
- Incorporate sound design principles.
- Responds to the local Aboriginal and wider community needs with incorporation of arts within the building and site.
- Sits within a residential area in harmony and uses the current urban infrastructure.

The building will not to be an architectural statement but a community building that provides essential services for Moree in a welcoming building that breaks down stereotypical responses on what a hospital should be, and become a truce community building.



01/ External render of proposed ASB hospital entry



02/ External render looking north west from Alice street

2.0

THE SITE



2.0 THE SITE

2.1 SITE LOCATION

Moree Hospital is located Moree is located in Moree Plains Shire in northern New South Wales. Moree can be reached by car from Sydney in 7.5 hours, Newcastle in 6 hours and Tamworth in 3 hours. Moree, Tamworth and Newcastle are all in the Hunter New England Local Health District.

Located on the banks of the Mehi River the town is rich in history and known for its artesian hot springs and farming lands which is part of the Australian cotton industry.

The Weraeraí and Kamilaroi peoples are the earliest known inhabitants of the area, and the town’s name is said to come from an Aboriginal word for “rising sun,” “long spring,” or “water hole”.

The Mehi River is connected to the Boobera Lagoon, 130km north of Moree is said to be the resting place of the Rainbow Serpent from Aboriginal folklore.

At the 2021 census, the town of Moree had a population of 7,070.



01/ Regional NSW location plan



02/ Moree location plan

- MAJOR WATER WAYS
- MAJOR ROADS
- SITE
- AIRPORT
- RAILWAY

2.0 THE SITE

2.2 SITE CONTEXT AND CHARACTER

The Moree District Health Service Campus is located to the south of the town centre. The site overlooks the Mehi River to the north of the site. Neighbouring the site is the Whiddon Retirement Village to the west, the Moree Information Centre, Jellico Park and the Moree Showgrounds to the east and a residential area to the south that also has the Ambulance NSW Station on Alice Street.

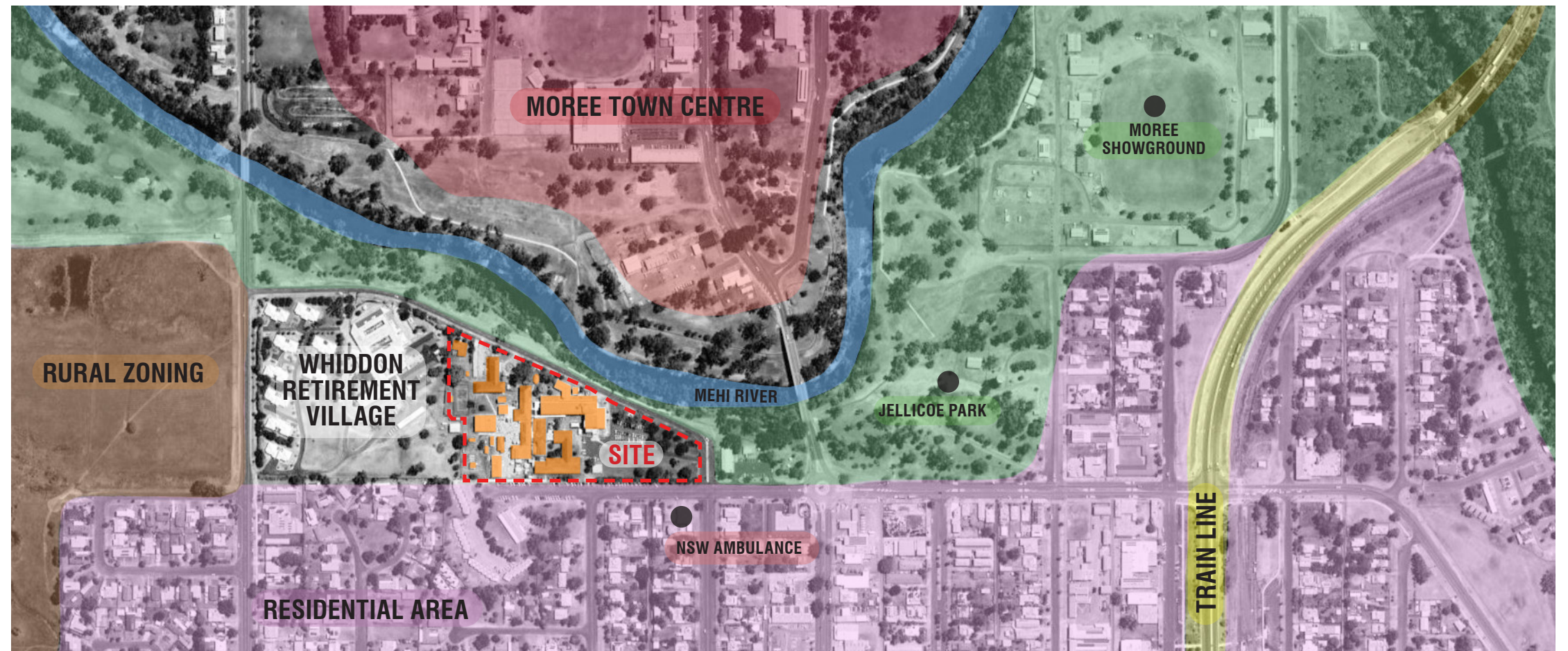
The site is predominately a flat site with several large trees to the east of the site along with a disused helipad.

The majority of the buildings on site date from around the 1950's onwards, and while dated, are in good condition for their age and will continue to have a useful life for 10 to 20 years.

Building 1 which houses current acute services for the hospital is however is past its viable use for acute services, but will allow for community services expansion on the site with refurbishment.

Building 5 has been identified with a number of issues including termites and disintegrating brickwork that have ongoing maintenance costs and has been identified for demolition.

The campus is typical of a rural hospital with the buildings spread over the site with no master planning of the site, create convoluted routes and wayfinding on site, with many secluded outdoor areas that create a disconnected landscape response and potential safety and security issues to both property and people.



01/ Site Location Plan



01/ Moree Farm Buildings, courtesy of abcsheeds



02/ Town centre art deco building street-scape



03/ Town centre art deco building street-scape

2.0 THE SITE

2.3 SITE PLANNING SUMMARY

A number of planning requirements will need to be considered in the redevelopment.

2.3.1 ZONING

The site is zoned for General Residential use. Health services facilities are permitted within the R1 zoned area with consent.

2.3.2 FLOOR SPACE RATIO

There is no floor space ratio identified for this site.

2.3.3 ABORIGINAL CULTURAL SIGNIFICANCE

The site is identified as a place of Aboriginal cultural significance under LEP 2011. Mrs Elizabeth Doolan was the first aboriginal health worker in New South Wales, she lived and worked in Moree.

2.3.4 HERITAGE

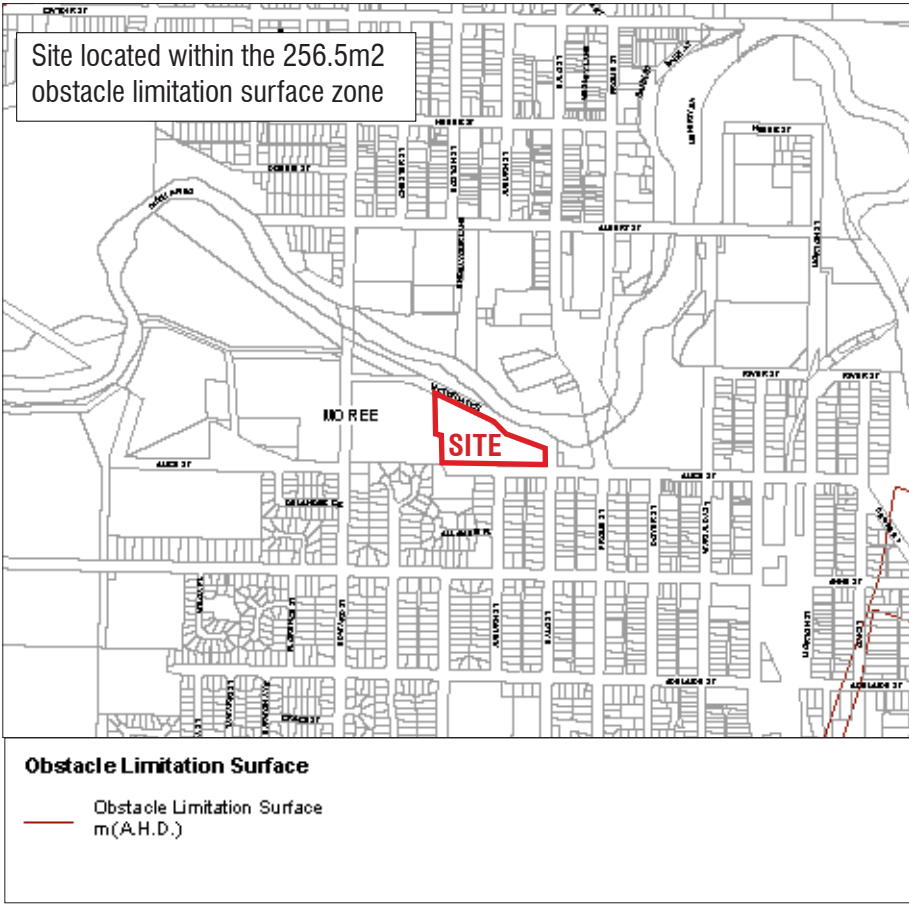
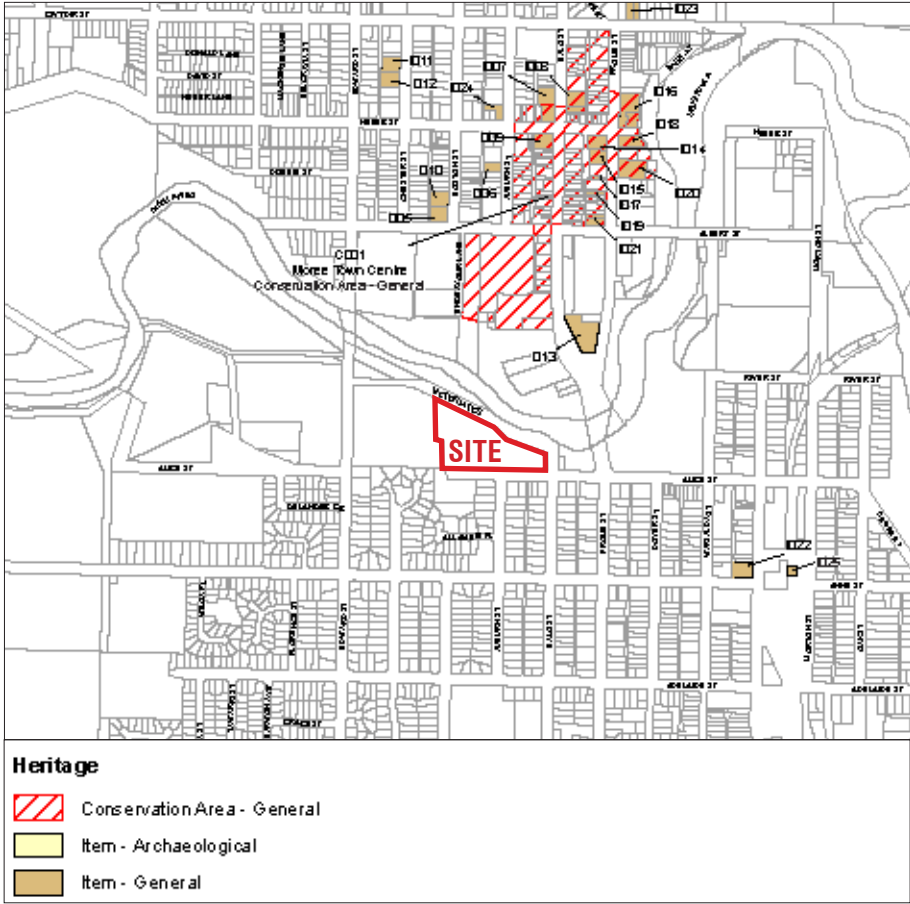
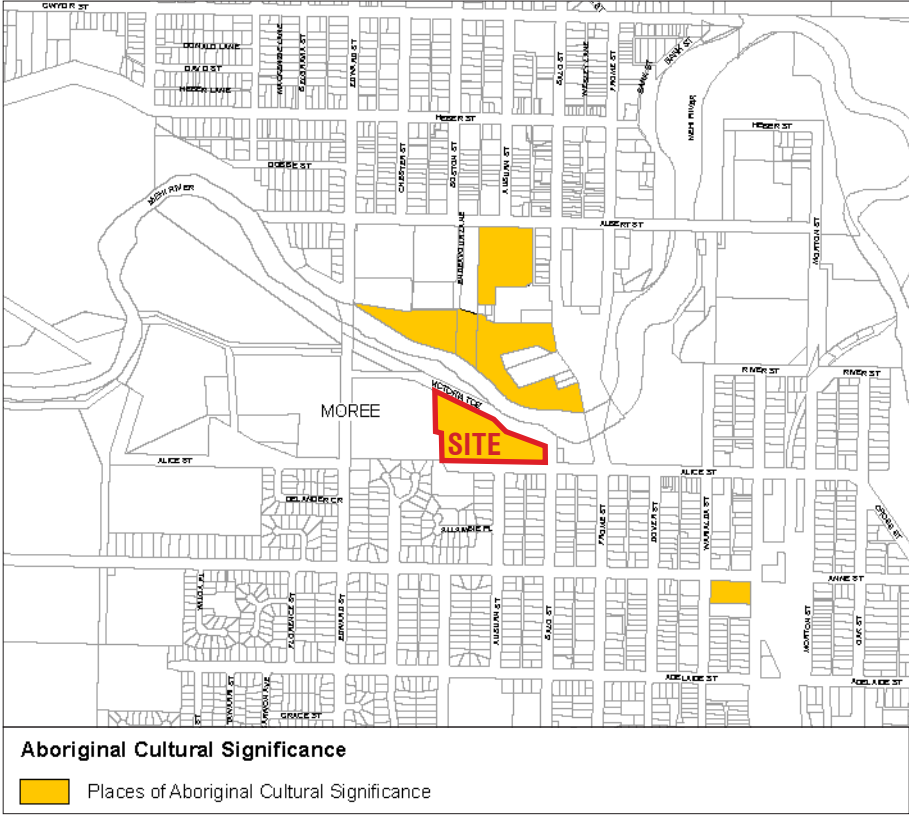
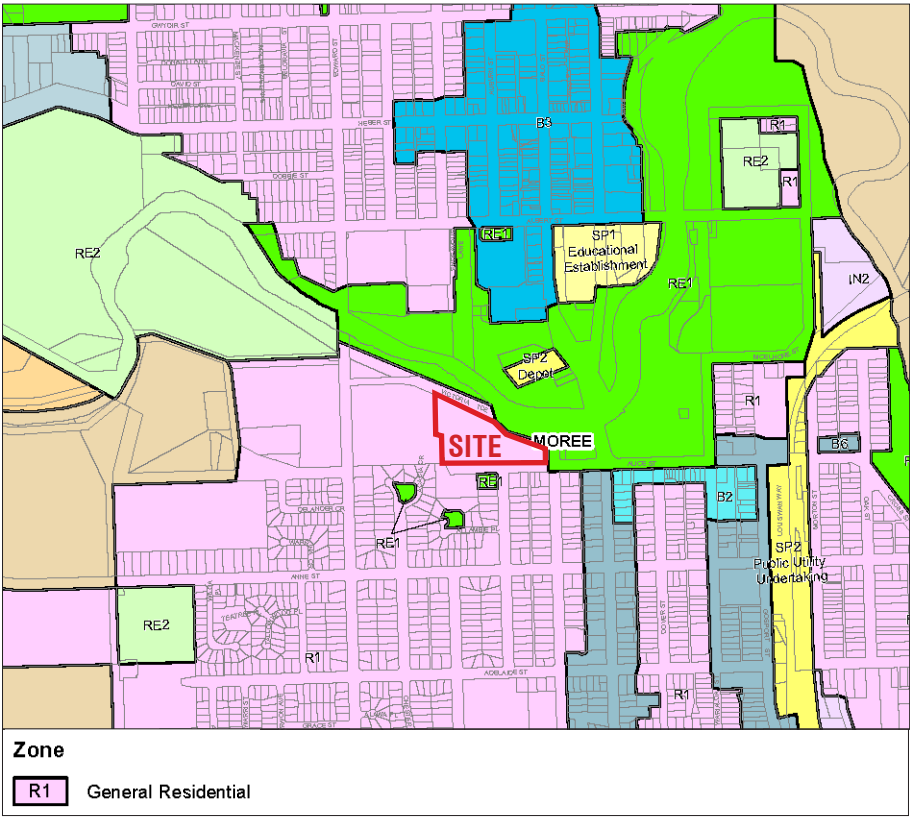
The site does not contain a heritage item and is not located within the Moree Conservation Area - General.

2.3.5 HEIGHT OF BUILDINGS

Although there is no maximum building height identified for this site, the site must also comply with the Obstacle Limitation Surface LEP mapping which locates the site within the maximum height limit of 256.5m zone.

2.3.6 FLOOD PLANNING

The site is not identified as flood prone land under the LEP however the Council’s adopted Moree and Environs Floodplain Risk Management Plan identifies that the site currently sits in a 1 in 100 year flood zone. A flood risk assessment has been completed and is part of the REF submission package.



2.0 THE SITE

2.4 SITE ANALYSIS

Moree District Hospital is located on a prime site within the Moree city centre. With a north, east and south street frontage, the site is highly accessible from the road infrastructure and forms a buffer between the low rise residential zone and Mehi River.

2.4.1. TOPOGRAPHY

The site is generally flat with a minimal changes in levels.

2.4.2 SITE PARAMETERS

The site is 3.128ha in area. The site boundary is 273.1m along Alice Street and 370.9m along Victoria Terrace.

2.4.3. VIEWS

Uninterrupted scenic views are offered from the second story of the existing buildings to the neighbouring Mehi River and adjacent vegetation.

2.4.4 VEHICULAR CIRCULATION AND ACCESS

This site has three main vehicular access points. An existing site entry point of Victoria Terrace to the east of the Site for public access and parking, and exit point or the public to Victoria Terrace to the north of the site and a combined Staff and Back of House entry to the west of the site of Alice Street.

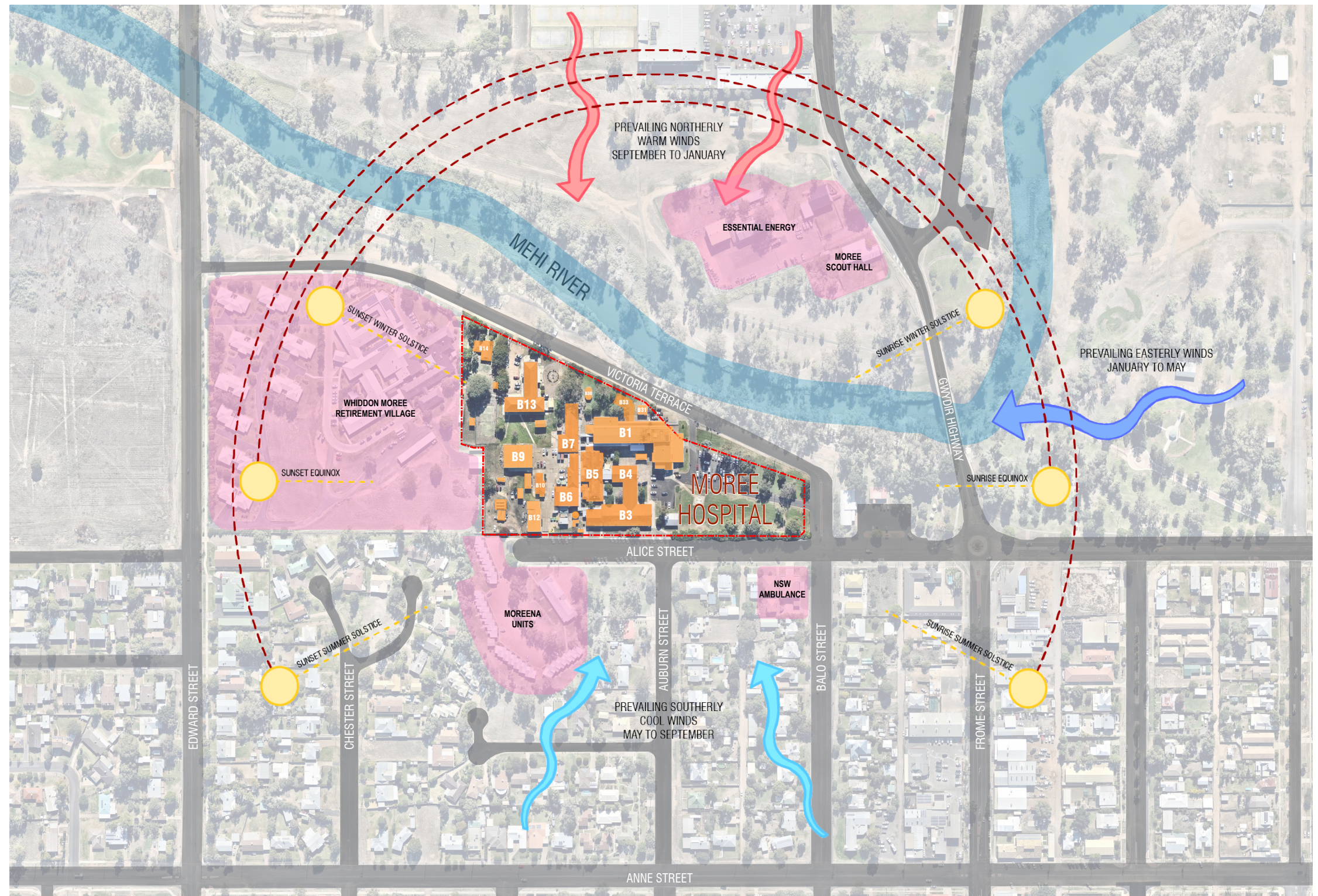
2.4.5 BUILDING STOCK

The majority of the buildings on site date from around the 1950's onwards, and while dated, are in good condition for their age and will continue to have a useful life for 10 to 20 years.

Building 1 which houses current acute services for the hospital is however is past its viable use for acute services, but will allow for community services expansion on the site with refurbishment.

2.4.6 SOLAR ACCESS

The site has a north facing aspect which takes full advantage of all day sun with low single storey residential buildings surrounding the site.



01/ Site Analysis

2.5 EXISTING SITE PLAN

The existing site has been developed over many decades. This has resulted in a haphazard growth and development of building across the site typical of smaller regional and rural campuses.

Buildings range in age and condition, the oldest (building 5) dating back to the turn of the 20th century though to the visiting medical staff accommodation, built in 2023. Building range in size and scale, not are predominantly 1 and 2 stories high,

Buildings are predominantly on the western side of the site with an open space to the west with public car parking and a lawn area. The lawn also contains a decommissioned helipad.

Several mature trees are located on the site as well as the council verges to Alice Street and Victoria Terrace.

The eastern end of the site has been identified as a logical zone to build a new ASB.

Existing vehicle access points are in the following locations.

- Off Victoria Terrace (North) – Nurses accommodation block entry and exit.
- Off Victoria Terrace (North) – Public parking and ambulance exit.
- Off Victoria Terrace (East) – Public parking and ambulance entry.
- Off Alice Street – Staff parking and BOH service yard entry and exit.

Parking areas and service yards would be considered requiring upgrades.





3.0

DESIGN PRINCIPLES

3.0 DESIGN PRINCIPLES

3.1 DESIGN PRINCIPLES

A strong set of design principles form overarching outcomes that the design team work towards.

OVERALL DESIGN

The way in which the Design Principles are applied to the overall design include consideration of

- Meaningful design which resonates with local context and history of place through urban form making, architectural articulation, curation of interior settings and integration with local ecologies.
- Comprehensible design by creating intuitive way finding cues through considered planning arrangements at campus, building and departmental scale supported by colour and material selections and articulation.
- Manageable design allowing for the personalisation of space to meet an individual’s need to attenuate noise, control daylight penetration, adjust comfort levels and configure lay outs to meet specific cultural and privacy needs.
- Connection to community and site by maintaining the identity of Moree Hospital and establishing a legible language between the existing services and the new assets.
- The promotion of operational continuity and expansion by facilitating positive staging and decanting solutions along with growth opportunities for priority services areas.
- Connection to country – Cultural, Environmental and Heritage.
- Ways to optimise the re-use of existing assets that retain sufficient residual life cycle.
- Future Proofing assets to provide efficient growth opportunities for priority service areas.

URBAN DESIGN

The way in which the Design Principles are applied to the urban context includes consideration of

- The way in which the proposed development addresses the street frontages to improve street quality and ambiance.
- The cognitive response by working on an emotional level as hospitals are places where the full range of human emotions can be observed and experienced, from hope to despair, from joy of a newborn to grief over loss of a loved one. The challenge is to provide a positive environment where all these emotions can be experienced without negatively impacting on the facility in general.

ARCHITECTURAL DESIGN

The way in which the Design Principles are applied to the architectural deliverables including consideration of

- The various scales and typologies of existing built forms and open spaces currently on site.
- The way in which architectural deliverables can respond to the scale, materiality and architectural vernacular of the precinct which is residential and domestic in nature.
- Existing and new urban hierarchies.
- The whole-of-life principles for the material selection in following categories:
 - Acquisition (including consideration of local material availability and local workforce skill level)
 - Operation
 - Maintenance
 - Disposal

CLINICAL EFFICIENCY, SAFETY AND DELIVERY OF IMPROVED HEALTH SERVICES

Design Principles are applied to clinical efficiency, safety and the delivery of improved health services by the establishment of clear functional and clinical flows for staff, patients and support services within the hospital and by supporting a patient focussed environment.

USE OF EVIDENCE BASED DESIGN (EBD) PRINCIPLES

Evidence based design principles promote the dignity, wellness, longevity and county design principles including

- The access to natural light and views
- The incorporation of natural elements (materials and art-work, internal courtyards) with familiar and easy to navigate spaces.

All, these elements combine to support the environment of “wellness” for patients, and improving recovery times.

ENVIRONMENTALLY SUSTAINABLE DESIGN(ESD)

The way in which the Design Principles are applied to the ESD deliverables including consideration of

- Materials used and construction techniques that are low VOC, low energy (in production and recurrent cost) and recyclable.
- Supporting the concept of ESD in the reuse of as many of the existing facilities as possible. This supports the reduce, re-use, recycle concept. However, it must be assessed against the asset condition, clinical functionality, safety, standards (AS and BCA etc.) and guidelines (AusHFG).
- Moree specific detailing and materials selections, always keeping local skill levels (and material availability) in mind. Apply low maintenance principles in the selection of materials and in the detailing.
- 4 Star Green Star Design & As Built v1.3 equivalency.
- Refer to the Sustainable Development Plan prepared for the site for details.

WORKFORCE

Understanding the community of Moree in which the majority of the hospital workforce live.

As a result the facility should be designed to create encourage a strong sense of community and provide the best possible workplace for the rural community.

SECURITY IN DESIGN

With a limited staff available for surveillance – the facility must have the capacity to be physically secured in one or more sections with a focus on the separation on ambulant versus 24hr services.

Materials used should be robust enough to with stand some intentional damage and be easily replaceable by local trades.

STANDARDISATION AND FLEXIBILITY

Designing for modularity in form and flexibility in planning. Standardisation provides a more efficient workplace, promotes patient safety, efficiencies in construction and cost. It allows flexibility and adaptability in the use of spaces supporting changing models of care over time. Co-location of services allow changing service demands to be managed within the overall infrastructure - improving efficiency.

ABORIGINAL COMMUNITY

A place that is culturally respectful, supportive of access to the health system, is personal and generates a sense of familiarity comfort and cultural safety, human in scale and is family centred through: physical and visual connection to the landscape through light, views, provision of a variety of spaces.

ACCESSIBILITY

Accessible for community across all capabilities – children to aged people and those that are less physically capable. Accessibility will be applied site wide including pathways and walks in accordance with the NCC and AS 1428.1

TECHNOLOGY

Define efficient and cost effective use of technology that supports innovative and a high quality health service delivery.

Spaces to be flexible enough to cope with evolving medical equipment and IT systems.

3.0 DESIGN PRINCIPLES

3.2 DESIGN PRINCIPLES ‘GANSW’ BETTER PLACED

The design has been further developed regarding the 7 objectives outlined in the GANSW Better Placed policy document for integrated design outcomes in the built environment.

OBJECTIVE 1: BETTER FIT: CONTEXTUAL, LOCAL AND OF ITS PLACE.

The design for the Moree Hospital is informed first and foremost by the proximity to the Mehi River, the rich history of the town known for its artesian hot springs and farming lands which is part of the Australian cotton industry.

- The Mehi River is connected to the Boobera Lagoon, 130km north of Moree is said to be the resting place of the Rainbow Serpent from Aboriginal folklore.
- The Weraerai and Kamilaroi peoples are the earliest known inhabitants of the area with The Kamilaroi are the second largest nation on the eastern coast of Australia, with Wiradjuri being the largest.
- The town’s name is said to come from an Aboriginal word for “rising sun,” “long spring,” or “water hole”.
- The campus is typical of a rural hospital with the buildings spread over the site with no master planning of the site, create convoluted routes and wayfinding on site, with many secluded outdoor areas that create a disconnected landscape response and potential safety and security issues to both property and people.

In response, the current design integrates leading design principles of health planning and landscape architecture which provide a unique connection to the Country and place making principles that celebrate the location of the hospital on the Mehi River benefiting the entire community to recreate, socialise and heal.

The connection with place is celebrated throughout the design with open connections from the main Acute services building along with metaphorical connections in the central courtyard where views to the river are obscured by existing buildings. This meaningful design resonates with local context and history of place through urban form making, architectural articulation, curation of interior settings and integration with local ecologies.

OBJECTIVE 2: BETTER PERFORMANCE: SUSTAINABLE, ADAPTABLE AND DURABLE.

The project has been designed to achieve sustainability and whole-of-life design by using the available land to build the new Hospital on-site of the existing Hospital, which is in harmony within a residential area and uses the current urban infrastructure. This allows the existing hospital to continue serving the community during the construction phase.

Building 1, which houses the current Hospital, is past its viable use for acute services but will allow for community services expansion on the site with refurbishment.

The new layout of the car parking has been designed with the consideration of the existing trees on the site, and as many of the trees as possible have been retained. This requires permeable paving under some trees to allow for the continued health of the trees. The new parking layout also allows for new planting of trees to replace trees that had to be removed.

The proposed structural grid and floor-to-floor dimension are at the foundation of future-proofing and ability to change, allowing a variety of clinical services to be accommodated or expanded within the building. The design principles are applied to the ESD deliverables, including consideration of materials used and construction techniques that are low VOC, low energy (in production and recurrent cost), and recyclable.

It was important to retain the existing trees to the council verge to create screening to the new building as the building is adjacent to Alice Street, which shares residential housing. The orientation of the building is due north, which allows for morning sun in IPU lounge and deck areas, with the deck also facing north for afternoon sun. The roof form creates shading to north-facing IPU, and canopies to ground floor create outdoor waiting areas and shading to the FOH and ED waiting rooms.

Australian-made products have been used to reduce the carbon footprint, and landscaping has been designed in response to the local environment.

The HNELHD initiative to include solar panels, and the goal is to achieve carbon neutrality by 2030.

BJECTIVE 3: BETTER FOR COMMUNITY: INCLUSIVE, CONNECTED AND DIVERSE.

The collaborative consultation with the Aboriginal Design Working Group (ADWG) and the Moree Arts in Health Working Group (AHWG) played a crucial role in developing the design.

The meaningful insights we received about the local culture informed our thinking on design outcomes and how art and architecture could respond to the rich culture of the local community.

The consultation has influenced planning and design outcomes, including:

- An Aboriginal patient experience officer located in the FOH/ED.
- Lizzie Doolan has direct access to the external courtyard, which extends the room with an outdoor setting, shading, and native landscaping.
- Retention of the men’s gazebo for the local community groups.
- External seating near the FOH, Kiosk, and ED, as well as planting, has been incorporated in the FOH waiting area to bring the outdoors inside.
- Palliative care is located next to the family lounge and external balcony overlooking the Mehi River. Pets are welcome inside the building and can visit patients using the fire stairs connected to the balcony.
- Landscaping considerations include using native plants, providing shade, not using scented plants (due to respiratory concerns), and avoiding plants that attract insects.
- Display the body casts from the maternity unit in the FOH.
- Integrating art within the building has been an important consideration including elements such as screening and applied wall finishes.

3.0 DESIGN PRINCIPLES

OBJECTIVE 4: BETTER FOR PEOPLE: SAFE, COMFORTABLE AND LIVEABLE.

The design has been influenced by the ‘Better for People’ principles, and several factors have influenced the design response. One of the key principles of the design is ‘design for human experience’, and user experience review was fundamental in the design process.

The ASB is situated on the southern side of the Mehi River, and the design utilizes the existing terrain to place the new building with minimal excavation, matching the ground level of the existing Building 1.

Ramps and cover walkways have been carefully introduced with equitable access and pause points to create connection and accessibility for everyone.

The hospital’s design is comprehensible, creating intuitive way-finding cues by considering planning arrangements at campus, building, and departmental levels. The planning also allows for the personalization of space to meet an individual’s needs to attenuate noise, control daylight penetration, adjust comfort levels, and configure layouts to meet specific cultural and privacy requirements. The cognitive response is addressed by working on an emotional level, as hospitals are places where the full range of human emotions can be observed and experienced.

Introducing an external balcony over the ambulance bay creates an ‘Aussie Veranda’, a meeting place and a place of respite from the sun. The space is accessed from the patient lounge in the inpatient unit and allows family members to bring family pets to visit those in palliative care within the hospital. The ‘Aussie Veranda’ is also utilized for the front-of-house and emergency department drop-off area, noting that large family groups who attend the hospital can wait outside in the shade and still be visibly connected to these departments. This area also has a coffee shop to activate the space further and assist in passive wayfinding to the main entry area.

OBJECTIVE 5: BETTER WORKING: FUNCTIONAL, EFFICIENT AND FIT FOR PURPOSE.

The design of the new hospital has taken into account the needs of the workforce, particularly in the Moree community, where most of the staff live. The aim of the planning is to create a sense of community and a better working environment for the rural workforce.

The hospital design is tailored to meet the clinical needs of the hospital which has limited staffing. The facility is designed to be physically secure in one or more areas, with a focus on separating ambulatory and 24-hour services.

Materials used in the hospital design are chosen for their durability to withstand intentional damage and easy replaceability by local tradespeople.

The building design focuses on creating adjacencies within the facility to reduce travel and provide better sight lines within departments, resulting in a more efficient workplace. A functional and efficient building is essential to the efficiency of hospital operations. This is achieved by reducing travel distances, creating compact floor plates, and locating vertical circulation centrally.

The design also includes functional adjacencies that are practical and purposeful. Plant strategies have been developed to minimize reticulation runs and riser locations, resulting in optimized usable areas. The adopted structural grid allows for maximum flexibility and efficiency, while the floor plates have been shaped by a balance of area requirements and optimized daylight access through the building perimeter.

Support spaces have been located centrally, allowing for a variety of spaces to be accommodated, either enclosed or open, with outlook and access to daylight when possible.

OBJECTIVE 6: BETTER VALUE: CREATING AND ADDING VALUE.

The proposed design of the new Acute Services Building (ASB) addresses the principle of Better Value by incorporating modularity in form and flexibility in planning.

Standardisation is a key aspect of the design, which promotes patient safety, reduces construction costs, and improves efficiency.

The design allows for flexibility and adaptability in the use of spaces, supporting changing models of care over time. Co-location of services allows for changing service demands to be managed within the overall infrastructure, further improving efficiency. In addition, the design addresses the site-specific constraints by reducing the footprint of the building, retaining open spaces, existing parking, and trees where possible. The ASB will be developed over two floors, adjacent to the existing Building 1, which is currently the ASB.

The height of the building was further considered by introducing a single skillion roof approach with the lowest side of the roof towards the Alice Street elevation.

The design promotes the community offering by providing access to open spaces and walkways, making the campus part of the precinct network. It also promotes health and wellbeing rather than illness by providing access to green outlook and daylight.

The design also aims to attract and retain staff by providing efficient and functional layouts, complemented by a variety of dedicated staff and education areas with access to outlook and daylight.

OBJECTIVE 7: BETTER LOOK AND FEEL: ENGAGING, INVITING AND ATTRACTIVE.


Drawing inspiration from the rural vernacular found in the area, the proposed design incorporates contrasting materiality and colors to create a coherent visual language that blends seamlessly with the local architecture. The design approach responds to community needs by creating a public building that invokes civic pride and becomes a true community building that breaks down stereotypical responses on what a hospital should be.

To combat the harsh sun and reduce casual vandalism, the proposed design features robust material choices. The use of readily available locally sourced materials with short lead times assists with supply chain issues, lead times, environmental reduction in carbon footprint, and replacement strategies.

By combining the right materials and color choices, the proposed design creates a building that connects with the landscape and urban setting it is in and is familiar to the community as relatable to materials of their own homes.

The purpose of the proposed design is to create a building that connects with the community and promotes recovery. The refinement of strong lines and layering creates a coherent visual language that blends seamlessly with the local vernacular while emphasizing the building’s purpose as a welcoming and functional healthcare facility.

The roof overhangs scaled to the mass of the building echoes this vernacular architectural response and softens the building edges. The sun-shading screen on the northern facade of the building serves a dual purpose. Firstly, it acts as a building identifier, drawing the eyes of passersby to the front door, cafe, and external courtyards. Secondly, the screen has the potential to integrate art into its design, enhancing the visual appeal of the building. The sun-shading screen is a functional and aesthetic addition to the building’s architecture.



4.0

SITE DESIGN AND URBAN RESPONSE

4.0 SITE DESIGN AND URBAN RESPONSE

4.1 SITE AND URBAN RESPONSE

The site has a unique location facing the Mehi River and bound on three sites with Victoria Terrace to the north and east and Alice Street to the South.

The existing public car parking is located to the north east of the site with a lawned area to the south east of the site with a decommissioned helipad.

A number of trees are located within the eastern side of the site as well as on the council road verge to both Victoria Terrace and Alice Street.

The proposed new ASB is at the southern side of the site and will allow for the building to be built with minimal impact on the existing hospital services.

4.2 PROPOSED DEVELOPMENT AREA

The proposed development of the new ASB must take in several key considerations to inform the site.

- The hospital requires to retain acute services on site during the development.
- Prolonged staged development will incur unreasonable construction costs for staging, double decanting and require further temporary works.
- Retain existing buildings on site where possible for future adaptive reuse.
- Retention of existing trees on site where possible.
- Maintaining existing open areas where possible.
- Reuse, extend an upgrade existing parking location.
- Existing building connectivity to new ASB.

Locating the proposed new ASB to the south-eastern end of the site addressed the majority of these issues



01/ Site, Victoria Terrace Looking West



02/ Site, Victoria Terrace Looking East



03/ Site, Alice Street Looking East



04/ Site, Victoria Terrace Looking West

4.0 SITE DESIGN AND URBAN RESPONSE

4.3 SITE ACCESS/CIRCULATION

Primary vehicular access to the hospital campus is from the exiting Victoria Terrace (North) entry point. Visitors and staff driving to the site will enter the public drop off zones and parking area located off Victoria Terrace.

Pathways will be provided for visitors and staff walking into and through the site. The pathways will link the street footpaths with the buildings within the hospital campus.

A new covered link way will connect the ASB building to Building 1 and 4. This link way will also form part of the landscape response to assist informing a courtyard area at the heart of the campus, to be used as the outdoor heart of the site, a place for respite for patients, staff and visitors.

Shading to seating areas and areas for larger aboriginal groups to gather and perform smoking ceremonies without being on public display was an important consideration in the links development.

Ambulance and patient transfer vehicles will enter the hospital site via Alice Street, stop at the ambulance bay at the east of the new ASB and exit the site onto a realigned existing Victoria Terrace (East) exit.

Back of House (BOH) site access will be from a new entry point on Alice Street while maintaining an existing entry point to the current staff parking area at the west of the site.

This approach has only required two new vehicle entry point into the site.

4.4 CAR PARKING

The expansion of the existing site parking along Victoria Terrace is proposed to accommodate visitors and staff who frequent the site. The new layout has considered existing trees on the site and has allowed for as many of the trees to be retained where possible. This requires permeable paving under some trees to allow for the continued health of the trees.

The new parking layout will also allow for new planting of trees to replace trees that had to be removed.

Existing staff parking to the west of the site is retained. The new extended parking will provide 51 parking spaces.



01/ Proposed Site Plan - NTS

4.0 SITE DESIGN AND URBAN RESPONSE

4.5 BUILDING ACCESS/CIRCULATION

The new ASB will have a combined 'front door' for both the main entry and emergency department via an airlock. This is to reduce public entry points in the hospital and allow better connectivity within the hospital. This entry will be clearly visible from the main entry to the site and parking areas, and will also include a covered drop off point.

Two other entry points are proposed, a BOH entry from the secure service yard to the west of the site and the ambulance entry point to the east of the building.



01/ Existing Site Photo - NTS

4.0 SITE DESIGN AND URBAN RESPONSE

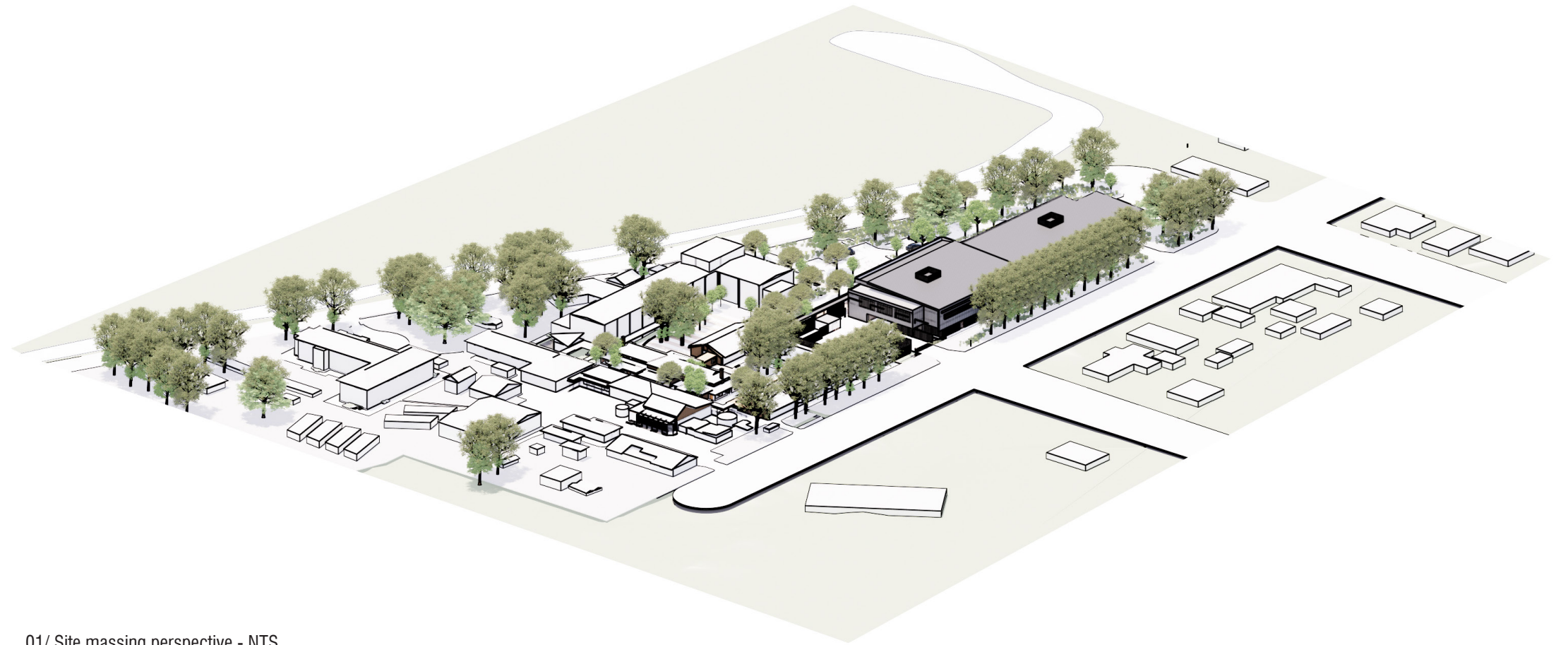
4.6 BUILDING FORM AND SCALE

Part of the site response was to reduce the footprint of the new ASB to retain open spaces and existing parking and trees where possible.

This is achieved by developing the ASB over two floors. The two-storey structure will sit adjacent to the existing Building 1 (the current ASB) which is three floors including the plant level.

With the building adjacent to Alice Street which shares residential housing, it was important to retain the existing trees to the council verge to creating screening to the new building. The height of the building was further consider with the introduction of a single skillion roof approach with the lowest side of the roof again to the Alice Street elevation.

The inclusion over overhangs to introduce aspects of vernacular architecture found in the town and wider farming community creates a relatable form that is familiar and welcoming to the community.



01/ Site massing perspective - NTS



02/ Concept massing view from Victoria terrace looking south west



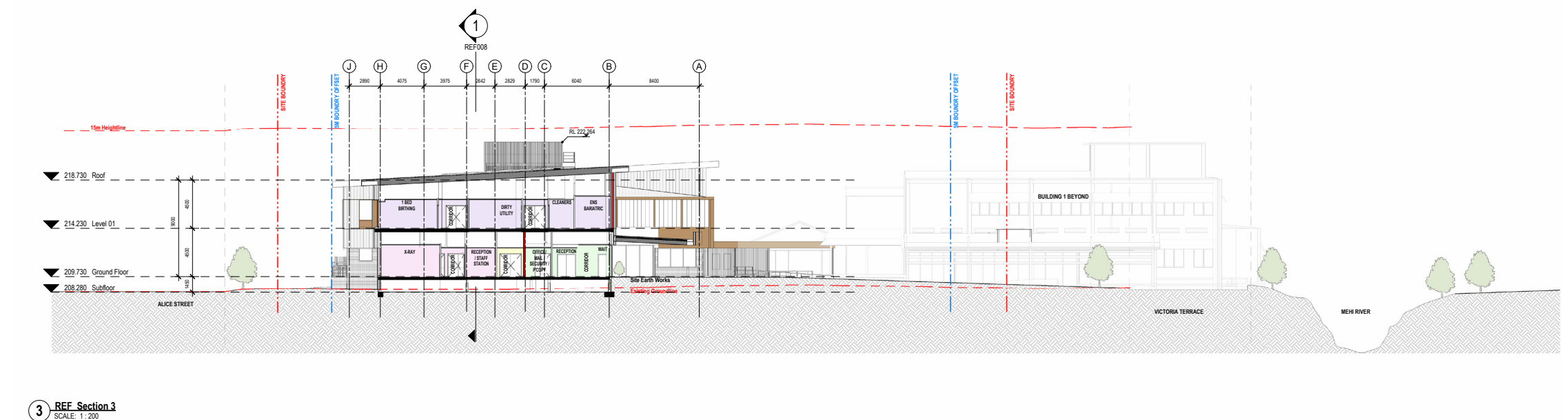
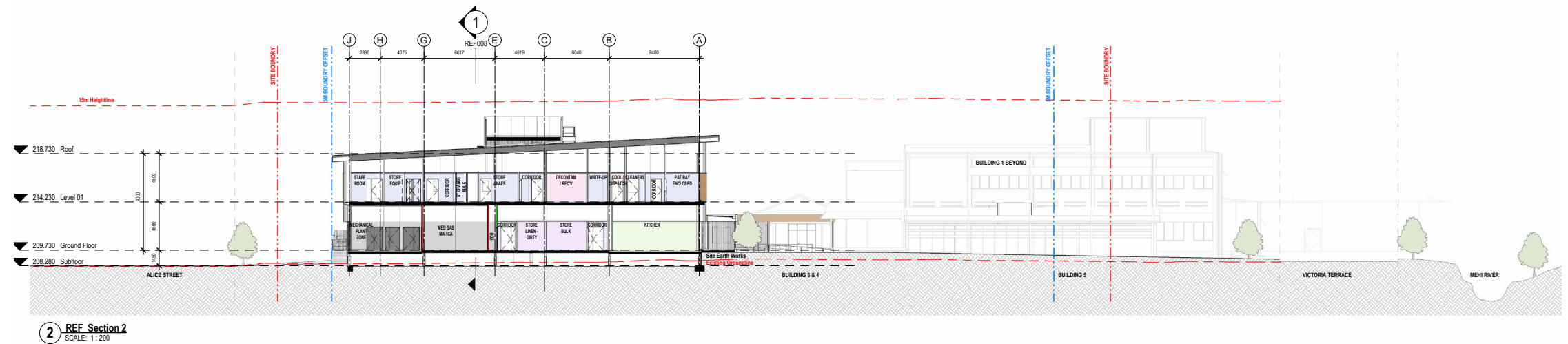
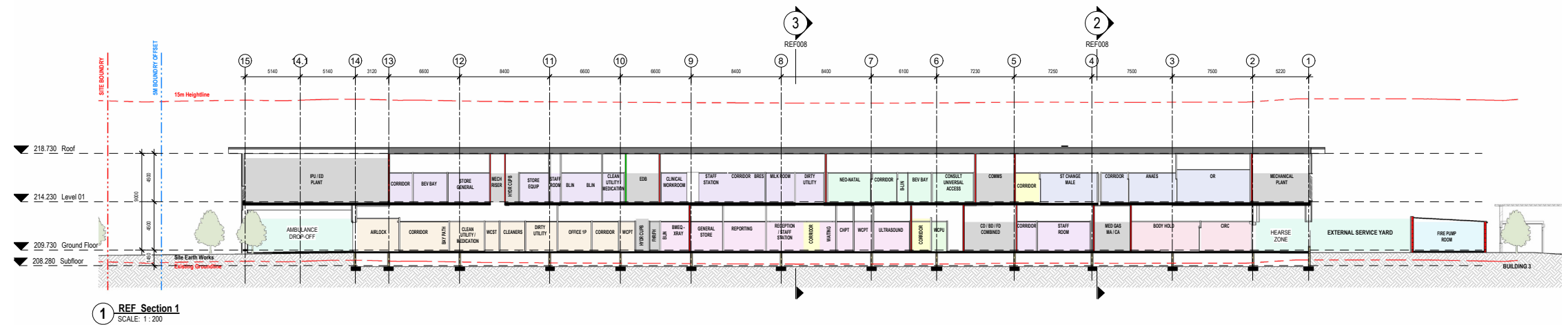
03/ Concept massing view from Alice street looking west

4.0 SITE DESIGN AND URBAN RESPONSE

4.7 BUILDING LEVELS

Building levels have been determined for clinical reasons. The ground floor level of 209.730 RL matches the existing building 1 floor level. The first-floor level is 4.5m above at 213.935 RL to allow for clinical services requirements in ED and mechanical requirements to ceilings.

The proposed ASB ground floor matches the existing Building 1 ground floor level.



01/ Proposed ASB Sections - NTS



5.0

ARCHITECTURAL DESIGN

5.0 ARCHITECTURAL DESIGN

5.1 BUILDING FORM

The building has had several factors to consider that have informed the design response on site. These have included.

- The hospital requires to retain acute services on site during the development.
- Prolonged staged development will incur unreasonable construction costs for staging, double decanting and require further temporary works.
- Retain existing buildings on site where possible for future adaptive reuse.
- Retention of existing trees on site where possible.
- Maintaining existing open areas where possible.
- Reuse, extend an upgrade existing parking location.
- Existing building connectivity to new ASB.

To achieve these parameters a two-story building has been proposed. This reduces the overall footprint of the development and allows it to be built with minimal impact to exiting hospital service. The two-storey structure will sit adjacent to the existing Building 1 (the current ASB) which is three floors including the plant level.

With the building adjacent to Alice Street which shares residential housing, it was important to retain the existing trees to the council verge to creating screening to the new building. The height of the building was further considered with the introduction of a single skillion roof approach with the lowest side of the roof again to the Alice Street elevation.

The inclusion of overhangs to introduce aspects of vernacular architecture found in the town and wider farming community creates a relatable form that is familiar and welcoming to the community.

The introduction of an external balcony over the ambulance bay creates the Aussie Veranda, a meeting place and a place of respite from the sun. The balcony is accessed from the patient lounge in the Inpatient Unit, and also allows for family members to bring family pets to visit those who may be in palliative care within the hospital.

The 'Aussie Veranda' is again utilised for the Front of House and Emergency Department drop of area, noting large family groups who attend the hospital can wait outside in shade and still be connected to this departments visibly. This area also has a coffee shop to further activate the space and also assist in passive wayfinding to the main entry area.



01/ 3D Visualisation



02/ 3D Visualisation



03/ 3D Visualisation

5.0 ARCHITECTURAL DESIGN

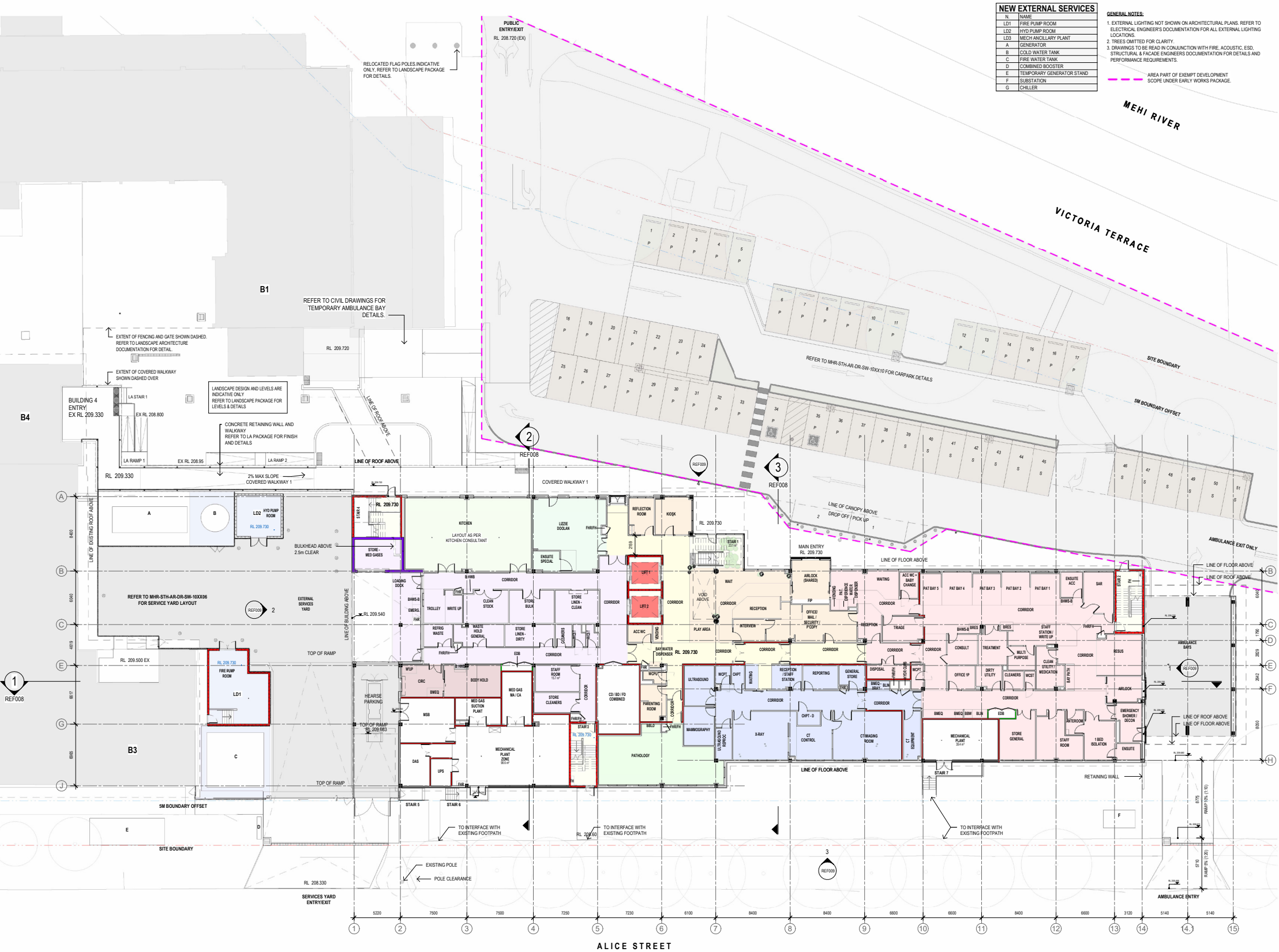
5.2 BUILDING PLANNING

The ground floor level of the proposed Acute Services Building (ASB) is planned with the following departments

- Front of House
- Lizzie Doolan Room
- Emergency Department with Ambulance Bay
- Medical Imaging Services
- Mortuary
- Back of House

A pathology space is included as a shell within the floor plan and will be coordinated at a later date.

The Lizzie Doolan room is included in the building planning as a dedicated space for Aboriginal community and family gathering. This space embodies her values and the care she provided to the local indigenous community as the first Aboriginal nurse in NSW.



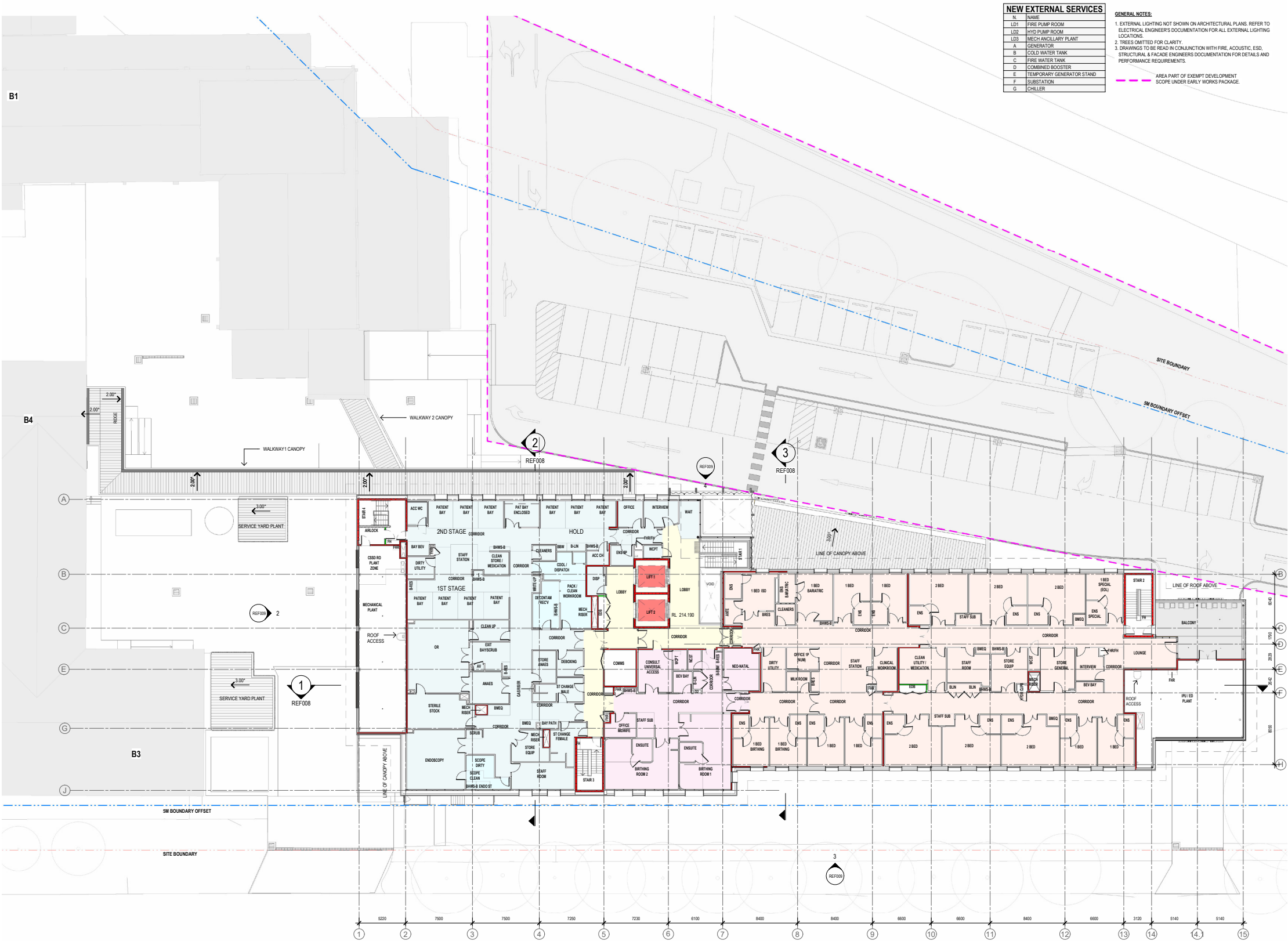
5.0 ARCHITECTURAL DESIGN

5.2 BUILDING PLANNING

Level 1 of the proposed Acute Services Building (ASB) is planned with the following departments

- Birthing Unit
- Inpatient Unit
- Post-operative Department
- Central Sterilising Services Department

A balcony is included in the floor plan along the eastern facade to be used by patients, their families and hospital staff



02/ Proposed level 1 of ASB - NTS

5.0 ARCHITECTURAL DESIGN

5.3 FACADE AND MATERIALITY

The façade materiality has been developed with some overarching principles including.

- Robust material choice to combat the harsh sun and to reduce casual vandalism.
- Readily available locally (Australian Sourced) materials, easily found with short lead times to assist with supply chain issues, lead times, environmental reduction in carbon footprint and replacement strategies.
- Contrasting materiality to create defined levels, transitioning between earthy and tactile finishes on the ground floor such as a brick or tile finish, and a metal standing seam finish to envelope the 1st floor and roof that is in sharp contrast in its finish with crisp metal finish and strong lines.

Material colours have been drawn from a neutral palette. The brick or tile finish to the ground floor will have earthen hues, reflecting the farming landscape of ploughed fields, and yet be a warm soft tone that will not absorb the heat of the summer sun.

The first floor will be a light grey/white finish, contrasting with the ground floor and allowing the sun to create shadow play with the standing seam material finish, an ever-changing pattern of light during the day.

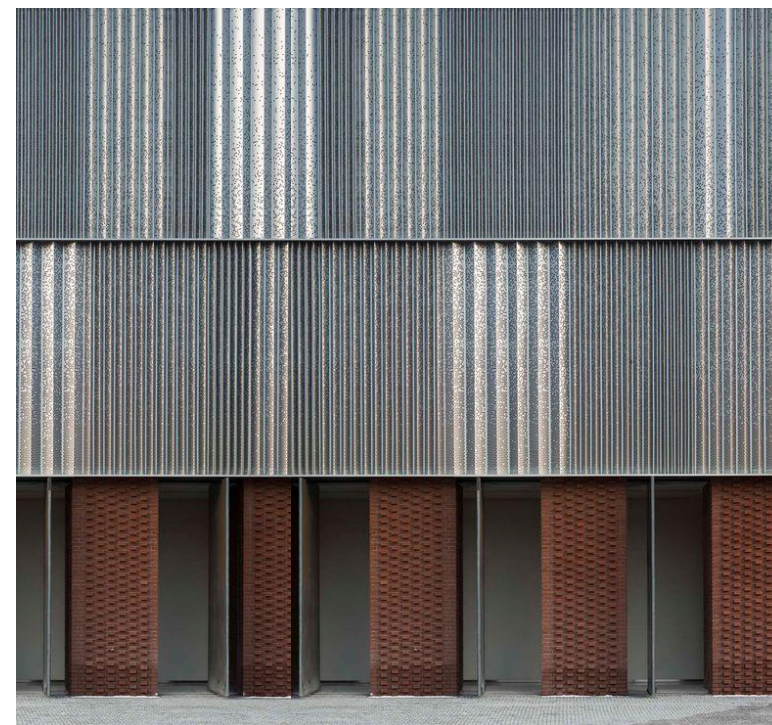
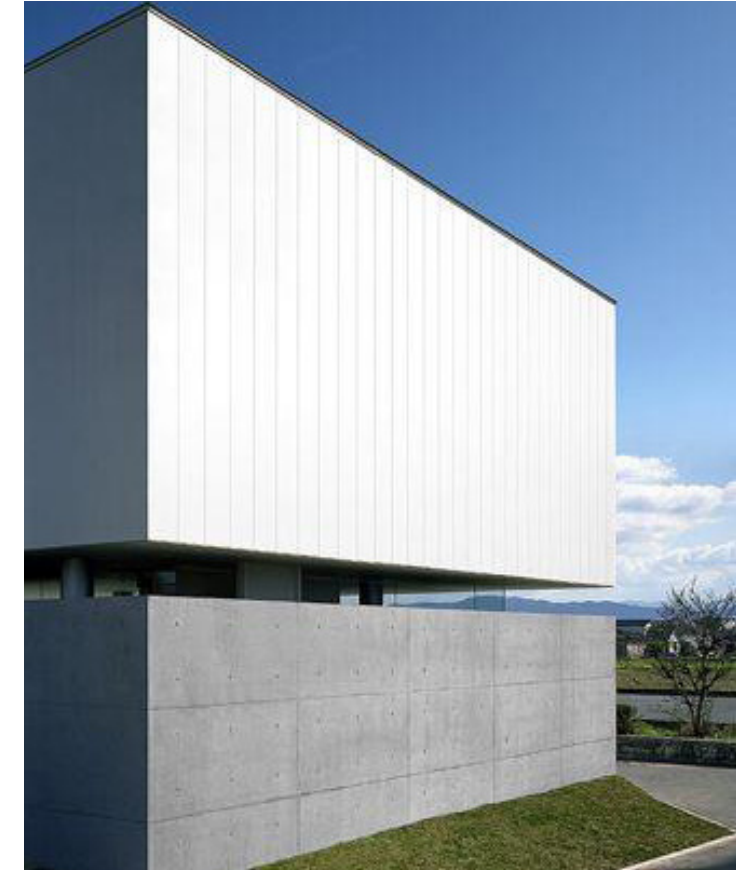
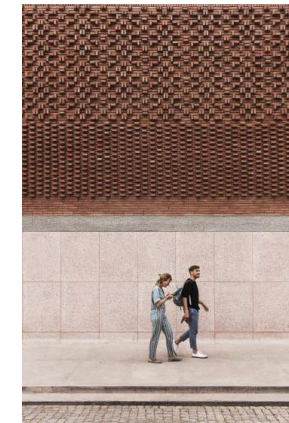
These materials and colour choices combined will create a building that connects to the landscape and urban setting it is in and be familiar to the community as relatable to materials of their own homes.

This familiarity in finish will promote a sense place that shouldn't alienate visitors and help promote recovery.

The refinement of the strong lines and layering to create a coherent visual language that blend seamlessly with the local vernacular while emphasizing the building's purpose as a welcoming and functional healthcare facility.

The implementation of roof overhangs scaled to mass of the building still further echoes this vernacular architectural response and softens the building edges.

The sun-shading screen on the northern façade of the building serves a dual purpose. Firstly, it acts as a building identifier, drawing the eyes of passersby to the front door, café, and external courtyards. Secondly, the screen has the potential to integrate art into its design, enhancing the visual appeal of the building. Overall, the sun-shading screen is a functional and aesthetic addition to the building's architecture.



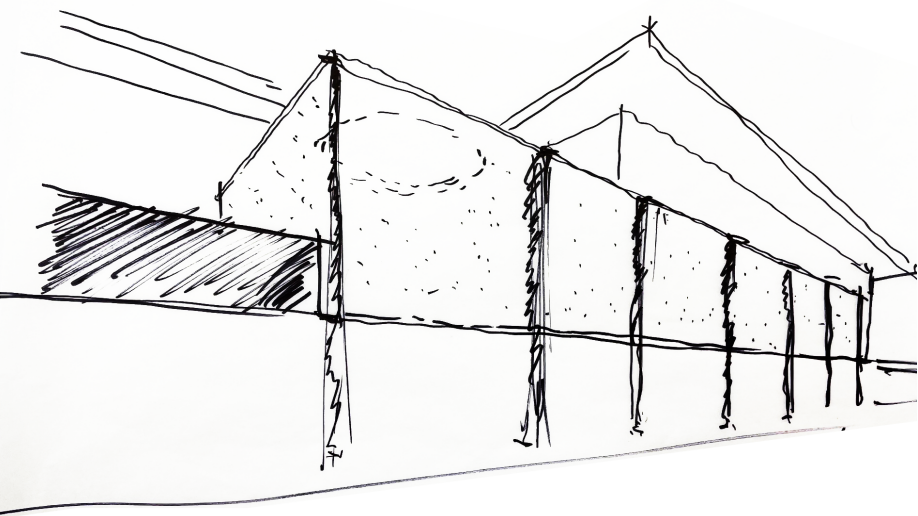
01/ Facade inspiration board



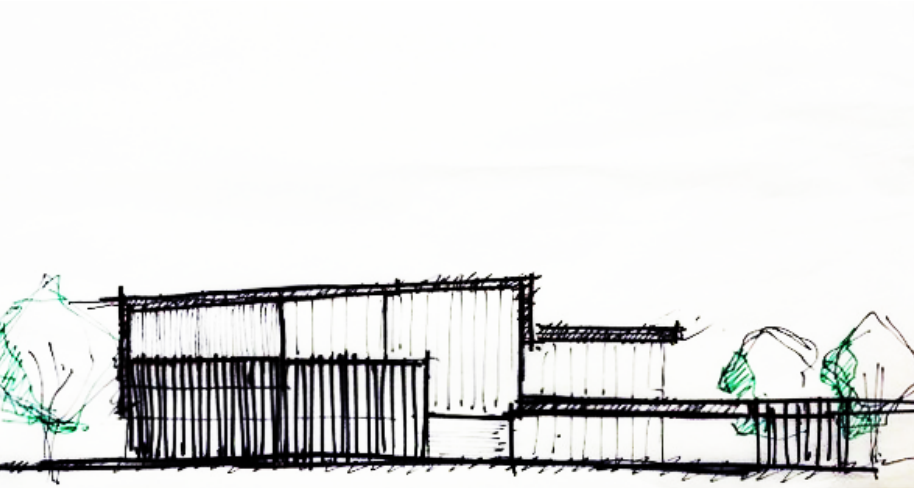
5.0 ARCHITECTURAL DESIGN

5.3 FACADE AND MATERIALITY

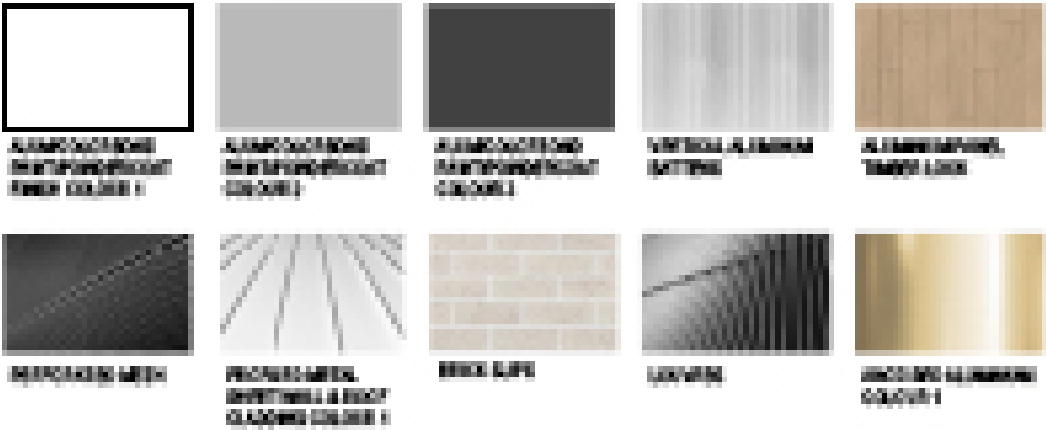
These design principles create a public building that is relatable to the users, sits comfortably with its neighbours, and welcomes visitors and patients to a facility that delivery modern medical services within.



01/ Main entry concept sketch

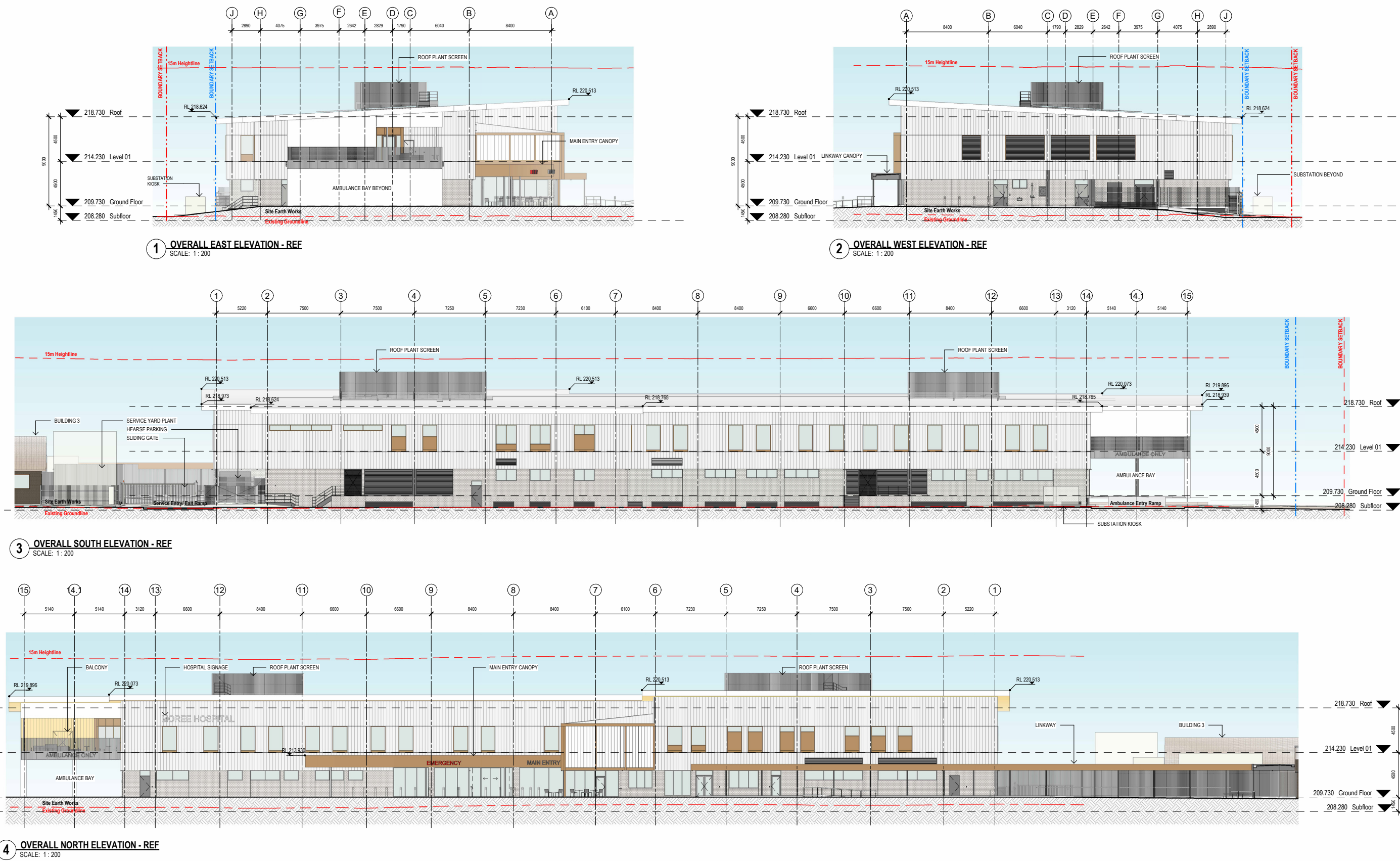


02/ Facade massing preliminary sketch



03/ Facade and materiality concept

5.0 ARCHITECTURAL DESIGN



01/ Indicative building elevations - NTS

5.0 ARCHITECTURAL DESIGN

5.4 WAYFINDING AND CONNECTION TO COUNTRY

Connection to country plays an important part informing design, drawing on local stories and culture of the indigenous Aboriginal communities and the importance of Country.

The Weraeraï and Kamilaroi peoples are the earliest known inhabitants of the area, and the town’s name is said to come from an Aboriginal word for ”rising sun,” ”long spring” or ”water hole”.

This most likely in reference to the Mehi River or the towns artesian hot springs local to the area.

The local community have been consultant during the design process to date in the Aboriginal Design Working Group (ADWG) and the Moree Arts in Health Working Group (AHWG).

The membership of these groups has shaped how the design has developed with meaningful insights in the local culture and that informed our thinking on design outcomes and how the rich culture of the local community could be integrated into the arts design response as well as architecture.

Consultation is ongoing at the time of the writing of this report with local communities. Consultations to date have been.

- Aboriginal Design Working Group No.1, In Moree, 15.09.22
- Aboriginal Design Working Group No.2, In Moree, 05.10.22
- Aboriginal Design Working Group No.3, In Moree, 30.11.22
- Aboriginal Design Working Group No.4, In Moree, 04.05.23
- Aboriginal Design Working Group No.5, In Moree, 03.08.23
- Aboriginal Design Working Group No.6, In Moree, 21.09.23
- Aboriginal Design Working Group No.7, In Moree, 23.11.23
- Moree Arts in Health Working Group, In Moree, 03.08.23
- Moree Arts in Health Working Group, In Moree, 21.09.23
- Internal Project Arts in Health Working Group, In Moree, 14.08.23
- Community Consultation, In Moree, 29.08.23

These consultations have had positive engagement that have informed the design to date, and how integration of artwork in the building façade and landscape can be explored.

These range from an extensive art collection held by the hos-pital through to the use of body casts from the maternity unit, carvings, and interpretation of local stories into architectural elements such as screening or applied wall finishes.

Outcomes from the ADWG that have influenced planning and design outcomes included.

- Locating an Aboriginal liaison officer to the FOH/ED area
- Locating the ‘Lizzie Doolan’ room, a space for larger family groups to meet, near the FOH
- An external courtyard space adjacent to the ‘Lizzie Doolan’ to allow further waiting space in an outdoor setting.
- An external area accessible from the palliative care room to allow for larger family groups to visit, and also to allow pets to be bought in to spend time with patients.
- Landscaping considerations are to include.

- The use of native plants.
- Provision of shade
- Not too scented (respiratory considerations) and not insect attracting.
- Bush tucker selection deemed potential issue with potential ingestion by patient.
- External seating near the FOH and ED waiting areas.
- Bringing the outdoors in, with planting incorporated in the FOH waiting area.
- The integration of art within the building with concepts be developed including.
- Community-focused art like the Macksville weaving collaborative project would provide distraction and be a talking-piece in the main entry.
- Incorporation of Paper Mache busts from the maternity outpatients as a prominent art installation.
- Dual language on signage



MACKSVILLE HOSPITAL ENTRY



WAGGA HEALTH SERVICES BUILDING RECEPTION SIGNAGE

02

01/ Lizzie Doolan Room Interior
02/ Duel Wayfinding Examples

5.0 ARCHITECTURAL DESIGN

As the design of the building evolved from its earlier concept design a number of concerns raised by the local community were addressed

- The courtyard had architectural slats that had connotations of a jail like structure. This has been removed with a direct and open approach to the courtyard achieved.
- Earlier designs had inward facing IPU rooms. The proposed design now has all rooms on level one, with view to the south over the town and to the north towards the river.
- Better visible connection to the river was achieved.

Commentary of architectural form and the palette was supportive noting the use of neutral and whit base colours gave the building a 'clean' look befitting a hospital.

It was suggested that this base colour could allow for video projections to play out over the façade in a 'vivid' festival manner with NAIDOC week being an example of when this could be promoted.

The Aboriginal story of the 'Rainbow Serpent' is one known across the country, and the serpent is said to now sleep in the Boobera Lagoon north of Moree. The design team are developing how this storey can be brought into the building with proposals to incorporate this into some screening near the main entry.



01/ Body Casts
02/ Rainbow Serpent Art
03/ Building Lighting Concept

5.0 ARCHITECTURAL DESIGN

5.5 HEALTH INFRASTRUCTURE CONSULTATION

Consultation with the client Health Infrastructure during the Design Development phase has continued to shape the design of the development, with key considerations to budget, functionality, operational requirements

The client has been part of the wider project meeting schedule including;

- Aboriginal Design Working Group No.1, In Moree, 15.09.22
- Aboriginal Design Working Group No.2, In Moree, 05.10.22
- Aboriginal Design Working Group No.3, In Moree, 30.11.22
- Aboriginal Design Working Group No.4, In Moree, 04.05.23
- Aboriginal Design Working Group No.5, In Moree, 03.08.23
- Aboriginal Design Working Group No.6, In Moree, 21.09.23
- Moree Arts in Health Working Group, In Moree, 03.08.23
- Community Consultation, In Moree, 29.08.23
- Moree Arts in Health Working Group, In Moree, 31.08.23
- Overarching Facility Wide Discussions, 25.09.23
- John Hunter Prototype Room Inspection
- Project User Group Meetings
- Project Workshops

Key design changes that were influenced by this collaboration include.

- Develop the hospital over two stories rather than one, reduce the overall footprint and reduce staging.
- Acute Service building ground floor level to match existing Building 1.
- Development of covered walkways from the new ASB to Building 1 and Building 3 and 4.
- Demolition of Building 5 to create larger courtyard area.
- Facade design and materiality selection.
- Roof form and design.

5.6 COMPLIANT DESIGN

The proposed design has been developed referencing all Standards and NC22 and the Australian Health Facility Guidelines and Design Notes.

DDA requirements have been met referencing AS 1428.1 and reviewed by BM+G, the BCA and DDA consultants on the design team.



The Disability Discrimination Act 1992 (DDA) is Commonwealth legislation enacted in 1993 that seeks to ensure that all new building infrastructure, refurbishments, services and transport projects provide independent and equitable access. The DDA is a complaints based legislation administered by the Australian Human Rights Commission (AHRC).

Subordinate to the DDA are the Disability Standards, which include; Disability (Access to Premises – Buildings) Standards 2010, Disability Standards for Education 2005, and the Disability Standards for Accessible Public Transport 2002. These Disability standards refer back to the AS 1428 suite of standards and Building Code of Australia.

Since 2011, the Building Code of Australia has adopted the key accessibility provisions of the Disability (Access to Premises – Buildings) Standards 2010, with compliance with AS 1428.1 – 2009, AS 1428.4.1 – 2009, and AS 2890.6 – 2009 becoming mandatory. As such, compliance with the relevant sections of the BCA ensures compliance with the Disability (Access to Premises – Buildings) Standards 2010 and vicariously the DDA.

With respect to existing works, there are statutory upgrade requirements within the Disability (Access to Premises – Buildings) Standards 2010 that apply to all building works which require consent (including Crown building work). This relates to the upgrade of any 'affected part' of the building, which includes;

- ✦ The principal pedestrian entry (i.e. entry door and ramp), and
- ✦ The pathway / corridor / lift / ramp which form an accessible path of travel to any area of new work (note: only one accessible path of travel is required to any new part under this requirement).

01/ Extract from BM+G BCA and DDA Moree Report

5.7 SHADOW ANALYSIS

A shadow analysis has been conducted to evaluate the impact of the Building 2 development on the Moore Health District Campus.

Summer Solstice on the 22nd of December, 2023.



1 Proposed Site Plan Shadow Analysis-Summer 9am
SCALE: 1:1000



2 Proposed Site Plan Shadow Analysis-Summer 12pm
SCALE: 1:1000



3 Proposed Site Plan Shadow Analysis-Summer 3pm
SCALE: 1:1000

5.7 SHADOW ANALYSIS

A shadow analysis has been conducted to evaluate the impact of the Building 2 development on the Moore Health District Campus.

Winter Solstice on the 22nd of June, 2023



1 Proposed Site Plan Shadow Analysis-Winter 9am
SCALE: 1:1000



2 Proposed Site Plan Shadow Analysis-Winter 12pm
SCALE: 1:1000



3 Proposed Site Plan Shadow Analysis-Winter 3pm
SCALE: 1:1000

An aerial photograph of a suburban area, featuring a mix of residential houses, commercial buildings, and green spaces. The image is overlaid with a semi-transparent teal color. In the upper left, there is a large, open grassy area. To the right, there are several commercial buildings, including what appears to be a shopping center. The lower half of the image shows a dense residential area with many houses and streets. The text "6.0 LANDSCAPE DESIGN" is overlaid on the left side of the image.

6.0

LANDSCAPE DESIGN

6.0 LANDSCAPE DESIGN

6.1 LANDSCAPING DESIGN SUMMARY

The Landscape Design by Taylor Brammer Landscape Architects considers several key aspects of the site.

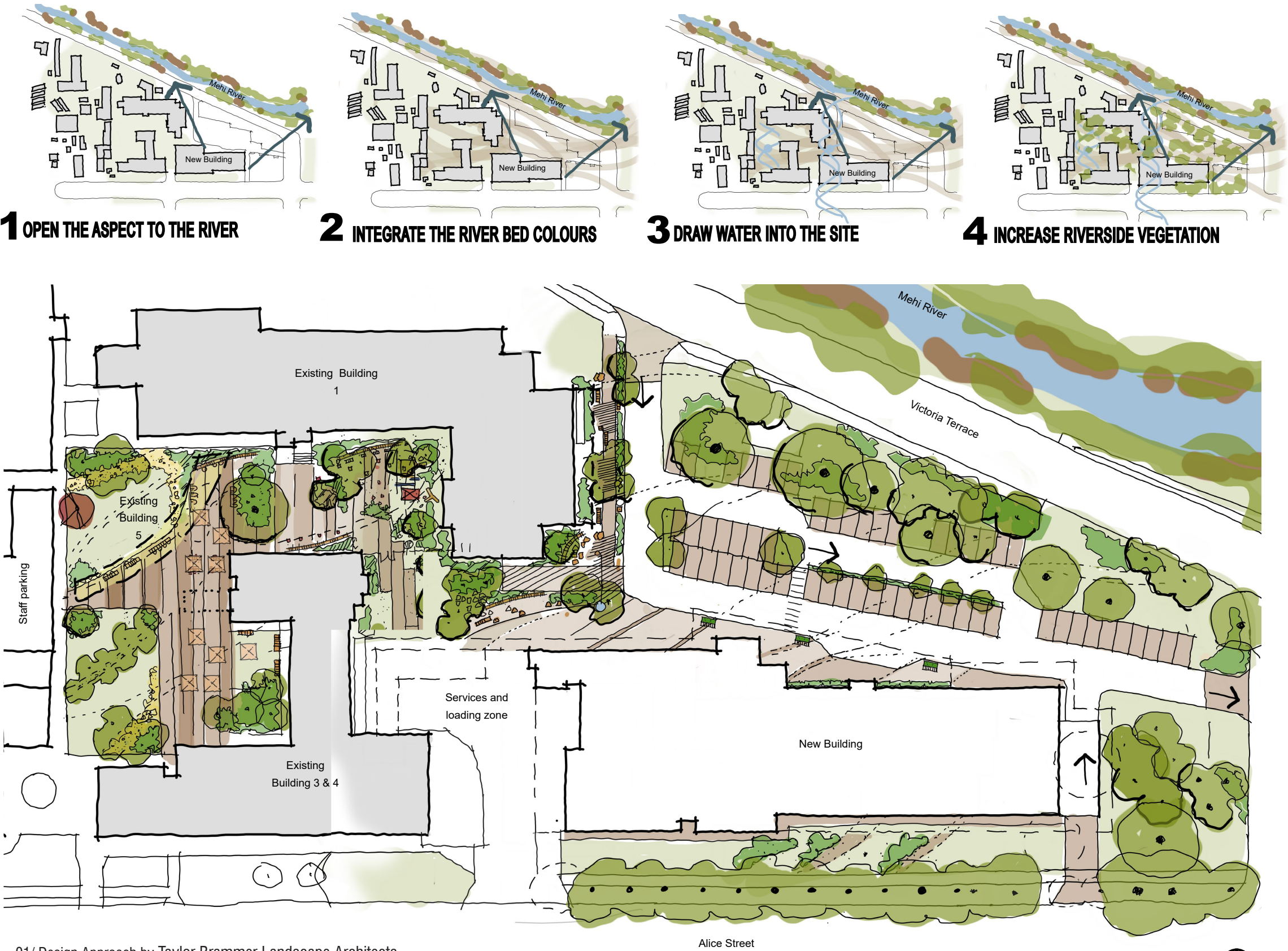
The design principles include

- Reconnecting with the (Mehi) River
- A welcoming environment for all Community
- Creating a restorative landscape

The design approach for the site is separated into four steps and links directly to the landscape design principles

1. Open the aspect to the river
2. Integrate the river bed colours
3. Draw water into the site
4. Increase riverside vegetation

The creation of larger courtyard between Building 1 and 4 with the removal of Building 5 also opens the campus site up with clear site lines to the existing buildings on site with intuitive way-finding achieved.



01/ Design Approach by Taylor Brammer Landscape Architects



An aerial photograph of a campus, likely a university, with a semi-transparent teal overlay. The image shows various buildings, parking lots, and green spaces. The text "7.0 WAYFINDING DESIGN" is overlaid on the left side in a bold, white, sans-serif font.

7.0

WAYFINDING DESIGN

7.0 WAYFINDING DESIGN

7.1 WAYFINDING

The Wayfinding and Signage Design by Minale Tattersfield incorporates all information to be provided for the self navigational approach to and circulation within the site capturing all user groups and traffic modes day and night. It captures the pedestrian circulation within the new building for all user groups.

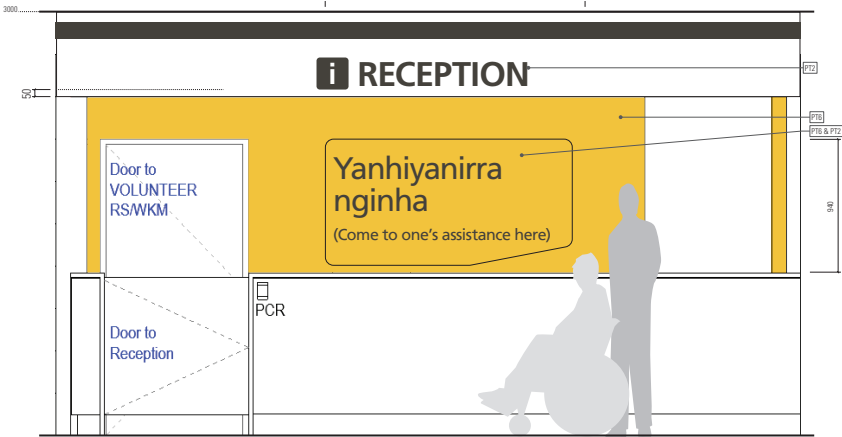
The wayfinding package includes

- Signage : Signage will be designed with the rural and architectural context in mind and be appropriate in scale and to best practice concerning ease of navigation and legibility of text day and night.
- Signage kit of parts, look and feel : The design elements should be non-institutional in appearance, provide visual interest and promote a welcoming, warm and therapeutic atmosphere. The theme of a rural scale and environment as well as the indigenous context in terms of form, material and colour play a key role.
- Indigenous Art incorporated with way finding : Indigenous references form part of a separate arts strategy through a local artists collaborative.
- Welcome to Country : Welcome to Country content other than artwork can be incorporated with English text messages subject to the aboriginal/arts working group during the Design Development process.
- Compliance : Relevant legislation, guidance and standards relating to the service delivery of the hospital development.

CONNECTING WITH COUNTRY – CASE STUDIES
HOSPITAL PROJECTS WITH DUAL LANGUAGE SIGNAGE



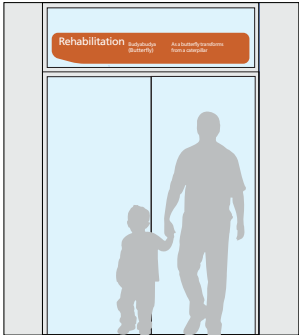
MACKSVILLE HOSPITAL ENTRY



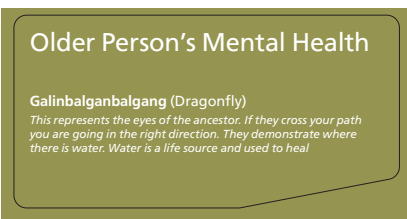
WAGGA HEALTH SERVICES BUILDING RECEPTION SIGNAGE



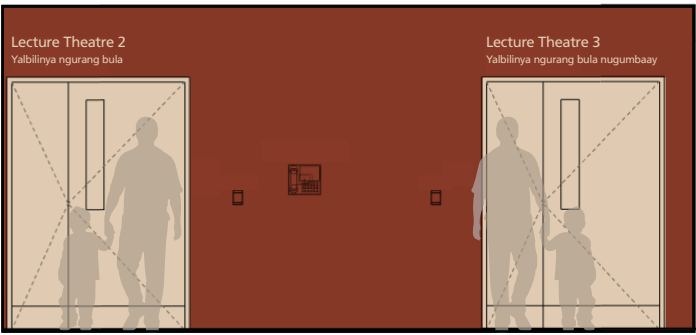
DEPARTMENT IDENTIFICATION AND INTERPRETATION CASESTUDY



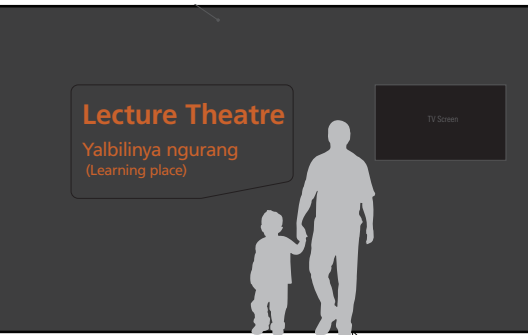
WAGGA HEALTH SERVICES DEPARTMENT IDENTIFICATION



WAGGA HEALTH SERVICES DEPARTMENT IDENTIFICATION



WAGGA HEALTH SERVICES ROOM ENTRY IDENTIFICATION



WAGGA HEALTH SERVICES LECTURE THEATRE IDENTIFICATION

Note: Shown are examples only. Further consultation required.

7.0 WAYFINDING DESIGN

SIGN FAMILY HEIRARCHY





8.0

CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN ASSESSMENT

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8.1 CRIME PREVENTION THROUGH ENVIRONMENTAL DESIGN ASSESSMENT

The development of the design for the Moree Hospital Redevelopment has resulted in a built form that is consolidated, rationalised and concise. This reduces awkward way-finding, blind corners, and thus promotes community safety and security.

The designed landscaped pathways, seating areas and open communal areas between existing hospital buildings and the street access allow for improved visual connection to and from the hospital campus resulting in a 'many eyes' community security response.

The Moree Hospital Refurbishment has adopted the principles of Crime Prevention Through Environmental Design (CPTED) in developing the site layout and building design of Building 2 to create a safe environment for all users through

- Access Control
- Territorial Reinforcement
- Space/Activity Management
- Surveillance

ACCESS CONTROL

General public entrance is limited to two entry points. The main Building 2 entry is from the northern car park. A shared airlock allows public access to the Front of House and Emergency Receptions.

The secondary public entry is a covered walkway from Building 4. There are two entry points from the covered walkway, one entry directly into the Lizzie Doolan room and another entry into the adjoining front of house area near the multi-faith room and kiosk.

Access control devices are to be coordinated onto hospital doors to ensure secure clinical and admin access.

Public entry into Building 2 is limited to the Front of House rooms and the ED reception areas, this increases the likelihood of staff monitoring and security supervision.

TERRITORIAL REINFORCEMENT

The Moree Hospital Redevelopment site plan has been designed with a northern public realm and southern services access.

This delineation of public and hospital services improves security of hospital services via access points to the southern loading dock area and allows for an open public area to the north of the site.

The Lizzie Doolan room is provided along the northern façade as a place of gathering for families and communities. It is currently designed as a transient space with a swing door and glass windows connecting to the north communal public area. This is designed to encourage community ownership and in doing so, improves passive ownership of the adjoining landscaped gardens.

SPACE/ACTIVITY MANAGEMENT

By designing the hospital building through thoughtful selection of building finishes, it reinforces a sense of ownership, pride and management over the hospital campus which discourages opportunities of crime.

Several community workshops took place during the design phase and feedback from the community was incorporated into the design.

SURVEILLANCE

The design incorporates passive surveillance strategies including clear sight lines through the hospital site. This includes passive surveillance of the public car park from the hospital waiting rooms and passive surveillance from the Level 1 balcony over the eastern section of the site.

Site lighting and CCTV will be provided to ensure all users feel safe in the hospital campus.



01/ South facade render from Alice Street



02/ Entry to northern facade render



9.0

ENVIRONMENTAL STRATEGY

9.0 ENVIRONMENTAL STRATEGY

9.1 ENVIRONMENTAL ENERGY STRATEGY CONSIDERATIONS

The aim for the environmental strategy is to achieve

- A minimum 4 Green Star Rating equivalence(HI DGN 058)
- A minimum of 10% improvement in energy efficiency compared to a baseline of NCC Section J compliance application to the development

E-Lab have prepared an ESD Report for this project which extensively considers environmental targets, sustainable framework and strategies.

DAYLIGHT

Access to Daylight is beneficial for the psychological and physiological wellness of patients and staff who work in all areas of the hospital.

WATER

Consider strategies to reduce the building's water consumption through water efficiencies and water re-use where possible. Including on-site rainwater harvesting and water recycling.

ENERGY & CARBON

Consideration of low carbon energy technologies to reduce carbon emissions.

Passive design and energy efficiency strategies are to be considered and implemented in the energy strategy. Including life cycle considerations for decision making and on-site renewables.

VIEWS

Windows provide visual access to the outside and establish a connection to the local surroundings.

Visual connection which provides an indication of time of day and weather often improves wellness and psychological health.

AIR QUALITY

Good air quality is vital for a healthy hospital. Adequate ventilation rates and regular cleaning and maintenance of hospital ventilation systems is critical for controlling the level of pathogens in the air and preventing the widespread of airborne infections.

TRANSPORT

Consideration for way finding and pedestrian access to and around the new building. This includes clear pathway connections, signage and adequate awnings above pathways to encourage pedestrian movement through the site.

ACOUSTICS

Acoustic design applied to the hospital building. Acoustic strategies to balance noise levels, reducing high levels of ambient sound and noise peaks and consideration of privacy and sound clarity where applicable.

BIOPHILIA

Transient spaces throughout the hospital such as balconies improves the human connection to nature through increased views, access to air quality and the connection to nature.

Balconies also support additional shading, improve energy efficiency and access to outdoor space.

EMISSIONS

Consideration of emissions strategies to reduce sources of pollution and emissions in the building and during the construction process.

SMART TECHNOLOGY & INFRASTRUCTURE

Adaptation of smart technologies through the hospital to enable open data sharing and integrate site wide data connectivity.

INDOOR ENVIRONMENTAL QUALITY

Project specific strategies to reduce energy consumption while maintaining specific functional needs to enhance patient comfort and wellness.

MATERIALS

Consideration of the materials used in the construction of this project to reduce resource consumption and the amount of waste generated.



AS/NZS ISO 9001
Certified

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