# Design Report – EIS Report

## Eurobodalla Regional Hospital

MAY, 2023

For: NSW Health Infrastructure

Conrad Gargett

# Documentation Control

| Revision | Description | Issue date | Prepared by | Reviewed by |
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We acknowledge the Walbunga people of the Yuin Nation, Traditional Custodians of the land on which the Eurobodalla Regional Hospital will be sited, and pay respects to their Elders past, present and future.

# Abbreviations/Acronyms

| Term | Description |
|---|---|
| ACT | Australian Capital Territory |
| ABW | Activity Based Working |
| AusHFG | Australasian Health Facility Guidelines |
| BAL | Bushfire Attack Level |
| BCA | Building Code of Australia |
| BoH | Back-of-house |
| CDR | Concept Design Report |
| CPTED | Crime Prevention through Environmental Design |
| CSP | Clinical Services Plan |
| ED | Emergency Department |
| EHS | Eurobodalla Health Service |
| ERG | Expert Reference Group |
| ERH | Eurobodalla Regional Hospital |
| ESD | Environmentally Sustainable Design |
| FDB | Functional Design Brief |
| FFDI | Forest Fire Danger Index |
| FoH | Front-of-house |
| HINSW | Health Infrastructure New South Wales |
| HItH | Hospital at in the Home |
| HLS | Helicopter Landing Site |
| HS | Hospital Service |
| ICT | Information and Communication Technology |
| IPU | Inpatient Unit |
| LGA | Local Government Area |
| MoC | Model of Care |
| MoH | Ministry of Health |
| MPS | Multipurpose Services |
| NSW | New South Wales |
| NZE | Net Zero Emissions |
| PAS | Project Advisory Service |
| PMF | Probable Maximum Flood |
| PPT | Project Planning Team |
| PUG | Project User Group |
| PV | Photovoltaic |
| PWD | Persons with a Disability |
| RP | Root Partnerships |
| SDR | Schematic Design Report |
| SDRP | State Design Review Panel |
| SNSWLHD | Southern New South Wales Local Health District |
| SOA | Schedule of Accommodation |
| WOL | Whole of life |
| WSUD | Water Sensitive Urban Design |
| ZMP | Zonal Masterplan |

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# 1.0 Executive Summary

## 1.1 Introduction

This report supports a State Significant Development Application (SSDA) submitted to the Department of Planning and Environment (DPE) pursuant to Part 4 of the Environmental Planning and Assessment Act 1979 (EP&A Act), for the proposed development of a new hospital at Braemar Drive, Moruya.

This application is SSD by way of section 2.6 and schedule 1 under the *State Environmental Planning Policy (Planning Systems) 2021* on the basis that the development is for a new hospital with a capital investment value of more than $30 million.

This report has been prepared having regard to the Secretary's Environmental Assessment Requirements issued for the project by DPE.

## 1.2 Secretary's Environmental Assessment Requirements

The below references the SEAR's condition and notes the sections of this report where these conditions are addressed.

| Issue and Assessment Requirements | |
|---|---|
| **3. Design Quality**<br>— Demonstrate how the development will achieve:<br>  — design excellence in accordance with any applicable EPI provisions.<br>  — good design in accordance with the seven objectives for good design in Better Placed.<br>— Demonstrate that the development:<br>  — where required by an EPI or concept approval, or where proposed, has been subject to a competitive design process, carried out in accordance with an endorsed brief and Design Excellence Strategy; or<br>  — in all other instances, has been reviewed by the State Design Review Panel (SDRP) consistent with the NSW SDRP: Guidelines for Project Teams.<br>  — Recommendations of the jury and Design Integrity Panel (where a competitive design process has been held) or the SDRP are to be addressed prior to lodgement. | 3.0, 6.0, 7.0 |
| **4. Built Form and Urban Design**<br>— Explain and illustrate the proposed built form, including a detailed site and context analysis to justify the proposed site planning and design approach.<br>— Demonstrate how the proposed built form (layout, height, bulk, scale, separation, setbacks, interface and articulation) addresses and responds to the context, site characteristics, streetscape and existing and future character of the locality.<br>— Demonstrate how the building design will deliver a high-quality development, including consideration of façade design, articulation, roof design, materials, finishes, colours, any signage and integration of services.<br>— Assess how the development complies with the relevant accessibility requirements. | 6.0, 7.0, 8.0, Refer Building Certifier's report |
| **5. Environmental Amenity**<br>— Address how good internal and external environmental amenity is achieved, including access to natural daylight and ventilation, pedestrian movement throughout the site, access to landscape and outdoor spaces. | 8.0, Refer to Landscape Report |
| — Assess amenity impacts on the surrounding locality, including lighting impacts, solar access, visual privacy, visual amenity, view loss and view sharing, overshadowing and wind impacts. A high level of environmental amenity for any surrounding residential or other sensitive land uses must be demonstrated.<br>— Provide a solar access analysis of the overshadowing impacts of the development within the site, on surrounding properties and public spaces (during summer and winter) at hourly intervals between 9am and 3pm, when compared to the existing situation and a compliant development (if relevant). | |
| **6. Visual Impact**<br>— Provide a visual analysis of the development from key viewpoints, including photomontages or perspectives showing the proposed and likely future development.<br>— Where the visual analysis has identified potential for significant visual impact, provide a visual impact assessment that addresses the impacts of the development on the existing catchment. | |
| **7. Public Space**<br>— Demonstrate how the development maximises the amount, access to and quality of public spaces (including open space, public facilities and streets/plazas within and surrounding the site), reflecting relevant design guidelines and advice from the local council and the Department.<br>— Demonstrate how the development:<br>  — ensures that public space is welcoming, attractive and accessible for all.<br>  — maximises permeability and connectivity.<br>  — maximises the amenity of public spaces in line with their intended use, such as through adequate facilities, solar access, shade and wind protection.<br>— Address how Crime Prevention through Environmental Design (CPTED) principles are to be integrated into the development, in accordance with Crime Prevention and the Assessment of Development Applications Guidelines. | 7.0, Refer to Landscape Report, Refer Building Certifier's report |
| **8. Trees and Landscaping**<br>— Assess the number, location, condition and significance of trees to be removed and retained and note any existing canopy coverage to be retained on-site.<br>— Provide a detailed site-wide landscape plan, that:<br>  — details the proposed site planting, including location, number and species of plantings, heights of trees at maturity and proposed canopy coverage (as a percentage of the site area).<br>  — provides evidence that opportunities to retain significant trees have been explored and/or informs the plan.<br>  — demonstrates how the proposed development would:<br>  — contribute to long term landscape setting in respect of the site and streetscape.<br>  — mitigate the urban heat island effect and ensure appropriate comfort levels on-site.<br>  — contribute to the objective of increased urban tree canopy cover.<br>  — maximise opportunities for green infrastructure, consistent with Greener Places and having regard to any bush fire risk. | Refer to Landscape Report |

## 1.3 The Site

The new Eurobodalla Regional Hospital development is located in Moruya on the Princes Highway to the south-east of the Moruya Town Centre, on vacant greenfield land. To the west of the site is Moruya TAFE, and to the north is a small residential subdivision called Mynora Estate. The majority of works will occur on this greenfield site, with some road works proposed in the adjoining Princes Highway and northern access road reserves. The site is legally described as Lot 2, DP 1281576.

## 1.4 Project Scope

Southern NSW Local Health District (SNSWLHD) currently provides health services across three campuses within the Eurobodalla Shire, including hospitals at Batemans Bay and Moruya. The Eurobodalla Regional Hospital Clinical Services Plan (CSP), endorsed in March 2020, identified a need to consolidate existing services, reduce duplication, and increase the provision of care to meet the needs of the Eurobodalla population.

The Eurobodalla Regional Hospital project aims to create a sustainable, patient and community focused service which is digitally enabled. Planning has maintained a focus on sustainability, both environmentally and operationally, and from a community perspective.

Early planning identified a preferred Eurobodalla Regional Hospital site, adjacent to the Princes Highway in Moruya, which can accommodate the health service along with appropriate future proofing. The site also provides immediate access from the highway, as well as alternate vehicular access from the north, if needed. Response to the natural topography, supporting northern orientation, as well as providing outlook to vegetation and distant views. The preferred site at Moruya provides natural light and views for a majority of the facility, considering the topography to allow the Aboriginal community to maintain a connection with Country through significant life events, as well as meeting clinical needs through access, co-location and key adjacencies.

As a pilot project for the NSW Government Architect's Connecting with Country framework, consultation has been undertaken with members of the Aboriginal community both as part of identification of a preferred site as well as development of the site planning and detailed design. This consultation is planned to continue through the life of the project to ensure the facility, its staff, visitors and the broader community are part of an ongoing commitment to Country.

The development of this report has included review by the State Government Architect NSW, consultation with a range of stakeholders within SNSWLHD, community members – both Aboriginal and non-Aboriginal, HI Delivery team, HI Project Advisory Services and HI Expert Review Group.

## 1.5 Purpose of Report

The report aims to provide a comprehensive overview of the project context, outcomes of the site planning process and detailed design. This report communicates how the intent of the brief and project objectives are being met, demonstrates the robust level of site analysis and design resolution undertaken and articulates the collaboration and consultation process with the community.

The report is structured to provide an overview of the project framework and to communicate the development of the design as follows;

- Project background, aims, and objectives;
- Overview of the site considerations impacting on the Schematic Design;
- Consolidation of the design team's understanding of the key design drivers;
- The consultation and collaboration process undertaken with the community;
- Development of the proposed building footprints and planning;
- Architectural Design Response;
- Analysis of certification and access considerations impacting on the design.

# 2.0 Methodology

## 2.1 Documentation

### Clinical Services Plan

The Clinical Services Plan for the Eurobodalla Regional Hospital was developed by Southern NSW Local Health District (SNSWLHD) over many years, with endorsement from the Ministry of Health (MoH) in May 2020. The Clinical Service Plan (CSP) provides a comprehensive overview of current and future health service delivery across all care settings, and make recommendation for capital works enhancements and clinical services delivery.

### Planning and Prioritisation Report

During Part 0 "Project Initiation", a process of initial scope optimisation was undertaken to ensure a sustainable and appropriately sized service could be provided within the allocated budget. As a result, a Planning and Prioritisation Report was developed.

This report summarises the clinical service prioritisation process undertaken with Eurobodalla Regional Hospital to date. The Planning and Prioritisation report sought to identify a preliminary service configuration for the EHS at day 0 to help inform and guide the detailed planning process. This was done through "transform and optimise" initiatives and a service prioritisation process for the Eurobodalla Regional Hospital (ERH) Redevelopment.

### Informing Documents:

- Eurobodalla Masterplan Report – Capital Consultants May 2020
- Eurobodalla Health Service Clinical Service Plan, March 2020
- Australasian Health Facilities Guidelines, February 2021
- Eurobodalla Health Service Site Selection Report
- Eurobodalla HS Site Selection Flood Assessment Report Rev 0
- Moruya (Eurobodalla) Hospital HLS Aviation Feasibility Assessment AviPro V1.1 Final
- Preliminary Town Planning Assessment 30062020 – Site Selection
- Building Code of Australia (BCA)
- Eurobodalla Health Service Redevelopment -Value Management Study
- Site Selection Working Group Brief Final
- EHS Redevelopment - Recommendation Report V1.2
- Review of South East Regional Hospital & Site Visit
- POE Report Operating Theatres and IIOR 2017; and
- 190312 POE IPU Major Findings and Recommendations Presentation.
- The State Infrastructure strategy 2012-2032
- The NSW State Health Plan – Towards 2021
- The NSW Rural Health Plan – Towards 2021
- Oral Health 2020: A Strategic Framework for Dental Health in NSW
- Australian Government Health Mouths, Health Lives: Australia's National Oral Health Plan 2015-2024
- NSW Aboriginal Health Plan 2013-2023
- NSW Integrated Care Strategy
- Healthy, Safe and Well: A Strategic Plan for Children, Young People and Families 2014-2024
- NSW Ageing Strategy 2012
- GL2014_018 Wayfinding for Health Facilities.
- eHealth Strategy for NSW Health 2016-2020
- The National Framework for Universal Child and Family Health Services
- NSW Ministry of Health Office of Kids and Families initiative – Health safe and well
- Protecting People and Property, NSW Health Policy and Standards for Security Risk Management in NSW Health Agencies, October 2018
- NSW Health, PD 2019 060 Workspace Accommodation Policy
- Moruya Historical Society (mdhs.org.au)

The below consultants' reports have informed this report:

- Electrical Engineers Report
- Engineers inspection reports (structural & civil)
- Geotechnical Report
- Town Planning
- Arborist Report
- SDRP Review
- Mechanical Engineers Report
- Surveyor plans
- Landscape Report
- Hydraulic Report
- Bushfire Report
- Bio-diversity Assessment Report

## 2.2 Health Facility Guidelines

The Australasian Health Facility Guidelines (AusHFG) informed the development of the Functional Design Brief and the Schematic Design and Developed Design. The Guidelines have been used in the manner for which they are intended.

The AusHFG are not intended to restrict innovation that might improve performance or outcomes, or to be prescriptive where clinical service circumstances can validate an alternate configuration. The aims of the AusHFG are to:

- assist with the design of safe health facilities that provide privacy and dignity for patients,
- support contemporary models of care and the needs of carers, visitors and staff;
- maintain public confidence in the standard of health facilities;
- achieve affordable solutions for the planning and design of health facilities; and
- promote built solutions that minimise recurrent costs and encourage operational efficiencies."

The guidelines provide a basis for discussion of requirements with users during the design process to enable a dialogue where models of care to tailor design solutions to the project-specific functional brief and developed user requirements.

## 2.3 Connecting with Country

The draft Connecting with Country framework is an initiative by the NSW Government's Architect Office, and is a draft framework intended to help form, design, and deliver government infrastructure. The framework looks at projects state-wide in NSW and is undergoing 12 months of testing and piloting alongside Aboriginal Communities to establish best practices for implementing a finalised framework

The framework is to be utilised by community, local government, government agencies, industry, and developers. The intention is to have all groups involved in delivering government projects adopt the following long-term commitment:

*Through our projects, we commit to helping support the health and wellbeing of Country by valuing, respecting, and being guided by Aboriginal people, who know that if we care for Country – it will care for us.*

This commitment expects the attempts to realise three (3) strategic goals:

— Reduce the impacts of natural events such as fire, drought, and flooding through sustainable land and water use practices;
— Value and respect Aboriginal cultural knowledge with Aboriginal people co-leading design and development of all NSW infrastructure projects; and
— Ensure Country is cared for appropriately and sensitive sites are protected by Aboriginal people having access to their homelands to continue their cultural practices.

Connecting with Country will support the design and planning industry in engagement with Aboriginal culture and heritage to help produce projects that:
— Protect the health and wellbeing of Country and therefore of Aboriginal communities, and by extension all communities; and
— Embed Aboriginal knowledge into the design and planning of our built environment to make NSW a better place for all its citizens.

The people's connection to Country has produced a large database of Aboriginal wisdom and knowledge that future projects are looking to embrace and embed within planning and design. A project is enhanced by incorporating this knowledge, not only benefitting the community, as well as Country, but, in addition, these cultural lessons are preserved in a tactile and immediate form.

The human centred design method has limitations and if people are the first priority then the land and nature become secondary. When this happens, people are affected negatively as they are immediately influenced by nature. Taking a traditional Aboriginal world view, designing with Country at the centre and considering people as a part of nature, we can create a more holistic and sustainable future.

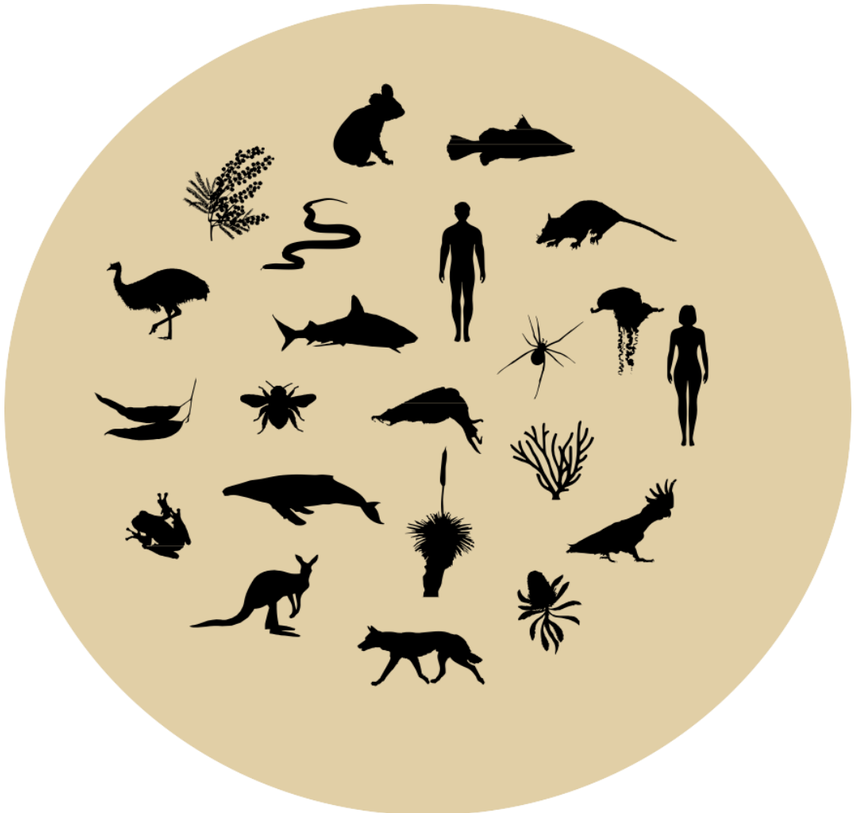


FIGURE 1: COUNTRY CENTRED DESIGN

### 2.3.1 Our Approach

The utilisation of the Connecting with Country framework was undertaken through the following approach;

— Identifying the Aboriginal knowledge holders and Contributors early in the project to have a comprehensive Aboriginal influence throughout the project
— Drawing upon available research to gain understanding of local history and culture, which reveals traditional ways of recording knowledge and builds relationships within the Aboriginal community
— Including appropriate space or facilities for cultural proceedings that the community requires. Projects may require the inclusion of culturally specific facilities, or the project site may have significant cultural history that requires an appropriate design alteration.
— Creating an opportunity for outside interaction. Many people (Aboriginal and non-Aboriginal) do not have access to the world of Aboriginal culture and knowledge, and often have a thirst for learning more about the First Peoples
— Building a database to identify people in the project that influence and guide the project and determine who benefits from the project success and how
— Creating an ongoing line of communication for the project user group and design consultants to provide feedback on successful practice that can be carried into future projects
— Incorporating traditional local land and water management techniques into design – ESD
— Considering the original use of the site and community needs, the project will dedicate space for traditional Custodians to continue their cultural practice on Country
— Including cultural practices in the process of a project and including all participants to connect the people of the Country's past with the people in control of its future use; and
— Seeking local Aboriginal-owned businesses to partner with throughout the project and after. Design Consultancy, Construction, Material Provision, and Tenancy are possibilities – Wayfinding, Placemaking and Graphic Design.

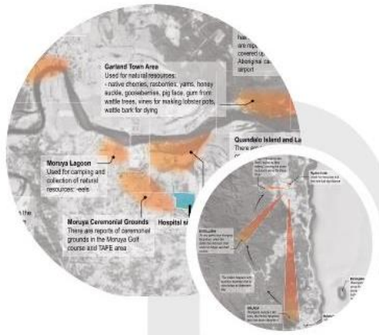
Refer to the detailed design section of this report for further information on the incorporation of Connecting with Country principles into the Eurobodalla Regional Hospital development.

## 2.3.2 Connecting with Country – Our Approach

7 Considering the **original use of the site** and community needs, the project will **dedicate space for traditional Custodians** to continue their cultural practice on Country

Incorporating **traditional, local land and water management techniques** into design – ESD

Including **cultural practices in the process** of a project and including all participants to connect the people of the Country's past with the people in control of it's future use.




1 Draw upon available research to gain understanding of **local history and culture** which reveal **traditional ways of recording knowledge** and build relationships within the Aboriginal community

2 Create an opportunity for **outside interaction**. Many people (Aboriginal and non) do not have access to the world of Aboriginal culture and knowledge and often have a thirst for learning more about the first people

Include appropriate space or **facilities for cultural proceedings** that the community requires. Projects may require the inclusion of culturally specific facilities or the project site may have significant cultural history and need an appropriate design alteration.

3 Build a **database to identify people in the project** that influence and guide the project and determine who benefits from the project success and how.

4 Create an **ongoing line of communication** for the project user group and design consultants to provide feedback on successful practice that can be carried into future projects.

5 Organising **community discussion groups open to all voices**, which maximises our access to **local knowledge** and increases **community awareness**

6 Seek **local Aboriginal-owned businesses** to partner with throughout the project and after. Design Consultancy, Construction, Material Provision and Tenancy are possibilities – Wayfinding, Placemaking and Graphic Design

FIGURE 2: CONNECTING WITH COUNTRY – OUR APPROACH

# 3.0 Design Excellence

The New South Wales Government is committed to design excellence, recognising that well-designed buildings, spaces and places contribute to the quality of life and economic success of the state. Continued engagement with the Office of the Government Architect, Health Infrastructure and engagement with the State Design Review Panel has formed part of the development process of the project. The hospital's and HI NSW vision includes embedding sustainability (ESD) as a core principle of the design and operation of the facility. This will create a facility which:

- Creates a healthy campus community
- Protects occupant health, promotes occupant wellness and prevents environmental harm
- Provides secure, safe potable water
- Enhances the civic, urban experience
- Is resilient and ready for the future; and
- Improves natural systems and landscape areas.
- Delivers on the Connecting with Country Framework.
- The precinct will be healthier and underpin good mental health;
- Buildings will be healthier and welcoming – assisting navigation and reducing barriers to access
- Facilities will be healthier and helpful - facilitating ease of access, safety and satisfaction; and
- Technologies and resources promote a healthier and holistic service – including implementing best practice approaches.

## 3.1 Government Architect NSW Consultation

### 3.1.1 State Design Review Panel

The project has been to the State Design Review Panel six times. Members of the panel presented to are as follows;

Carol Marra (Chair) Ken Maher

Julie Lee Daniele Hromek

An informal meeting was held on Thursday the 14th April 2022 and was conducted as a brief design update to the following the SDRP 04 session. Feedback was discussed at the time.

The Conrad Gargett team presenting to the SDRP was dependent on the project phase and the particular focus of the sessions. The following illustrates the meeting schedule undertaken.

| PROJECT PHASE | MEETING NUMBER | CONRAD GARGETT TEAM MEMBERS PRESENTING | MEETING DATE | FEEDBACK RECEIVED | OUTCOME |
|---|---|---|---|---|---|
| Concept Design | 01 | Paul Emmett, Edward Armstrong | 5th May 2021 | 13th May 2021 | Return to the State Design Review Panel |
| Concept Design | 02 | Paul Emmett, Edward Armstrong | 8th September 2021 | 17th September 2021 | Return to the State Design Review Panel |
| Schematic Design | 03 | Paul Emmett, Edward Armstrong, Erin McDonald, Jane Dumbleton | 3rd November 2021 | 11th November 2021 | Return to the State Design Review Panel |
| Schematic Design | 04 | Paul Emmett, Edward Armstrong, Erin McDonald, Jane Dumbleton | 9th March 2022 | 18th March 2022 | Incorporate feedback into EIS documentation |
| Schematic Design | (Informal Meeting) | Paul Emmett, Edward Armstrong | 14th April 2022 | 14th April 2022 | Continue progress in the presented direction |

FIGURE 3: STATE DESIGN REVIEW PANEL MEETINGS

#### 1.1.1 Meeting 04 feedback and responses

The presentation for Meeting 04 was a culmination of feedback received from the SDRP and the ongoing design process undertaken by Conrad Gargett. The team were commended by the SDRP for ongoing efforts and a thorough presentation. The following elements of the design strategy were noted as being supported;

- Commitment to the Connecting with Country consultation process.
- Sustainability strategies to achieve a low energy, high performance building including electrification and solar panels.
- Progress on the landscape design including softened edges at the main entry, granite boulders, welcoming nature of courtyards and medicinal native plants.
- Permeability and transparency in the main foyer area.
- Natural light along corridors and operating theatres.

Concurrently, the SDRP recommended a number of items be revisited and further developed. The action required from SDRP following meeting 04 to address issues as part of the EIS submission.

The points highlighted by the SDRP following Meeting 04 are tabled below;

| ITEM | CONRAD GARGETT RESPONSE | REFERENCE SECTION IN THIS REPORT |
|---|---|---|
| KEY ISSUES | | |
| 1. Visual Connection to Country - Strengthen the relationship and visual connection between the architecture and the mountain ranges. Provide 3D visualizations demonstrating larger view ranges. | — Via siting strategies and incorporation of the building with the topography, visual connection is championed around the building to the ranges and through the center of the building.<br>— Visual transparency is a primary driver of the detailing and architecture of the foyer space<br>— The Walawaani roof undulates to create large view corridors through the roof, foyer and through to the ranges. A primary view corridor is created via carefully articulated roof form from the communal meeting place through the Walawaani and to the ranges beyond.<br>— The building sits 100m to the west of and 4m lower than the higher most point of the useable site. This maximizes the views to the ranges and reduces the visual impact of the building on the site. | 7.0, 7.6 |
| 2. Architectural expression - Revisit the architectural expression on the wing ends to return to a more permeable, articulated, site appropriate response as shown in SDRP 03. Provide elevations and/or 3D visualizations of all facades demonstrating a consistency in approach | — The wing ends now include visually permeable naturally ventilated balcony elements. These express out from the façade end increasing the façade articulation | 7.8.11, 9.2 |
| 3. Materiality - Review the material palette and articulation on the facade:<br>a) Enhance the tonal difference and improve the expression of the strata layers.<br>b) Avoid vast expanses of the same material, texture and tone.<br>c) Apply carefully considered detailing to express the junctions between material transitions and improve articulation.<br>d) Review the suitability of metal as a sustainable, site appropriate material that responds to Country. | — From a design perspective the facades are approached as an inner skin – the Walawaani brick façades – and an outer skin – the external metal facades. The inner skin draws from the qualities of granite, is textural and human scaled. The outer skin draws on a broader response to landscape. | 7.8 |

| | | |
|---|---|---|
| Investigate reducing the quantity used and/or substituting with a more sustainable material. | | |
| **Connecting with Country** | | |
| 1. Continue to make space in the program for the ongoing input from the local Yuin community. | — Conrad Gargett and the design team are committed to the cultural consultation and engagement. This forms part of a cultural learning process, facilitates cultural acknowledgement and generates design excellence. | 2.3, 6.3, 7.5 |
| 2. Ensure design changes such as those to the views, architectural expression and materiality are being communicated to the community and their feedback is being considered as part of the decision making process. | — Consultation with the community is a vital and ongoing part of this project. Opportunities for further and repeat consultation are being continually sought. | 6.3, 7.5 |
| 3. Prioritise locally supplied, sustainable materials and ensure local Aboriginal businesses are included in the supply chains and procurement processes. | — Material selections are being sourced as locally as practicable for the applications required<br>— Brick is being proposed as a major material of the project. Brick is sourced locally and the trade work involved offer great potential for training opportunities within the community | 7.4, 7.8 |
| **Landscape and Siting** | | |
| 1. Further develop the landscape plan and include the following:<br>a) Illustrate how the proposed vegetation is designed to tie in and co-exist with the existing vegetation.<br>b) Propose more trees where possible e.g. along the south side of the car park. Provide a long-term plan for tree planting.<br>c) Whole of site water management demonstrating strategies to facilitate water permeating within the site and minimize run-off to adjacent areas, for example by incorporating permeable surfaces in parking and pathway areas. | Refer to Landscape Architect report | Refer to Landscape Architect report |
| 2. Improve the integration of the ramps and stairs within the landscape in the Healing Place. Apply a softer approach to the edges and transitional elements such as seating. | Refer to Landscape Architect report | 7.8.5, 7.8.6, Refer to Landscape Architect report |
| 3. Investigate whether the granite boulders as shown in the landscape design can realistically be excavated as part of the site works already required without creating any additional impact to the site and materials. | Refer to Landscape Architect report | Refer to Landscape Architect report |
| **Built Form and Architectural Expression** | | |
| 1. Revisit the siting strategy of the future expansion building, its relationship to the topography, main building wings and levels. Explore lowering the building and avoid cutting against the grain of the topography. | The building sits 100m to the west of and 4m lower than the higher most point of the Meeting Place hill. This maximises the views to the ranges and reduces the visual impact of the building on the site.<br>Visual impact of the western end roofs is reduced through lowering the roof plane at the outer most corners. This has been applied to both the north west and south west ends.<br>The building is sited and positioned in the topography to minimize impacts to the existing site and to maximise efficient implementation of built form. The building is two storeys to the east and as the topography falls to the west the building becomes three storeys. | 7.8 |
| 2. Provide further information on the level of resolution for the future expansion building, what aspects of the design are locked in, and those that can be resolved at a later stage. | Future development guidelines are developed as part of the design. | 9.3 |
| 3. Carefully consider how the security requirements will be integrated within the public areas to retain the intended permeability. | Security is being reviewed holistically and is considered as a physical, visual and experiential design element. Integration with the landscape concept is driving the methodology around security. This will be further developed in ongoing design phases. | 7.8, 9.3 |
| 4. Revisit the external shading strategy, which may result in canopies and shading elements being introduced and carefully integrated with the façade. Demonstrate proposed solar shading is appropriate to each orientation. | The external shading strategy has been reviewed and further resolved to incorporate appropriate shading. | 7.8 |
| 5. Aim for mixed mode ventilation in the public areas that are not clinical spaces such as the reception and gathering spaces. | Mixed mode ventilation is being reviewed for application to appropriate areas within the hospital. | 7.8 |

## 3.2 BETTER PLACED, SGANSW

The development achieves quality design in accordance with the Better Placed design objectives in both holistic and specific ways. The below summaries the approaches in regard to each of these objectives.

| Objective | Approach | Reference section |
|---|---|---|
| Better fit | The extensive collaboration with the community has inherently resulted in a design derived from place. Extensive research and time spent on site and in the broader community has also underpinned design strategies.<br><br>Spatial arrangements and built form are directly derived from a response to place informed by unique context of the regional community and of the Yuin nation.<br><br>The collaboration with the local community and engaged listening to them has created strong community affiliation with the project. | 4.0, 6.3, 7.5 |
| Better performance | Environmental sustainability is approached holistically and for the long term. The concepts of Community, Ecological Landscapes, Human Landscapes, Green Infrastructure, DGN58, Green Travel Plan, Building strategies, and Climate Change Adaptation underpin the sustainability approach to the design.<br><br>Full electrification of the site (de-gassing) is designed into the project and solar panels are provided as ancillary power generation.<br><br>Large glazing expanses are protected with sun-shading and overhanging roofs. | 4.4, 8.0 |

| | | |
|---|---|---|
| | The construction methodology is concrete framing with steel infill which maximises flexibility and adaptability for future development.<br><br>Granite is to be re-used throughout the project, Any granite which is removed from the ground is to be re-used. No granite is to be removed from site.<br><br>Brick is utilised for a large proportion of the façade which can potentially be sourced locally within NSW. | |
| Better for community | Community is at the heart of the Eurobodalla Regional Hospital project. The process of design has involved extensive collaboration with the community which has generated community involvement and awareness of the project.<br><br>Generous landscape spaces are provided and incorporated into the design of the hospital. These public spaces are available as part of the public realm and can facilitate social, community and recreational events. All spaces within the development are designed to be compliant to accessibility standards of Australia.<br><br>Connectivity is enabled through provision of public transport facilities, pedestrian and bicycle connections.<br><br>Multiple scales of public space are provided with the Meeting Place forming the central anchor of the development. The Walawaani is the principal welcome and arrival area. Internal spaces of the hospital are connected to the Walawaani.<br><br>The site planning and diagram of the development is sensitive to longer term development opportunities on the site. The levels of the building relate directly to the external ground and landscape spaces facilitating ease of future development. | 6.3, 7.5, 7.7, 7.8.4, 7.8.5 |
| Better for people | The generous landscape weaves into the entry sequence of the hospital and, along with the siting and the building form, provides a sense of welcoming to the hospital.<br><br>The natural landscape elements augment the spatial setting of the project. This serves to destress people as they arrive at the hospital doors. Comfort and safety for staff, patients and visitors is created through the utilisation of landscape.<br><br>Access to natural light is a key driver of the building diagram and the floor planning of the building. Large windows are provided to bedrooms and large windows are provided at the ends of corridors to maximise light ingress deep within the floor plate.<br><br>External spaces are open and visible and are overlooked by internal hospital spaces. This create visual connection increasing the sense of safety in these spaces. | 7.6, 7.8.4, 7.8.5, 7.10 |
| Better working | As a hospital, the clinical function of the hospital program is crucial. The building plan creates connection to the central hospital foyer which acts as an arrival and wayfinding focal point of the building. The hospital department arrangements are the result of extensive collaboration with hospital staff. Clinical planning of departments is undertaken with efficiency, flow and function as key philosophies.<br><br>Building grids are based on established dimensional set outs which maximise efficiency and future adaptability. Arranged of multi-use, communal and staff spaces are considered in regard to the external landscape areas and maximising external light ingress to the floor plan an enabling outlook to landscape.<br><br>Canopy forms in the Walawaani are generated by the way in which people flow through the space and dwell within it. The efficiency of this response is driven by a functional requirement to provide cover from the elements at the entry to the hospital. | 5.0, 6.2.1 |
| Better value | The development recognises the social, economic and environmental potential of the site in which it sits. Public access to generous landscape areas is provided and encouraged through the provision of walking tracks and gathering spaces – this allows the hospital to be understood not as a place of sickness but as a place of healing and wellbeing.<br><br>The landscape of the site is considered to have significant potential for regenerative landscape which would involve community planting sessions and activities. These promote both economic, community and social activity on site whilst celebrating living cultural practice of the Yuin people. Further, regenerative landscape | |

| | | |
|---|---|---|
| | projects on the site are envisaged add to the environmental and ecological value of the site.<br><br>As a pilot project for the GANSW Connecting with Country framework | |
| Better look and feel | Welcoming is a central part of the design philosophy of the project. This manifests with inviting spatial volumes that prioritise views to the landscape. This provides a de-stressing landscape and Country oriented journey to the hospital.<br><br>The built form is considered as part of the landscape within which it sits. Visual impact of the form is minimised by placing the building down from the top most point of the useable site. This also celebrates the top of the hill as a focal point of the site. The proportion and scale of spaces is considered in a context of the land, both immediate and distant.<br><br>Materials facing the public landscape spaces are brick and are of a 'soft' human scaled texture. The façade material facing the broader landscape is metal and cloaks the building as an element considered from afar.<br><br>The approach to the building interiors draws on similar themes from the collaboration sessions with the community. Materials and colours complement the exterior colour palette adding to the sense of and connection to the landscape from the interior of the building. | 7.8, 7.9 |

# 4.0 Site Context

## 4.1 Moruya Town

The Town of Moruya has rich connections to landscape and the surrounding context of the town. The natural rock that Is situated within the site provides connection to the history of granite mining in the town and is best known for the Buttresses on the Sydney Harbour Bridge.

Research regarding Historical context has been collected from the following resource;
Location of the Moruya granite quarries and some associated features (Moruya and District Historical Society)


FIGURE 4: LOCATION MAP

## 4.2 Aboriginal People and Eurobodalla

Eurobodalla Shire recognises Aboriginal people as the original inhabitants and custodians of all land and water in Eurobodalla and respects their enduring cultural and spiritual connections and acknowledges the Traditional Owners of the land in which we live.

The people of the Yuin Nation are the traditional custodians of the land which incorporates the Eurobodalla Shire. Yuin people have lived in the area for ten of thousands of years and have an enduring custodianship and connection over the land and waterways of Eurobodalla.

The dispossession of Aboriginal people from their lands across Narooma, Batemans Bay and in other towns on the far south coast began in the nineteenth century. The combination of introduced diseases, violence and forced removals significantly affected the Aboriginal population across the wider region.

Today, the Aboriginal population generally is disadvantaged across a range of measures including health, education and income. The Eurobodalla Shire has the largest Aboriginal population in SNSWLHD, with an estimated 6.8% of the Shire's population identifying as Aboriginal or Torres Strait Islanders, double the state average of 3.4%. This population is young, with 46% aged 0-19 years. Cultural recognition and identity are important to the health and wellbeing of the growing number of Aboriginal people who use or work in health services.

### 4.2.1 Yuin People

The Yuin people are the traditional owners of the Eurobodalla region. Yuin Country spans between Nowra to Mallacoota north-south, and from the coast to Cooma in the west. The Yuin traditional territory is larger than that of Eurobodalla, covering parts of neighbouring shires. The Yuin hold a strong connection to the land, as well as to the coastline and ocean that borders their Country, which holds their significant sites both through Dreaming stories and important sacred sites.

The Yuin lived in balance with their environment, treating the land with respect and helping to cultivate and maintain their abundance of natural resources and food. The social structure of the Yuin people embraced prescribed rules of behaviours to help maintain social order. These rules were told and passed down through stories and Dreamings.

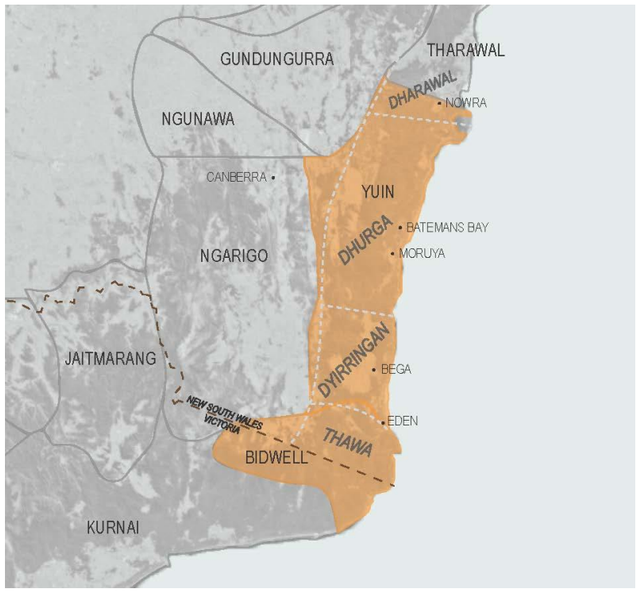



FIGURE 5: YUIN COUNTRY
(RESOURCE: ADAPTED FROM 'ILLAWARRA AND SOUTH COAST LANGUAGE BOUNDARIES (MAP: BRENDA THORNLEY, BASED ON EADES, 1976)')

The Yuin people encapsulates many smaller groups within the region, including the Wandiwandian, Dhurga, Bidewal, Walbanja and the Djiringanj. All these groups are connected through the Dreaming of Gulaga, the mother mountain.

### 4.2.2 Moruya and Duea River

The Duea and Moruya Rivers are a significant part of Yuin Country. Elements of the river, for example certain rockpools, are considered highly significant places, and are believed to host both healing and fertility powers. The physical history of both the Deua River and Moruya River contains educational landscapes; places to pass down knowledge through generations.

The Moruya River also holds significance as a black swan gathering ground. Black swans are regarded as the totem animal of the Yuin people and as such holds importance as an area to be protected.

### 4.2.3 Gulaga

Gulaga is considered the place of ancestral origin for all Yuin people. Gulaga is located approximately 10km south of Narooma in the Guluga National Park. The mountain is also retold as the Mother Mountain during the Dreaming.

The design team undertook a cultural walking tour at Bingi point. This was incredibly beneficial for the team in being introduced to the stories of Yuin Country and to gain an understanding of the cultural practices of the Yuin people. The tour is twenty minutes away from the project site however the understanding of place is gained, not just by being at the project site itself but by developing an understanding of the community, culture and stories of the area. Guluga was able to be viewed from a distance.

FIGURE 6: BINGI POINT WALKING TOUR, GULUGA IN THE DISTANCE.

Aside from the spiritual significance of Gulaga, the mountain is part of numerous songlines and significant sites for the Yuin people. The mountain hosts both women's and men's places, characterised by the form of the mountain. The mountain also historically provided a main route for the Aboriginal people to the west (Cooma) to travel towards the coast for the winter, in order to avoid the colder inland temperatures. Resources for making tools and weapons were also harvested from the mountain, including "Garrara" tree stems and "Mingo" grass (Kangaroo Grass) for use in fashioning spears.

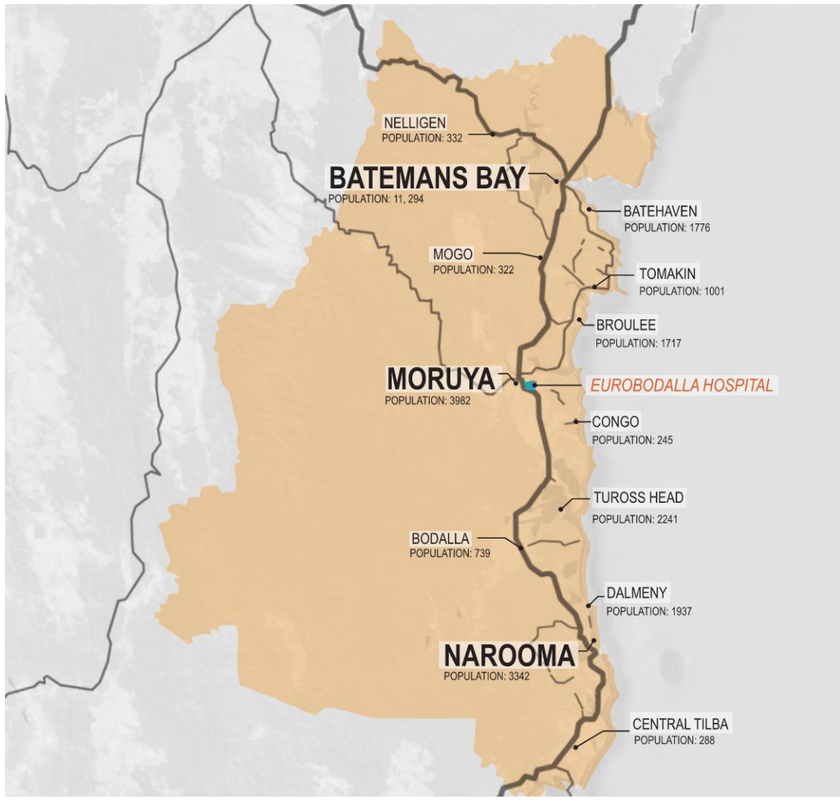



FIGURE 7: EUROBODALLA REGION
(RESOURCE: EUROBODOLLA REGION, HTTPS://GOOGLE.COM/MAPS/PLACE/EUROBODALLA)

### 4.2.4 Catalina (Hanging Rock Creek)

Located within the Batemans Bay area, Hanging Rock Creek, specifically the site of the original ironstone pillar, was a significant meeting place for local groups and travellers. There was a rich social life surrounding this site, and fishing and fresh water were abundant. In 1997-98, the local council removed the rock due to seeing the monolith as dangerous due to its proximity to the road. The removal had a lasting impact on the local Aboriginal community, having destroyed the physical marker of a significant place within their social history.


FIGURE 8: HANGING ROCK CREEK
(RESOURCE: HANGING ROCK CREEK, HTTPS://WWW.GOOGLE.COM/MAPS/PLACE/HANGING+ROCK+CREEK)

### 4.2.5 Historic Moruya Granite

There were four Granite Quarries in Moruya – Louttits, Government, Zieglers and McCredies Quarries. One of the early projects for Moruya Granite was to construct training walls to ensure a navigable channel at the mouth of the Moruya River. When the training walls were under construction, the local Pilot Station Controller, Captain Ross, noticed that the granite was similar in quality to granite in Aberdeen, Scotland. He sent samples to the Colonial Architect in Sydney, Mr James Barnet. Moruya granite became well known for its quality and colour and, as a result, was selected for the Sydney Harbour Bridge.

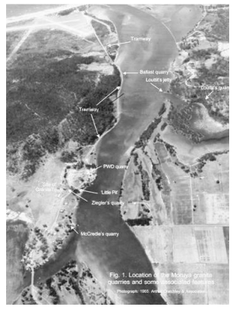



FIGURE 9: LOCATION OF THE MORUYA GRANITE QUARRIES
(RESOURCE: LOCATION OF THE MORUYA GRANITE QUARRIES (MORUYA AND DISTRICT HISTORICAL SOCIETY)

FIGURE 10: MORUYA GRANITE QUARRY - 1864
(RESOURCE: MORUYA GRANITE QUARRY - 1864- | WWW.ENGINEERSAUSTRALIA.ORG.AU)

### 4.2.6 Uses

Granite is on the hardest building stones and due to its hardness, resistance to weathering, capability to take mirror polish, and fascinating colours and textural patterns, granite slabs and granite tiles are extremely popular. The principal characteristics of granite also include high load bearing capacity, crushing strength, abrasive strength, amenability to cutting and shaping without secondary flaws, ability to yield thin and large slabs and, above all, durability. Due to its highly dense grain, it is impervious to stain. Polished granite slabs and granite tiles have achieved a special status as building stones globally.

Moruya is known for its granite stone which was used to build Sydney's heritage structures and landmarks such as the pylons for the Sydney Harbour Bridge, the colonnade columns of the General Post Office, columns for the Chief Secretaries and Burns Philp buildings, the Martin Place Cenotaph and the pedestals for monuments to Captain Cook and Queen Victoria.

From 1925 to 1932, Moruya Granite Quarries provided 18,000 cubic metres of dimension stone, 173,000 blocks and 200,000 yards of crushed stone that was used as aggregate for concrete on the Sydney Harbour Bridge.

FIGURE 11: SYDNEY HARBOUR BRIDGE PYLON LOOKOUT
RESOURCE: SYDNEY HARBOUR BRIDGE PYLON LOOKOUT | IZI.TRAVEL

FIGURE 12: BEASHEL QUARRIES GRANITE
(RESOURCE: BEASHEL QUARRIES GRANITE)

### 4.2.7 Moruya Quarry

Between 1924 and 1932, 40,000 granite blocks were hewn at Moruya and individually shaped to a tolerance of 4mm. After being "dressed", they were individually numbered before being shipped to Sydney from the quarry wharf.

FIGURE 13: PANORAMIC VIEW OF THE MORUYA GRANITE QUARRY
RESOURCE: PANORAMIC VIEW OF THE MORUYA GRANITE QUARRY (WIKIMEDIA COMMONS)

quarry is an important part of Moruya's history, dating back to the early years of settlement. The community approached Council to upgrade the park to improve the experience for people who use it for fishing and recreation, and to preserve its significant heritage value. The upgrade to the Moruya Quarry Park landscape was undertaken by the Eurobodalla Shire Council. At the opening, the Council unveiled an interpretive panel and heritage plaque to recognise the significant importance of the granite quarrying history of this site.

## 4.3 Site Location

The Eurobodalla Regional Hospital is approximately 2km South East of the Moruya town centre, predominantly on a clear sloping site which forms a parkland setting. Links into the town centre rely mainly on motorised road transport but the local authority does encourage bicycle routes and public transport, currently servicing the neighbouring TAFE campus and residential neighbourhood.

### 4.3.1 Site Planning Considerations

The site is mostly safe from the town's known flood area, with the western portion of the site within the flood plain - the town itself sits alongside the river. The river and the Princes Highways are considered in access planning and stocking, during disasters. The site is mapped as bush fire prone land and a bushfire assessment of the proposed development site by Able Ecology.

### 4.3.2 Roads, Access

The following figure demonstrates the existing roadways and access routes to the Eurobodalla site.

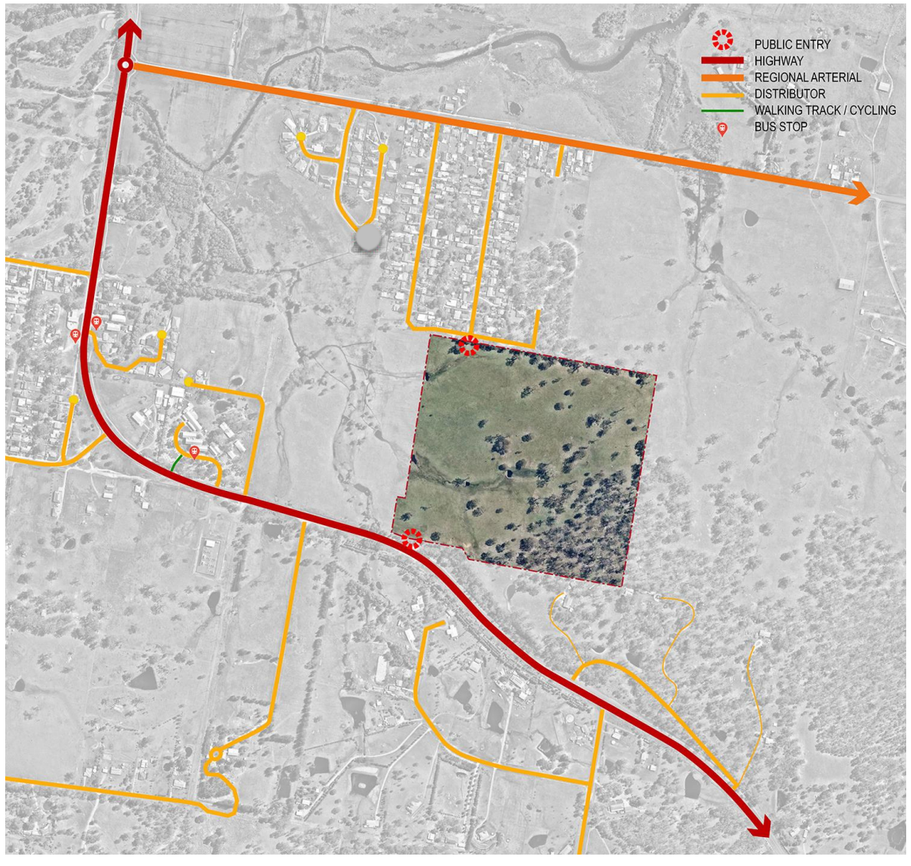



FIGURE 14: SITE ROAD HIERARCHY

### 4.3.3 Primary Vehicular Circulation and External Entries

Opportunities to establish multiple entries into the Eurobodalla Regional Hospital site has been examined in order that the precinct does not operate as an island, with one northern entry and one southern entry. This is to enable provision for relieving emergency and/or peak conditions by more than two primary sources if preferred. The Princes Highway bypass for Moruya is mooted to occur in the future, with a preferred strategic corridor to the east of the site announced in May 2021. The project is being designed based on current known information only.

### 4.3.4 Zoning

Zoning categories include:

- Local Centre
- Environmental Conservation
- General Industrial
- Low density residential
- Private recreation
- Primary Production
- Primary Production Small Lots; and
- Infrastructure

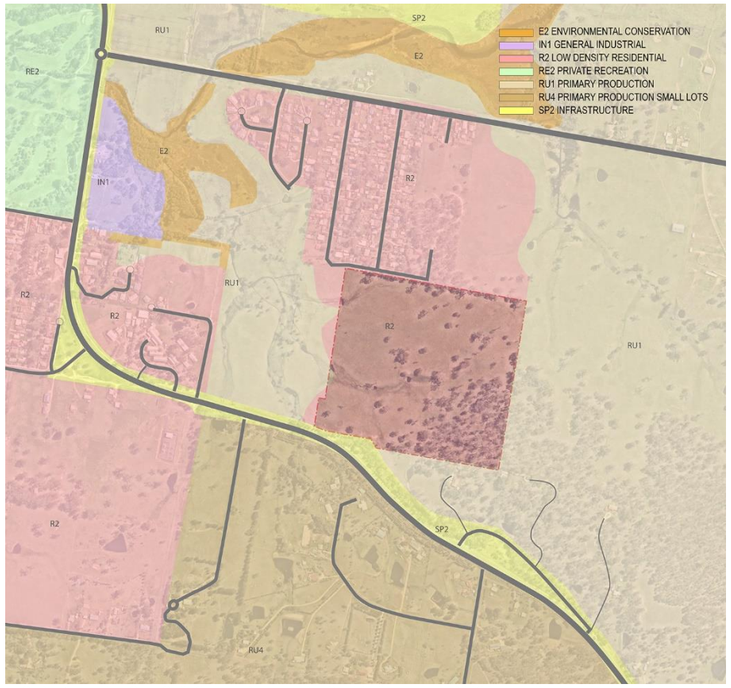



FIGURE 15: ZONES – SHOWS THE DETAILED ZONING ON THE EUROBODALLA SITE.

### 4.3.5 Title / Ownership / Site lots

The property is approximately 21 hectares and is primarily zoned R2 Low Density Residential (90%). Under State Environmental Planning Policy (Transport and Infrastructure) 2021 the R2 zone is identified as a prescribed zone meaning health services facilities are permissible with consent. Area to the north east of the site is within the Coastal Environmental Area as determined by State Environmental Planning Policy (Resilience and Hazards) 2021. Lot 2/DP1281576, Princes Highway, Moruya (Southeast of the township).

### 4.3.6 Service Providers to the Site

- Essential Energy have no assets affected on the Site
- Optus does not have any fibre optic cables on the Site, although a major fibre optic cable is present along the Princes Highway, in proximity to the Sites south west border
- Telstra has a conduit along the Princes Highway
- Water and sewer services are provided to north and west of the site

### 4.3.7 Adjoining Properties

Surrounding development includes a residential subdivision immediately adjacent to the north (known as Mynora) and a TAFE college immediately adjacent to the south west. The Princes Highway arcs around to the west and south of the site and South Head Road runs along some of its northern boundary. Other than the adjacent residential land at Mynora and the TAFE College, the surrounding lands are rural, principally used for grazing.

### 4.3.8 Local Health Services

The SNSWLHD occupies the south-eastern corner of NSW; there are approximately 200,176 people in SNSWLHD. The LHD is made up of seven Local Government Areas (LGAs), covering an area of 44,534 square kilometres. The most populated LGA is Queanbeyan Palerang with about 56,000 people, with Upper Lachlan LGA having the least number of people (about 7,700).

Eurobodalla Shire has a population of approximately 38,000 people. Much of the local industry is related to agriculture, government administration, hospitality and tourism. SNSWLHD contributes to communities, employing around 2,000 full time equivalent staff. SNSWLHD adjoins to the north, Illawarra/Shoalhaven LHDs to the north-east, the South Pacific Ocean to the east, Victoria to the south, Murrumbidgee LHD to the west and Western NSW LHD to the north-west.

The SNSWLHD almost completely surrounds the Australian Capital Territory (ACT). The proximity to the ACT has a major impact on the planning of health care services for LHD residents.

There are eleven public hospitals and three Multipurpose Services (MPS) in SNSWLHD. Community health services are provided across the District. The District Hospitals, MPSs and community health services provide a range of services including emergency, intensive care, coronary care, maternity, acute medical and surgical services, sub-acute and primary and community services.

Mental health services include acute, non-acute, child and adolescent and specialist mental health services for older people. Multipurpose Services provide integrated acute and sub-acute inpatient services, and residential aged care, along with a range of community health services.

Southern NSW Local Health District (SNSWLHD) currently provides health services across three campuses within the Eurobodalla Shire, including hospitals at Batemans Bay and Moruya. The Eurobodalla Regional Hospital Clinical Services Plan (CSP), endorsed in March 2020, identified a need to consolidate existing services, reduce duplication, and increase the provision of care to meet the needs of the Eurobodalla population.

# 4.4 Environment Analysis

## 4.4.1 Site Investigations

A number of reports were undertaken as preliminary site investigations to inform the design process, including contamination investigations, bushfire and ecology investigations, geotechnical, groundwater and surface water and survey reports. The site investigations were largely undertaken between January 2021 and June 2021 and assessed the concept planning options for the Eurobodalla Regional Hospital. Further critical site investigations such as extra detailed feature survey, geotechnical testing and environmental consultancies and Heritage were undertaken between July 2021 and November 2021 to inform the further design stages of the project.

## 4.4.2 Solar Analysis

The sun path diagram confirms optimised orientation of proposed buildings should be sited – as much as practicable - with long axis orientated East-West.

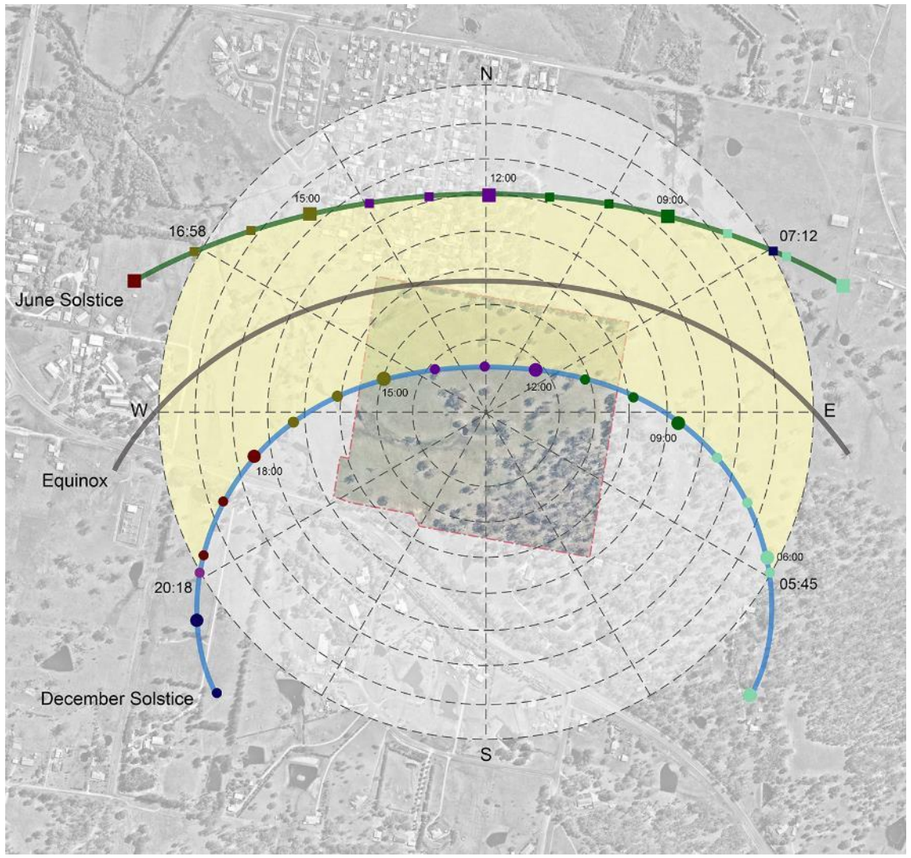



FIGURE 16: SUN PATH DIAGRAM

## 4.4.3 Wind Analysis

The raised topography to the North-East & South-East will assist in buffering the wind for the central zone of the site. As the Southerly winds are less desirable, the preferred zone for the hospital would be to the north-east of the site protected by the large sloping hill at the South East.

### Wind Rose

The wind rose provides a basis for designing for comfort conditions. It also informs consideration for the location of a helipad, determining the most likely approach and departure flightpaths.

Data for the four seasons of the year indicates that:
— Summer breezes are primarily from North East
— Winter winds are from West, South East and East.

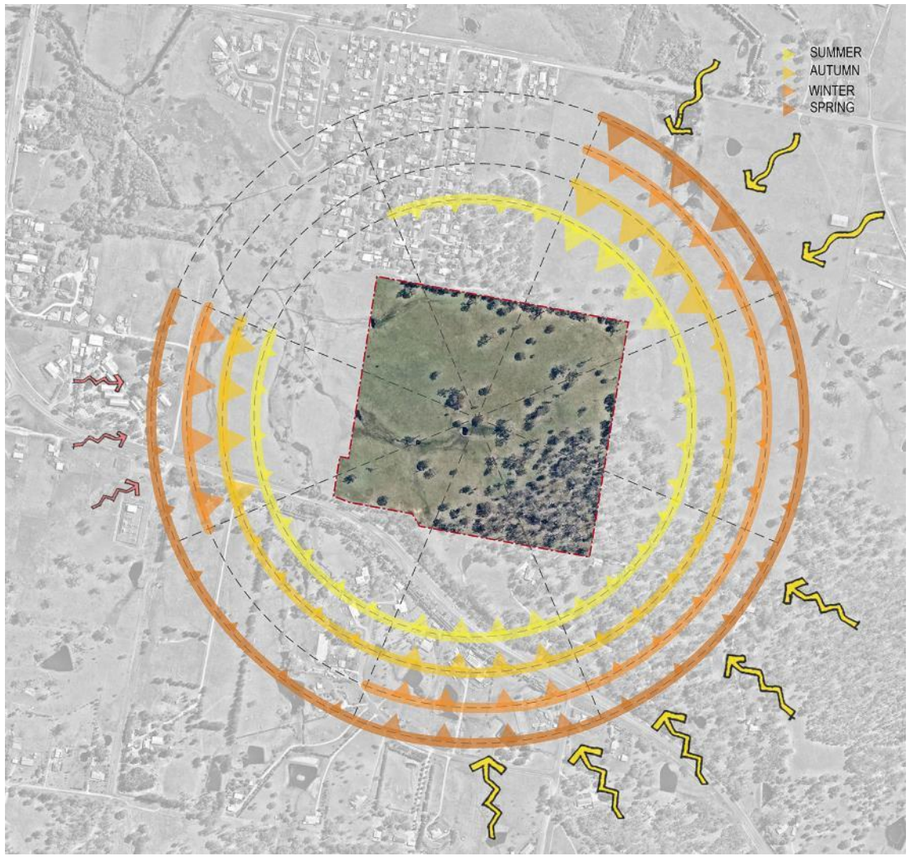



FIGURE 17: WIND ANALYSIS – WIND IMPACT ON SITE DEMONSTRATES HOW THE PREVAILING WINDS IMPACT ON THE EUROBODALLA SITE.

### 4.4.4 Flooding

The site is mostly outside the town's known flood area, with the western edge of the site within Probable Maximum flood plain. Considerations have been made when looking at preferable zones for the building to be well above the Probable Maximum Flood (PMF) line, and for the main access road to also be well above the PMF.

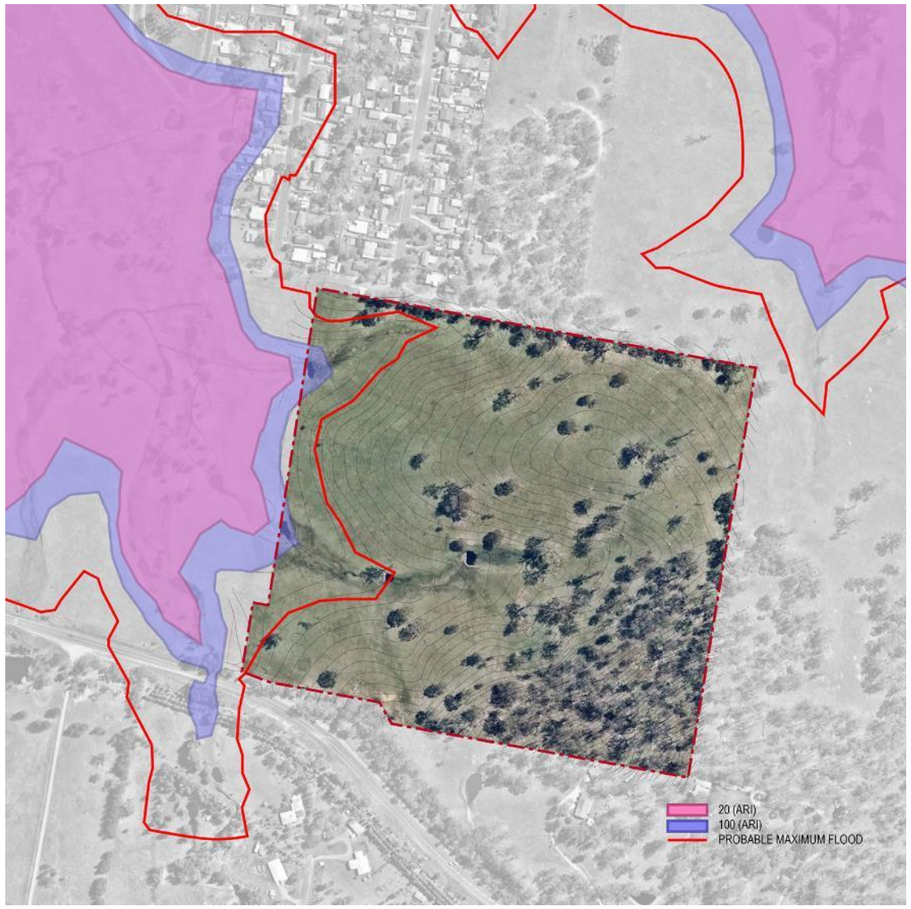



FIGURE 18: FLOOD

### 4.4.5 Topography & Vegetation

The proposed Eurobodalla site is a large allotment comprising of primarily flat vacant land. A large portion of the site is cleared with existing natural vegetation on the sloping portion to the south east of the site. Figure 19 shows the topography of the Eurobodalla site.

The topography of the site extends from a lowest point of approximately RL-1.5 at the north-west up to approximately RL-55 at the south-east ridge. This constitutes a total change in level of more than 50m. The area identified as usable and appropriate for development is to the north-east corner of the site. This zone contains a ridge point at around RL 22 which is intended to be used as a prominent green space and entry zone for the hospital building. The building is to be located to the west of this ridge over a zone which falls at a gradient of 3-5% towards to west.

A significant gully feature extends from east to west on the site and acts as a natural watercourse through the site. The high point is at the base of the south-east ridge at RL 19 and the gully extends to west into the flood zone. The low point of the gully on the western boundary is approximately RL 2.0.

The construction of the hospital and helipad will require the removal of some trees. Further information is provided in the landscape and arborist documentation.

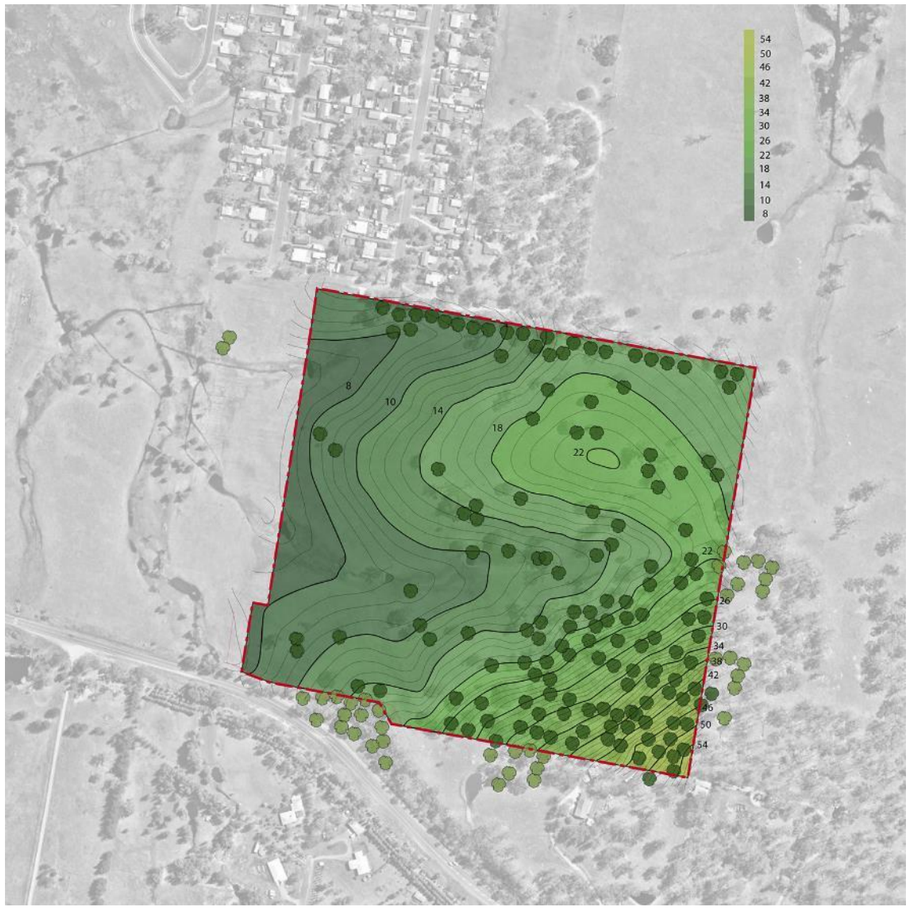



FIGURE 19: TOPOGRAPHY / VEGETATION

### 4.4.6 Bushfire

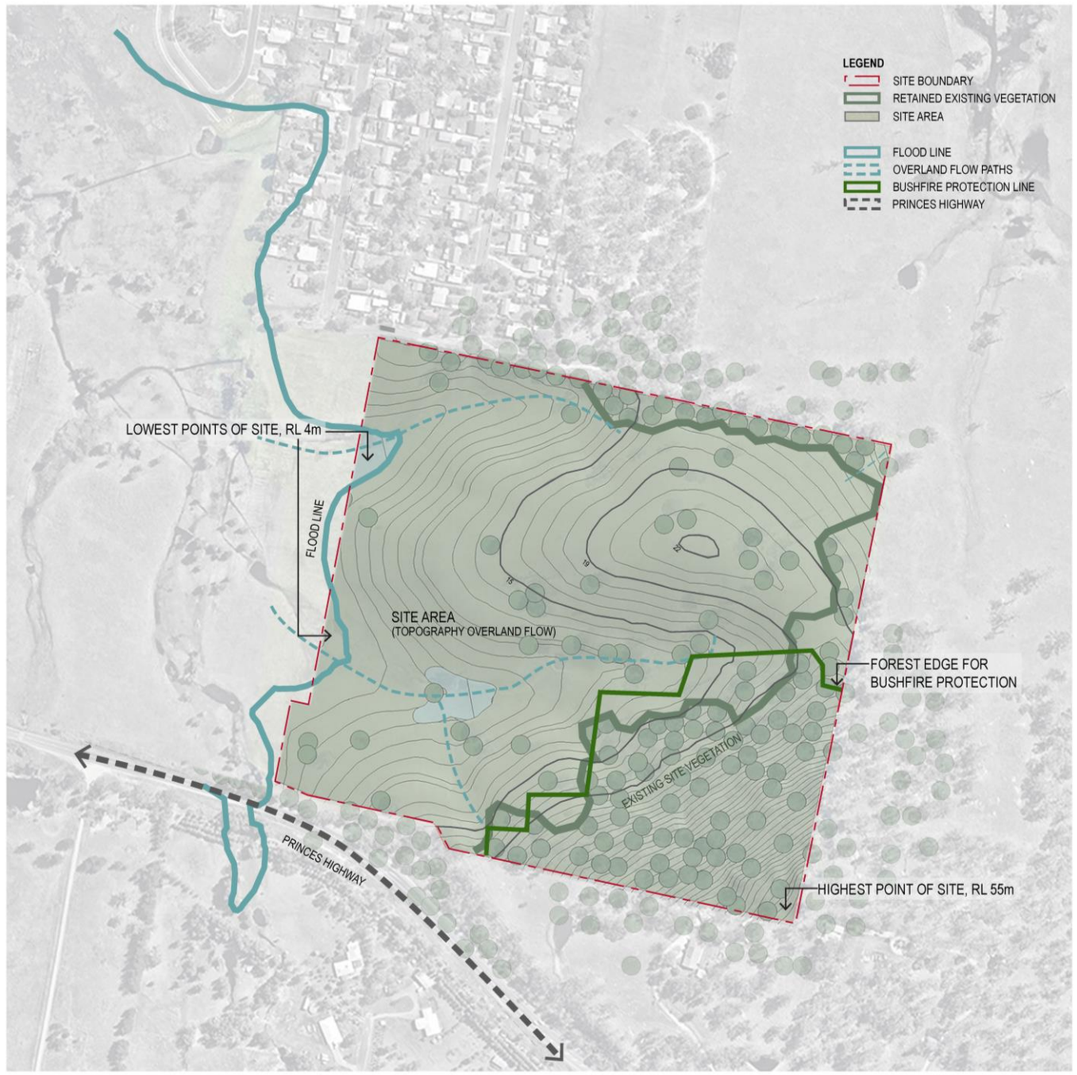



FIGURE 20: ASSET PROTECTION ZONES AND OFFSETS

The site is mapped as bush fire prone land and a bushfire assessment of the proposed development site. Reporting concluded that the development can be constructed provided appropriate precautions are taken and that compliance with the Planning for Bushfire Protection 2019 can be achieved.

The proposal to construct the new hospital will occupy a building footprint which includes a helicopter aircraft flight path area, landscaping, and bushfire asset protection zone. The associated infrastructure includes additional vegetation clearing for an aircraft flight path (helicopter), car parking, areas of building expansion, access road north to Albert / Caswell Street, and access road south to Princes HWY with Round-about addition, landscaping, and bushfire asset protection zone.

The dominant hazard on site is identified as unmanaged grassland on all aspects to the main hospital footprint. Further a large path of dry forest is noted to the southeast corner of the site. Development is to have an appropriate setback from this forest. Space has been identified on the allotment to clear existing vegetation and permit a deemed-to-satisfy separation distance for BAL - 12.5 and 29 construction of proposed buildings. The APZ is located on lands with a slope not exceeding 18°, and is wholly within the boundaries of the development site. The APZ is to be maintained to an inner protection area condition for the specified distances in the Bushfire report. For the Main Hospital Building, an APZ will need to be maintained as Inner Protection Area condition for a distance of 45 metres on the north aspect, and 40 metres on the west, east, and south aspects.

The assessment report concludes that the required building construction is BAL – 12.5 on all aspects of the main hospital buildings. All building construction is to in accordance with the NCC and must comply with Section 3 and 5 (BAL -12.5) of Australian Standard 3959 (2018) Construction of buildings in bushfire-prone areas and Table 6.8a of PBP 2019 and as modified by Section 7.5, 7.5.1, 7.5.2, 7.5.3, and 7.5.4 (where applicable) of PBP 2019. Refer to AS 3959 (2018) for a detailed description.

# 5.0 Development Strategy

## 5.1 Clinical Service Plan Statement

Southern NSW Local Health District (SNSWLHD) mission states 'all people across our diverse communities are able to have timely access to the right health care in the right setting to maximise their health, wellbeing and independence'. The Eurobodalla Regional Hospital Clinical Services Plan (CSP) provides the framework to deliver on the District's mission statement with a 10 to 15 year outlook for the development and delivery of health care to the residents of the Eurobodalla Shire. The Eurobodalla Shire population is projected to increase from 37,968 people in 2016 to 40,517 by 2031 (a 0.4% increase per annum compared to the 1.3% increase expected for NSW). With a median age of 53.2 years, the Shire has one of the highest proportions of older residents in NSW, 29% aged 65 and over, compared to 20% across the LHD and 16% in NSW. The Eurobodalla population aged 70 years and over is projected to further increase by 72% between 2015 and 2031.

The Shire also has the largest Aboriginal population in SNSWLHD with an estimated 6.8% of the Shire's population identifying as Aboriginal or Torres Strait Islanders. This population is young, with 46% aged 0-19 years. Development of the CSP for Eurobodalla presents an opportunity to plan services to meet the needs of the growing and ageing population with a strong emphasis on networking, the integration of services and partnering with patients and external service providers.

The CSP outlines the current and future health service needs of the Eurobodalla population and describes future strategies for the delivery of clinical services to best meet those needs. The CSP identifies the key challenges facing Eurobodalla Regional Hospital in delivering safe, quality and efficient services, including the physical infrastructure deficits. Innovative and sustainable models of care and related workforce requirements have been explored. Results of consultation and engagement have been outlined.

The future Eurobodalla Regional Hospital will consolidate existing services and reduce current duplication and inefficiencies. It will increase the provision of care in the region to provide care as close to home as possible, in a phased and coordinated way that is prioritised according to service need and aligned with local capability. The overarching principles of the new service will ensure that it:

- Is culturally appropriate and inclusive
- Is integrated across all disciplines
- Includes a range of emergency, inpatient and ambulatory models
- Reduces duplication
- Is underpinned by the unique population needs of the Eurobodalla.

The CSP clearly articulates what clinical services will be required in the future and provides an indicative recommendation of future infrastructure requirements to enable changes to service provision and provide for the population into the future. This plan outlines a way forward but the service evolution is expected to be an iterative process that continues and refines over time.

## 5.2 Service and Facility Planning Context

The overarching principles that underpin the facility objectives were set out in the Functional Design Brief. Primary objectives in the planning and design are that the hospital should facilitate health service delivery which is safe, of high quality and patient-centred. In particular, the following were identified as specific requirements. These have informed the design and architectural planning principles:

- Efficient patient, team and services flows - easy and efficient navigation point to point
- Privacy and dignity for all patients and visitors
- Avoidance of healthcare associated infection
- Accurate identification of patients, team, equipment, and medications
- Avoidance of medication errors
- Collaborative, efficient, and effective clinical handover
- Timely access of services
- Prevention of falls and adverse events
- Minimised travel time for team
- Pragmatic and efficient
- Overall spatial planning that supports standardisation of the configuration and fit-out of clinical areas
- Integration of ergonomic principles into design
- Clear visual connection between patients and team
- Connectivity to external environment
- Control over natural and artificial light by team and patients
- Design features that facilitate safe and effective care for people with disabilities and behavioural issues
- Design that is salutogenic - is a cause of good health - and maximises use of positive elements related to natural light, colour, images of nature, access to fresh air, visual arts and music, and 'spiritual' spaces
- Evidence based separation of flows
- Privacy and dignity for all patients
- Patient safety, and ensure high quality indoor environment and safe water quality
- Design which facilitates an integrated approach to care.

The planning acknowledges these principles and is informed by the Functional Design Brief developed through initial consultation with user groups. Functional design relationships have been rigorously analysed to provide efficiency and patient safety.

Planning strategies adopted in areas likely to expand in future, for example Medical Imaging have been adapted to include 'soft' space to allow future contiguous expansion of the primary function. This is evident in spaces such as administration and storage which can be adaptable in future stages. Patient flows are considered to avoid crossovers of patients, staff and visitors. Traffic and pedestrian flows on site are also considered in order to separate public and service traffic and importantly, to provide dedicated routes for emergency vehicles accessing the Emergency Department.

## 5.3 Design drivers for the Clinical Service Plan

Further development of the design and planning phases and feedback from User Groups and Community Consultation resulted in more clarity of detailed health model outcomes and further developed objectives for the delivery of the CSP;

- Simple circulation patterns within the new building with discrete pathways for public and staff / service
- Centralised Medical Imaging
- Horizontal relationships between some departments such as Birthing and Operating, or Critical Care
- A model for Women and Children to have access to Country
- A grounded, external helipad
- A comfortable distance between building wings for good daylight amenity and pleasant outdoor views
- Separate acute, ambulatory, and emergency facilities, providing distinct patient flows, expandability and a capacity for 12/24-hour zones
- Central staff workspaces, supported by Activity Based Working (ABW)
- Future development space being available on multiple sides of the development for allied activities such as education, accommodation, and private provider
- Responding to pre-prioritised interdepartmental relationships
- Close vehicular drop-off to various functions (i.e. a road network and separate entries, especially high traffic areas such as ambulatory clinics) to reduce travel distance for lesser mobility patients
- Close relationship of sub-acute patients to central amenities; and
- Utilising topography for accessing outdoor spaces from a variety of functions
- Developing a design approach that leverages urban design, architecture, and interior design to transform the hospital into a significant community asset that expresses wellness.

- Using the NSW Health Facility Planning Process Guideline, prioritising intuitive way finding with reference points to circulation such as views, colours, materials and functional elements; and
- Benchmarking travel and engineering ratios to ensure design proposals have inbuilt optimisation

# 6.0 Design Approach

## 6.1 Outline

Hospital and health projects, as part of public service delivery, have the opportunity to look beyond organisational boundaries with renewed aspiration and intent. This transformative ambition can build upon people and places and underpin visions in a radical and innovative way, to add value to projects on a macro and micro scale. It is envisaged that the ERH site can enable place-based transformation to deliver for the community at a grass roots level. This aspiration is underpinned by key architectural principles and planning approaches.

## 6.2 Approach

The planning has been undertaken via a series of broad scale approaches as follows;

Respect for:

- Country
- The history of the site by telling the story of the place
- The Aboriginal stories of the site and wider region
- The dignified and safe workplace
- The desires of the occupants within the precincts

Respond to:

- The natural context
- The challenges and opportunities of the site topography
- Opportunity of views and aspects
- The wider region developments of infrastructure and urban planning
- The functional and operational requirements
- Current and future demands to avoid duplication
- 'Connected Care' model – ambulatory models and 'hospital avoidance' strategies
- Flexible community needs, industry and education drivers; and
- Cultural protocols and customs
- The global markets, Eurobodalla, and neighbouring community
- Child-friendly, ageing-friendly, disability-friendly.

Rejuvenate the:

- Natural environment
- Healing environment by quality design and integration of landscape elements
- Quality of life for consumers, staff, students, and general public by evidenced-based, innovative and integrated model of care
- People's health and wellness through people-centred design and wellness-focused environment
- Physical environment through passive design strategies and indoor/outdoor spaces
- Health services by embracing digital opportunities
- Public spaces with art and community activities
- Precinct as a conduit or a destination with coherent planning; and
- Collaborative environment with activated edges as part of the local community;

### 6.2.1 Context informing the Architectural Design

The following list summarises the mapping aspects considered in the feasibility to optimise the Eurobodalla site;

- Public Transportation
- Education – TAFE & Tertiary Education
- Future residential developments to the north of our site
- Emergency Response locations – Ambulance
- Retail
- Community and Cultural areas
- Medical Services, including Private Hospitals; and
- Parks and Parkland

This has culminated into the following opportunities for use;

- Public space
- Community support
- Transport hub
- Emergency Response Centre (Ambulance) - proximity to emergency department, helipad response and access to Princes Highway.
- Private Provider
- Accommodation
- Health Education
- Hospital support

## 6.3 Consultation & Collaboration

Collaboration with the community has been a fundamental part of the design process. To optimise outcomes, stakeholder engagement and an open design process is utilised. A broad range of stakeholders make creative contributions and help to deliver significant benefits including: generating better ideas with a high degree of user value, improved knowledge of the LHD's needs, rapid validation of ideas or concepts, and more efficient decision making. Giving stakeholders design options is critical in robust analysis, achieving the best design outcome, and ensuring stakeholder support. The design team has opened up opportunity for continuous dialogue with First Nations people: drop in sessions, collaborative design sessions and we have actively sought to provide space for Aboriginal people to practice culture, and provide community benefit.

The following principles and activities have been undertaken to assist HINSW, SNSWLHD, and the wider design and project teams in facilitating a collaborative master planning process;

- Making strategic choices based on fundamental characteristics underpinning places, people, and communities so that the outcome is rooted in a deep understanding of the core values of the place
- Clearly identifying the issues and opportunities that matter to local people, including local Aboriginal communities, and the interdependencies between them, keeping these aspects at the forefront of thinking
- Understanding the needs of the community, both Aboriginal and non-Aboriginal people, and facilitate discussion now and looking into the future as far as practicable
- Developing a set of shared objectives and project vision which define the project intent
- Addressing the commercial potential of publicly held assets to deliver investment offset where appropriate
- Exploring opportunities to standardise and simplify common administrative processes, reducing duplication and fragmentation; and
- Being socially responsible and future-thinking.

—

The design team has partaken in a continuous dialogue with the Eurobodalla community both Aboriginal and non-Aboriginal. Drop in sessions, collaborative design sessions and actively listening to the community has fostered an ongoing culture of collaboration. All community sessions have been open to Aboriginal and non-Aboriginal people. A primary focus has been to provide space for Aboriginal people to practice culture, provide community benefit and input into the design. This engagement has enable the design team develop relationships with members of the community, providing a culture of sharing and increasing the design team's knowledge of Yuin Country. This level of engagement is envisaged to continue for all future development on site as part of an ongoing Commitment to Country.

—

The following is a list of sessions undertaken with the community both Aboriginal and non-Aboriginal;

**Community Sessions**

| | |
|---|---|
| Eurobodalla Masterplan Review | 19th January 2021 |
| EHS Masterplan Workshop 1 | 2nd February 2021 |
| EHS Masterplan Workshop 2 | 17th February 2021 |
| HI Project Advisory Strategy (PAS) | 22nd February 2021 |
| EHS Masterplan Workshop 3 | 3rd March 2021 |
| Start Up Aboriginal Consultation | 5th March 2021 |
| HI Expert Review Group | 24th March 2021 |
| Aboriginal Consultation | 25th March 2021 |
| EHS Masterplan Workshop 4 | 25th March 2021 |
| Walk-in session - Gadhu Community Health | 23rd March 2022 |
| Information session – Moruya hospital | 23rd March 2022 |
| Walk-in session – Batemans Bay | 24th March 2022 |
| Information session – Batemans Bay Hospital | 24th March 2022 |
| Neighbourhood 'Meet & Greet' - ERH site | 24th March 2022 |
| Connecting with Country drop-in – Moruya RSL Hall | 25th March 2022 |
| Connecting with Country – Design conversation | 25th March 2022 |
| Batemans Bay Yarning Session | 10th November 2022 |
| Moruya Yarning Session | 10th November 2022 |
| Narooma Yarning Session | 11th November 2022 |

## 6.3.1 Walk on Country

A walk on Country was undertaken early in the design phase. The experience of walking on Country allowed for sharing of time spent on Country with community. This facilitated a deepened understanding and appreciation of the land far beyond a standard site visit. The Walk on Country allowed opportunity to share knowledge and learnings between local Elders, Aboriginal advisors, consultants and community as well as with project team. Learnings included;

— The importance of achieving connections to the gathering spaces

— The importance of connecting to the view to the mountain ranges to the west

— The important of art as culture

The walk on Country was a fundamental catalyst activity which began the communication dialogue with the Aboriginal Community.

## 6.3.2 Design Jam

Early in the design process the design team, in conjunction with Yerrabingin, attended a 'design jam' with the local Aboriginal community. This consisted of an afternoon of collaborative design and formed basis for ongoing key community consultation sessions where updates and further collaboration could occur. The process produced a design approach & intent that incorporates Aboriginal cultural heritage as a living memory in the landscape and built form. Key outcomes from the design jam were documented by Yerrabingin and are reflected in the Conceptual Design board (pictured).

Outcomes fell into three broad categories being;

— Connection to Country

— Landscape

— Building Elements

### 6.3.3 Collaboration outcomes

The time with community, time on Country, listening and developing relationships resulted in a number of community led outcomes. Outcomes came out of each session with the community. Through early collaboration activities and the ongoing designs sessions with Aboriginal and non-Aboriginal community members a series of items were clarified, adapted and evolved. The process was a live and active one where items were reviewed continually from session to session. The key outcomes from consultation are as follows:

Connection to Country:

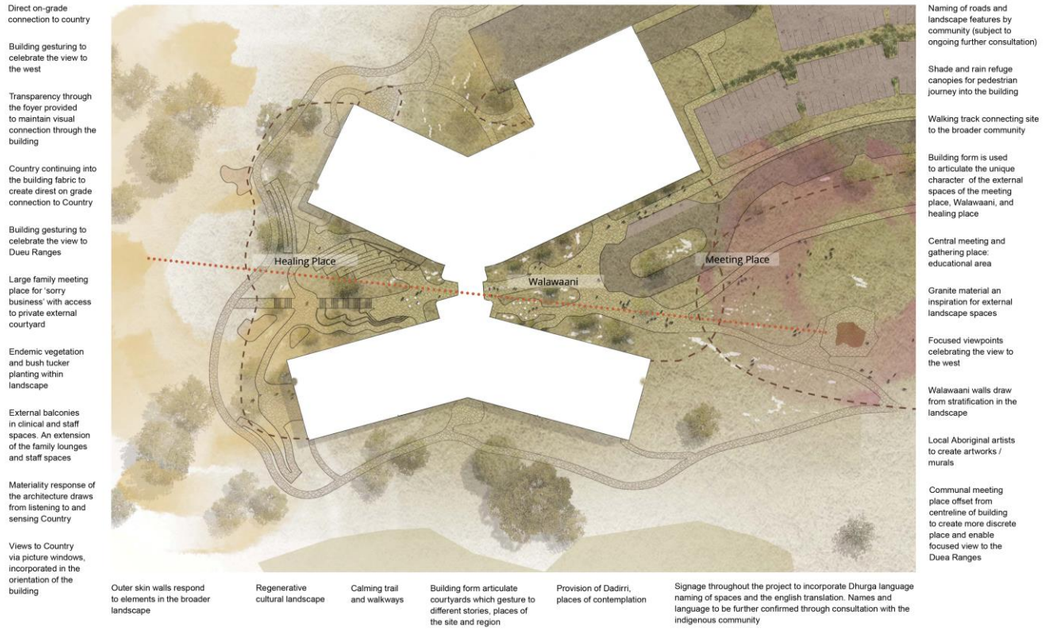
- Direct on-grade connection to Country to be maximised
- Connecting babies to Country earlier on: having maternity rooms on ground floor with direct access to the outside gardens. Aboriginal birthing place
- 'Walawaani' welcome sign at entry
- Totem poles along road
- Aboriginal and Torres Strait Islander flags flying 24/7 outside hospital entrance. When someone has passed on lowering these to half mask as a sign of respect.
- Local Aboriginal artists to create artworks / murals
- Building gesturing and articulating to celebrate the views to the west and the Duea Ranges
- Views to the west for end of life are important
- Central meeting place south of carpark - a gathering and educational space
- Medicinal plants providing spiritual energy onto hospital - don't block energy
- Focused viewpoints celebrating the view to the west
-

Landscape:

- Bush Tucker planting
- Healing garden
- Walking track connecting site to the broader community
- Calming trail and walkways
- External spaces accessible to the wider public
- Active and calm zones
- Shelters around carpark for people walking to hospital
- Shade and rain refuge canopies for pedestrian journey into the building
- Endemic vegetation and bush tucker planting within landscape
- Provision of relaxing, calming places of contemplation
- Endemic vegetation within landscape
- Central meeting and gathering place: educational area
- Granite material an inspiration for external landscape spaces
- Communal meeting place offset from centreline of building to create more discrete place and enable focused view to the Duea Ranges
-

Building elements:

- Transparency through the foyer provided to maintain visual connection through the building
- Names of buildings spaces: Walawaani, Meeting Place and Healing Place.
- Large family meeting place for 'sorry business' with access to private external courtyard
- External balconies in clinical and staff spaces. An extension of the family lounges and staff spaces
- Materiality response of the architecture draws from listening to and sensing Country Views to Country via picture windows, incorporated in the orientation of the building
- Views to Country via picture windows, incorporated in the orientation of the building
- Building form is used to articulate the unique character of the external spaces of the Meeting Place, Walawaani and Healing Place
- Walawaani walls draw from granite stratification in the landscape, shellfish, sand
- Signage throughout the project to incorporate Dhurga language naming of spaces and the English translation.
- Names and language use to be further confirmed through consultation with the Aboriginal community
- Building form articulates creating courtyard spaces which gesture to different stories, places of the site and region



## 6.4 Site Analysis

Site information was gathered in a variety of ways. Through research, investigations, and consultation a large part of the broadscale data has been gathered. Concurrently a process of many site visits and conversations with the local Aboriginal community deepens the understanding of the site and what is important on it.

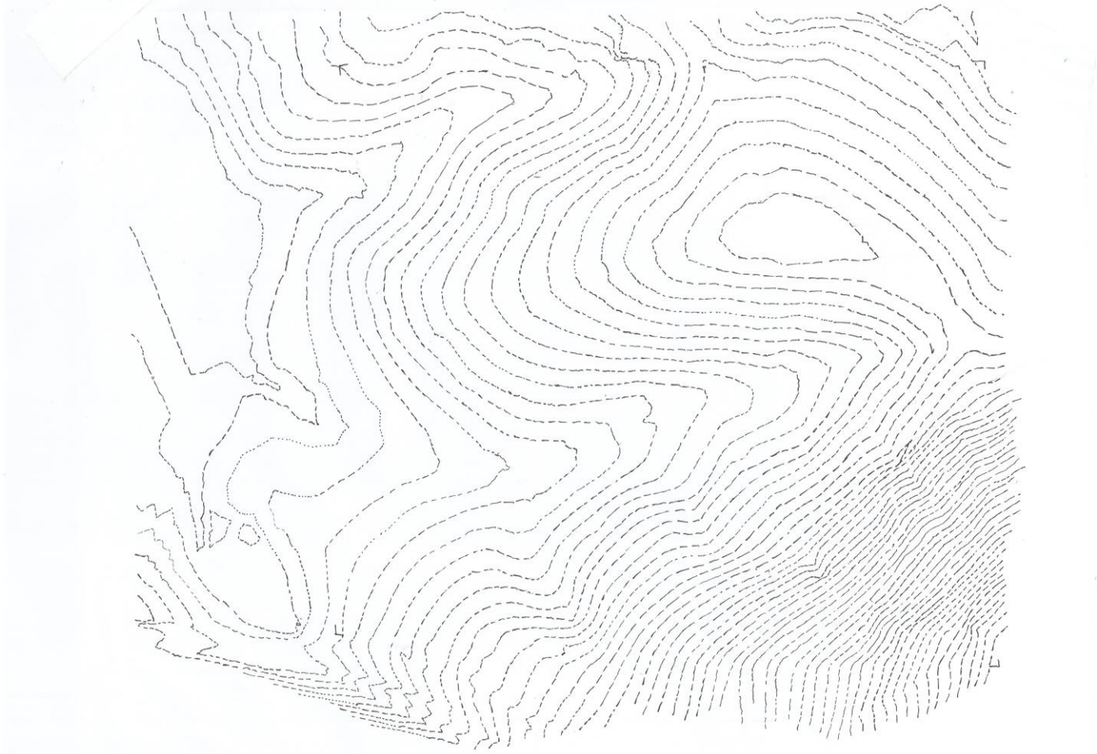
Research and site visits to areas of significance in the region also formed part of the site understanding process. Listening and sensing were the underlying approaches to site investigation activities.

Conrad Gargett made a total of nine (9) site visits were made during the process to reaching the Design Development milestone. Each visit was an opportunity to experience the natural elements of the site and understand them over a period of time.

### 6.4.1 Topography

The topography of the site extends from a lowest point of approximately. The topography of the site extends from a lowest point of approximately RL-2.0 at the north-west up to approximately RL-55 at the south-east ridge. This constitutes a total change in level of more than 50m.

Gentle gully features extend from east to west on the site and acts as natural watercourses toward the low lying areas at the west. The south east Spring Forest has a relatively steep change in level, with the highest point being in the far south east corner. There is a relatively fat zone arond the north east quadrant of the site which has gentle falls in all directions.



### 6.4.2 High points and view points

The site has signifcant points for viewing throughout. These are both proximal and distant. Views to the west a significant and important to the Aboriginal community.

There are three primary view points on the site;

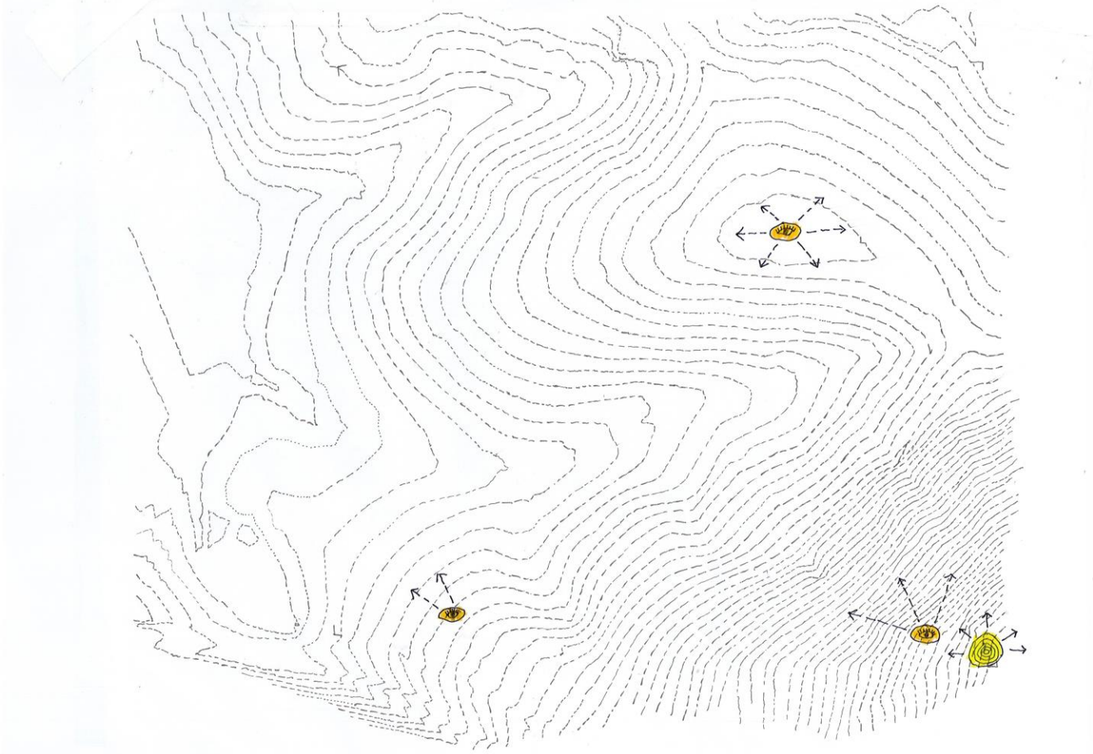
— the south west, RL 10.00
— Views to the north and north west are available from this point

The Meeting Place hill point, RL 21.00

— views to the west are distant views
— views to the north are proximal
— views to the east are mid to proximal
— views to the south are proximal

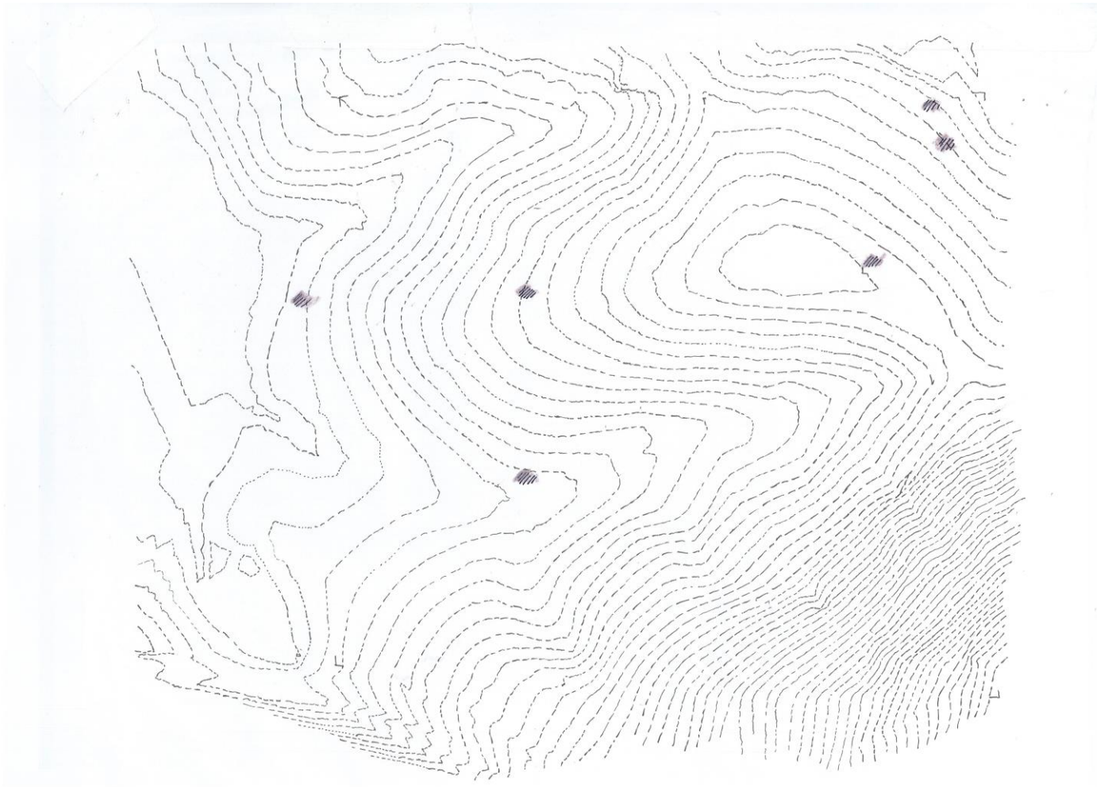
The south east corner of the site, RL 55.00

— views to the north and west are distant
— views to the east and south are mid to proximal
— The south west corner of the site is also the highest point of the site



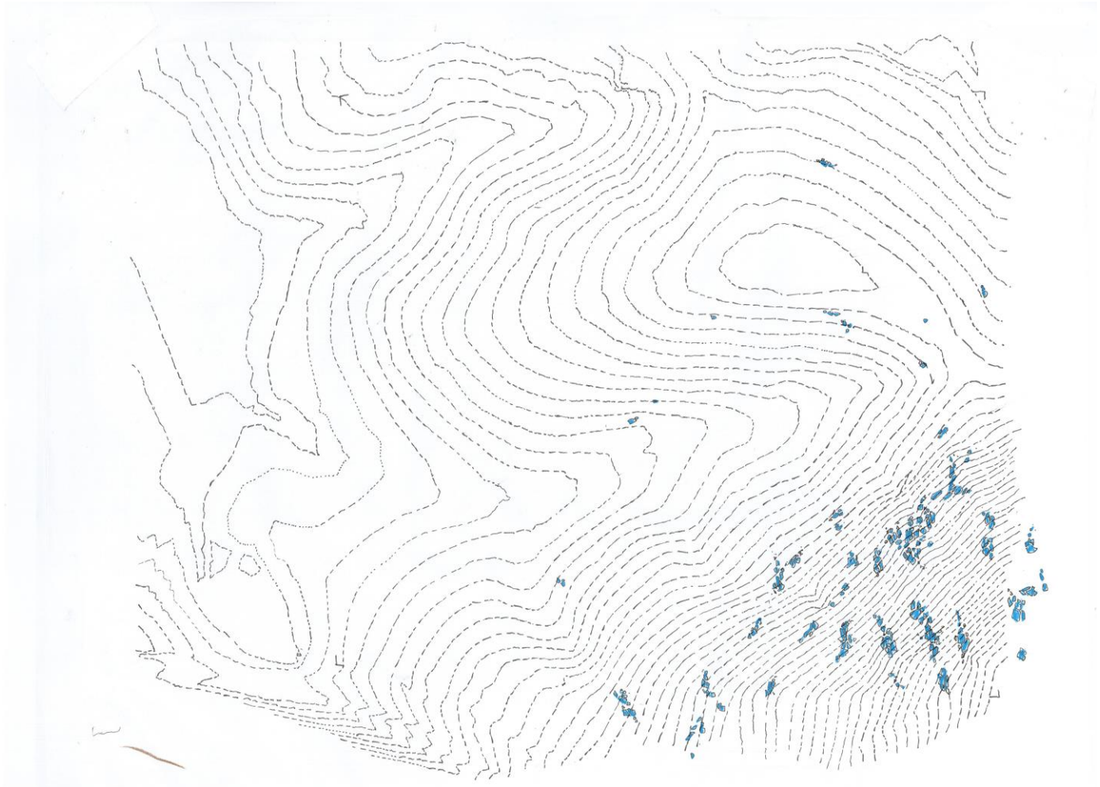
### 6.4.3 Archaeological Scatters

Consultation with the local Aboriginal organisations and community members indicates that the site of of importance to the local and broader Aboriginal community. The study area provides evidence of tangible and intangible links of Aboriginal occupation with the lifestyle and values of their ancestors. The site has identified Aboriginal archaeological sites which are identified in the Aboriginal Archaeological assessment. These sites indicated a high density of Aboriginal artefacts. Additionally, archaeological site inspection has identified three Aboriginal scarred trees in the Spring Forest area at the south-east of the site. As at the date of this report on site investigation and salvage activities have not yet been conducted. Until salvage works and further research are completed it is not known if the site contains representative or rarity values.



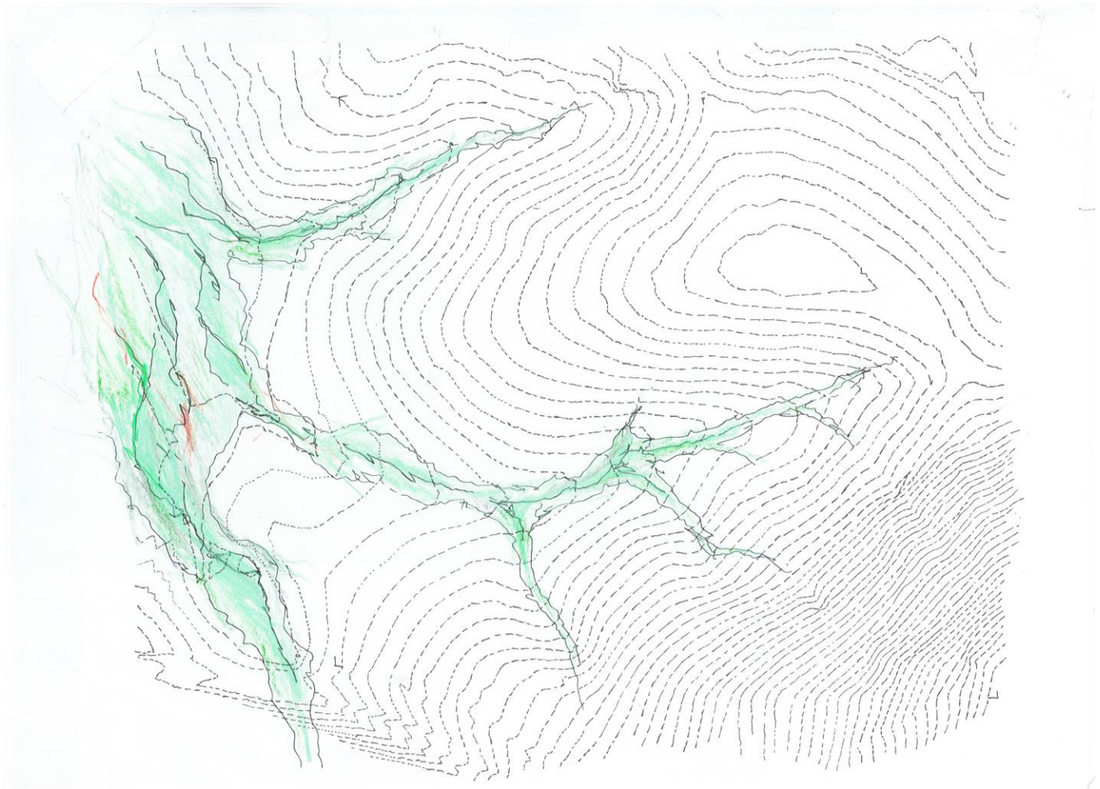
### 6.4.4 Granite

Granite outcrops have a significant and stunning presence on the site. Granite outcrops largely occur in the Spring Forest however smaller granite outcrops can be experienced at many points on the site. The interaction of the granite with the hydrology and vegetation on the site is intricate. Granite is an important cultural element to the Yuin people. Any granite which is excavated from the site is to be re-used on site.



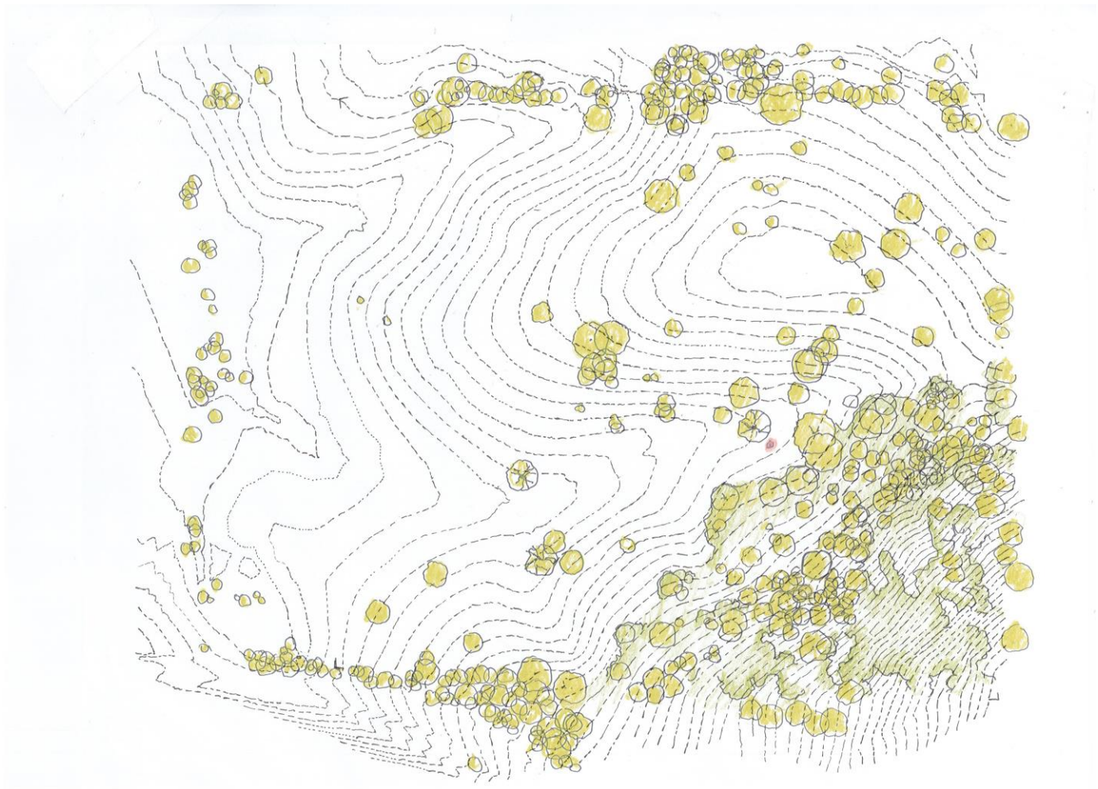
### 6.4.5 Hydrology

The water flow patterns across the site are intricately connected with the site geology and topography. The Spring Forest has many examples of water slowly trickling over the top of low granite outcrops. This water flow down the hill side toward the east west overland flow paths. Water generally permeates the top soil layer across the site and meets the upper most level of the granite which is generally 1-2 metres below the ground surface. Small springs are common through the length of the overland flow paths. To the west is a flood plain area which receives the majority of overland flow from the site. This food plain connects to a creek system connecting through to the Duea River.



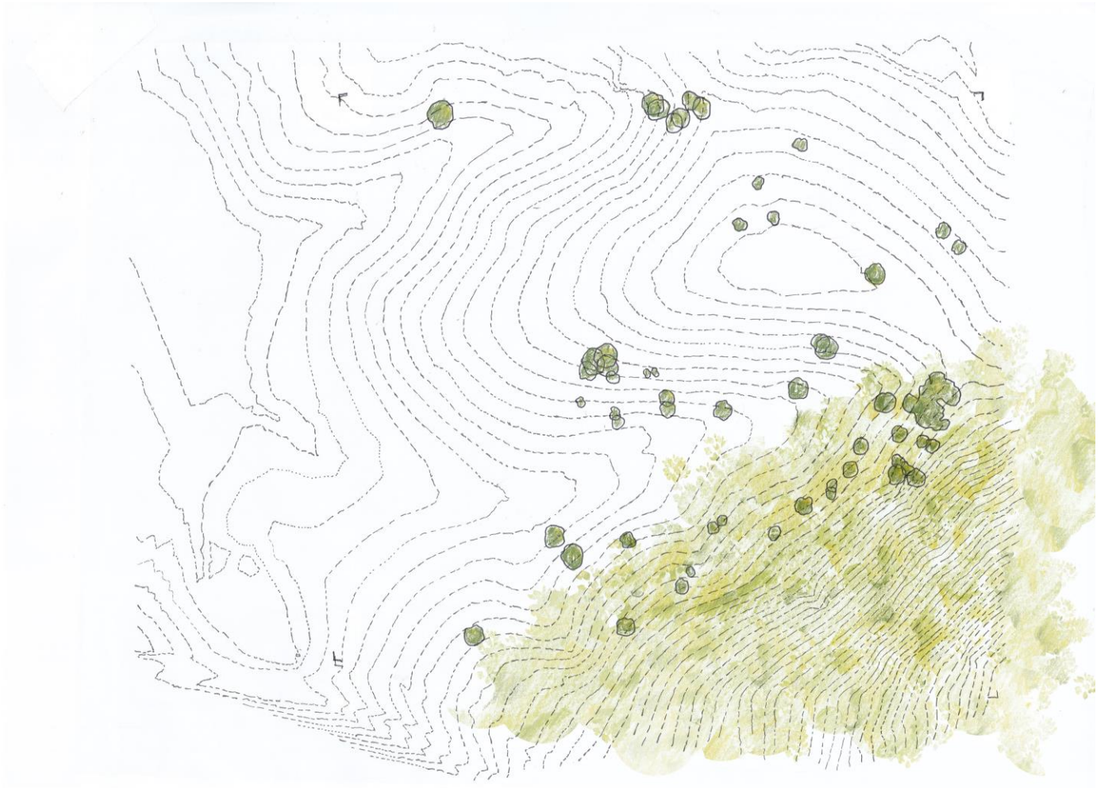
### 6.4.6 Vegetation

The site has a rich collection of existing trees and planting. There are a series of significant trees on site which are to be protected. The Spring Forest to the south-east of the site is a significant planted landscape feature and is to be impacted on as little as possible. Site area without woodland type vegetation is generally open grassland with interspersed granite outcrops.



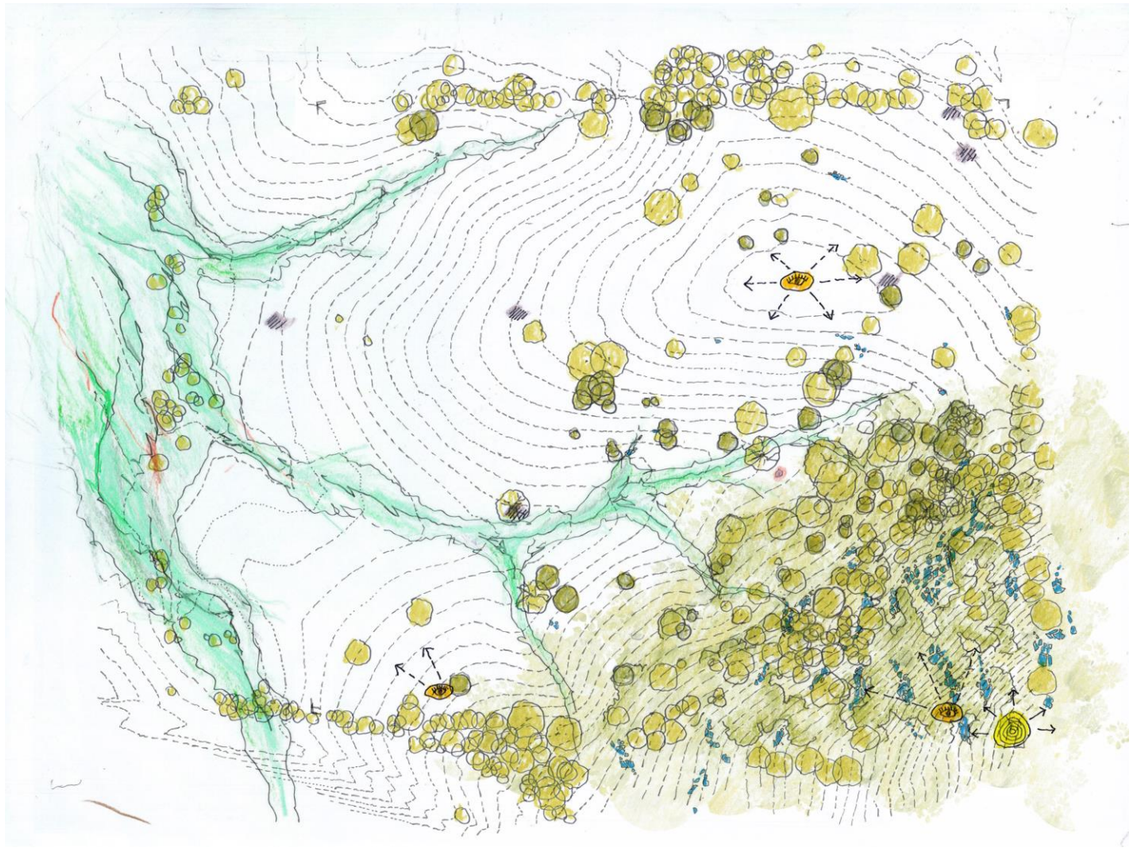
## 6.4.7 Fauna Habitat

The site has a generous selection of fauna habitat trees and a significant riparian zone which incorporates the Spring Forest. Habitat trees are to be prioritised to be retained. Detailed arborist and ecologist review is required for all tree management on site.



## 6.4.8 Significant elements

The natural elements of the site as well as their interaction with each other are fundamental drivers of the development.



— Flora
— Spring forest
— Hydrology and overland flow
— Heritage tree stump
- Archaeological scatter sites
— Topography
— Granite outcrops
— High point with a view
- High point of the site

### 6.4.9 Site Useability

The proposed site is a green field site, free of any existing developments. The site analysis conducted has identified key attributes that help determine the preferred areas of the site for development and future uses.

There is a large portion of mature vegetation which creates a buffer between the Princes Highway and the site. This vegetation is primarily to the southeast corner of the site on a sloping hill that has exposed granite rocks and natural environments for natives' flora and fauna. A buffer of trees borders most frontages of the site and provides a barrier to neighbouring properties. The site has potentially large zones of development but is limited by the topography. Any form of development will need to be closely positioned to the existing plateau in order to prevent extensive elevation above the hillside.

Another key attribute has been identification of flood levels that may impact on the proposed development. The site falls from East to West with two gentle valleys splitting the site into thirds. These valleys provide natural overland flow from the east down to the lower western boundary of the site which meets a low-lying flood plain. The probable maximum flood line has been identified and takes up a portion of the western zone of the site. This helps identify appropriate planning site access and also proposed development sites. A key driver in identifying the preferred site area was the ability to have a primary access from the highway and also a secondary controlled access from the North West.

Multiple areas of development have been considered across the site which culminated in the preferred site area. A zone at a mid-point in height across the site is the preferred site area. This is in the North East quadrant and sits 22m above sea level. Site levels and building floor to floor levels are considered to enable access from the building direct to the ground. This also considered lower levels that could take advantage of the slope of the land to reduce excessive costs in earth works. The remaining area of site has opportunity for future development and sites have been identified.

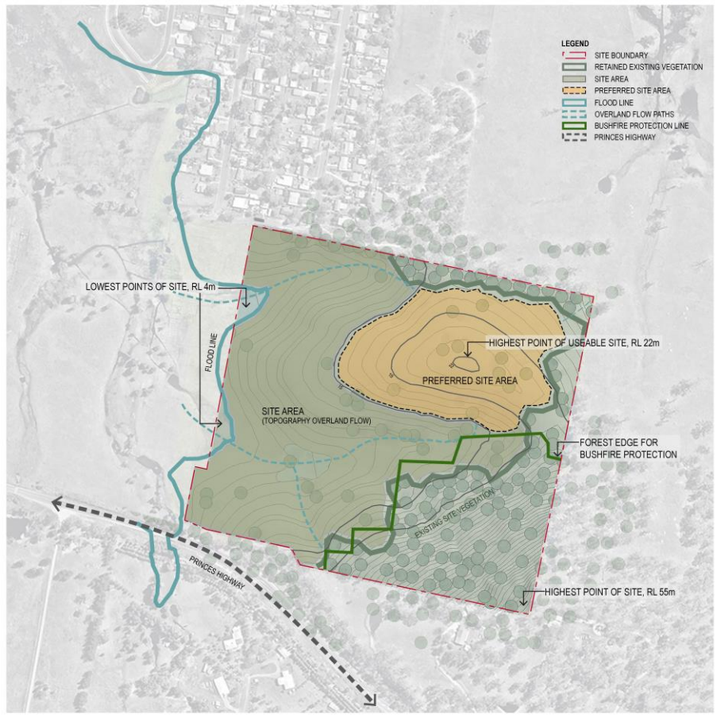



FIGURE 21: SITE USEABILITY

### 6.4.10 Helipad

The new Eurobodalla Regional Hospital is to have a helipad located on the site. The number of retrievals is expected to decrease in response to a higher Role Delineation Level. The Aviation Consultant has advised the flight path on approach to the hospital is best from a North-East or South-West direction. Approaches and departures to and from the east, west and south-west, which are largely dictated by surrounding terrain and hospital design, will still accord reasonably well with average prevailing winds in Moruya. The positions of associated buildings, light poles, fences, car parks and gardens are coordinated in order that they do not become obstructions to the chosen approach and departure paths.

Some existing trees are likely to be obstructions to the chosen approach and departure paths and will need to be removed. Exact details of which trees require removal are noted. Being on-grade, the Helicopter Landing Site (HLS) level will be below the Obstacle Limitation Surfaces (OLS) and Procedures for Air Navigation Services – Operations (PANS-OPS) surfaces for Moruya Airport operations. There will be no impact on ATC communications, navigation and surveillance (radar) systems. As this is an on-grade HLS, approvals from CASA and AsA will not be required. A formal VFR approach and departure path and transitional surface survey would need to be completed as part of HLS commissioning to meet Performance Class 1 requirements prior to operations from a new HLS.

The survey must also incorporate a DDO for the purposes of protecting the airspace from future development below the VFR approach and departure paths and transitional surfaces (which do not impact future development considerations.

The site planning strategies consider the helipad inclusion. Multiple locations for the helipad have been investigated. The drivers for the location are the provision of an on-grade helipad with proximity to the Emergency Department, Flight paths to and from, clearances and on grade access to the hospital. The drawing excerpt below illustrates the approximate location and flight path take-off and landing.

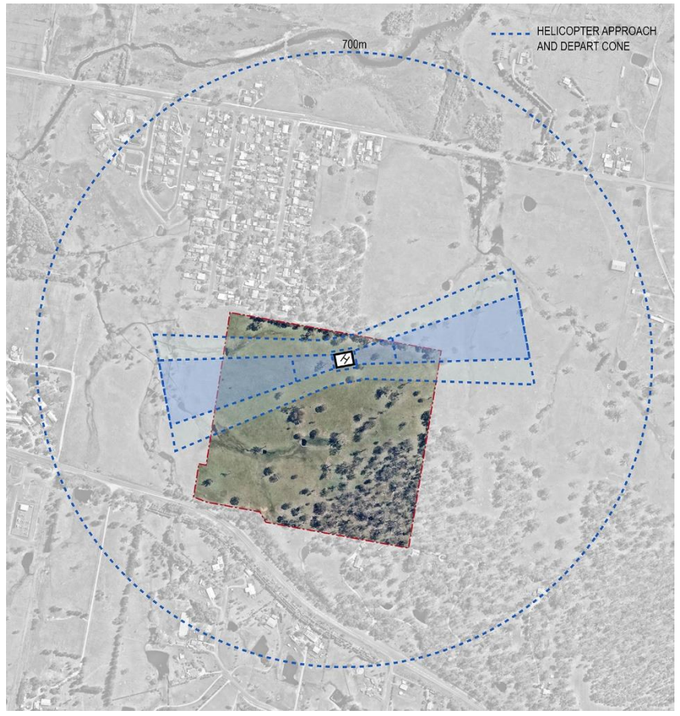



FIGURE 22: ZONES – SHOWS THE DETAILED HELIPAD ON THE EUROBODALLA SITE.

## 6.5 Siting options considered

### 6.5.1 Opportunities & Constraints

The site offers a number of opportunities and constraints;

Opportunities:
- Addressing the topography of the site relating to surround road and streets (accessibility and equity)
- The presentation of the hospital near the low rise hilltop as a navigation point from the city centre and new surrounds
- The opportunity from the hilltop to embrace views and breezes
- The relationship of the front entrance and the choices of pathways to various destinations within the hospital
- Identification of zones for various hospital uses
- Identification of future expansion space
- Addressing entrances and wayfinding
- Relating the arrival experience, internal journeys and outlook to the natural environment wherever possible
- Providing an appropriate sense of place for staff, the public and clients
- Utilising the hill dividing the site as natural planning zones
- Working with the challenges and opportunities of the site topography
- Creating healing environments through quality built-environment and integration of landscape elements
- Enabling future-proofing opportunities within the site
- Connections Circulation
- Communal areas
- Access external green space
- The opportunity to use Princes Highway as a primary access point and the residential area as secondary access point
- Departmental proximity and access

Constraints:
- Helipad – on grade HLS will create some limitations
- Bush Fire Hazard – site is likely to require a setback from the heavily wooded area
- Provision of access to car park
- Existing topography
- Flooding – The opportunity is to site the building on a higher portion of the site.

### 6.5.2 Options considered

To determine the preferred building location multiple siting options were reviewed and investigated. The site proper has a large area, however; the landforms, topography, and gradients are multi-varied and present a number of challenges. The preferred site area surrounding crest in the north east corner and covers a zone of relatively even gradients and consistent topographical features. It is also out of the flood zone and, being at a high point of the site, facilitates good overland flow strategies. Any form of development will need is to be positioned appropriately around the existing plateau in order to prevent extensive elevation above the hillside.

# 7.0 Detailed Design

## 7.1 Architectural Intent

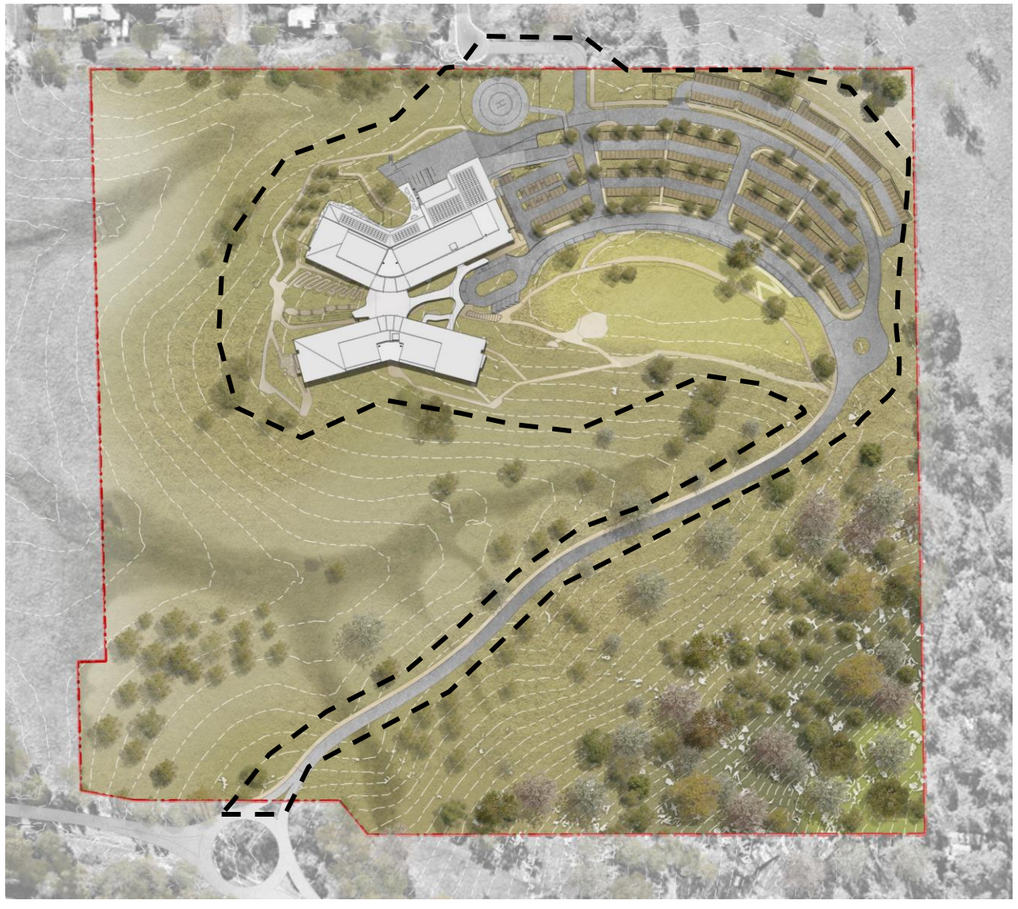


FIGURE 23: SITE PLAN – SCOPE OF WORK (APPROXIMATE OUTLINE SHOWN IN BLACK DASHED LINE)

The Eurobodalla Regional Hospital building is intended to be a direct expression of health, community and sustainability. Creating a hospital for the Eurobodalla community and the specific cultural characteristics and social networks it contains is at the forefront of the design approach. Being on a green field site the project also offers opportunities to respond to landscape in unique and creative ways.

The architecture is considered as a whole of precinct opportunity with spaces and parkland throughout the site interplaying with the built form and also providing connection and recreation opportunities for Moruya town and the broader community. Combining social, cultural and spatial expression in conjunction with the requirements of clinical program develops an exceptional outcome for the Eurobodalla community and broader coastal network.

The idea of 'welcoming' is an integral theme of the public spaces and the architectural expression. Connection to landscape and to Country is a focus throughout the architecture – visually, spatially and experientially. Layering of local Aboriginal cultural knowledge into public, accessible gathering space allows the whole community to experience the hospital in an environment which supports and validates all facets of the Eurobodalla community.

## 7.2 Scope

The detailed design scope of works for this application encompasses the following;

- Entry Road
  - Two way driving lines
  - Pedestrian pathway at northern side
- Carpark
  - 384 cars
- Main hospital building
  - 2 to 3 storeys
  - GFA – 18,838sqm
- Landscaping
- Pedestrian pathway network
- Albert Street Road reserve
- Loading Dock
- Helipad
- Establishment of landscape protection zones
- Landscape regeneration zones

### 7.2.1 Development Configuration

| Department | Elements |
|---|---|
| Ambulatory & Community Care | Oncology<br>Renal Dialysis<br>Community care<br>Community nursing<br>Community mental health<br>Oral Health<br>Paediatrics (Outpatients)<br>Surgical Clinics<br>Hospital in the Home<br>Allied health |
| Back of House | Loading<br>Asset Management<br>Kitchen<br>Hospital services<br>Staff facilities<br>Biomedical Engineering<br>Stores |
| Emergency | Resuscitation bays<br>Isolation room<br>Treatment bays<br>Fast Tracks bays<br>Short Stay Bays<br>Mental health short stay |

| | |
|---|---|
| Education, Training and Research | Sim high fidelity room<br>Training rooms |
| Executive Offices and Workspace | Teaching spaces<br>Offices and Meeting Rooms<br>Activity based work areas |
| Front of House | Foyer<br>Reception<br>Café<br>Interview rooms<br>Multi-faith space |
| Health Information Management | Workspaces<br>Records store |
| Intensive Care Unit | 8 Beds |
| Inpatient Unit 1 | 28 Beds |
| Inpatient Unit 2 | 28 Beds |
| Medical Imaging | MRI<br>Fluoroscopy<br>CT<br>General X-Ray<br>OPG<br>Ultrasound |
| Mortuary | Viewing and mortuary facilities |
| Pathology | Laboratory spaces |
| Perioperative | Operating rooms<br>Recovery Bays |
| Pharmacy | Reception<br>Interview room<br>Dispensing |
| Sub-Acute Rehabilitation Unit | 24 Beds<br>2 Day Only spaces |
| Women's & Paediatrics | Birthing Suites<br>Special Care Nursery<br>7 Beds - Maternity and Paediatrics<br>4 Day Only Beds – Paediatrics |

## 7.3 Narrative Framework

An embedded part of the landscape
Experience of the landscape is to begin at the entry to the site from Princes Highway. The unique landscape qualities of the site are experienced as part of a journey into the site and through to the hospital building proper. The building is embedded in the landscape and is a considered as part of the natural environment. The building is sited within the northern quadrant of the site away from the Princes Highway which enables quiet and repose. On a building scale, façade treatments respond to the natural qualities of the surrounding landscape. At the scale of patients and staff the façade creates a considered experience of the site landscape.

Welcoming
This journey to the building culminates in landscape spaces which fold into gathering spaces which form the entry to the hospital building. The landscape and built form are articulated to create a wholly welcoming environment and a welcoming journey to the hospital. The main entry space is at the heart of this journey and has direct continuous connection with the land and also celebrates views to the western ranges. As part of a living journey the building acts as a threshold for experiencing Country and health.

Country as healing
The built form responds to the landscape and is articulated to the surrounding views, topology and significant landscape elements. This articulation creates external volumes and spatial experiences which interplay with the internal spaces of the hospital. Direction connection with gardens and landscape is created. This promotes access to natural light and experience of nature - the healing qualities of the natural landscape are enhanced. Landscape spaces will incorporate bush tuckers garden with a variety of healing plants. External spaces with clinical functions will have native planting with medicinal qualities which relate to the clinical function i.e. planting specific for birthing on Country.

## 7.4 Building Component Elements

The component elements of the building consist primarily of four buildings wings and a central foyer. The building form creates external volumes which consist of landscape occupiable space. The relatively simple forms of the outer wings are complemented by the organic form of the Walawaani roof. The walls facing the Walwaani are considered as the 'inner' skin and are textural and at a human scale. The walls to the north and south of the wings are considered as the 'outer' walls. The outer walls respond to Country at a macro scale both in articulation and materiality.

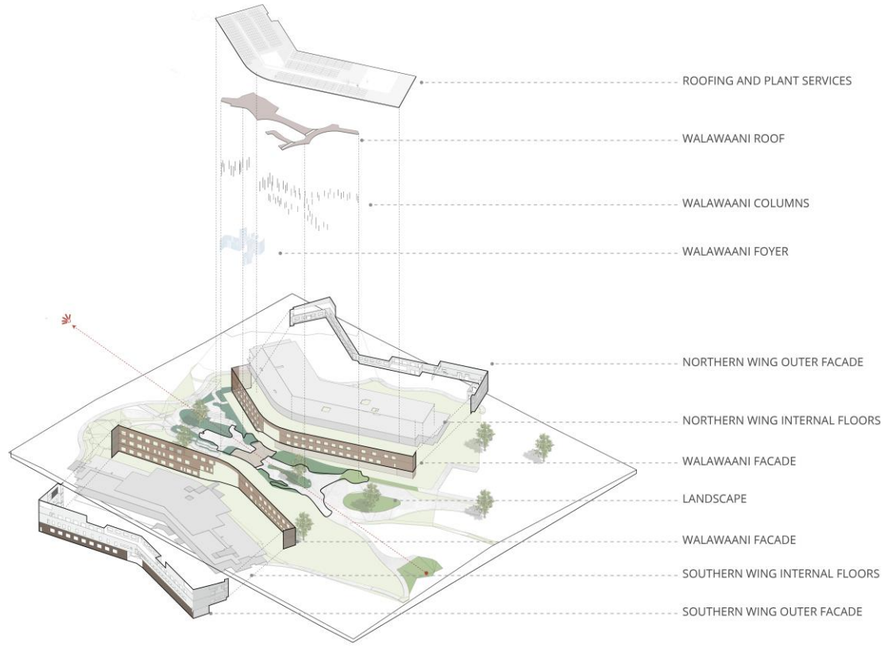



FIGURE 24: - FIGURE AXONOMETRIC

# 7.5 Connecting with Country

## 7.5.1 Consultation & Collaboration

The project integrates outcomes of community co-design activities, research and Local Aboriginal design narratives into the final design. Developing relationships, the design team share with the land and local Aboriginal people increase the design team's knowledge of the Yuin Country. Community collaboration is a continual and ongoing process through each stage of the project. Through discussion with members of the Yuin nation and through research we have furthered our understanding of the significance of granite for the region.

## 7.5.2 Aboriginal Design Thinking

Conrad Gargett and Yerrabingin have worked in collaboration with Aboriginal community members and organisations and project teams, to create a Human-centred design approach, focussed on the development of Aboriginal design narratives and design principles. Rather than traditional consultation or engagement, in Human-centred design, the community are active co-designers of the project and a shared collective voice is presented, instead of individual representations.

Ideation and design were explored through the lens of design thinking, using collaborative events including Design working group. The key first step was identifying needs, desires and apprehensions, whilst discussing the opportunities for meaningful engagement for the precinct programs. While not all discussions could occur on site, the cultural landscape context of the site was maintained at front of mind during the Design Jams.

The Human-centred design approach commenced at the beginning of the design process, ensuring that Yuin culture is at the core and foundation of the project. The collaboration with the local Aboriginal community and a multi-disciplinary design team brought a diversity of knowledge and perception to the design thinking process. Our approach incorporates Aboriginal Cultural Heritage as a living memory in the landscape and architectural response and how it will be represented through the design. Including endemic ecology, cultural resources, land management practices, local language, site features and way-finding.

## 7.5.3 Archaeological significance

It is understood and respected that encroaching into the ground has a direct impact on Country and it is acknowledged that removal of Aboriginal artefacts is a sensitive issue. The recommendation to remove the artefacts from the site prior to development was formulated in association with the Cobowra Local Aboriginal Land Council. Further consultation is presently being undertaken with the broader Aboriginal community in accordance with the Aboriginal Cultural Heritage Consultation Guidelines for Proponents 2010. Removal will be undertaken in a controlled archaeological excavation so that as much information as possible is gained. The excavations will be undertaken in partnership with the Cobowra Local Aboriginal Land Council and other Aboriginal community members who will be present and take part in the archaeological excavations. They will provide direction for the archaeological excavation and the manner in which artefacts are removed. The Aboriginal community will also be guiding the interpretation of Aboriginal heritage on the site and will direct the management of the artefacts. Further information is provided in the archaeologist reports.

## 7.5.4 Connecting with Country Working Group

Consultation activities have included the Eurobodalla Regional Hospital Connecting with Country Project Working Group, which consists of members of the Aboriginal community, the Local Health District and the Design Team. This working group has been meeting monthly and has endorsed the use of the local Aboriginal language 'Dhurga'. The PWG has always been working on the following principles:

- Caring for Country
- Welcoming and enhanced health care for Aboriginal People
- Support knowledge sharing and local cultural practices
- Support and enhance wellness
- Commitment to Country

## 7.5.5 Design Jam

The design jam formed a key community consultation session where update and then regular community collaboration with the Aboriginal working group. The process produced a design approach/intent that incorporates Aboriginal cultural heritage as a living memory in the landscape and architectural response and how it will be made evident throughout the design.


The key outcomes incorporated into the design are as follows:

Connection to Country:

- 'Walawaani' welcome sign at entry
- Totem poles along road
- 'Rainbow Serpent Drive' name of the road
- Aboriginal and Torres Strait Islander flags flying 24/7 outside hospital entrance. When someone has passed on lowering these to half mask as a sign of respect.
- Local Aboriginal artists to create artworks / murals

Landscape:

- Central meeting place south of carpark: educational area
- Medicinal plants providing spiritual energy onto hospital: don't block energy.
- Endemic vegetation within landscape
- Bush Tucker planting
- Healing garden
- Accessible to the wider public
- Exercise track connecting the site to the broader community

— Calming trail and walkways
— Identify active and calm zones

**Building elements:**

— Shelter over carpark for people walking to hospital
— View to the west for end of life
— Connecting babies to Country earlier on: having a room on ground floor with direct access to the outside gardens. Aboriginal birthing place
— Names of buildings spaces: Walawaani, Meeting Place and Healing Place.

The Connection to Country collaboration has produced a large database of Aboriginal knowledge holders that are available to the project team and to the LHD as they take ownership of the land the building stands on.

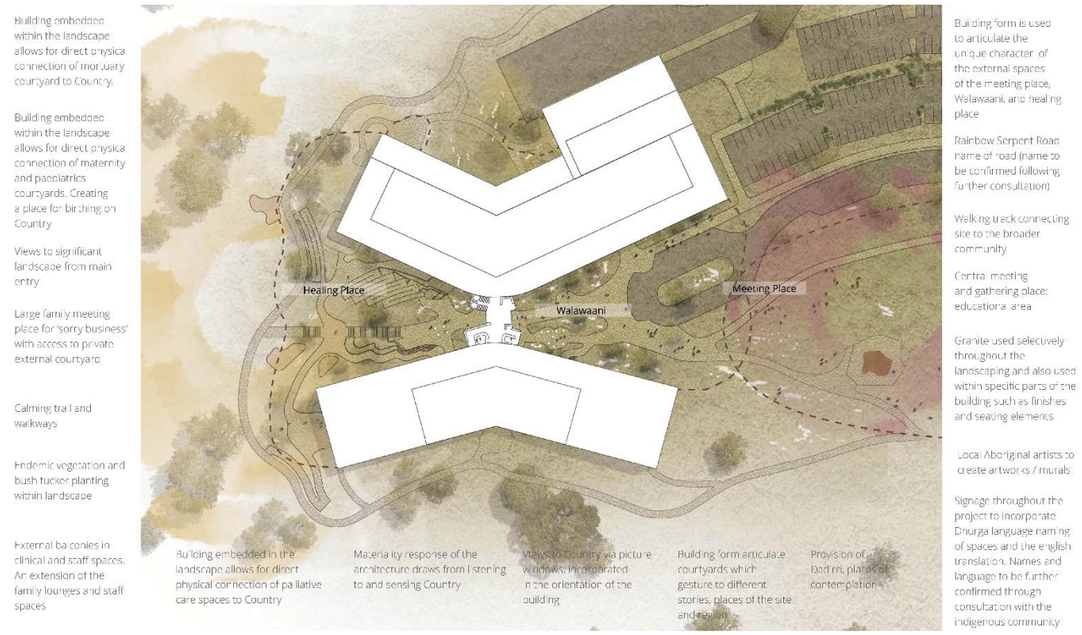



FIGURE 25: DESIGN JAM AND DESIGN SESSION OUTCOMES

## 7.5.6 Walk on Country

The experience of walking on Country allowed for sharing of time spent on Country with community. This facilitated a deepened understanding and appreciation of the land far beyond a standard site visit. The Walk on Country allowed opportunity to share knowledge and learnings between local Elders, Aboriginal advisors, consultants and community as well as with project team. Learnings included;

— The importance of achieving connections to the gathering spaces. These will be explored in the overall landscape plan.
— Framing views to the mountain ranges. This has been achieved through the design of the Walawaani (Welcome Space) and Healing Place.
— The establishment of the Main Drive which in concert with our arborist report has informed the location of our roadways and access points resulting in a significant portion of existing trees being retained generating an appropriate response to Country.

The design team has opened up opportunity for continuous dialog with Aboriginal people: drop in sessions, collaborative design sessions and we are actively seeking to provide space for Aboriginal to practice culture, and provide community benefit.

## 7.5.7 Design Sessions

Conrad Gargett had three days of highly positive meetings with local community and returned to present the Design Jam outcomes/ response in Design Conversation to the first nations people, having tried three time to unsuccessfully deliver this design conversation online. Over three days, three Connecting with Country drop-in sessions, two hospital drop-in sessions and a Connecting with Country Design conversation were conducted. Connecting with Country drop-in sessions were held in both Batemans Bay and Moruya and in both hospital and community settings. All sessions were publicly advertised and welcome to all members of the community.

The three days culminated in a design conversation in the Moruya RSL Hall. This was attended by approximately twenty members of the Aboriginal community, the design team and the hospital team - including the SNSWLHD Coastal Network General Manager. This session consisted of brief presentations of the outcomes from the Design Jam both from Yerrabingin and Conrad Gargett. Yerrabingin outlined the key outcomes and commentary from the design jam as previously presented to the SDRP. Conrad Garrett presented slides outlining the interior design, wayfinding response and architectural and site response as per images previously presented to the SDRP. The presentations were well received but the poignancy of the session was the discussion and conversation that occurred. Members of community emphasized the importance of privacy for personal health discussions and the need not to be on display.


FIGURE 26: CONSULTATION PROCESS

### 7.5.8 Ongoing outcomes

Consultation has resulted in multi-varied outcomes and feedback. These range from commentary on proposals and idea generation to endorsement of proposals and specific requests for spaces and built elements. Privacy and discretion are important elements of how the Aboriginal community engage with health services. Discreet entries and appropriate levels of privacy are incorporated into the architectural planning and interior design. Combining discreet entries with broader public welcoming spaces is achieved via landscape elements, planting arrangements and the configuration of the built form elements.

Collaboration and consultation is ongoing and is subject to further appropriate consultation and design resolution. Women's business sessions have occurred with appropriate sensitivity. There is a process established through the Connecting with Country working group for planting selection and materials consideration. Planting selection is an ongoing process and is subject to further appropriate consultation and design resolution.

## 7.6 Site Setting

### 7.6.1 Views

The site offers significant opportunities for views and outlooks. These are both proximal and distant. The building form and built elements seek to maximise the opportunities these views present and to also incorporate views to landscape into the experience of hospital use. Views through and around the building from East to West are fundamental in the siting and architectural design approach.


FIGURE 27: VIEWS TO THE DUEA RANGES

FIGURE 28:PHOTO FROM THE HOSPITAL SITE LOOKING WEST TO THE DUEA RANGES

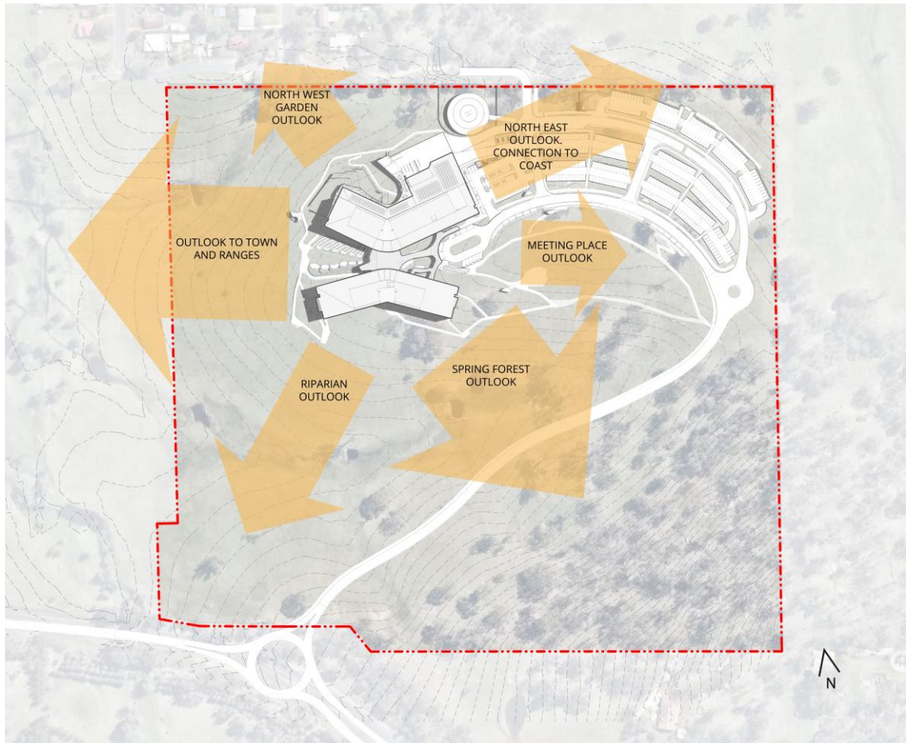



FIGURE 29: LOCALITY VIEWS

The above diagram indicates significant proximal outlooks in and around the site. All view outlooks offer differing experiences to which the built form responds accordingly.

FIGURE 30: VIEW FROM THE HOSPITAL SITE TO THE SPRING FOREST

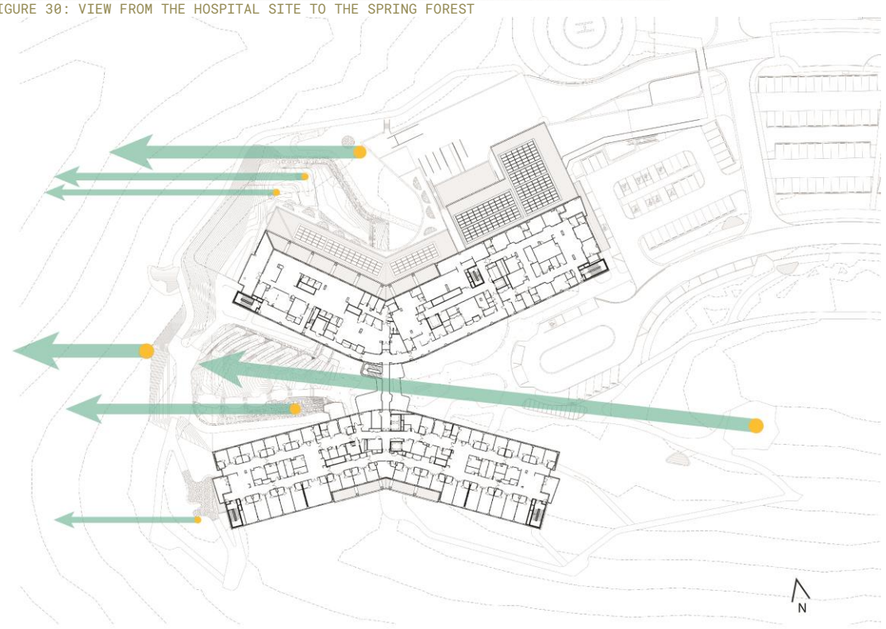



FIGURE 31: CURATED VIEWS

The above illustrates particular views which are integrated into the landscape and built form of the building. A primary view corridor from the communal meeting place through the Walawaani is created using siting and the architectural form.

FIGURE 32: CURATED VIEW EXPERIENCE

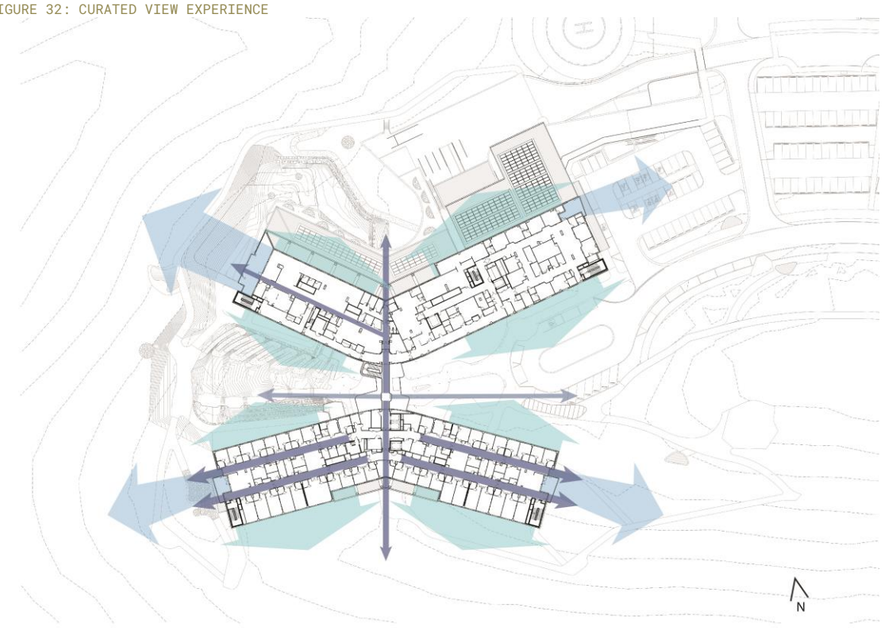



FIGURE 33: BALCONY AND CORRIDOR VIEWS

Views from within the building to the landscape beyond are generated through multiple methodologies. Windows at the end of corridors are utilized to connect with Country from deeper within the footprint of the building. Balconies are fully glazed and create moments to sit and experience the landscape.

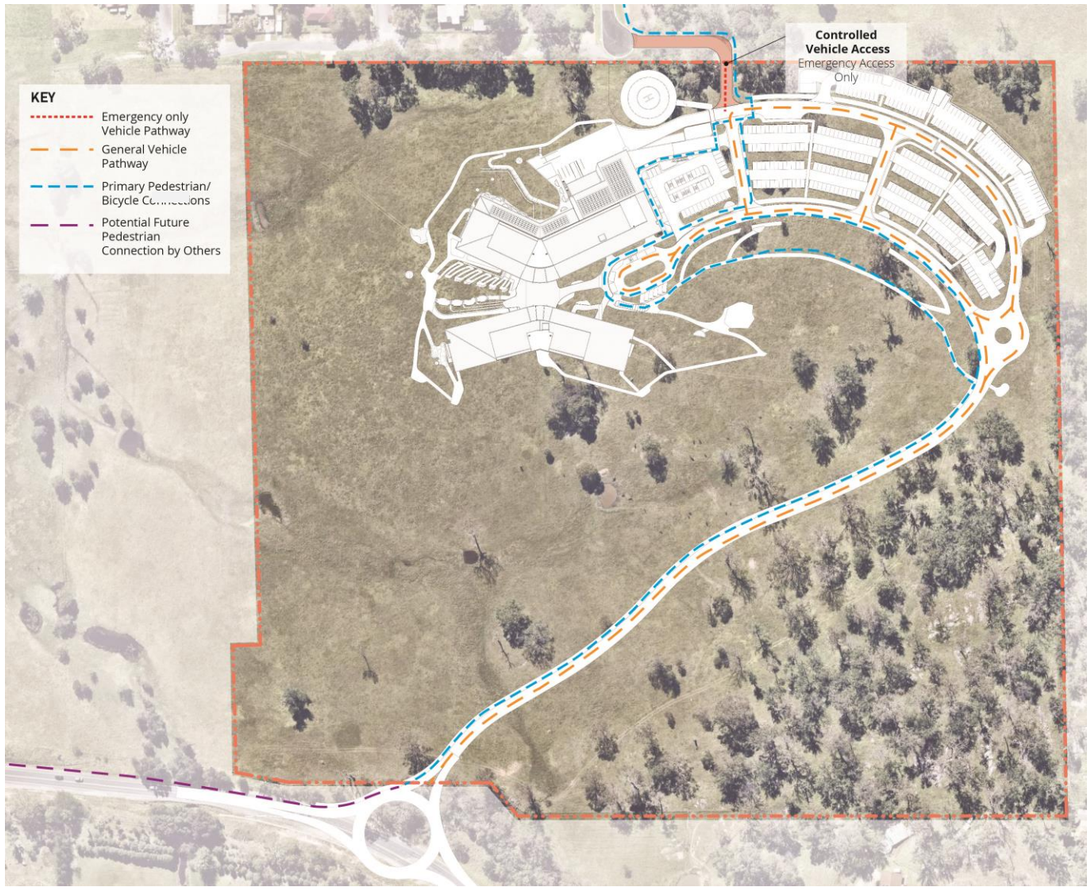
## 7.7 Connections

The primary vehicle access to the site is from the Princes highway via a new roundabout. Secondary controlled access is enabled from the north via an extension to the existing cul-de-sac on Caswell Street, this is for use only in the case of a major emergency in the area where the Princes Highway access is not available. Bicycle and pedestrian connections form part of an extension to the existing pedestrian network.

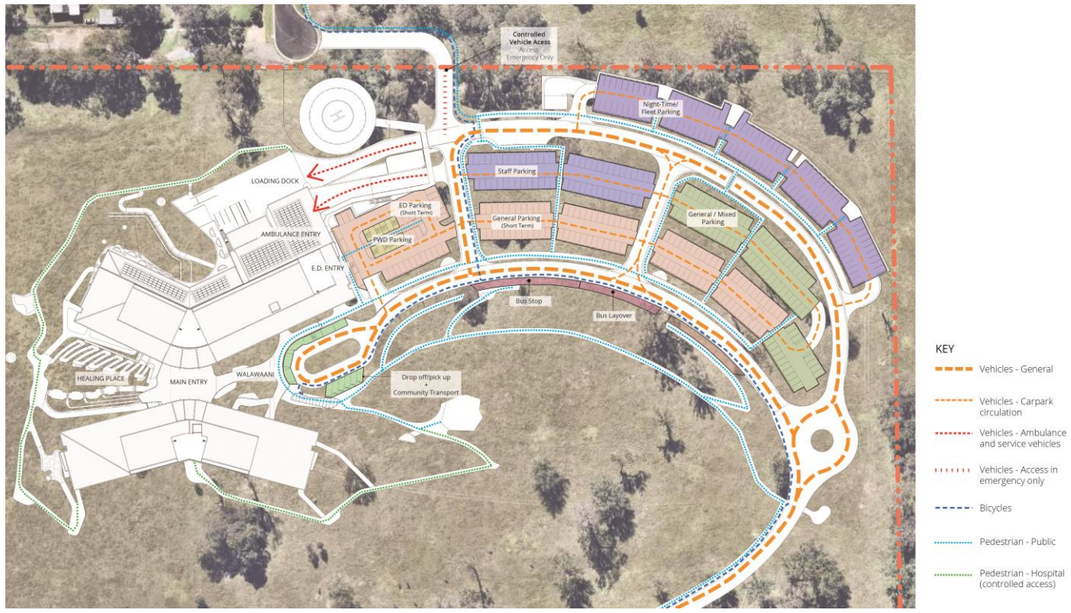

AREA WIDE CONNECTIONS

Vehicle and pedestrian pathways within the site are clearly articulated and legible. Pedestrian pathways extend from the boundaries all the way to the main front entry to the building. Pedestrian pathways engage with the Meeting Place hill and provide access to this place which is an important high point within the site.

Opportunities to establish multiple entries into the Eurobodalla Regional Hospital site has been examined to ensure that the precinct does not operate as an island, with one northern entry and one southern entry. This is to ensure future provision for relieving emergency and/or peak conditions by more than two primary sources if preferred.




SITE WIDE CONNECTIONS




FACILITY CONNECTIONS

Opportunities to establish multiple entries into the Eurobodalla Regional Hospital site has been examined to ensure that the precinct does not operate as an island, with one northern entry and one southern entry.

The carpark consists of designated zones as follows;
— PWD carparking – located closest to the main facility
— General parking (short term)
— General/ mixed parking
— Staff parking
— Night time/ Fleet parking

Carparks are accessed via walking paths which are integrated with the natural contours of the site.

## 7.7.1 Car Parking

The carpark is located down from the top of high part of the useable site and primarily to the north of the building. This allows views to the ranges directly from the carpark. Visual connection is enabled from the carpark to the Walawaani landscape spaces and through to the hospital proper. Shade structures are provided for rest, shade and weather protection. Visual connection from the carpark to natural geographical features forms part of the intuitive wayfinding strategy from the carpark to the hospital. Ground treatments vary in colour and texture which provide visual wayfinding cues. Signage panels are provided with English – Dhurga - English language translations. Significant tree planting is provided for shading and weather protection for hospital users. Intermediate planting beds provide collection points for overland flow and rain water. This water is dissipated through the site naturally rather than fed into the stormwater system.

The carpark provides on grade carparking which aligns with the natural contours of the site and provides green, code compliant access to the main entry of the hospital. The design accommodates for up to 478 cars – a figure identified as peak demand in the traffic engineering report. The carparking consists of 3 tiers of parking which fall to the north east of the site with the topography of the land. The uppermost tier sits at approx. RL 19500, the middle tier at approx. RL 17500 and the northern-most tier at an RL of approximately 16000. The tiers of carparking curve with the natural curve of the land and combined with the falls, integrate with the landscape to minimise earthworks. An access pathway sits at the uppermost edge of the carpark and provides pedestrian access to the main hospital entry. Parallel parking is provided to the south of main entry road adjacent the large external green space. Compliant pedestrian access is provided through the level changes of the carpark via walkways. Walkways are placed between banks of carparks and occur every 35m. The access road for ambulance and servicing winds with the topography and also provides access to the loading dock. A swale sits adjacent the access road to collect water run-off which forms part of the water sensitive treatment strategy on the site.

The car parking strategy aims to:
— Provide car parking on site to meet the needs of the Hospital operations and allow for possible future expansion.
— Position of car parking on the site is to minimise vehicle conflicts and queueing around the Hospital entry or Emergency Department.
— Locate the designated staff parking to allow for safe and secure pedestrian movement for staff to and from the Hospital entrance at all times.
— Position parking for persons with a disability (PWD) in close proximity to the Hospital entrance with appropriate pathway connections and crossing facilities.


FIGURE 34: CARPARK – VIEW LOOKING TOWARD THE WEST

# 7.8 Built Form

## 7.8.1 Overview

The built form of the project draws on the narrative framework and the architectural intent. Maximising the opportunities to connect with Country and create a healing user experience are a major part of the form expression. Arrival sequence and experiential outcomes are fundamental to a positive healing process and these are promoted through careful articulation of form and space. Healing and Connecting with Country is are further drawn upon via the strategies of material selection and building articulation.

## 7.8.2 Arrival Sequence

The entry to the site and the journey to the building is via a road which hugs the topography of the existing ridge to the south. The entry foyer for the hospital has a direct visual connection with the green common entry space to the east and then visually through to distant views to the west. At the entry there is a significant green space, oriented east / west, sitting at crest of the preferred useable site. The entry sequence is designed to orient people as they enter the hospital; a journey via green space that provides opportunity to de stress and reduce anxiety before entering the building.

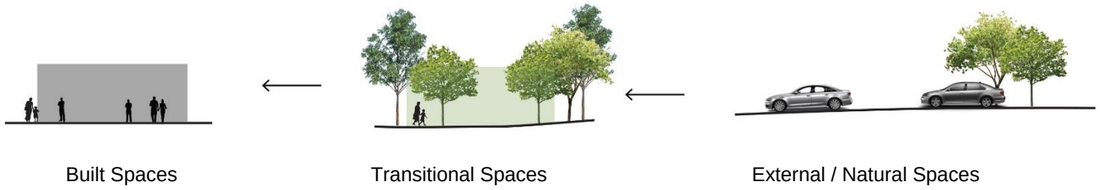



FIGURE 35: ARRIVAL SEQUENCE CONCEPT DIAGRAM

FIGURE 36: VIEW FROM APPROACH ROAD

The above image is a view from the entry road looking north-west toward the building. The building can be seen sitting down from the crest of the hill and blending into the landscape

## 7.8.3 External spaces – Overview

The spaces articulated by the built form respond to the landscape and topology of the site. These public spaces welcome the public into the building whilst also continuing through the building itself and creating connections with the landscape beyond. Three significant external spaces are established which correspond to the built form and are part of a journey through the landscape – these are the Meeting Place, Walawaani and Healing Space. Each has its own characteristics which relates to their function. The below provides a description of each of these spaces.

— Meeting Place

An open welcoming landscaped area containing low to medium scale planting types. This space has connecting pathways which surround a landscaped occupiable garden area. A gathering space and smoking ceremony area is provided. Views and connection to the sky are accentuated.

— Walawaani

A welcoming and arrival area with landscaping seating and covering protected canopy roofing. Contains the Emergency Department entry, the Ambulatory department entry and the main entry. The main internal foyer is part of the Walawaani. Views through the foyer to the Duea Ranges are enabled. Organic pathway forms are emulated in the roof form. Planting is specific to the amount of sun and aspect available.

— Healing Place

A hospital focused landscaped area. A place for quiet repose and dwelling. Landscaped seating provided and trees with shade canopies. Views and aspect to the west are facilitated.

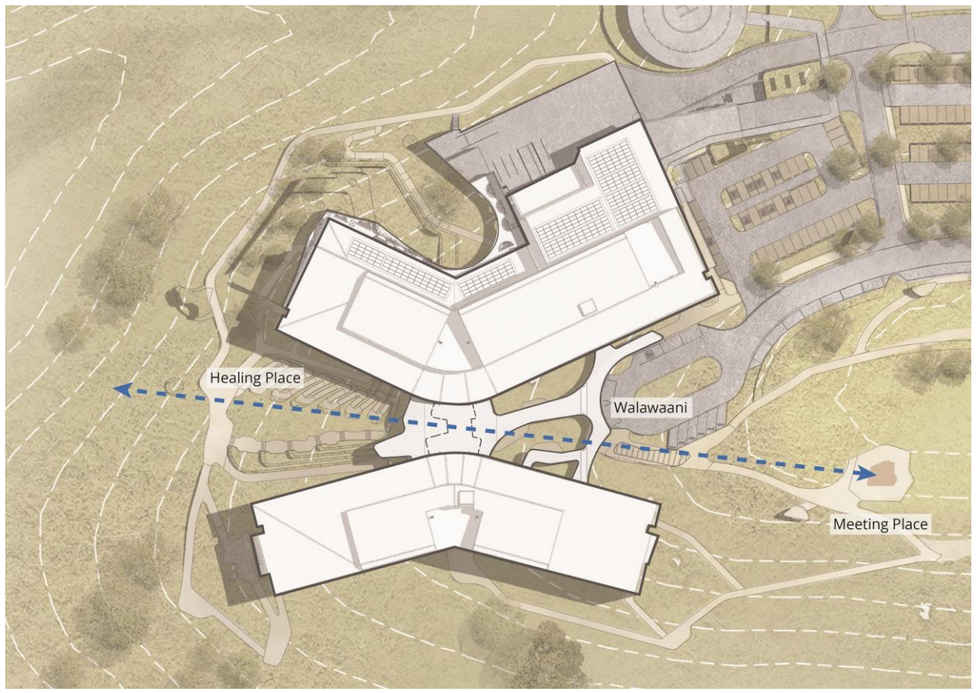



FIGURE 37: SITE PLAN DIAGRAM – WITH FOCUSED VIEW CORRIDOR INDICATED

View corridors to the Duea Ranges are celebrated through the site. Views around the building to the ranges are facilitated via siting strategies. Views through the central foyer are facilitated via detailing and material selections as well as articulation of the built form. The Walawaani roof undulates to create large view corridors through the roof, foyer and through to the ranges. A primary view corridor is created via carefully articulated roof form from the communal meeting place through the Walawaani and to the ranges beyond.


FIGURE 38: LONGITUDINAL SECTION


FIGURE 39: SITE SECTION – CARPARK TO WALAWAANI

### 7.8.4 Meeting Place

The building presents as two storeys at the east entry and three storeys at the west. This scale complements existing site lines and connections to views and landscape elements. The building is structured so that there is no vertical expansion which would disrespect the existing buildings and the scale of surrounding development.

Through the Connecting with Country consultation it was identified that the Meeting Place hill can be a place to be celebrated as part of the journey to the building. The Meeting Place is a vital landscape form within the precinct and is and with it's gentle rolling plane – accentuated with appropriate lower scale planting – is a welcoming form within the landscape. The building is sited down from the top of the hill by approximately 80m. This is both a gesture to the importance of the landscape within the journey of the design as well as a response to the site topography. The building hugs the western facing side of the hill which presents the building as an embedded part of the landscape.


FIGURE 40 MEETING PLACE

## 7.8.5 Walawaani

The ground surface of the Walawaani is a concrete with aggregate and finish resembling granite from the site. The form of the entry landscape pathway is seen to 'emerge' from earth and form the walking surface for entry to the hospital. Translated to the internal space this granite inspired concrete becomes a concrete tile with a similar appearing finish. Granite which is excavated from the site is to be re-used in selected areas for landscape seating and in particular within the maternity courtyard. Granite seating and physical markers are to also form part of the visual wayfinding experience of the site.

FIGURE 41 WALAWAANI ARRIVAL

## 7.8.6 Foyer

The central Walawaani foyer provides a greeting place, circulation hub and retail centre of the building. The spatial arrangement of the foyer consists of elements within a volume – this allows for the maximisation of visibility through the central space vital for connecting views from the eastern Walawaani to the Healing Place and beyond to the Duea ranges. Materiality of the foyer draws from the external façade treatments and the interior concept – all of which draw from Country. The materials and tonal quality of the Walawaani continue from outside to inside on the ground, wall and ceiling surfaces. The external ground surface comprises materials emblematic of granite which connects with granite qualities of the site. The Walawaani wall brick treatments draw from the natural qualities of the site and evolve in their appearance as one progresses through the spaces.

FIGURE 42 WALAWAANI – FOYER ENTRY

The soffit and ceiling of the Walawaani roof form a continual surface which evolves in scale from the arrival/ drop-of through the internal foyer and out to the Healing Place. The materials of the external Walawaani space continue through the internal foyer either in actuality or interpretation, creating a continuity of space and experience. All elements are coherent with each other in texture and tonal quality which, combined with the use scale, create calming volumes to dwell in and to move through on the arrival journey to the hospital.

The glass façade of the foyer articulates to embrace hospital users as they proceed to the inside, providing an uninterrupted experience of moving from external to internal space. The planning of the Walawaani foyer maximises visual and trafficable permeability as demonstrated further in the presentation.

FIGURE 43 WALAWAANI, FOYER & HEALING PLACE

## 7.8.7 Healing Place

After moving through the foyer and entry sequence the Healing Place offers opportunity for quiet repose and contemplation of the Duea Ranges. Landscape ramps, seating and hardscape are all fully accessible and provide opportunity to walk directly onto Country. Views to Duea framed by the built elements and the landscape

FIGURE 44 HEALING PLACE

### 7.8.8 Strata – Earth, Vegetation & Sky

The concept of strata is utilised to generate façade treatments that relate to Country in multiple scales. Strata identified as Earth, Vegetation and Sky have been translated into building material treatments which reflect the unique qualities of the landscape.

- For 'earth' a masonry and/or concrete is proposed.
- For 'vegetation' a vertically articulated façade system is proposed with a warmer colour.
- For 'sky' a vertically articulated façade system is proposed again with a cooler colour and broader articulation gesturing to the openness of the sky strata.

The strata extend around the whole perimeter of the building form and form datum lines which are picked up on to define sill and head heights of windows and the set-out of façade cladding.

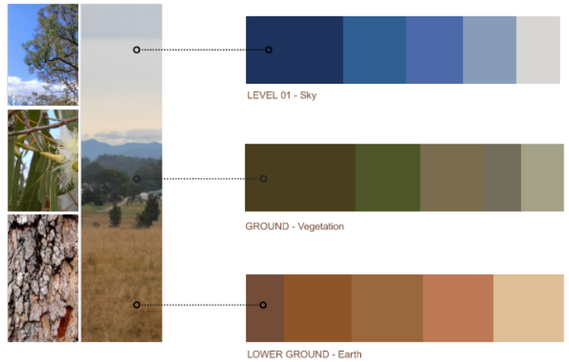



FIGURE 45 STRATA CONCEPT

### 7.8.9 Elevation and material strategies

The project materials are inspired by and draw from Country and significant elements of the landscape. The palette of materials for the building consists of natural tones and textures which respond to qualities of natural materials. Material selections have been focused on locally sourced and adaptive materials. Granite is being maintained as a fundamental inspiration for, and feature of, the landscape and architectural design. Where possible granite boulders are incorporated into the landscape and external areas both as potential seating elements, retaining wall elements and planting perimeters.

Strategies

- Strata in the landscape
- Qualities of granite as a 'grounding element'
- Qualities of tree bark as a 'protective skin'
- Rhythm of water flowing over and through the site creating texture in the granite surface
- Ideas of articulation in the façade draw reference tree hollows or cracks in granite
- Places of dwelling and welcoming in the building form

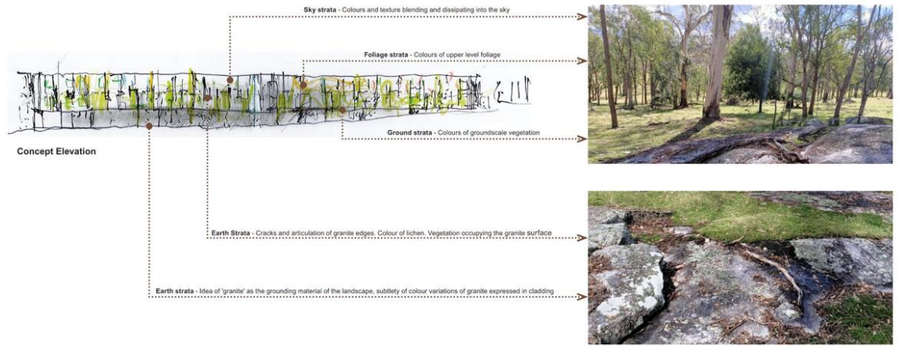



FIGURE 46 CONCEPT ELEVATION STUDY

### 7.8.10 Façades – Walawaani skin

The facades are approached as a Walawaani skin – the Walawaani brick façades – and a metal skin – the external metal facades. The Walawaani skin draws from the qualities of granite, is textural and human scaled. The metal skin draws on a broader response to landscape. The Walawaani skin responds to the journey through Country and into the building. Brickwork is used to achieve a finish which is textural, human scale and variegated at small scales. The outer edges of the Walawaani skin are light and smooth. Toward the foyer the bricks become more textural and the colours become warmer.

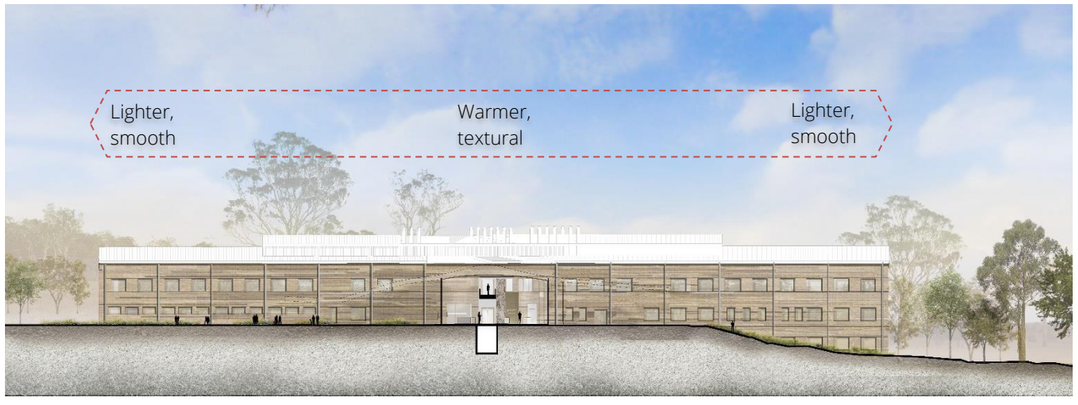



FIGURE 47 ELEVATION – WALAWAANI FAÇADE SKIN – NORTH ELEVATION OF SOUTHERN WING

The qualities of the Walawaani skin façade are achieved using brickwork which, as much as possible, is sourced from local clays and manufacturers. Laying patterns consist of strong horizontals drawing from micro-strata in the landscape. Five brick selections are utilized the outer ends, warmer colours are generally used toward the centre the change in colour from warm to cool is achieved through organic broadscale colours transitions.

FIGURE 48 PART CONCEPT ELEVATION – NORTH FAÇADE OF SOUTHERN WING

GB Veneer Arcadia – Smokey Ash

GB Veneer Arcadia – Natural Earth

AB - Scholar

AB – Chillingham White

Bowral Highlands - Meryla

FIGURE 49: BRICK SELECTIONS

FIGURE 50: RENDERED ELEVATION – SOUTH FAÇADE OF NORTHERN WING

## 7.8.11 Façade – Ends

As a façade element the ends of the wings act as a transition between the inner skin and the outer skin. Room planning in the ends consists generally of balconies, lounge & dining spaces and activity based work spaces. These spaces are expressed as pods in the architectural form. These pods are visually permeable and maximize glazing allowing for views and connection to Country.

FIGURE 51 PERSPECTIVE – SOUTH WEST END

## 7.8.12 Façade – Metal skin

As with the Walawaani skin and the ends the metal skin expresses the idea strata and datum lines. The metal skin responds to the broad scale elements of the landscape. Earth, Vegetation and Sky are expressed and noted via datum lines. Additionally, the colours used to express the datum lines transition organically throughout the height of the façade.

The metal skin draws on lightness, smoothness and broader scale articulation. The brick of the Walawaani skin carries around the ends and to the outer facades and provides a base to articulate the strata of 'earth' – granite. 'Vegetation' and 'Sky' are achieved on the metal skin with raw natural style cladding. The cladding provides the qualities of smoothness whilst also providing opportunities for variation in texture and colour.

FIGURE 52 – SOUTHERN FAÇADE 'METAL' SKIN – SOUTH ELEVATION OF SOUTHERN WING

FIGURE 53 SOUTHERN PERSPECTIVE VIEW – OUTER SKIN

The proposed material for the outer skin is zinc metal cladding on metal sub-framing. This material enables a broad scale cladding which also has minimal maintenance requirements and also has long term durability. Subtle tonal variations are proposed in order to achieve an organic change through the height of the façade.

VMZINC Pigmento Ash Blue

VMZINC Azengar

VMZINC Pigmento Lichen Green

FIGURE 54: ZINC METAL SELECTIONS

# 7.9 Interiors

## 7.9.1 Overarching Philosophy

The interior design philosophy is to create a person-centred environment that focuses on promoting wellness. 'Connections' is proposed as the overarching design narrative which will guide the design as it unfolds.

The narrative draws inspiration from Moruya and surrounds to explore the idea of connection to Country. By bringing together key characteristics of culture, site and context, the design aims to create a cohesive, inclusive environment that celebrates the diversity of the town as well as its cultural history and landscapes. The narrative creates a physical connection while overlaying it with a person's innate desire to have social connections and being surrounded by nature.

This narrative may be interpreted in multiple ways in relation to the new Eurobodalla Hospital:

— Encouraging physical and social connections between people and services across the region;
— Connection to the natural environment: micro level of fractals in nature;
— Connection to the natural environment: macro level of biophilic design;
— Connection to the historical and cultural heritage of site and town; and
— Connection to Country as an overlayed experience through wayfinding and holistic design outcome.

## 7.9.2 Design Objectives

The design principles adopted for the interior environments reinforce the design objectives of the project below:

a) People and Culture: Are at the forefront of the design approach through community involvement to empower and bring positive change and meaningful opportunities.
b) Materiality: Natural sustainable materials local to site and region will be embedded through interior elements and provide a sensory experience and familiarity. The design will look to source from local supply chains to support a sustainable approach.
c) Connection to Country: the design will maximise the connection to landscape, Aboriginal culture and technologies to embed into the design providing a familiar and safe environment.
d) Holistic Healing - A holistic approach to connect people with nature in positive and affirming ways to create a calm, healing environment.
e) Human Centric Design - Consideration of the experience for all people in the hospital environment including patients, visitors, clinicians, researchers and staff to capture innovative outcomes for an all-inclusive environment.
f) Activity Based Design (ABD) – DDH are complementary of healthcare exemplars that have incorporated ABD concepts in design and planning, therefore ABD initiatives will be woven into the interior architecture design concept.

FIGURE 55: NATIVE PLANT SPECIES USED FOR CULTURAL HEALING

FIGURE 56: LANDSCAPING'S INFLUENCE ON INTERIORS

## 7.9.3 Design Principles

Developing design principles will engage with the broader context of the site. Taking inspiration in an approach to compliment Country, the natural landscape and organic forms will build the interior strategy.

Taking reference from the strata of the landscape and locality, there are opportunities to develop concepts which relate to the earth, vegetation and sky. Incorporating the granite from site into the building elements like joinery and floor components will be embedded throughout the design.

FIGURE 57: SITE AND SURROUNDING CONTEXT

The concept will be implemented using the following design principles to influence the materiality application for all interior elements to enable a cohesive design language through furniture, joinery, feature wall, floor and ceiling treatments to directly reference the elements of Country.

### 7.9.4 Connection to Historical and Cultural Heritage

Wherever possible the design and spatial language aims to create a sense of continuity between the inside to outside, to take advantage of the natural context and elements specific to site.

FIGURE 58: MORUYA'S CULTURAL AND HISTORICAL CONTEXT

### 7.9.5 Cohesion Between Interior and Exterior

The building is defined by the overarching concept of Thresholds. Each space will provide a threshold connection to the landscape through colour and natural elements informed by the site and context to create a cohesive design approach.

The design creates visual cues and wayfinding opportunities by framing views to the landscape providing moments of pause and reflection to provide the user with a sense of orientation and grounding throughout their journey.

### 7.9.6 Interior Legibility

The interior must be clearly and intuitively organised, arranged in a pattern or hierarchy that promotes individuals' privacy and at a scale and proportion that complements the activity they contain.

The entry and central zone will draw on the natural and familiar elements specific to site blurring the 'threshold' between inside and outside. The secondary zone will start to define the 'journey' between non-clinical and clinal environments. As the patient and visitor journey continues into the envelop, the department and patient zones will be defined by a deeper connection to Country and the landscape for a safe and calming experience.

The connection and building envelop links the interior spaces by focusing on the in-between moments and threshold to the surrounding landscape. The analogy of 'Thresholds' has been adopted in the design as a symbolic concept for the project and as a cognitive map to structure the overall design concept from the site and natural forms to the architecture envelop which are adopted into the interior spaces and circulation systems, ensuring the deeper idea of a Country-centred design approach.

—

*"In the "Country-centred", or eco-centric circle the human and non-human are represented as integrated in a network of relationships through Country all supporting each other. (Connecting with Country Framework by NSW Government Architects)*

**Figure 6: Human-centred or Country-centred:**
Image: Diagram adapted from German architect Steffen Lehmann, Eco v Ego diagram 2010

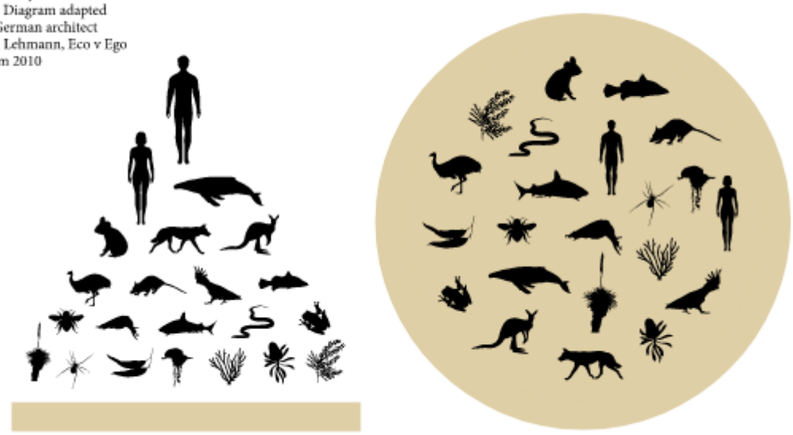


FIGURE 59: HUMAN-CENTRED OR COUNTRY-CENTRED

The 'Thresholds' is expressed as the major circulation pathway to connect departments and create a vibrant, light filled public realm. The expansive glazing connects patients, visitors and staff to the outdoors, continuing the biophilic theme. The 'Journey', in contrast, are articulated by activated, more intimate spaces such as lounges, circulation paths and pause points along the user experience.

In addition to spatial and departmental planning for the interior environments the characteristics of the interiors are also designed to facilitate users' cognitive mapping process for wayfinding, to reduce stress and enhance users' experience of the building.

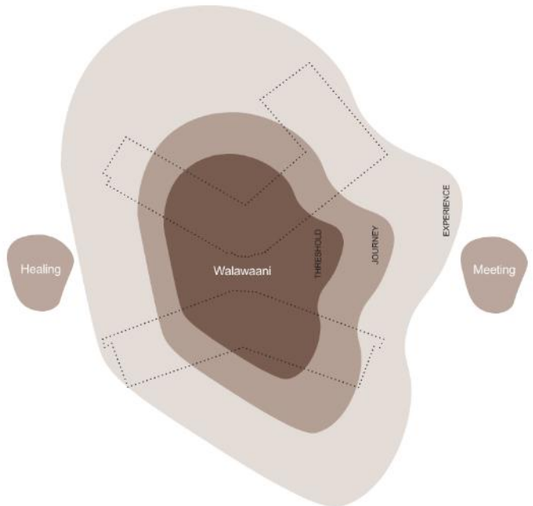



FIGURE 60: INTERIOR STRATEGY


FIGURE 61: THRESHOLDS OF COLOUR

## 7.9.7 Materiality

The colour palette approach will translate from the landscape and reference the textural materials specific to site and connection to Country. Natural sustainable materials local to site and region will be embedded through the interior elements and provide a grounding and sensory experience for the users.

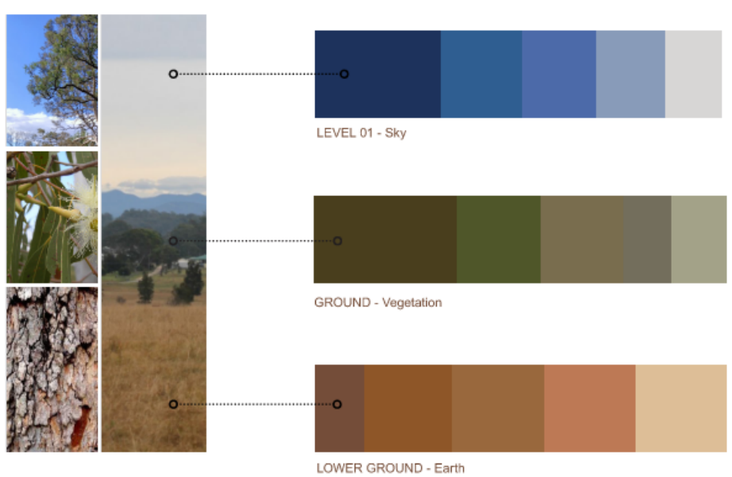



FIGURE 62: COLOUR SCHEME APPROACH

Colours and patterns found in nature, can be embedded through fabrics, wall finishes, flooring materials, façade details. There is a repetition of pattern with pops of colour through each level. Where appropriate, timber is used to introduce provide familiarity, warmth and connection to nature into the arrival experience.

The concept provides several opportunities for the design colour palette. Below are a series of conceptual interpretations of what the design colour palette could look like and the overall application.

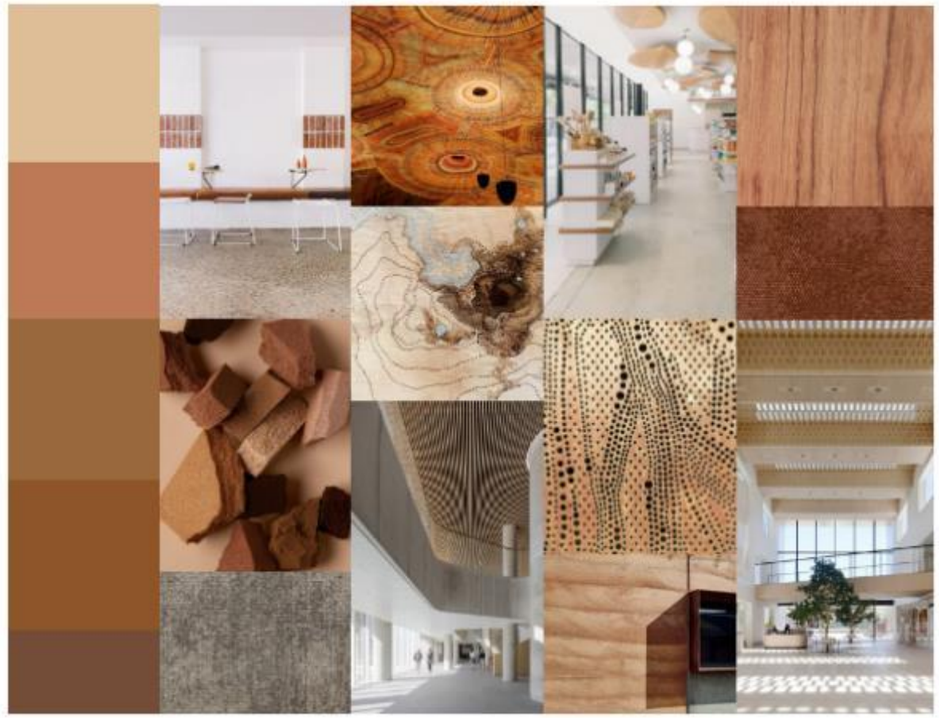


FIGURE 63: INSPIRED BY THE SURROUNDING NATURAL ELEMENTS OF 'EARTH'

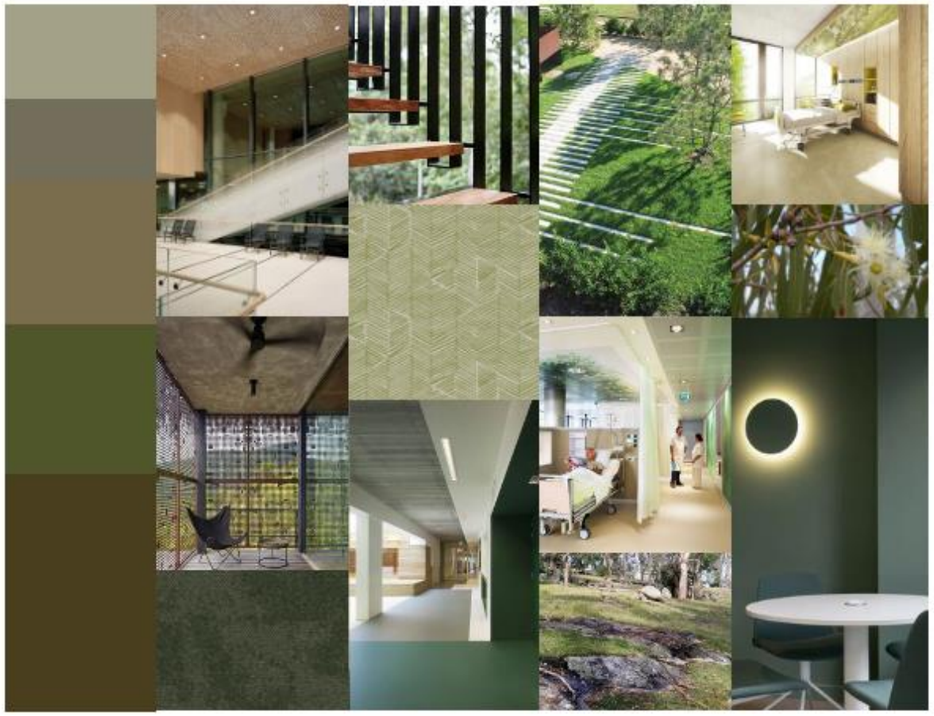


FIGURE 64: INSPIRED BY THE SURROUNDING NATURAL ELEMENTS OF 'VEGETATION'

FIGURE 65: INSPIRED BY THE SURROUNDING NATURAL ELEMENTS OF 'SKY'


FIGURE 66: COLOUR MAPPING

### 7.9.8 Colour Mapping

Warm and earthy tones and textures, drawn from the subdued reds and browns of earth, has been selected for the base palette. Each level assumes a unique identity through the use of colour. Colour is used to delineate each level and provide intuitive wayfinding cues.

### 7.9.9 Internal Amenity

High levels of internal amenity are achieved throughout the development. Access to natural light is a fundamental feature of the interior spaces with the foyer providing high visual connection from inside to outside via double height glazing. This glazing is also generously shaded and protected reducing direct sunlight and glare into the public spaces. Public interiors spaces have direct on grade connection to exterior ventilated landscape spaces allowing appropriate permeability and connection.

Views from interior spaces are celebrated and maximised. The primary view from the central foyer is directly to the Duea Ranges in the distance. This creates a connection of the internal space to distant landscape elements. For further detail refer to Section 7.6.

Large windows are provided at the ends of corridors in order to access views even from deeper within the floor plate.

Bedrooms are provided with large windows maximising daylight into the patient care areas.

The ends of clinical wings are provided with balconies which are adjacent to lounge and family room areas within departments. These balconies maximise daylight ingress into the lounge areas and also provide an external and protected place for patients to dwell and experience the landscape.

Incidental wayfinding is provided by visual access to external spaces which assists in placing your self in the landscape and in turn within the hospital.

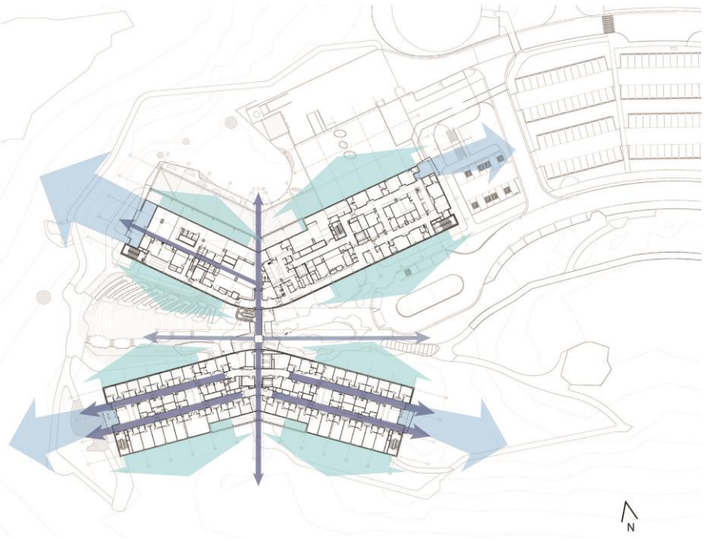



FIGURE 67: VISUAL ACCESS

## 7.10 Space Types

### 7.10.1 Patient Care and Diagnostic Areas

Patient care and treatment spaces will focus on the finer grained experience at the human scale. Spaces will aim to reduce the clinical feel wherever possible through a balance of practicality, safety, aesthetics and innovative and sustainable selection of materials.

A focus on improving inpatient experience in wards can be achieved by framing views and drawing a connection to the natural environment. The patient rooms will have a non-institutional feel with concealed services and natural and warm materials will be used to create an overall positive experience.

Internal Environment:

- Incorporate joinery which is considered and efficient and is part of an overall seamless element within the spaces;
- Enable visual connections to nature wherever possible;
- Include materials that are relevant to the local surroundings and that evoke a sense of warmth and comfort (i.e. timbers, colours that have an emotive response);
- Include lighting which is adjustable and sensitive and where possible, include colour adjustment capability; and
- Include low sills with high vista quality

FIGURE 68: PATIENT CARE AREAS

FIGURE 69: PATIENT CARE AREAS

## 7.10.2 Visitor Areas

The visitor experience in the hospital will have a significant connection to the natural environment. Public circulation and lobby areas will expand visually to enhance the visitor and patient experience of views and enable longer view lines throughout the hospital to assist in orientation and wayfinding.

These connections are also achieved via an activated perimeter, comforting and inclusive spaces to gather and create a community, interiors to support the use of intuitive technology and ease of navigation through intuitive wayfinding (e.g. colourful super graphics, floor and wall treatments, integrated greenery and signage, landmarks, 3-dimensional signage, use of raw materials).

The visitor experience will be enhanced with modular furniture for flexibility, various settings for user comfort and inclusivity, gathering spaces and places to retreat.

Creating positive waiting experiences is an important aspect of the interior design strategy as it must accommodate visitors that may be in a vulnerable state, and also greatly impacts upon the perceived overall quality of the healthcare service.

This experience can be assisted by providing areas where families can sit together and talk, but also have chairs and couches for people who prefer a more private setting. Chairs should include arms and vary in height to allow for comfort of all users. Opportunities to engage visitor's imagination should also be considered as a way to soften the effects of waiting through distraction, relief, and engagement to de-institutionalise the hospital environment.

Soft and natural wall colours will also be utilised and will support of intuitive wayfinding graphics. Joinery finishes that reflect those used on the facade of the building, creating one holistic design.

FIGURE 70: VISITOR AREAS

FIGURE 71: VISITOR AREAS

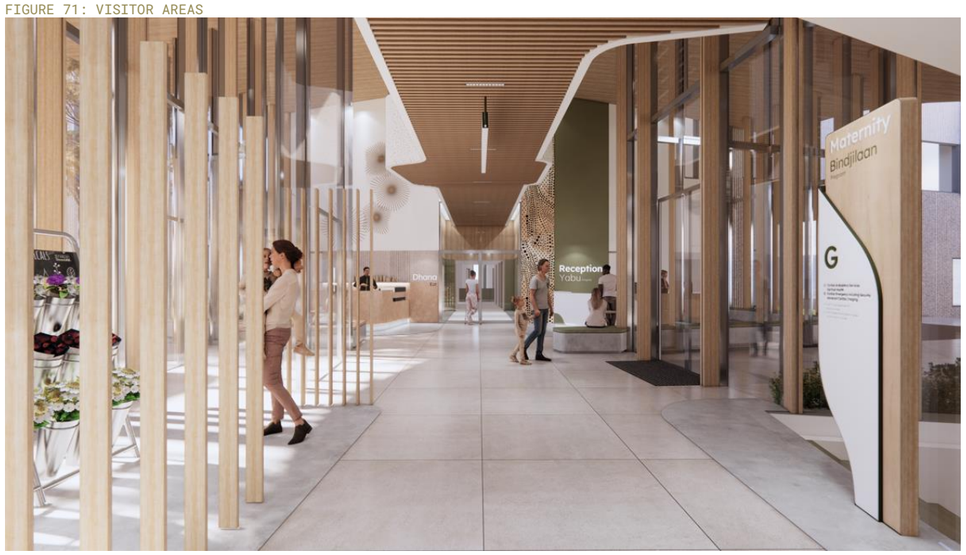



FIGURE 72: VISITOR AREAS

## 7.10.3 Staff Areas

It is important to create similar positive experiences in staff environments, by designing spaces that support efficiency, collaboration, teamwork and safety.

Key principles in increasing efficiency and effectiveness include providing the appropriate work settings that support the way employees work with the effective use of the available space. Appropriate amenity has also been carefully considered and incorporated to reduce staff stress levels and increase productivity.

To create spaces that are appropriate to the different teamwork types, they will be equipped with the facilities, technology and infrastructure to assist and optimise day-to-day routines and ensure that staff can develop and thrive in their roles.

Team lounges, sensitivity zones and other team-specific areas will include breakout spaces to provide relief from their high-stress work environments.

FIGURE 73: STAFF AREAS

# 7.11 Signage + Wayfinding

## 7.11.1 Coherent Wayfinding

The foundation of the approach to wayfinding across the site and within buildings is to provide clear and logical planning and subsequently create buildings and arrangements which communicate or explain themselves.

This approach embraces passive wayfinding by creating a legible environment and through clear spatial organisation. It encompasses the circulation and navigation of pedestrians and vehicles, public transport integration, key entry and focal points and the legibility and visibility of messages and information to visitors and staff. This approach limits the need to rely on signage, which although necessary, should function to confirm direction rather be the primary wayfinding element.

Further to the site wide strategies for wayfinding established in the early design, the Schematic Design has incorporated the following key strategies to support these aims:

— Linear and continuous circulation paths throughout and between buildings.
— Clear hierarchical ordering of key main circulation paths - e.g. the development of "main street" type spaces which then clearly connect to secondary connecting paths.
— Lift Cores which are connected to main circulation pathways
— Clear entrances are created to departments, without reliance on traversing through or past multiple departments to reach department entrances.
— View lines and focal points are enabled between levels to enable quick understanding of the building layout for first time visitors.
— Fully integrated system to compliment the Architecture, Interior Design and models of care.

### Eurobodalla Regional Hospital

Cues from the built environment are a fundamental aspect of intuitive wayfinding and navigation. Our ability to read the architecture, structures and landscape is a key factor in being able to understand the site. How legible a site or building is to the visitor is critical to establishing an effective wayfinding system.

Wayfinding is a complex task that involves many steps.

## 7.11.2 Campus Wayfinding

Wayfinding is a collaborative and people-centered process that effects the overall experience of a place. A campus wide wayfinding strategy considers the end to end journey to, from and on the greater campus of the master plan. It includes:

— Pre-visit information (finding out how to get to your desired destination);
— The journey there (following a consistent set of directions);
— The experience of the place (making you aware of what's available and where); and
— The journey back (finding your way out).

The act of self-orientation is complex and a person's state of mind can make simple tasks very difficult in stressed circumstances.

Hospitals and hospital campus' are considered high stress environments, the least amount of directional information a patient or a visitor has to retain the more likely to decrease cognitive overload (the more information, the more processes the brain has to perform). Intuitive wayfinding will improve patient, visitor and staff experience of a place and an organisation. It shows them where they are, where they're going and lets them know when they've arrived. It reduces stress. Poor wayfinding can lead to late appointments, missed connections and a frustrating stressful customer experience.

Wayfinding's ultimate role is to connect all the elements of the built environment and guide experience so all users of the facility can easily navigate the space with equity. When brought in at the beginning of a project it can identify user needs and gaps and help shape an environment to maximise intuitive navigation and minimise the use of signs.

## 7.11.3 Passive Wayfinding

The architecture and built environment can assist wayfinding by providing cues that define pathways, arrival points and gathering spaces. The appearance of entries and all arrival points should be inviting. The location of entries and receptions should be intuitive and naturally follow the pedestrian flow.

Sites and buildings that provide intuitive wayfinding purely by the design of the spaces requires less signs. If a building fails to express to the user how the spaces work and how they connect to each other, then a higher level of signage is required to assist and direct these users.

Successful wayfinding involves many underlying elements and factors which users consider while making decisions at a conscious and subconscious level, these include:

— The surrounding environment and how easy it is to read and evaluate. While navigating unfamiliar environments, one of the most effective strategies that people use subconsciously is forming a mental map of the space they are confronted with.
— Successful communication at each level, includes information provided on the website, letter sent out, conversations over the phone, text messages, digital tools as well as verbal and written instructions provided on site.
— Understanding of the facility's processes that are user-focused, but also align with the hospital's operational needs.

## 7.11.4 Wayfinding Consideration in Planning

The following are key principles that have been considered in the development of the planning options:

— Pedestrian circulation;
— Vehicular navigations;
— Public transport integration;
— Key entry points;
— Key focal points;
— Legibility and visibility of messages and information; and
— Equity / Accessible health care.

Designing the wayfinding system for potential future stages for the new Eurobodalla Hospital will require a legible environment and a spatial organisation that will have an essential role to play during navigation.

### 7.11.5 Navigational Aids

Good wayfinding is natural and instinctive. It is knowing where you are, knowing where you are going and comprehending how to get there easily. As a preference wayfinding should occur without using signage.

Navigational aids may include:

- Placement of built form, structures, buildings, landmarks;
- Landscape placement: hard and soft;
- Urban form, topography;
- Visual Signage;
- Typography with generous 'X' heights to increase legibility at required distances. (x-height refers to the height of the lowercase x for a typeface)
- Braille and tactile signage;
- Pathways, walkways, roof cover;
- Look and Feel Aspects: Materials, Finishes, Colour, Texture;
- Identity: theme, branding, visual character;
- Vista, view creation, sightlines;
- Access to technology to assist in wayfinding;
- Audible cues;
- Communication and marketing;
- Artwork placement; and
- Lighting placements and directional.

### 7.11.6 Equitable and Accessible Wayfinding

Wayfinding must be accessible and equitable, considering a variety of ability, physical and psychological.

### 7.11.7 Experience Design in Placemaking

The following are key principles that have been considered in the development of the planning options:

- Memory association of the place;
- Interpreting community through public art and urban design;
- Integration of mental health narrative in planning and design;
- Integration of campus planning with First Nations diversity and non-English speaking people with particular significance to the incorporation of local language (Dhurga) and totemic species (Black Duck);
- Existing and significant green infrastructure on the site in mature trees and waterway; and
- Significance of granite iconography.

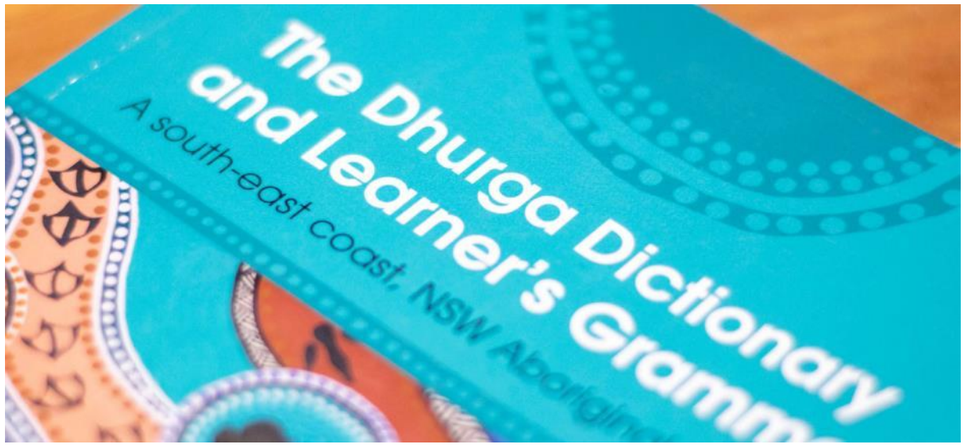



FIGURE 74: THE DHURGA LANGUAGE

The Dhurga language will be included throughout the wayfinding system, as well as the English translation. This will strengthen the connection to Country as well as educate the wider community on the local Aboriginal culture.

FIGURE 75: THE BLACK DUCK

The Black Duck is considered a tribal totem for all Yuin people and informs the organic shapes and colours of the signage design.


FIGURE 76: MORE THAN A SIGN

More than a sign - all elements of the signage and wayfinding system for Eurobodalla create a unified language embedded throughout the project.

# 9.0 Environmental Amenity

## 9.1 Environment

The new Eurobodalla Regional Hospital presents a significant opportunity for NSW HI and the LHD to evolve the definition of sustainability in the healthcare sector. Through the Schematic Design stage, the project has continued to respond with an ambitious and holistic approach to sustainability that seeks to deliver a resilient, resource efficient asset that enhances health outcomes for the Eurobodalla community through bespoke site-specific, patient-centric design.

During the early design stage the design made critical decisions regarding the building massing and orientation, setting the project up for success - primarily North and South orientation enabling streamlined management of solar access, light and air by considered architectural façade responses to be developed. During Schematic Design façade design responses have been developed that leverage the natural advantages of the building's massing. Patient rooms on the southern aspects of the building have minimal shading, preserving access to views and permitting diffuse daylight given the limited direct solar angles characteristic of the southern orientation. Similarly, the 'ends' of the building are predominantly opaque to limit low angle sun but offer opportunity to engage with the views to the mountains and afternoon sun with glazed spaces that lend themselves to casual or transient interaction, rather than patient rooms. Patient rooms with north aspects have optimised shading that cut off high angle summer sun, but permit useful winter time passive heating. Further, façade detailing has progressed to integrate envelope performance characteristics to support operational energy and DGN58 objectives.

The Schematic Design further capitalises on the massing characteristics of the early design by preparing for the integration of a renewable energy photo-voltaic system on the building roofs. Roof area has been allocated with PV system design and layout to be confirmed in the Detailed Design stage. This is a critical element of the building's aspiration to be operationally a net zero carbon asset, with additional energy supply security, in keeping with NSW state government and Health Infrastructure objectives. It provides an external and visual reminder of the commitment this project is making to a zero-carbon future, beyond the elimination of fossil fuels effected by adopting an electrified approach to the building's systems.

The central lobby area has maintained its open and welcoming feel, providing an environment that is well shaded and can be naturally ventilated - providing access to fresh air and a connection to nature that is at the core of the building's ethos. The lobby has floor to ceiling glazing maximizing the access of natural light.

The adoption of a caring for Country ethos is fundamental to the developments approach to its site and surroundings. The project has prioritised integration into the landscape, blending the building into the topography and encouraging a diverse range of native plants and animals to minimise the impact that a new building could have on an otherwise Greenfield site and help restore some biodiversity to the area. This approach has been further developed through Schematic Design through generation of more detailed landscaping plans and integration of Aboriginal design elements. Site design has promoted the use of water sensitive urban design elements such as rain gardens, integrating bush tucker garden and regenerative landscape approaches. The integration of storm water retention and filtration systems will support the managed irrigation using treated and recycled storm water on site.

Schematic Design also saw the team begin to address potential risks facing Eurobodalla Regional Hospital as a result of climate change, identifying major climate risks and potential adaptations to be implemented. It is important that the role of Eurobodalla Regional Hospital is recognised as a community asset that may be need to be a critical piece of infrastructure in times of need brought on by external shocks and stresses that may be climate or non-climate related.

The below illustrates the eight primary ESD strategies of the project;

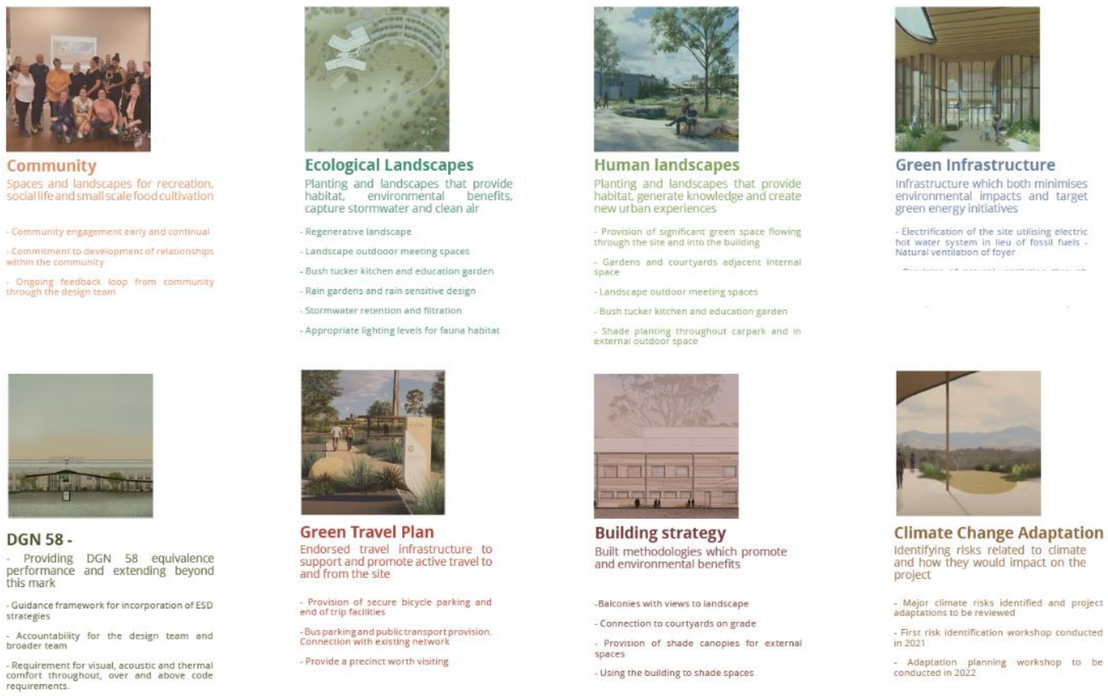
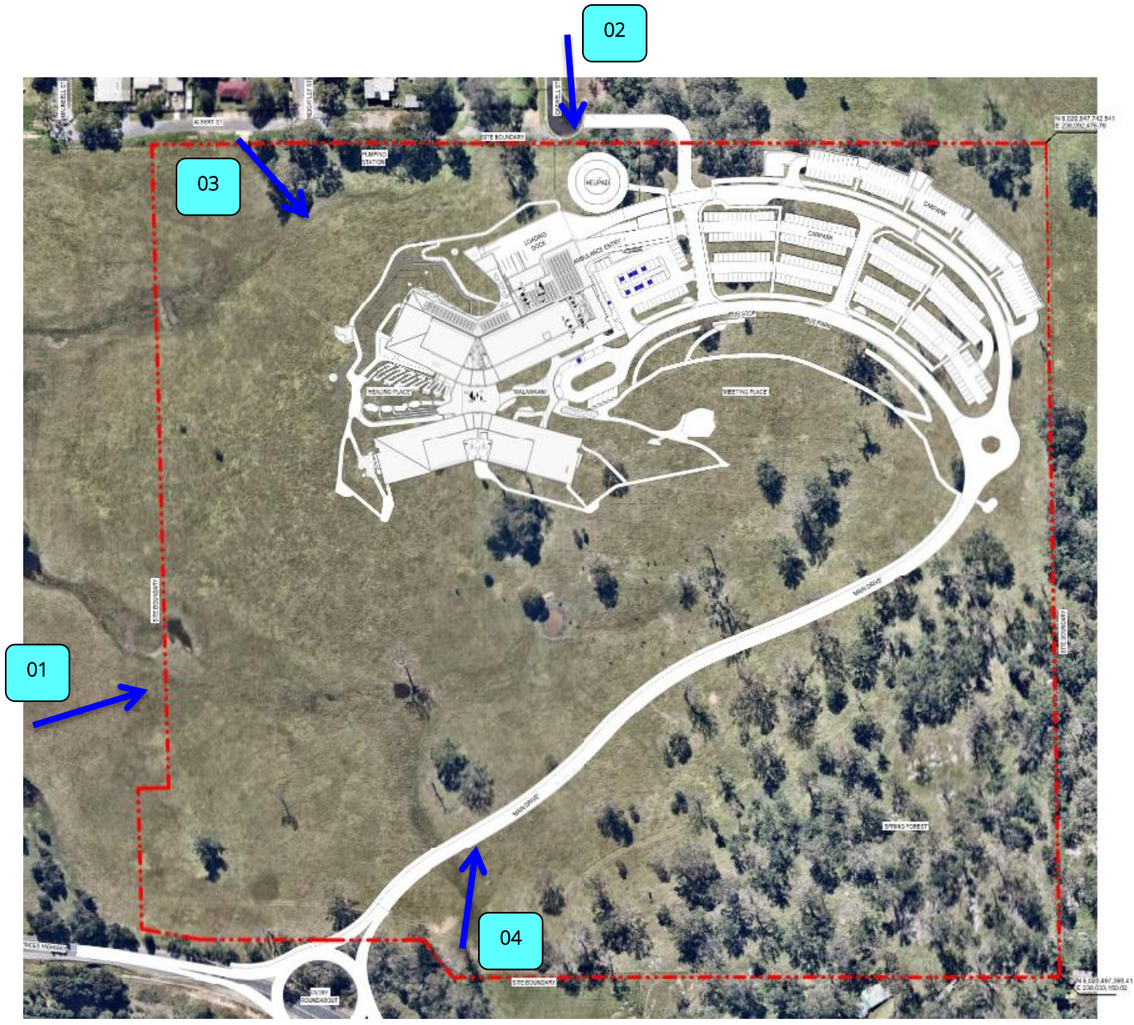



FIGURE 77: ESD PRINCIPLES

## 9.1.1 Visual Analysis

A series of visual analysis renders have been done in order to understand the potential visual impacts of the development on primary visual access points to the site.




### 9.1.1.1 View 01 – Tafe NSW, Princes Highway

The visual aspect to the site from the tafe is a broad scale view and is the primary visual presentation of the site to the Princes Highway. From this aspect the building is intended to fold into the undulations of the topography and the vegetation on site.

Existing

Proposed works

### 9.1.1.2 View 02 – Caswell Street, Culdesac

The view from the end Caswell Street is toward the centre of the hospital building. Vegetation existing along the boundary and this is intended to continue at an appropriate level to provide visual screening.

Existing

**Proposed works**

### 9.1.1.3 View 03 – Albert Street

Albert Street is situated north east of the development site. Viewing from this point to the development is towards the ends of clinical wings and towards landscaped areas. From this aspect it is intended that the top of the spring forest will be visible over the tops of the wings.

**Existing**

Proposed works

### 9.1.1.4 View 04 – Princes Highway

Albert Street is situated north east of the development site. Viewing from this point to the development is towards the ends of clinical wings and towards landscaped areas. From this aspect it is intended that the top of the spring forest will be visible over the tops of the wings.

Existing

Proposed works

### 9.1.1.6 Sun studies

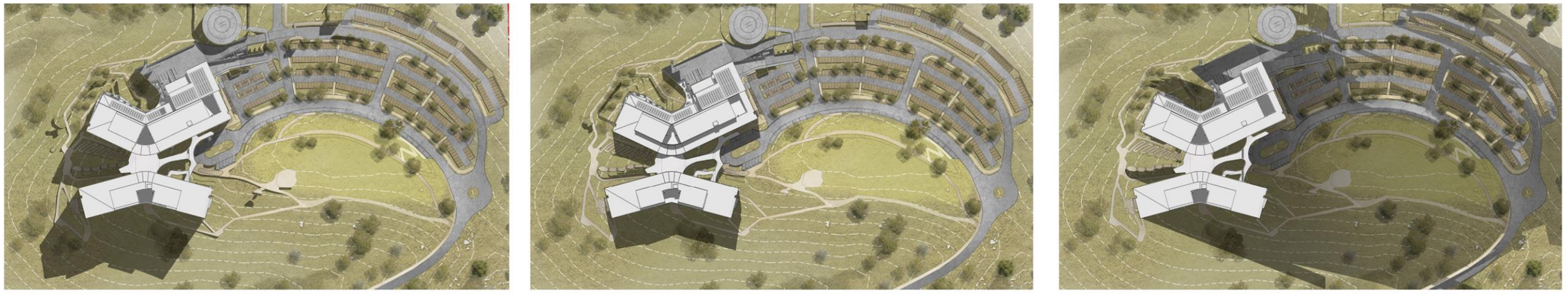



FIGURE 78: SUN STUDIES

## 9.1.2 Carbon & Climate

Design opportunities for reducing embodied carbon will be explored, including optimising material qualities and sourcing locally. The globe's declining biological diversity is a critical challenge for humanity, increasingly considered more urgent than climate change for the health and future of our planet. As a component of the Eurobodalla Sustainability Strategy (captured under the 'Local Focus' category) identified in the Master Plan, biodiversity is an integral part of the project's sustainability success. It is important to recognize the environmental impact of a new building on a greenfield site, and in doing so, attempt to tread softly by adopting a regenerative and restorative approach to site habitats that can support local flora and fauna. In addition to blending the project into the topography of the site, the landscaped areas will be curated to not only provide delight to patients and staff alike, but also mimic native plant species found on the existing site and in the surrounding region. An approach that encourages a diverse range of endemic plants and animals, that represent a complete ecosystem and can remain resilient to the threat of invasive species and future climate, is central to Eurobodalla Hospital's design ethos and aspirations, and our contribution to reversing the trend of declining global biodiversity.

# 10.0 Appendices

## 10.1 Masterplan Summary Report

# 10.2 Architectural Drawings

# 10.3 Concept Plan Guidelines Report

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