JOHN HUNTER HEALTH & INNOVATION PRECINCT
SSDA
ARCHITECTURAL DESIGN STATEMENT

BVN

BVN / HI / TSA

13 MAY 2021 REV. D

DESIGN TEAM

PROJECT DIRECTOR	Health Infrastructure
LOCAL HEALTH DISTRICT	Hunter New England Local Health District
PROJECT MANAGER	TSA
ARCHITECT	BVN
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STRUCTURE + CIVIL	Northrop Consulting Engineers
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MECHANICAL + ELECTRICAL	Steensen Varming
TRAFFIC	GTA
ACOUSTICS	Acoustic Studio
SURVEYOR	Monteath Powys
BUSHFIRE	Bushfire Planning Australia
BCA & DDA	Blackett Maguire + Goldsmith
ESD	EMF Griffiths
LANDSCAPE ARCHITECTURE	Urbis
AVIATION	Avipro
ECOLOGY	Umwelt Australia
HERITAGE	Umwelt Australia
GEOTECHNICAL	RCA
CONTAMINATION	RCA
WIND	Wndtech

ISSUE	DATE	DESCRIPTION
A	23.02.21	Draft
B	09.03.21	Draft
C	01.04.21	Draft
D	13.05.21	Final

CONTENTS

1.0 RESPONSE TO SEAR'S REQUIREMENTS

The following table provides references to specific sections contained within this Architectural Statement which addresses the SEAR's requirements.

Item	SEAR's Requirement	Relevant Section of Report
	General Requirements	
	A complete description of the development, including alternatives considered	5.4 A description of the development 5.1 Siting options 5.2 Preferred options analysis
	A site survey plan showing existing levels, location and height of existing and adjacent structures / buildings and site boundaries	3.4 Existing site built form
	A detailed constraints map identifying the key environmental and other land use constraints that have informed the final design of the development	3.2 Environmental analysis
	Plans, elevations and sections of the proposed development	Appendix
	Cladding, window and floor details, including materials	5.9 Design Quality and Built Form 5.10 Materials & Colours 5.11 Façade Types 5.12 Facade Description
	A site plan showing all infrastructure and facilities (including any infrastructure that would be required for the development, but the subject of a separate approvals process)	5.2 Preferred Master Plan Option
	Plans and details of any building identification signs to be installed, including size, location and finishes	5.15 Signage
	A complete description of the development, including any staging of the development	5.4 A Description of the Development 5.2 Preferred Master Plan option
	Policies	
	Crime Prevention through Environmental Design (CPTED) Principles	6.1 Amenity of the Development
	Better Placed: An integrated design policy for the built environment of New South Wales (Government Architect NSW (GANSW), 2017)	8.1 Better Placed
	Healthy Urban Development Checklist (NSW Health, 2009)	8.2 Healthy Urban Developments Checklist
3.	**Built Form and Urban Design**	
3.(i)	Address the height, density, bulk and scale, setbacks and interface of the proposed building envelope/s in relation to the surrounding development, topography, streetscape and any public open spaces	5.5 Proposed Site Planning 5.6 Overall Site Layout 5.7 Services Approach 5.8 Interface with the Existing Context
3.(iii)	Address design quality and built form, with specific consideration of the overall site layout, streetscape, open spaces, façade, rooftop, massing, setbacks, building articulation, site levels adjoining the public domain, materials and colours	5.5 Proposed site planning 5.6 Overall Site layout 5.9 Design Quality and Built Form 5.10 Materials and Colours 5.11 Façade Types 5.12 Facade Description
3.(iv)	Address street level activation	5.8 Interface with the Existing Context
3.(v)	Address permeability across the site and the campus	5.5 Proposed Site Planning
3.(vi)	Address how Crime Prevention through Environmental Design (CPTED) principles are to be integrated into development	6.1 Amenity of the Development
3.(vii)	Address how good environmental amenity would be provided, including access to natural daylight and ventilation, acoustic separation, access to landscape and outdoor spaces and future flexibility	6.1 Amenity of the Development
3.(viii)	Address how services, including but not limited to waste management, loading zones, and mechanical plant are integrated into the design of the development	5.7 Services Approach
3.(ix)	Provide a detailed site and context analysis to justify the proposed site planning and design approach including massing options and preferred strategy for future development	5.1 Siting Options 5.2 Preferred Master Plan Option 5.3 Setting up for the Future Precinct Vision
3.(x)	Provide a a visual impact assessment that identifies any potential impacts on the surrounding built environment and landscape including views to and from the site and any adjoining heritage items	6.3 Visibility of the Proposal
4.	**Environmental Amenity**	
4.(i)	Assess amenity impacts on the surrounding locality, including solar access, visual privacy, visual amenity, overshadowing, wind impacts and acoustic impacts. A high level of environmental amenity for any surrounding residential land uses must be demonstrated.	6.1 Amenity of the Development
4.(ii)	Provide shadow diagrams	6.2 Shadow Studies
4.(iii)	Provide a view analysis of the site from key vantage points and streetscape locations and public domain including photomontages or perspectives showing the proposed and likely future development.	6.3 Visibility of the Proposal
4.(iv)	Provide an analysis of proposed lighting that identifies measures to reduce spill into the surrounding sensitive receivers	6.1 Amenity of the Development
5.	**Staging**	
5.(i)	Assess impacts of staging where it is proposed and detail how construction works and operations would be managed to ensure public safety and amenity on and surrounding the site	7.1 Staging
	Plans & Documents	
	Design report to demonstrate how design quality would be achieved in accordance with the above Key Issues including: Architectural design statement	Throughout
	Diagrams, structure plan, illustrations and drawings to clarify the design intent of the proposal	Throughout
	Detailed site and context analysis	3.1 Site Analysis 3.2 Environmental Analysis 3.3 Analysis of Country 3.4 Existing Site Built Form
	Analysis of options considered to justify the proposed site planning and design approach	5.1 Siting Options 5.2 Preferred Master Plan Option
	Summary of feedback provided by GANSW and NSW State Design Review Panel (SDRP) and responses to this advice	8.3 Responses to Government Architect Consultation

2.0 PROJECT OVERVIEW

2.1 OVERVIEW

In June 2019, the NSW Government announced a significant expansion of the John Hunter and John Hunter Children's Hospitals with the $780 million John Hunter Health and Innovation Precinct (JHHIP) project.

The JHHIP will transform healthcare services for Newcastle, the greater Hunter region and northern NSW communities. The infrastructure will provide additional inpatient capacity to the John Hunter and John Hunter Children's Hospitals and create further opportunities for partnerships with industry and higher education providers.

The JHHIP will deliver an innovative and integrated precinct with industry-leading facilities working in collaboration with health, education and research partners to meet the current and future needs of the Greater Newcastle, Hunter New England and Northern NSW regions.

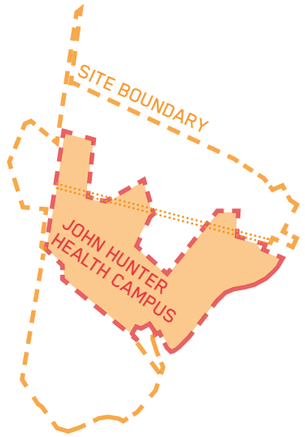
The John Hunter Health and Innovation Precinct Project is being planned and designed with ongoing communication and engagement with clinical staff, operational staff, the community and other key stakeholders with a strong focus on the following:

- Patient-centred care
- Contemporary models of care
- Future economic, health and innovation development opportunities
- Environmental sustainability

2.2 SUBJECT SITE

The John Hunter Health Campus (JHHC) is located on Lookout Road, Lambton Heights, within the City of Newcastle Local Government Area (LGA), approximately 8km west of the Newcastle CBD. The hospital campus is located approximately 3.5km north of Kotara railway station.

The JHHC comprises the John Hunter Hospital (JHH), John Hunter Children's Hospital (JHCH), Royal Newcastle Centre (RNC), the Rankin Park Rehabilitation Unit and the Nexus Unit (Children & Adolescent Mental Health). JHHC is a Level 6 Principal Referral and tertiary Hospital, providing the clinical hub for medical, surgical, child and maternity services within the Hunter New England Local Health District (HNELHD) and across northern NSW through established referral networks. Other services at the campus include the Hunter Medical Research Institute (HMRI), Newcastle Private Hospital and the HNELHD Headquarters.



2.3 SSDA PROPOSAL

Approval is being sought for a new Acute Services Building and refurbishment of existing hospital facilities at John Hunter Hospital comprising:

- Construction and operation of a new seven-storey Acute Services Building (plus 4 semi-basement levels) to provide:
  - an expanded and enhanced Emergency Department;
  - expanded and enhanced medical imaging services;
  - expanded and enhanced intensive care services - Adult, Paediatric and Neonatal;
  - expanded and enhanced Operating Theatres including Interventional Suites;
  - an expanded Clinical Sterilising Department;
  - Women's Services including Birthing Unit, Day Assessment Unit and Inpatient Units;
  - integrated flexible education and teaching spaces;
  - expanded support services;
  - associated retail spaces;
  - new rooftop helipads;
  - new semi-basement car parking;
- Refurbishment of existing buildings to provide:
  - additional Inpatient Units;
  - expanded support services;
- A new Hospital entry canopy and works to the existing drop off;
- Link bridge to the Hunter Medical Research Institute (HMRI);
- Campus wayfinding and signage;
- Landscape works;
- Site preparation including bulk earthworks, tree removal, environmental clearing, cut and fill;
- Mines grouting remediation works;
- Construction of internal roads network and construction access roads and works to existing at-grade car parking;
- Connection to the future Newcastle Inner City Bypass; and
- Inground building services works and utility adjustments.

3.0 SITE CONTEXT

3.1 SITE ANALYSIS

Situated in the leafy suburb of New Lambton Heights, Newcastle, the John Hunter Health Campus is surrounded by natrual bushland, with part of the site bordering the Blackbutt Nature Reserve.

Newcastle is Australia's seventh largest city and the second largest in NSW. Its location 160km North East of Sydney, at the mouth of the Hunter River made it an historically thriving port town, and since, a gateway to the Hunter region. It is flanked by stunning beaches to the east and fertile wine country to the west.

Greater Newcastle is made up of a number of local government areas, including the City of Newcastle, Lake Macquarie, Cessnock, Maitland and Port Stephens.

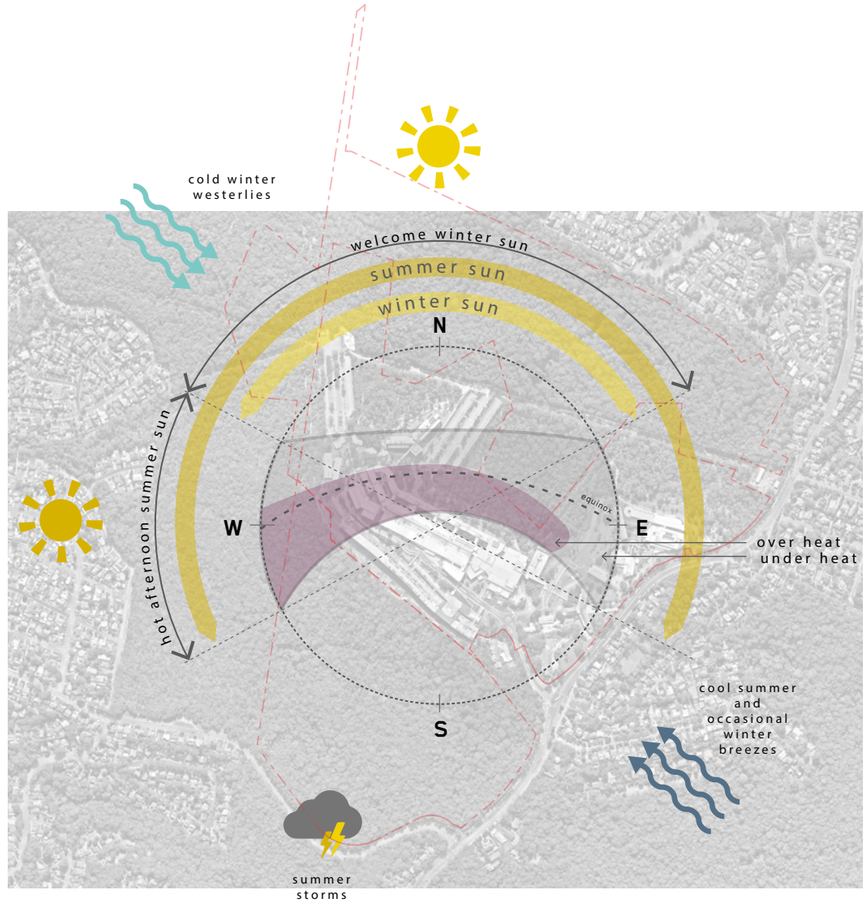
Geologically, the region has significant coal deposits and up until recently the city's economy has largely been reliant on this, utilising its location as a major port.

Newcastle has a sub-tropical climate, with mild winters receiving most rainfall in late autumn and early winter, while summers are typically hot and humid.

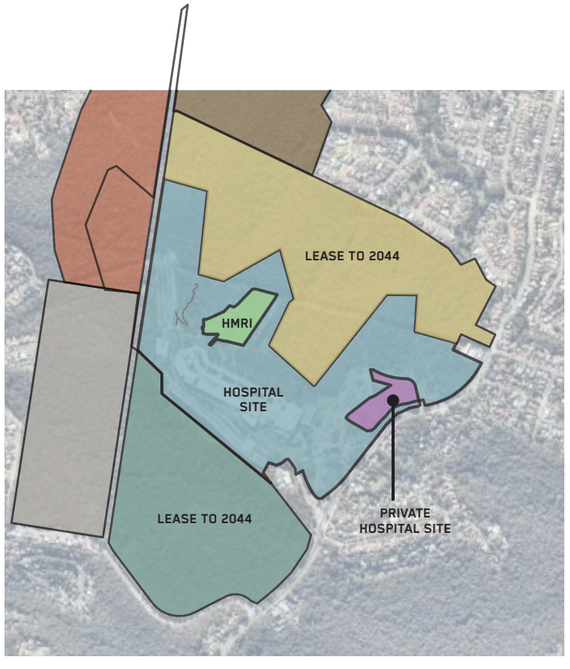
During winter, the predominant winds originate from the westerly direction, with the sun rising and setting at around 7am and 5pm respectively. The sun's greatest elevation during the winter solstice is at 33 degrees above the horizon.

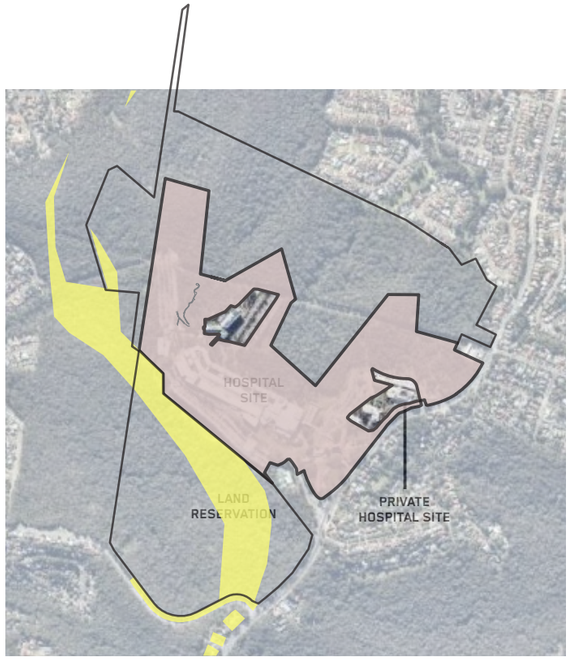
Easterlies are the dominant summer winds reaching their greatest strength during the afternoons. On the summer solstice, the sun rises to an elevation of 80 degrees just after 1pm. This longest day of the year sees sunrise and sunset occurring at 5:40am and 8pm (daylight saving time).

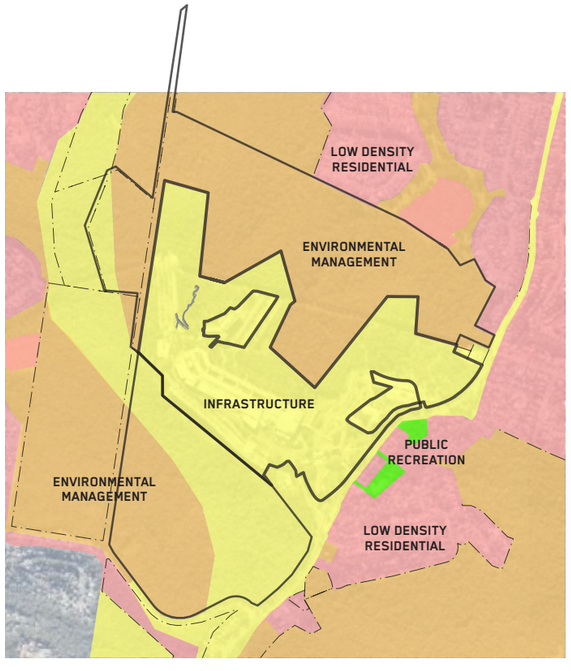
The existing site access is quite constrained, being only from the east via two points on Lookout Road. The future Newcastle Inner City Bypass is intended for for completion in parallel with the proposed ASB, and as such the design considers this access as a key opportunity to improve access to the site.

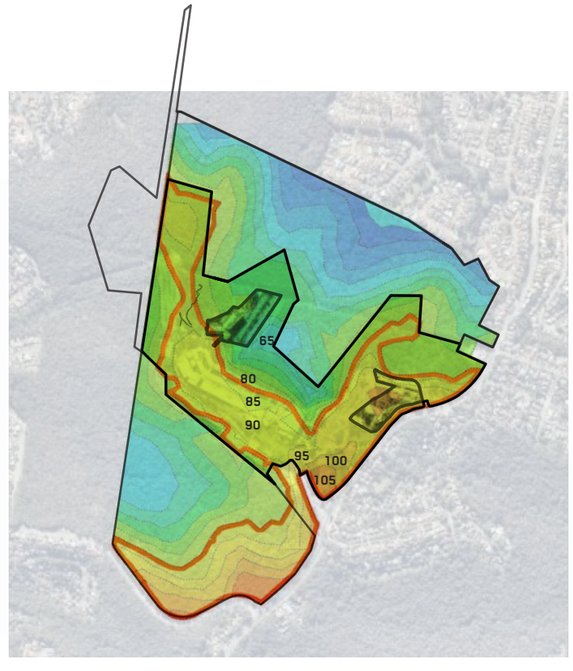


3.2 ENVIRONMENTAL ANALYSIS

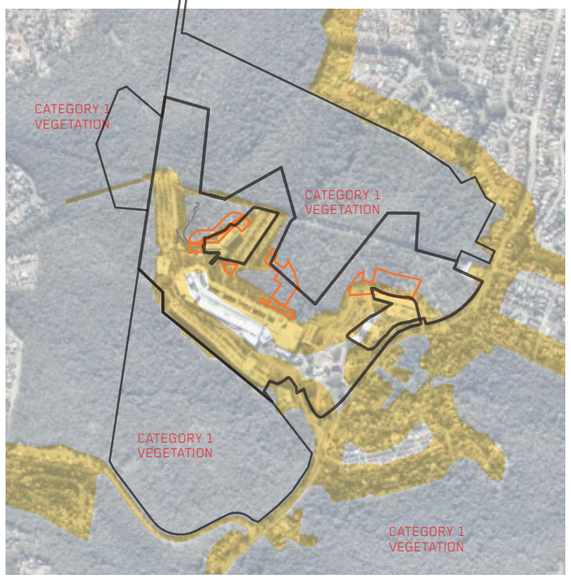








SITE PARAMETERS



BUSHFIRE

Vegetation Buffer

Existing APZ

SITE CONTROLS

SITE PARAMETERS

The site is divided into various lots that are defined by different lease agreements and contracts. Lots north and south of the Hospital Site are Crown land with current lease agreements to 2044.

SITE CONTROLS

The Newcastle Local Environment Plan 2012 (LEP) maps identify a Classified Road (Zone SP2 - Infrastructure) as part of the Land Reservation Acquisition Map. This area establishes the land required for the proposed Newcastle Inner City Bypass. The Newcastle Inner City Bypass is subject to a separate planning pathway.

The Newcastle LEP also notes there are no Potential Acid Sulfate Soils nominated as Class 1, 2, 3 or 4 within 500 metres of the proposed works. No requirements with regards Floor Space Ratio, Height of Buildings or Minimum Lot Size control the site.

LAND-USE

Part of the hospital site is zoned infrastructure and part of it is zoned as environmental managed land. The hospital site is bound by low density residential zones, environmentally managed land and some minor recreational zones along Lookout Road.

LAND-USE

TOPOGRAPHY

The topography of the site of the JHHIP is undulating, and steeply sloping in parts, with a highest point located at the eastern boundary of the Area Headquarters at 105m (AHD) and the lowest near the northern boundary at 50m (AHD).

The majority of the existing site is built on a natural plateau with its levels varying from 80 A.H.D. to 100 A.H.D. This plateau starts at the eastern boundary and goes all through to the western boundary of the site and divides the site naturally into two valleys. To the south, the main entry to the existing hospital presents a two storey building at close to the high point on site (90m AHD), while to the north it is four storeys, taking advantage of the natural fall of the land.

BUSHFIRE

The JHHIP site is located within a bushfire prone land zone. The predominant hazardous vegetation identified surrounding the site is consistent with a forest vegetation classification; specifically the Hunter Macleay Dry Sclerophyll Forest. This Category 1 Bush Fire Prone Vegetation surrounds the site, beyond the vegetation buffer as illustrated on the adjacent diagram.

Existing Asset Protection Zones are identified on the adjacent diagram, separating the existing site infrastructure from the significant bushfire hazard, particularly from the highest risk aspects to the west and north of the site leading from the forest vegetation.

TOPOGRAPHY

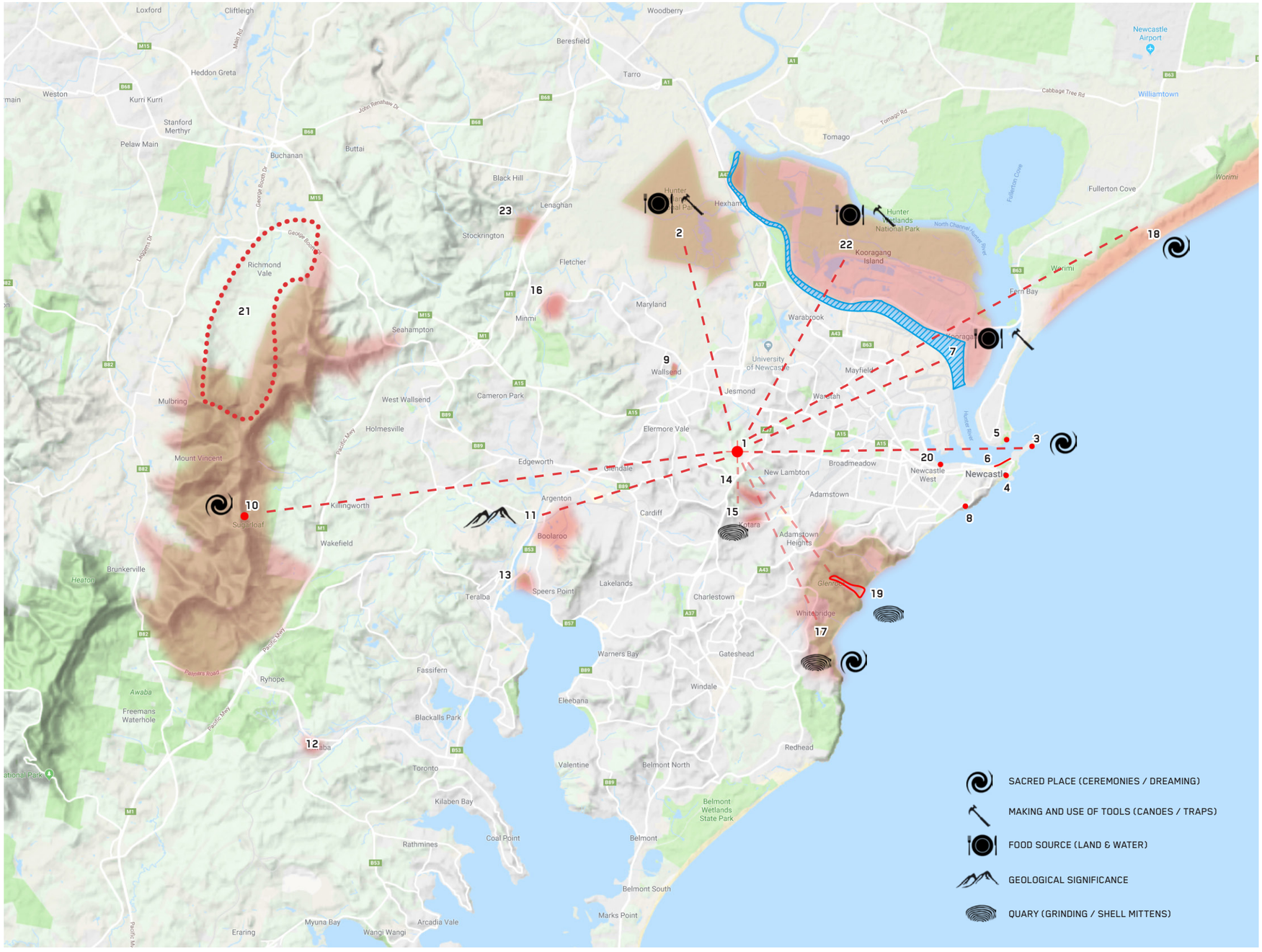
3.3 ANALYSIS OF COUNTRY

LAND FORMS & PLACE NAMES

Consideration has been given to the cultural overlay of the local area, identifying key places of significance to Aboriginal history. This work has been undertaken as a desktop study to understand from regional literature and maps the places of importance and identify what these places may have been used for as another way of understanding the site and its surrounding context.

1. New Lambton Heights
2. *Burraghihnbihng - Hexham Swamp
3. *Whibayganba - Nobby's Head
4. *Tahlbihn - Flagstaff Hill
5. Burrabihngarn - Pirate Point
6. Yohaaba - Port Hunter
7. Coquon - Hunter River Southern Channel
8. *Khanterin - Shepard's Hill
9. *Toohrnbing - Ironbark Creek
10. *Sugarloaf - Sacred ceremonies, teaching, vantage Point "It provides a vantage point to view all Awabakal lands and is an important teaching place. Sacred ceremonies are known to have taken place there." (Umwelt Environmental Consultants, 2009)
11. *Boolaroo - "Place of many flies" (tracing history) Earthquake epicentre (Newcastle Libraries)
12. *Awaba - "Flat / plain surface", gathering (Bennett, 1981)
13. *Speerspoint - Biddaba "Silent Resting Place", Milloba "Place for fun" (Lake Macquarie Libraries)
14. Blackbut Nature reserve
15. *Kotara Heights - Grinding Grooves
16. Fletcher - Grinding and axe grooves
17. Glenrock State Conservation Area - Quarrie sites - Stone tools for woodwork, hunting and gathering, initiation, ceremonies, Bora rings
18. Stockton Bight - Carved trees and burials
19. Glenrock Lagoon - Pillapay-Kullaitaran "The valley of the palms', shell middens
20. Honey Suckle - Shell middens
21. Richmond Vale - Grinding grooves
22. Kooragang Island
23. Doghole - Wedding ceremonies

*Aboriginal Place of Importance



1 - 9: CITY OF NEWCASTLE (http://www.newcastle.nsw.gov.au/Explore/History-Heritage/Aboriginal-culture)

15 - 17:South East Archaeology Pry Limited, 2012

18 - 21:CITY OF NEWCASTLE (http://www.newcastle.nsw.gov.au/Explore/History-Heritage/Aboriginal-culture)

3.4 EXISTING SITE BUILT FORM

'YALLARWAH' - UNCLE BOB'S INDIGENOUS ACCOMMODATION - BUILT 1999
1-2 STOREY

HMRI - BUILT 2012
4 STOREY

JOHN HUNTER HOSPITAL - BUILT 1991
3-4 STOREY

CROUDACE HOUSE - BUILT 1860
2 STOREY

KINGSTON BUILDING - BUILT 2004,
NEWCASTLE PRIVATE HOSPITAL EXTENSION (SHOWN) - BUILT 2017
3-4 STOREY

The John Hunter Health Campus is composed of a series of buildings linked by bridges, pathways and minor roads.

The existing buildings have largely been delivered over the past 30 years, with two significantly earlier.

Just as one of the Master Planning Principles is to give access and connection to the natural landscape, typically the buildings on the site have also attempted to do this. The John Hunter Hospital as an example, provides in-patient beds with views out over the surrounding landscape, sun-filled courtyards, and skylights to bring natural light into the centre of the buildings.

HERITAGE

The Newcastle Local Environment Plan 2012 identifies the John Hunter Hospital site as a General Heritage Item, identifying these items as locally significant sites:

- Rankin Park Hospital
- Remnant Garden, Croudace House
- Croudace House

Rankin Park Hospital is located approximately 285m to the east of the proposed ASB. The Heritage Report included as part of this application has assessed that there will be no impact to the existing heritage items. Refer Heritage Report for details.

HERITAGE ITEM

DEPARTMENT OF FORENSIC MEDICINE - 2008

JOHN HUNTER HOSPITAL - BUILT 1991
3-4 STOREY

JHH PICU - BUILT 2017
3 STOREY

ROYAL NEWCASTLE CENTRE - BUILT 2006
2-3 STOREY

RANKIN PARK - BUILT 1942
2-3 STOREY

4.0 DESIGN PRINCIPLES

4.1 PROJECT VISION

CONSIDERING THE PRECINCT AND BEYOND

The hospital is the major teaching hospital of the Hunter New England LHD and fulfils the role of the tertiary referral hospital for northern NSW. The world-class health, education and research services at the John Hunter Health and Innovation Precinct will help to attract more well-paid knowledge-based jobs to the region, while facilitating and catalysing opportunities for partnering will support expansion of the knowledge capacity of the region.

The aspirations of the Hunter Regional Plan 2036, and the Greater Newcastle Metropolitan Plan 2036 confirm the John Hunter Health Precinct as a priority strategic employment centre. The Plans support:

- A health cluster centred around the John Hunter Hospital, providing tertiary level medical services, and a diverse range of complementary health services;
- Emerging medical research, innovation and education hub;
- Continued efficiencies and synergies between John Hunter Hospital and John Hunter Children's Hospital by co-locating adult and paediatric critical care, perioperative and interventional services;
- Expanded community health and well being services, as well as industry sustainability and innovation activities;
- Greater Newcastle's ageing population through improvements to aged care facilities, community-based health services and the introduction of private providers of care and wellness for older residents.

The vision for the John Hunter Health & Innovation Precinct (JHHIP) is to enable the development of an integrated precinct that responds to the needs of the community by providing a coordinated, efficient and shared services. The intent is to provide for expanded and improved healthcare services with a focus on patient and staff well-being, community engagement and health promotion.

Throughout the project key objectives have guided the considerations for the development of the JHHIP.

SERVICE

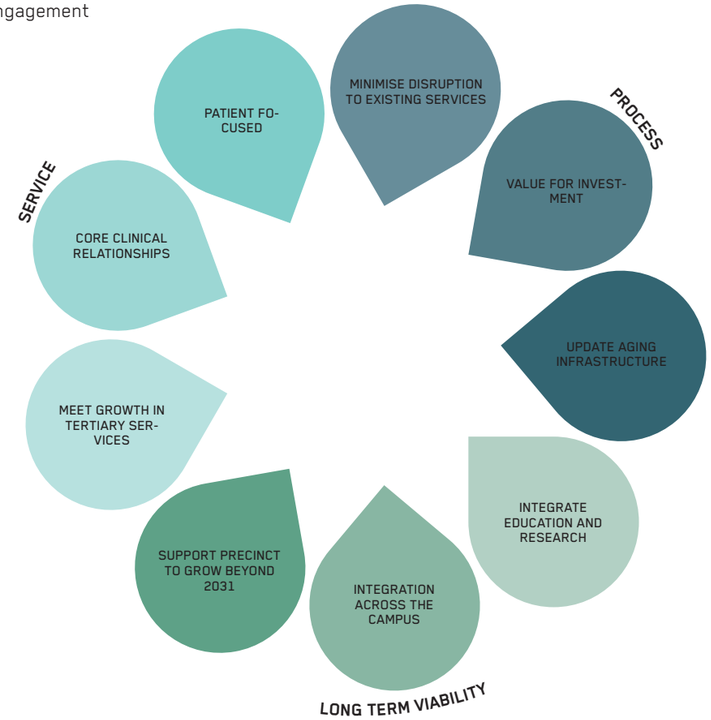
The development of the integrated ASB, site-wide infrastructure and car park considers the needs of people first; the needs of the patients, staff and visitors is paramount. The following design principles put in place a framework for connectivity through this extensive hospital campus, developing a pedestrian friendly precinct, where passive way-finding strategies separate user flows to enable clarity of journeys and better overall experience of the site.

LONG TERM VIABILITY

Proximity of the integrated ASB to the existing HMRI sets up the precedent for connection between the hospital and precinct partners. The principles also present opportunities for future growth and expansion beyond the immediate project, while enabling the delivery of this project as a complete offering in itself.

PROCESS

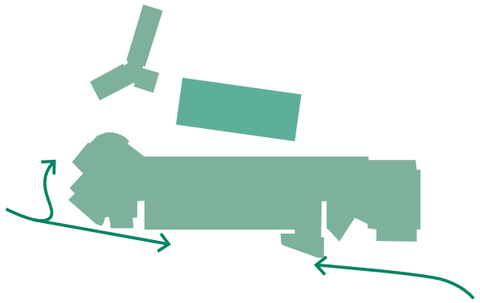
The existing campus is a finely tuned machine and this needs to be maintained throughout all phases of this process; during construction and through staging of various phases of the work, as well as commissioning of new buildings and facilities and decant and refurbishment works. Along with the development of the integrated ASB and car park a network of primary infrastructure enables this development to transform the existing campus into a truly connected precinct.



4.2 PRINCIPLES

As a basis for ongoing design decision making, a series of strategies that seek to achieve a clarity across the precinct were established from the project commencement. The principle concepts underpinning these strategies are generally related to access and connection.

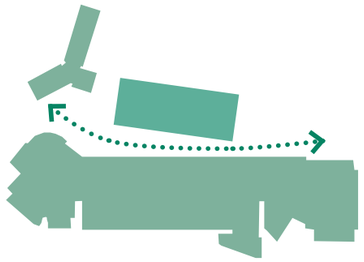
As the design has progressed the design team have used these principles to guide planning, building form and ongoing development of the precinct scheme.



ACCESS TO THE PRECINCT

The current access to the JHHIP site is predominantly to and from a single entry / exit point onto Lookout Road. A secondary access to Lookout Road also exists, joining the flow of traffic through the site.

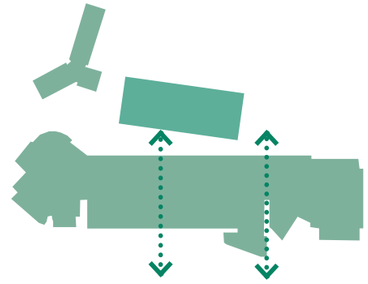
The additional access granted by the construction of the Inner City Bypass will enable greater porosity of the site, and will alleviate some of the existing congestion.



CONNECTION TO PRECINCT PARTNERS

A bridge link currently connects the existing Hunter Medical Research Institute (HMRI) to the existing road network, then leading to pedestrian paths through the existing hospital.

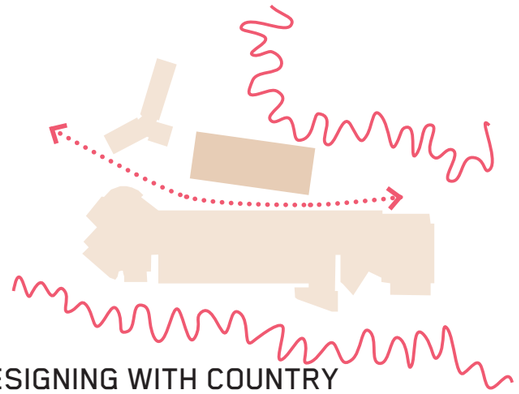
Proposing a more effective proximity as well as an integrated model where zones overlap offers the greatest opportunities for a truly connected precinct.



ACCESS THROUGH THE PRECINCT

All flows currently overlap as they make their way through the site.

By prising apart vehicular flows, and joining pedestrian flows, the precinct can provide more clarity and integration to its users, as well as improved access and limited interruptions for emergency travel.



DESIGNING WITH COUNTRY

Embedded in existing natural bushland, the site of the JHHIP offers unique opportunities for connection and integration of Country through access to views, provision of landscaped courtyards, clearly established public paths of travel and reference to the contextual environment through colours, built articulation and a high performing development.

The large Indigenous population served by the existing hospital presents further opportunities to reflect on the local Aboriginal heritage and teachings and their integration into the development.

4.3 DESIGNING WITH COUNTRY

In response to the large catchment area of the HNELHD this project seeks to interpret the relationships this creates, to establish integration through desiging with Country.

The project recognises the contributions of Aboriginal people and their connection to land, water, sky and culture. As the oldest living culture, the project recognises the significant place that Aboriginal and Torres Straight Island people hold in Australia, as the first people of the nation.

Australia is bound to a conflicted history. Ancient Aboriginal origins, late 18th century colonial expansion and even later 20th century multi-cultural influences have come to define our pluralist society today.

The counter idea of a 'non-conflicted future' is an invitation to imagine a way to acknowledge and move beyond difference by recognising what might be shared; the essence of genuine human connectivity.

In response, the JHHIP proposes that for a project to succeed it must begin by looking back to connect through the contributions of Aboriginal custodianship, colonial infrastructure and multi-cultural ideas; it would then look forward to connect people and research activity at local, regional, national and global scales.

The design team has established a 'lens' through which to consider *Designing with Country* made up of three concepts then broken down further to describe the primary concern of a space, place, or articulation of an idea;

SETTINGS

The physical manifestation of a place of space. This might be a track or an area for a ritualised event. Something big or small - a complete building or a garden bench for contemplation.

PALETTE

Describes the endemic context; native and local flora and fauna and the colours of these. Ideas that might start to inform materiality and articulation.

CARING

Ideas of sustainable or indeed regenerative design and how this might underpin the development. This considers both the environmental aspects including the performance of the building including the carbon cost, as well as the emotional aspects, those that consider how a development might create an environment in which staff, visitors and patients might thrive!

The project team recognises that this is the first step in the idea of designing with Country, the next involving engagement beyond our immediate team, to consider the needs of the development through the eyes of those interfacing with it on a day-to-day basis.

The foundation of this approach is in a collaborative process with Community, Users, Stakeholders, Consultants and Contractors to influence the project and extend its reach. We understand that Country is the origin of Community, and that the concept of Community therefore starts with the influence of the Traditional Owners of this land and members of the local community, then extending to that of Indigenous members of the JHH community, then members of the regional, then national community, and finally members of the international community.

THE GLOBAL LAYER

How does this project sit within a global context? How can we connect across land, sea and sky?

THE REGIONAL LAYER

How can this project contribute to the wider region and to help occupants and end-users connect with place?

THE HOSPITAL AS THE PROJECT

How can the built environment be reflective of place and the layers that make up its unique context? What is the story to be told here?

THE MULTI-CULTURAL LAYER

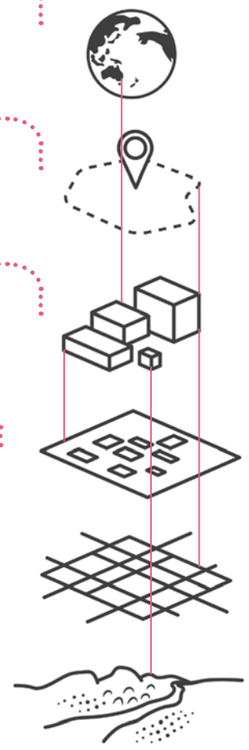
How does culture intersect with the built environment? How do we reflect the diversity of voices?

THE COLONIAL LAYER

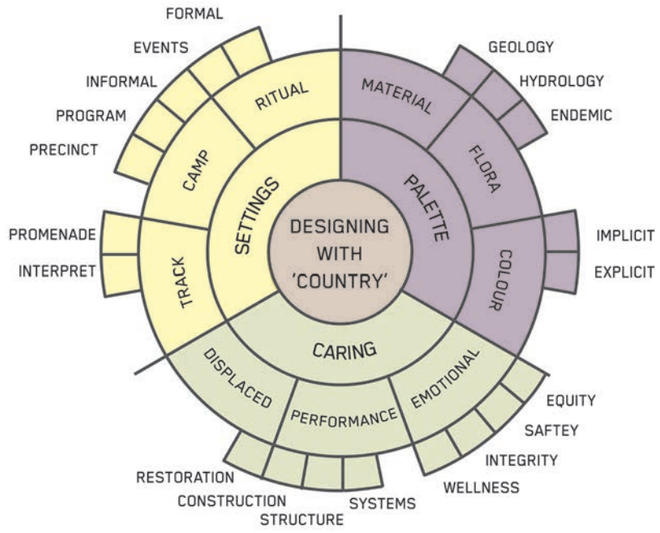
How does this project sit within the colonial structure? How does it sit against it?

THE ABORIGINAL LAYER

What can be distilled from Aboriginal relationships with Country? How do we embed the Aboriginal voices of this Country? And the Aboriginal and Torres Strait Islander voices of the wider community?



THE CONFLUENCE OF CULTURE, IDENTITY, PEOPLE + PLACE IN THE BUILT ENVIRONMENT



5.0 BUILT FORM & URBAN DESIGN

5.1 SITING OPTIONS

ESTABLISHING THE LOCATION OF THE DEVELOPMENT

In establishing the preferred location of the ASB various site locations have been considered.

Sites explored were assessed against key criteria which included; opportunities for direct access to existing clinical services, integration into or use of existing and proposed infrastructure, opportunities for future expansion, and connectivity to and integration with precinct partners. Construction was also considered taking into account site access, potential cost and build-ability.

Alongside these considerations was the underlying criteria that the proposed locations were consistent with precinct-wide design principles.

Both North and South options were short-listed based on the assessment in the below diagram. Further work was then undertaken to establish the preferred siting for the proposed ASB

A set of criteria were established in consideration of the master plan principles and how the development responds, as well as placing an emphasis on environmental amenity, not just for the proposed ASB, but also that of the existing John Hunter Hospital, in both its current and proposed state.

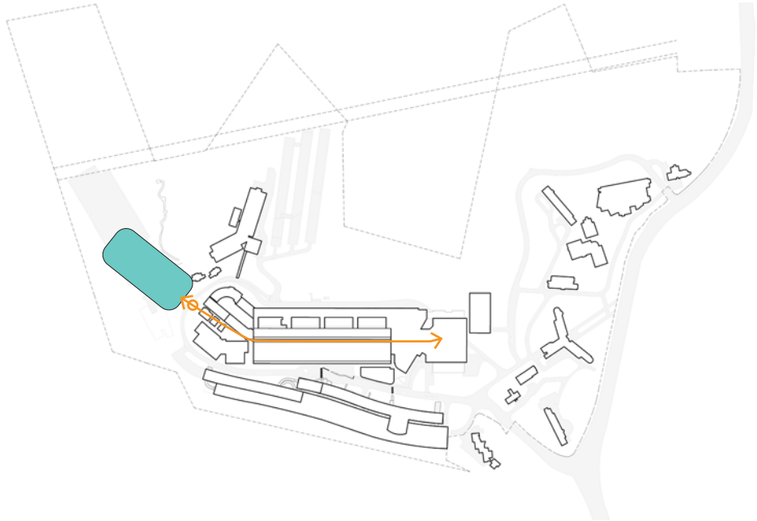
As compared to the southern option, the northern option was found to offer;

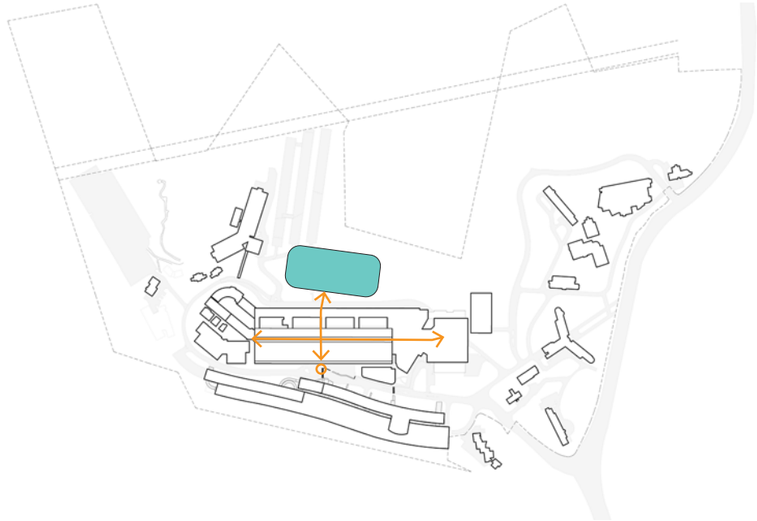
- Greater separation of user traffic flows;
- Limited disruption to the existing JHH, road access and car parking through construction;
- Set up for the future precinct vision - new road networks and access and integration of the precinct partners;
- Greater access to the loading dock;
- Greater opportunity for additional discreet car parking; and
- The optimal orientation opportunities.

At the completion of this exercise the preferred northern location was determined and endorsed by the Client group, as well as being supported by the first of the State Design Review Panel sessions, as outlined in section 8.3 Responses to Government architect consultation..

WESTERN OPTION

- Ease of construction - building on top of existing car park and existing road
- Opportunity for entry & identity from west when bypass road constructed
- Impact on existing buildings restrict growth of research or pathology
- Valuable precinct partner development zone
- Car parking needs to be provided in lieu of lost spaces
- Remoteness to existing; ~500m length of existing hospital campus



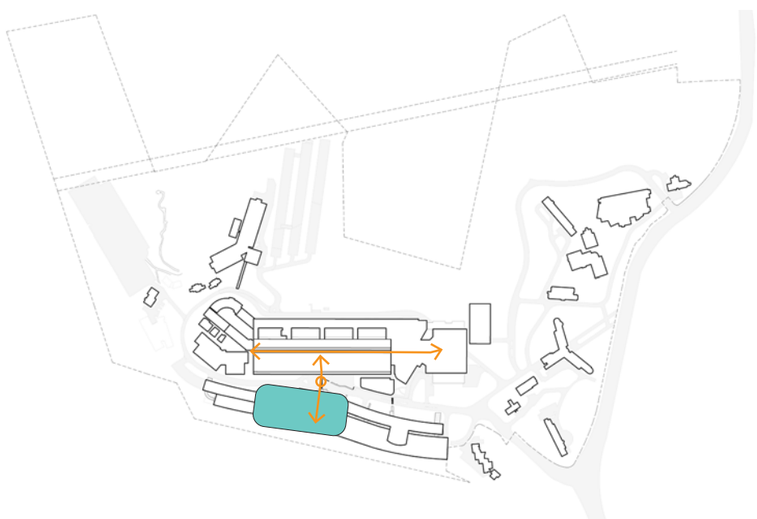


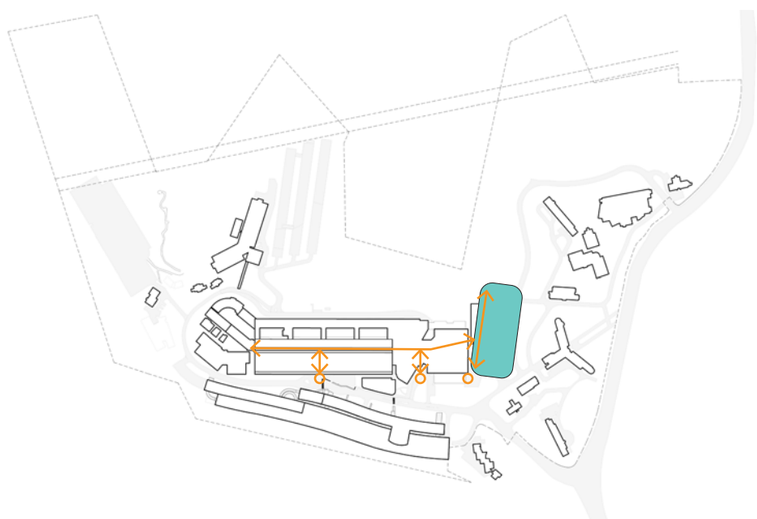
NORTHERN OPTION

- Excellent proximity to existing
- Direct access to clinical services
- Uses natural topography
- Opportunity for expansion with any future stage to east
- Uses proposed road network to reduce impact on existing roads
- Enables public realm to tie together existing and new, as well as drawing in the research partners

SOUTHERN OPTION

- Excellent proximity to existing clinical services
- Limited impact to amenity of existing patient spaces
- Challenging construction sequencing to relocate significant car parking and heli-pad as part of enabling works
- Creates generous public realm opportunities at existing ‘front door’ but would be shared pedestrian and vehicular
- Potential construction risk with proximity to bypass

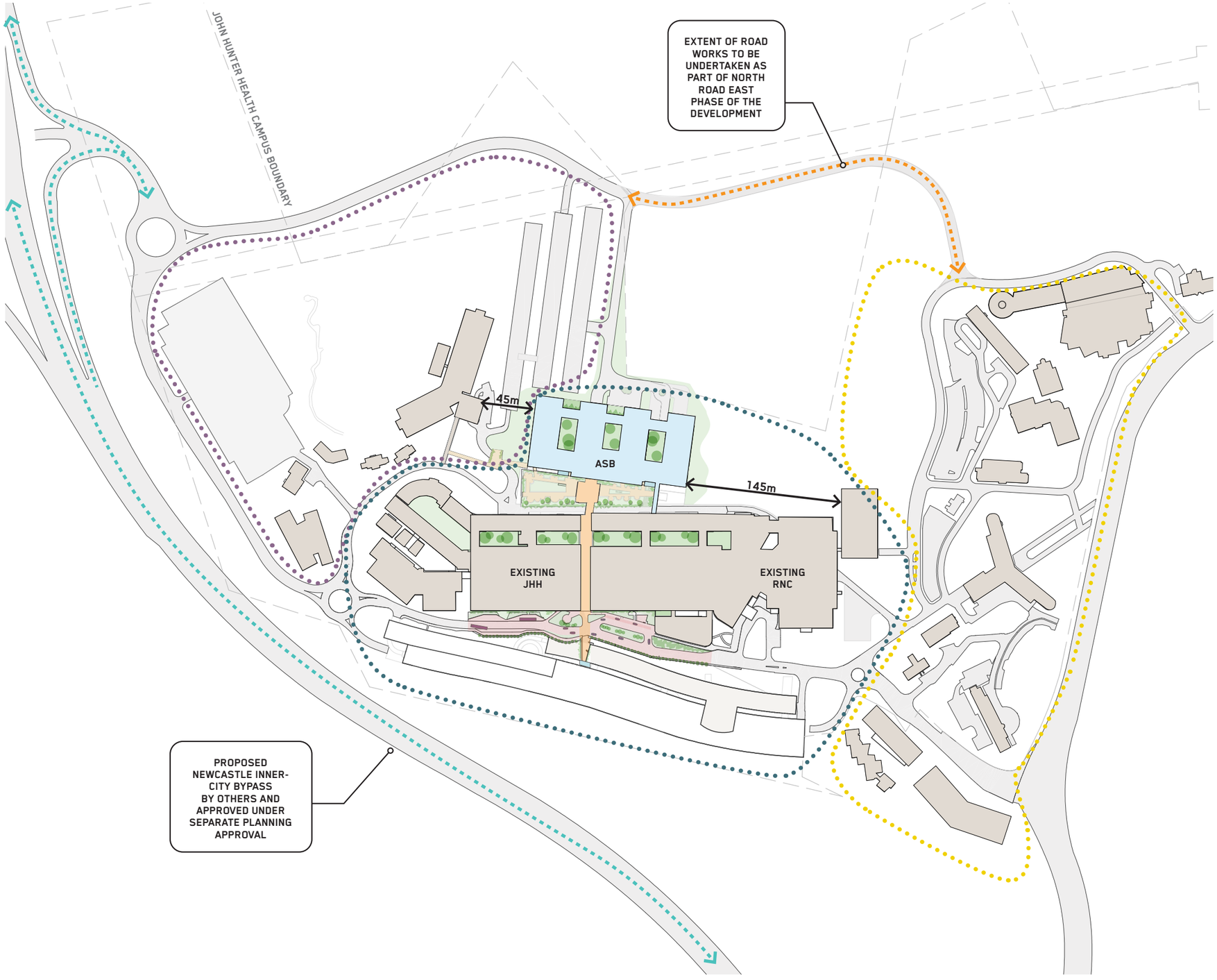




EASTERN OPTION

- Opportunity for connections to existing
- Opportunity for entry & identity from existing south east approach
- Requires relocation of Jacaranda Drive
- Requires relocation of services dock
- Car parking needs to be provided in lieu of lost spaces
- Remoteness to existing; ~500m length of existing hospital campus

5.2 PREFERRED MASTER PLAN OPTION



Consistent with the established design principles (section 4.2 Principles), access to and through the site is a primary consideration of the development. To facilitate this, the JHHIP development proposes significant infrastructure upgrades, comprising new and upgraded roads, new and modified existing car parking as well as diverted and new in-ground services in various locations across the site.

On the adjacent drawing the proposed Newcastle Inner-City Bypass is indicated, noting this piece of infrastructure is to be provided by others and approved under a separate planning application.

User experience is a priority of the JHHIP starting with the approach to, and access through the site. As described in section 3.1 Site Analysis, access to the JHH is constrained. Taking advantage of the proposed access from the west that the Newcastle Inner-City Bypass offers, the proposed road network establishes a the ability to consider the various types of users accessing the site, and separating user flows to provide the best possible experience for all. Separation of users is described in further in sections 5.6 Overall Site Layout and 5.8 Interface with Existing Context.

Alignment of the proposed roads has been considered in detail. The design team proposed and reviewed various options associated with the road alignment with the preferred option offering a balance of rider comfort, good sight lines and limited environmental impact. The provision of additional roads also provides a greater level of site safety, offering porosity via various routes in and out of the precinct.

As described in section 7.1 Staging, portions of the proposed road works associated with the JHHIP development are to be delivered in stages, this is also captured at high level in the adjacent drawing. The eastern portion of the northern road will support the ultimate population growth associated with the JHHIP development, and also offers greater opportunities of user flow separation for users access the site from both east and west without need to traverse the full precinct.

Access and car parking (impacted and new) are described in more detail in section 5.6 Overall Site Layout.

The preferred master plan proposes establishment of three key zones of the precinct; Research & Education, Hospital and Parallel Providers. As described in the next section 5.3 Setting up for the Precinct Vision, these zones are afforded future growth and developments by the works established by the JHHIP development.

Hospital Zone

Research & Education Zone

Parallel Providers Zone