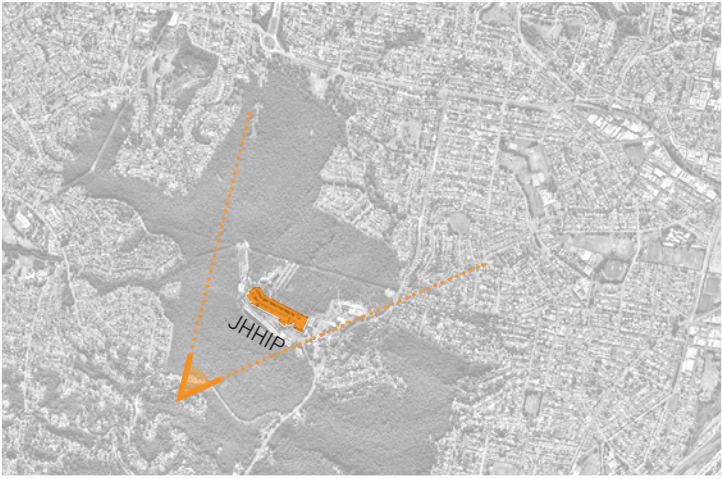


6.3 VISIBILITY OF THE PROPOSAL

PROPOSED VIEW 2



CONCEPT PROPOSAL ENVELOPE FROM M'CAFFREY DRIVE LOOKOUT

6.3 VISIBILITY OF THE PROPOSAL

EXISTING VIEW ③



CONCEPT PROPOSAL ENVELOPE FROM LOOKOUT ROAD ENTRY

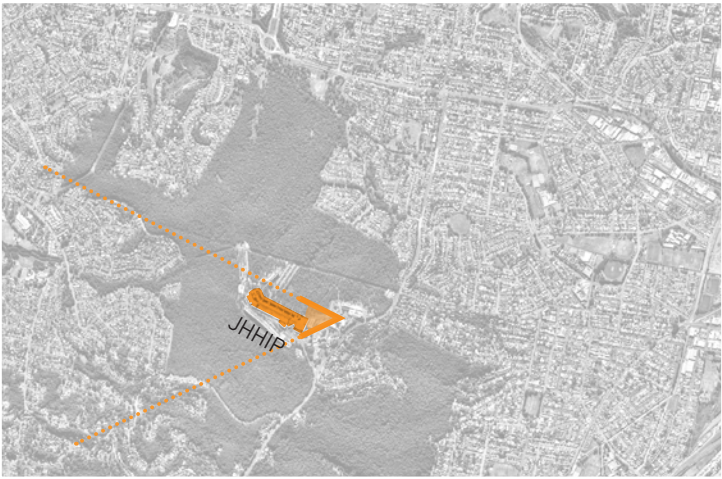
6.3 VISIBILITY OF THE PROPOSAL

PROPOSED VIEW 3



6.3 VISIBILITY OF THE PROPOSAL

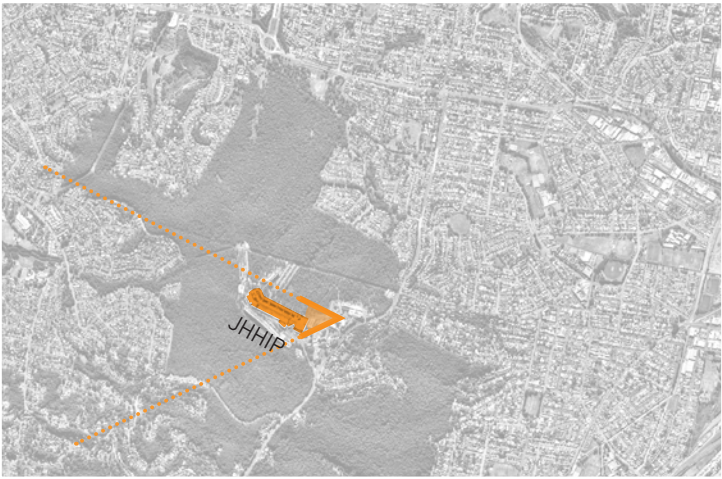
EXISTING VIEW 4



CONCEPT PROPOSAL ENVELOPE FROM JACARANDA DRIVE

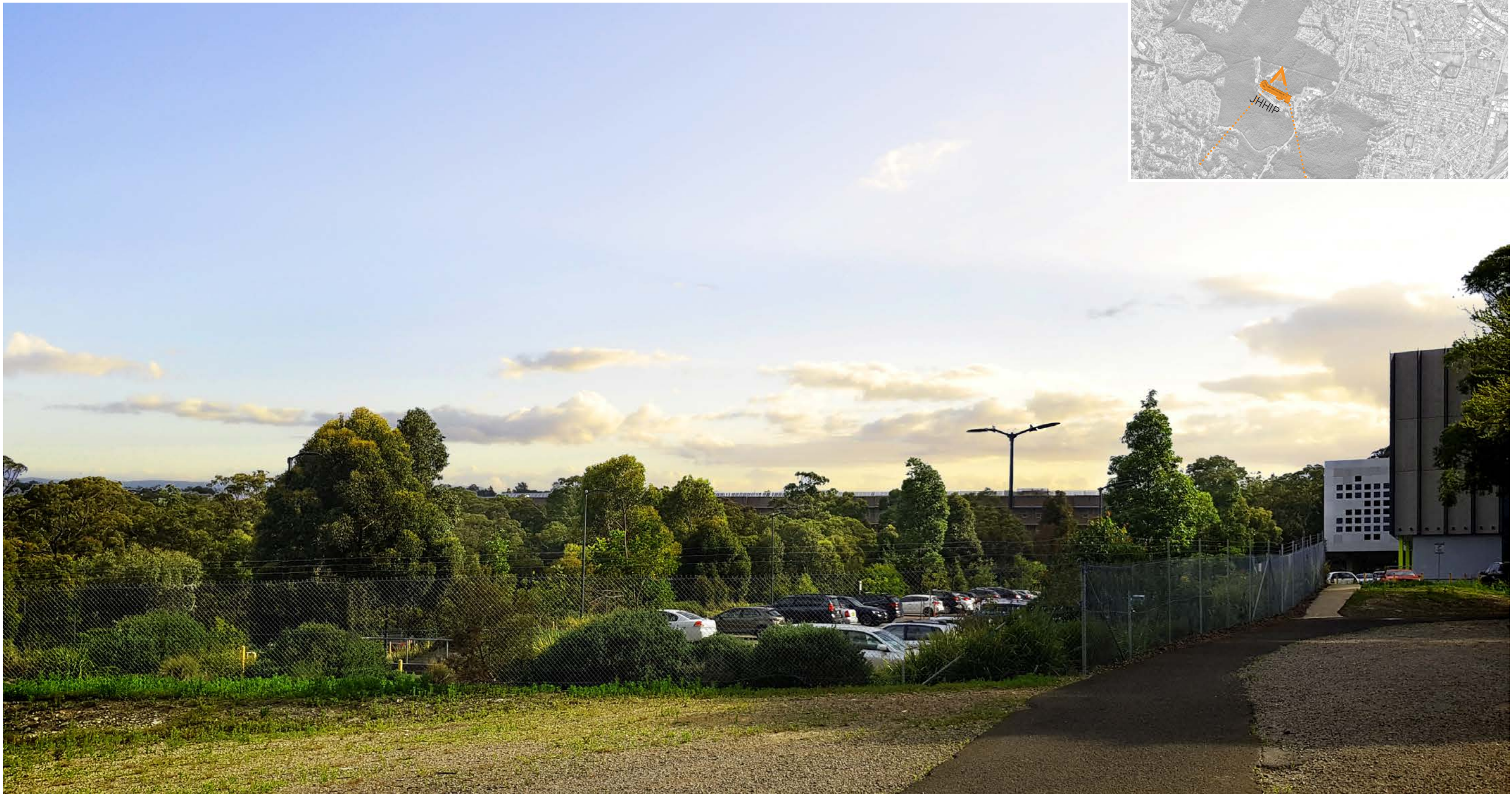
6.3 VISIBILITY OF THE PROPOSAL

PROPOSED VIEW 4



6.3 VISIBILITY OF THE PROPOSAL

EXISTING VIEW ⑤



6.3 VISIBILITY OF THE PROPOSAL

PROPOSED VIEW ⑤





7.0 STAGING

7.1 STAGING

ENSURING MAINTAINED PUBLIC SAFETY & AMENITY ON THE SURROUNDING SITE

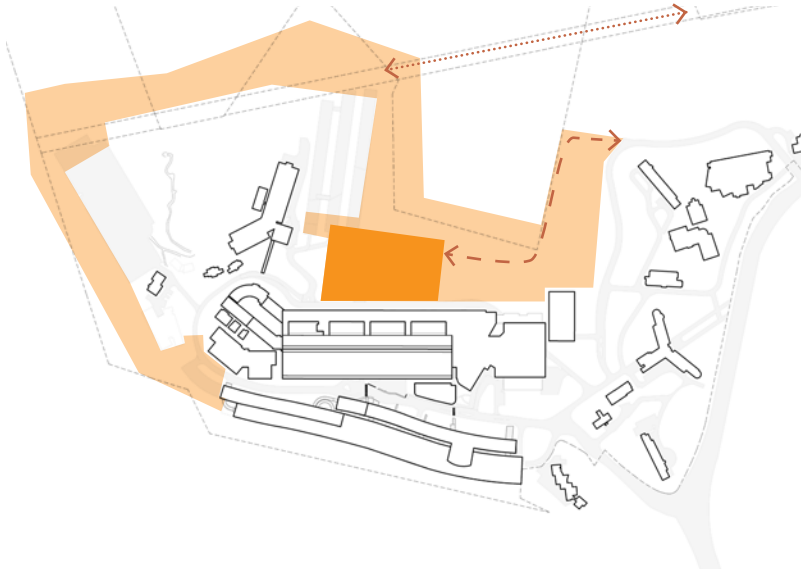
While the works to the site and the existing JHH are extensive, best efforts will be made by all to enable maintained operation of the existing hospital and surrounding precinct.

Fundamental design considerations have enabled this continued service, most notably the positioning of the ASB and elevated garden structure clear of the existing northern Kookaburra Cct.

Additionally, the proposed roads to the west and north of the development will assist in enabling maintained operation of the existing, but creating alternative access routes for groups of the JHH community (HMRI and JHH staff will be able to access existing car parks from the west, rather than circulating the precinct from the east).

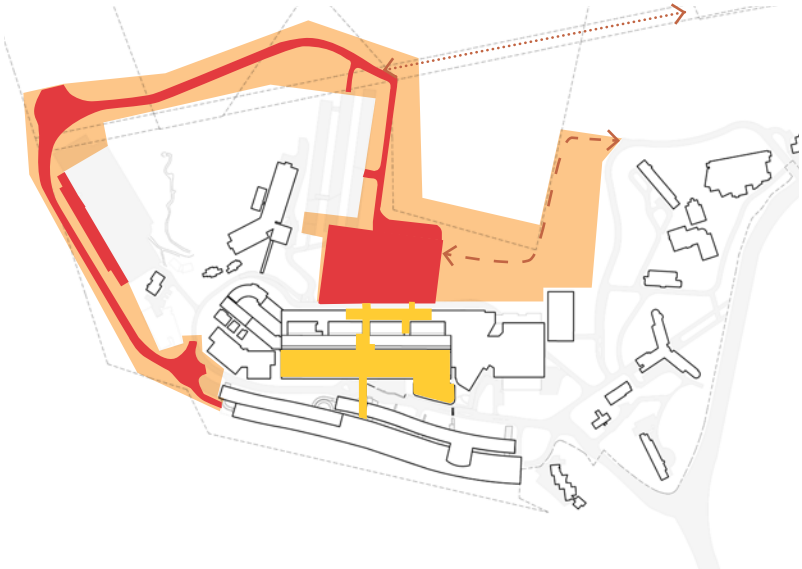
- EXISTING RETAINED FIRE TRAIL
- UPGRADE WORKS UNDERTAKEN TO EXISTING RETAINED FIRE TRAIL
- SECURE CONSTRUCTION ZONE
- PHASE 1A - ENABLING WORKS
- PHASE 1B - MAIN WORKS
- PHASE 1B - JHH REFURBISHMENT WORKS
- PHASE 2 - NORTH ROAD - EAST

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INITIAL PHASE - ENABLING WORKS

Enabling works included in this development application include establishing access to the Project site and general establishment; site preparation including bulk earthworks, environmental clearing, cut and fill; mines grouting remediation works; shoring; construction access roads; in-ground building services works and utility adjustments.



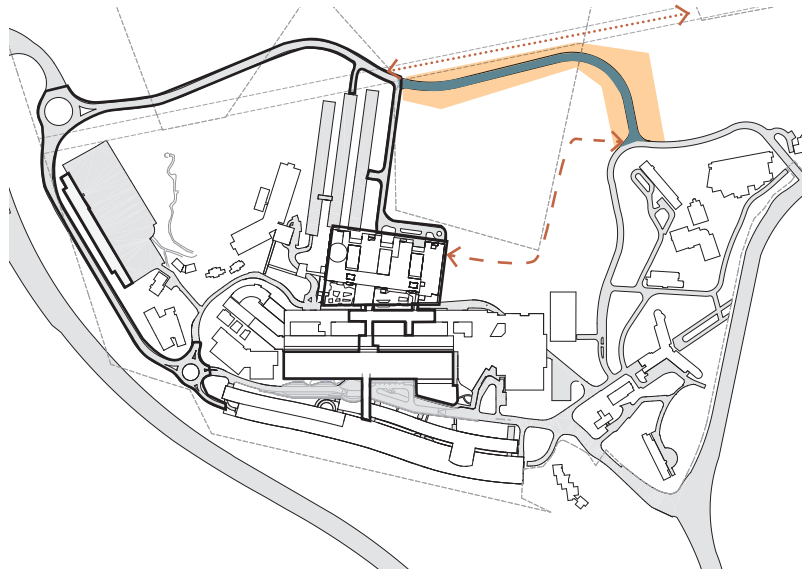
INITIAL PHASE - MAIN WORKS

Main works includes construction of internal roads network; connection to the future Newcastle Inner City Bypass; and construction of the ASB.

INITIAL PHASE - JHH REFURBISHMENT WORKS

JHH refurbishment works includes works associated with the demolition and refurbishment of spaces within the JHH; as well as the construction of the new front entry canopy.

This work will be undertaken concurrently with the Main Works.



NORTH ROAD - EAST PHASE



8.0 CONSULTATION & POLICY CONTEXT

8.1 BETTER PLACED

The following breakdown of the Better Placed Policy, as established by the NSW Government Architect, outlines the approach taken in the design of the new development in addressing the objectives of this policy. This will be an ongoing process that will be further addressed in the future planning and design stages of the ASB development of the John Hunter Health & Innovation Precinct.

BETTER FIT

Designing with Country establishes a basis for the design of the ASB development as an integrated part of the John Hunter Health & Innovation Precinct, and stretches beyond this to respond to the broader community.

This report describes the context; natural, physical, clinical and cultural, with which the design will respond.

In the first instance, the location of the built form takes advantage of the sloping topography, as well as the access to existing roads.

BETTER PERFORMANCE

The ASB development of the John Hunter Health & Innovation precinct will reach a minimum 5 star Green Star equivalence, designed and built. The Hunter New England LHD have developed a sustainability strategy that targets waste and carbon neutrality by 2030. The ASB development is establishing ways the design can support and enable both of these targets (refer ESD Report).

One of the primary considerations for this development is the re-use and re-purposing of the existing JHH built form. The design seeks to enhance all of the fantastic design components of this significant piece of architecture, notably making more prominent the integrated courtyards, and drawing attention to the skylights over the main hospital corridor.

Considering passive sustainable design through the development of the ASB will provide a strong basis for building performance.

The ASB development will also utilise contemporary engineering solutions to enable reduction in energy use, water waste and provision of environmental control.

BETTER FOR COMMUNITY

The aspiration for an integrated John Hunter Health & Innovation Precinct, with this proposed ASB development at it’s centre, creates an opportunity to embed the notion of community. The development must also consider the vastness of the LHD catchment and diversity of its members. The design considers;

- The concept of Designing with Country establishes the development as an integral part of the history of the site, offering a welcome space for all,
- Adoption of biophillic design, to make the development not just overtly clinically functional, but also intrinsically better for the health of its inhabitants; staff, patients, visitors and the community,
- Engagement of community members as partners on the precinct,

- Creation of the hospital as a place for healing not sickness, and an important piece of social infrastructure,
- Ways the development will Close the Gap between Aboriginal and non-Aboriginal health,
- Patient-centred care that includes the needs of families and carers
- Investment for future health needs and how this might be facilitated,
- Sustainability and regeneration as key to the operation of the precinct.

BETTER FOR PEOPLE

The design for the John Hunter Health & Innovation Precinct puts people at its centre to create places and spaces that:

- Are welcoming and encourage community access, particularly through integration of landscape and primary public open spaces,
- Integrate principles of biophillic design,
- Develop a facility that will enhance patient treatment, create a supportive work environment and a stress-free experience for visitors, staff and carers,
- Ensure a safe working environment that encourages collaboration of staff in delivering world class health treatment,
- Reduce stress and encourage a positive work attitude towards co-workers,
- Are integrated, to promote a balanced lifestyle and give opportunities to participate more actively in the natural and created context of the precinct,
- Offer staff, patients and visitors opportunities for respite and self-regeneration.

BETTER WORKING

The design of the John Hunter Health & Innovation Precinct not only considers the future state of the development in terms of the new building and infrastructure, but also that of the existing.

Fitness for purpose, resilience and future adaptability is considered through;

- Establishment of a future ‘blue print’ for the hospital campus, developed hand-in-hand with the design for the ASB development to build in a future direction for further reuse of the existing infrastructure,
- Implementation of the standardised 8.4m grid to the ASB development, ensuring maximum flexibility for a variety of health-related uses long into the future,
- Further exploration of the future reuse of car park levels of the ASB have been undertaken, in consideration of the future of transportation; autonomous vehicles, active transport opportunities and improved public transport offerings.

BETTER VALUE

Key factors in the development of Better Value for the community

developed as part of the John Hunter Health & Innovation Precinct are;

- Refurbishing and re-purposing spaces within the existing built infrastructure promotes sustainability and integration while also providing the best possible health outcomes for the community,
- Establishing a design considerate of whole of life costs and ongoing operation and maintenance, particularly in support of the LHDs aspirations for the precinct to be carbon neutral in operation,
- Conceiving of a design that places a focus not only on the clinical functionality, but also the intrinsic benefits of human amenity, particularly through provision of generous public spaces, and integrated landscape,
- Providing both short and long-term employment opportunities to the community through construction and operation,
- Improving the Hunter New England Local Health District’s self-sustainability,
- Replacing and expanding aging existing facilities with spaces that are designed to meet current and future clinical needs.

BETTER LOOK AND FEEL

The built environment of the John Hunter Health & Innovation Precinct has responded to the following key drivers:

- Considering the design through the Designing with Country lens to establish context as the central focus of the development, be it natural, cultural, clinical or physical,
- Developing a state of the art health care facility that meets the needs of catchment population of Newcastle and the Hunter New England Local Health District based on a functional development that focuses on patients, visitors and staff,
- Establishing principles of passive way-finding to and through the hospital campus, providing an enhanced internal road network, defined main entry zone and clarity of navigation to key departmental access points,
- Integrating landscape and public open spaces as functional settings within the hospital campus, tying together the existing JHH and new ASB as well as providing a new main public space for the hospital and connected neighbouring partners,
- Developing a design outcome that enhances the patient, visitor and staff journey through access to natural light, views and appropriate outdoor spaces where possible throughout the hospital campus.
- Developing a planning strategy that supports safe and efficient patient and staff movement through the various patient treatment /care regimes, untangling the user flows and reducing interface of the various needs of each,
- Positioning the new ASB to take advantage of site opportunities such as the existing topography and road networks,
- Designing in opportunities that support sustainable future expansion of the health service.

8.2 HEALTHY URBAN DEVELOPMENTS CHECKLIST

At this Schematic Design stage of the development, the key principles of the Checklist have influenced the design of the precinct as well as assisting in setting a framework for the detailed development of the ASB. The following outlines the primary elements of the checklist that have been considered as part of the JHHIP.

PHYSICAL ACTIVITY -

The precinct and ASB development will encourage incidental physical activity, and provide access to usable and quality outdoor spaces and recreational facilities.

TRANSPORT AND PHYSICAL CONNECTIVITY -

As an integration of a new development with as existing development, this precinct has as one of its core drivers the need for connectivity across the site. This considers developments already in place, but also the future developments within the large overall precinct.

Public transport connections are already in place, and further connectivity will be provided with the delivery of the proposed Newcastle Inner City Bypass that will provide ease of access for much of the community of the precinct.

QUALITY EMPLOYMENT -

As a significant employer in the area, the John Hunter Hospital already offers access to a range of quality employment opportunities, and the growth of the hospital will further enhance this.

COMMUNITY SAFETY & SECURITY -

Considerations of crime prevention and places and spaces that offer a sense of security are described in further detail in section 5.7 Amenity of the development.

PUBLIC OPEN SPACE -

The establishment of the key space of the development, as well as connection to the surrounding natural bushland instate the importance of access to external green spaces as part of this development.

As described in section 5.9 Tracks, an existing place of cultural significance is being integrated into the development to ensure its preservation and enhancement within this precinct.

SOCIAL COHESION & SOCIAL CONNECTIVITY -

This development seeks to create environments that will encourage social interaction and connection among people, particularly through the key space; the elevated garden. Connectivity beyond the reaches of the proposed development will further enhance this idea by weaving together the eastern and western ends of the site in the future.

8.3 RESPONSES TO GOVERNMENT ARCHITECT CONSULTATION

STATE DESIGN REVIEW PANEL SESSIONS 1, 2 & 3

SDRP SESSION 1, 16TH FEBRUARY 2020

The following general comment was made;

The design team’s stated objectives to improve access and expansion of this precinct through the presented schematic master plan are logical and encouraging.

GOVERNMENT ARCHITECT RECOMMENDATIONS		RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS
Site Expansion	It was noted that expansion to the north is the preferred direction of the client/stakeholders. This proposition was well argued and is accepted. A key challenge for this project is to create potential zones on which to stand the proposed clinical expansion and replacement facilities on a site with various changes in levels and with sensitive pockets of natural bushland.	The block & stack was developed in consideration of the continued operation of the existing JHH, as well as the re-purposing of various spaces relocated to the proposed ASB. The clinical ‘centre’ of the development occurs at levels 1 and 3 where connective links are necessary for the development to be viable. Levels above this offer the opportunity to capitalise on the amenity of uninterrupted views, access to natural light and landscape. A future master plan has also been developed which defines how the existing JHH can be further re-purposed and integrated into the hospital campus.
	In the proposed new buildings, carpark spaces have been delegated to the basement levels - an exploration of how these basement level car park spaces can also be shared with clinical services and potential outside/inside connections should be explored to make use of envelope zones with access to outlook and daylight.	Consistent with the response above, clinical elements are most appropriately located up from ground level to provide the best connection back to the existing hospital. Car park levels are improved by access to natural light and ventilation, albeit limited largely to the north. Integrated landscaping into these levels will further improve the experience.
	The entry points to the hospital require clarity and must be presented in more detail in future SDRPs.	Various studies have been undertaken to review options for alternative entry points. The project team presented these options as well as providing further clarity around the existing, proposed and future entry points to the SDRP #2, 23 September 2020
	A review of the heights of the towers alongside the development of the internal services will assist in understanding the required heights of the proposed buildings. A low-rise, landscape integrated campus is the recommended approach to take best advantage of the site’s natural attributes.	Sectional studies illustrating the comparative heights of the existing and proposed buildings in context have been developed as well as studies using photography of the site from a distance outside of it. These have been presented to the SDRP. As noted above, clinical functionality sees a preference for departments to be stacked vertically (within reason). This also offers greater opportunities for future developments to the east of the proposed ASB.
Internal Services	An understanding of how the current hospital services operate and how the future hospital will operate needs to be presented through the following: • External access and circulation diagrams – people and vehicles • Internal pedestrian routes diagrams • Internal / External connections • Existing points of entry and egress diagrams • A full “ground plane” drawing showing the extent of the external public realm and internal connecting routes • Important features, such as wetlands, or other key opportunities should be highlighted and illustrated in enough detail for comprehension of how they relate to one another and to the proposed buildings.	The user experience of the primary pedestrian routes through the existing hospital and into the defined key space; the elevated garden, were presented to the SDRP #2, 23 September 2020 (refer Built Form & Urban Design of this report). Existing and proposed entry points were also described, along with internal and external connections, and external access and circulation diagrams, for both people and vehicles. These drawings help to describe the proposal for a connected precinct, as well as reiterating the significance of the reuse and integration of the existing John Hunter Hospital.
	Important internal / external relationships, natural light and ESD principles need to be explored and presented diagrammatically or in preliminary 3D volumetric renders.	Sectional perspectives along with massing diagrams (refer Built Form & Urban Design of this report) have been developed and presented to the SDRP and will continue to be iterated to establish important connections, relationships and understanding, particularly in relation to improved staff, patient and visitor amenity.
Landscape	A Landscape Architect should be involved in further master planning – with particular focus on integrating landscape into and surrounding the proposed buildings. A plan indicating retained significant trees and proposed planting should be provided.	Integrated landscape is an important concept at the heart of this development (refer Built Form & Urban Design of this report) developing biophilic design principles and using landscape as a way finding tool. Urbis (landscape architect) co-presented to the SDRP #2, 23 September 2020.
	A number of significant new open spaces and ‘in-between’ spaces are proposed as part of the master plan. Please provide more thorough explanation of the character and nature of these spaces in relation to both landscape and built form. Cross sectional view adjacent to plans would be especially helpful and can be diagrammatic to explain key relationships at this stage.	Sectional perspectives along with massing diagrams and journey sequence studies (refer Built Form & Urban Design of this report) have been developed and were presented to SDRP #2, 23 September 2020. The development of the elevated garden was as significant part of this presentation.
	Implications of proposed new roads and changes to vehicle circulation throughout the site on landscape, both natural and constructed, should also be explained.	Diagrammatic explanations of primary user flows have been established (refer Built Form & Urban Design of this report) to articulate the need for the new roads to enable the separation of the various users. The impact on the landscape is described in the EIS, as well as the approach to regeneration of the impacted natural context.
Aboriginal Culture and Heritage	The Panel requests further information on the whole-of-project approach to Aboriginal Culture and Heritage, especially important given the area’s demographics and diversity. A more thorough understanding of how culture and heritage can inform a longer-term vision for the site and the built form is needed.	The establishment of the Designing with Country framework (refer section 4.3 of this report) has enabled the team to anchor recognition of aboriginal culture and heritage in all aspects of the design, noting community engagement is also a significant part of this development, and will be carried out as the project progresses.
	Evidence is also required to understand how Aboriginal culture and heritage is informing the design of the hospital and buildings.	As above, the Designing with Country framework and ‘lens’ is providing a meaningful starting point. The engagement with the existing Yallarwah walk is also an important development and will enable considerations of aboriginal culture and heritage to underpin the development of the design, in the first instance that of the elevated garden spaces.

8.3 RESPONSES TO GOVERNMENT ARCHITECT CONSULTATION

STATE DESIGN REVIEW PANEL SESSIONS 1, 2 & 3

SDRP SESSION 2, 23RD SEPTEMBER 2020

The following general comment was made;

The panel is encouraged by the project’s development since SDRP 01. The presentation was detailed and explained your rationale and thinking effectively in recognition of the importance of the hospital as a key piece of infrastructure for the region.

GOVERNMENT ARCHITECT RECOMMENDATIONS		RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS
Site and Landscape	The John Hunter Hospital site presents unique opportunities to connect the users of the hospital to the landscape; the green focus of the developing masterplan is commended but will depend on a robust, durable and deliverable landscape design to ensure the green campus vision is realised.	The landscape design has been developed with the consultant team to ensure viability of the proposal and alignment with the cost plan. Consultation with the LHD facilities management team has begun and will continue through future stages to provide certainty around the design intent and it’s longevity.
	The orientation of the proposed Acute Services Building (ASB) towards the landscape is supported, as are the circulation links connecting the north-eastern extremities of each finger. These ‘finger’ wings and adjacent courtyards are an opportunity to bring landscape into the building: spaces which connect indoors and outdoors providing opportunities for patients, visitors and workers to experience fresh air, breeze, views, sounds and smells of the landscape should be explored wherever possible.	The clinical functionality has been articulated and interrogated to best acknowledge the detailed use of specific spaces in order to facilitate opportunities for these experiences are established in the most appropriate locations. A strategy for landscaping up the levels of the building will also be established to ensure continuity of the integrated landscape approach and to provide equity of these quality spaces throughout the development.
	It is critical that the landscape scheme is integrated into the architecture to protect it against any value engineering during the design development and construction processes. Further details for the landscape must be presented at the next SDRP.	Landscape proposals have been worked through and coordinated with the consultant team and the LHD facilities teams to ensure realistic and resilient strategies are developed.
	Care must be given to the selection of tree/planting locations. Deep soil planting for the tall tree elements, species selection, other planting types as well as the proposed landscape materials and schematic design should be presented at the next SDRP.	The consultant team has worked closely with the BVN and the landscape team to establish appropriate planting selections and locations for deep soil planting are proposed, considering the environmental factors to encourage the best growth, amenity of the spaces, and in consideration of maintenance, risk and replacement.
Building Mass	The location of the proposed building on the ridge will ensure the architectural volumes will appear as large elements in the landscape from long distances away, particularly when viewed from the north-east. Any opportunity to mitigate the perceived bulk of these volumes to avoid an overbearing presence, through further breaking down of form and reduction of height should be explored during the design development process and presented at the next SDRP.	Building form and articulation has been worked through and forms part of this report (section 5.9 Design Quality & Built Form). Initial ideas about the breakdown of building elements was described at SDRP #2. The mass is also being considered from the both within the precinct boundary and beyond it (refer 6.3 Visibility of the Proposal). This work has continued to develop to complement the internal planning and clinical functionality, to establish the proposed mass of the building.
	The ASB offers a rare opportunity to create an exemplar biophilic hospital building in NSW. The current proposal is moving in this direction, however attention to the proposed architectural volumes, their monumental presence, the detail of the building form and the important relationship to landscape is required during design development	The form of the building has been worked through hand-in-hand with the clinical planning of the development to ensure both functionality and a preferred architectural outcome can be achieved. The integration of biophilic design has also been worked up alongside these to create quality of experience for all both inside and out.
	The ‘fingers’ of the proposed are supported and it’s acknowledged the 25 metre width will provide planning flexibility. An introduction of natural light via skylights and light wells to the upper floor plates is recommended to provide natural light and ventilation to these levels.	As the planning for the ‘fingers’ has progressed, all opportunities to capture access to desirable natural daylight have been explored, including the inclusion of skylights and light wells.
	The location of plant rooms on levels which could provide optimal useable space is not supported and their relocation is suggested.	The location of the plant rooms will be tested as the building design and internal planning develop.
	For the next SDRP, please provide floorplans outlining the proposed layouts of each floor.	Outline floor plans were presented for the SDRP #3.
	ESD principles must be a priority for all hospitals and, in particular, this naturally rich site, with opportunities for operable windows in both patient rooms and public spaces, balconies with high amenity, access to natural breeze and light where possible – a comprehensive active and passive approach to ESD should form part of the next SDRP presentation.	Passive ESD strategies have been analysed and worked through as the has design developed.
	Detailed sketch elevations and sections should also be presented at the next SDRP showing the proposed developing materiality, composition and functionality of the facades.	The development of the facade was presented at SDRP #3 and captured as part of the this Design Statement.
Entry and Connections to Existing Hospital	The proposed ‘multiple defined entry points’ create new open spaces for people using the hospital and will assist in orientation and wayfinding. These new outdoor areas and the covered landscape links will provide a pleasant movement sequence into the existing and proposed new building.	Further development of the key movement sequences and integrated landscape was described at SDRP #3.
	The retention and repurposing of the existing hospital building improves the campus as the proposed alterations better integrate the existing JHH building with the new ASB. The upgraded spine of the JHH building strengthens the covered landscape link between the two buildings and reinforces the area as the heart of the campus.	The integration of the existing JHH building with the new ASB was described as part of SDRP #3.
Transport and Vehicle Circulation	Newcastle is recognised as being highly car dependent and the handling of traffic is key to the success of the proposed masterplan. The organization and separation of private and public vehicles, emergency and service vehicles has developed since the scheme presented at SDRP 01. A further developed transport strategy for the campus, evolving alongside the masterplan and proposed buildings should be included in the next SDRP presentation. This should address proposed traffic (vehicles and bicycle) movement, parking, pedestrian circulation from cars to campus, and how public transport opportunities may be further strengthened in the development of the site.	A campus-wide transport strategy was presented to the SDRP #3, to capture particularly considerations of the future master plan, as well as the more fine-grain movements from transport set-down locations to the spaces within the proposed development. Consultation with Newcastle Transport and Transport for NSW is being undertaken to imbed continuity and improved public transport offerings to the site.

8.3 RESPONSES TO GOVERNMENT ARCHITECT CONSULTATION

STATE DESIGN REVIEW PANEL SESSIONS 1, 2 & 3

GOVERNMENT ARCHITECT RECOMMENDATIONS		RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS
	The car parks located in the lower level of the building must be flexible to accommodate further expansion of the hospital into these areas. Ceiling heights and locations of the vertical circulation should be included as part of this during design development. The options for reducing the number of floors of parking and redistribution of these to external locations on the site should be considered. This will naturally reduce the height of the building and better connect the occupied levels of the hospital to the landscape.	Consideration of the future re-purposing of car parking levels has been explored to ensure flexibility is not precluded in these spaces. Design work has also been undertaken to review functional spaces that might be located on these semi-basement levels. While reduction of the building height is desirable, the clinical functionality is also to be considered in the review of this proposal.
Aboriginal Heritage and Art Strategy	Consultation with local Aboriginal communities to understand how the landscape can be restored and better integrated into the hospital should be further undertaken and also presented at SDRP.	Consideration of the Aboriginal heritage of the site and integration of cultural acknowledgement are continuing to evolve. As presented in SDRP #2 and 3, it is recognised that continued consultation is desired and necessary to inform a truly meaningful outcome.
	An opportunity to expand the existing Public Art strategy into this stage of the hospital development must be a core consideration. The types and locations for art in the new landscape areas – both internal and external – should be presented in future SDRPs.	Public art integration at an early stage of the design is being considered through the establishment of key spaces, through the landscape proposals and also as an aid to way finding.

8.3 RESPONSES TO GOVERNMENT ARCHITECT CONSULTATION

STATE DESIGN REVIEW PANEL SESSIONS 1, 2 & 3

SDRP SESSION 3, 9TH MARCH 2021

The following general comment was made;

The following aspects of the masterplan approach were supported in earlier SDRP presentations:

- The concept for an integrated landscape and built form strategy, including retention of existing trees and arrangement of built form to respond to site
- The proposed internal landscape courtyards and their use as

navigational points

- The location of patient rooms and their connections to the landscape.

Delivery on these core aspirations appears to have been compromised during the development of the design presented at SDRP 03. The first principles of ‘Access to Precinct’, ‘Access Through Precinct’, ‘Connection to Precinct Partners’ and Connection to Country’ underpinning the project as presented by BVN appear diluted in the current scheme.

GOVERNMENT ARCHITECT RECOMMENDATIONS		RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS
Connecting with Country (CwC) and Landscape	The commitment to engage with the local Awabakal Local Aboriginal Land Council and the initial ideas to respond to Country across the campus are noted, though immediate consultation and application of lessons learnt are required as the project is late in the application of CwC principles.	The JHHIP project team acknowledge the need for consultation with the local Awabakal Local Aboriginal Land Council. Up to the time of the SDRP#3, the project had engaged with Aboriginal stakeholders as members of; • the Stakeholder Consultative Committee - having met three times so far with further workshops scheduled, this engagement has informed the development of the Southern Arrival (as presented at SDRP#3) in particular, to incorporate space for groups to meet and pause at the entry (or exit) of the JHH. There is also further opportunity through detailed design to incorporate cultural spaces in this zone, to establish inclusiveness from this point of the user journey forward; • the Emotional Design Brief consultation groups - these groups were established with extensive listen and learn sessions held to formulate the Emotional Design Brief as established by the HNELHD. One of the core briefed requirements is for cultural inclusion. All items have been tracked against to ensure each is responded to within the design. One such item is the need for immediate access to natural ventilation from spaces where patients have died, so that their spirit can be freed into the external environment. The design team have worked through a design proposal for establishing a mechanism for this that won’t conflict with the mechanical systems. Key spaces will be identified, and detail will be further worked through as the project progresses through the subsequent Design Development stage. The first dedicated session with local Aboriginal stakeholders was held 31st March. The following were raised as key elements for consideration and collaboration, noting this is not an exhaustive list; • the stakeholders asked for details of the completed analysis work on the site, including archaeological and biodiversity; • there is a strong desire to integrate native species of vegetation, particularly fruiting species and to incorporate signage to promote understanding and education; • In the elevated garden the group identified some further opportunities for larger groups to gather in a more private manner, and would like to work to incorporate cultural settings, perhaps a fire pit or similar; • integrating and incorporating Awabakal language into the signage system, including main building signage is supported; • using the ‘track’ described in the JHHIP proposal as a way to telling stories of the place was raised as an exciting opportunity - this might include use of animal tracks as an engaging wayfinding technique; • consideration of cultural burning was raised as a key item, to relieve the risk of bushfire on the site, not just for the JHHIP, but for the entire precinct; • the group is looking forward to opportunities to integrate Aboriginal art into the proposed signage and wayfinding.
	The project is well positioned to respond to the Draft Connecting with Country Framework.	The presented master plan principles have evolved through the course of the design (as presented at SDRP#2) to incorporate the principle of Designing with Country. Designing with Country has established a lens through which the design team have developed the design of the JHHIP project. Engagement with this framework has developed opportunities for meaningful collaboration with Aboriginal stakeholders.
	With an appropriately qualified Aboriginal consultant, develop a strategy for embedding what is learnt into the architecture, landscape and place. The following areas could be explored to inform the CwC response: • Cultural awareness, cultural expression, relationship with Country, learning from Country • Incorporating place names and language to connect and enrich • Referring to stories from the Awabakal nation – both of and beyond the site • Consideration of, not only the human, but also of non-human inhabitants of the site and surroundings – including habitat retention and repair, maintenance of canopy corridors, any bush regeneration opportunities • Remediation and repair of the site following previous uses • Use of local materials and colours in the architecture and landscape design to fundamentally promote integration with place • Development of a strong and meaningful relationship between the built form and place based on the above	The project team has welcomed the feedback from both the SDRP and the Aboriginal stakeholder consultation, and note many of the suggested areas were raised by both groups. These and further items (as noted in the above response) will be explored and developed in consultation with the stakeholder group. BVN established a continuous peer review role with BVN Principal Kevin O’Brien as an architect and Aboriginal man. His input into the project has led to the use of the Designing with Country lens as a core principle of the project. The team will continue to work closely with Kevin to develop a strategy for embedding what has been and will be learned through the engagement with the Aboriginal stakeholders, and ensures the appropriate execution of these strategies. As noted in the items above, the Aboriginal stakeholder group is excited by the opportunity of this project and has identified areas where their input will establish this as an inclusive place for the health and well being of all. These include; development of planting strategies and species lists, incorporation of local story telling, further development of colours relevant to the area, reuse of cleared tree stock for construction and finishes materials, art works or similar, and others that will continue to be worked through as the design progresses.

8.3 RESPONSES TO GOVERNMENT ARCHITECT CONSULTATION

STATE DESIGN REVIEW PANEL SESSIONS 1, 2 & 3

GOVERNMENT ARCHITECT RECOMMENDATIONS	RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS
There is concern regarding the extent and location of new roads, particularly the western ring road proposed as part of a future stage. The impacts of proposed associated tree clearing on disconnecting and exposing the new built form where it meets the ground is cause for some concern. Review of this strategy, along with development of suitable planning and proposed planting to these areas is needed.	In SDRP#1 and SDRP#2 the project team described the existing constraints and opportunities of the JHHIP project site. The key constraint being the singular access into the site from Lookout road and the challenging traffic situation of a ring road around the hospital to serve all those attending the JHH, RNC, HAPS, Forensic Medicine and HMRI. The current situation is not only experientially challenging for users, it is also potentially risk prone in the event of a significant evacuation, such as a bushfire. A key opportunity presented in SDRP#1 was the opportunity the site presents as a future precinct vision; an integrated health and innovation precinct, that aims to benefit not only the immediate area, but also the greater Newcastle region, as a workplace of the future, attracting and maintaining the best minds to this fantastic site embedded in the natural environment. The development of such a vision could not be sustained on the current provision of access and internal roads on the site. As suggested in our Aboriginal Stakeholder session 31st March, the project team will work further with this group and relevant others to establish an appropriate planting strategy capturing endemic species, numbers of plant stock to not over-burden the site, and extent of specific types of vegetation to ensure the regeneration of the impacts areas surrounding the proposed development and new roads.
It is strongly advised to reconsider these roads, reducing the need to remove the established landscape in the immediate curtilage of the new buildings. Where new planting is required, plant appropriate species that will grow to provide shade canopy, with volume and height to compliment the proposed building form and retain and enhance the existing character of the site.	Please refer to response above for comments around the provision of the road network. The project team, as led by the Urbis as landscape architect for the JHHIP project, have developed and will continue to develop, planting methodologies and species schedules appropriate to the context and with the need for canopy, shade and height in order to complement the existing character of the site. The team also looks forward to collaborating with the Aboriginal stakeholders in the selection of planting types that will further embed the aspirations of the Designing with Country framework.
The internal courtyards, as a spatial planning approach, are supported and should, as far as possible, be visually accessible from within the ASB complex.	The internal and clinical planning of the ASB seeks to take full advantage of the physical and visual access to the the three key integrated courtyards between the ‘fingers’ of the built form. Where relevant, inpatient bedrooms are located to access direct visual connection to the courtyards. The east and west lift cores also align with the east and west courtyards, providing possible glimpses of the courtyards where appropriate from the public side, and direct connection where possible for the clinical and back of house sides, to provide the greatest impact to staff and patients; those who are likely to spend the most significant periods of time within the building. The project team will continue to develop opportunities for visual connectivity to the internal courtyards as the design develops.
The internal courtyards, intended as places of respite and relief, providing amenity for patients, staff and visitors must be accessible from the interiors of the building and allow people to be outdoors while experiencing these spaces.	In order to maximise the benefits, physical access to the internal courtyards has be a focus of the project team as they have worked through the Project User Group sessions with the HNELHD and JHH team. The internal and clinical planning of the ASB strives to strike a balance between provision of access for all, maintained amenity for rooms immediately adjacent the courtyards, and safety of patients, visitors and staff when using the courtyards. The team at Urbis, landscape architects for the project, have also been leading the design of these courtyards, to enable varied space; some for walking, for private reflection, larger groups to gather close to loved ones within the departments, and others still for patients to access the space, to reiterate the balance of the aforementioned aspirations. The project team will continue to work through the detail of the design of the spaces from both a landscape and physical access perspective. The Aboriginal stakeholder group welcomed the integration of accessible courtyards, and the project team will continue to work with this group and others to ensure these spaces achieve their potential of their aspiration.
The presented character of the courtyards indicated inconsistencies with the surrounding landscape. Consultation with the Awabakal community and collaboration within the design and landscape team to further develop meaningful spaces is required.	As presented at the SDRP#3, Urbis as landscape architects for the project have lead the team in the establishment of the design of these courtyard spaces. The team presented the inspiration for the internal courtyards, however, it is important to note the inherent differences between the natural setting and the internal building courtyard. With this in mind, the team will continue to develop the designs to establish experiential qualities of the natural surrounding bushland and how this might be embedded into the design for these spaces. The project team will also continue to collaborate with the Aboriginal stakeholders to further develop these spaces, to ensure they are meaningfully integrated into both the built form and the context of the site in which they are located.
Ensuring these internal courtyards receive adequate sunlight, irrigation and are capable of supporting meaningful and voluminous deep soil planting will contribute to the year-round success of these spaces and their capacity to and to the overall amenity and character of the hospital.	Each with a unique position within the ASB, the internal courtyards offer a diversity of spaces. Some of the spaces are low down the building where direct sunlight will access for limited times throughout the day, so predominantly shade-tolerant species have been considered and selected, while others are closer to the top of the building, where light will be plentiful. In all instances irrigation has been factored in, with further detail to be established as the design progresses. The project team have been working closely with the HNELHD facilities team to ensure the design proposals consider the pragmatic elements of these kinds of spaces; access and maintenance are important factors in ensuring the success of the internal coutryards.

GOVERNMENT ARCHITECT RECOMMENDATIONS

RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS

	This project brief, site and locality present an opportunity to be an exemplar biophilic hospital - further design support and development of proposed courtyards, landscape treatment and amenity is needed to achieve this.	Biophilia has been considered in a number of ways for the design of the JHHIP project. One such way is through the provision of landscaped spaces; not just courtyards but also sedum roofs and planted edges, in order to provide the most appropriate application to each space, for the greatest impact to the user experience, both up close and from a distance. The courtyards, the elevated garden and internal planting proposed particularly to the public spaces of the reinvigorated southern arrival space, provide the best opportunity for physical connection with the natural environment, and as described in the above responses, the project team will continue to work to optimise the provision of these spaces, for the best possible outcome for all those who experience this facility.
Circulation	The scale and size of the proposed new ASB building requires a clearly defined entry, a sense of arrival to the west facing wing of the hospital, connection to site and district outlooks for both orientation and enjoyment – this needs to integrate with a simple and legible circulation diagram to enable clear wayfinding supported by views to key orientation places within and outside the building. For the next SDRP, please provide 3d sketches of key spaces, describing their character and how they will support wayfinding within this large, multi-part development.	At SDRP#2 the project team presented diagrams, plans and sections describing the arrival journey as one guided by landscaped spaces both physically and visually; to leverage the wonderful courtyard spaces already on offer at the existing JHH. The project team have continued to develop this idea, and look forward to an opportunity to present the developed use of landscape and views as orienting and intuitive wayfinding tools. At SDRP#3 the team described an opportunity to reveal the views, to elevate the importance of specific spaces and views, and to utilise opportunities for distant and close up views to external environments. The project team has considered the visibility of the ASB as users enter the site, as well as the importance of providing clarity to the wayfinding strategy; to ensure emergency vehicles only access the ASB via Kookaburra Cct north, and direct the public to the existing JHH front door. The team will continue to consider the sense of arrival to the west facing facade of the ASB, to achieve the optimal outcome for all.
Built Form	The proposed ASB building is a large building form and attempts to articulate its volumes to reduce the appearance of bulk in the landscape are supported and should be further investigated.	The articulation of the ‘fingers’, utilising courtyards as ‘cut outs’ to not only provide amenity to those within the building, but also to those far beyond the site, by breaking down the mass of the built form and providing a development that sits more easily among its neighbours on the site, and within the context of the surrounding natural bushland setting. The project team will continue to develop this articulation to further reduce its perceived bulk as the design progresses.
	The locations of the plant rooms are a physical and experiential barrier within the floor plate layouts. Relocating/ deconstructing these with the user experience as primary reasoning should be explored, thus allowing the internal rooms further access to ventilation and light from both east and west and supporting visual permeability through the buildings from outside to outside.	Plant strategies have been considered in great detail for the JHHIP, establishing criteria that are not only pragmatic from a servicing, access and maintenance perspective, but also consider impacts to amenity. The plant strategy sees three key spaces for the consolidated plant; • lowest level of basement where access does not impact patient experience and the articulation and facade design integrity can be largely maintained to reduce visual impact of the plant spaces from outside the building; • the roof top to again minimise impact to patient experience and provision of care when access and maintenance is required, as well as making available as much building perimeter as possible to gain access to views and natural daylight where possible; • the level between key clinical spaces of the Operating Theatres and Interventional Labs where direct access to servicing plant is the optimal outcome to limit impact to floor space, as well as providing the opportunity to consolidate air handling plant to levels 0-4 (inclusive) from this level to alleviate need for maintenance access on floor where patient care and experience may be compromised. The project team will continue to develop the design to offer possible opportunities to achieve the desired access for visual permeability through the building from ‘outside’ (public link from JHH) to outside (ASB courtyards and beyond to the north.
	The extent and length of internal corridors should be reviewed with each beginning/ending with access to natural light / views to green space.	The internal and clinical planning takes advantage of the north south (the shorter proportion of the building) for primary departmental corridors, and where possible view and daylight capture is offered at the ends of these corridors to bring light into the floor plate and create visual connectivity to the surrounding external environment. With the east and west lift cores inset from the edge of the building, the intention is to optimise travel distances where possible, and establish the ‘activated spine’ of the ASB between these cores with visibility to and from the external space of the elevated garden.
	Provide access to light in the deeper sections of the floor plates and corridors where possible to avoid dark and disconnected spaces – light from above in the upper levels of the ASB may offer a solution	The project team have identified opportunities (level 0 ED via courtyard above, and level 5/6 IPUs) for access to light from above and will work through these as the design develops to ensure the avoidance of dark and disconnected spaces. The project team will also undertake more detailed review of daylight and view access within the building to optimise the location and number of openings for all spaces.
	Provide details on the façade treatments and how these will respond the perception and scale of the building within its unique ecological and topographical context	Further details of the facade development and treatment are found in this Design Statement (sections 5.9 Design Quality and Built Form, 5.10 Materials and Colours, 5.11 Facade Types, 5.12 Facade Description)
	Reconsideration of the width of the ‘finger’ forms in response to the points above	The width of the ‘finger’ forms have been optimised with the clinical planning team and the HNELHD and JHH team to provide benefits for efficient planning and delivery of most effective provision of care, as well as considering amenity of the patient experience. Further development of the design will provide for the greatest balance between these aspirations.

GOVERNMENT ARCHITECT RECOMMENDATIONS

Continue to develop and provide details on how ESD principles will be integrated throughout the design, both built and landscape

As far as possible, balance clinical requirements with a holistic aspiration for patient / visitor experience throughout

RESPONSE TO GOVERNMENT ARCHITECT RECOMMENDATIONS

As described at SDRP#3, the JHHIP project has been designed in consultation and collaboration with the HNELHD, with an outcome that supports the ambitious targets set of being carbon and waste neutral by 2030. Target areas of energy, water and waste have informed the focus for the development. An optimised and high performing building envelope with the ESD consultants for the project, to reduce energy waste where possible. Water collection and reuse both within the facility and across the broader site to reduce reliance on mains water, and minimise wastage of water. Further collaboration with the HNELHD is required to optimise the waste brief and strategy that will then be implemented into the design.

The established Designing with Country lens that the design team has been utilising emphasises the importance of considering caring for Country as a primary driver of the JHHIP project. Consultation with the Aboriginal Stakeholder group supported this significant aspect of the project, and the group is committed to assisting where possible to embed further innovations regarding caring for Country as the project progresses.

The project team acknowledge the importance of the development as a major public hospital with all the clinical requirements that involves, as well as a significant piece of social infrastructure; it is a workplace that should be enjoyed, and a space for all to be enlivened and surprised by elements of delight. The project team are continuing to aspire to ensuring a balance is struck between clinical requirements and the aspirations of the user experience.

