

CESSNOCK HOSPITAL REDEVELOPMENT

ARCHITECTURAL DESIGN REPORT

November 2024

ACKNOWLEDGEMENT OF COUNTRY

This document acknowledges that within the Cessnock City Council LGA boundaries are the Traditional Lands of the Wonnarua people.

Australia is home to over 250 unique and culturally diverse Aboriginal and Torres Strait Islander language groups, defining Country.

We recognise these as the oldest continuing cultures in the world and we pay our respects to elders past, present and emerging of the Wonnarua People.

As an architecture studio practicing today in Australia, Fitzpatrick +Partners acknowledge that we are working on land that was not ceded and which always was and always will be, Aboriginal Land.

At F+P we have always sought to place our work in its context and are continuing to evolve this strategy to a more holistic understanding of Place and Country.

One that recognises the original custodians of the land and their place in this process.



DOCUMENT HISTORY & STATUS

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Approved by	Rod Pindar

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REPORT INFORMATION

Architectural Design Report

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PROJECT OVERVIEW

Cessnock Hospital is a district level hospital within the Hunter New England Local Health District (HNELHD). It provides low acuity medical and sub-acute services to the local community and is networked with Maitland Hospital for higher acuity services, and John Hunter Hospital for Tertiary level services.

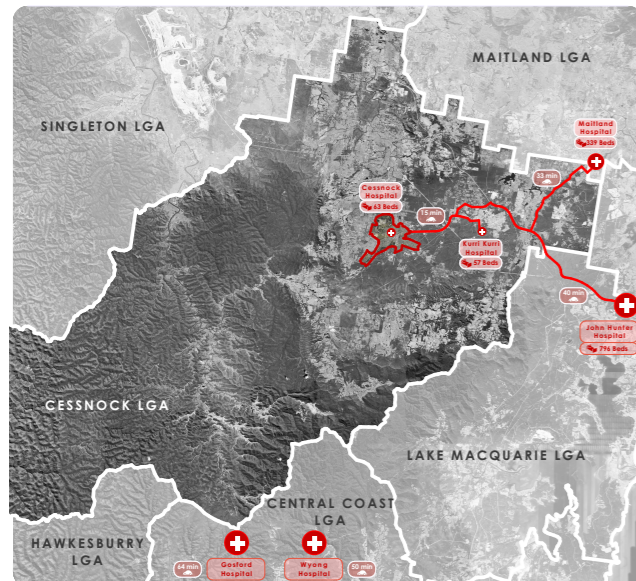
The clinical services provided by the project will be generally consistent with what is currently being provided at the Hospital, except changes in services where network efficiencies are identified.

The project scope includes the following clinical services:

- + Emergency Department (ED)
- + Medical Imaging
- + Perioperative Suite
- + Sterilizing Services Unit (SSU)
- + 2 x 28 Bed Inpatient Units (IPUs)
- + Pharmacy
- + Mortuary
- + Front of House (FOH) services

The overall project scope also includes the following:

- + Demolition of select existing structures
- + In-ground infrastructure and enabling works
- + A new acute services building containing the above clinical services
- + A new primary vehicular and pedestrian entrance to the hospital campus from Jurd Street
- + New vehicular drop-off
- + Refurbishment of the existing on-grade car park
- + A new connection between the new hospital building and the existing hospital buildings
- + Landscaping



Lower Hunter Sector within HNELHD

CESSNOCK REGION

Cessnock is located approximately 2 hours north of Sydney and 50 minutes west of Newcastle and is the gateway town to tourism area of the Hunter Valley, NSW's largest and oldest wine region.

It is surrounded by the natural landscape of Mount View and Werakata National Park and enjoys two distinctive local characters; one that is influenced by the surrounding country and wine region and one that is the historic town centre with significant colonial history and heritage.

Cessnock Hospital provides services to Cessnock Local Government Area (LGA) a 2,000 square kilometre catchment, with a population of 61,256 (as of June 2020).

The region has a significant and growing indigenous population of 9%, higher than the state's average of 3.5%.



Cessnock Town Centre

EXISTING CESSNOCK HOSPITAL

Cessnock Hospital is a low acuity, Level 3 District Hospital containing 63 beds and providing services that include acute, subacute, emergency, ambulatory care and oral health.

The hospital is complemented by services provided at Kurri Kurri and Maitland Hospital, with higher acuity patients presenting at Maitland and John Hunter Hospitals.

The existing hospital site is approximately 41,000 square meters situated in a largely residential area, within 1.5km of the town centre and is bordered by a NSW Ambulance building and aged care home located to the north and positioned on top of a hill with views to Mount View.

The main hospital was built in 1914 with the majority of the buildings on site constructed by the 1960's. A Heritage Assessment undertaken by Umwelt identifies that due to significant renovations and extensions over time, many of the buildings built before the 1950's have a low-to-moderate level of significance.

The aging infrastructure has seen quotes of up to a million dollars in 2021 for ongoing maintenance. The decommissioned Drinkwater Building is at the end of its life and has been left abandoned and in disrepute.

The current infrastructure is not conducive to modern models of care with disconnected clinical functions, poorly accessible buildings and unclear wayfinding. As a result, staff safety, service and efficiency has been impacted and subsequently created issues with recruitment.



Archival photo of the original Cessnock Hospital

PROJECT DESCRIPTION

Cessnock Hospital Redevelopment is an asset replacement project that will provide contemporary facilities and models of care in a safe and secure environment for the ongoing delivery of health care services on the Cessnock Hospital campus.

SERVICE STATEMENT

Cessnock Hospital is a Level 3 District Hospital and forms part of the Hunter New England Local Health District (HNELHD).

It provides low acuity medical and sub-acute services primarily to the population residing in the Cessnock Local Government Area (LGA) and is networked with Maitland Hospital for higher acuity services, and John Hunter Hospital for tertiary level services.

Between 2021 and 2036, the LGA population is expected to increase by 20,000 people, reaching 82,800 people in 2036. This growth is forecast for all age groups, with the most significant growth forecast for the 70 years and over age group.

Compared to NSW, the LGA has a higher proportion of people aged 14 years and under and has a higher proportion of Aboriginal and/or Torres Strait Islander people.

In terms of socioeconomic status, the LGA is significantly more disadvantaged than the State, ranked within the bottom 10% of regions on the Index of Relative Socioeconomic Advantage and Disadvantage.

The Cessnock Hospital consists of multiple buildings that are poorly connected and not conducive to providing patient centred, integrated, contemporary models of care.

Buildings on the site are isolated, with very little wayfinding and no clear circulation through the campus and the functional relationships between key clinical services are not compatible with contemporary models of care and are less than optimal from a security, staffing and patient safety perspective.

DESCRIPTION OF SERVICE & SCOPE

The redevelopment will address the capacity and functional deficiencies by providing contemporary inpatient units, emergency department and associated clinical and non-clinical support services in a secure and safe environment for both patients and staff.

The design will be flexible to ensure that clinical spaces can be multipurpose where possible and remain future focused.

The CSP details Cessnock Hospital continuing as a Level 3 District Hospital providing low acuity medical and subacute services to the primary catchment of the population residing in the Cessnock LGA.

Cessnock LGA residents will continue to access higher acuity services within a network of hospitals at Maitland Hospital and John Hunter Hospital.

In addition, Cessnock Hospital will increasingly provide for the flow reversal of low acuity, high volume short stay adult surgical patients from Greater Newcastle and continue to support long-stay patients from Maitland Hospital and John Hunter Hospital.

In response to the CSP, the Project proposes a new build on the current Cessnock Hospital site.

PROJECT NEED

Between 2021 and 2036, the LGA population is expected to increase by 20,000 people, reaching 82,800 people in 2036. This growth is forecast for all age groups, with the most significant growth forecast for the 70 years and over age group.

THE COLLECTIVE PROJECT VISION IS TO DELIVER THE
'ABSOLUTE BEST HOSPITAL'
 WITH A FOCUS ON THE FOLLOWING SPECIFIC AREAS...

PATIENT FOCUSED	PHYSICAL INFRASTRUCTURE	INCLUSIVE COMMUNITY	BREAKING THE MOULD	A BEACON OF WELLNESS	WHOLISTIC SUSTAINABILITY
PATIENT EXPERIENCE A QUALITY CLINICAL ENVIRONMENT THAT IS SAFE, ACCESSIBLE & INCLUSIVE 	A DIFFERENT HOSPITAL DESIGN THAT IS HUMAN-CENTRED, BIOPHILIC & LESS CLINICAL IN APPEARANCE 	LEGACY OUTCOMES THAT SPEAK TO CESSNOCK'S HISTORY, CULTURE & IDENTITY 	RISK TAKING ENCOURAGE INNOVATION WITH AN UNDERSTANDING & ACCEPTANCE OF RISK 	QUALITY WORKPLACE SPACES THAT SUPPORT STAFF PERFORMANCE, WELLBEING & RETENTION 	REGENERATIVE NET POSITIVE IMPACT ON NATURAL LANDSCAPE AND ECOLOGY 
CARING ENVIRONMENT ENHANCE THE EXPERIENCE & AMENITY FOR CARERS & FAMILIES 	FUTURE FOCUSED FLEXIBLE & ADAPTABLE TO FUTURE MODELS OF CARE & EXPANSION OF SERVICES 	PEOPLE FOCUSED WELCOMING & OPEN FOR ALL HEALTH CARE CONSUMERS 	CHALLENGE PROCESSES CHALLENGE THE STATUS-QUO TO SEEK DESIGN EXCELLENCE & EFFICIENCY 	EXEMPLAR OF HEALTH DESIGN THAT PROMOTES HEALTH & WELLNESS IN THE COMMUNITY 	NET ZERO MINIMISE OPERATIONAL & EMBODIED CARBON 
CONNECTIVITY ENHANCE CLINICAL CONNECTIVITY INC OUTPATIENT & COMMUNITY SERVICES 	GOOD FLOW A PERMEABLE CAMPUS WITH INTUITIVE WAYFINDING 	COUNTRY MEANINGFUL CONNECTION TO COUNTRY 	THINK OUTSIDE THE BOX SEEK DESIGN EXCELLENCE THROUGH CREATIVITY & FREE EXPLORATION OF IDEAS 	INNOVATIVE CARE NEW MODELS OF CARE TO PROMOTE INNOVATION & EFFICIENCY OF OPERATION 	LANDSCAPE ENHANCE THE LOCAL LANDSCAPE & DELIVER QUALITY OPEN SPACE 

DESIGN PRINCIPLES

The Project Team in conjunction with HNELHD representatives have identified a series of Design Principles to guide the progression of the design in alignment with stakeholder aspirations and expectations.

These principles span six key categories and have informed decision-making throughout the planning and design development phases of the project.

Other key project considerations in addition to these Design Principles, include:

- + Ensuring affordability and value
- + Consideration of the extent of new build versus refurbishment
- + Delivering the required scope and clinical services
- + Improving clarity of campus circulation, way-finding and entry points for patrons
- + Establishing campus zoning, future expansion opportunities and a cohesive overall layout for the site
- + Improving clinical relationships, efficiency and connectivity

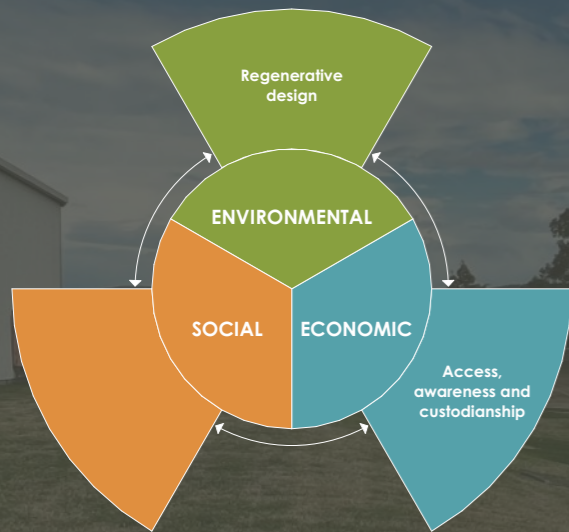
The framework, outlined adjacent summarises the Project Vision and key Design Principles.

ESD FRAMEWORK

This framework sets out the project teams initial thinking on approach to ESD. This will need to be tested with HNELHD and the cost manager to set the priorities according with operational and budget requirements

SUSTAINABLE HEALTHCARE: TOGETHER TOWARDS NET ZERO

THE CARBON FOOTPRINT OF HEALTH
IT IS ESTIMATED AUSTRALIA'S HEALTH SYSTEM CONTRIBUTES 7% OF AUSTRALIA'S TOTAL CARBON FOOTPRINT.



HNELHD ARE TARGETING TO BE CARBON & WASTE NEUTRAL BY 2030. WE ARE SETTING OUR SIGHTS ON AN ENVIRONMENTALLY SUSTAINABLE FUTURE.
https://www.hnehealth.nsw.gov.au/about-us/sustainable_healthcare

ENVIRONMENTAL

PERFORMANCE

CURRENT NCC BUILDING CODES
HI DESIGN GUIDANCE NOTE 058
HNELHD CARBON & WASTE NEUTRAL BY 2030

ALL ELECTRIC

ZERO FOSSIL FUELS
MAXIMISE SOLAR PV
INCREASED EV CHARGING PROVISIONS

LOW-EMBODIED CARBON

MINIMISE HIGH-EMBODIED CARBON MATERIALS
RE-USE & RECYCLE MATERIALS WHERE POSSIBLE
ADOPT LOCAL WORKFORCE, MATERIALS AND EXPERTISE

INTEGRATED LANDSCAPING

HIGH QUALITY OUTDOOR LANDSCAPED AREAS
NET POSITIVE IMPACT ON BIODIVERSITY
MAXIMISE GREEN ROOF OPPORTUNITIES

RAIN WATER RE-USE

ADOPT RAINWATER CAPTURE & REUSE INITIATIVES
ADOPT PASSIVE IRRIGATION OF LANDSCAPED AREAS
MINIMISE STORMWATER RUNOFF

SOCIAL

DESIGNING WITH COUNTRY

REGULAR CONSULTATION & ENGAGEMENT
INTEGRATION OF CULTURALLY SENSITIVE DESIGN
PROMOTE LOCAL HERITAGE & HISTORY

NATURAL VENTILATION

ADOPT NATURAL VENTILATION WHERE POSSIBLE
ALLOW USER / NURSE / ASSISTED CONTROL
ENHANCED OUTSIDE AIR RATES

INNOVATION

INNOVATIVE MATERIALS TO BE CONSIDERED
ENCOURAGE EFFICIENCY THROUGH INNOVATION
ADOPT NATURAL VENTILATION WHERE POSSIBLE

ACCESS TO DAYLIGHT & VIEWS

MAXIMISE DAYLIGHT COVERAGE
MAXIMISE VIEWS (LOCAL & DISTANT)
OPTIMISE SHADING AND SOLAR CONTROL

MITIGATE URBAN HEAT ISLAND

MAXIMISE TREE CANOPY COVERAGE
MINIMISE HARD, DARK, HEAT ABSORBING SURFACES
MAXIMISE GREEN ROOF OPPORTUNITIES

ECONOMIC

REDUCE OPERATIONAL ENERGY

REDUCE OVERALL ENERGY CONSUMPTION
REDUCE WASTE & CONSUMABLE CONSUMPTION
IMPROVED RECYCLING & SORTING PROVISIONS

ADVOCACY

PROMOTE A SUSTAINABLE AGENDA
ENSURE ESD INITIATIVES ARE VISIBLE
MONITOR ONGOING BUILDING PERFORMANCE

STAFF ATTRACTION & RETENTION

ACTIVE PROMOTION OF STAFF WELLNESS
IMPROVED STAFF AMENITY SUCH AS END-OF-TRIP
QUALITY INTERNAL ENVIRONMENTS & LANDSCAPE

SUSTAINABLE TRANSPORT

PROMOTE AN ACTIVE/GREEN TRAVEL PLAN
INCLUDE PUBLIC AND STAFF BICYCLE PARKING
PROVIDE END-OF-TRIP PROVISIONS FOR STAFF USE

RESILIENT TO CLIMATE CHANGE

HEAT-SENSITIVE CARPARK DESIGN
CLIMATE ALLOWANCES IN SERVICES DESIGN & SIZING
PROVISION OF SPACES FOR NATURAL DISASTER RESPONSE

ESD FRAMEWORK

The project is focused on achieving industry-leading sustainable design outcomes in accordance with HNELHD targets to be carbon and waste neutral by 2030.

As the project develops, particular consideration will be given to embodied carbon, ongoing operational energy and operational carbon of the redevelopment.

Mutually reinforced sustainability between Environmental, Social, and Economic aspects will allow the project to achieve its sustainability vision.

The primary performance targets for the project include:

- + Compliance with HI DGN 058
- + Compliance with HNELHD Carbon & Waste 2030 Strategy
- + Compliance with current NCC Building Codes

The framework, outlined adjacent summarises the key ESD strategies being adopted by the project.



SITE ANALYSIS

Overview

The existing hospital site is approximately 41,000 square meters situated in a largely residential area, within 2km of the town centre. It is bordered by a recently built NSW Ambulance building and aged care home located to the north. It is positioned on top of a hill with views to Mount View.

The infrastructure of the hospital consists of a series of buildings largely positioned on the southern portion of the site ranging in age up to a hundred years old. The main hospital was built in 1914 but due to significant renovations and extensions over time, little heritage significance remains.

The majority of services are 40 years old and in frequently poor condition. Upgrading the existing buildings to address maintenance issues and meet current standards is considered to be cost-prohibitive.

Context

Analysis of the local context identifies Cessnock as the gateway town to the Hunter Valley region with a character largely defined by its colonial history. There is significant opportunity for a more meaningful connection to Country and appreciation of the Wonnarua people, the traditional owners of the land.

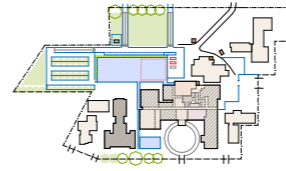
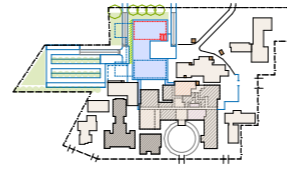
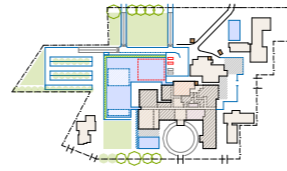
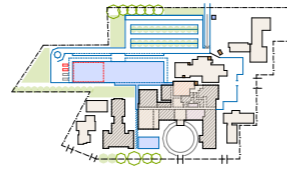
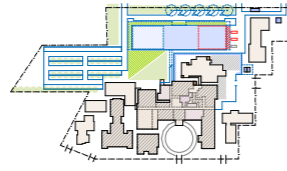
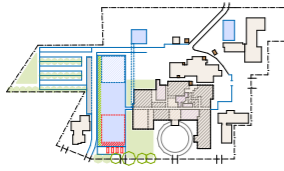
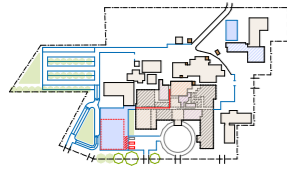
Existing Site

The existing hospital campus comprises a series of disconnected buildings that lack clear circulation and functional adjacencies. There is a large portion of open space which is largely lifeless and of little value to staff or patrons. At its steepest point the site has a 4m rise from Jurd Street to the centre of the site which affords the hospital a level of prominence over the residential surroundings.

Refer to Appendix A of this report for detailed contextual and site analysis.

LEGEND

--- Site boundary



ZONE 1

DRINKWATER

- + 3-storey build
- + IPU's stacked
- + View St entry & access
- + Retain on-grade CP
- + BOH from Foster & Jurd

PRO's

- Connectivity
- Short term staging
- BOH disruption
- Services disruption
- Retain Mortuary

CON's

- Decant
- Demolition
- Long term MP
- OT and CSSD
- Bulk and scale
- Building levels
- Access & drop-off
- IPU outlook
- CwC opportunity

ZONE 2

WEST END

- + 2-storey build
- + IPU's co-located
- + View St entry & access
- + Retain on-grade CP
- + BOH from Foster & Jurd

PRO's

- Connectivity
- Short term staging
- BOH disruption
- Services disruption
- Retain Mortuary
- CwC opportunity

CON's

- Decant
- Demolition
- Long term MP
- OT and CSSD
- Building levels
- IPU outlook

ZONE 3

JURD

- + 2-storey build
- + IPU's co-located
- + Jurd St entry & access
- + Retain on-grade CP
- + BOH from Foster

PRO's

- Decant
- Demolition
- Short term staging
- Long term MP
- Access & drop-off
- BOH disruption
- Services disruption
- CwC opportunity

CON's

- OT and CSSD
- Jurd St upgrades
- Legacy buildings

ENDORSED OPTION

ZONE 4A

GO WEST

- + 2-storey build
- + IPU's co-located
- + Jurd St entry & access
- + New on-grade CP
- + BOH from Foster

PRO's

- Connectivity
- Demolition
- OT & CSSD
- Services disruption

CON's

- ED connectivity
- Decant
- Short term staging
- Long term MP
- Ambulance flows
- Building levels
- CwC opportunity

ZONE 4B

WRAP

- + 2-storey build
- + IPU's co-located
- + Jurd St entry & access
- + Retain on-grade CP
- + BOH from Foster & Jurd

PRO's

- Connectivity
- OT & CSSD
- Services disruption
- CwC opportunity

CON's

- Decant
- Demolition
- Short term staging
- Long term MP
- Building levels

ZONE 4C

GO NORTH

- + 2-storey build
- + IPU's co-located
- + Jurd St entry & access
- + Retain on-grade CP
- + BOH from Foster

PRO's

- Connectivity
- OT & CSSD
- Demolition
- Services disruption

CON's

- ED Connectivity
- Short term staging
- Access & drop-off
- Building levels
- CwC opportunity

ZONE 4D

COMPACT

- + 3-storey build
- + IPU's stacked
- + Jurd St entry & access
- + Retain on-grade CP
- + BOH from Foster & Jurd

PRO's

- Connectivity
- OT & CSSD
- Services disruption
- CwC opportunity

CON's

- Decant
- Short term staging
- Long term MP
- Building levels

OPTIONS EXPLORED

An extensive process of optioneering and analysis was undertaken during the initial planning phases to determine the optimal location and configuration for the new hospital building.

The primary consideration for the project in assessing each option was ensuring value for investment and realising the maximum clinical scope to ensure the project would adequately address the service needs outlined in the CSP.

Key to this was minimising expensive construction works and methodologies that contributed little to no benefit to the final outcome including:

- + Demolition works
- + Temporary staging or decanting works
- + Refurbishment works to existing building stock
- + Earth moving works

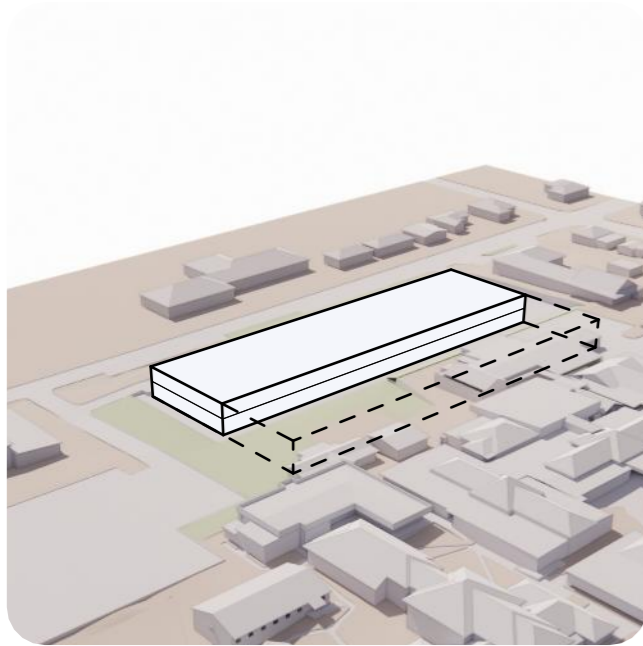
Following extensive review and consultation between the project team and HNELHD executives, Zone 3 was endorsed as the preferred Master Plan option and building location.

DESIGN OVERVIEW

Key elements of the project include:

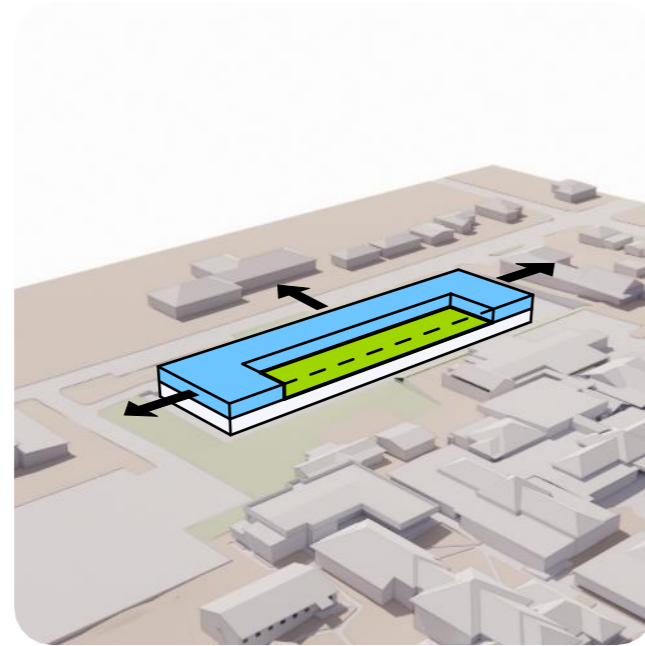
- ① New 2-storey build (plus roof plant) in northern portion of the site
- ② IPU's aligned horizontally on a single level
- ③ New primary entry from Jurd Street
- ④ Priority car parking at main entrance
- ⑤ New bus stop
- ⑥ Vehicular entry / exit
- ⑦ On-grade car park to be retained, re-surfaced and improved
- ⑧ BOH access from Foster Street
- ⑨ New landscaping throughout
- ⑩ Pedestrian connectivity to original hospital buildings





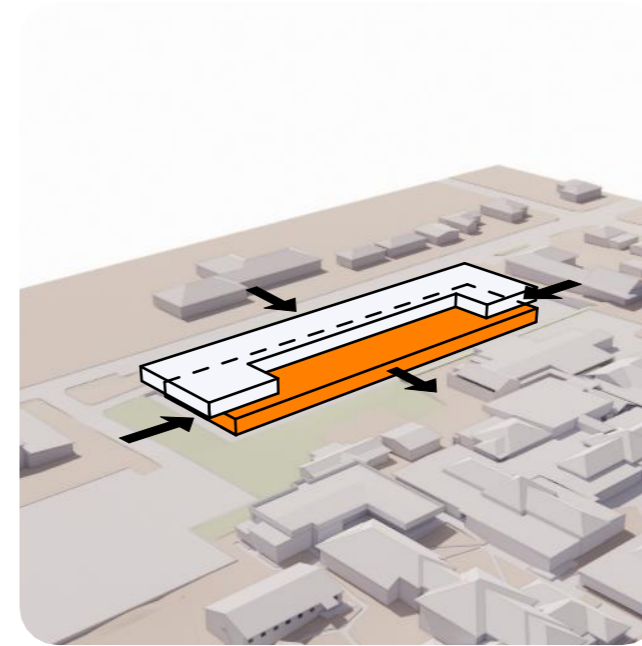
STEP 1

- + Master Plan massing is the starting point
- + Basic two-storey envelope



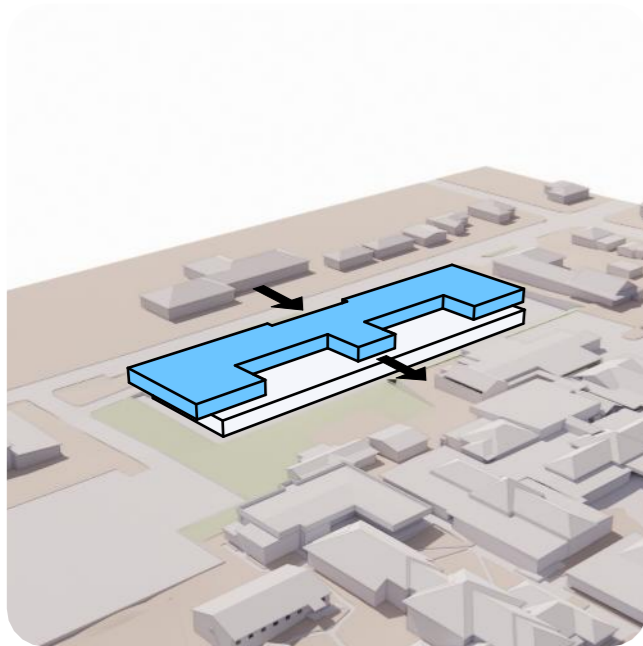
STEP 2

- + Define In-Patient Unit arrangement on Level 1
- + Maximise views and outlook



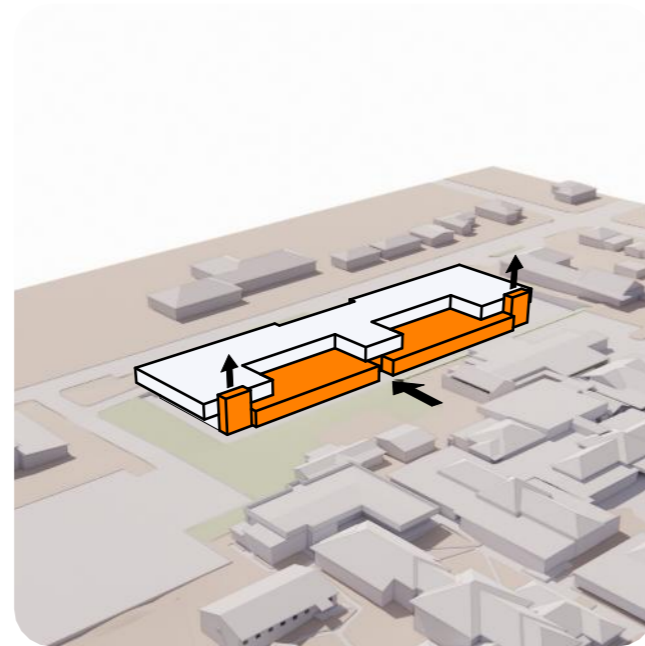
STEP 3

- + Contract Ground Level for overhang and shelter
- + Expand Ground Level to the south for functional area



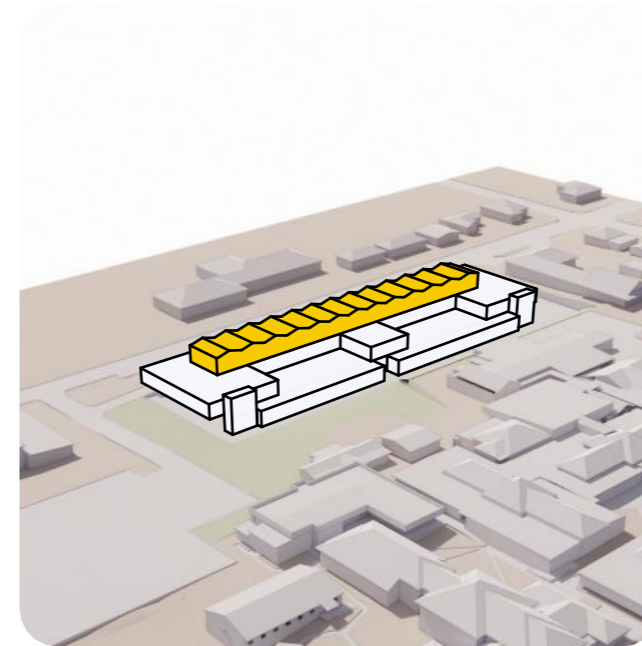
STEP 4

- + Define Main Entry on north elevation
- + Expand Level 1 at the centre for vertical circulation (lifts)



STEP 5

- + Define Rear Entry on southern elevation
- + Express vertical circulation (fire stairs)



STEP 6

- + Add building plant to roof
- + Articulate form in accordance with Facade Concept

DESIGN MOVES

The building massing has been developed through a series of design moves to articulate the building function and use.

The diagrams adjacent explain the design rationale and considerations that have informed the final massing and built form.



View from Jurd Street looking south-west



View from over existing hospital looking north-east



FACADE CONCEPT

"Cessnock is a natural amphitheatre surrounded by Yengo National Park. Embrace the magnificence".

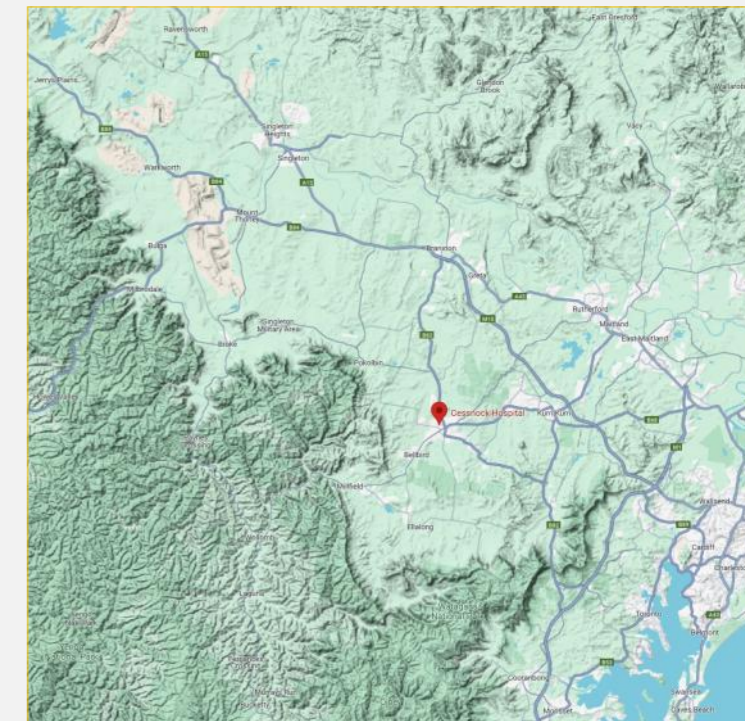
Uncle Arthur - Wonnarua Elder

Cessnock Hospital is located on an elevated position (View Street) within the Cessnock basin, a low-lying plain bordered by Yengo National Park to the south and Barrington Tops National Park to the north.

The surrounding ranges create a natural amphitheatre from within which the hospital commands spectacular views from an elevated position in almost all directions.

The upper level of the new hospital building will sit amongst established native trees bordering the hospital campus, including Turpentine's and Queensland Brush Box's.

The metaphor of the hospital as a 'nest amongst the trees' has been adopted as inspiration for the facade expression.



Cessnock Terrain Map

THE TOP

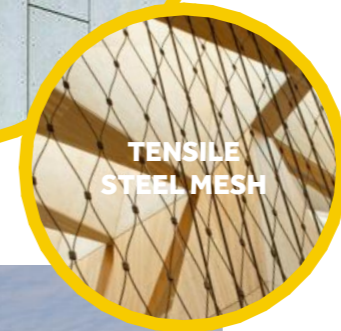
- + Utility defined by function
- + Form plays on the shapes of the Yengo Park ranges
- + Singular monolithic form
- + Simple and functional

THE BASE

- + Extruded from the earth
- + Natural materials
- + Durable + lasting
- + Colours from nature

THE LOOKOUT

- + A nest among the trees
- + Reflects the verticality of the trees
- + Interplay of solid and sky
- + A sense of movement



The Level 1 facade mimics the verticality and movement of the established trees along Jurd Street

MATERIALS & FINISHES

The building materiality is designed to augment the massing & built form strategy as well as the Facade Concept described within this report.

The **BASE** of the building is typically recessive and sits under the overhang of Level 1 on three sides, surrounded by public domain and circulation paths. The base is clad in sand-stone coloured CFC panels with a natural patina across the surface. This materiality suggests the base of the building has been extruded from the earth, with the use of tactile, natural materials and colours inspired by Country.

The in-patient units are spread across the Level 1 elevation and are referred to as the **LOOKOUT** capturing sunlight, outlook and magnificent views through the trees to the National Parks beyond. Exposed clear-finished CFC cladding has been selected for its natural patina and durability, arranged in a vertical configuration with glazed windows and reflective aluminium cladding between to mirror the surrounding landscape and sky and give a sense of movement and lightness.

The **TOP** of the building consists of roof plant and equipment that is housed in a monolithic enclosure clad in Zincalume roof sheeting. The metallic sheen of this materiality will visually lighten the massing which is arranged in a simple hip-and-valley roof arrangement that mimics the ridge-lines of the surrounding topography.

The composition of Materials and Finishes is appropriate to the local context, inspired by the local natural environment and inclusive of feedback recieved through our indigenous engagement.



Natural earth ochre pigment provided through CwC engagement

DIGNITY

"Dignity is about equity. Health facilities, precincts and places should welcome people of all ages, abilities, backgrounds, cultures and socio-economic groups".

Key moves in response to designing for dignity include:

- + Built-form, massing and facade expression that responds to the local context and sits comfortably in the streetscape.
- + Clear and intuitive way-finding for both vehicular and pedestrian movements.
- + Multiple building entry points that are prominent, safe and have ease of access.
- + Inclusion of places of respite throughout the landscape and public domain as well as internally within the building in public areas.
- + Public spaces have been designed to be culturally sensitive, approachable and welcoming.
- + Inclusion of an outdoor waiting area adjacent to Emergency to better cater to a diversity of users
- + Inclusion of two family rooms on Level 1 with openable doors, balconies and desirable outlook.
- + Separation of staff and public circulation throughout
- + Inclusion of a cultural Gathering Space on Level 1 with openable doors, balcony and northern aspect and outlook.

WELLBEING

"Well-designed health facilities and places contribute to the wellbeing of patients, visitors and staff. Connections to the natural environment are particularly important".

Key moves in response to designing for wellbeing include:

- + New soft landscaping surrounding the new hospital building including places for respite, relaxation and exercise.
- + Southern landscaped courtyard is sheltered from public roads ensuring privacy and shelter from acoustic noise.
- + Increase in tree canopy cover providing shade to outdoor areas and a green outlook for hospital patrons and staff.
- + Views and outlook have been maximised to all areas of the hospital with floor-to-ceiling glazing to the most public areas including entrances, waiting areas, gathering space, family rooms and meeting rooms.
- + Inclusion of balconies to a number of spaces on Level 1 including family rooms, gathering space, meeting rooms and allied health spaces.
- + Inclusion of a generous, public stair connecting Ground and Level 1 encouraging physical movement around the facility and between floors.
- + Generous waiting areas with quality custom joinery and finishes.
- + Consideration of the patient experience with facade articulation designed around maximising patient views and outlook.
- + Appropriate shading and glare protection to windows.

EFFICIENT & FLEXIBLE DELIVERY OF CARE

"Efficient planning of spaces and effective relationships between different areas and functions is fundamental to the delivery of healthcare".

Key moves in response to designing for the efficient and flexible delivery of care include:

- + The new hospital design supports the delivery of the Clinical Services Plan with consideration of current Australasian Health Facility Guidelines and emerging models of care.
- + The project considers the long term future of the campus with Master Planning for future development, clinical expansion, circulation and access.
- + Consolidation of clinical services into a single hospital building with close connectivity between departments to reduce travel distances for staff and patients.
- + Clear and intuitive circulation with separation of staff and public travel paths where possible and minimisation of travel distances throughout.
- + Multiple building entry points that are prominent, safe and have ease of access.
- + Consideration of BOH and logistics movements across the campus including an enclosed pedestrian walkway connecting the new and old hospital buildings.

DESIGN OUTCOMES

The new hospital design supports the delivery of the Clinical Services Plan with consideration of current Australasian Health Facility Guidelines and emerging models of care.

NEIGHBOURHOOD & ENVIRONMENT

"Well-designed and carefully considered public spaces can strengthen the community and contribute to the quality of the wider built and natural environments".

Key moves in response to designing for the neighbourhood and surrounding environment include:

- + Community consultation undertaken during the planning and design phases included HNELHD and Cessnock Hospital staff, indigenous representatives through our Connecting with Country Working Groups, Consumer Groups, Cessnock City Council and feedback from the general public through information and open days.
- + Design, form and facade expression that is appropriate to the local context, streetscape and the civic role of the hospital as well as being worthy of the project investment.
- + Inclusion of a comprehensive landscape design and public domain strategy that presents the facility as a valuable, civic place that is inviting, well-connected and integrated with the surrounding context.
- + Consideration of the heritage and history of Cessnock Town Centre as well the indigenous history of the Wonnarua people in developing the design for the building facade, overall expression and interior spaces.
- + Encouragement of pedestrian activity across the campus with new landscaping, accessible pathways, way-finding and connections between buildings.
- + Inclusion of easily accessible bike storage for staff and the general public.
- + Consideration of scale and massing to contribute to the user experience as well as the character of the facility and its relationship to the local context.
- + Consideration of the ground plane including new landscaping and public domain works throughout, shelter along primary vehicular drop-off zones and clear way-finding and accessibility.

CONNECTION

"Health facilities are important nodes within urban, transport, community and health networks that should enhance connection and catalyse the development of these networks".

Key moves in designing for connection include:

- + Understanding of the primary mode of transport in the region (car) and consideration of vehicular circulation, access and infrastructure to support this including refurbishment of the existing on-grade car park.
- + Relocation of the public bus route and bus stop to the front of the new hospital building on Jurd Street to allow way-finding and ease of access directly to the new Main Entry and Emergency department.
- + Inclusion of new pedestrian footpath infrastructure along Jurd Street that can be expanded in future by Council to improve pedestrian connectivity and amenity.
- + Inclusion of easily accessible bike storage for staff and the general public to encourage sustainable, healthy and affordable modes of travel.
- + Dedicated staff parking areas with appropriate lighting to enhance safety at night.

SUSTAINABILITY

"Sustainable design contributes to tackling global climate challenges and supports the health and wellbeing of present and future communities and natural systems, including habitat for biodiversity".

The project is focused on achieving industry-leading sustainable design outcomes in accordance with HNELHD targets to be carbon and waste neutral by 2030.

The primary performance targets for the project include:

- + Compliance with HI DGN 058
- + Compliance with HNELHD Carbon & Waste 2030 Strategy
- + Compliance with current NCC Building Codes

Refer Section 1-05 of this Design Report for further details of our ESD Framework and initiatives.

DESIGN OUTCOMES

The building design, form and facade expression is appropriate to the local context, streetscape and the civic role of the hospital as well as being worthy of the project investment.

DESIGN REVIEW & ASSURANCE

The project has been reviewed throughout the planning and design phases by the NSW Health Infrastructure (HI) Design Advisors and External Design Experts in accordance with the HI Design Assurance process.

Outcomes and recommendations have been addressed as summarised adjacent.

HI Design Assurance Group

The following reviews were held with the NSW HI Design Assurance review group as follows:

Master Plan	January 2024
Concept Design	May 2024
Schematic Design	September 2024

State Design Review Panel (SDRP)

The following reviews were held with the Government Architect's SDRP as follows:

Concept Design (original)	June 2023
Master Plan	February 2024

RECOMMENDATIONS

Master Planning

- + Zone 3 is clearly the preferred option.
- + Start site investigations and due diligence early.
- + Consider levels to minimise import or export of cut and fill.
- + Consider a holistic long term vision.
- + Consider services infrastructure and align this to the future.
- + Open space is a high priority for CwC, staff and patrons.
- + Consider elevated (roof garden) areas.
- + ESD - Electrification is a high priority to adopt.
- + ESD - Maximise roof space for solar PV opportunity.
- + ESD - Consider rain harvesting for irrigation and re-use.
- + ESD - Consider waste management and sorting.

Concept Design

- + Review build-up of northern facade to ensure functionality.
- + Develop a comprehensive landscape plan.
- + Continue further translation of CwC initiatives.
- + Review future fit-out of undercroft areas.
- + Review circulation and access to secondary entrance.

Schematic Design

- + Design Assurance Review held September 2024
- + No major issues noted, Schematic Design generally supported
- + Final report and recommendations currently pending

OUTCOMES

Master Planning

- > Zone 3 adopted as preferred Master Plan option.
- > Early investigations undertaken and informed design.
- > Building raised to minimise material export.
- > Long term campus Master Plan developed.
- > Services infrastructure considers long term Master Plan.
- > Landscape design strategy adopted.
- > Considered but excluded due to affordability.
- > Adopted (no fossil fuels for day-to-day operation).
- > Adopted.
- > Adopted.
- > Adopted (work ongoing with HNELHD).

Concept Design

- > Northern facade design developed to ensure performance.
- > Landscape design developed and adopted.
- > CwC engagement and incorporation of concepts ongoing.
- > Additional project funding has eliminated undercroft areas.
- > Access and circulation resolved through landscape design.

Schematic Design

- N/A
- N/A
- N/A

DESIGN ASSURANCE

The project has been reviewed throughout the planning and design phases by the NSW Health Infrastructure (HI) Design Advisors and External Design Experts in accordance with the HI Design Assurance process.

VISUAL IMPACT ASSESSMENT

The majority of the new hospital building sits opposite a vacant reserve and the Mountain View Lodge Hostel (aged care facility). An established line of trees along Jurd Street are to be retained which will visually screen the western portion of the building.

Five single-storey residential dwellings to the eastern end of Jurd Street have south-facing windows from the front of their properties with outlook across to a portion of the existing hospital site. The new hospital building will be visible from these properties as illustrated in the views adjacent.

- The visual impact on these residences will be minimal considering:
- + the majority of the new hospital building is not directly opposite these residences
 - + there is considerable new landscaping and public domain improvements proposed
 - + the modest building height proposed (two-storey plus roof plant)
 - + the poor condition of the existing hospital (ie, the current outlook)

There is no overshadowing impact on neighbouring properties from the proposed new hospital building (refer Shadow Diagrams included in the Architectural drawing package).

There are no valuable or iconic view corridors that exist around the site and hence no obstruction of key views will occur.

With consideration of the points noted above, it is determined that the proposed new hospital building is appropriate to the local context and does not substantially impact the neighbouring residences.



VIEW 01 - Proposed Jurd Street View looking West



VIEW 01 - Existing Jurd Street View looking West

VISUAL IMPACT ASSESSMENT

Refer description in Section 1-16 of this Design Report.



VIEW 02 - Proposed Jurd Street View looking East



VIEW 02 - Existing Jurd Street View looking East

NSW GOVERNMENT FRAMEWORK

The NSW Government Connecting with Country Framework is a guide for good practice in developing connections and understanding of Country that can inform the planning, design, and delivery of built environment projects in NSW.

The objective of Connecting with Country (CwC) is that everyone who is involved in delivering government projects will adopt the commitment that;

"All NSW built environment projects will be developed with a Country-centred approach guided by Aboriginal people, who know that if we care for Country, Country will care for us".

The framework is informed by, and supports, a wider range of policies and objectives as show in the image below taken from the NSW Government Connecting with Country Framework guide:



Walk on Country - Visit to Baiaame Cave with Wonnarua Elders

ENGAGEMENT APPROACH

The project has embraced CwC engagement throughout the planning and design phases to incorporate an understanding of Country into the project. The objectives of our CwC engagement were to:

- + Deliver on our commitment to Connect with Country.
- + Engage meaningfully with local elders and Aboriginal representatives and community leaders.
- + Gain a deeper understanding of local Wonnarua history, culture, stories and items of significance.
- + Develop a Connecting with Country Framework to inform the design and planning of the new hospital building.
- + Allow the inclusion of culturally safe and inclusive design features and environments.
- + Contribute to the process of healing through a commitment to reconciliation.

Key stakeholders involved in our CwC engagement included:

Uncle Richard Edwards	Local Elder
Uncle Arthur Fletcher	Local Elder
Aunty Cynthia Morris	Local Elder
Aunty Tracey Skene	Local Elder
Kiray Putjung	Aboriginal Corporation Chair
Tara Dever	Mindaribba LALC CEO
Susan Mulyk	HNELHD Aboriginal Health Unit
Kaiya Mundine	HNELHD Aboriginal Health Unit
Cherie-Lee Whalen	HNELHD Aboriginal Health Unit
Rebecca Cook	HNELHD Staff Member, CDH
Teigan Bayrami	HNELHD Staff Member, CDH
Lucy Reed	HNELHD Aboriginal Health Pract. & Kiray Putjung Aboriginal Corp.
Jennifer Whiting	HNELHD Site Nurse Manager, CDH
Sheryn Barrack	HNELHD Aboriginal Engagement, Infrastructure, Planning and Sustainability Manager

The method of engagement involved:

- + An **Initial meeting** to facilitate introductions, describe the project and process, agree on the approach to engagement and how future engagement will occur.
- + **Walk on Country** hosted by the Local Elders to allow the Project Team to gain an understanding of local Wonnarua Country including a visit to Baiaame Cave.
- + **Connecting with Country Working Group Workshops** to allow the workshopping of ideas, themes and stories and to facilitate discussion and feedback on the project development. A total of six CwC workshops were held during the planning and design phases of the project.
- + Shared development of a **Connecting with Country Framework** to inform the design and planning of the new hospital building.

CwC PROJECT FRAMEWORK

A key outcome from the CwC Working Group engagement has been the establishment of a Connecting with Country Framework that summarises the key feedback, themes and concepts that have been integrated into the planning and design of the new hospital building.

This framework has been developed in collaboration between the Project Team and the CwC Working Group with shared input and endorsement of outcomes from local Wonnarua representatives.

Outcomes have been arranged into six categories:

- + More smiles
- + A place for the local community
- + Wonnarua culture
- + Give back to Mother Earth
- + All the little things
- + Importance of the journey

These themes have been integrated into the following aspects of the project:

- + Maximising views and outlook to the surrounding landscape and district views including Yengo National Park and Mount View.
- + Adopting a motif inspired by the ridge-lines of Yengo National Park throughout all aspects of the design including the landscape and interior design, the facade composition and joinery design.
- + Adopting colours for the interior design and facade that are inspired by the local natural environment and natural earth ochre pigment provided by the CwC Working Group.
- + Incorporation of a cultural Gathering Room with balcony and primary northern views out to Yengo National Park.
- + Incorporation of gathering spaces within the landscape that allow for large family groups, yarning and smoking ceremonies.
- + Display spaces throughout for indigenous artefacts, artwork and storytelling.
- + Public spaces and joinery with design elements inspired by nature including organic forms and natural materials.
- + Celebration of water harvesting and management throughout the landscape with wicking beds, absorption trenches, passive irrigation and dry river paths.
- + Privacy of flows and circulation for corrections patients.
- + Story-telling of endangered native species throughout the interior design including the beautiful and rare Regent Honey-Eater.
- + A high-quality architectural design and health-care facility that will instill pride in the local indigenous community.

The full CwC Framework is included in Section 1-19 of this Design Report.

CONNECTING WITH COUNTRY

Designing with Country includes connecting with the natural environment and considering people, animals, resources and plants equally. This approach aligns with the biophilic design principles that are already a crucial part of the design of health facilities, and with sustainable design practices.

Designing with Country brings these together with Indigenous cultural knowledge of identity and place. This is fundamental to creating places that are culturally safe for Aboriginal people.

THIS PROCESS IS ABOUT ALL OF US WORKING TOGETHER. ALL OF US SHARING OUR KNOWLEDGE TOGETHER AND ALL OF US GOING ON THIS JOURNEY TOGETHER.' - UNCLE ARTHUR

'IT'S REALLY IMPORTANT THAT THE DESIGN TEAM WORKS WITH US, NOT FOR US.' - SHERYN

CONNECTING WITH COUNTRY

'DAYLIGHT IS LIKE A CLOCK TELLING THE TIME' - SHERYN

'WE CAN ALL BE CUSTODIANS OF COUNTRY. WHAT'S IMPORTANT IS WHO IS CARING FOR MOTHER.' - UNCLE ARTHUR

'THE RESPONSIBILITY FOR GETTING THIS RIGHT AND MAKING IT A SUCCESS RESTS ON YOU (THE DESIGN TEAM).' - TARA

MORE SMILES	A PLACE FOR THE LOCAL COMMUNITY	WONNARUA CULTURE	GIVE BACK TO MOTHER EARTH	ALL THE LITTLE THINGS	IMPORTANCE OF THE JOURNEY
A WELCOMING ENVIRONMENT ENCOURAGE PEOPLE TO STAY	EMBRACE THE HERITAGE AND HISTORY OF THE LOCAL COMMUNITY	SHARE THE STORIES OF SIGNIFICANCE WHERE APPROPRIATE	PHYSICAL CONNECTION TO THE LANDSCAPE	EYE-CONTACT & GREETING ON ARRIVAL CONCIERGE TRIAGE MODEL	SHARE THE DESIGN PROCESS BUILD RAPPORT, RESPECT & UNDERSTANDING
SPACES THAT BRING JOY A PLACE PEOPLE WANT TO BE	SPACES THAT CAN CATER FOR LARGE GROUPS & FAMILY GATHERINGS	BAIAME (THE CREATOR) TIDDALIK LIZARD ROCK MOUNT YENGO THE WEDGE TAILED EAGLE	CESSNOCK IS AN AMPHITHEATRE EMBRACE THE MAGNIFICENCE	WAY-FINDING TO ADOPT INDIGENOUS NAMING CONVENTIONS	WALK ON COUNTRY
INTUITIVE WAY-FINDING DE-STRESS THE JOURNEY EYE-CONTACT ON ARRIVAL	A PREFERRED CULTURAL SPACE YARNING CIRCLE SMOKING CEREMONIES	DISPLAY OF LOCAL ARTEFACTS CELEBRATE CONTINUED CULTURAL GROWTH (NOT THE PAST)	USE THE COLOUR OF THE LANDSCAPE, TREES AND FLOWERS	LESS FORMAL INTRODUCE CURVES ACCESS TO OUTSIDE	UNDERSTAND THE SCARS, STIGMAS & NEGATIVE CONNOTATIONS
REMOVE THE INSTITUTIONAL FEEL ALLOW A LEVEL OF PRIVACY	INVITING TO ALL USERS & ALL CULTURES	ARTWORK TO PULL PEOPLE TOGETHER CULTURAL POLES TO TELL STORIES	SHARE THE STORIES OF THE ENDANGERED SPECIES IN THE REGION INCLUDING THE BEAUTIFUL REGENT HONEYEATER	PRIVACY FOR CORRECTIONS PATIENTS (NOT ON SHOW)	UNDERSTAND THE COMMUNITY RELATIONSHIP WITH CORRECTIONAL PATIENTS
AN ENVIRONMENT THAT INSTILLS PRIDE	COMMUNITY ENGAGEMENT	MATERIALITY THAT RELATES TO THE AREA SANDSTONE & RED BRICK	WATER RUNS THROUGH COUNTRY IT CONNECTS LAND WITH SEA PRESERVE & RESPECT	COMBINE FAMILY & MEETING ROOMS ENSURE FLEXIBILITY FOR LARGER GROUPS	SHOW RESPECT FOR 80,000 YEARS OF INDIGENOUS & WONNARUA PRESENCE
					

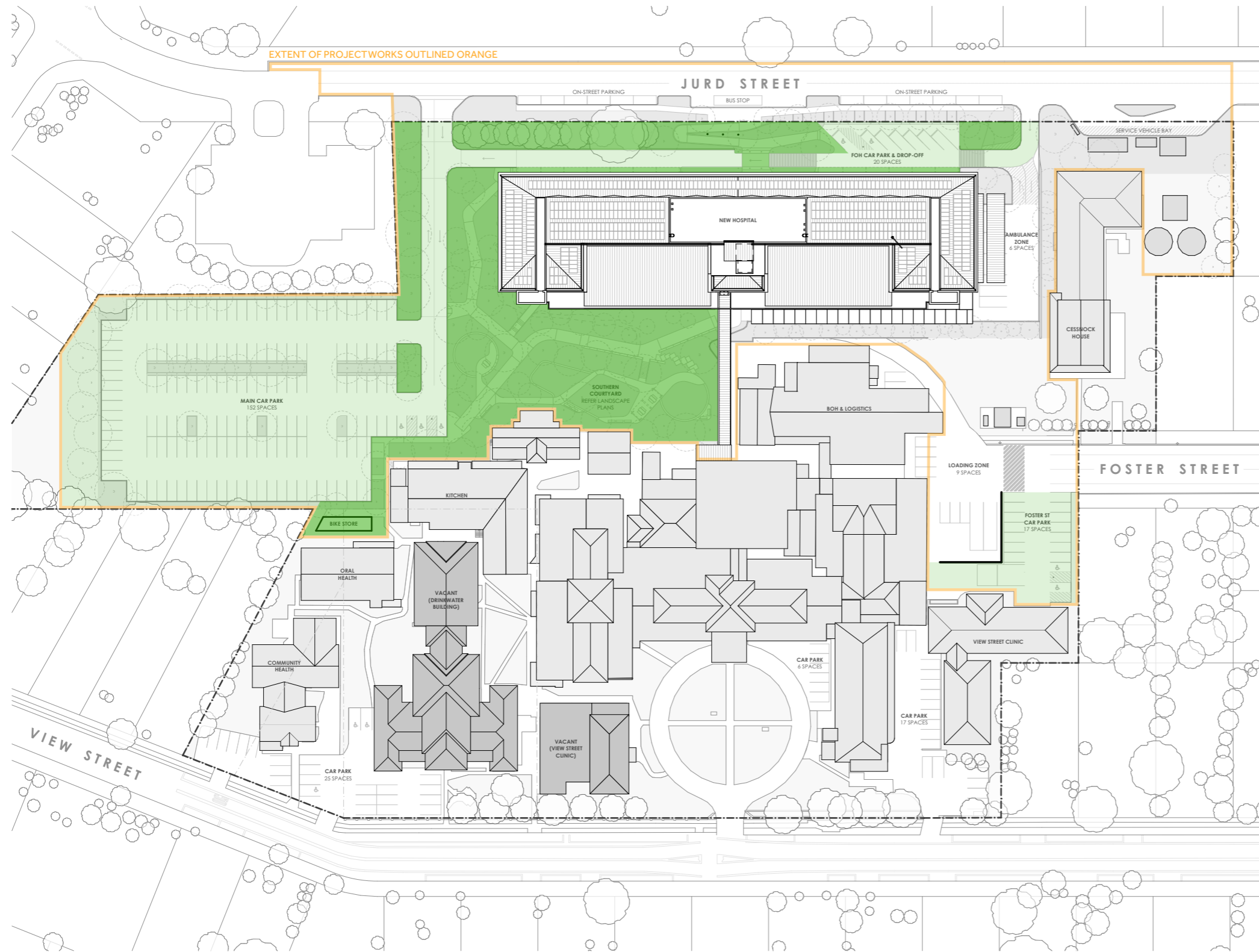
CwC FRAMEWORK

The project team is cognisant of the growing indigenous population in the area and recognise the importance of ensuring authentic indigenous representation in the design process.

A Connecting with Country Working Group has been established with regular consultation workshops being held throughout the planning and design phases of the project.

The CwC Working Group includes local elders, indigenous representatives from HNELHD and members from the Local Aboriginal Land Council.

The framework, outlined adjacent summarises the key themes, ideas and outcomes from the CwC Working Group.



PUBLIC SPACES

The existing site is generally open and allows the public to traverse throughout with minimal security or designation of FOH and BOH spaces.

The new works will significantly improve the designation of public, staff and BOH areas with greater clarity and screening. The quality of landscaped open space will be greatly improved with new public domain along Jurd Street, a significant increase in tree canopy cover and a new landscaped courtyard to the south of the new hospital building.

Public spaces throughout the site are shown on the plan attached:

- Public areas - Vehicular access and parking
- Public areas - Landscaped open space

OVERVIEW

The Crime Prevention through Environmental Design (CPTED) guidelines under Section 79C of the EP&A Act 1979 are based on key principles for designing buildings and places that are safe, secure and deter criminal behaviour. These key principles include:

- + Surveillance
- + Access Control
- + Territorial Reinforcement
- + Place Management & Maintenance
- + Vulnerability

The project has adopted the principles of CPTED in developing the design to establish a safe and secure environment for staff, patients, contractors and visitor.

SURVEILLANCE

Passive surveillance has been encouraged through the incorporation of design features that maximise visibility of people using a public space. This includes:

- + Facilitation and promotion of passive surveillance into public spaces from new buildings.
- + Providing unrestricted sight lines and avoiding blind spots.
- + Providing lighting to ensure safe use and effective surveillance of the space after hours.
- + Connecting spaces to promote pedestrian movement.



ACCESS CONTROL

Access Control delineates spaces open to the public or where these spaces are restricted. The design incorporates natural barriers such as roadways and landscaping, electronic and physical barriers through the use of the following:

- + Securing public entrances after hours.
- + Providing a 24-hour security station that can respond to other parts of the hospital during occasions of duress.
- + Provision of CCTV monitoring linked back to security station.
- + Providing electronic access points of entry and intercoms.
- + Providing access control to clinical departments after hours as well as engineering services areas and other sensitive areas of the hospital.

TERRITORIAL REINFORCEMENT

Territoriality provides social regulation through definition of space. This has been addressed through:

- + Clearly defining spaces into public and back-of-house through physical barriers or appropriate directional means.
- + Not mixing public, patient and back-of-house activity in the same spaces where possible.
- + Clearly identifying control points to clinical areas.
- + Ensuring that circulation patterns are unambiguous.
- + Reinforcing public areas by introducing amenities or other elements of activation attracting desired users of the space.



PLACE MANAGEMENT & MAINTENANCE

Maintenance is a reinforcement of ownership of property where as decline in space management and maintenance signifies reduced jurisdiction by the owners of the space and therefore less control in relation to access. This has been addressed through:

- + Fall protection from heights to include significantly increased balustrade heights and or fully enclosing mesh.
- + External spaces designed with robust finishes requiring minimal maintenance.
- + Ensuring clear observation lines to open areas that would be of high risk to the public, such as loading docks.
- + Restricting access to sensitive areas such as goods lifts.

VULNERABILITY

The aspect of how vulnerable a person feels in a space will impact on the use of that space limiting its activation and attracting undesirable activity. This has been addressed through:

- + Effective lighting of spaces both natural and artificial.
- + Provision of clear exit (escape) pathways allowing users of a space the option of more than one route out of the area.
- + Avoiding blind spots in spaces and ensuring that distance visibility is available to all users of the space.

