

MOUNT DRUITT HOSPITAL ADDITIONAL BEDS – REVIEW OF ENVIRONMENTAL FACTORS (REF) ARCHITECTURAL DESIGN STATEMENT

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HEALTH INFRASTRUCTURE
HI23638AR

MOUNT DRUITT HOSPITAL ADDITIONAL BEDS
31 October 2025



NORTHERN ENTRY PERSPECTIVE

MOUNT DRUITT HOSPITAL ADDITIONAL BEDS – REVIEW OF ENVIRONMENTAL FACTORS (REF) ARCHITECTURAL DESIGN STATEMENT

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Jacobs Group (Australia) Pty Ltd

Level 7, 177 Pacific Highway
North Sydney, NSW 2060

T +61 2 9928 2100
F +61 2 9928 2444



PO Box 632
North Sydney, NSW 2059
Australia

www.jacobs.com

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Acronyms and abbreviations

Acronym	Definition
AusHFG	Australasian Health Facility Guidelines
BMS	Building Management System
CSSD	Central Sterile Supply Department
CPTED	Crime Prevention Through Environmental Design
DwC	Designing with Country
DCW	Domestic Cold Water
ED	Emergency Department
ESG	Engineering Services Guidelines
ESD	Environmentally Sustainable Design
EWIS	Emergency Warden Intercom System
FIP	Fire Indicator Panel
HI	Health Infrastructure
ICT	Information and Communication Technology
IP	Internet Protocol
IPU	Inpatient Unit
LHD	Local Health District
MRI	Magnetic Resonance Imaging
MSP	Medical Services Panel
NSW	New South Wales
PES	Audio Visual and Patient Entertainment System
PMF	Probable Maximum Flood
REF	Review of Environmental Factors
VIE	Vacuum Insulated Evaporator
VRV	Variable Refrigerant Volume
WSLHD	Western Sydney Local Health District

1. Project Overview

1.1 Project Description

NSW Health Infrastructure (HI) proposes to provide 30 additional beds at Mount Druitt Hospital at 75 Railway Street, Mount Druitt as part of their delivery of infrastructure solutions and services to support the healthcare needs of the NSW communities.

To facilitate the provision of the additional beds the following works are proposed:

- Extension of the existing main hospital building across two levels at its southern-most extent:
 - Level 1 – extension to existing building
 - Relocation and Expansion of Outpatient Department (OPD) accommodating 23 separate rooms or points of care as well as ancillary rooms and spaces of about 833m².
 - New enclosed lobby of about 75m².
 - Future expansion zone (assumed as cold shell for future clinical or non-clinical purposes) of about 235m².
 - Level 2 – extension to existing building
 - New 20 bed with ensuites in-patient unit (IPU) and support spaces of about 1,085m² in area with external fire / access stairs to Level 1 / ground.
 - The 20 beds are set out in a 10 x 1-bedroom; 3 x 2-bedroom; and 1 x 4-bedroom configuration.

The works will also involve the following ancillary or supplementary works:

- Selected tree removal to accommodate the proposed development and its ancillary works, as further set out below.
 - Demolition of the existing decommissioned helipad and make-good works.
 - Civil and flood mitigation works to manage overland flow paths in the vicinity of the proposed extension and car park.
 - Extension of the existing at-grade car park P1.
 - New oxygen compound adjacent to the existing oxygen compound.
 - Augmentation of the existing fire hydrant ring main adjacent to the western edge of the main hospital building and relocation and partial upgrade of the existing hydrant booster.
- Offset planting and new landscaping.

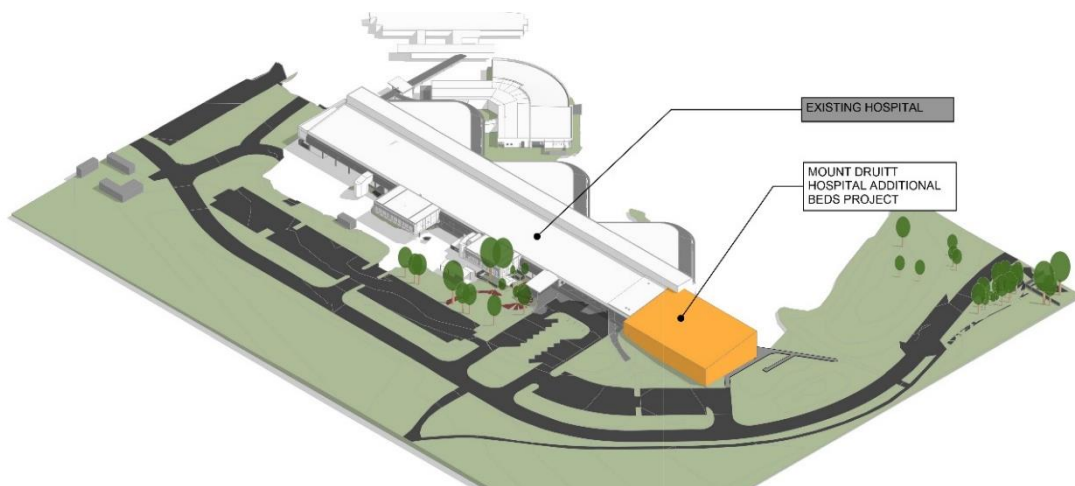


Figure 1: MDH Southeast Isometric - Proposed Building Massing

1.1.1 Refurbishment (Exempt Development)

Additional works are proposed by the WSLHD to provide for the remaining 10 bed balance to achieve the planned 30-bed increase. This includes refurbishment to existing accommodation within the existing Ward 2B of Level 2 of the main hospital building. The works are minimal and generally involve new FF&E and 'refreshing' existing spaces and is likely to be Exempt Development.

1.2 Site Context

The MDH site in its context can be seen from the aerial photo in Figure 2. Immediately adjoining uses include:

- A retail centre comprising a supermarket, other retailers and an outlet centre adjoins the site to the south-west.
- Low density residential is adjacent to the north-east.
- Medium density residential development is adjacent to the north-west.
- Commercial and recreational uses to the south.

The site is near the Mount Druitt town centre.



Figure 2 - Neighbouring Site Context

1.3 Master Planning Context

Mount Druitt Hospital forms part of the combined Blacktown and Mount Druitt Hospitals (BMDH) which operates across two campuses within the Blacktown LGA and is part of the WSLHD. The two campuses are located approximately 8km from each other.

1.3.1 Mount Druitt Hospital

The original main hospital building was constructed in the early 80s and undergone Stage 1 upgrade in 2014 with the expansion of ED/ Urgent care unit, ambulance bays, CSSD, Rehabilitation unit and Oral Health. In 2017, further upgrades including a new centre for Addition Medicine, new Community Dialysis Centre, Pre-Admission, expanded Recovery Unit and MRI were completed.

The Mount Druitt Hospital campus is about 1.5km from the Mount Druitt station, which is a 21-minute walk. By vehicle commute, it is about 2km / 4-minute drive.



Figure 4: Locality Map

1.3.2 HI Design Assurance Process

A workshop to review the concept design and project progression at Mount Druit Hospital was completed on 13th March 2025.

HI Assurance supported the MDH concept proposals presented and found that the positioning of the new beds aligns with future master planning objectives, with internal clinical planning developed for Levels 1 and 2. The proposed architectural and materiality strategies are sensitive to the existing built environment, ensuring a cohesive and respectful integration that will support future site development.

HI Assurance took no exception to the proposals agreeing that the clinical relationships for the 20 bed IPU being located on Level 2 are appropriate providing connectivity to the Emergency Department and operating theatres. Similarly, the proposal to provide the Outpatient Unit on Level 1 was agreed providing alignment with the overall masterplan strategy to provide future main entry at Level 1.

Massing and materiality studies were discussed, and HI Assurance was complimentary regarding the design quality achieved and the effort that the team has put into the design concepts.

2. Design Principles

2.1.1 Overarching Design Principles

The following design principles represent best-practice ideas for the delivery of contemporary health care buildings.

1. **Alignment with long term visions for Mount Druitt campus:** The project providing the additional new beds will not compromise the future expansion strategy for each campus.
2. **Value for Money:** Expansion that is value for money and represents good investment.
3. **Environmentally Responsibility:** Integrates ESD principles and incorporation of good environmental practices.
4. **Optimised functional relationships and connectivity:** Support and maintain good functional relationships with the relevant departments.
5. **Integration with existing campus infrastructure:** Good integration with the existing facility and maintain clear circulation paths
6. **Ease of access and Wayfinding:** Establish simple and intuitive way finding to the new expansion areas.
7. **Designing with Country:** Create and implement a Designing with Country Framework that ensures meaningful engagement with Aboriginal and Torres Strait Islander stakeholders ultimately enriching the project's cultural relevance and sustainability, whilst reinforcing established campus cultural narratives.

2.1.2 Architecture Design Principles

Design Strategy: 'Respectful to the Existing'.

The proposed Architectural design approach to the new addition is one of respect for the original hospital design by:

- **Form and scale:** The skillion form of the extension is an extrusion of the existing rear roof line to integrate the new and old together respectfully.
- **Demarcation:** Although the new extension form sits comfortably with existing the alternative materiality of brickwork, contrasts with the light-weight palette of the original. The brickwork sets a new design precedent to future stages of the hospital redevelopment.
- **Detailing:** The proposed new addition using simple detailing of the proposed material to express the clear design intent which is liken to the design expression of the original hospital.

3. Design Concepts

3.1 Visual Impact

The existing hospital has a unique form and character, and the design seeks to respect the existing scale and urban design character of the existing health precinct.

The proposed Architectural design approach to the new addition is one of respect for the original hospital design using:

- **Scale:** The form of the proposed building extension is an extrusion of the existing rear skillion roof line so the new and old sit comfortably together.
- **Demarcation:** The proposed principal face material of brick contrasts with the original hospital light weight façade materials but does create a clean demarcation between existing and the new and potentially future redevelopment of the hospital.

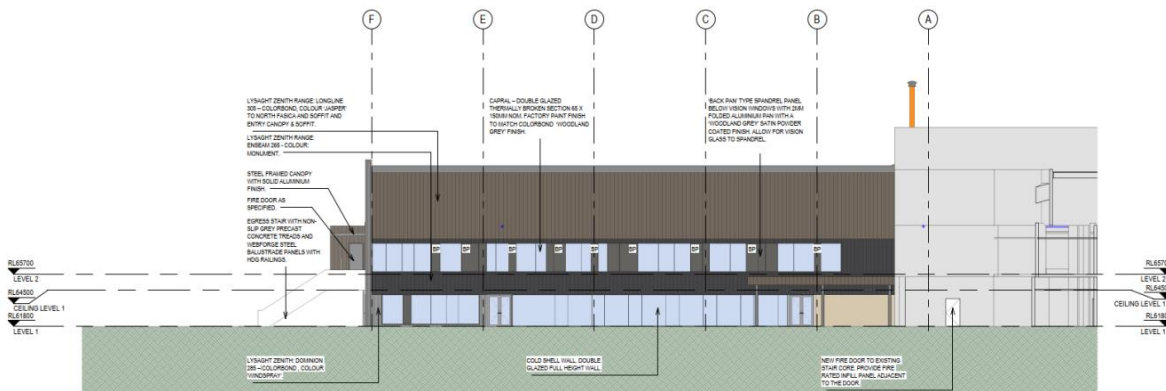


Figure 5: Proposed Building Form – North Elevation

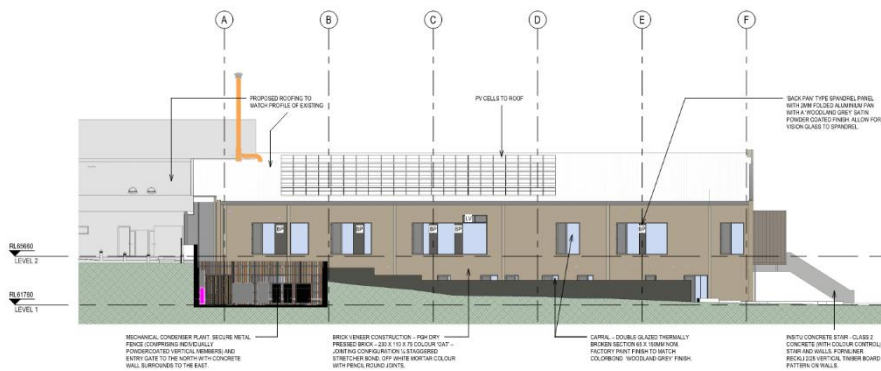


Figure 6: Proposed Building Form – South Elevation

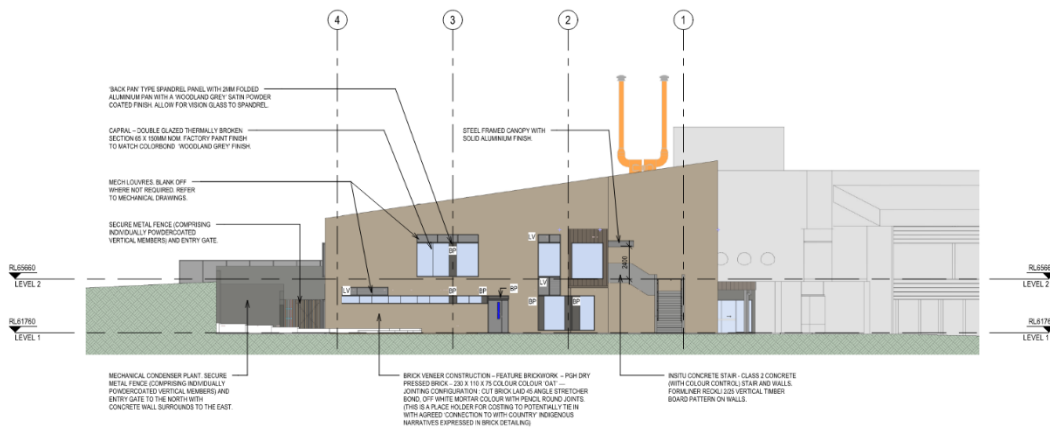


Figure 7: Proposed Building Form – East Elevation

3.2 Solar Orientation

The hospital is located on the Cumberland Plains within the Greater Western Sydney Region. The campus is located on relatively flat land. The mean maximum temperature during the summer months is 28 degrees Celsius and the mean minimum temperature in winter is 7 degrees Celsius.

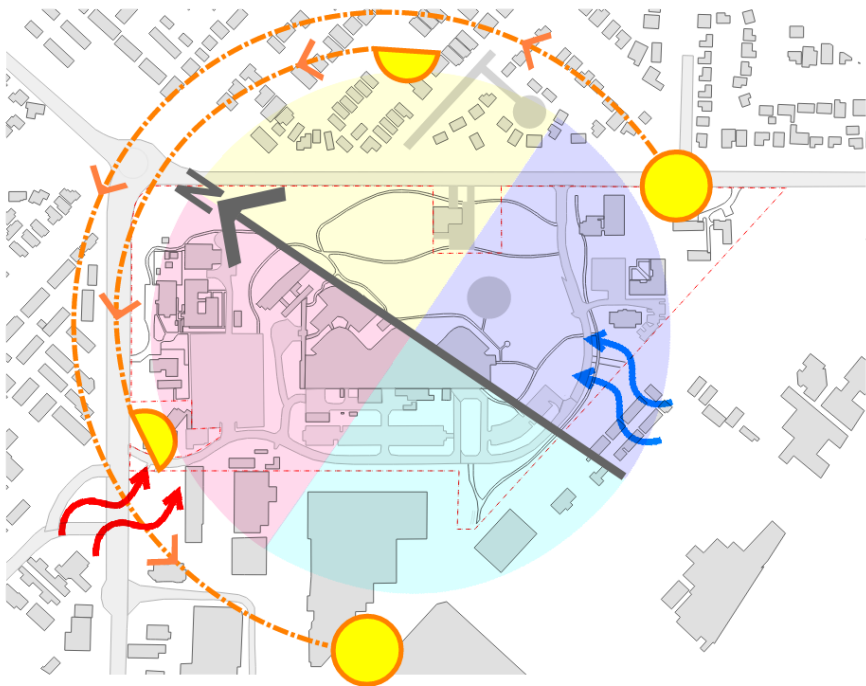


Figure 8: Hospital Campus Environmental Studies Diagram

3.2.1 Shadow Diagrams

Shadow diagrams are presented here for the Summer and Winter Solstice to convey the impact of shadows created by the new proposed addition.

The proposed architectural design approach to the new addition is one of respect for the original hospital design and the form of the proposed building extension is an extrusion of the existing rear skillion roof line so the new and old buildings sit comfortably together. The shadow diagrams illustrate that the winter and summer shadows extend and complement the existing shadows of the original main hospital building with minimal impact.

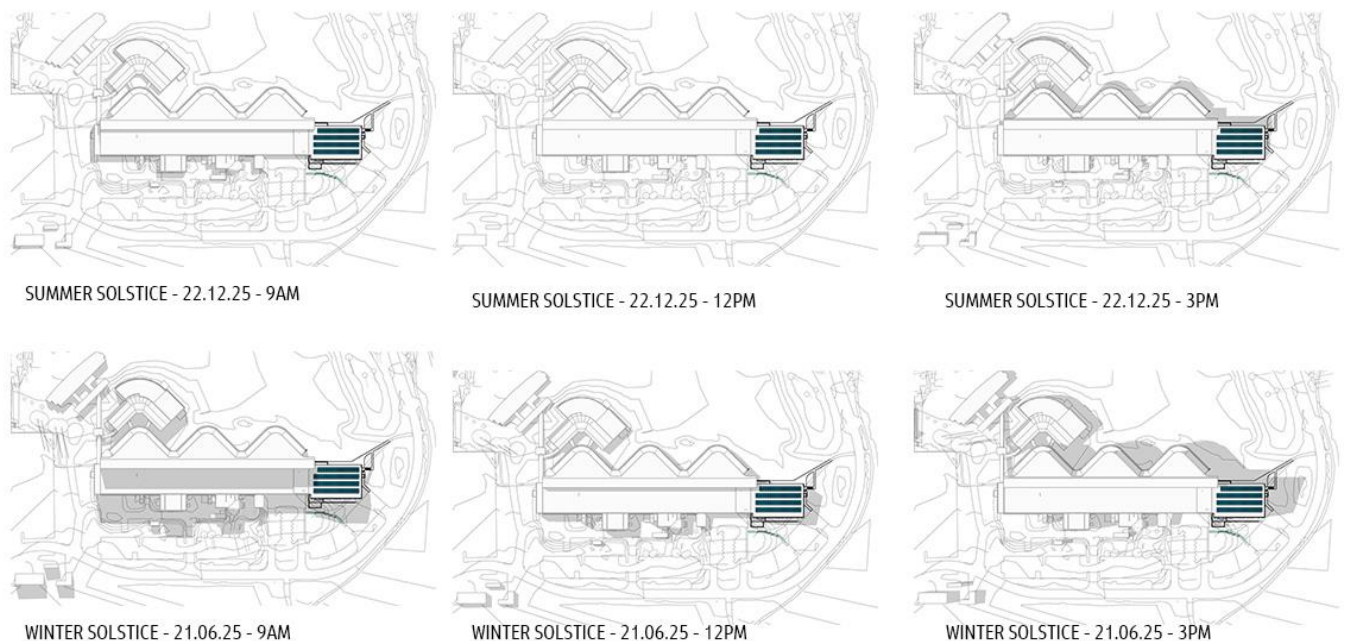


Figure 9: Shadow Diagrams Study

3.3 Access, Traffic and Flows

The site is serviced by an internal ring road providing entry / exit access from Railway Street to the north-east and Luxford Road to the north-west. The ring road has a two-way traffic flow and runs to the south of the existing main hospital. Separate Emergency and Public Drop off zones are located off this ring road at the south-west corner of the main Hospital building.

The main public / staff carpark is to the west of the Hospital with dedicated staff parking to the south. The Hospital's delivery area is adjacent to the south façade. There is localised carparking associated with the other Allied Health facilities on site - Community Dialysis centre to north-west and Robertswood & Tallowood to the east.

Pedestrian pathways and walking tracks are located across the site. The siting of the 20 Bed IPU facility and outpatient unit takes into consideration the major pedestrian access routes and addresses the strategy for future public and staff parking.

3.4 Façade Design

3.4.1 Façade Concept

The façade design has the following features:

- The brick walls are located to the south and east elevation with punched hole windows. The north elevation has a combination of glazing with projecting profiled metal fascia to provide sun protection to these internal spaces.
- The façade has been designed to ensure that each space has the ideal window size and location to ensure the high amenity of natural light penetration and enhanced outlook is maintained while room layout and functionality is not compromised. This strategy is achieved with the customised windows in brickwork and random mullion and spandrel panel layouts.
- Mechanical vent requirements are integrated into the top of the window design on the south and east elevation.

- The concrete fire stair is expressed externally on the east elevation together with a 'pop out bay' aligning to the end corridor to ensure a view out externally aligning the central corridor on Level 2.
- An additional entry canopy has been added to north elevation to reinforce the visibility of the public entry.



EASTERN PERSPECTIVE

3.4.2 Material and Finishes

The proposed material palette selected for the design of the proposed new 20 bed addition is as follows:

3.4.2.1 Primary materials

Brick has been chosen as the principal façade material for the following reasons:

- **Natural materiality:** The existing hospital is located within a park like setting with series of open grass lands with native vegetation. The selected dry pressed brick of light tan and dark grey keying into the colours and texture on Country.
- **Scale and context:** Brick is a façade material that has smaller scale and finer grain suitable for the lower scale of the existing hospital campus on the Mount Druitt site. The brick as a material also has its local context in the surrounding suburbs dwelling and smaller institutional buildings.
- **Adaptability:** Brick is an adaptable façade material that can be easily modified and recycled and reused through potential renovations over the life cycle of the proposed building.
- **Durability:** Brick is a highly durable material with its long design life with low maintenance requirements making it a perfect material for public institutions like hospitals.
- **Cost effective:** Brick cost effective façade option for a project of this scale due brick being manufactured in NSW with reduced supply chain lead times with wider sub- contractor skills access from the housing sector.



PROPOSED SOUTHERN AXONOMETRIC VIEW



Figure 10: Proposed External Facade Materials

3.4.2.2 Secondary materials

Profiled metal cladding and window walls is a secondary material for the following reasons:

- To reinforce the linear extruded expression of the northern elevation.
- The adaptability of profiled metal to be easily changed through future building changes.
- Cost effective and locally available material.



PROPOSED NORTHERN AXONOMETRIC VIEW

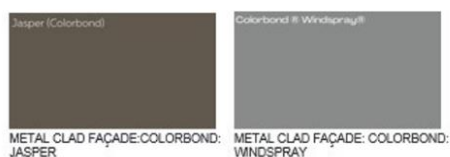


Figure 11: Proposed External Facade Materials

3.5 Connecting with Country

The campus has a commitment to Connecting with Country and this project is aligned with the Health Infrastructure Connecting with Country Framework and will integrate the design approach to reflect Aboriginal storytelling, histories, and identities in physical and visual forms. There is a clear connection to Country and its relationship with healing, social connectedness and wellbeing for Aboriginal and non-Aboriginal families and patients alike.

The REF extension scope design proposals seek to unite the strong tradition of service with MDH's history and to Country, acknowledging the Dharug people as traditional landholders.

The art strategy and indigenous component alignment for Mount Druitt Hospital will follow the same approach what was adopted for the Blacktown Hospital.

The opportunities identified to date are indicative and will need to be further refined to align with the architectural direction and project budget as follows:

- Art themes.
- Colour palette -Dharug Country six seasons.
- Materials selections.
- Paving design.
- Privacy screening to clinical spaces.
- Northern wall adjacent to the entry (Brick/Tile).
- Landscaping & planting.
- Public area art.
- Signage & wayfinding.
- Aboriginal family room finishes

3.6 Interior Finishes

The interior design for the new clinical areas expansion and refurbished support spaces extends and complements the existing department interiors scheme and harmonizes by introducing a fresh palette and a consistent wayfinding strategy.

The Interior Design Strategy comprises of four key design themes that are woven into all elements of the design proposal:

Theme 1: Cultural Narratives.

- Tell the stories of Dharug Country and the Traditional Custodians of MDH Hospital land.
- Embrace the diversity of Aboriginal and Torres Strait Islander people who access MDH Hospital services.
- Co-design with community and build on-going partnerships.
- Integrate language and art to support culturally safe and inclusive places.

Theme 2: Country-Centred and Biophilic.

- Embrace Country as everything, including indoor and outdoor spaces.
- Strong connection to the outdoors through direct access, glazing, and representations of nature.
- Evoke the senses and utilise materials that reflect the patterns and flux of nature.
- User-friendly, with good lines-of-sight, and ease of movement.

Theme 3: Contextual and Connected.

- Support intuitive wayfinding by using material and colour to link public spaces together.
- Reinterpret existing features to connect with the unique context and history of the hospital.
- Use consistent themes and narratives to Integrate language and art and support artists.

Theme 4: Special Places.

- Create opportunities for memorable public art and engage with Indigenous artists and creators.
- Unique building identities to support wayfinding and create memory of place.
- Provide opportunities for cultural practices, community gathering, and acknowledge important moments in life.

INTERNAL IMAGES

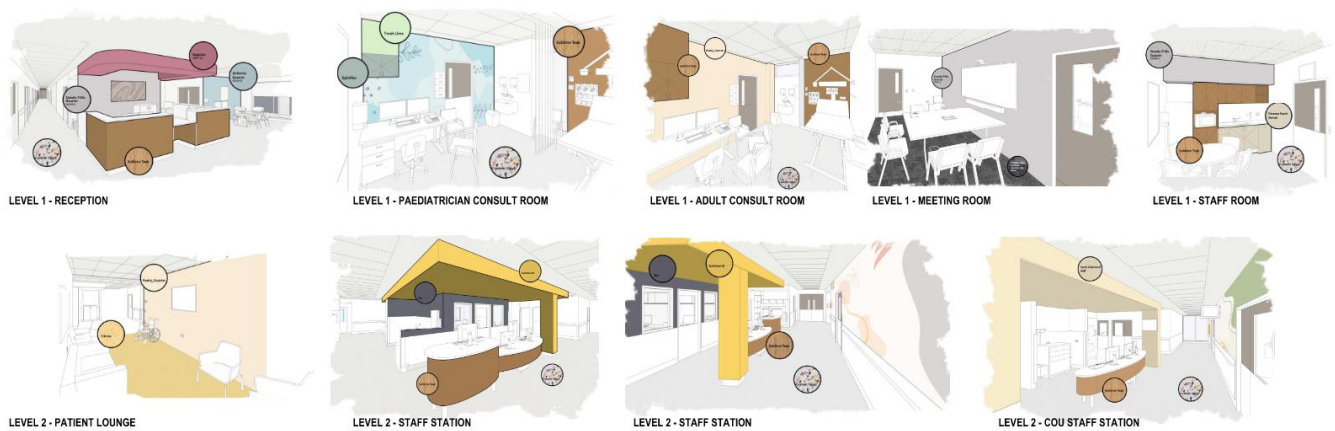


Figure 12: Interior Finishes Colour Proposals

3.7 Signage and Wayfinding

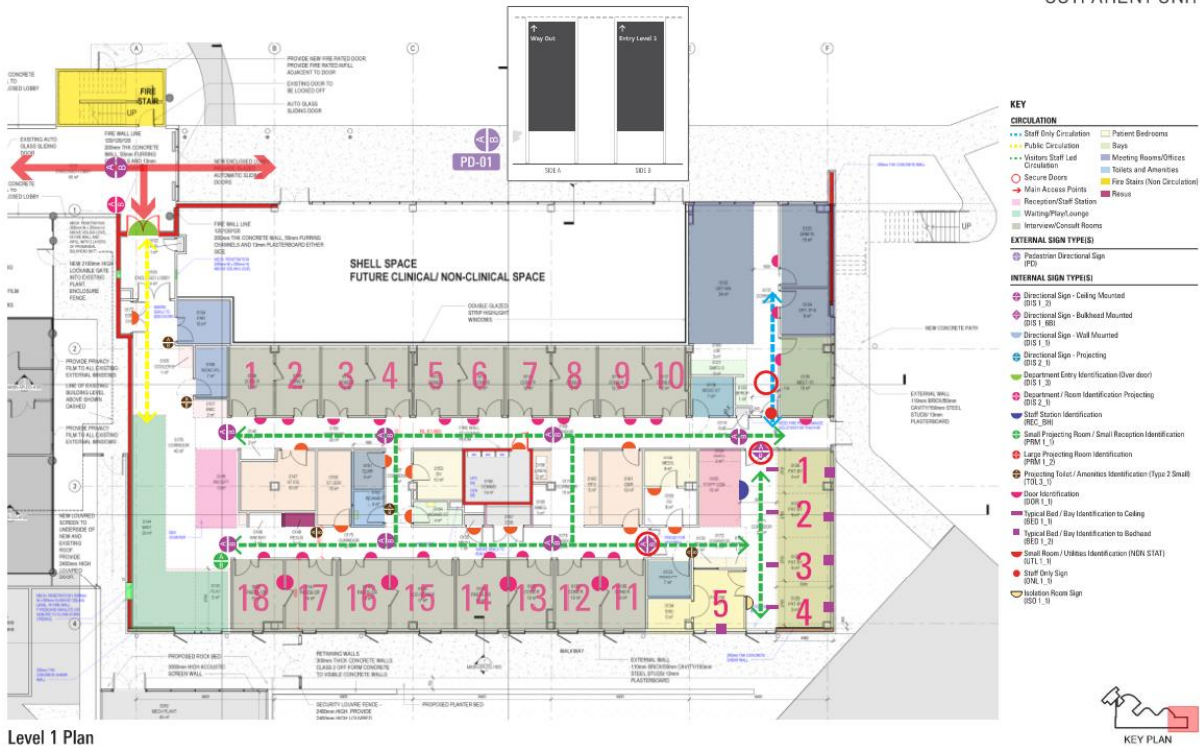
The signage design of the new building will reflect the design of signage at the existing hospital to allow for consistency across the facility.

Proposed signage for the new building will include:

- Signage within the new outpatient unit and inpatient unit.
- Wayfinding to the new building.
- Signage for the ancillary spaces located within the existing hospital.

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LEVEL 1 OUTPATIENT UNIT



Level 1 Plan

Figure 13: Proposed Extent of Way Finding Signage for Level 1

LEVEL 2 INPATIENT UNIT



Level 2 Plan

Figure 14: Proposed Extent of Way Finding Signage for Level 2

3.8 Landscaping

The public domain and landscape approach to this project is guided by three aspirations: To connect with the Country on which it stands, to connect with the heritage of place (both Indigenous and European), and to connect with the community it serves (public, patients, visitors, and staff). The landscape has a particular focus on health and healing. Species selections celebrate the Dharug six seasons and species that have traditional medicinal uses.

The landscaping initiatives for the development include:

- Existing bush and tree landscape is to be retained and reinforced to the north side of the campus along Railway Street.
- The immediate area around the eastern extension will be landscaped to make good and enhance the existing park-like setting.
- Planting on the south side will be landscaped to provide an outlook for the south facing rooms.
- The retaining wall and mechanical plant retaining wall at the southwest corner is proposed to be screened in feature-coloured battens to provide an outlook from the public waiting area.
- Make good landscape following helipad removal
- Demolished trees will be replaced at a ratio of 2:1 (two new trees for each tree removed). There are 125 existing trees which will be demolished as a result of project works resulting in the relocation of 250 new trees to various selected locations on campus.
- Provision for 30 additional staff parking bays will be accommodated as an extension to on-grade parking area P1.



Figure 15: Landscape Scoping Plan

Refer to Landscape Design REF Statement prepared by Site Image.

3.9 Lighting Impacts

Strategies include:

- The implementation of appropriate levels of security lighting to support natural surveillance of the building perimeter, publicly accessible areas, entrances, exits, circulation areas and approaches.
- Use of low glare fittings to highlight and enhance the surrounding landscaped areas.
- Low glare uplighting of east brick wall.
- Existing pole lighting for on-grade parking area P1 will be extended to the proposed staff car parking extension.

3.10 Flood Overlay

Refer Northrop MDH Flood Impact and Risk Assessment (Rev2)

The site is subject to overland flow derived from the local upstream catchment. The upstream catchment is relatively small and extends approximately 250m south of the hospital into the existing CathWest College and the Aengus Kavanagh Education and Equity Centre. Overland flow derived from the upstream catchment travels in a northerly direction across the access road along the southern boundary of the site, continues around the southern portion of the existing building (in the vicinity of the proposed development) and continues around the eastern side of the hospital, across the existing heliport before connecting onto Railway Street in the north-eastern corner of the site.

The upstream catchment consists of an early learning centre, school, carparking, open space areas, trees, and roads with surrounding urban development. An area of industrial / commercial land use is also located to the west of the hospital which contributes overland flows, downstream of the proposed development.

Due to the relatively small upstream catchment, flood water is expected to rise and fall relatively quickly at the subject site with potentially limited warning time

The flood mitigation measures adopted for the proposed development are summarised below:

- A raised threshold at the carpark entrance with crest level at approximately 62.15m AHD. Representing an increase of approximately 0.4-0.5m when compared to existing levels.
- A 15m wide overland flow path running south to north from the existing driveway, passing along the eastern edge of the extension and discharging just upstream of the existing heliport. An approximate average longitudinal grade of 0.017m/m was adopted.
- A 6m wide overland flow path running west to east along the southern boundary of the proposed extension. An approximate average longitudinal grade of 0.013m/m was adopted.
- At the downstream of the proposed overland flows paths was a headwall and pipe that connects to existing underground drainage on the subject site.
- A high kerb is also proposed around the existing carpark located to the south of the proposed extension as well as along the western edge of the proposed building.
- The proposed Oxygen Storage Pad is to be sited with a minimum FFL of the 1% AEP + 500mm or the PMF (whichever is greater). Refer Section 3.11.7



Figure 16: Blacktown Council Online Flood Map

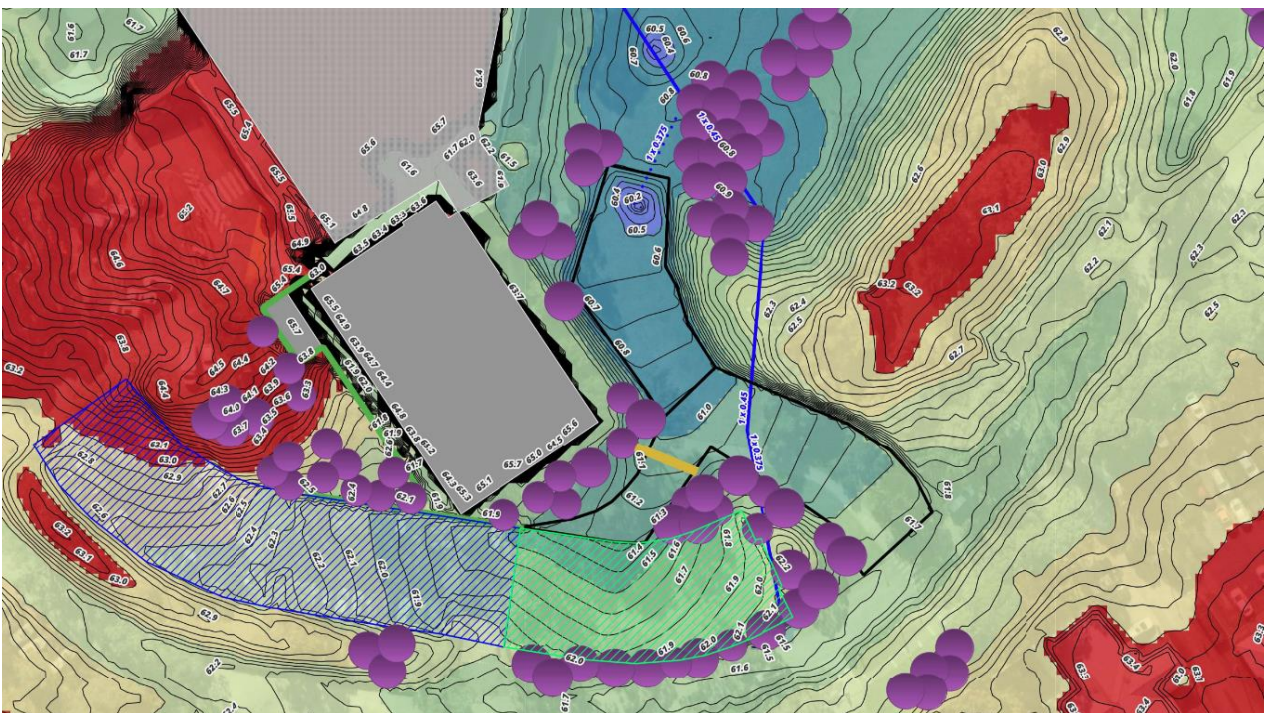


Figure 17: Flood Mitigation Solution by Northrop

3.11 Public Domain

3.11.1 Public Realm Circulation Strategy

The design reinforces the Level 2 Main Entry and opens the opportunity for the future main entry to be at Level 1 with a cold shell provision for future clinical/non-clinical fit out.

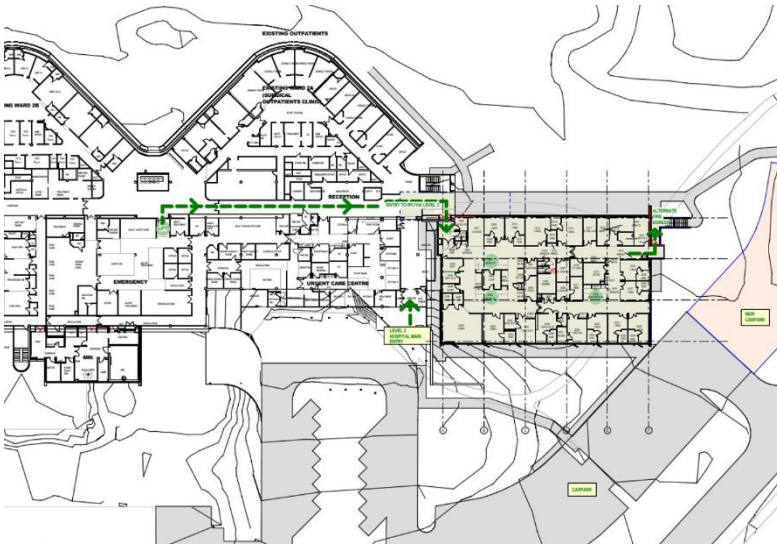


Figure 18: Level 2 Flows

3.11.2 External Access, Arrival and Drop-off

Level 1 is developed as an Entry Point in alignment with the Masterplan strategy.

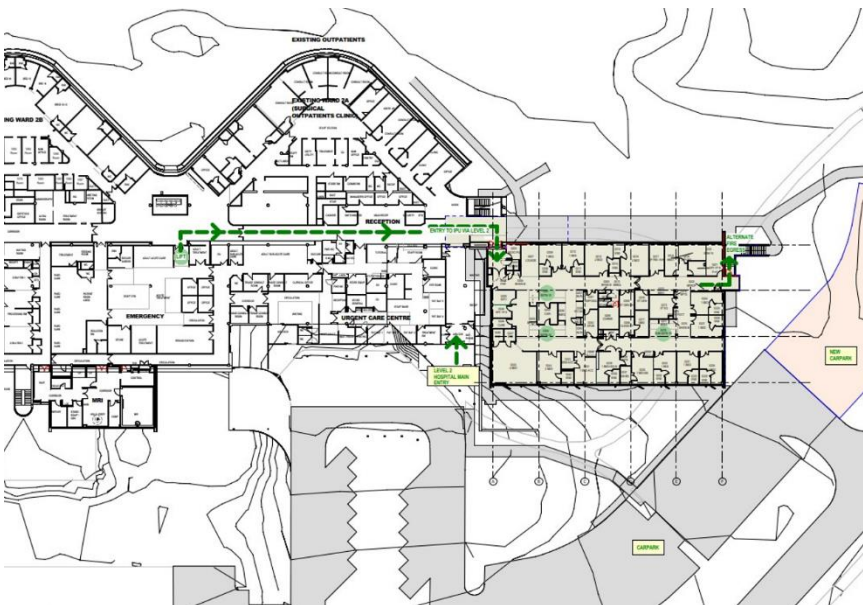


Figure 19: Level 1 Flows

3.11.3 Pedestrian Access, Public Transport and Cycling

The existing hospital campus is well connected by public transport from central Sydney. The Mount DrUITt train station can be found by following the Western Train line, westbound and the hospital is approximately a 10-15 minutes' walk from the train station.

3.11.4 Vehicle Access and Parking

Refer Stantec Review of Environmental Factors Transport and Parking Assessment Rev C dated 30 October 2025.

Mount DrUITt currently accommodates three (3) main car parking within the hospital campus, and one car park to the east of the site, which mainly serves the Mental Health Unit. It is also noted that there are car parking spaces within the drop off area of the hospital main entrance. The 3 main car parks provide a mix of visitor and staff car parking. Offsite parking is available on surrounding streets.

The hospital expansion involves the provision of 30 new car parking spaces. Based on an empirical assessment, this may support an additional 55 Full Time Equivalent (FTE) staff.

- Apart from the additional 30 spaces in the P1 car park, all other existing car parking will be retained.
- Staff parking within the site is limited with generally no spare capacity. However, measures can be considered to promote alternative means of transport to shift some mode share from private vehicles to public transport and manage the demand, by way of a Green Travel Plan (GTP).
- The anticipated additional car parking by visitors may be accommodated across the limited spare capacity across both P1 and P3 car parks, supplemented by the available on-street parking within the vicinity of the site.
- The site could potentially generate up to 33 and 23 vehicle movements in the morning and evening peak hours, respectively. However, this does not consider that there are only 30 additional car parking spaces proposed as part of the expansion, thus, it is anticipated that the additional trips may be lower than the calculated trip generation. These low additional volumes in the network during the peak hours may be accommodated within the daily traffic volume variations and are deemed acceptable.
- In this regard, the additional traffic volume anticipated to be generated by the proposed development are relatively minor and is not anticipated to adversely impact the performance, safety, and function of the surrounding road network.



Figure 20: Existing Hospital Parking Amenities



Figure 21: Proposed extension to P1 Parking

3.11.5 Ambulance and Patient Transport Access

The existing hospital offers both patient and community transport services.

3.11.6 Helipad Demolition

The works include demolition and removal of the redundant and decommissioned helicopter landing site (HLS) adjacent to the main hospital building. The scope includes:

- Demolition of slab
- Removal of ground lighting and cabling back to a connection point
- Removal of electrical cabling
- Protection of adjacent inground services pipework and electrical cabling
- Landscape works to make good, impacted area.

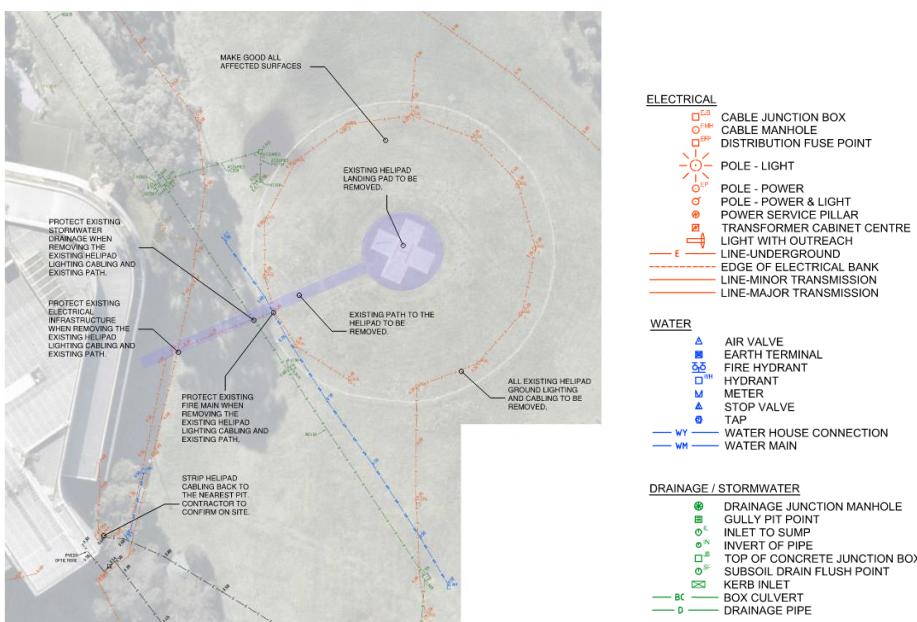


Figure 22: Helipad Demolition

3.11.7 Bulk Oxygen Enclosure

The new oxygen enclosure is to be located adjacent to the existing oxygen compound located adjacent to the western entry to the loading dock. The new enclosure will comprise 3kL liquid oxygen backup, 20kL liquid oxygen (primary supply), and vaporisers and require 3m height walls with 240/240/240 FRL. The overall compound size is proposed as 12m x 6m for the following reasons:

- Site Utilisation: It optimises total site utilisation by incorporating a nearby area that was otherwise too close to the oxygen compound for other uses.
- Future Expansion: The extra space allows for future hospital expansion, providing room for potential increased vessel or vaporiser sizing down the line.
- Maintenance: It ensures enhanced operational and maintenance capability around all equipment.
- The proposed blast wall around the bulk oxygen enclosure can double as a flood wall to protect the enclosure from the flood waters from the Western Car Park. The height of this wall will extend, as a minimum, to an RL of 63.0 AHD. This wall will be designed to resist the flood forces for all events, including the PMF event.
- Provision of the flood wall will permit the level of the Bulk Oxygen Enclosure to be set at RL of 62.0 AHD.

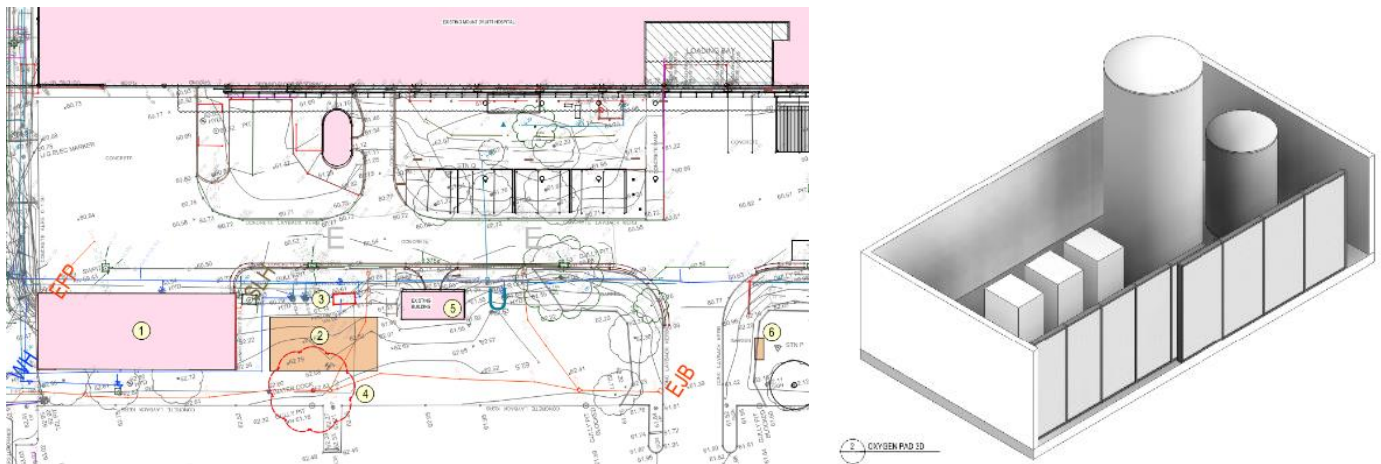


Figure 23: Bulk Oxygen Enclosure

3.11.8 Hydrant and Fire Ring Main

The works include augmentation of the existing fire hydrant ring main adjacent to the western edge of the main hospital building and relocation and partial upgrade of the existing hydrant booster. The fire services consultant Arup has prepared a performance-based design brief (PBDB) which notes the following:

- Hydrant system for the new extension will be designed and installed in accordance with AS 2419.1:2021.
- The attack hydrants will be provided externally adjacent to the extension for direct brigade intervention.
- The hydrant booster will be located 87m from the main pedestrian entrance to the building as shown which is a departure from BCA DtS provisions (20m). A performance solution has been prepared to demonstrate that the location of the booster still facilitates the operations of the fire brigade.

Category	Points Available	Points Targeted	Comment
Management	12	12	
Indoor Environment Quality	17	10	Credit 10.2 <i>Acoustic Separation</i> has been dropped following confirmation from the Acoustic Consultant that the required Rw45 cannot be achieved for the partial height walls in the IPUs on Level 2 (-1 point). Credit 12.1 <i>Daylight</i> has been targeted as daylight assessment on draft DD drawings show that 59% of the nominated area is compliant with daylight criteria (+1 point). Credit 12.2 <i>Views</i> has been targeted as views assessment on draft DD drawings show that 69% of the nominated area is compliant with views criteria (+1 point).
Energy & Carbon	16	10.5	
Climate risk and resilience	2	2	
Transport	7	3	Credit 17B.1 <i>Access by Public Transport</i> has been targeted following a qualitative assessment on the accessibility of the site by public transport (+2 points).
Water	6	4	
Materials & Waste	19	8	Points targeted for credit 19B.1 <i>Concrete</i> has been dropped from 3 points to 2 points following confirmation from the Structural consultant that achieving an overall 40% cement replacement is challenging (-1 point).
Land Use & Ecology	6	3	
Discharge to the Environment	5	4	
Innovation	10	9	
Total	100	65.5	

Figure 25: Summary of ESD Available, Applicable and Targeted Points

3.13 Crime Prevention Through Environmental Design (CPTED)

In accordance with Council's CPTED principles the design reflects four main principles of CPTED including natural surveillance, access control, territorial reinforcement, and space management. Strategies to promote crime prevention through environmental design within and around the new building include:

- Natural passive surveillance through the design. For example, there are no alcove spaces within the new building façade.
- Façade elements such as the external fire egress stair is open and allows natural passive surveillance.
- Implementation of integrated electronic security systems via security cameras.

- Implementation of external lighting to support natural surveillance of the building perimeter, publicly accessible areas, entrances, exits and car parks.
- Good amenity and quality of finishes that promote pride and a sense of place for public, patients and staff.
- Materials that reduce the opportunity for vandalism.
- Clear and easily recognisable entrance points to the facility.
- Clear definition of controlled space with boundaries, markings and signage and using lighting to limit access or control pedestrian traffic direction and flow.
- Integrated signage showing segregation of public and facility areas.
- Lighting that meets code requirements providing appropriate levels of visibility.
- Energy efficient lamps/fittings/switches to save energy.

4. Response to Better Placed

Better Placed is an integrated design policy for the built environment of NSW. It seeks to capture our collective aspiration and expectations for the places where we work, live and play.

Seven key objectives of the policy are:

- **Better fit:** contextual, local and of its place
- **Better performance:** sustainable, adaptable and durable
- **Better for community:** inclusive, connected and diverse
- **Better for people:** safe, comfortable and liveable
- **Better for working:** functional, efficient and fit for purpose
- **Better value:** creating and adding value.
- **Better look and feel:** engaging, inviting and attractive.

4.1 Better Fit

The new building responds to and enhances its local context in the following ways:

- Its massing and scale are contextually sensitive to the existing hospital building.
- Its materiality relates to the surrounding buildings whilst maintaining its own unique identity.

4.2 Better Performance

The new building is designed with longevity, functionality and robustness in mind:

- Selected facade materials are resilient and low maintenance.
- Improved amenity for patients, visitors and staff.

Better for Community

The new building seeks to provide the optimum experience for visitors by forming a physical connection with the existing hospital and enabling key pedestrian routes from the existing through to the new building.

4.3 Better for People

The new building has been positioned to be easily accessible.

4.4 Better Working

By utilising the standardised 8.4m grid, maximum flexibility for a variety of clinical uses into the future is ensured.

4.5 Better Value

Providing a modern, future-proofed building that promotes precinct-wide integration will provide ongoing value for the immediate and wider community long into the future.

4.6 Better Look & Feel

The new building seeks to provide an engaging, tactile and memorable experience through the provision of:

- A new building that is not only robust in its choice of façade materials but is able express an interconnection of Country through pattern, movement, and place-based storytelling.