

fitzpatrick + partners

Royal Prince Alfred
Health Care

St George Private Hospital SSDA Architectural Design Report

Fitzpatrick + Partners Architects
www.fitzpatrickpartners.com
@fitzpatrickpartners

Sydney Studio
Level 6, 9 Castlereagh St
Sydney, NSW, 2000

Contact Us
+61 (02) 8274 8200
Enquiries@fitzpatrickpartners.com

As a studio working on the Traditional Lands of the Gadigal people of the Eora Nation.

We pay our respects to Elders past, present and emerging.

Always was, always will be, Aboriginal land.

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01



Executive Summary

Executive Summary

Akalan Projects Pty Ltd as the proponent proposes a new seven-storey Inpatient and Support Services building on Hogben Street, Kogarah, linking to the existing St George Private Hospital located on South Street Kogarah - which will be operated by Ramsay Health. The scope of works also includes renovations and minor additions to the existing hospital building on South Street to incorporate an emergency department and a modified entry and lobby experience.

The new Emergency Department within the Existing St George Private Hospital Building provides for 10 Acute Patient Beds and 1 Isolation room with the required support spaces. The Department is serviced with three dedicated ambulance bays as well as a pedestiran entry from the South Street Porte Cochere and modified entry shell. The proposal includes appropriate building signage to clearly define this service. This existing building links to the new Inpatient and Support Services Building by way of the existing pedestrian bridge over South Street, with a link through the St George Hospital Specialist Suites Building at 131 Princes Highway into the new Inpatient and Support Services building

The new Inpatient and Support Services building fronts the Princes Highway but places its entry sequences at the corner of Hogben

Street and Bank Lane - acknowledging the established pedestrian flows and public carparking facilities. Public domain works stitch the existing kerbs and footpaths with extensions along Bank Lane connecting to the Edith Blake Reserve - providing key and safe pedestrian linkages across this health precinct.

The building presents with a civic-scaled podium and refined tower expression informed by a deep understanding and connection with country.

The building replaces an existing ongrade 76+staff carpark and a two storey structure previously used as a chocolate factory and retail outlet. Historically the site has had multiple retail, office and residential uses.

The design has been advanced through the State Design Review Panel (SDRP) process. In response to the Panel's commentary on contextual fit, the scheme strengthens its alignment with the established two-storey street datum along Princes Highway via coordinated sill, head, awning and "top-rail" references, producing a coherent street wall and legible civic presence.

The proposal balances a layered façade language—recessed "slots", horizontall grillage and intermediate hoods—with performance-led

detailing that manages outlook, solar control and privacy at highway and pedestrian scales.

- A Country-led approach frames the project. Balarinji's Working with Country report documents 1:1 consultation with locally connected Knowledge Holders and a Walk on Country with a Bidjigal Elder, establishing four guiding narratives:
1. Building of Form and Place;
 2. A Landscape of Memory and Healing
 3. Cultural Learning and Truth-Telling
 4. Setting cultural safety and ICIP protocols for ongoing co-design.

Sustainability is embedded in both form and fabric. The envelope is organised to an approximate 25:75 window-to-wall ratio and a compact form factor, reducing energy demand while preserving amenity. Material specification and detailing target an average façade embodied-carbon intensity of ~98.5 kgCO₂e/m²—around 68% below a typical hospital benchmark—through low-carbon brick slips in sandstone tones, reduced aluminium, insulated back-panels and a highly insulated contiguous envelope.

Design Excellence

Summary compliance with the nine NSW principles.

1. Context & neighbourhood character: Podium/tower composition aligns to the highway datum; Bank Lane is rationalised with new footpath connection and surface treatments to improve legibility and pedestrian safety.

2. Built form & scale: Recessed slots, grillage and orientation-specific sunhoods introduce depth and shadow, moderating apparent bulk and aiding legibility at speed.

3. Density: The clinical program is accommodated within a compact, performance-led envelope (~25:75 WWR).

4. Sustainability: Low-carbon façade assembly and detailing deliver ~98.5 kgCO₂e/m² embodied carbon and thermal performance consistent with Net Zero trajectories.

5. Landscape: A connected healing landscape culminates in a Level-2 therapeutic garden designed with low-glare surfaces, shaded seating and culturally resonant materiality.

6. Amenity: The Level-2 garden is deliberately screened from general circulation to preserve its restorative character, complemented by lounges and beverage bays elsewhere in the plan.

7. Safety & security (CPTED): Along Princes Highway, active but controlled transparency, lighting and sightlines support surveillance; Bank Lane geometry and kerb/footpath works improve pedestrian priority.

8. Social infrastructure: The project expands private healthcare capacity adjacent to existing facilities, strengthening access to care within the precinct.

9. Aesthetics: A materially honest rainscreen in sandstone-inspired tones, measured jointing and integrated hoods produces a refined civic expression without literal motif.

Presentation materials to the SDRP, the Panel's commentary and the team's detailed response—including drawing updates, alignment studies and interface resolutions—are referenced throughout and appended to this report.



02



Introduction

Introduction

Background and Purpose



Akalan Projects is proposing a contemporary, seven-storey patient-centred Inpatient and Support Services hospital building on Bidjigal Country, linking to the existing St George Private Hospital located on South Street Kogarah. This facility will be operated by Ramsay Health. The scope of works also includes renovations and minor additions to the existing hospital building on South Street to incorporate an emergency department and a modified entry and lobby experience.

Located within the Kogarah Health Precinct, the facility is proposed so to meet increasing demand, and improve the clinical and service flexibility of the currently offered services.

The ground floor of the existing St George Private Hospital Building on South Street is proposed to be reconfigured to incorporate a 10 bay Emergency Department with three ambulance bays. The works also include the reconfiguration of the building entry and the existing lobby.

The proposed new building bounded by The Princes Highway, Hogben Street and Bank Lane enhances the public realm along this key arterial corridor. The site is currently an on-grade staff car park within a highly modified urban landscape. It sits adjacent to Princes Highway and Bank Lane, within a five-minute walk of Kogarah Station and is connected to nearby education uses via an existing pedestrian bridge over the Princes Highway. The proposed program comprises five basement parking levels; a ground-level public entry with pharmacy; six levels of inpatient accommodation; and a level 2 patient garden.

Working with Country

The design is guided by the Balarinji Working with Country process. Engagement included 1:1 consultation and a Walk on Country with a Bidjigal Elder to ground the project in place-specific knowledge. The resulting narratives—Building of Form and Place, A Landscape of Memory and Healing, Cultural Learning and Truth-Telling—shape material selection, landscape typologies and interpretive opportunities. Cultural safety and ICIP protocols govern ongoing co-design; the report is appended for the Permitted Purpose of this project.

State Design Review Panel

A presentation was made to the SDRP in August 2025.

With sensitivity to a period of Sorry Business in the Bidjigal community, Balarinji and the design team collaborated to ensure Country-centred concepts could be incorporated into the design solution. This included engagement with members of the local community and a walk on country - where many of the key principles of the building design were formulated with approval of the community. Further integration will occur through the detailed design phase of the project.

The solution presented was strongly supported by the SDRP Panel, with the dialogue centred around strengthening the core design principles presented. There was also discussion around the contextual alignment along Princes Highway, servicing conflicts and the quality of the pedestrian realm. The team's detailed response—documented in the appended package—includes adjustments to datum alignment, façade depth and articulation; rationalisation of Bank Lane geometry and kerb/footpath connections; and confirmation of landscape and therapeutic garden intent.

Design Intent

The vision is a building that balances clinical excellence, patient experience, sustainability and contribution to Country. Floorplates are compact and legible; the façade is performance-led (~25:75 WWR; orientation-specific hoods; insulated back-panels) and materially honest; the public realm is clarified through a welcoming highway frontage and safer, more legible routes along Bank Lane; and healing landscapes culminate in a Level 2 therapeutic garden with shaded seating and low-glare surfaces.

Structure of this Design Statement

Subsequent sections address the design response and functional planning; public domain and landscape; environmental/ESD strategy; urban design and compliance; access, parking and servicing; and safety/operations (including CPTED).

- Appendix's to this document include:
- SDRP Initial Presentation Package
 - SDRP Response to Comments received
 - Architectural Drawing Set
 - Balarinji Working with Country



Inpatient and Serpport Services Building Entry - corner of Hogben Street and Bank Lane

Design Quality Principles



This proposal demonstrates Design Excellence through a Country-led, evidence-based approach.

These responses address each principle and signposts the supporting materials in the submission and appendices.

1. Context and Neighbourhood Character

The hospital consolidates health services within the Kogarah/St George precinct, presenting a civic-scaled podium and tower that read appropriately to Princes Highway while stepping to respect adjoining interfaces and lane conditions. Alignment with the established low podium datum improves the legibility of the street wall on this arterial corridor, with distinct responses to the Princes Highway edge and to Bank Lane as a service and pedestrian address.

A new footpath connection is incorporated to strengthen the neighbourhood link toward Edith Blake Reserve, coordinated with Council through the kerb realignment at Hogben Street/Bank Lane.

At the Hogben Street and Bank Lane corner, a north-lit café strengthens the building entry and activates the public realm.

2. Built Form and Scale

The architecture is defined by a sense of depth and refinement, with layered façades that soften bulk and give the building a strong civic presence.

Recessed windows, bold horizontal elements, and finely detailed edges create a rhythm of light and shadow that shifts throughout the day. Projecting drip lines and shade devices animate the façade, producing ever-changing plays of light that bring it to life at both the street and city scale. Each orientation is carefully tuned to balance privacy, comfort, and amenity, while maintaining open views and a strong connection to the surrounds.

3. Density

The function Floor area is accommodated within a compact envelope suited to the health-precinct setting. A window-to-wall ratio of approximately 25:75 and a compact form factor support energy performance and minimise external surface area, enabling the required clinical capacity while maintaining neighbourhood amenity.

4. Sustainability

The ESD strategy balances operational and embodied carbon in line with NSW Net Zero trajectories. The façade targets an average embodied carbon of ~98.5 kgCO₂e/m², equating to a ~67.8% reduction against a typical hospital benchmark, achieved through carbon-neutral brick slips with recycled content, an optimised 25:75 solid-to-window ratio, and a layered wall build-up minimising thermal bridging. Integrated shading, double glazing with flexible spandrels, and occupant daylight control reduce energy demand and support long-term resilience.

5. Landscape

A connected, healing landscape is advanced from the forecourt through upper-level terraces, notably the Level 2 therapeutic garden, with endemic/sensory planting, shade structures and low-glare surfaces to support patient respite and staff wellbeing. The palette and patterning draw from local sandstone weathering and coastal ecologies, avoiding tokenism while maintaining durability and ease of maintenance.

6. Amenity

Internal planning prioritises restorative amenity through daylight, outlook and acoustic comfort. The Level 2 garden is intentionally screened from general circulation to preserve its therapeutic character, with clear, intuitive access for patients and complementary lounges/beverage bays elsewhere for visitors and staff. Patient room sill heights and façade detailing along the highway edge are refined to preserve seated/bed views and comfort.

7. Safety and Security (CPTED)

Safety measures are integrated through natural surveillance, controlled transparency and lighting along Princes Highway, secure podium-level parking, and discrete service entries. Bank Lane is rationalised via kerb/footpath works and surface treatments to improve pedestrian priority and interface conditions. These moves respond to the mixed movement environment of the health precinct while maintaining cultural and patient dignity at entries.

8. Social Infrastructure

As social infrastructure, the project expands private healthcare capacity and legible emergency access in coordination with the existing St George Private Hospital, alleviating pressure on public services and improving equitable access to care within the precinct.

9. Aesthetics

The architectural expression is materially honest and context-specific. A brick-slip rainscreen in sandstone-inspired tones, recessed openings with integrated sunhoods, and measured jointing establish rhythm and depth without resorting to literal motif. Orientation-specific hoods and detailing maintain coherence around the building while ensuring comfort and longevity.

10. Connecting with Country

Our approach arises from 1:1 engagement, cultural mapping and a Walk on Country with a Bidjigal Elder. Four guiding themes Grounded In place & story; Cultural, emotional & spiritual safety; Truth-telling & cultural visibility; Inclusive community & co-existence

These shape the building’s materiality, storytelling and landscape. These are operationalised through framed views, endemic/medicinal planting, interior narratives, and co-designed public-facing truth-telling along the main frontage and lobby.





Design response to the Government Architect NSW objectives for an integrated design policy for the built environment.

Ramsay Health Care’s new inpatient and support services building extends its ethos of people caring for people to people caring for people and Country, embedding Country-centred thinking, cultural visibility and healing into a clinically efficient, future-ready private hospital.

The proposal embodies Better Placed by knitting clinical excellence with Country-centred culture, durable low-carbon fabric, and a ground plane that welcomes, informs and heals.

It is contextual in massing and language, high-performing in envelope and systems, generous to the community through landscape and truth-telling, calm for patients and staff, efficient for operations, and enduring in material and story.



Better performance

Sustainability, resilience & whole-of-life

- High-performance envelope. A layered façade with a R 2.5 system value (above NCC), continuous external insulation to minimise thermal bridging, and an optimised 25:75 window-to-wall ratio reduces loads while preserving outlook. Recessed windows with brick-integrated hoods give durable shading and drip lines that both provide active facade shading and reduce maintenance cycles due to staining.
- Embodied + operational carbon balance. The façade targets ~98.5 kgCO₂e/m², a 67.8% reduction vs typical hospital benchmarks, via carbon-neutral brick slips, reduced aluminium, and calibrated glazing/shading.
- Net-zero alignment. The design strategy explicitly tracks NSW’s Net Zero Plan and Ramsay’s own roadmap, prioritising demand reduction, orientation-specific shading, double glazing, and in-room daylight control.
- Future-ready systems & form factor. Rooftop solar, an electric-only strategy, efficient repeating structure, and a compact form factor ≈ 0.54 for typical IPU floors cut energy and materials over life-of-building.



Better value

Economic & social value across the life of the building

- Durability. Projecting sunshades double as drip lines to reduce façade streaking/maintenance; durable brick slips (with a high recycled content) minimise embodied carbon and replacement cycles.
- Efficiency that compounds. A compact form, repeating structure and repeatable IPU floors reduce concrete, speed delivery, and simplify future refurbishments—driving lifecycle value.



Better for community

Public benefit & connection with place

- Welcoming ground plane. Intuitive entries, a sunlit café with outdoor seating, and landscaped edges provide everyday amenity, pause and visibility to hospital life.
- Truth-telling in the public realm. Large-format mural terminating Bank Lane and brickwork with integrated narrative at the highway elevation make Aboriginal presence seen and heard—co-developed with community and extended through the porte-cochère and lobby wall.
- Landscape as cultural interface. Drop-off gardens, café entry planting, awning top planting and a Level 2 patient/visitor garden thematically referencing the sandstone escarpments.
- Safe operations on school edge. The Princes Highway elevated pedestrian walkway termination in Hogben Street acts as an informal “kiss and drop” for students. The building has been designed to minimise vehicle movements in this area by placing the loading dock entry in this location. This dock is a secondary facility for the St George Private Hospital with approximately 5 small-vehicle movements/day (vs ~150+ car movements per day entering/leaving the existing ongrade carpark at this location. Designed sightlines and recessed loading dock doors mitigate conflicts with the surrounding pedestrian movements, creating a safe environment for the school related activities. Alternative configurations were tested but created unacceptable access, level and pedestrian



Better Fit

Built form & local character

- Contextual massing & street alignment. The Princes Highway frontage picks up the established two-storey datum: awning heights and key horizontal datums align with the neighbouring heritage building and the sandstone-clad base next door, creating a coherent street wall and respectful transition.
- Façade as place-based allegory. The building’s composition draws on the sandstone coast—street as “shore platform,” layered “cliff” façade, integrated landscape “ledge,” and “cliff-top” distant views—so the architecture reads as Country rather than applied motif.
- Appropriate massing moves. Height/setback logic observes the 39 m envelope with a zero setback to Princes Hwy and 3 m to Bank Lane, with continuous awnings to both frontages for weather protection and legibility.
- Material & narrative fit. Brickwork with integrated text on the Princes Highway elevation foregrounds place-specific storytelling and truth-telling in the public realm.



Better for people

Health, comfort & dignity

- Calm, culturally safe interiors. Patient rooms remain the primary family setting, supported by enclosed patient lounges with significant views out of the building and access to the private level 2 garden. Rounded corners, natural materials, commissioned Indigenous artworks and floor motifs referencing Burri Dreaming guide wayfinding and embed identity. Potential circadian lighting supports wellbeing.
- Acoustic and clinical comfort. Given the Princes Highway noise levels and the infection-control needs, key circulation/ward areas are mechanically conditioned (as per NSW Health/AS 1668.2/AS-NZS 2107), with limited natural-mode operability in the patient lounges—ensuring quiet, safe and predictable environments.



Better working

Functionality & ease of use

- Right-sized IPU floorplates. The layout targets 31–34 rooms per inpatient unit as the operational “sweet spot,” balancing care ratios, circulation, and support zones.
- Flexible clinical planning. Window bands and spandrel strategy allow internal reconfiguration without compromising façade performance; typical arrangements are inherently flexible, adapting between IPU rooms, workstations and procedural spaces
- Clear wayfinding & movement. Public entries are intuitive; routes are legible and culturally signposted, with framed views to Country at lounges to support orientation and reduce stress.



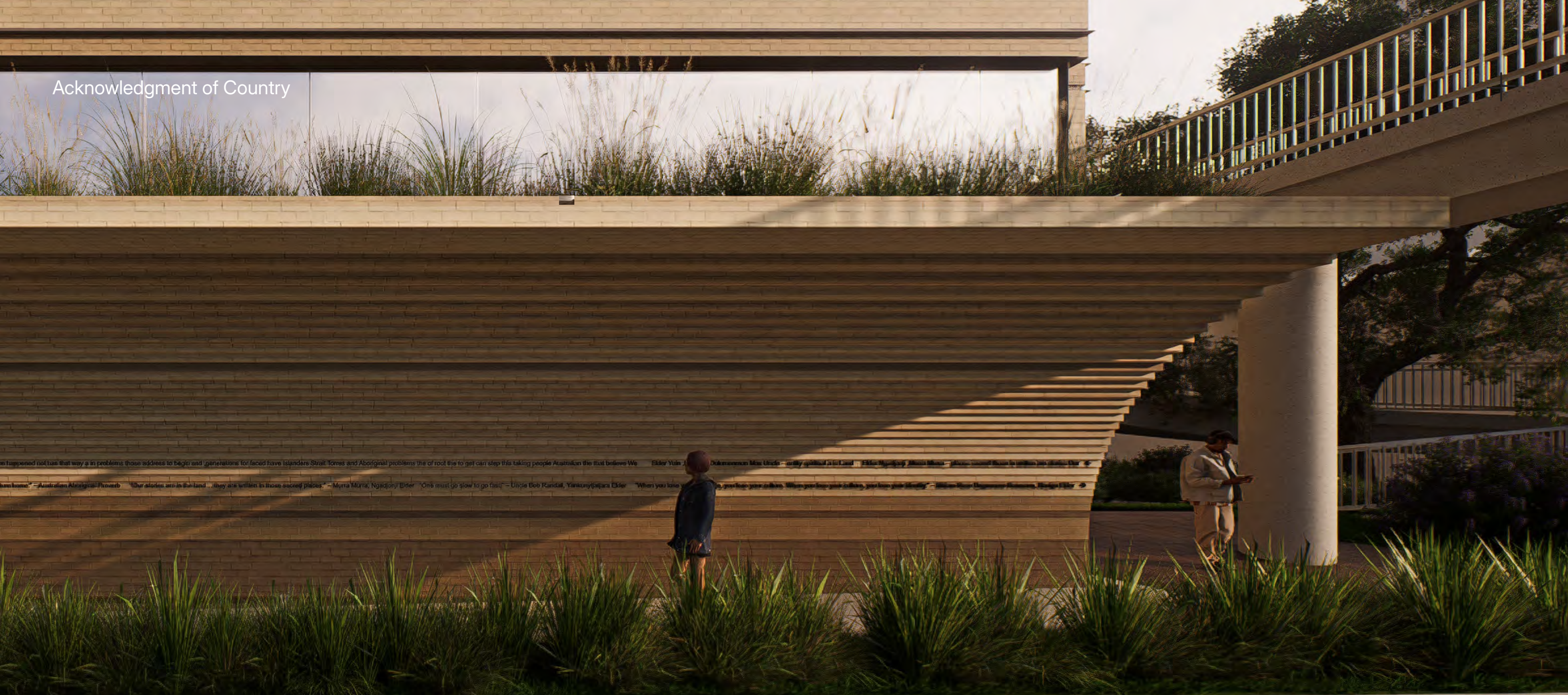
Better look & feel

Delight, legibility & identity

- Entries as meeting places. Warm, natural palettes and sheltered thresholds present amenity, protection and light—public spaces and corridors maintain continual links to Country in colour, texture, story and outlook.
- Views and orientation. Patient lounges and windows are positioned for privacy and selective outlooks—framed connections to Kamay and Burri are celebrated to reinforce Country and calm.
- Cultural expression with depth. The Bank Lane mural reads at distance, anchoring a civic vista and giving the precinct a clear, human story.



Acknowledgment of Country



We acknowledge the Bidjigal people as the Traditional Custodians of the lands and waters on which this project stands; we pay our respects to Elders past and present and extend that respect to all First Nations people who engage with this place. The design extends Ramsay’s ethos from “people caring for people” to people caring for people and Country, as articulated in the Balarinji report.

This section establishes the Country-led framework for the project and signposts the full Working with Country report by Balarinji (attached as Appendix D).

That report documents the method (consultation + Walk on Country), cultural safety/ICIP protocols, and three guiding themes :

- Building of Form and Place
- A Landscape of Memory and Healing
- Cultural Learning and Truth-Telling

Which together provide a live design governance baseline for all stages.

The initial SDRP interaction coincided with Sorry Business; the team, with Balarinji, presented Country-centred concepts with agreement to progress detailed co-design in the next stages.



The term “Country” holds profound significance for Aboriginal peoples, representing not just the physical land but also the cultural, spiritual, and historical connections that exist within it.

The design team acknowledges that the project site is situated on Bidjigal Country, which carries its own unique stories, landscapes, and cultural heritage.

The design process must reflect this understanding and prioritize the incorporation of Aboriginal cultural narratives into the built environment.

The proposed facility encompasses the design and construction of a private health facility situated adjacent to the existing St George Private Hospital. This new facility aims to accommodate the increasing patient demand while enhancing clinical capabilities and improving the overall patient experience. The design process is guided by the principles of Connecting with Country, which emphasizes the importance of recognizing and respecting the cultural heritage of the Bidjigal people, the Traditional Owners of the land.

Consultation and Engagement

The design team, led by Fitzpatrick and Partners, undertook a rigorous consultation process through Balaranji with local Aboriginal Elders, community members, and cultural leaders.

This process involves a series of meetings, workshops, and cultural mapping exercises aimed at gathering insights and perspectives that inform the design. The team recognizes that the voices of the community are essential

in shaping a facility that honors their stories and connections to Country.

Health: Aboriginal Worldview

For Aboriginal peoples, health is a holistic concept that transcends the mere absence of illness. It encompasses physical, social, emotional, cultural, and spiritual well-being.

This worldview underscores the interconnectedness between individuals, their communities, and the land. The design of the Ramsay Health Facility seeks to embody this holistic understanding of health by creating a space that nurtures not only the physical needs of patients but also their cultural and emotional well-being.



“People Caring For People” [Caring For Country]

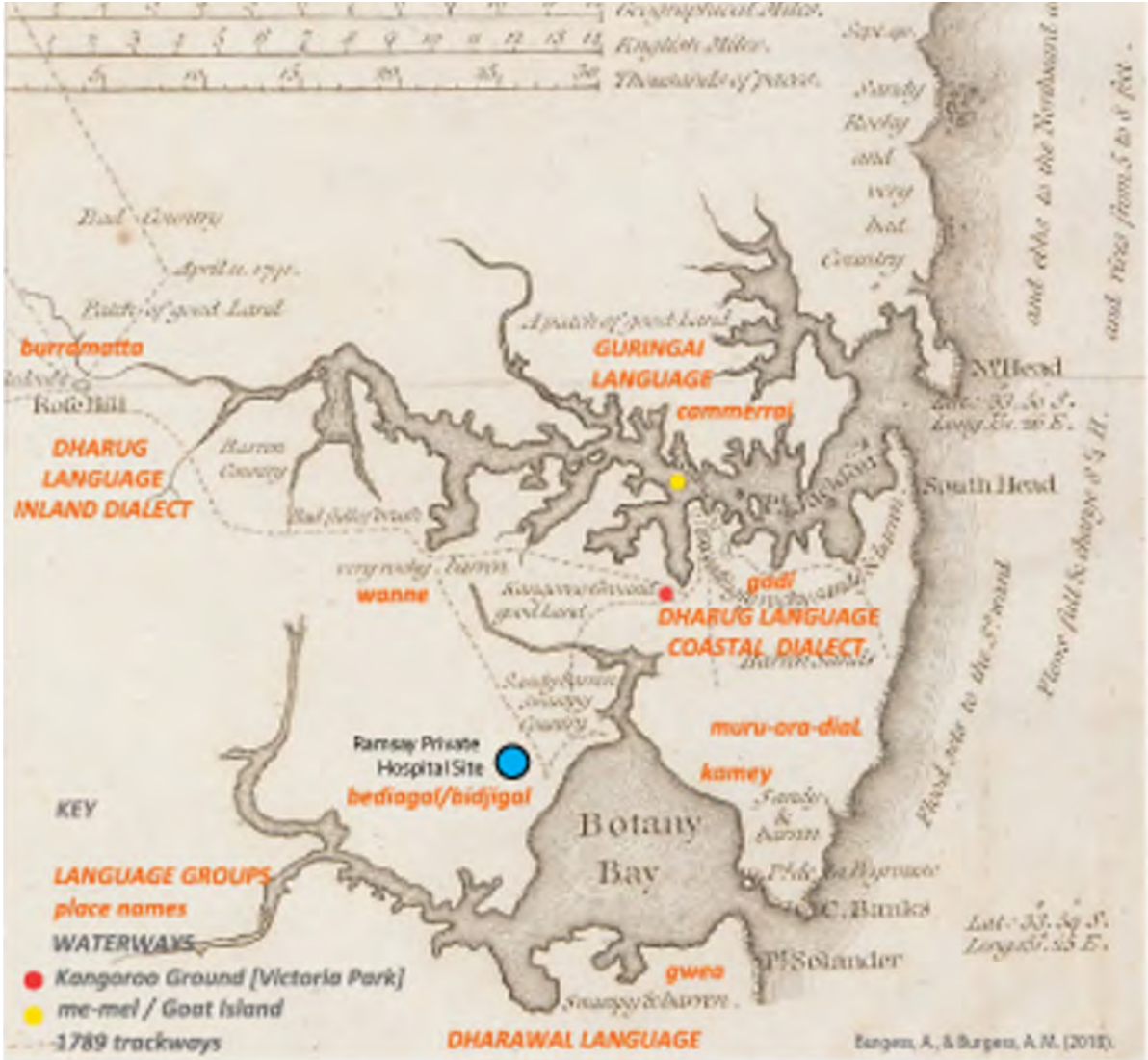
Orientation of Country

Working with Country



This design report presents a comprehensive analysis of the requirements set forth by the New South Wales (NSW) Government Architects for working with Country, specifically in the context of the Ramsay Health Facility project located on Bidjigal Land in Kogarah, Sydney.

The report emphasizes the significance of integrating Aboriginal perspectives and cultural heritage into the design process, ensuring that the facility resonates with the local community and reflects the values and beliefs of First Nations peoples. The document serves as a guiding framework for the design team, architects, and stakeholders involved in the project, promoting meaningful engagement with Aboriginal communities and fostering a deep connection to Country.



Located on the lands of the Bediagal and Bidjigal



Coastal Sandstone Forest / Wetlands



Heavily Modified Landscape - Highway / Carpark

Key Themes from Community Consultation

Working with Country



Through extensive consultations, several key themes emerged that guided the design process:

Grounded in Place and Story

*"The story of this place is in the sand, the sea, the people – you can't separate them."
"The design should speak to that rhythm."*

Community members emphasized the importance of reflecting the specific landscape, culture, and stories of Bidjigal Country in the design. The facility must resonate with the local identity and honor the connections between the land, the sea, and the people. Design elements should evoke the rhythm of the land and incorporate materials and textures that are familiar to the Bidjigal community.

Cultural, Emotional, and Spiritual Safety

*"We need to think about healing not just as medical, but as cultural and emotional too."
"We carry knowledge in our bodies – we know when a space feels right or wrong."*

Healing extends beyond clinical care; it encompasses emotional and cultural well-being. The design must create spaces that promote comfort, familiarity, and cultural grounding. This includes incorporating natural light, calming colors, and sensory-informed design elements that foster a sense of safety and belonging for Aboriginal patients and families.

Truth-Telling and Cultural Visibility

*"If you want this place to heal, it has to hold the whole story – the hard parts too."
"Don't make us invisible. Let the walls speak."*

Community members stressed the necessity of making Aboriginal presence visible within the facility. This can be achieved through storytelling, artwork, and signage that reflect the rich cultural history of the Bidjigal people. The design should facilitate truth-telling, acknowledging both the positive and negative aspects of history, and create a platform for ongoing dialogue and reconciliation.

Inclusive Community and Co-existence

"I think Aboriginal history belongs to everyone... sharing with everyone...a united future" "For a long time its been Western fellas up there and black fellas down here - We want it to be a side by side relationship"

The design process should foster a sense of shared ownership and collaboration between Aboriginal and non-Aboriginal communities. The facility must serve as a space for healing and understanding, where relationships are built on trust and respect. This vision calls for ongoing engagement with the community throughout the design and construction phases.



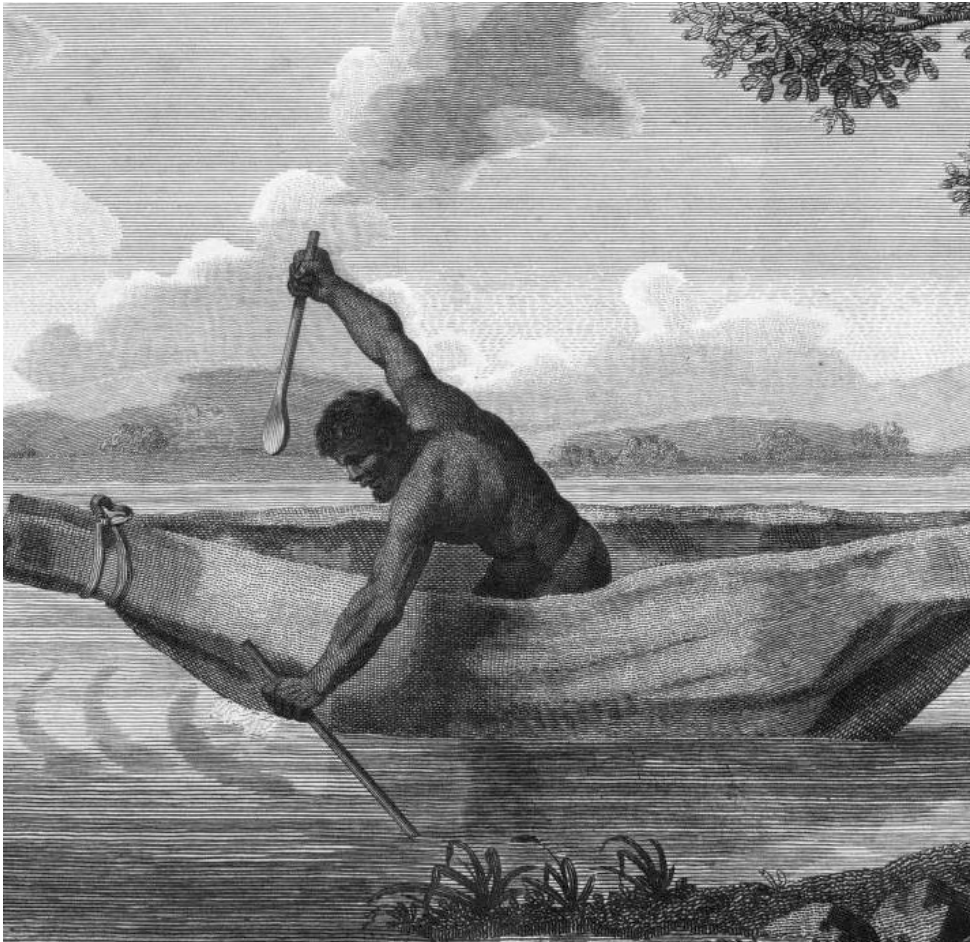
Quotes taken from an afternoon on site (24/06/2025) with Aunty Yvonne Simms who is a Gweagal, Bidjigal Elder, a direct descendant through Cooman and Pemulwuy bloodline through Queen Emma Waldran Lowndes and George Timbery. Images courtesy of Jack Watts at Fitzpatrick + Partners

Cultural References
Working with Country



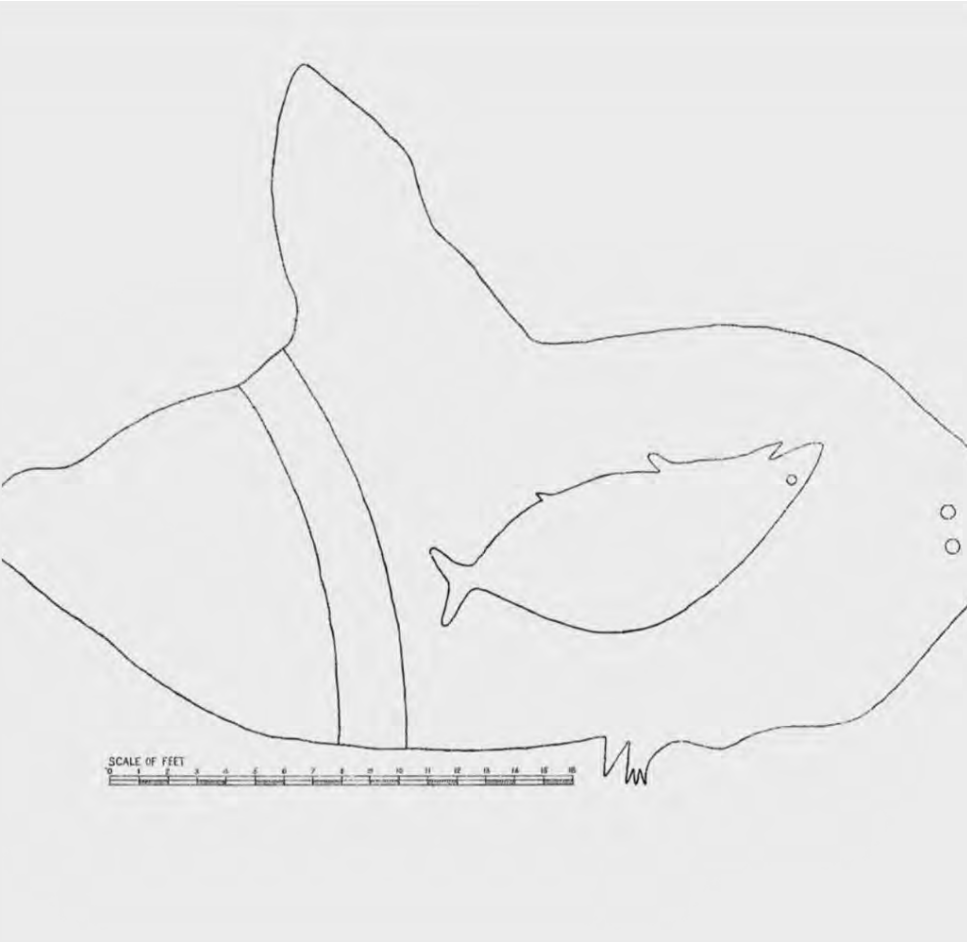
In a Working with Country approach, cultural references are living relationships rather than decorative themes. In Kamay—Pemulwuy’s birthplace—Country holds memory as a place of resistance that counters the colonial narrative and directs us toward truth-telling and care in how we plan, build, and inhabit. Reading the seasonal story of Burri Burri, the whale, locates us within cycles of life and migration; that non-human kinship informs movement, gathering, and ceremony, shaping how paths meet shorelines and how shelters open to sea and sky.

Indigenous and endemic medicinal plants carry thousands of years of healing from Country and with Country; bringing them forward in planting, materials, and interpretation creates spaces for rest, renewal, and knowledge sharing. Guided by Custodians, these references become protocols and practical actions—palettes, rhythms, thresholds—so that every decision is accountable to Country and the communities who belong to it.



Telling of History
Kamay – Pemulwuy’s birthplace. A place of resistance – colonial counter narrative.

Design: Narratives of reconciliation and truth-telling – re-authoring of history.
Art – signage – education.



Dreaming
Burri Burri – Cycles of life
The migration of the whale – Non-human kin connection.

Design: Evoking dreaming stories.
Moments of connection with dreaming – Architectural orientation of spaces/window/views



Indigenous/Endemic Medicinal Plants
Thousands of years of traditional healing from Country and being with Country.

Design:
An exterior pharmacy of plants that contribute to healthy lives and attract non-human kin.



The design of this Health Facility responds to the unique characteristics of Bidjigal Country. The site analysis reveals the importance of integrating natural elements, cultural narratives, and community input into the architectural form. The design team collaborates with Balarinji, a cultural consultancy, to ensure that the design reflects the insights gathered from community consultations and cultural mapping exercises.



Building Form Of Place

The aesthetics and materiality of the building draw inspiration from the landscape features typical of Bidjigal Country. The external material palette reflects the textures and colors found in the natural environment, creating a sense of familiarity for the local community. The design prioritizes views to Country, allowing patients and visitors to connect with the surrounding landscape.



A Landscape of Memory & Healing

The planting strategy for the facility incorporates endemic medicinal plants documented across Bidjigal Country. This approach not only creates a familiar planting scheme but also establishes a “pharmacy” of traditional medicine that supports healing. The landscape design fosters spaces for reflection, connection, and interaction with nature, promoting a sense of well-being for all who visit the facility.



Cultural Learnings & Truth Telling

The design team recognizes the importance of sharing the stories of trauma and resilience experienced by the Aboriginal community. Through the integration of cultural learning opportunities within the facility, the design promotes truth-telling and education. This may include interpretive displays, artwork, and storytelling areas that engage visitors and encourage respectful dialogue about the history and culture of the Bidjigal people.

Aboriginal people with Mrs Long and Mrs Cook at La Perouse, Christmas 1903 From the collections of the State Library of New South Wales [a730006 / PXA 773 / Box 6. 43] (Australian Indigenous Ministries pictorial material : various historical photographs, ca. 1860-1909, Mitchell Library)

Next Steps

Working with Country

Feedback and Iteration

Following the completion of the initial design concepts, the team received supportive feedback from the State Design Review Panel (SDRP).

The design team remains committed to responding to any Country-related feedback and ensuring that the design continues to align with the values and aspirations of the Bidjigal community.

Ongoing Collaboration

The collaboration between the design team, Balarinji, and the Aboriginal community will continue throughout the project. This partnership is essential for ensuring that the facility remains culturally safe and responsive to the needs of the community.

Cultural Competency and Training

To enhance cultural competency within the design team, ongoing training and education will be provided. This includes workshops and sessions led by Aboriginal Elders and cultural leaders, aimed at deepening the understanding of Aboriginal culture, history, and perspectives. By fostering cultural competency, the design team can create a facility that truly respects and honors the Bidjigal community.

Conclusion

The project represents an opportunity to create a healing space that is deeply connected to Country and reflective of the Bidjigal people's cultural heritage. By adhering to the NSW Government Architects' requirements for working with Country, the design team aims to promote meaningful engagement with the Aboriginal community, ensuring that their voices are heard and respected throughout the design process.

This report serves as a foundational document for the design team, outlining key principles, themes, and next steps in the journey toward creating a culturally safe and inclusive health facility. Through collaboration, consultation, and a commitment to truth-telling, this project can become a place of healing, connection, and reconciliation for all who enter its doors.



05



Local Context



Kogarah sits in Sydney's inner south within the Georges River LGA and is notably multicultural and family-oriented. More than two-thirds of local households use a language other than English at home, with Nepali, Mandarin, Cantonese and Greek among the most common, and the suburb has a high share of residents born overseas (notably Nepal, China, India, the Philippines and Bangladesh). These layers of migration, education and small business give the town centre around the station a lively mix of grocers, cafés, specialist services and community hubs. (Australian Bureau of Statistics)

Anchoring the area is St George Private Hospital, a major Ramsay Health Care facility at 1 South Street. It is a large tertiary-style private hospital known for surgical and acute services—including cardiac, cancer care, orthopaedics, intensive care and maternity—and it supports a surrounding ecosystem of consulting suites and allied-health providers concentrated along South Street and the Princes Highway. The hospital precinct draws clinicians, patients and visitors from across the St George region, reinforcing Kogarah's role as a health and services centre for southern Sydney.





The site is embedded within the Kogarah health precinct. The project consists of two distinct packages of work being:

- A. Reconfiguration of the ground floor of the existing building to create a new Emergency Department providing for 10 Acute Patient beds and 1 Isolation room with the required supported spaces. The Department is serviced with three dedicated ambulance bays as well as a pedestrian entry from the South Street Porte Cochere and modified entry shell. The proposal includes appropriate building signage to clearly define this service. This existing building links to the new Inpatient and Support Services Building by way of the existing pedestrian bridge over South Street, with a link through the St George Hospital Specialist Suites Building at 131 Princes Highway. This scope also includes renovations to the existing entry and lobby of the private hospital
- B. A new seven-storey Inpatient and Support Services building on Hogben Street, Kogarah, linking to the existing St George Private Hospital located on South Street Kogarah. Public domain works stitch the existing kerbs and footpaths with extensions along Bank Lane connecting to the Edith Blake Reserve - providing key and safe pedestrian linkages across this health precinct.

The project is in response of a need to:

- Respond to increasing patient demand
- Upgrade and modernise existing infrastructure
- Expand the clinical capacity of the existing facilities
- Enhance the overall patient experience
- Integrate long term planning
- Strengthen the Ramsay Private Health Network



Site A
Internal Upgrades
Emergency Department
Drop Off Zone

Site B
New Clinical Services Tower
Ground Floor + 6 Floors
5 Basement Floors



Site A - Existing Entrance and Forecourt to St George Private Hospital



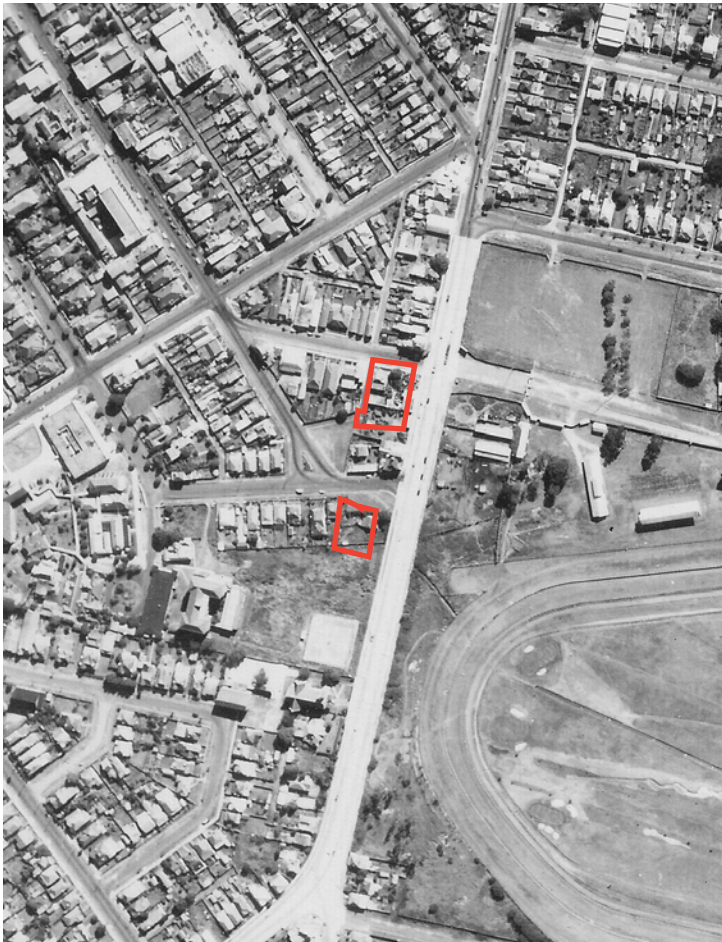
Site B - View looking North from Princes Highway



Site B - View looking south from Bank Lane



Site B - View from the corner of Bank Lane and Montgomery Street



1953

From the 1950s onward, Kogarah pivoted from a racing-and-recreation landscape to post-war suburbia and education. Moorefield Racecourse—laid out in 1888—held its final meeting on 14 July 1951, after which the estate was subdivided and progressively built out.

The former track and golf links were redeployed for schools and training: the site today is occupied by Moorefield Girls High School and St George TAFE, embedding education as a major local land use by the mid-1950s.



1971

The earlier commercial spine along Rocky Point Road—now the Princes Highway—explains how the post office and bank buildings related to the horse track. Kogarah's first post office operated from South's General Store near Hogben Street on the highway, and the Bank of Australasia took a prominent two-storey corner site at Hogben Street (the building at 111 Princes Highway still stands)



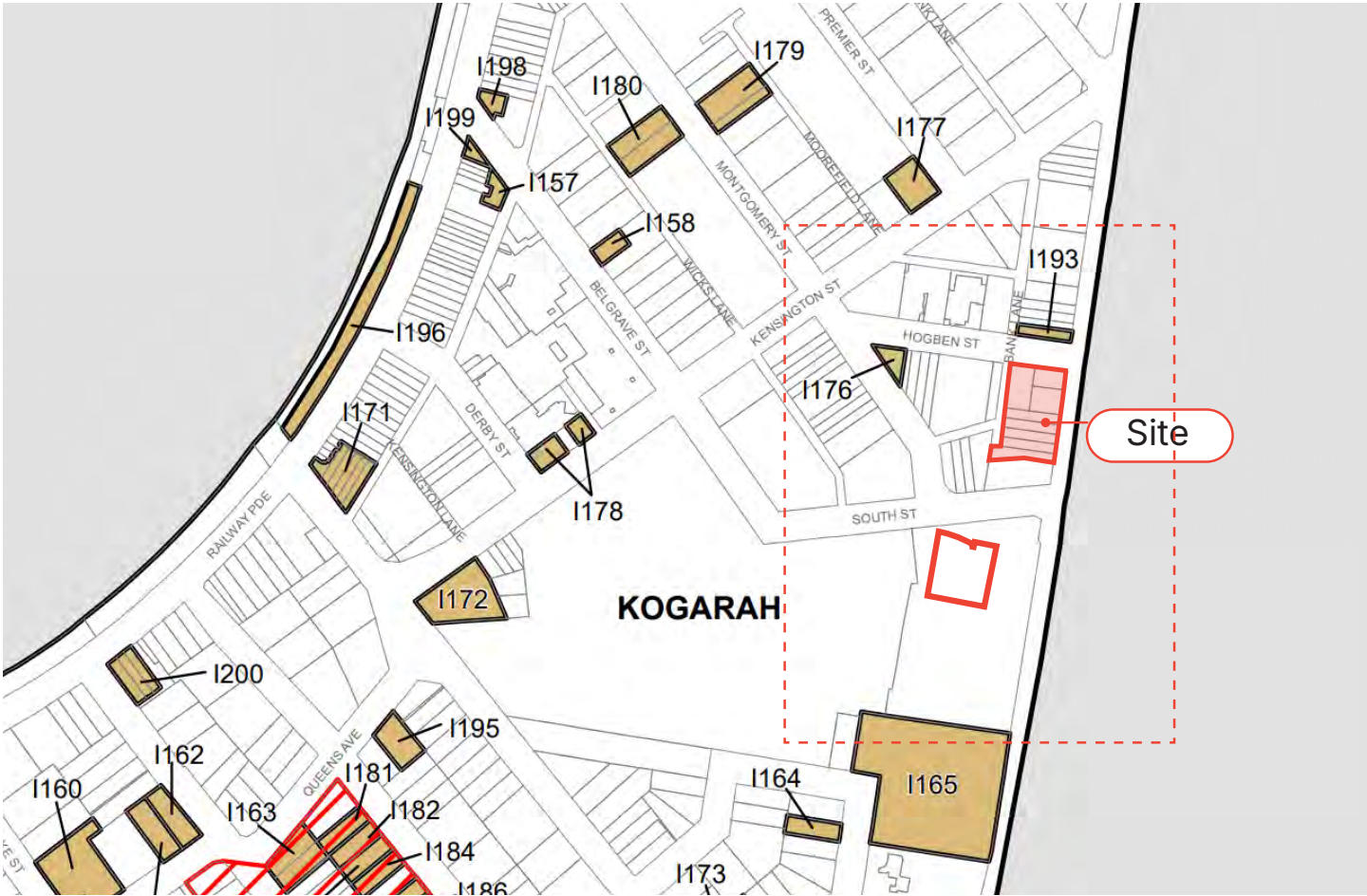
1986

Crucially, Moorefield's entrance gates sat opposite Hogben Street on Rocky Point Road, so these services were placed to catch race-day crowds and underpin the township's original hub. By the 1990s the centre of gravity shifted again as health care consolidated around the public hospital campus.



1998

St George Private Hospital opened on 1 November 1995, co-located with St George Hospital, and has since expanded (notably a major redevelopment in 2016) to anchor a dense belt of specialist suites and allied-health rooms along South Street and the Princes Highway. This has reinforced Kogarah's role as a regional medical precinct serving the St George area.



Local Heritage Items Map
Source: Planning Strategy

Kogarah's Local Environmental Plan (LEP) and its Heritage Map identify a tight cluster of local heritage items in and around the Kogarah Health Precinct.

Within a short walk of St George Public and Private Hospitals is St Paul's Anglican Church on Princes Highway (Item I192), the former Kogarah Post Office at 90 Railway Parade (I198), and intact shop rows on Regent Street (I201-I202). Together these listed places frame the approaches to the hospitals and help define the older civic and commercial "main street" character that the Planning Strategy seeks to respect alongside the ongoing health-precinct growth.



Item no: I193; Address: 111 Princes Highway, Kogarah;
Significance: Local

Of particular note, Item I193 is a "Shop and residence" at 111 Princes Highway, Kogarah. It is listed as a heritage item of Local significance under Schedule 5 of the Georges River LEP 2021.

The building sits on the Princes Highway commercial strip, on the corner of Hogben Street, directly opposite the proposed Inpatient and Support Services building, and the northern boundary of the St George Health Precinct. This building is a contributing a fine-grain street edge and reminding visitors of Kogarah's early 20th-century retail streetscape. It loosely defines a podium height along the Princes Highway.



Item no: I176; Address: 22 Hogben Street, Kogarah
Significance: Local

Item I176 is also a "Shop and residence," located at 22 Hogben Street, Kogarah, again listed for its Local significance. Positioned within the health-precinct environs, it exemplifies the small, mixed retail-residential buildings that historically supported the hospital, station and surrounding neighbourhood.

Neighbourhood Context

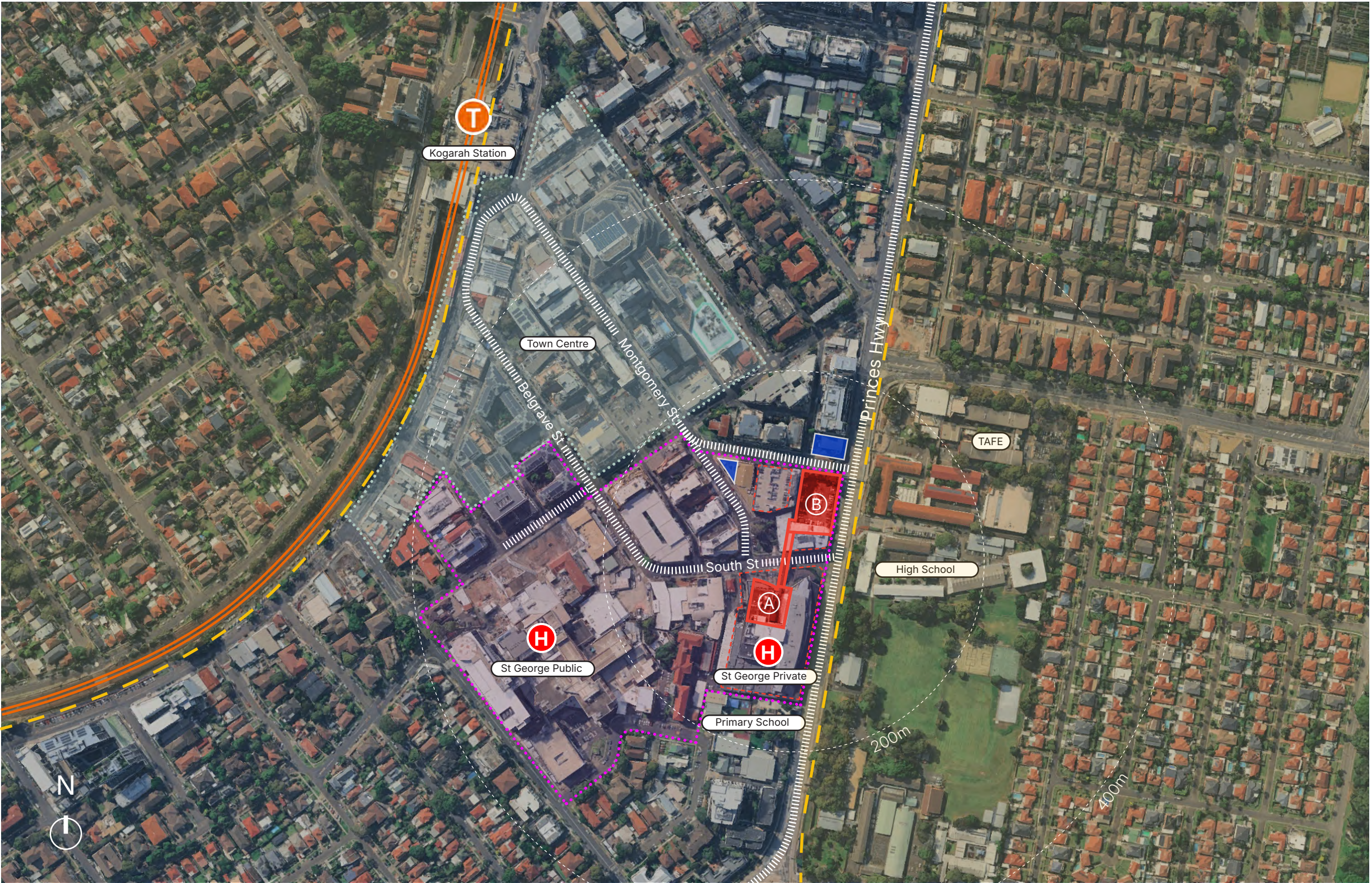


Kogarah Health Precinct is anchored by Kogarah Station and the adjoining town centre streets (Railway Parade/Regent Street/Princes Highway). From the station, the primary pedestrian desire line runs east via Belgrave Street to St George Public Hospital, then continues south along South Street to St George Private Hospital. This path threads through active frontages and bus stops, giving patients and staff a clear, legible route that stays within the busiest, best-lit parts of the centre and naturally connects to cafés, services and short-stay parking.

A secondary, equally practical movement option runs from the station down Montgomery Street to Hogben Street. From here, pedestrians can turn east to reach the proposed Inpatient and Support Services building, or continue south to intersect South Street and the wider private-hospital campus.

Ramsay Health Care holdings are shown within the dotted red lines, with the proposed scope of works marked "A+B." Read together, these designations frame a coherent health spine along the Princes Highway edge.

- Site
- Client Ownership
- Health Precinct
- Town Centre Extents
- Neighbouring Councils
- Heritage Items
- - - LGA Boundary
- ==== Train Line
- ||||| Key Roads



Site
Context



Immediately west of the proposed Inpatient and Support Services building is the public car park, with pedestrian entries/exits to both Hogben Street and Bank Lane.

This makes the corner of Hogben Street and Bank Lane the logical address and front door for the new building—capturing foot traffic from the station via Montgomery/Hogben and from the car park.

It also supports a short, purposeful pedestrian linkage along Bank Lane to Edith Dawson Reserve, where paths can tie into the existing east–west networks leading to the St George Private Hospital campus and other health buildings and carparks on South and Belgrave Streets. This linkage concentrates wayfinding, shortens patient journeys, and strengthens the everyday walkable mesh of the precinct.

The termination of Hogben Street is defined with a ramp up to the pedestrian bridge over the Princes Highway. This bridge provides access to the TAFE NSW and James Cook Boys High School. The termination of Hogben Street at this ramp acts as an informal school drop off and pick up point, with generous footpaths and waiting spaces. This currently conflicts with the 76+ carpark on the proposed site, creating multiple potential interactions between pedestrians and vehicles due to the number of movements related to the carpark size and entry/exit point.

- Site
- Client Ownership
- Heritage Items
- Car Parking
- Edith Blake Reserve
- ➔ Pedestrian Routes
- ||||| Key Roads





Kogarah sits on Bidjigal Country within the Eora Nation, part of the Georges River catchment—a landscape long shaped by tidal flats, freshwater creeks and reed beds. The very name “Kogarah” is traced to an Aboriginal word meaning “place of reeds,” pointing to wetland ecologies that once filtered water and supported rich cultural practice along the river’s inlets and bays. Any contemporary project here acknowledges that living continuum of care for land, water and sky, and treats the hospital precinct as a small but consequential piece of that larger system.

Urban morphology has layered over this Country logic in legible phases. The Illawarra rail line fixed the town centre at the station, with Railway Parade/Regent Street forming a fine-grain main street and Belgrave Street connecting east toward the public hospital. South Street and the Princes Highway were most likely primary walking trails which now carry larger volumes and ndefine the medical spine serving both public and private campuses.

Earlier recreation landscapes—most notably Moorefield Racecourse (1888–1951) at Rocky Point Road/President Avenue—gave way to education and housing, while the private hospital opened in 1995 consolidated health uses in Kogarah. Together these moves concentrate daily life, services and movement within a compact, walkable centre.

Country-led opportunities therefore centre on water, shade and story. Streets and forecourts can work like contemporary “reeds”; planting palettes can privilege local salt-tolerant and riparian species to repair ecological function and identity; and micro-climate measures (tree canopy, colonnades, deep awnings) improve the walk between the station, public hospital and Ramsay facilities.

Interpretive ground planes, language, and commissions by Bidjigal artists can embed living narratives at the everyday scales

of entries and waiting areas, aligning the health precinct with Country’s custodial responsibilities.

Constraints arise from the same tight, successful urban grain. Narrow footpaths and service lanes must allow for the appropriate seperation of pedestrian, vehicles and service.

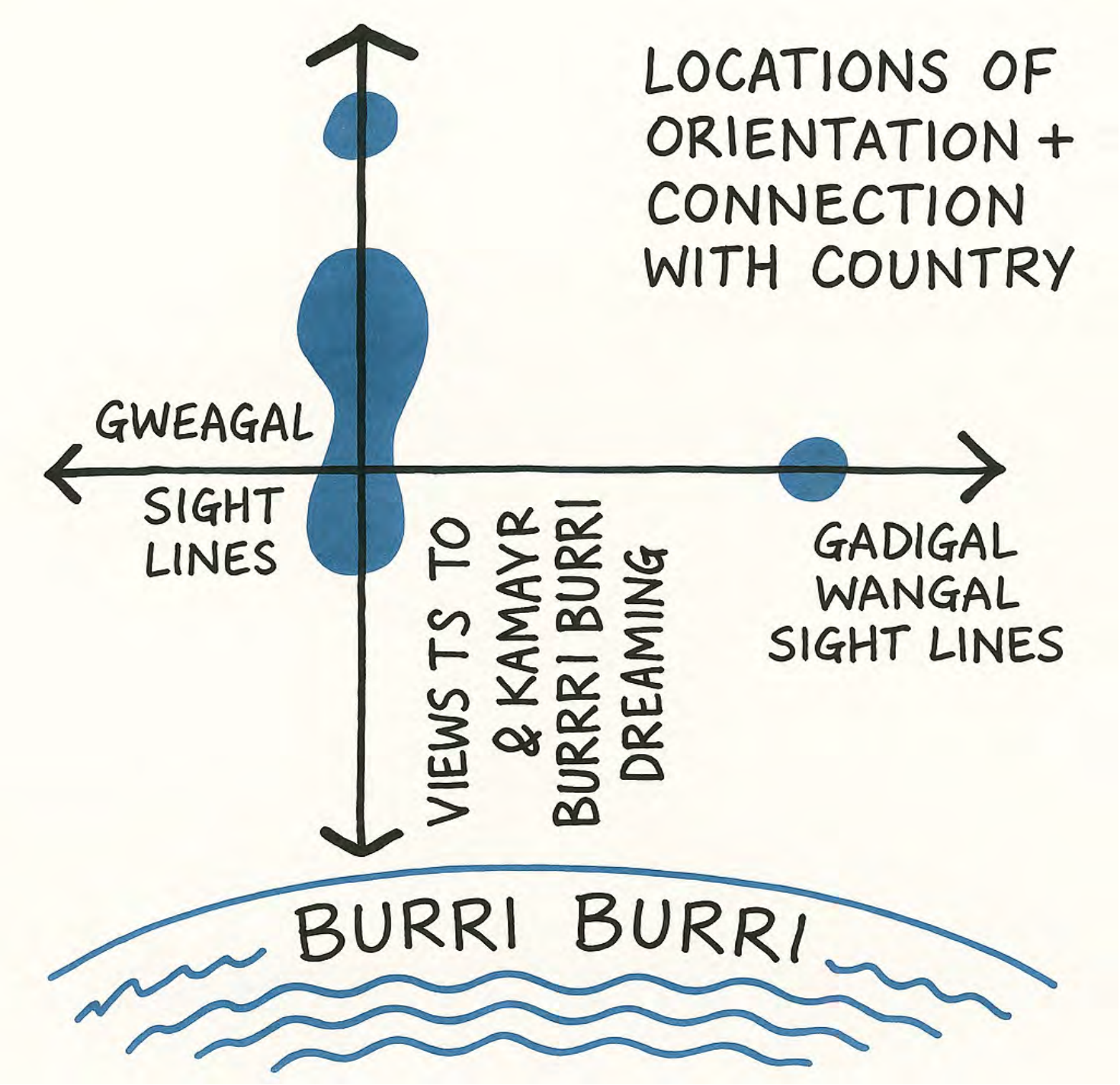
The Princes Highway Elevation returning into Hogben Street can reinforce a datum for frontage rhythm and materiality;

The task is to preserve the legible pedestrian desire lines (station to Belgrave to South Street; station to Montgomery to Hogben to South Street) while absorbing more clinical programs, wayfinding, micro-mobility and planting without clutter.

Architecturally, “carrying Country forward” here means designing health buildings that act as civic infrastructure for walking, shade and water.

At street level, create a generous “civic porch” with deep cover, cool materials and clear sightlines that stitch the station routes into the campus; reserve prominent thresholds for Bidjigal language and artwork developed with local custodians.

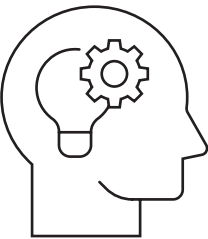
In doing so, these proposed new additions can read as good neighbours to heritage frontages and as active contributors to Country’s health—supporting cultural visibility, and making every patient journey calmer, shadier and easier.



06



Design Response



A Functional Response

The hospital is planned for operational efficiency: floorplates are tuned to patient pathways, staff movement, and service delivery, with clear separation of public, clinical, and back-of-house flows. The building form expresses this internal logic, yielding a coherent, purpose-built solution.

Flexible, modular layouts anticipate future models of care.

A climate-responsive envelope—articulated façades, solar control, and opportunities for natural ventilation—works with energy-efficient systems, water-sensitive design, and low-impact materials to enhance performance and resilience.

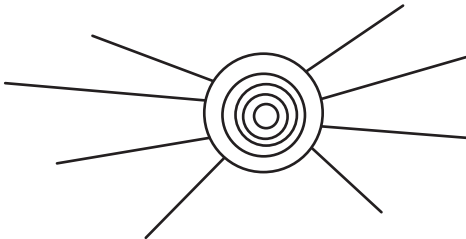


Intuitive and Welcoming

Public spaces are simple to read and inviting, with clear entries, generous breakout areas, and a sunlit café that opens to outdoor seating—encouraging moments of pause and connection.

Daylight, views to landscape and healing gardens, and fluid interior circulation create a calm, natural flow for patients and visitors.

At ground level, curated wall elements and a commissioned ceiling artwork share the story of the La Perouse resettlement of Traditional Owners, embedding truth-telling and cultural healing within the everyday hospital experience.



Connected to Country

The architecture and landscape express a deep connection to Country through materiality, storytelling, and landscape.

Spatial planning and textures respond to local topography and natural patterns; terraces, courtyards, and planted edges support reflection, recovery, and ongoing relationship with nature.

Externally, the composition reflects the tones and narratives of the surrounding landscape and contributes positively to the Kogarah health precinct—activating the street and extending the existing pedestrian links

The design sets a considerate podium and ground plane that knits into adjacent context while maintaining a clear civic presence.

4.2 Concept Development

Design Approach



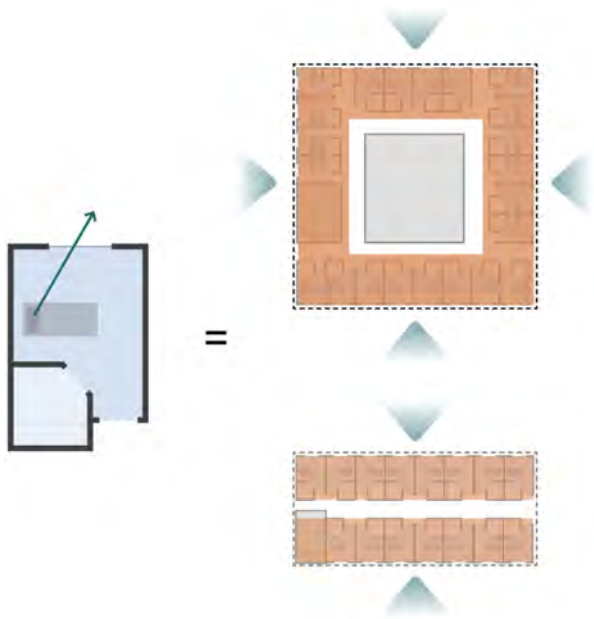
The design evolution began with a rigorous analysis of site opportunities, constraints, and precinct context.

- Functional Zoning
- Clinical flows, public circulation, and service areas were diagrammed to ensure efficiency, patient privacy, and staff operational ease.
 - Separation of public, patient, and service flows informed the overall building layout.

- Early diagrams explored optimal height, orientation, and solar access.
- The 7-storey form was determined to maximise functional floorplates while respecting neighbouring residential amenity and precinct scale.

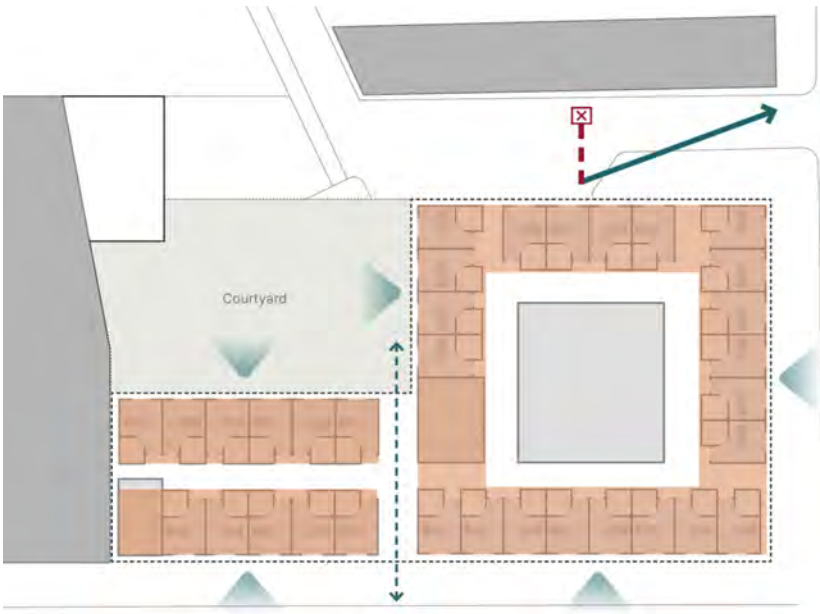
- Relationship to Country
- Concept sketches translated the understanding of Country into terraces, courtyards, and material expression.
 - Early landscape strategies explored integrating native planting, water-sensitive design, and healing gardens within the site.

01



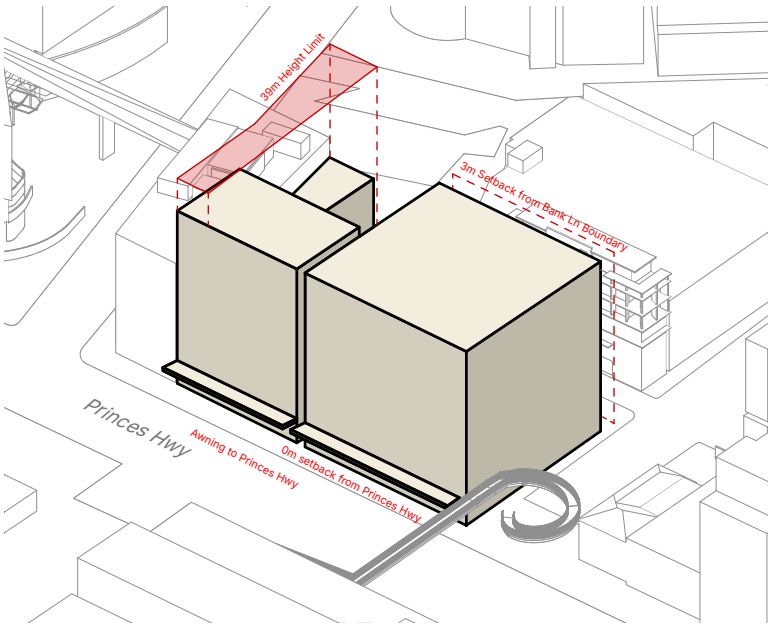
Define a floorplate which addresses the service efficiency required of an Inpatient Unit, whilst maximising the outlook and privacy for each of the private rooms

02

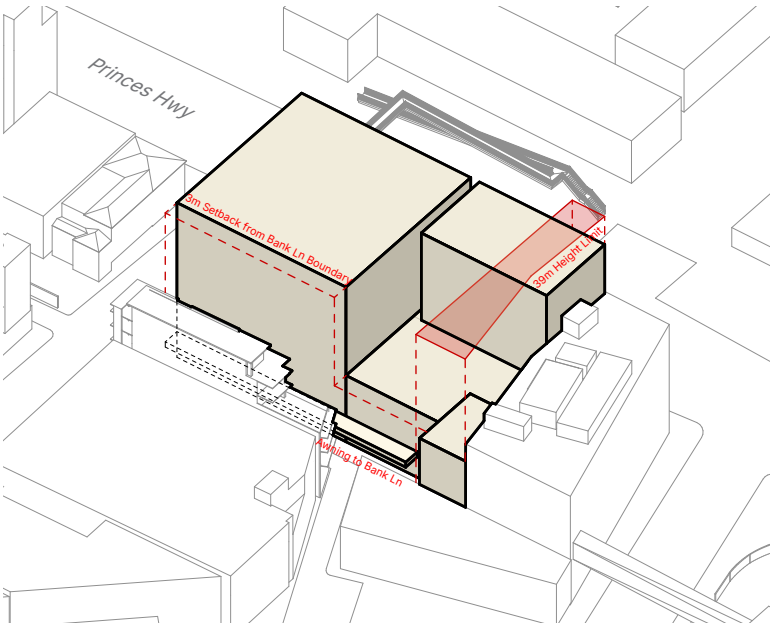


Combine the planning modules to deliver an efficient IPU (31-34 Patient Rooms)

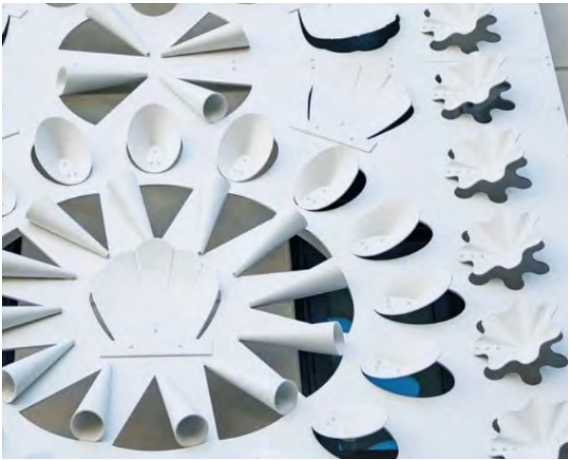
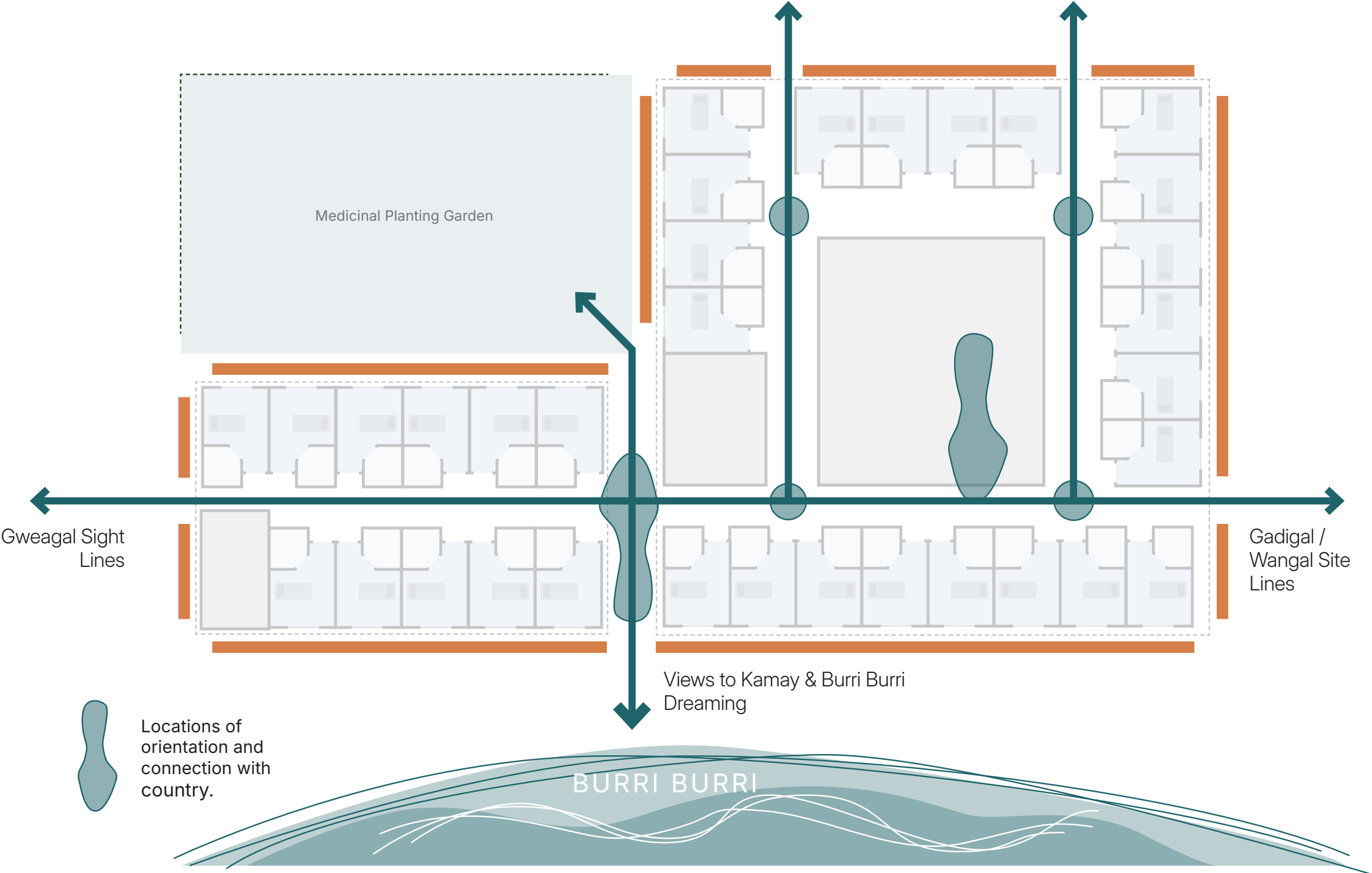
03



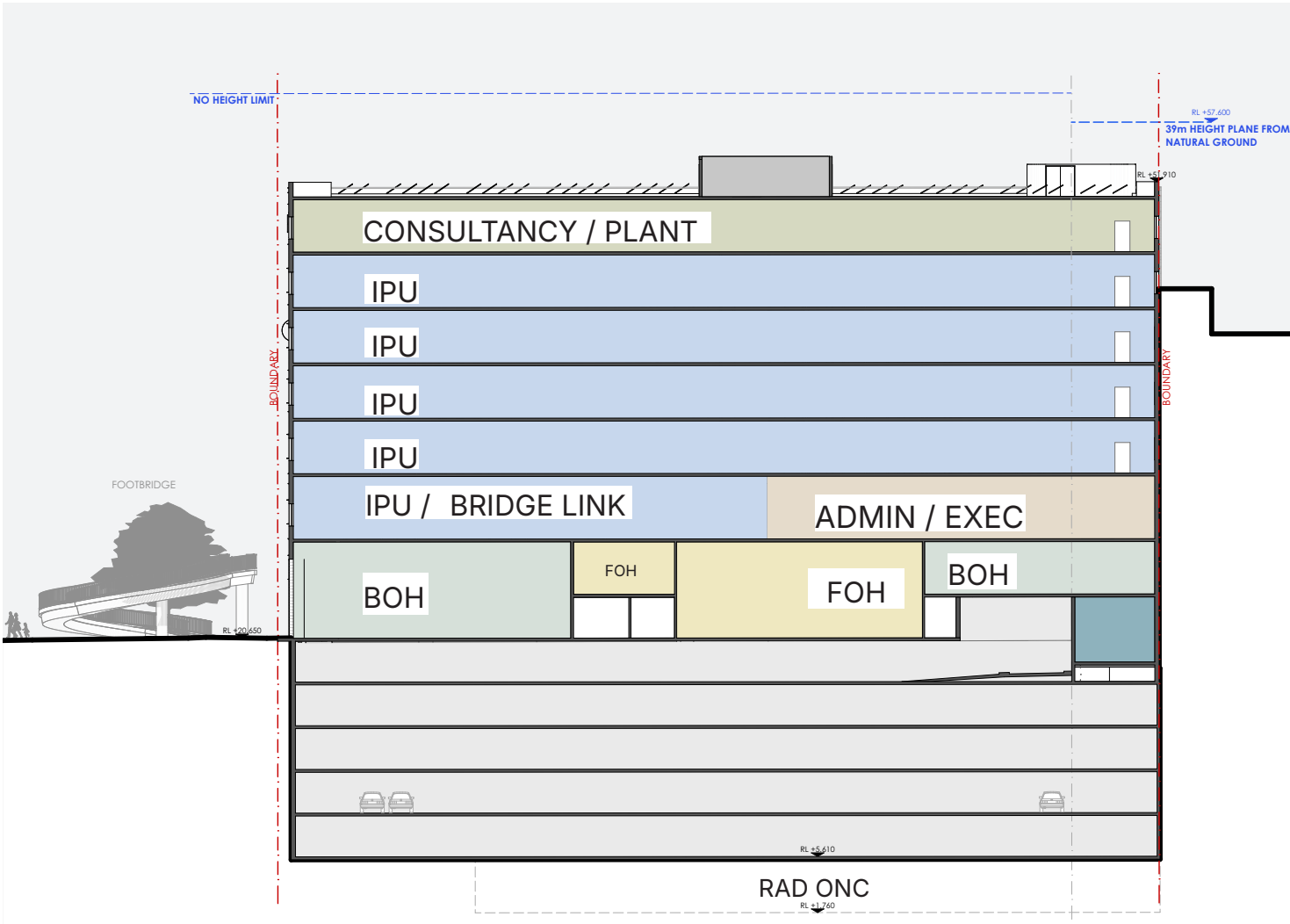
Extrude the volumes to achieve the brief requirements whilst respecting the required setbacks and height planes. Utilise the logic of the floorplate to articulate the volumes in a meaningful way



4.4 View Orientation and Country
Design Approach



4.5 Built Form
Design Approach

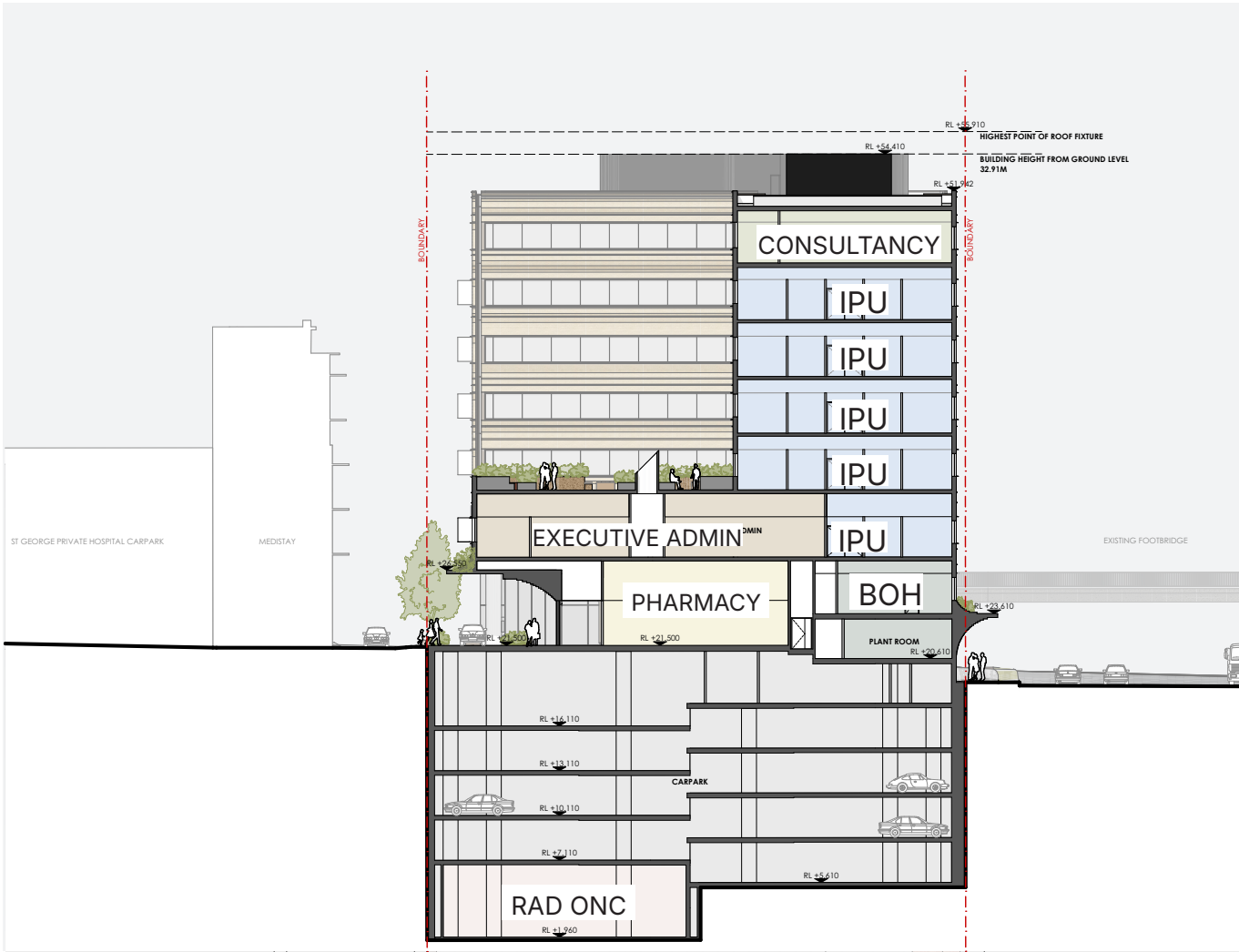


Section (North - South)

The hospital comprises a podium base supporting a 7-storey clinical tower. The podium addresses the street with transparent, active frontages, integrating lobby, reception, and public amenity spaces.

Upper levels are articulated with horizontal façade modulation

The building form is designed to maximise daylight penetration, views, and natural ventilation where possible.



Section (West-East)

The building acknowledge the proximity of a neighbouring development across Bank Lane by utilising the footpath widening zone to set the building back from Bank Lane and incorporating a western window solar shield to redirect the views out of the windows to the north.

The southern component of the tower is further set back creating a patient garden at level 2 on top of the podium

4.6 Materiality
Design Approach



The building's materiality is deliberately of Country: a calm, layered skin of high-recycled brick slips in five sandstone-toned bands that read as strata rather than stripes, giving the façade the quiet authority of a weathered cliff.

Horizontal struck joints and tonal breaks amplify that sedimentary reading, while deeply recessed windows sit back in shade to heighten relief and reduce glare. Slim projecting sunhoods and fine intermediate projections register like rock ledges—drawing strong shadowlines, doubling as drip grooves to cast water clear of the wall and cut maintenance.

At corners and internal termini, the façade separates into crevices: dark recessed louvre throats and carefully tuned reflective glazing that catch a sheen like water in a shaded chasm, offering controlled glimpses while retaining privacy and depth.

Orientation refines the language without breaking it. On the north and east, the sunhoods stay horizontal and minimal; on the west, white metal projecting hoods are introduced—angled to bias views north and screen neighbours while blunting the low afternoon sun.

Their pale, leaf-like presence recalls the silvery foliage of the Gum Tree, ensuring the shading reads as part of the place rather than an add-on.

Above the podium garden, projecting fins deepen within the recessed wall to extend self-shading, modulate views, and enrich the façade's play of light.

Across the elevation, ribbon windows are composed as a neutral, continuous datum:

high-performance double glazing achieves an intentional 25/75 vision-to-solid ratio by deploying insulated spandrels behind the same outer glass, preserving continuity while allowing layouts to adapt over time. Internal operable louvres let patients tune light and outlook; sills at ~900 mm ensure clear seated and bed-height views—small but critical gestures that dignify the patient experience, consistent with the project documents' emphasis on comfort and agency.

The awnings to east and west grow directly from the layered brick logic, presenting as stone ledges with planting at their tops—like grasses finding purchase on a cliff edge. Their curved soffits return as a darker vertical, reading as a naturally eroded underside that continues to the ground plane, knitting canopy, wall, and street.

At the street edge, clear glass opens the interior to view, easing the threshold and reducing the stigma of "entering the unknown"; the hospital's functions are legible from the public realm, aligning with the design intent to replace opacity with welcome.

Beneath the porte-cochère and through the lobby, a bespoke terrazzo extends the story underfoot: a warm matrix inlaid with random aluminium strips that abstract the fallen Casuarina needles. This pattern acknowledges local Aboriginal knowledge shared through consultation and reflected in the submissions: the needle "blankets" where elders and young were guided to rest—soft, visible, insect-resistant, and safe. As a hospital arrival surface it becomes emblematic and practical at once: stable, comfortable, and easy to read, signalling care before one even crosses the threshold.

Taken together—brick, metal, glass, planting, and ground—the palette is restrained, durable, and of place. It draws from the coast's stratified stone, the shimmer of water in crevice-shade, and the pale leaves of bush trees; it honours cultural stories of rest and safety; and it embeds functional performance within the expression: shading that also sheds water, projections that deepen shadow and reduce cleaning, glazing and spandrels that balance efficiency with future flexibility.

The result is a healing architecture that feels anchored, legible, and generous: Country translated into care.



Eucalyptus leaves



Casuarina Tree



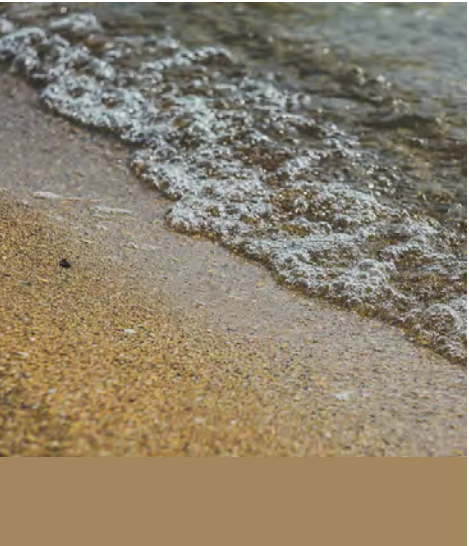
Planting



Casuarina Needles

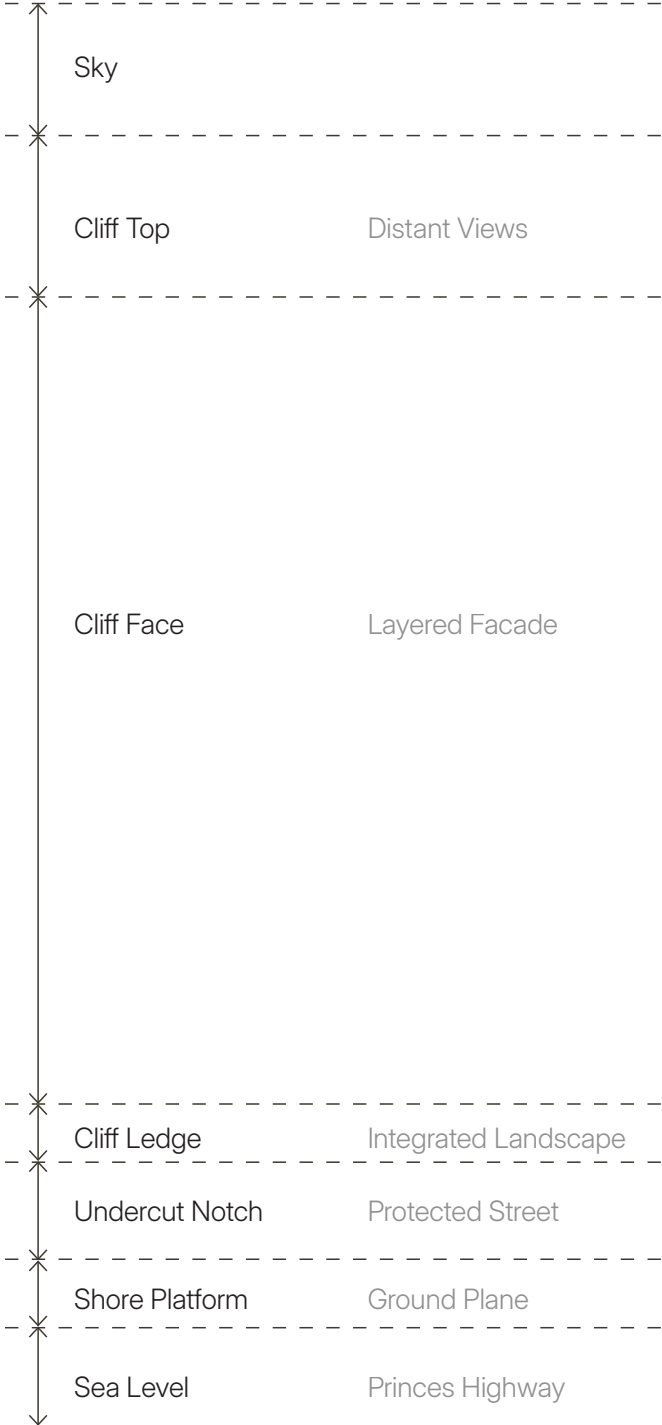
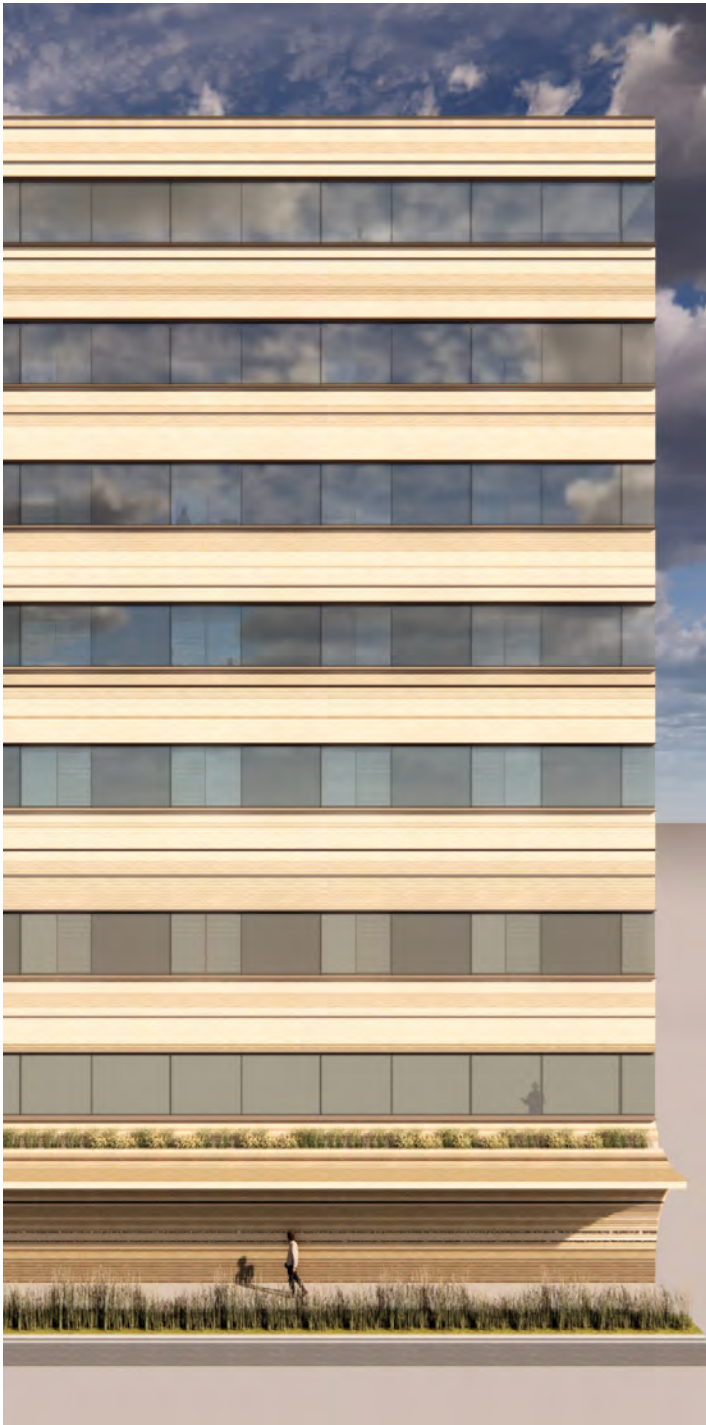


Sandstone



River Sandbank

4.6 Materiality - Facade as an Allegory
Design Approach



Allegory
Sandstone Cliffs



Telling Stories
Local stories and statements are set upon the wall, imparting knowledge of country as one walks along the buildings east and west façades.



Layered Materials



4.6 Materiality - Facade as an Allegory Design Approach

A projecting awning on the west facade emerges organically from the brick strata, like horizontal stone ledges protruding from a cliff. This projection is clad in the same brick material and banding as the main walls, reinforcing the layered geology concept much as sandstone ledges jut from a rock face, providing perches for vegetation, these architectural “ledges” are planted such that greenery drapes and softens the brick, further blending the building with its natural context.

Facade Design





Our approach begins with people and Country.

Human comfort, dignity and cultural safety drive every decision—from 900 mm sill heights and operable internal louvres that let patients control light and outlook, to deep-set windows and sunhoods that calm glare and reduce heat without heavy visual clutter.

The facade’s brick slips—specified with high recycled content and arranged in five sandstone-toned strata—anchor the building in place while keeping whole-life carbon low. A restrained 25/75 vision-to-solid ribbon window logic preserves daylight and views but future-proofs planning, with insulated spandrel zones that can shift as clinical needs evolve.

At the ground plane, terrazzo with fine aluminium inlays recalls Casuarina needle “blankets,” carrying a story of rest, safety and wayfinding into the arrival sequence; clear glazing to public edges removes the stigma of the unknown by making care visible.

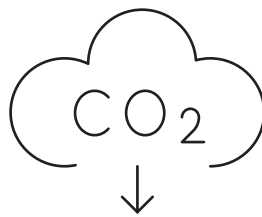
Performance is treated as ecology, not add-on: a highly insulated rainscreen wall, deep reveals and orientation-specific shading reduce operational energy; projecting hoods and drip details shed water clear of the brickwork to minimise staining and maintenance; podium gardens, planted awnings and endemic species increase urban biodiversity and create micro-restorative moments.

Circularity is embedded through material choice (carbon-conscious facade build-up) and adaptability (reconfigurable glazing/spandrels); water is handled with considered collection and runoff control; active and legible pedestrian routes and targeted vehicle movements improve transport safety and comfort.

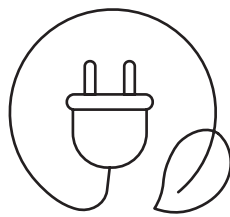
Together these measures build resilience—environmental, cultural and operational—so the project not only performs on day one, but continues to do so as the grid decarbonises and clinical models change, delivering a hospital that is efficient, restorative and unmistakably of its place.



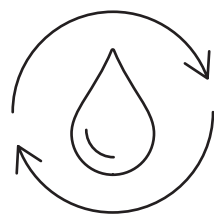
Human Factors



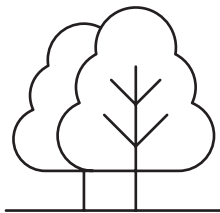
Whole Life Carbon



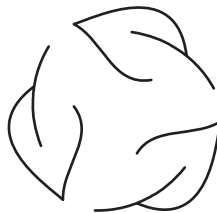
Energy Sources



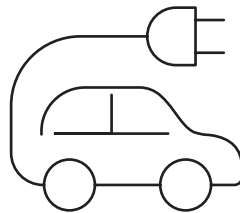
Water



Biodiversity



Circularity



Transport



Resilience

Design for a Better Tomorrow

Design Approach



The façade is conceived as a layered reading of Country.

High-recycled content brick slips are composed in five sandstone tones to echo the escarpment strata; horizontality is strengthened by struck joints and fine projecting ledges that double as drip grooves, keeping water clear of the wall and sharpening shadow.

Planes part at corners and internal termini to form crevices; dark recessed louvre throats and occasional reflective glass suggest the sheen of water in shaded rock. Projecting awnings grow from the brick strata like cliff ledges, planted to weave the integrated landscape and buffer planting into the façade story.

The build-up is tuned for low-carbon performance without compromising care. A compact form factor (≈ 0.54), a highly insulated ventilated wall, and a disciplined 25/75 vision-to-solid ribbon window logic (with insulated spandrels behind the same external glass) reduce heat gain while preserving distant views and future planning flexibility.

Orientation-specific shading and self-shadowing fins cut operational energy; drip details and durable brick slips minimise cleaning and extend life.

Electric-only services, efficient fixtures/lighting, and rooftop solar align the envelope with a decarbonising grid, while the carbon-lean façade specification, reduced aluminium, continuous external insulation) targets a fraction of typical hospital façade embodied carbon. Together, the material language and the assembly deliver a balanced, high-performing façade: culturally grounded, clinically calm, and demonstrably climate-responsible.



Decarbonising Grid
Design Approach



The diagram plots two things over time: the building's steady energy use (kWh) and the NSW grid emissions factor (kgCO₂e/kWh) stepping down towards ~zero as the grid decarbonises.

As the green dots (emissions factor) fall, the dark portion of each bar (operational carbon) collapses—even if the kWh stay broadly

constant. This means that the same kilowatt-hour emits less and less CO₂e each year until it contributes almost nothing by mid-century.

This defines that up-front, embodied carbon becomes the dominant part of a façade's climate impact, because it is "spent" on day one and never decarbonises. Adding high-carbon components (e.g., heavy aluminium

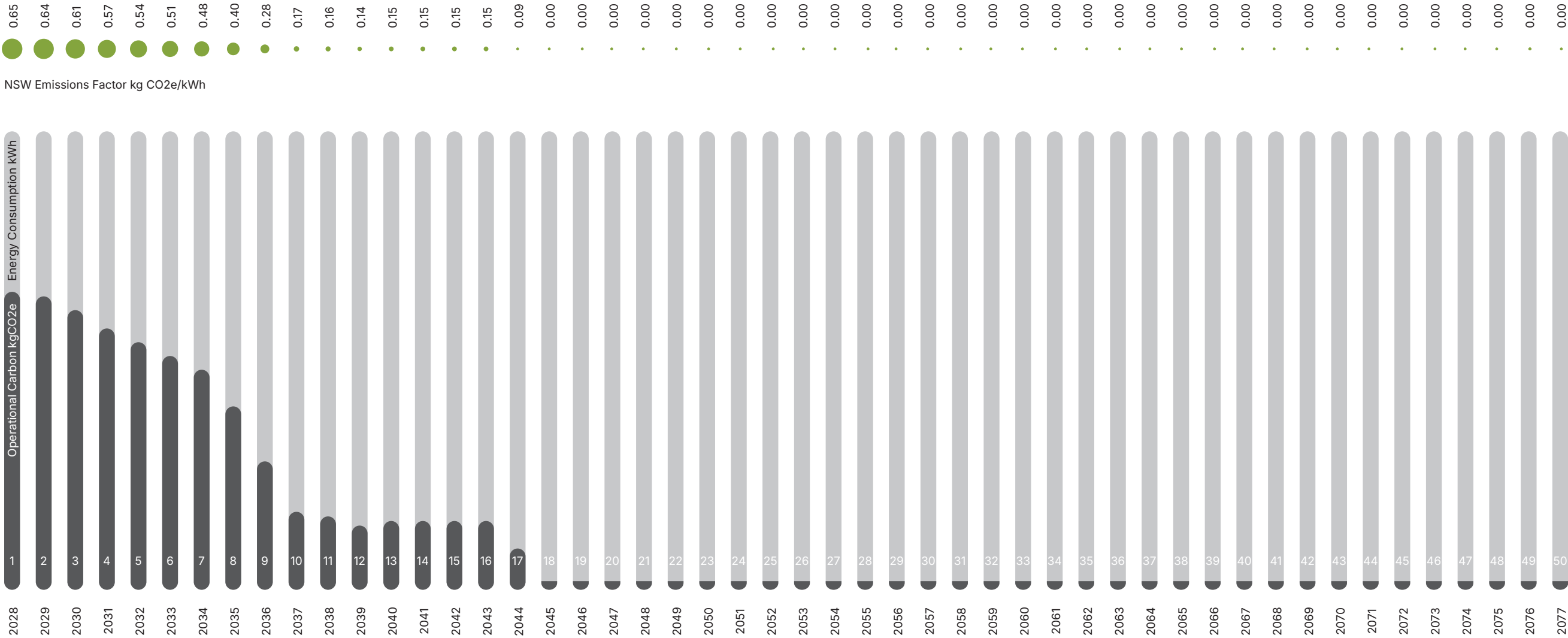
louvres, deep metal fins, oversized double skins) that only squeeze out marginal energy savings will never pay back their manufacturing emissions as the grid cleans up.

The project's façade strategy follows this logic. We spend carbon only where it yields large, durable gains—compact form factor, continuous external insulation, 25/75 vision-

to-solid ribbons with high-performance double glazing, and orientation-specific hoods (slim horizontals north/east; targeted white hoods west).

Everywhere else, we avoid carbon-intensive mass: brick slips with high recycled content rather than full brick; reduced aluminium; integrated drip ledges that double as shading

and maintenance protection; self-shadowing from layered bands and recesses instead of bolt-on devices. The result is a façade that is of Country and of low carbon. In short: prioritise low-embodied materials and only use higher-carbon systems where they deliver step-change reductions in energy—not just incremental gains that the grid will soon make irrelevant.



Facade Design Detail

Design Approach



The façade is conceived as a high-performance, low-carbon envelope tailored to patient comfort and clinical reliability. A disciplined 25:75 window-to-wall ratio balances daylight and outlook with glare control and thermal performance, while continuous double glazing with insulated spandrel/back-panels delivers excellent acoustic separation for wards. Amenity is adjustable at the room scale: internal, user-operable louvre screens let patients and staff tune privacy, brightness, and reflections without interfering with clinical operations, and are teamed with considered external sunshades and intermediate projections that temper solar gain and protect the façade in heavy weather. The glazing banding and opaque panels are “designed for flexible use,” allowing bed, bathroom, and equipment layouts to shift over time without changing the exterior rhythm.

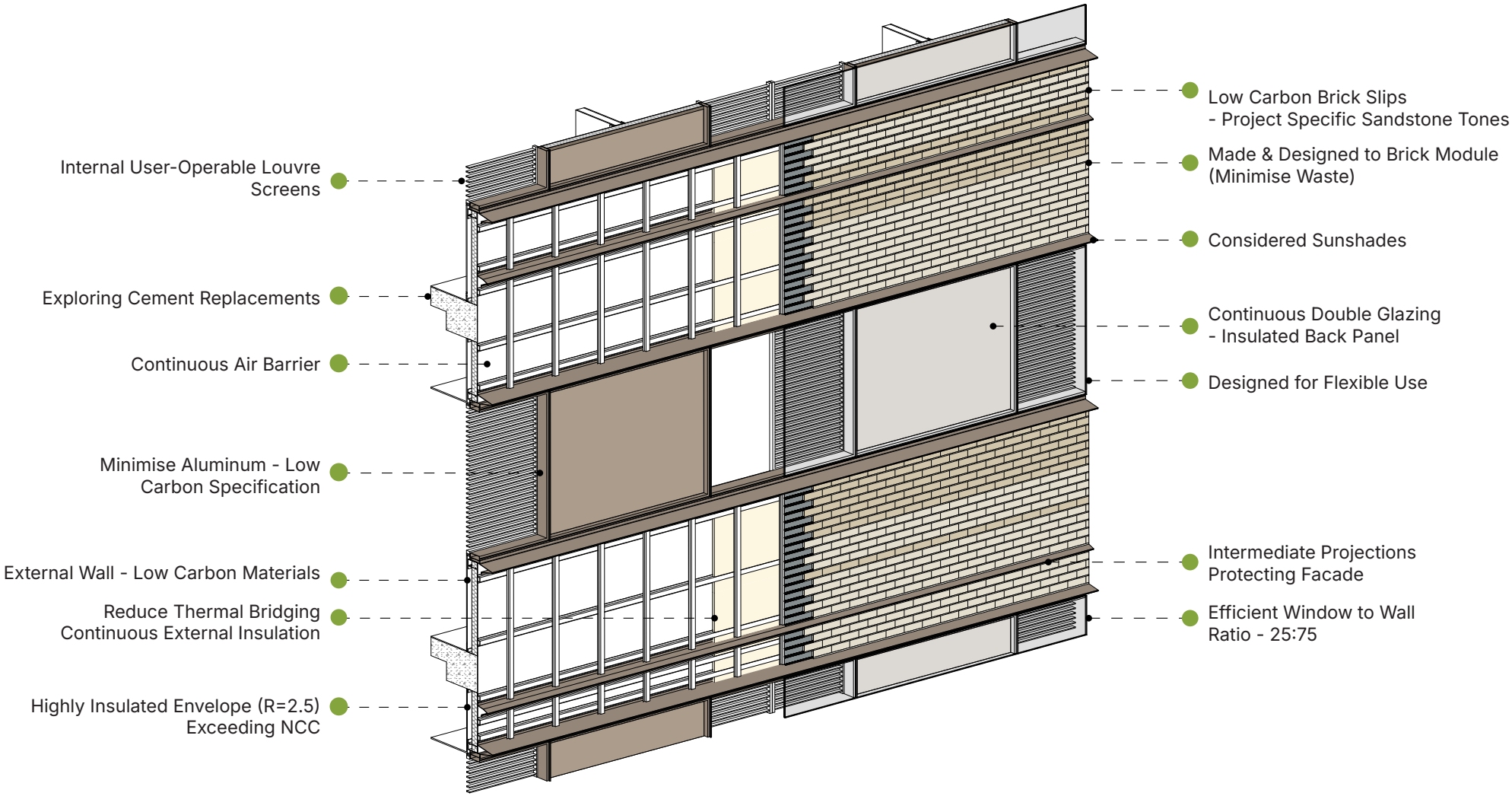
Behind the expression is a rigorously resolved building physics layer. A continuous air barrier supports stable pressurisation and infection-control regimes, while continuous external insulation and thermally broken details reduce bridging across structure and sub-framing. The wall build-up targets a highly insulated envelope (R≈2.5), exceeding NCC baselines to cut loads and lift winter comfort. Material intensity is deliberately minimized: aluminium is kept to essential, low-carbon specifications; external wall components prioritise low-carbon materials and cement-replacement mixes; and all elements are set out to a strict module to reduce off-cut waste and simplify maintenance.

The brick-slip cladding applies rainscreen principles to achieve the project’s sandstone tonal brief with a lighter, lower-embodied-carbon system.

Brick slips—sized and coursed to a brick module—form the outer, non-airtight weathering layer. Behind them, a drained and back-ventilated cavity moves any penetrated

moisture away from the structure, with flashings and weeps at transitions, and fire-stopping/cavity barriers at floors. A continuous air- and water-resistive barrier over sheathing maintains airtightness, while the insulation sits outboard to keep the dew point in the ventilated zone and protect structure from thermal cycling.

Thermally broken rails and discreet mechanical fixings support the slips without compromising the continuous insulation. The result is a durable, repairable skin that meets clinical amenity needs today and preserves adaptability for the hospital over its life.



Because inputs are fully parametric, the tool enables continuous testing of design options: swapping materials, adjusting build-ups, or revising geometry instantly updates both embodied-carbon and cost benchmarks, supporting value management that balances financial and carbon budgets. Using this model, we have calculated the proposed façade design carbon level to be 98.5 kgCO₂e/m².

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Facade Design - Embodied Carbon
Design Approach



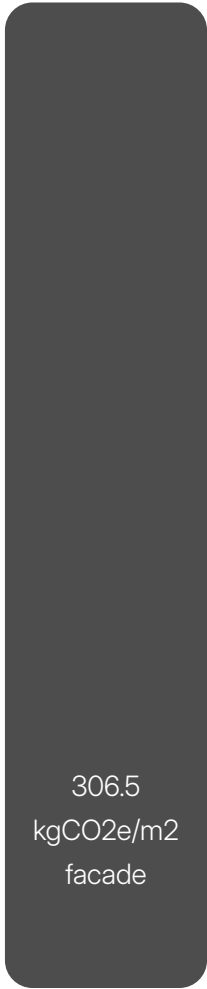
This diagram placed our proposed facade solution's embodied-carbon figure of 98.5 kgCO₂e/m² into context by comparing it to a like-for-like reference. We reran the same assessment method on a typical NSW Government hospital façade solution (circa 2012)—considered market-leading at the time and a fair industry benchmark for health projects—which measured 306.5 kgCO₂e/m².

Using those two numbers, the reduction of 68% is a saving of 208 kgCO₂e/m² against the benchmark.

While these results are indicative, they demonstrate the scale of improvement available through material selection and assembly logic. The design will be taken forward with further detailing, supplier-specific inputs, and independent peer review of our calculation methodology and model during design development to validate and refine the outcome.



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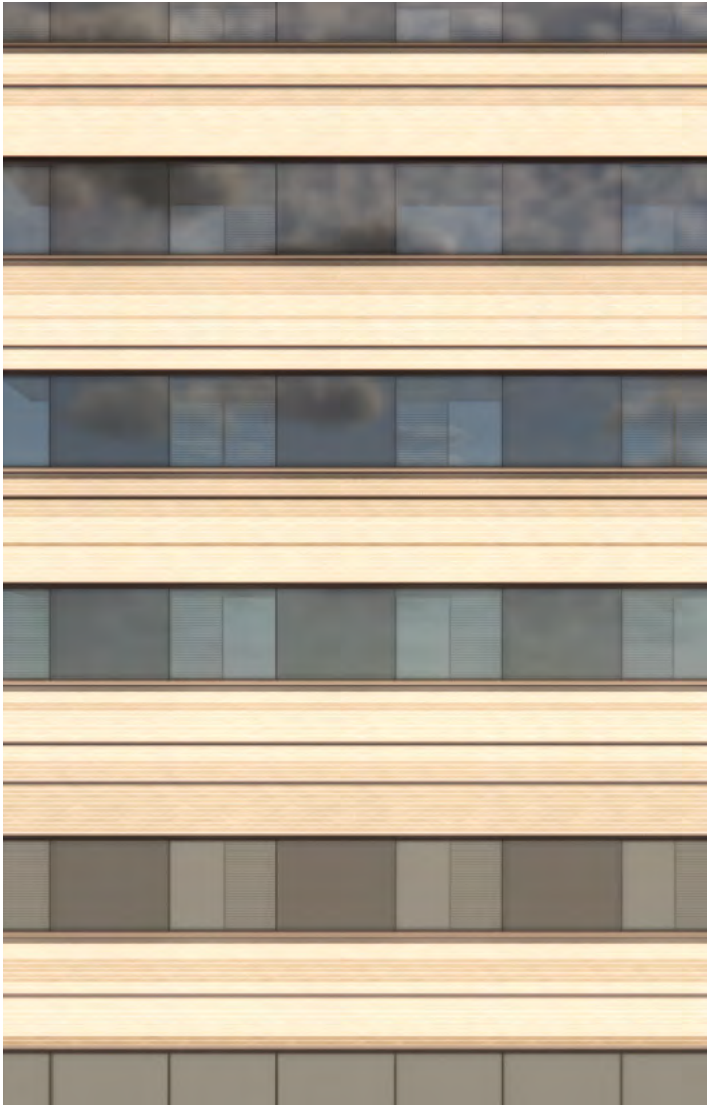
306.5
kgCO₂e/m²
facade

Embodied Carbon
(A1-A3)

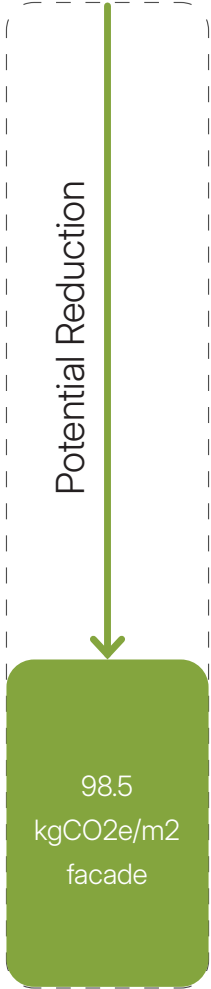
Typical Hospital Construction

Aluminum; Steel Top Hat; Galvanized Back Pan; Steel Stud Frame w/ Ins; Plasterboard

Double Glazing; Aluminum Frame



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98.5
kgCO₂e/m²
facade

Embodied Carbon
(A1-A3)

Proposed Facade Construction

Brick Slips; Steel Top Hats; Continuous Ins; RAB; Steel Stud Frame w/ Ins; Plasterboard

Double Glazing; Aluminum Frame; Insulated Back Panel

Design for Orientation
Design Approach



The treatment of each elevation has been carefully developed to respond to solar orientation, thermal load, and the balance between embodied and operational carbon. The controlling principle in the façade design recognises that, within the NSW policy context, the carbon intensity of grid electricity is forecast to reduce to net zero by 2050, with the NSW Department of Planning, Industry and Environment’s (DPIE) Net Zero Plan, Stage 1: 2020–2030 establishing a clear trajectory for decarbonisation of operational energy (NSW DPIE, 2020). This creates a design paradigm where operational carbon will progressively diminish, whereas the embodied carbon associated with extensive external shading elements remains a permanent carbon

investment (World Green Building Council, 2019). Accordingly, the façade strategy prioritises holistic envelope performance, balancing thermal efficiency, operational energy reduction, and material carbon. Key measures include:

High thermal performance: External walls achieve above-standard R-values, supported by a ventilated rainscreen cavity system with release zones beneath window heads, allowing hot air to rise naturally and reducing heat accumulation in composite wall layers. Optimised form factor: A compact form factor of 0.54 minimises exposed surface area per

unit of enclosed volume, substantially reducing heat load compared with conventional building typologies.

Window-to-wall optimisation: Glazing is limited to a maximum of 25% of façade area, lowering solar gain while maintaining daylight access and patient outlook.

Deepened shading through wall articulation: Windows are recessed to the inner face of the façade, increasing the functional depth of horizontal sunshades on northern and eastern elevations. Western façades adjacent to neighbouring buildings include external hoods to ensure privacy and high-performing solar shading.

Integrated shading and façade detailing: Projecting shades on solid brick walls reduce heat load and act as drip lines or cornices, supporting maintenance and durability over the life of the building. Solar modelling demonstrates that the west-facing façade within the garden recess is largely self-shaded by the building form. The horizontal sunshades above the windows have a depth to 450mm compared to the 200mm on the northern and eastern facades - measured from the glass surface. On the summer solstice these western windows fully lose advantage of the horizontal shading and deep window recess by 7.00pm demonstrating the benefit of the increase in depth of these elements.

Vertical sunshades offer no assistance unless they angle in front of the windows, noting that 75% of the façade is solid, to block the outlook for the r here to preserve patient outlook and amenity, as they would have required significant depth to impart any real value. This would dramatically alter the outlook particularly for bed and recovery chair positions.

Noting the 25/75 window wall ratio and the use of high performing glass, the proposed solution moderates all of these scenarios providing the optimum balanced solution.

This approach reflects international best practice: embodied carbon must be carefully considered in façade design, particularly

when operational energy is increasingly decarbonised. By balancing operational and embodied carbon, the design focuses on achieving the greatest sustainability benefit while protecting the comfort, privacy, and amenity of building occupants.

The façade will continue to be refined during detailed design with more accurate energy and carbon modelling, evaluating the trade-offs between embodied and operational carbon alongside financial operational costs, outlook, and amenity. The current design demonstrates an exemplar approach that responds directly to the true issue—carbon—within both local and global policy contexts.



North and East Facade Shading



West (Bank Lane) Shading



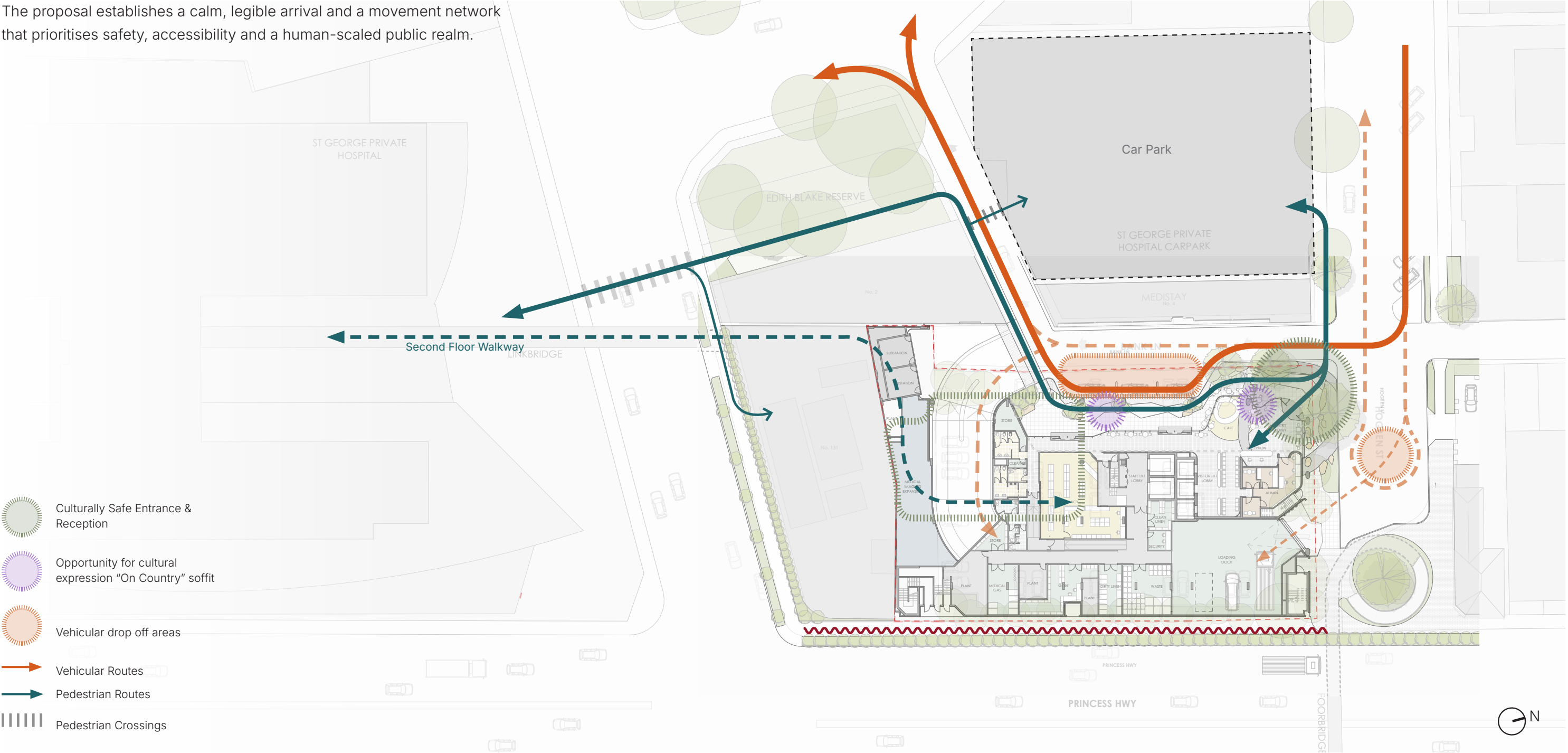
West (courtyard) Shading

References:
NSW Department of Planning, Industry and Environment (2020). Net Zero Plan Stage 1: 2020–2030. NSW Government.
World Green Building Council (2019). Bringing Embodied Carbon Upfront: Coordinated Action for the Building and Construction Sector.

Public Domain and Landscape



The proposal establishes a calm, legible arrival and a movement network that prioritises safety, accessibility and a human-scaled public realm.





The proposal establishes a calm, legible arrival and a movement network that prioritises safety, accessibility and a human-scaled public realm.

The double-height lobby at the corner of Hogben Street and Bank Lane acts as the visual anchor and address. Its prominence on approach organises decisions for all users and sets the tone for a welcoming, healthcare-appropriate environment.

Vehicle Movements & Access

The primary vehicular approach is from the west along Hogben Street. On arrival, visitors, staff and patients immediately read three clear options. Those intending to park use the public car park to the north of the site and then continue on foot to the lobby.

Those seeking short-stay access turn into Bank Lane and use the porte cochère for drop-off or pick-up before re-entering Bank Lane.

Drivers requiring longer-stay parking enter the basement car park from Bank Lane and exit via the one-way arrangement.

The clarity of these choices is reinforced by direct sightlines to the double-height lobby and the corner address marker at Hogben/Bank Lane, reducing hesitation and minimising circulation conflicts.

Pedestrian Movements & Connectivity

Pedestrian desire lines are simple and direct.

From the northern public car park, people exit onto Hogben Street and make a short, visible walk to the front entry.

From St George Private Hospital on South Street and neighbouring providers, pedestrians traverse Edith Dawson Reserve on established paths and continue along a new footway south of Bank Lane.

This connects seamlessly to the porte cochère and the footpaths that thread back to Bank Lane and Hogben Street. An additional

southern entry from the Hogben Street public car park is tied into the network via a formal pedestrian crossing to the new Bank Lane footpath.

For weather-protected movement between campuses, staff and patients on the South Street side can use the existing upper-level walkway into the Consulting Suites building and a new Level 1 link into this proposal.

Active Transport & School Interface
(Princes Highway Walkway)

At the eastern end of Hogben Street, a bicycle and pedestrian ramp ascends to the elevated walkway over the Princes Highway, serving the nearby public school and TAFE.

This area presently functions as an informal and unmanaged school kiss-and-drop, which conflicts with the entry and exit to the 76+ space car park on the site.

The design response is to locate a secondary loading dock at this corner, a facility sized for limited daily use (approximately five to six movements) that is materially lower impact than a car-park entry. Alternative locations were tested; however, these would have removed the essential porte cochère or shifted the car-park entry to this point, increasing traffic activity.

The dock entry complies with all codes and is set back within the building line to maximise sightlines and support forward-exit manoeuvres. A highly glazed northern façade provides passive surveillance of the precinct, while integrated seating within the landscape supports waiting students during peak periods.



Hogben Street East End Termination Zone

Street Edges, Activation & Public Realm
Public Domain and Landscape



Hogben Street & Bank Lane
(Primary Address)

The main entry shares the corner with a café, bringing everyday activation to the forecourt and strengthening passive surveillance.

The café opens to the widened Bank Lane footpath, where an external seating area and a servery window offer convenience to passers-by as well as building users.

Seating is deliberately informal so that amenity remains available regardless of café trading hours.

Landscape planting is composed to admit northern sun and provide mid-summer shade, while a planted verge along Bank Lane softens the edge and buffers patrons from traffic.



The Building Entry and Cafe Zone to the corner of Hogben Street and Bank Lane



Eastern Elevation
Princes Highway Interface

The eastern elevation observes the zero setback required by code and introduces a projecting awning that is expressed as part of the façade order. Because pedestrian activity is limited and the kerb is subject to no-stopping controls, activated uses are not located on

this frontage. Instead, the façade reads as a disciplined, robust edge that returns to the vertical ground alignment. Service points are minimised and detailed to meet safety and CPTED principles.

The building envelope is functionally articulated, with a central vertical slot offering outlook from circulation and lounge areas on each floor.

A reinstated landscape buffer to the Princes Highway provides separation and a sense of security from heavy traffic while maintaining clear sightlines for passive surveillance of pedestrian movement.



Western Elevation
Bank Lane Interface

A signature projecting awning appears to grow from the façade and extends across the western elevation, sheltering the pedestrian zone, café seating and the porte cochère.



Eastern Elevation
Princes Highway Interface

The language continues indoors, folding down the internal glass façade at the rear of the porte cochère and aligning with the lobby ceilings to create a coherent threshold sequence.



Bank Lane Termination

To the south of Bank Lane, the plant-room end wall continues the brick-slip cladding in a hit-and-miss pattern. A large-format portrait mural overlays this pixelated screen, terminating the Bank Lane vista and enriching the laneway experience.

Artwork will be developed with Ramsay Health and local community partners, with interpretive signage totems communicating the narrative.



Functional Planning

Urban Design - The Ground Floor Plane

Functional Planning

The ground floor is planned as a calm, legible threshold between the public realm and clinical destinations. Arrival at the Hogben Street/Bank Lane corner is reinforced by a double-height volume, clear sightlines to reception and lifts,

The composition balances activation (café and seating), patient privacy (screened waiting) and efficient back-of-house flows.

Entry and Reception

On entry, the information/reception desk is immediately visible and positioned to command views to the doors, lift lobby and key desire lines. The counter accommodates seated and standing users. A secondary door beside the desk provides controlled access to the support office or an allied health suite without mixing public and staff circulation.

From reception, wayfinding is simple: public lifts ahead, café and forecourt to the west, and amenities located at the end of the public zone.

Café & Forecourt Interface

The café fronts the western edge of the lobby against the double-height glass wall, visually connecting to external seating in the widened Bank Lane footpath. Northern sun and mid-summer shade are balanced by partial awning cover and planting. A servery window activates the edge during peak periods while indoor seating supports quiet dwell for patients and carers. Finishes are durable and low-maintenance; the Casuarina needle-mat motif continues through the floor plane, soft-fading to the public paving palette at thresholds.

Waiting Environment & Patient Experience

Opposite the public lifts, the primary waiting zone is intentionally lower in ceiling height, creating a quieter, more intimate setting. A continuous planter band rings the area to provide a sense of enclosure and privacy without compromising passive surveillance.

Interview rooms are accessed directly from this waiting area via discrete doors, allowing private conversations without traversing public corridors.

Vertical Circulation & Ceiling Language

Moving past the lift lobby, the feature ceiling of the double-height space resolves to a single-volume height, aligning with the underside of the external porte-cochère awning downturn. This shift is used as an orientation cue and to modulate acoustics, glare and lighting levels between the arrival hall and deeper interior. Integrated wayfinding and lighting bands reinforce the primary routes.

Pharmacy & Support Tenancies

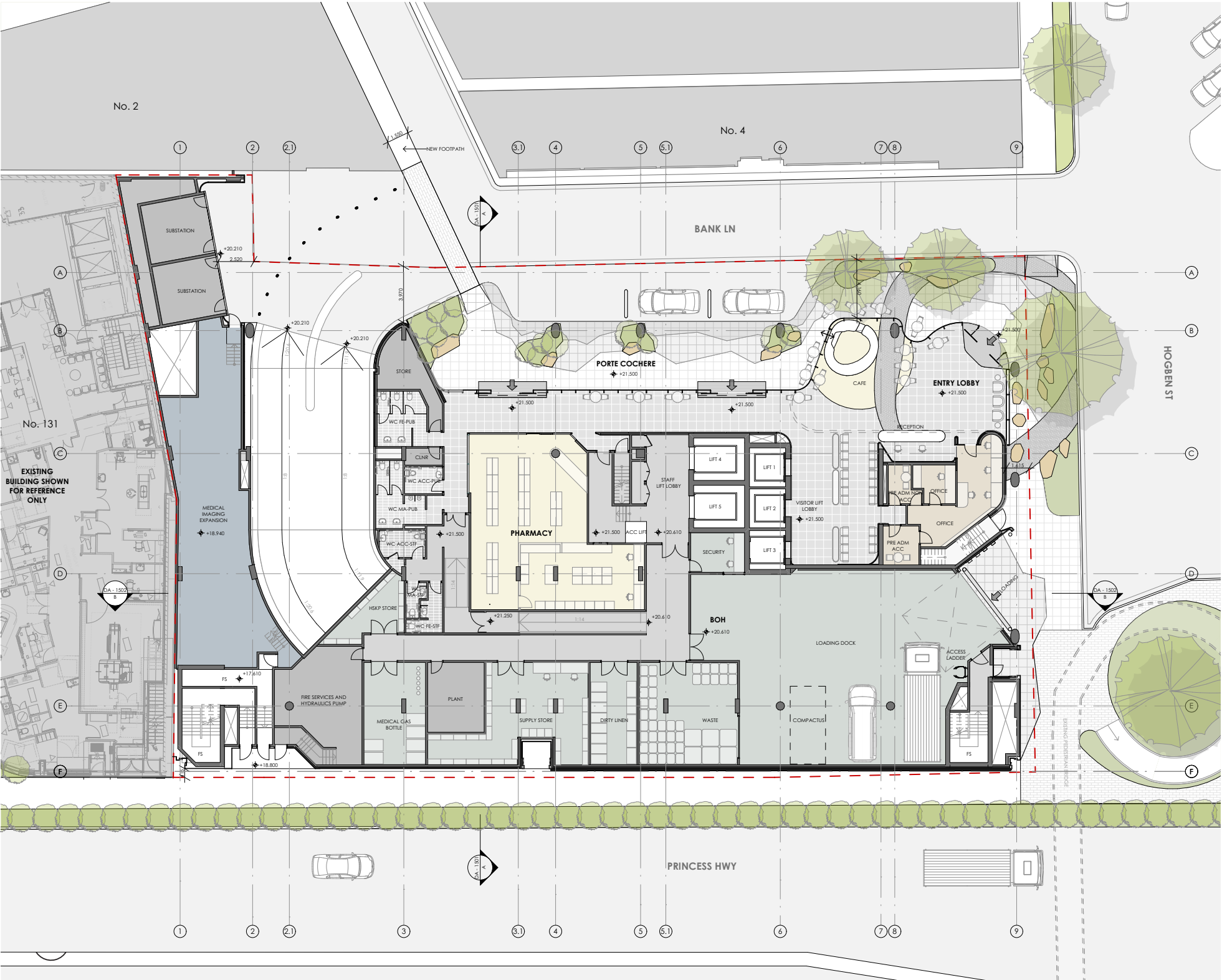
A full-service retail pharmacy fronts the public lobby corridor to meet patient and visitor pharmaceutical and convenience needs. A discreet staff dispensary access point is provided off the staff corridor, enabling back-of-house operations, deliveries and clinical liaison without crossing public paths.

Back-of-House, Staff & Servicing

Secondary, low-visibility entries from the lobby lead to the staff dispensary zone, staff lifts, stores, waste and loading. The back-of-house layout is organised around clean supply in/ waste out flows with clear separation from public areas. A DDA-compliant internal ramp sits inside the security line, providing universal access to BOH levels and enabling stretcher transfers directly from the porte cochère when required—preferable to movements via the loading dock. Staff amenities and change are located beyond access control.

Amenities & Accessibility

Public bathrooms are located at the logical end of the public sequence. Fixtures meet accessibility requirements with ambulant and accessible cubicles. Intuitive signage support independent navigation for all users.



Urban Design - The Ground Floor Plane

Functional Planning



Porte Cochère & External Links

The porte cochère provides weather-protected pick-up and drop-off in immediate proximity to reception and the lift lobby.

It functions as a safe transfer zone for mobility-impaired and stretcher patients, and as a pedestrian connector between the new footway south of Bank Lane and the widened footpath and landscape zone at the northern end of Bank Lane.

Kerb alignments, crossfalls and lighting are coordinated so step-out areas are level, well lit and legible.

Services Interface & Site Geometry

The south-west dog-leg of the property boundary is used to resolve critical services and access. Recessed substations are set behind acoustic doors and clear of the primary pedestrian path, while on-grade crossovers accommodate basement car-park entry and exit with compliant sight lines. These moves keep utilities out of the forecourt and maintain the clarity of the address at Hogben/Bank Lane.

Future Provision – Imaging Expansion

A defined zone south of the car-park access is reserved for future expansion of neighbouring imaging services. Structural and services allowances (floor loading, power, medical gases/points of connection, acoustic separation and ICT pathways) are planned now to avoid rework. In the interim, the area presents as a neat soft-fit shell or back-of-house extension without compromising current operations.

Art, Identity & Cultural Narrative

The lobby wall carries integrated artworks and story lines co-designed with local Aboriginal community members, aligned with the project's healing through truth-telling intent. The treatment is durable, legible and respectful, complementing the sandstone-inspired material language and aiding wayfinding without overwhelming clinical calm.

Operations, Security & CPTED

After-hours, the ground floor shifts to a simplified entry mode: automatic doors maintain a secured vestibule with controlled access to lifts; CCTV, passive surveillance from the café frontage (when trading) and clear sightlines support safety. Glazing proportions, lighting levels and planting heights are set to avoid concealment while preserving comfort and dignity for waiting users.



The porte cochere ceiling reduces in scale at the entry threshold - providing a clear and visible link through to the building entry lobby

Functional Planning

Ground Plane Landscape

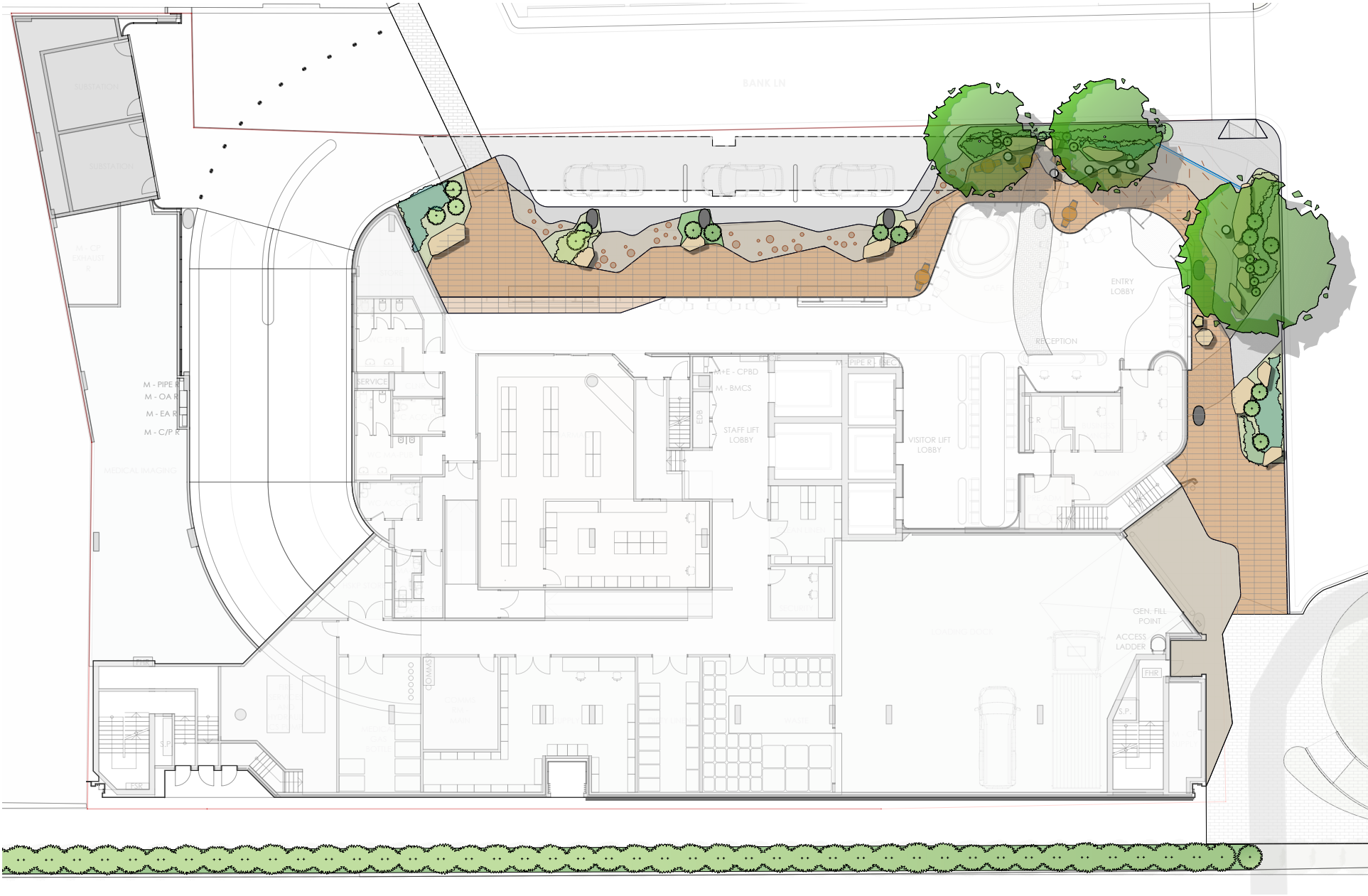


The landscape patterns are derived from the deep connection between land and sea inherent to the local area, drawing inspiration from sea-formed creases and weathering patterns observed on the surface of sandstone

The corner area of Bank Ln & Hogben St serves as an informal meeting place framed by native trees that provide shade and enclosure.

Casuarina needles inspire linear paving patterns, while sandstone seating shaped like canoes reflects local cultural ties.

Groundcovers like Casuarina 'Cousin It' weave through sandstone blocks, creating a natural, shaded gathering space. Small seating areas with rock-shaped benches at the vehicular drop-off softens pavement patterns and integrates low groundcovers, keeping clear circulation to the entrance.



Mezzanine Level

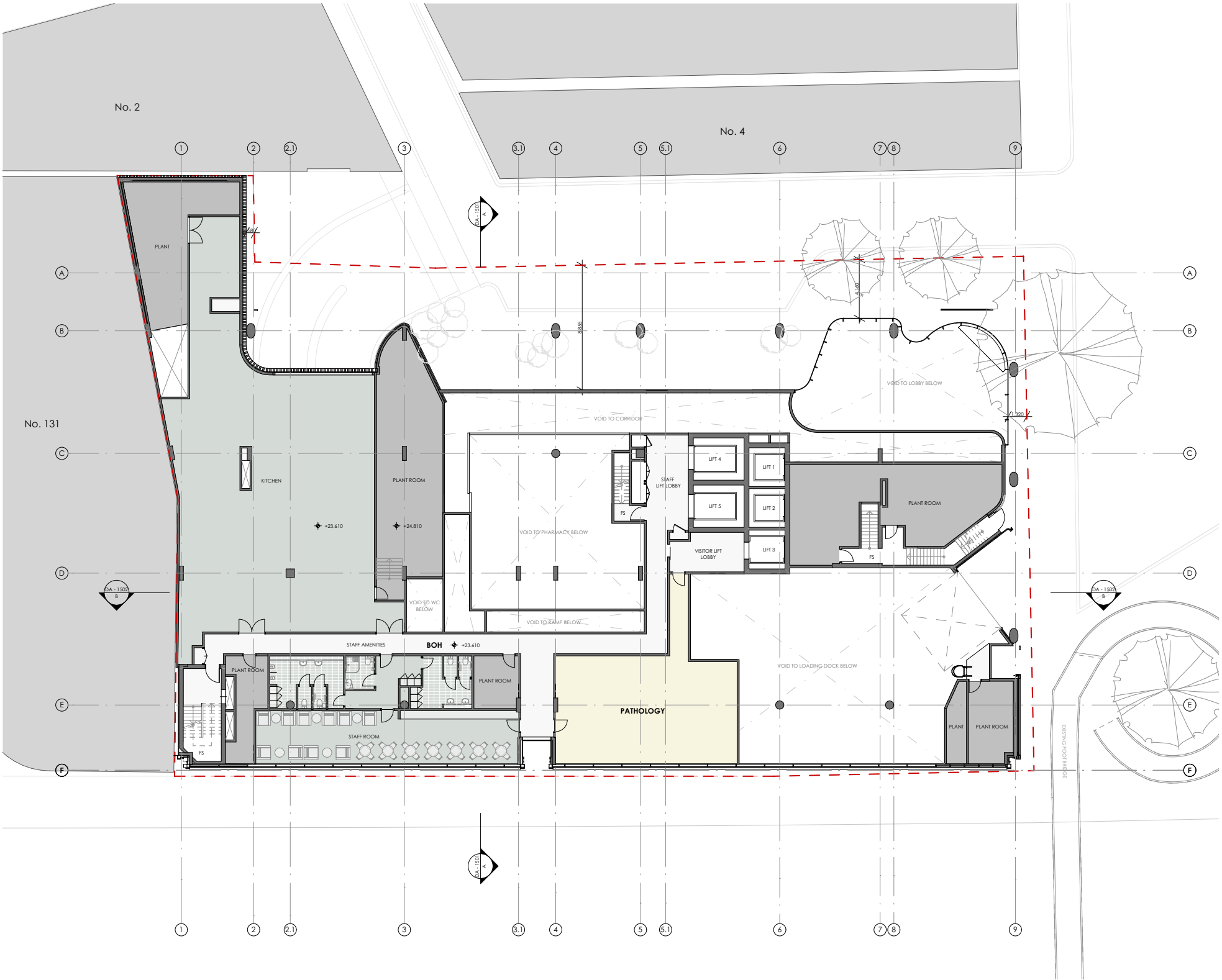
Functional Planning



The mezzanine floor is primarily dedicated to back-of-house and support functions, with the exception of a pathology collection tenancy located adjacent to the public lift core. Public access to this tenancy is via a dual-entry (twin-door) lift with a Destination Call system, providing direct, intuitive wayfinding while maintaining clear separation from service movements. BOH lifts are the principal vertical logistics system for this floor.

The primary staff room occupies the eastern elevation and features a continuous strip window for daylight and outlook, with direct connections to staff bathrooms and End-of-Trip facilities to support wellbeing and active travel. A secondary kitchen is also located on this level, receiving pre-prepared food from the primary kitchen in the SGPH South Street building to streamline catering across clinical floors.

Major plant transfers occur on Level 1 to consolidate service risers and kitchen/clinical exhausts in optimal positions for the upper floors and rooftop plant. This arrangement supports maintainability, infection-control separation between public and BOH paths, and the project's all-electric, metered services strategy aligned with the broader ESD objectives for efficient, resilient hospital operations.



Level 1

Functional Planning - IPU and Administration

Level 1 is the first of the Inpatient Unit (IPU) floors. Patient rooms are arranged to the perimeter with direct daylight and outlook, with detailed room and staff workflow principles set out under the "Typical Floor" description. A secure interface to public areas is maintained: the southern connection links through the neighbouring building to the overhead pedestrian bridge across South Street, tying the Clinical Tower to the primary St George Private Hospital (SGPH) campus while keeping patient zones access-controlled.

The SGPH administration centre is co-located on this level with immediate access to the building's lift core and to the bridge link. Workspace zoning places primary, full-time office users along the western facade for quality natural light, with secondary and temporary workpoints set deeper into the plan. A large linear skylight runs over the internal admin link, with glazed partitions to wash daylight across the office areas; generous ceiling heights (above standard) further reinforce an open, legible environment. Amenities are split and sized for day-to-day staff use and for meetings/training that include external participants.

Public access to administration is enabled by one of the public lifts operating on a Destination Call System, directing visitors to a clearly signed reception without entering patient areas. This arrangement supports privacy, infection-control separation, and intuitive wayfinding, and aligns with the project's health-centred, high-IEQ design approach (daylight, acoustic comfort, and well-controlled ventilation). This floor has been planned to allow flexibility for modifications of the internal uses over time for alternative medical related uses such as Operating Theatres and Intensive Care Units.



Level 2

Functional Planning - IPU, Clinical Support + Patient Garden

Level 2 continues the inpatient unit model with patient rooms on the perimeter for consistent daylight and views, while clinical support rooms and staff work areas are consolidated toward the interior to optimise workflows and maintain infection-control separation. Planning follows the established “typical floor” principles so staff can move safely and efficiently between rooms, supplies, and care points, with BOH connections and risers aligned to minimise disruption to clinical areas.

At the heart of the level is the nature-positive “secret garden,” a restorative landscape for patients and staff. Patient lounges and tea points are located at the entry to this rooftop garden zone, giving these spaces abundant natural light and long outlooks. Internal circulation corridors terminate in windowed breakout nooks furnished with seating and planting, encouraging short pauses, family interaction, and decompression while preserving clear lines of observation and care.

Cultural, wayfinding, and wellbeing cues are integrated throughout: appropriately commissioned Indigenous motifs appear in signage and selected floor and ceiling finishes, and planting palettes are used to subtly denote the character of spaces—distinguishing breakout and shared zones from private or clinical rooms. Public and service circulation remain clearly separated, staff amenities are positioned for direct access, and the overall arrangement advances the project's health-centred, high-IEQ approach to support recovery, resilience, and dignified visitor experiences.



Level 2 Patient and Staff Garden
Functional Planning



A Therapeutic “Secret Garden”

The Level 2 terrace is conceived as a therapeutic, restorative “secret garden”—a place for patients to step away from the clinical and public environment and experience quiet, privacy, and connection to nature. It is not intended as a public feature to be viewed from lift lobbies or traversed as a shortcut as overt exposure would erode the very qualities that make the space effective: seclusion, refuge, and calm.

This position is grounded in well-established research on healing environments (Marcus & Barnes, 1999; Ulrich et al., 2004; Marcus & Sachs, 2014), which demonstrates that hospital gardens are most beneficial when they are quiet, protected, and intimate, rather than showpiece spaces subject to noise and constant observation.

The garden is physically separated from general circulation to preserve tranquility, yet made intuitively accessible to patients through legible entry near wards with welcoming, planted thresholds. This approach ensures patients are encouraged and supported to use the garden without diluting its therapeutic purpose by turning it into a publicly overlooked or transitory space.

Access & Wayfinding

To balance privacy with ease of use, the garden is screened from general public circulation but legible and intuitive for inpatients:

Clear, intuitive entry adjacent to the ward zone; the threshold is marked by generous planting beds that create a welcoming cue to step outside.

Considered glimpses. Patients who cannot go outside still gain calm visual connection through framed views from appropriate interiors, without turning the garden into a public “stage.”

Complementary amenities for visitors and staff—beverage bays and guest points on each floor with outward views—provide everyday connection to nature without compromising the garden’s therapeutic intent. Additional quiet rooms and lounges elsewhere support private conversations and respite.

Spatial Organisation & Zoning

The terrace is arranged as a sequence of defined yet adaptable zones that invite exploration and support different needs.

A primary loop provides an accessible 1800 mm minimum clear path, enabling two wheelchairs to pass and accommodating hospital bed movement where needed. Small nooks are created with massed planting and curved precast planters for solitude or family conversation, visually shielded from the main path.

Separate group settings allow patients and families to sit face-to-face without overlooking others, avoiding the sense of a shared “auditorium.” Discreet areas allow gentle yoga, horticulture therapy, or small group counselling when appropriate, without disrupting quiet users.

The precast planter system underpins flexibility - varied shapes combine to define zones without rigid enclosure, allowing spaces to open up for larger gatherings or tighten into more intimate settings. Over time, arrangements can be reconfigured alongside loose furniture to respond to changing needs.



- 1 Curved mesh fencing with planting softens edges and extends natural forms.
- 2 Circular perforated structure offers summer shade.
- 3 Feature trees and mass planting frame the entry, creating a welcoming arrival, while patterned paths add interest and guide movement.
- 4 Seating clusters of varied scales set within precast planters, complemented by a perforated mesh structure.
- 5 Private seating zones offer quiet retreat apart from group areas.
- 6 Staff respite space in a planted setting offers private and group seating, unfenced yet discreet, with clear signage.
- 7 Flexible furniture adapts to different group sizes.
- 8 Large planting bed of non-toxic, non-allergenic species, including fragrant sensory herbs.
- 9 Wheelchair-accessible terrace path with adjacent seating and low-glare paving.



Level 2 Patient and Staff Garden

Functional Planning



Planting & Biophilic Strategies

Planting is selected and composed to reduce stress, support orientation, and heighten sensory comfort:

Non-toxic, non-allergenic species prioritised; low-maintenance selections to ensure long-term quality. Sensory layers—fragrant herbs, seasonal texture, and varied canopy heights—to stimulate smell, touch, and gentle movement.

Massed and layered beds create soft screening for privacy while maintaining clear sightlines for safety. Shade & dappled light via small trees, trellised climbers, and perforated shade elements for summer comfort, with sunny perches retained for winter warmth.

Furniture, Comfort & Safety

Loose furniture supports easy reconfiguration for individual, family, or small group use; items are stable and healthcare-appropriate.

Safety screen mesh along terrace edges forms an integrated architectural screen, softening boundaries within the overall landscape language.

Universal Access & Inclusion

The design follows universal design principles:

- Loose furniture supports easy reconfiguration for individual, family, or small group use; items are stable and healthcare-appropriate.
- Benches with backrests and arms assist older patients and those with limited mobility; positions include both sunny and shaded options.
- Safety screen mesh along terrace edges forms an integrated architectural screen, softening boundaries within the overall landscape language.

- Paving is selected for low glare and slip resistance; contrasting edges aid low-vision users.
- Environmental comfort is supported through shade structures, wind-modulating planting, and clear nighttime lighting that is warm, uniform, and non-glary.

All internal and external areas of this project are designated as NO SMOKING zones.

Staff Garden

A section of the outdoor terrace area will be screened off the allow staff to have a separate staff outdoor garden area provided with tables and chairs.

The landscape character and furniture shall be a consistent extension of the main garden area and will incorporate landscape planting beds and decorative vertical screening to provide some separation from patients and families area but not fully screened. A wire trellis over will enable shading and a sense of enclosure in a private area.



Image of potential design of screening elements utilised throughout the level 2 garden.

Typical Floor

Level 3,4,5 IPU Floors



The typical inpatient floor follows the perimeter-room model to secure daylight and outlook to every bed while keeping clinical support and staff work areas consolidated toward the interior.

Visitors arrive to a securable lobby with clear signage and appropriate, durable waiting furniture. Entry to the IPU occurs after passing the primary nurses' station, providing passive security, immediate assistance for wayfinding, and clear confirmation of room numbers before entering patient areas. Public and service paths remain separated, and corridors are deliberately oversized to allow comfortable passing of beds, equipment, and visitors.

While there is no direct access to the garden from this level, many west- and south-facing rooms overlook the Level 2 "secret garden," and north- and east-facing rooms begin to capture longer, distant views over Country. All internal corridors terminate at windows to the exterior and incorporate small landscape and furniture settings; these daylight anchors aid orientation, create calm breakout points for families, and support the project's health-centred, high-IEQ approach.

Where appropriate, commissioned Indigenous motifs and planting cues in shared areas reinforce legibility and cultural respect without intruding on clinical functions.

The main patient private lounge and tea point are located in the "crevice" between the two planning modules, with outlook across Country; these spaces are designed to enable natural ventilation potential and can be closed off for quieter, more private use during sensitive visits.

Patient rooms prioritise comfort and dignity through practical details: 900 mm sill heights enable views from bed or chair, deeper sills accommodate well-wishing items, and operable internal shutters allow patients/clinicians to modulate light and glare.

Technical services are integrated to reduce visual clutter, maintaining a calm recovery environment while meeting clinical and infection-control requirements—delivering high amenity and appropriate comfort.



Typical Floor
Level 3,4,5 IPU Floors
Patient Lounge and Beverage Bay

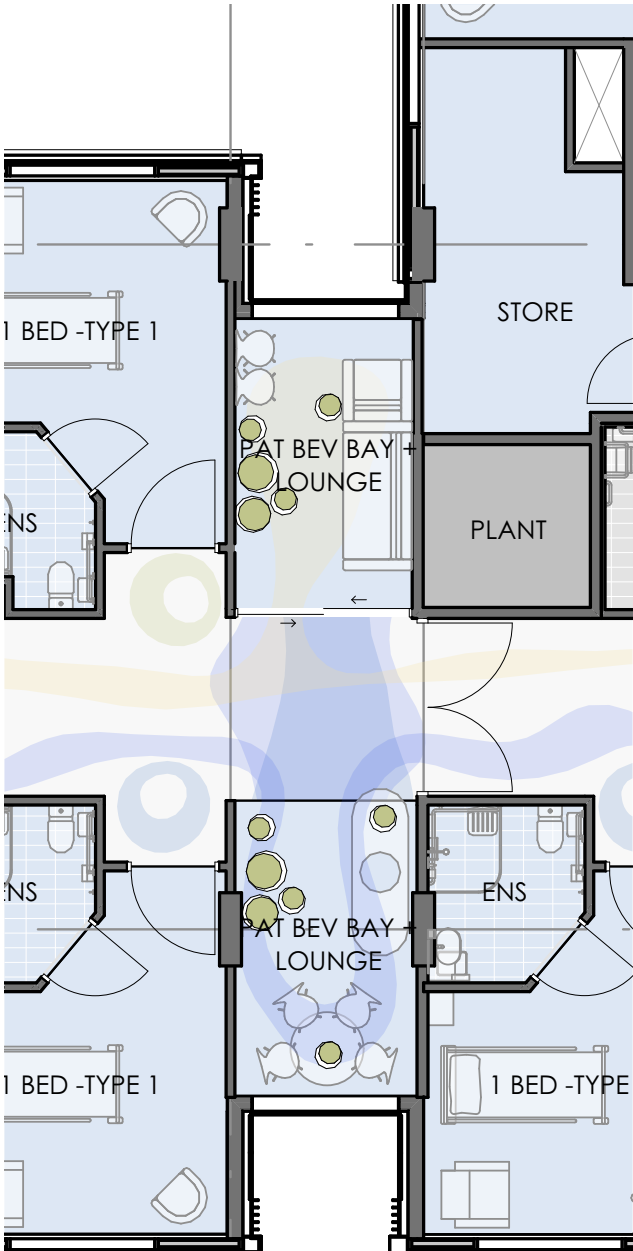
Private patient rooms remain the primary setting for family connections, while guest breakout zones provide opportunities for respite and overflow. These spaces are positioned to terminate view lines, creating defined points of pause and reflection. Whilst the patient lounge reflects these design parameters it is also treated as a private enclosed space.

The character of these interior spaces will be further shaped through variations in floor and ceiling treatments, and the potential use of cicardian lighting will be explored. Custom floor finishes will weave in flow lines of the Burri Dreaming, with different patterns for rooms oriented towards the ocean and towards the west, embedding cultural storytelling into circulation routes from the lift lobby past the nurses station to the rooms.

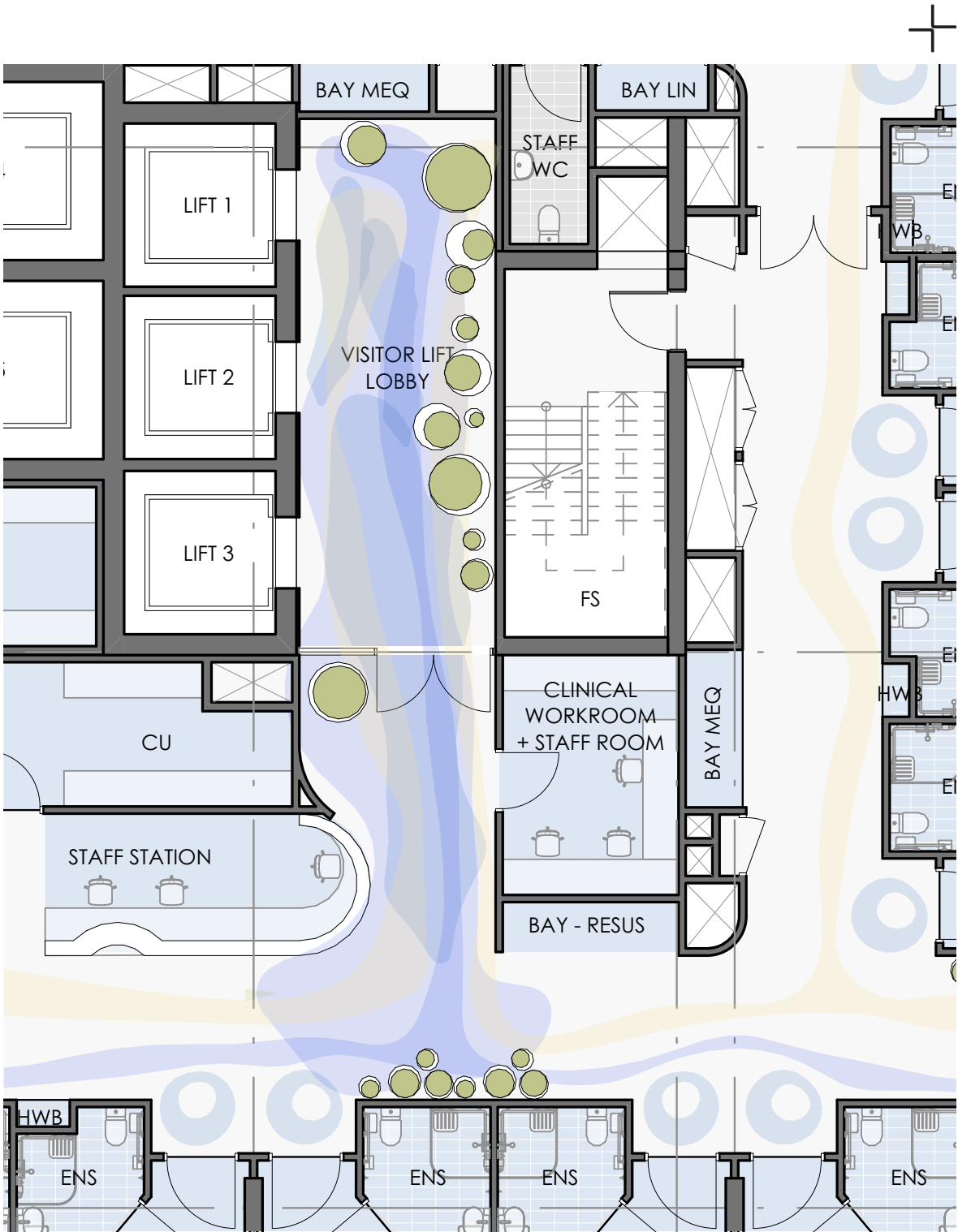
Commissioned Indigenous artworks will also be incorporated into floor and wall treatments to guide wayfinding and personalise the journey, referencing patient identity rather than impersonal numbering.

Circulation spaces will be softened through rounded corners and the use of natural materials at key nodes, reinforcing connections to nature and supporting patient wellbeing.

Through the careful layering of custom planters, culturally themed finishes, Indigenous artworks, and natural materials, the design integrates biophilic principles while honouring Gadigal, Wangal and Gweagal Country. The result will be an environment that is calming, restorative, and culturally grounded, while also enhancing wayfinding and creating a more persona l experience for patients, visitors, and staff.



Typical Floor
Patient Tea Point and Private Lounge with Outlook



Typical Floor Secure Lobby and Entry Sequence

Level 6 Consultancy Suites

Functional Planning



Level 6 follows the established floorplate logic but replaces the IPU arrangement with private consultancy suites. Visitors arrive to a securable lobby with clear reception, legible signage, and durable waiting furniture; public lifts provide open access while BOH lifts remain secured for staff and services, maintaining separation of flows. Suites are oriented to the north and east to maximise daylight and long views over Country toward the ocean, with clinical support rooms and staff workpoints consolidated toward the interior for efficient operations.

Consulting spaces are planned as single or shared consultancy and minor treatment rooms, with acoustic privacy, daylight control, and intuitive wayfinding consistent with lower floors. Corridors terminate at windowed breakout niches furnished with seating and planting to aid orientation and provide short-stay waiting away from clinical doors. Public and staff amenities are placed for convenience and universal access, and cultural/biophilic cues—appropriately commissioned Indigenous motifs and planting—support legibility without intruding on clinical function.

Services are integrated to minimise visual impact: a dropped-in, open-to-air plant zone is accommodated within Level 6 to reduce rooftop massing, improve maintenance access, and enhance acoustic and weather screening, while upholding the project's all-electric strategy and BMCS-connected metering/monitoring. Intake/discharge pathways, risers, and BOH access are arranged to protect patient/visitor areas and preserve the calm, professional character of the floor—delivering high amenity and appropriate comfort without unnecessary luxury.



Basements

Functional Planning



The development comprises five half split-level basements (B1-B5 upper/lower) primarily accommodating car parking and building services.

B5 Lower contains a Radiology Treatment Centre as a separate tenancy with direct access from both the public and BOH service lifts; base-building works provide the required core services and radiation treatment bunkers.

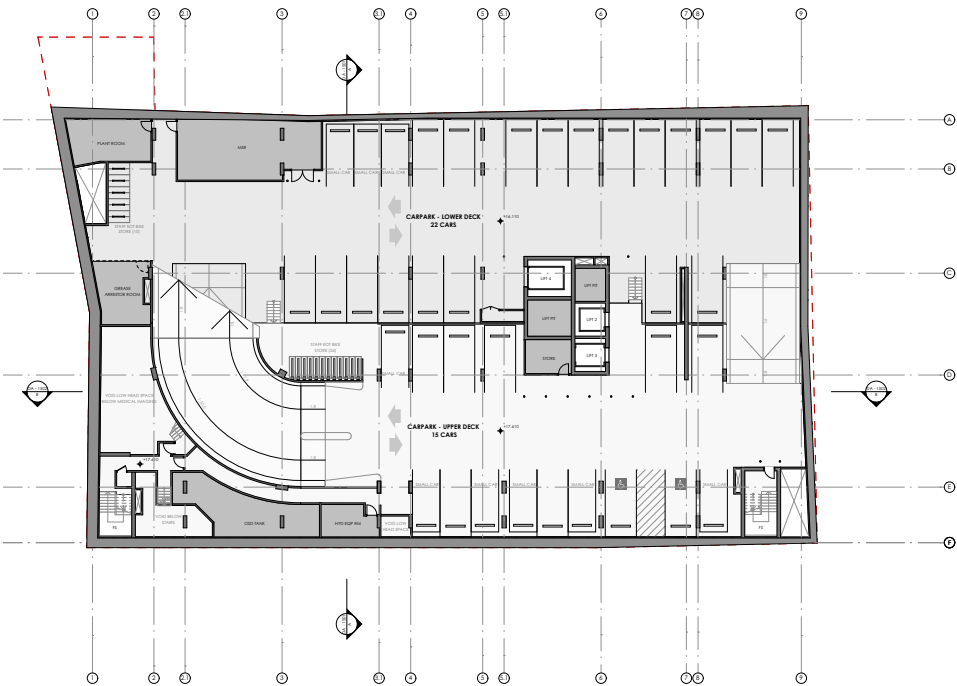
241 car spaces are provided, with accessible bays located close to lift lobbies for direct, barrier-free access. The drive-and-find layout, ramp geometry, and spatial clearances minimise dead-end aisles and provide generous turning at the lowest level. The car park is secured with access-controlled entry/exit gates at the on-grade point (no roller shutter required for 24/7 operation).

Pedestrian stairs connect the half levels to simplify wayfinding and ensure compliant egress to public lift lobbies. Floors are graded to edge drainage; final basement wall/retaining configurations will be confirmed during detailed engineering.

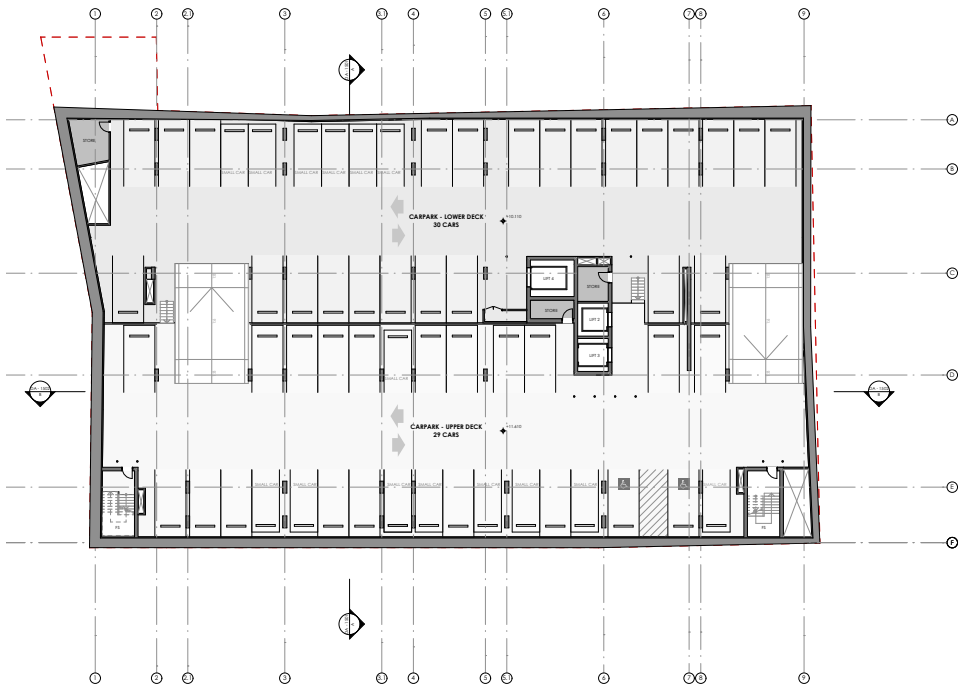
Parking bays are dimensioned for compliance with AS 2890.1 Off-street parking (with allowance for the proposed length uplift under draft amendments) and accessible parking to AS 2890.6.

34 staff bicycle bays are provided across B1 Upper and B1 Lower, with capacity in the basement plan for future expansion.

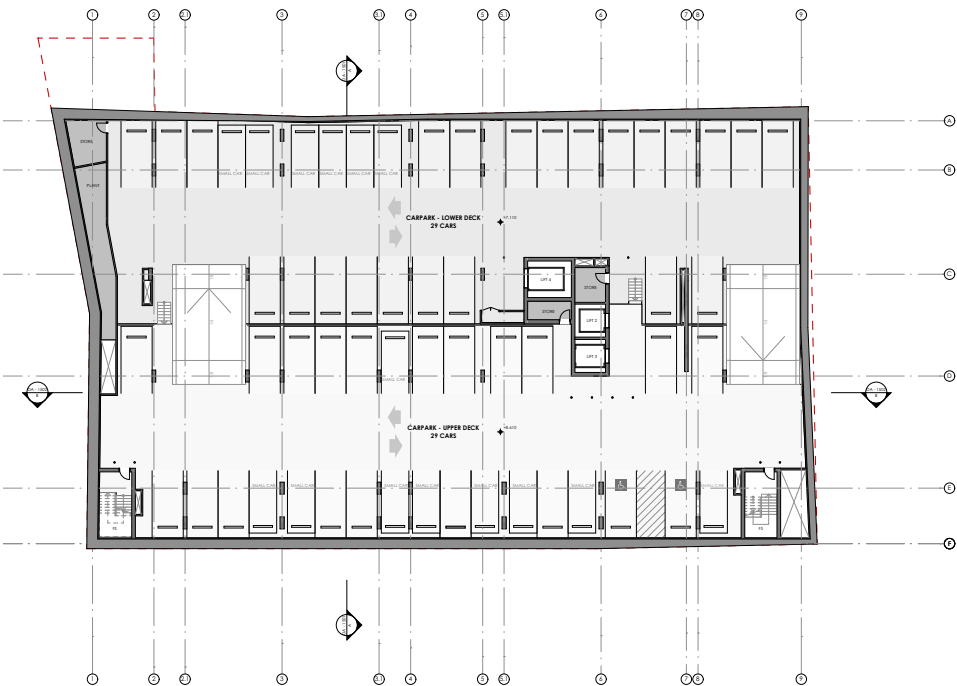
BOH lift lobbies are access-controlled, and the car park includes mechanical ventilation, efficient LED lighting with controls, CCTV coverage, and clear signage to support safety, energy performance, and intuitive wayfinding. EV-readiness is embedded through coordinated conduits and spare electrical capacity at the MSB for staged charger rollout, aligning with the project's all-electric, resilience-focused approach.



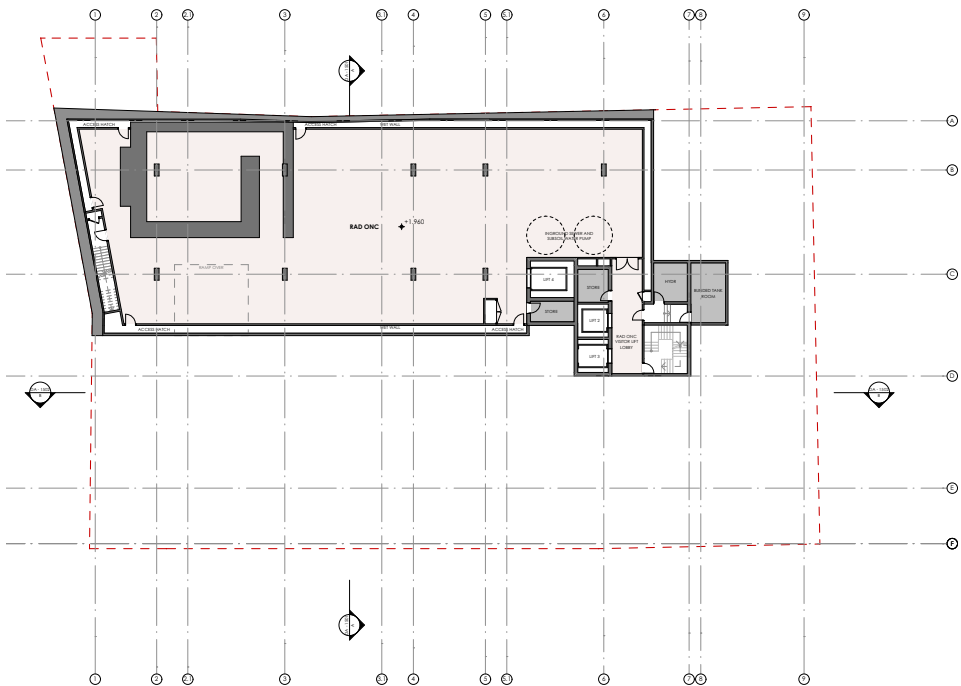
Basement Level 1



Basement Level 2



Basement Level 4



Basement Level 5

Building Roof Top Functional Planning



With the majority of mechanical plant consolidated on Level 6, the roofscape is intentionally clean and low-profile. Only low-height, open-topped louvred enclosures—with gently curved, amorphous forms—are required to screen air-handling elements and to contain fire-stair egress terminations, preserving a refined silhouette and reducing visual bulk from the public realm.

The remaining roof area is optimised for photovoltaic arrays, addressing the shaded-area setbacks, and safe maintenance walkways with compliant edge protection and fall-arrest points. PV inverters and monitoring are integrated with the BMCS for performance tracking and peak-shaving readiness, supporting the project's all-electric strategy. A cool, insulated roof build-up, coordinated drainage, and clear service routes further enhance durability, safety, and operational efficiency.



Functional Planning

SGPH – South Street Campus

St George Private Hospital - South Street

Functional Planning - Emergency Department and Modified Lobby/Entry Sequence

The scope includes targeted renovations and minor additions to the existing St George Private Hospital (South Street) to deliver a new Emergency Department (ED)—11 acute beds + 1 isolation room with required support spaces—together with a reconfigured single-point entry and lobby experience.

Public access to the new Emergency Department is via the South Street porte cochere, with a separate entry point shared with the loading dock for three dedicated ambulance bays.

A shared entry airlock with the main private hospital entry directs patients to the ED triage/reception or directly ahead into the private hospital lobby; this arrangement supports after-hours operations by enabling the main lobby to close while the ED remains open.

Visual connection to the emergency department is provided through full-height glazing, with planters and vegetation used to screen clinical views. The existing butterfly awning is retained, with the revised entry geometry aligning to its overhead form. The ED connects to the new Inpatient & Support Services Building via the existing pedestrian bridge over South Street, linking through the St George Hospital Specialist Suites at 131 Princes Highway.

The ambulance drop-off arrangement has been reviewed with Ambulance NSW with no concerns, and loading dock access remains unchanged.

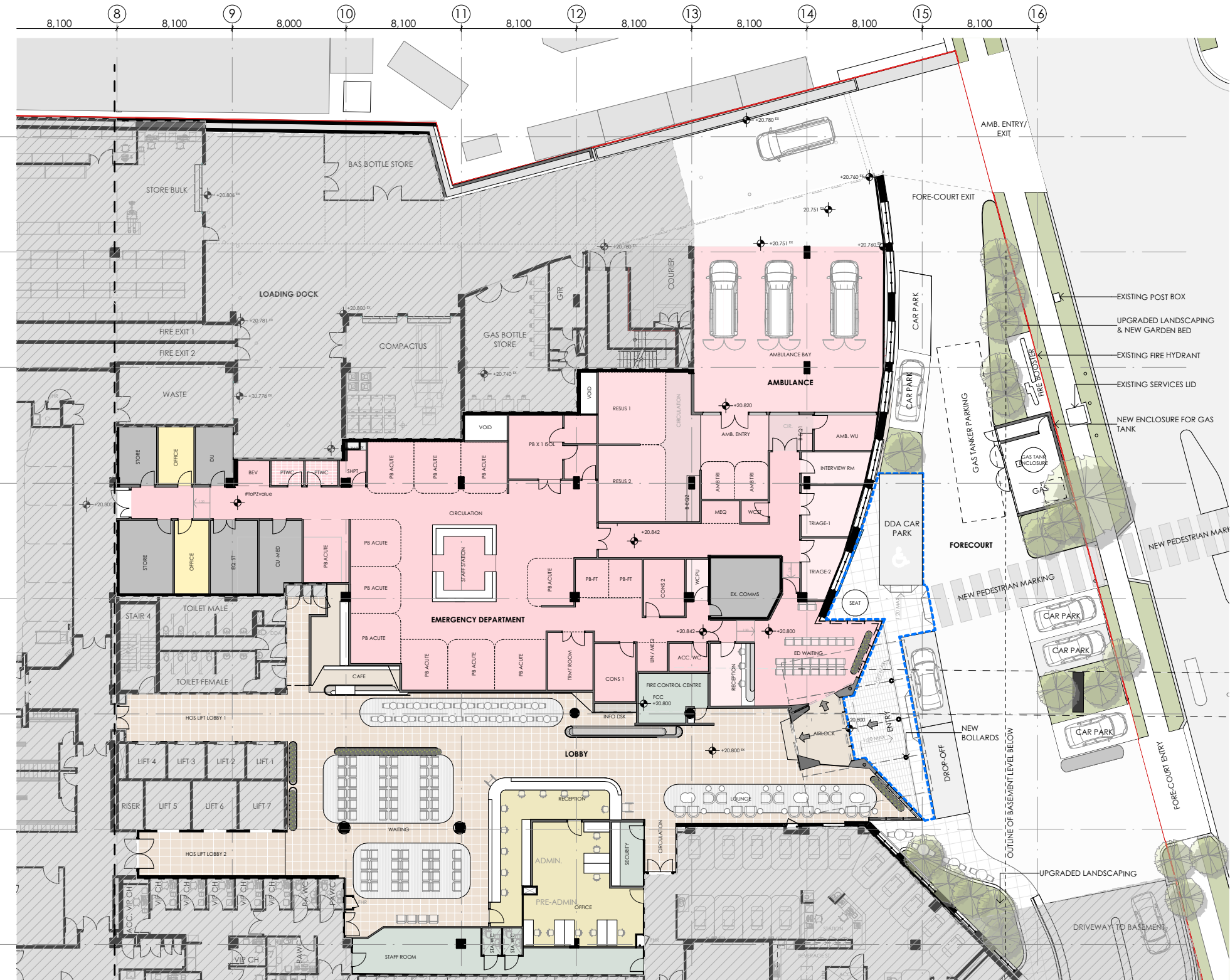
The lobby is reorganised for intuitive wayfinding and efficient flow: information/reception, patient check-in, waiting areas, informal guest seating, and a refreshed café are arranged for clarity and accessibility. The reconfigured forecourt provides short-stay ED drop-off while maintaining access to the existing public and private basement car parks; additional signage identifies nearby public

parking for overflow. Ground levels and kerb alignments are adjusted for universal access, with bollards protecting pedestrian movement.

Essential services are integrated with minimal external change (works are predominantly internal fit-out; no alteration to the street-address façade).

The project accommodates an on-site emergency oxygen vessel at the front of the building for safe filling and compliance, with truck access contained within the driveway. Its enclosure is wrapped on three sides with a media wall: east and west faces provide building identification and practical information (e.g., parking, time, weather); the north face hosts a commissioned local artwork presented as still images to avoid driver distraction—curated and updatable over time.

Opportunities to share emergency gas infrastructure with the neighbouring public hospital are under exploration (subject to operational and routing constraints).



St George Private Hospital - South Street
Functional Planning - Emergency Department and Modified Lobby/
Entry Sequence



New Private Hospital and Emergency Department Shared Entry Shell



South Street View looking south at the Proposed Entry Sequence
including the Gas Storage/Video Wall Unit

Environmental + ESD Strategy



This summation should be read in conjunction with the DSA Consulting ESD Report, Oct 2025

Our sustainability approach is health-centred, evidence-based, and future-ready—prioritising low whole-of-life carbon, resilient 24/7 operations, and environments that support patient recovery and staff performance. The Clinical Tower adopts an all-electric base building with high-performance fabric, efficient services, robust metering/commissioning, and responsible materials—aligned with Ramsay Health Care’s SBTi-validated pathway (~42% by 2030) and Net Zero 2040. See the ESD Report (DSA Consulting, Oct 2025) for detailed measures, modelling, and implementation tasks.

Compliance & Frameworks

- SEARs / EP&A Regulation 2021: ESD principles embedded through design, construction, and operation, including precautionary planning, inter-generational equity, and improved valuation/pricing mechanisms.
- Green Star Buildings v1 (self-assessed): Minimum 4 Star (Best Practice) equivalent targeted
- Pathway aligns with Georges River requirements for large GFA developments and with Sustainable Buildings SEPP 2022 Clause 3.2 outcomes on energy, metering, and waste.

Performance Targets

- Energy intensity: Target ≥20% lower than NCC 2022 reference via fabric + systems optimisation; current model ~18% better with an uplift plan identified.
- Upfront & life-cycle carbon: ≥20% reduction in upfront (A1-A5) and ~30% whole-of-life impacts vs standard practice
- Fossil fuels: All-electric heating/cooling/
- Fossil-fuel-free in operation, with transition safeguards for 2035 and beyond.

Electrification & Plant

- 4-pipe heat-recovery chiller/heat pumps provide simultaneous heating/cooling; DHW via electric heat pumps/heat recovery.
- VSDs on pumps and fans, EC fans, outside-air economy cycles, and part-load turndown for 24/7 performance.
- Photovoltaics & net-zero pathway: Section 5 (PV ~252 kW, all-electric, diesel backup offsets).

Envelope & Loads

- ≥10% better than NCC 2022 DTS: high-performance double-glazed suites (U≈2.5 W/m²·K, SHGC≈0.33)
- Improved roof (R4.2), spandrels, floors over carpark (R2.2), and airtightness detailing.

On-site Renewables

- ~252 kW rooftop PV provisioned; battery-ready electrical/BMS integration (no storage in current scope).
- Zero-Carbon Action Plan
- Building-specific pathway covering scope 1–2, refrigerants, renewables procurement, and staged interventions to 100% renewable electricity over time
- Water Stewardship
- Efficient fixtures (WELS): Taps 5★, Urinals 5★, Toilets 4★, Showers 3★, Washing machines 4★, Dishwashers 5★.

Materials, Circularity & LCA

- Whole-building LCA to drive ≥20% upfront and ~30% whole-of-life impact reductions; options include optimized concrete (cement reduction/SCMs) and high-recycled steel.
- Responsible Products Framework: target ≥60% (by cost) of internal finishes reaching the required Responsible Products Value; low-VOC adhesives/paints/carpets

Indoor Environmental Quality (IEQ) & Wellbeing

- Ventilation: Meet AS 1668.2/ASHRAE 62.1; +50% OA to regularly occupied spaces or control to ≤800 ppm CO₂ where appropriate for clinical functions.
- Lighting & Comfort: Compliance with AS/NZS 1680.1. Daylight/views for areas where patients remain >2 hours; acoustic comfort strategy.

Climate Resilience

- Climate pre-screening and risk assessment developed; design responses address extreme/high risks (heat, smoke events, critical power resilience), with light-pollution control per AS/NZS 4282.

Transport & Access

- Active travel priority: compliant end-of-trip showers/lockers and secure bicycle parking.
- EV readiness: EV charging capability and allowances at MSB; Sustainable Transport Plan to reduce reliance on private ICE vehicles and encourage walking.

Construction, Commissioning & Handover

- Contractor EMS/CEMP, site training on ESD targets, hazardous-materials survey and compliant removal.
- Commissioning per CIBSE/ASHRAE guides, post-completion airtightness testing, and maintainability/operability reviews.
- Amenity room for staff inclusion/wellbeing (e.g., parent/quiet/exercise room) incorporated.
- Construction waste: ≥80% diversion mandatory; ≥90% targeted with compliant facilities/reporting.



Built Form + Compliance



Princes Highway Interface Detail With Southern Neighbour Looking South



Princes Highway Looking North

The proposed building massing and façade articulation have been carefully adjusted to reinforce connections with the established two-storey datum along Princes Highway and to strengthen the relationship with the immediate urban context.

Although the existing SGPH podium does not precisely align with the stone-clad base of the southern neighbour, the separation created by the roadway allows a strong visual continuity of height. At the abutment, the façade establishes a clear vertical alignment with the top of the

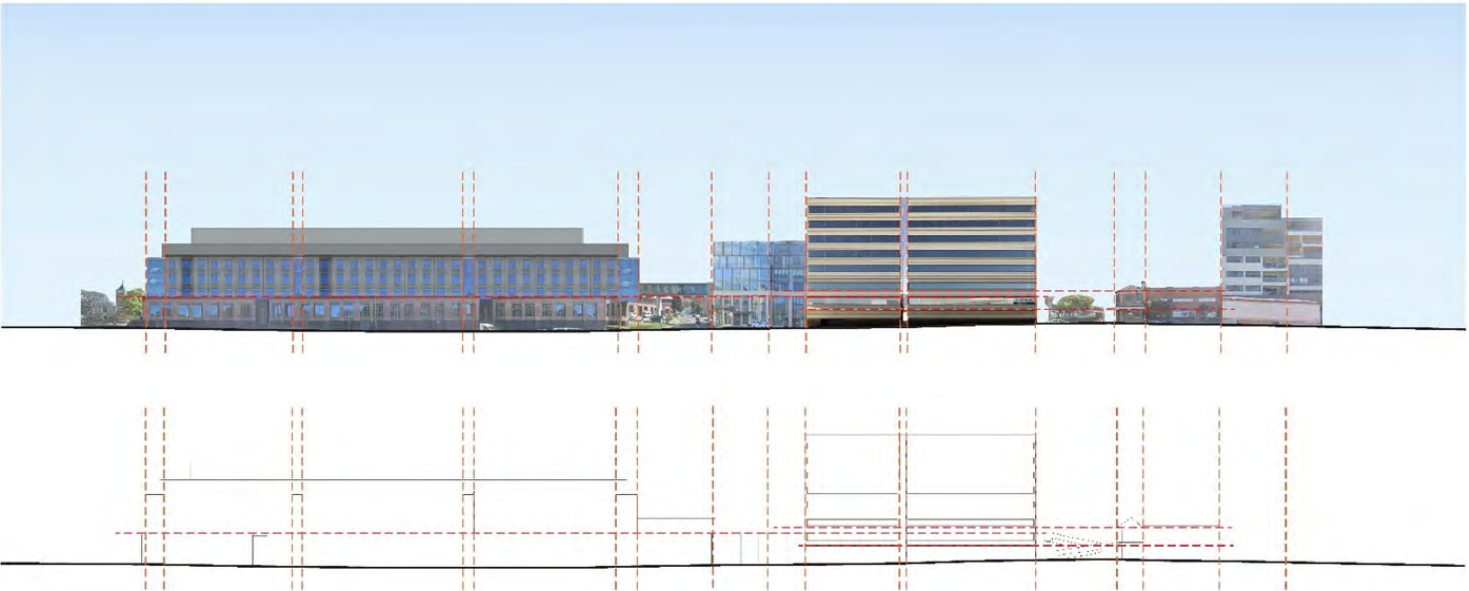
adjoining sandstone tile-clad base, specifically at the underside of its expressed “top rail.”

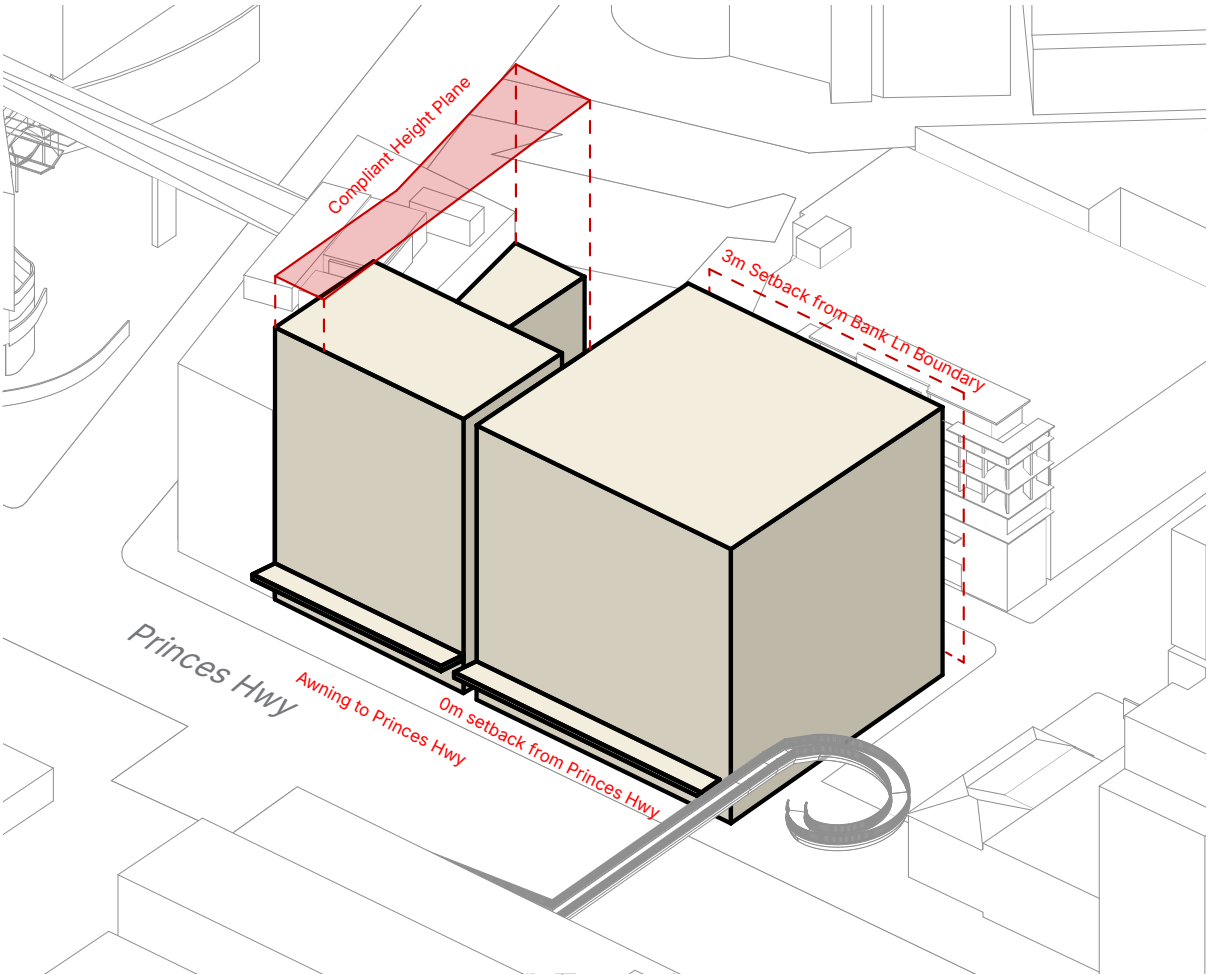
The proposed façade has been adapted to reflect this alignment in both colour and height, with the projecting window hoods and a defined extrusion reinforcing the datum at the top and bottom of the rail.

Further alignments are introduced to strengthen contextual response: the adjusted window sill height corresponds with the height of the pedestrian bridge, establishing a strong

horizontal line when approaching the site from the south. The continuation of the “top rail” datum across the façade also relates to the two-storey scale of the northern neighbour’s street buildings, while the proposed awning directly aligns with the awning height of the adjacent heritage building.

Individually, each of these references is subtle, but together they create a layered and coherent response that anchors the new façade within the surrounding urban fabric, ensuring the massing and articulation respect





The proposed building creates no non-compliances related to building height, setbacks or street awnings. The building massing is organised to sit within the planning height plane at the southern end of the site. The remaining component of the site has no statutory height of buildings control.

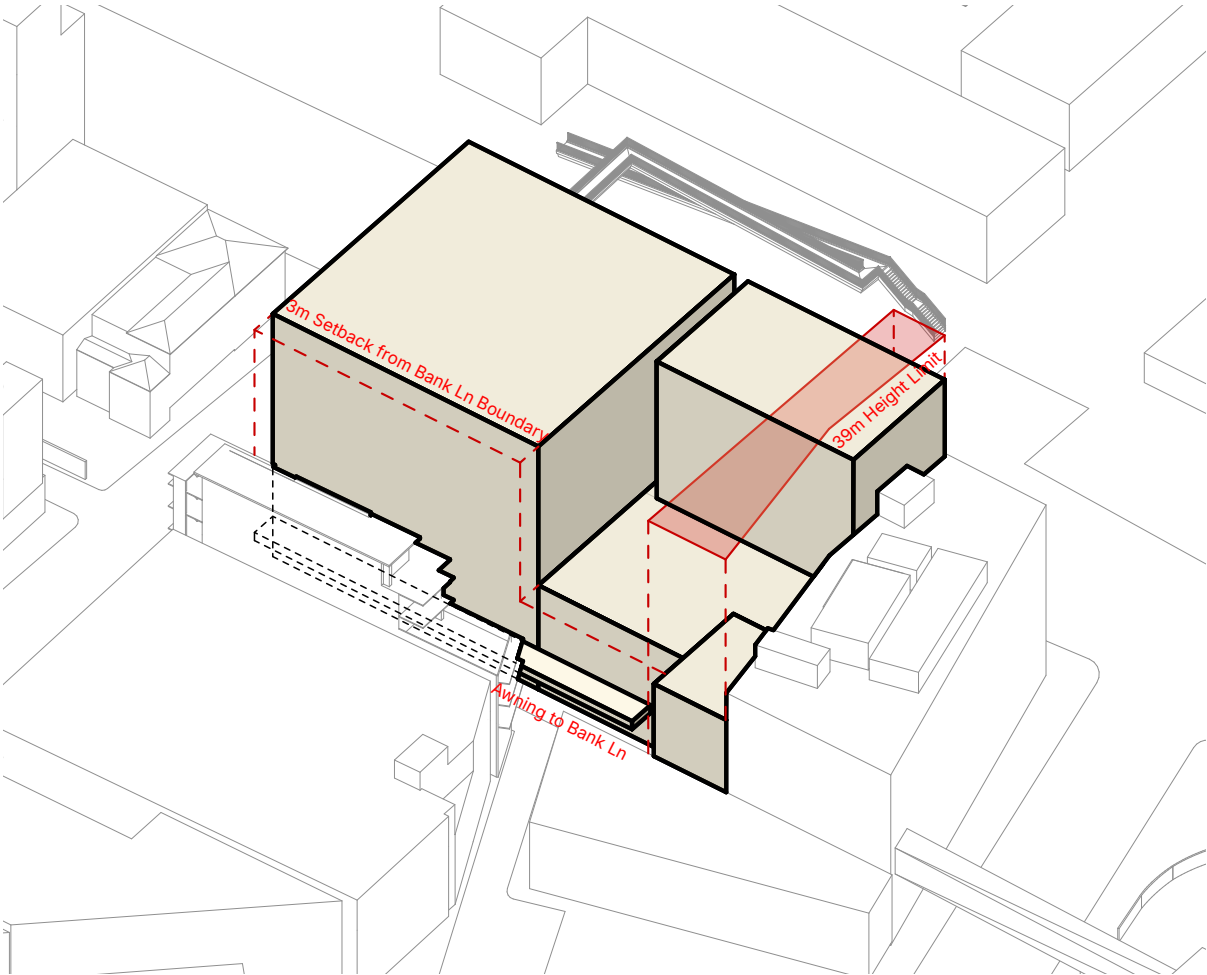
Rooftop impact is further reduced by placing major plant on Level 6; only low-height, open-topped louvred enclosures sit on the roof, remaining within the height plane.

Setbacks are compliant, notably the zero setback requirement to Princes Highway and Hogben Street, with a three metre setback to

Bank Lane to deliver compliancy with council's controls.

This setback in conjunction with the solar window screenings to the proposed western windows, delivers a high level of visual amenity and privacy to the occupants of the Inpatient Units and the neighbouring building. This setback further allows for a wider public domain/footpath and the integration of an external community space serviced by the internal courtyard.

A continuous awning to the Princes' Highway is provided.



Extrude the volumes to achieve the brief requirements whilst respecting the required setbacks and height planes. Utilise the logic of the floorplate to articulate the volumes in a meaningful way

Crime Prevention Report (CPTED)



St George Private Hospital Expansion
119–129 Princes Highway,
2 Hogben Street, and 1 South Street,
Kogarah

Executive Summary

This Crime Prevention Report has been prepared to support the State Significant Development Application (SSDA) for the St George Private Hospital (SGPH) Expansion. It assesses the proposed development against the principles of Crime Prevention through Environmental Design (CPTED), in accordance with Section 79C of the Environmental Planning and Assessment Act 1979 and Crime prevention and the assessment of development applications: Guidelines under section 79C of the Environmental Planning and Assessment Act 1979

The assessment concludes that the proposed development incorporates appropriate CPTED strategies to minimise opportunities for crime, enhance user safety, and improve perceptions of security for staff, patients, and visitors.

Local crime statistics indicate moderate but declining levels of property and violent crime in Kogarah, reinforcing the need for robust surveillance, access control, territorial reinforcement, and space management (*Bureau of Crime Statistics and Research [BOCSAR], 2025*).

This report has been prepared by Fitzpatrick + Partners Architects. While we are not specialist security consultants, our assessment draws on our expertise in designing public spaces and understanding how people use and experience those spaces.

Site Location and Context

The development spans two parcels of land within the Kogarah town centre, located in the Georges River LGA:

- A. Main Hospital Campus: 1 South Street
A new emergency department at the main hospital campus, with ambulance bays, drop off zone and improved South Street frontage
- B. Proposed Clinical Tower Site: 119–129 Princes Highway and 2 Hogben Street
A new purpose-built seven-storey clinical tower with basement parking and oncology unit (241 spaces).

The site is located within a mixed-use precinct, adjacent to St George Public Hospital to the west, educational facilities to the east of the Princes Highway, and medium- to high-density residential development nearby. Kogarah Train Station is approximately 500m southwest of the site.

Methodology

This assessment draws on the NSW Crime Prevention and the Assessment of Development Applications Guidelines (DUAP, 2001) and the NSW Police Force Safer by Design framework (n.d.).

Crime rates relevant to this development have been reviewed based on the Local Government Area (Georges River LGA) and the premise type (health) to assess associated crime risks. Using the Crime Prevention Through Environmental Design (CPTED) principles (DUAP, 2001), this assessment identifies the key crime risk exposures associated with the proposal and outlines how the proposal aligns with these principles through the implementation of appropriate mitigation strategies.



- A. Main Hospital Campus: 1 South Street
- B. Proposed Clinical Tower Site: 119–129 Princes Highway and 2 Hogben Street



Core CPTED Principles

The four core CPTED principles are:

- 1. Surveillance – Incorporating natural, technical/mechanical, and formal/organised surveillance to maximise visibility and oversight.
- 2. Access Control – Using natural, technical/mechanical, and formal/organised access controls to guide movement and restrict unauthorised entry.
- 3. Territorial Reinforcement – Promoting communal responsibility by defining and reinforcing ownership of space through physical and symbolic markers.
- 4. Space Management – Ensuring ongoing formal supervision, control, and maintenance of the site to support safety and usability.

Nature of Recorded Crime

Although overall crime has declined over the past decade in the Georges River LGA, theft remains the most common offence affecting individuals in the community (AU Crime Tracker, 2025).

In contrast, when examining crime in the St George's River LGA, specific to a health related premise, violence-related assault (non-domestic) emerges as the most frequently reported offence. This is followed, in roughly equal numbers, by domestic violence-related assault, break and enter (non-dwelling) and malicious property damage (see Figure 1).

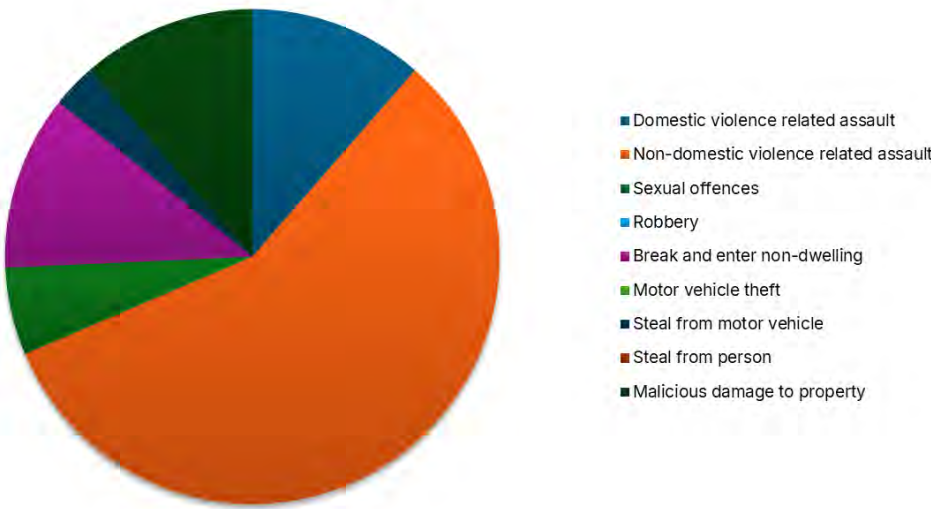


Figure 1: NSW Recorded Crime Statistics July 2024 – June 2025, Georges River LGA, premise type 'health'
Note. Source: NSW BOSCAR (2025)

Crime Prevention Assessment

Surveillance
Surveillance is a critical element in deterring crime and improving perceptions of safety.

Mitigation Measures

Site A:

- The new entrance design includes seating areas next to large glazed windows, offering clear views of the forecourt and reciprocal perspectives from outside.
- A centralised reception desk, paired with an opposing information desk, forms a “surveillance gate” that all visitors to the main hospital pass through.
- A new glazed airlock provides clear views into the ground-floor internal spaces from the drop-off area.
- Emergency reception is designed to allow direct monitoring of both the emergency waiting area and the airlock.
- After hours, the emergency reception and waiting area will be accessed through the airlock, which remains locked until reception staff visually confirm a visitor at the glazed door and grant permission when confident there is no apparent risk.

Site B:

- Active frontages along Hogben Street and Bank Lane will offer clear sightlines through expansive glazing to both sides.
- A café with seating areas overlooking Hogben Street and Bank Lane will allow passive surveillance towards the porte cochere.
- Street-corner landscaping aims to craft an inviting area that promotes pedestrian presence and activity.
- Reception is located in the entry lobby, allowing staff to have clear sightlines to all public entrances and throughout the lobby.

Both Sites:

- High levels of hospital patronage will inevitably lead to increased passive surveillance both day and night.
- Anecdotally, hospital staff, especially nurses, practise situational awareness. This, along with their active presence, decreases potential crime opportunities by deterring unauthorised or inappropriate behaviour.
- Ramsay plans to install well-designed lighting at pedestrian entry points, car parks, and ambulance bays to enhance visibility and support effective surveillance.
- Seating and lounge areas are crafted to be warm and inviting spaces that encourage high engagement.
- Landscape design minimises dense planting that provides concealment opportunities.

Access Control

Clear delineation of access points guides people to their intended destinations and discourages unauthorised movement (DUAP, 2001).

Mitigation Measures:

Both Sites:

- Planning inherently directs pedestrian and vehicle entries, with separate ambulance, loading dock, and public access points, providing a natural access control and strategically guiding people through the site while minimising their presence in unsuitable areas.
- Controlled access to staff-only areas through mechanical access control (e.g., oncology unit, emergency department) restricts unauthorised entry and safeguards sensitive operations.

- Secure basement parking is proposed to provide swipe-card access to prevent unauthorised entry.
- Security-controlled pedestrian links are proposed between staff and public areas to ensure safety and operational efficiency.

Territorial Reinforcement

Well-maintained and clearly defined spaces promote activation and foster a sense of ownership, thereby lowering opportunities for crime (DUAP, 2001).

Mitigation Measures:

Site A:

- Adopting an improved landscaped forecourt for Site A to boost the perception of care, quality, and stewardship.

Site B:

- Differentiated paving and landscaping distinguish public, semi-public, and restricted areas to direct behaviour and encourage proper use.

Both Sites:

- Proposed clearly defined hospital entries and boundary treatments establish clear thresholds and ownership of space.
- Ramsay intends to provide clear, efficient wayfinding signage to reinforce permitted public routes and consider bollards or other barriers at main entrances to guide vehicle movement and enhance security.
- Ramsay plans to incorporate prominent hospital branding and signage at key entry points to signal ownership, reinforce territorial presence, and support intuitive navigation.



Space Management

Space management enhances territorial reinforcement by making sure areas remain well maintained, functional, and desirable over time (DUAP, 2001).

Mitigation Measures:

Both Sites:

- Ramsay Health Care maintains high maintenance standards to protect its assets' longevity. This is supported by the healthcare sector's nature, where strict infection-control protocols are embedded into everyday operations.
- Ramsay plans to implement a management strategy for quick action on vandalism, graffiti, or other maintenance concerns.
- Ramsay intends to monitor high-use areas (e.g. ambulance bays, waiting zones) with CCTV to support active management and deter inappropriate behaviour.

Conclusion

Across both sites:

- Surveillance is improved through active frontages, glazed façades, strategically positioned seating areas, and the continuous presence of hospital staff and visitors.
- Access Control is clearly set up with separate public, ambulance, and service entrances, secure staff-only areas, and swipe-card-controlled parking.
- Territorial Reinforcement is established through clear boundaries, distinct paving, and landscaped forecourts that indicate ownership and stewardship.
- Space Management is maintained through Ramsay Health Care's strict standards and infection-control protocols, ensuring spaces stay functional and welcoming.

Fitzpatrick + Partners believes that the SGPH Expansion demonstrates alignment with CPTED principles, and the development will minimise crime risk, improve perceptions of safety, and deliver a secure environment for patients, staff, and visitors.

References:

AU Crime Tracker. (n.d.). Georges River LGA crime statistics. AU Crime Tracker. <https://www.aucrimetracker.com/nsw/georges-river-lga/>

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- NSW Police Force. (n.d.). Safer by Design. Retrieved September 29, 2025, from https://www.police.nsw.gov.au/safety_and_prevention/policing_in_the_community/safer_by_design



Princes Highway looking South to the Primary St George Private Hospital Campus (South Street)

A



Appendix

SDRP Initial Presentation

St George Private Hospital Inpatient Unit & Support Services Building



Our team acknowledge the project is on the Traditional Lands of the Bediagal and Bidjigal.

We pay our respects to Elders past, present and emerging.

Always was, always will be, Aboriginal land.

Contents

- 01 The Brief
- 02 Project & Site Context
- 03 Connecting with Country
- 04 Concept Design



01

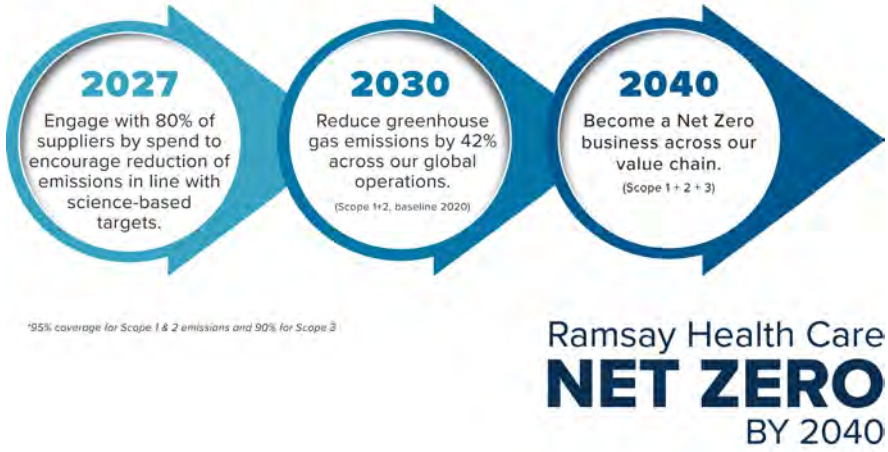


The Brief



- Founded in 1964
- Publicly listed on the ASX
- Operations across Australia, Europe, and Asia.
- Australia's largest private hospital operator.
- Over 35,000 staff across approximately 76 facilities nationwide.

Our targets



St George Private Hospital is a major private healthcare provider located in Kogarah, Sydney. It is fully owned and operated by Ramsay Health Care, a leading name in Australian and global private healthcare.

- Opened in 1991
- Merger of 3 existing private hospitals
Pacific / Bexley / Kogarah
- Located alongside the UNSW Teaching Hospital St George
- Serves approximately 35,000 patients a year
- One of Sydney's largest and most comprehensive private hospitals.
- Strong community focus, serving St George, Hurstville, Rockdale and Sutherland shires.

Establishing the Brief

Scope of Works

Site A
Internal Upgrades
Emergency Department
Drop Off Zone

Site B
New Clinical Services Tower
Ground Floor + 6 Floors
6 Basement Floors

Project Objectives

- 1. Respond to Increasing Patient Demand
- 2. Upgrade & Modernise Infrastructure
- 3. Expand Clinical Capability
- 4. Enhance the Patient Experience
- 5. Integrate Long-Term Planning
- 6. Strengthen Ramsay's Private Health Network



02



Project and Site Context

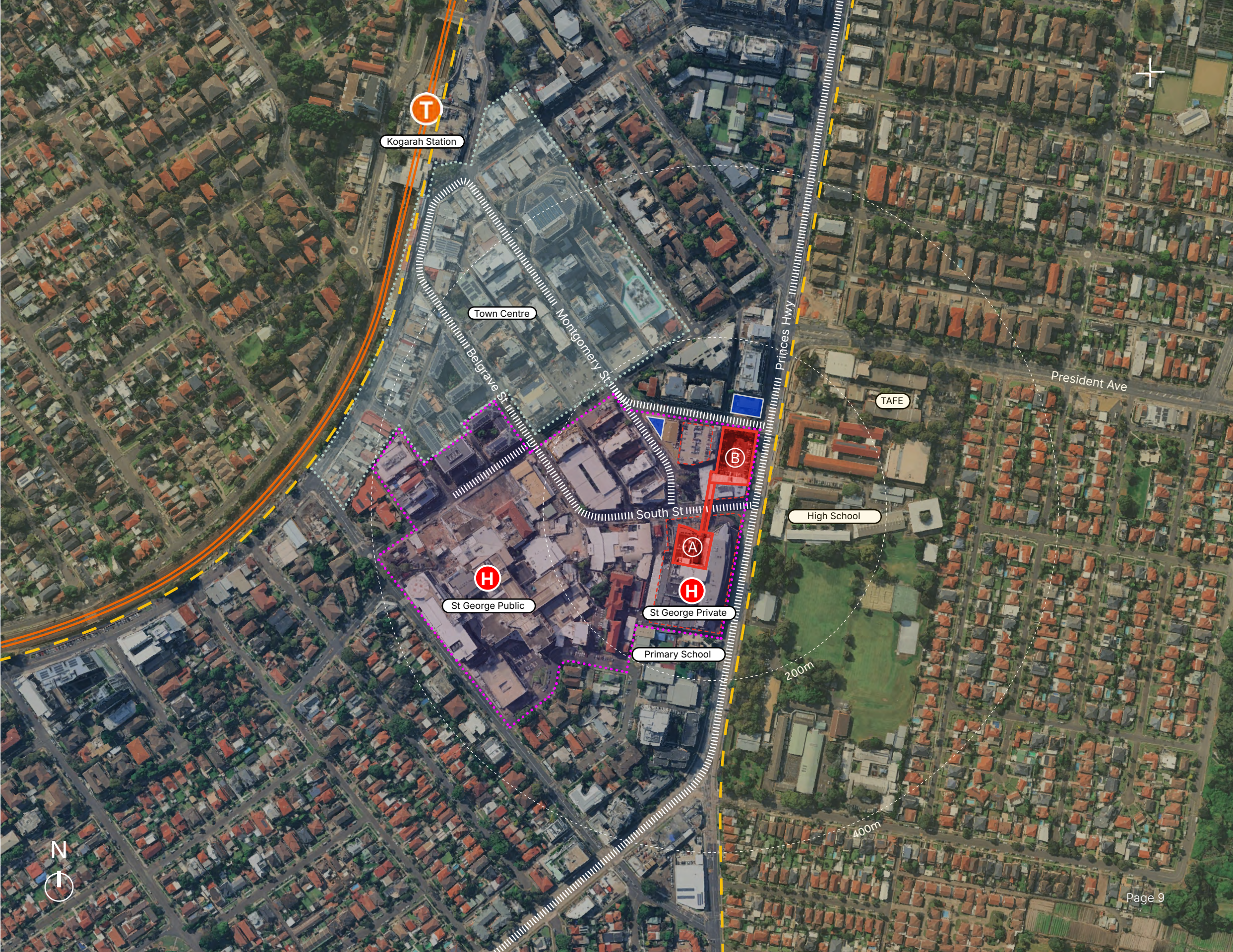


St George Private Hospital

Inpatient & Support Services Building

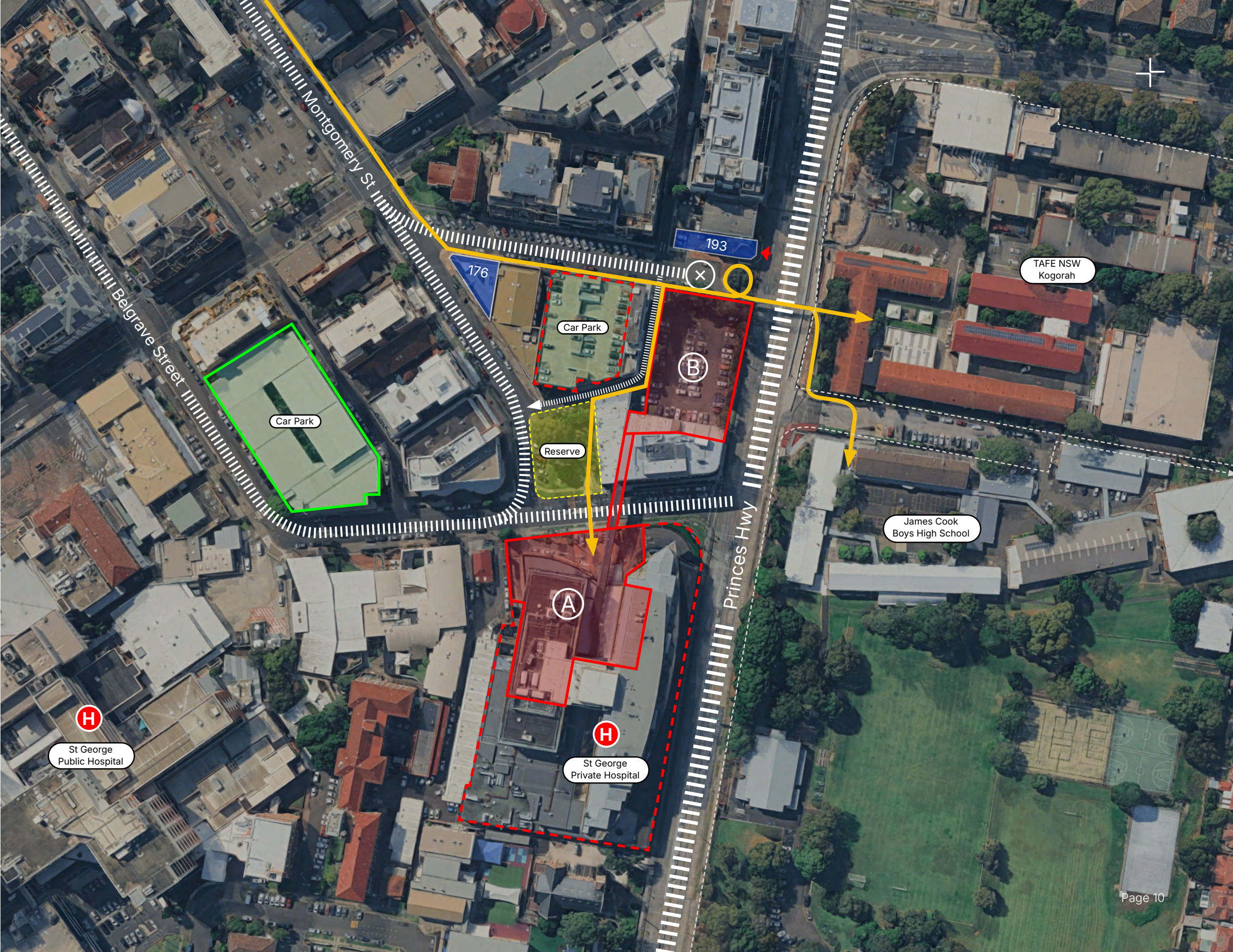
Context
Neighbourhood

- Site
- Client Ownership
- Health Precinct
- Town Centre Extents
- Neighbouring Councils
- Heritage Items
- LGA Boundary
- === Train Line
- ||||| Key Roads



Context
Site

- Site
- Client Ownership
- Heritage Items
- Car Parking
- Edith Blake Reserve
- Pedestrian Routes
- Key Roads



Context
Site Photos



Site A - Existing Entrance and Forecourt to St George Private Hospital



Site B - View looking North from Princes Highway



Site B - View looking south from Blank Lane



Site B - View from the corner of Blank Lane and Montgomery Street

Context
Historical Timeline



1953 →



1971 →



1986 →



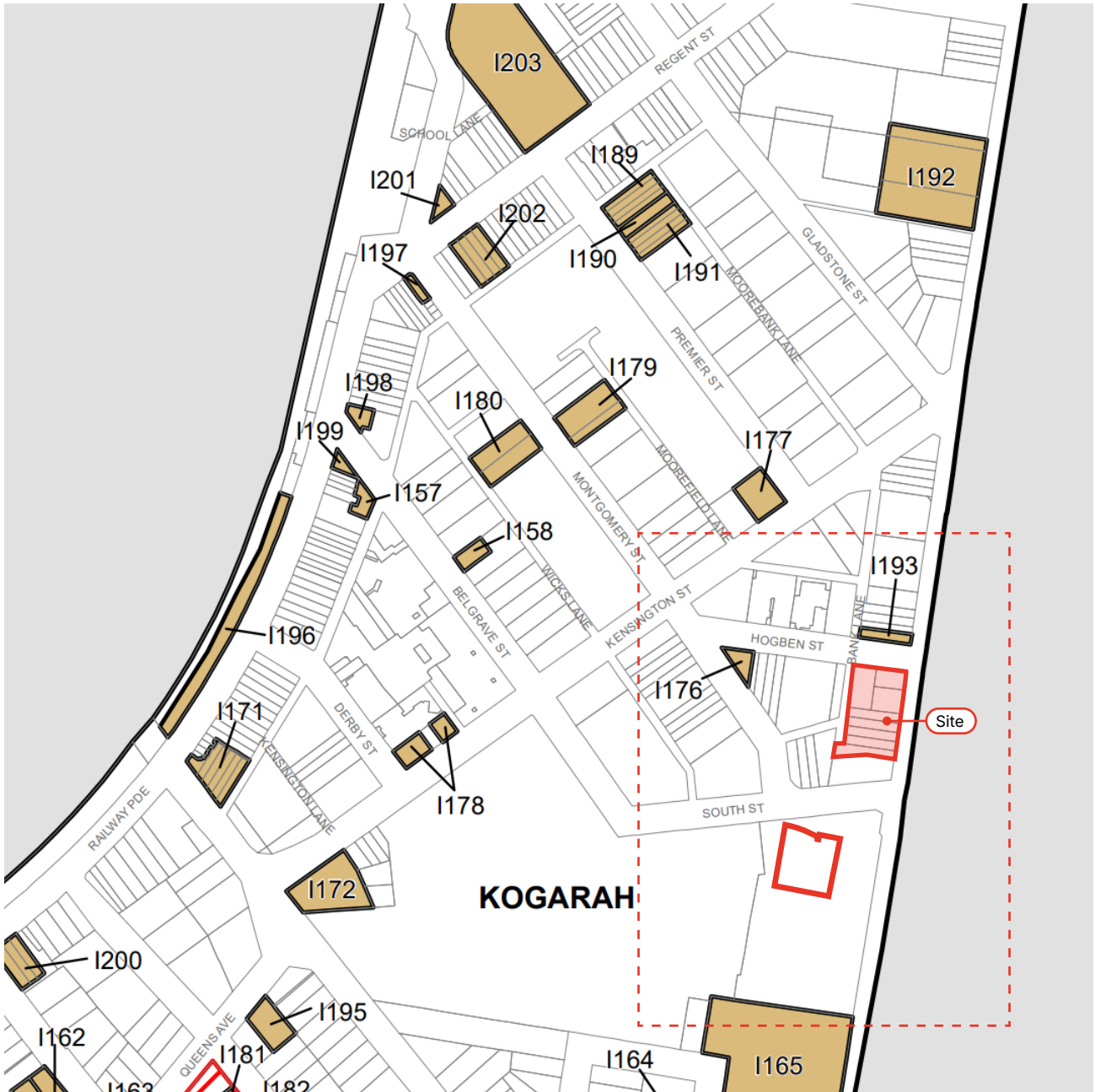
1998 →

Context

Heritage Items



Local Heritage Items Map



Source: Planning Strategy



Item 193 -



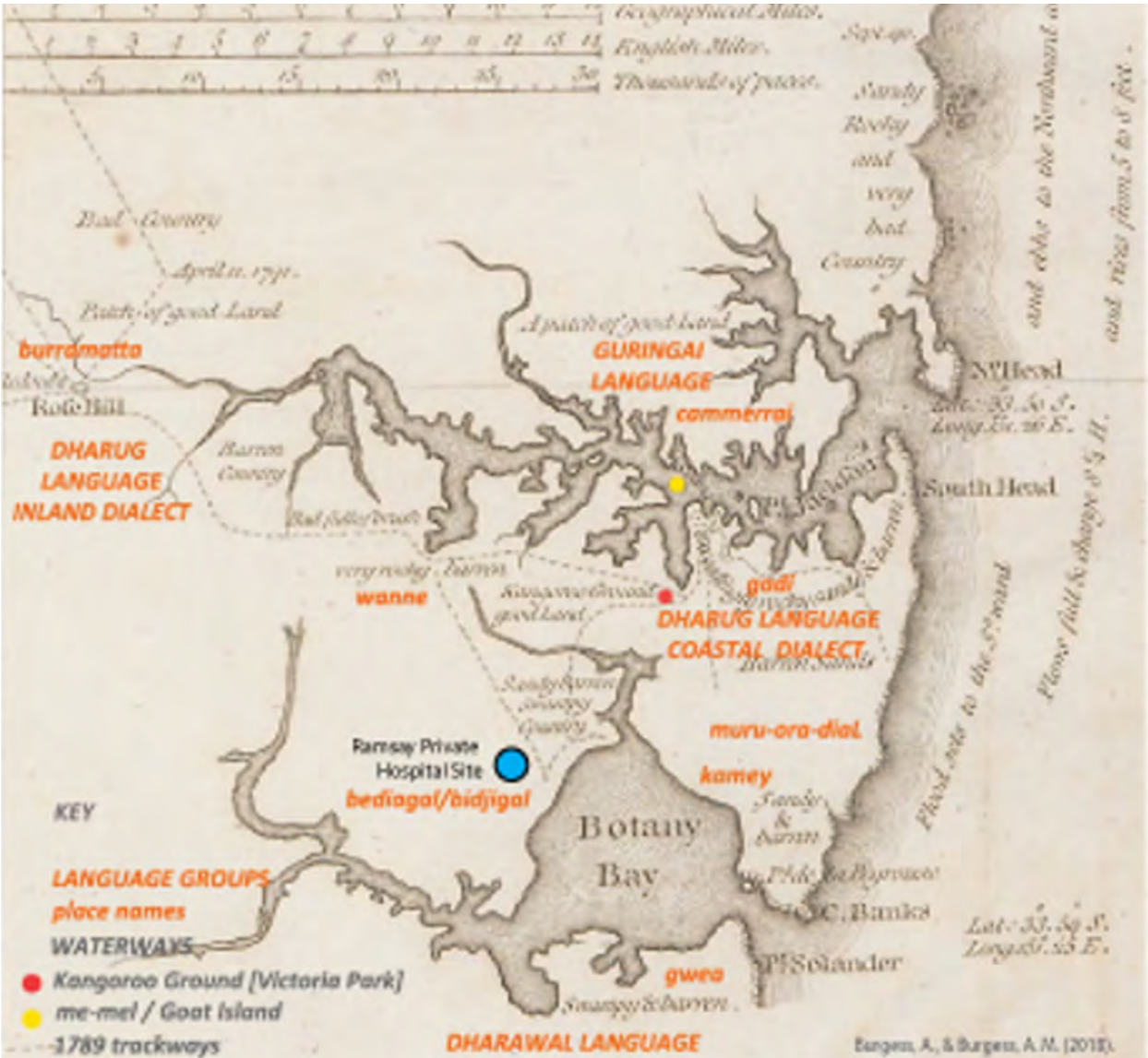
Item 176 -

03



Connecting with Country

Connecting with Country
Orientation of Country



Located on the lands of the Bediagal and Bidjigal

Coastal Sandstone Forest / Wetlands

Heavily Modified Landscape - Highway / Carpark

Connecting with Country

Health: Aboriginal Worldview



For Aboriginal people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community

AIHW. 2024

‘Aboriginal People’s’ identities are deeply linked to culture, community and the land, and this is a key factor to health and wellbeing.

Dr Danièle Hromek, Budawang/Yuin, 2020

Aboriginal Worldview aligns with a Country-centred Health Facility design linked to:

- Healthy Country – linked to
- A healthy community
- Recognition and protection of Aboriginal cultural heritage
- Reciprocity through cultural competency (design team)
- Better places for all kin

Connecting with Country Framework GANSW. 2023



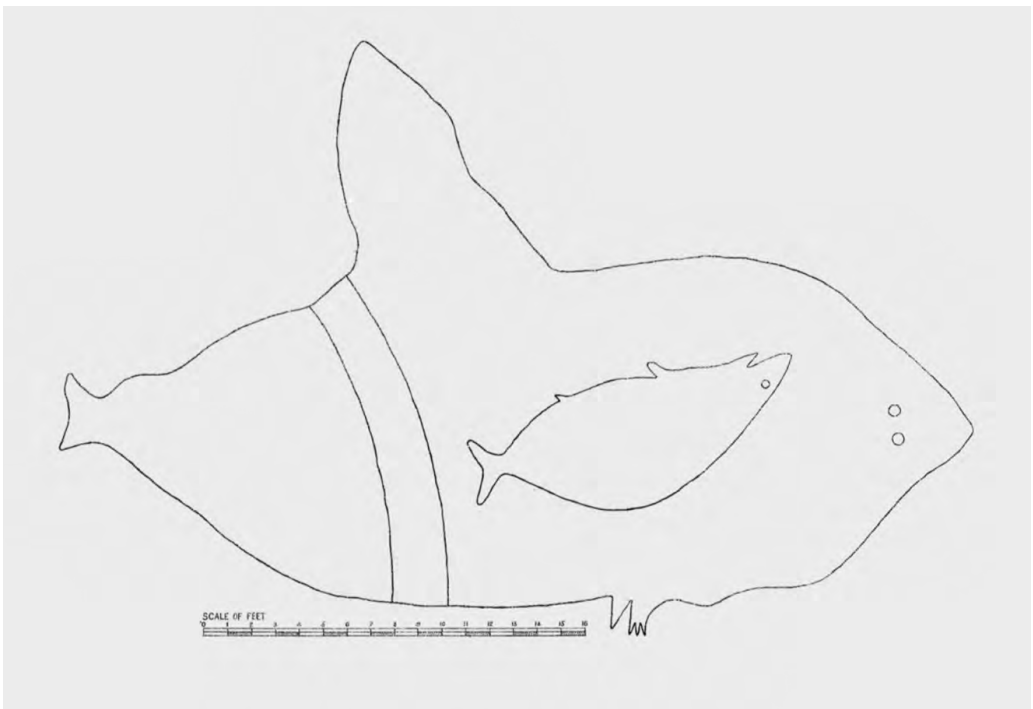
“People Caring For People” [Caring For Country]



Telling of History

Kamay – Pemulwuy’s birthplace. A place of resistance – colonial counter narrative.

Design narratives of reconciliation and truth-telling – re-authoring of history.
Art – signage – education.



Dreaming

Burri Burri – Cycles of life
The migration of the whale – Non-human kin connection

Design: Evoking dreaming stories.
Moments of connection with dreaming –
Architectural orientation of spaces/window/ views



Indigenous/endemic medicinal plants

Thousands of years of traditional healing from Country and being with Country.

Design: An exterior pharmacy of plants that contribute to healthy lives and attract non-human kin.

Connecting with Country

Consultation & Being on Country

Grounded in Place and Story

“The story of this place is in the sand, the sea, the people – you can’t separate them.”
“The design should speak to that rhythm.”

Cultural, Emotional, and Spiritual Safety

“We need to think about healing not just as medical, but as cultural and emotional too.”
“We carry knowledge in our bodies – we know when a space feels right or wrong.”

Truth Telling & Cultural Visibility

“If you want this place to heal, it has to hold the whole story – the hard parts too.”
“Don’t make us invisible. Let the walls speak.”

Inclusive Community & Co-Existence

“I think Aboriginal history belongs to everyone... sharing with everyone...a united future”
“For a long time its been Western fellas up there and black fellas down here - We want it to be a side by side relationship”

Quotes taken from an afternoon on site (24/06/2025) with Auntie Yvonne Simms who is a Gweagal, Bidjigal Elder, a direct descendant through Cooman and Pemulwuy bloodline through Queen Emma Waldran Lowndes and George Timbery.
Images courtesy of Jack Watts at Fitzpatrick + Partners





Building Form Of Place

Colours, materials and forms of the built fabric derived from country, conceptually tell a story of the land and its patterns of use.

Warm and Natural palette, invoking comfort and ease.

Entries defined as meeting places – amenity, light, protection, warmth, with public spaces and corridors provide continual links to country through colour, texture, story telling and views out of the building.

Windows placed to consider privacy and outlook over country with patient lounges framed views over country and higher up to the coast.



A Landscape of Memory & Healing

Using endemic landscape plantings which also relate to the building zones and functions

- Meeting spaces
- Private healing spaces
- Integrating landscape edges as part of the building form

Utilising traditional totems and endemic landscape abstracts to identify spaces throughout the building.



Cultural Learnings & Truth Telling

Opportunity to tell the generally unknown story of La Perouse with a focus on healing.

Expressed as a “clinical” factual portrayal of a timeline with real photographs as an “interesting” story – expressing the good and the bad, and as a major artwork from the community interpreting the stories before, during and since this time.

Aboriginal people with Mrs Long and Mrs Cook at La Perouse, Christmas 1903 From the collections of the State Library of New South Wales [a730006 / PXA 773 / Box 6. 43] (Australian Indigenous Ministries pictorial material : various historical photographs, ca. 1860-1909, Mitchell Library)

04



Concept Design



A Functional Response

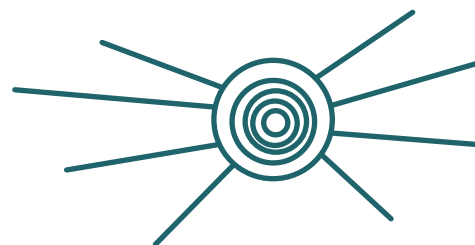
The design of the hospital is driven by operational efficiency, with every aspect of the floorplate tailored to optimise patient care, staff movement, and service delivery. The building form is a direct response to these internal functions, resulting in a cohesive and purposeful solution.



Intuitive and Welcoming

Public spaces are designed to be intuitive and welcoming, with clearly defined entries, breakout areas, and a sunlit café with outdoor seating to encourage moments of pause and connection.

Fluid interior circulation creates a comforting and natural flow for patients and visitors, while the ground floor walls and a commissioned ceiling artwork tell the story of the La Perouse resettlement of the traditional landowners—embedding truth-telling and cultural healing at the heart of the hospital experience.

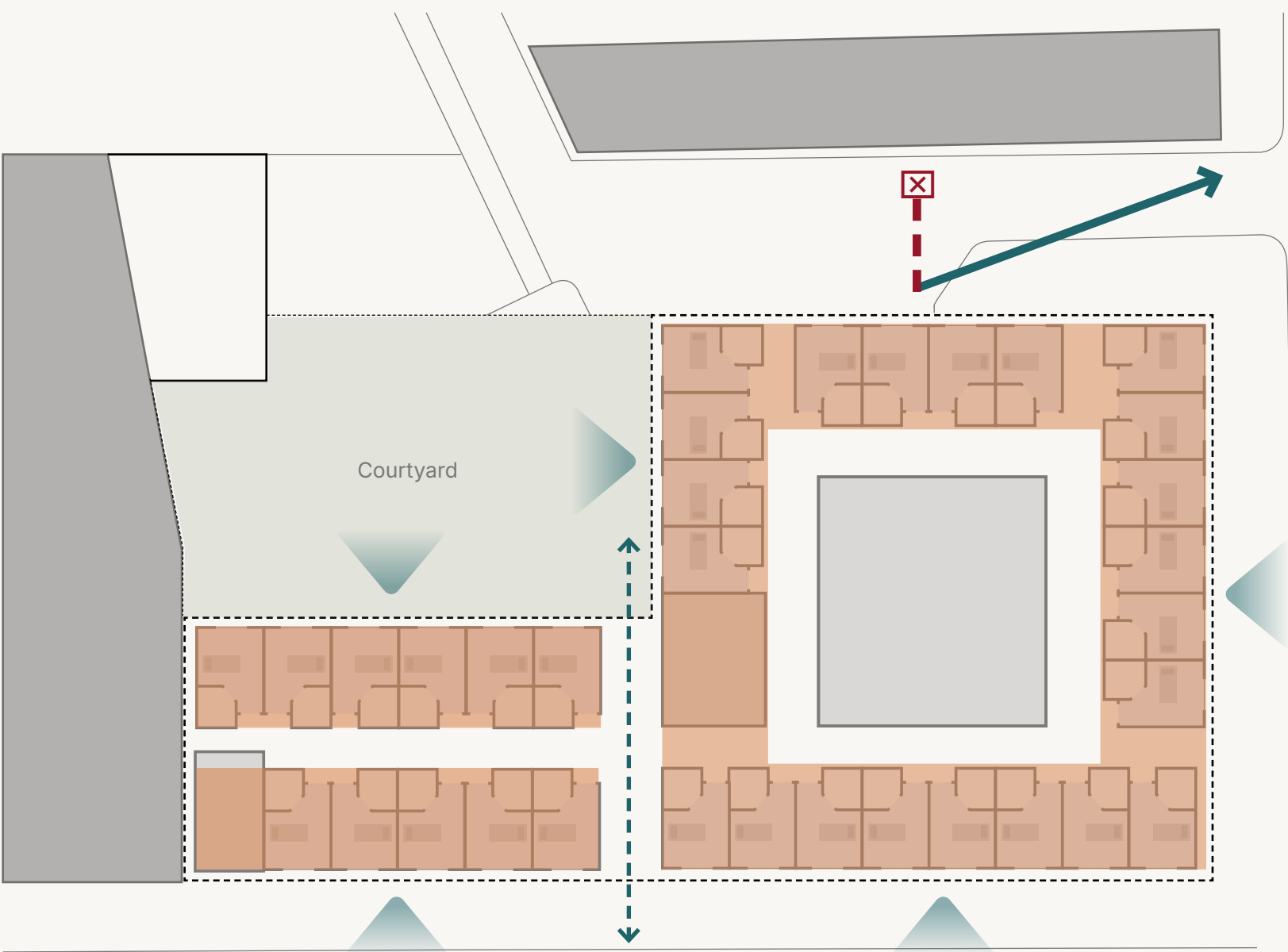
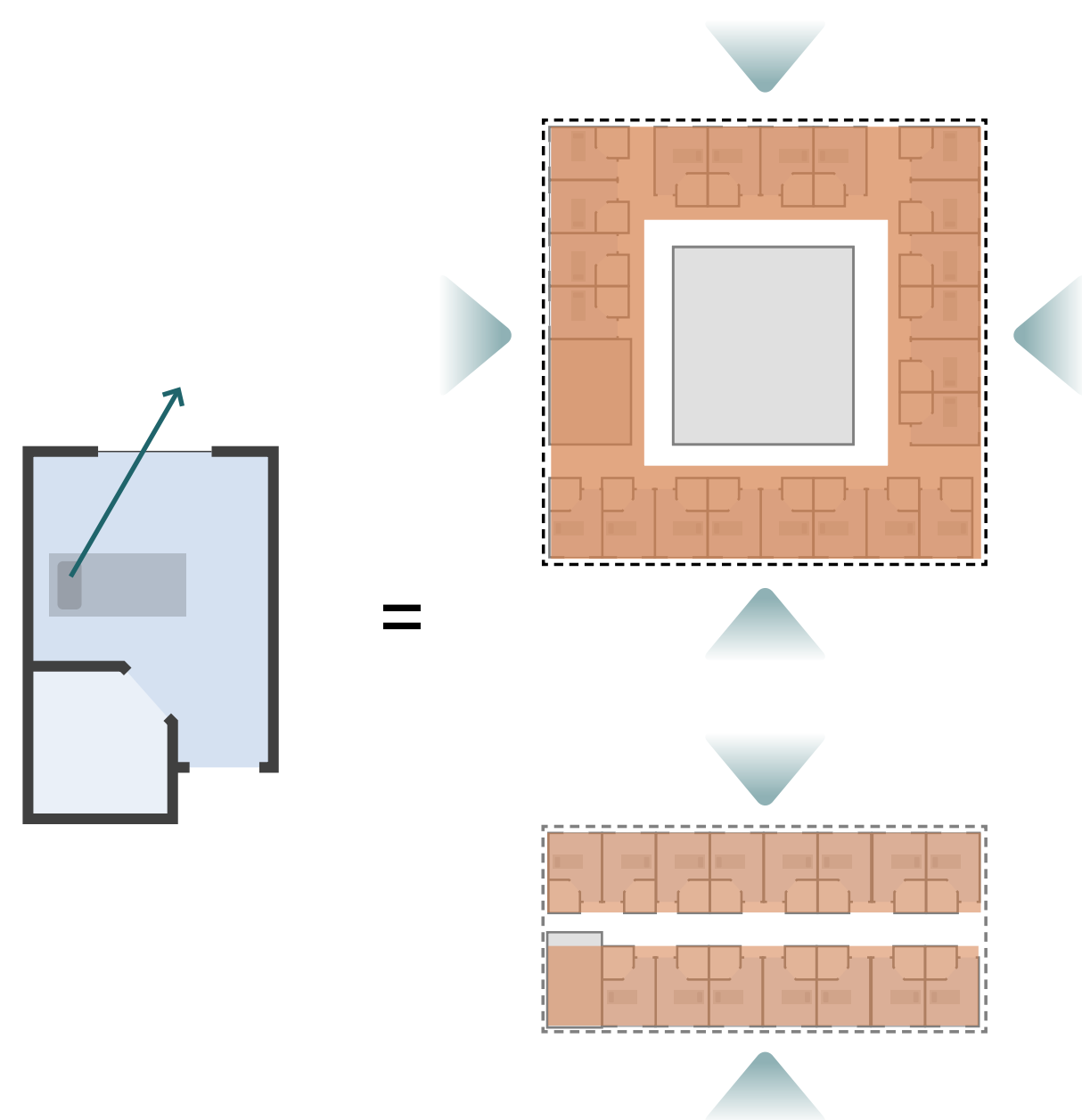


Connected to Country

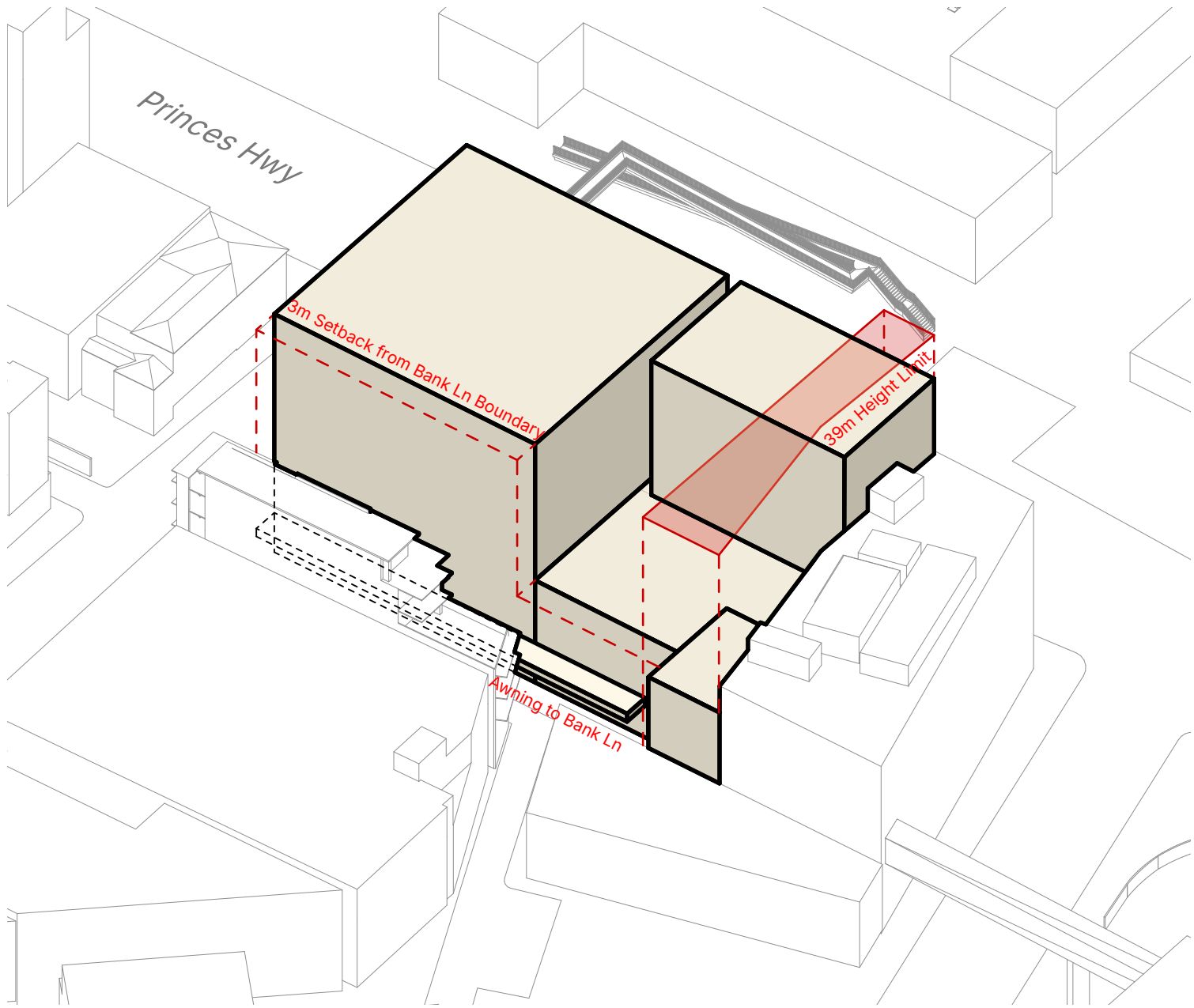
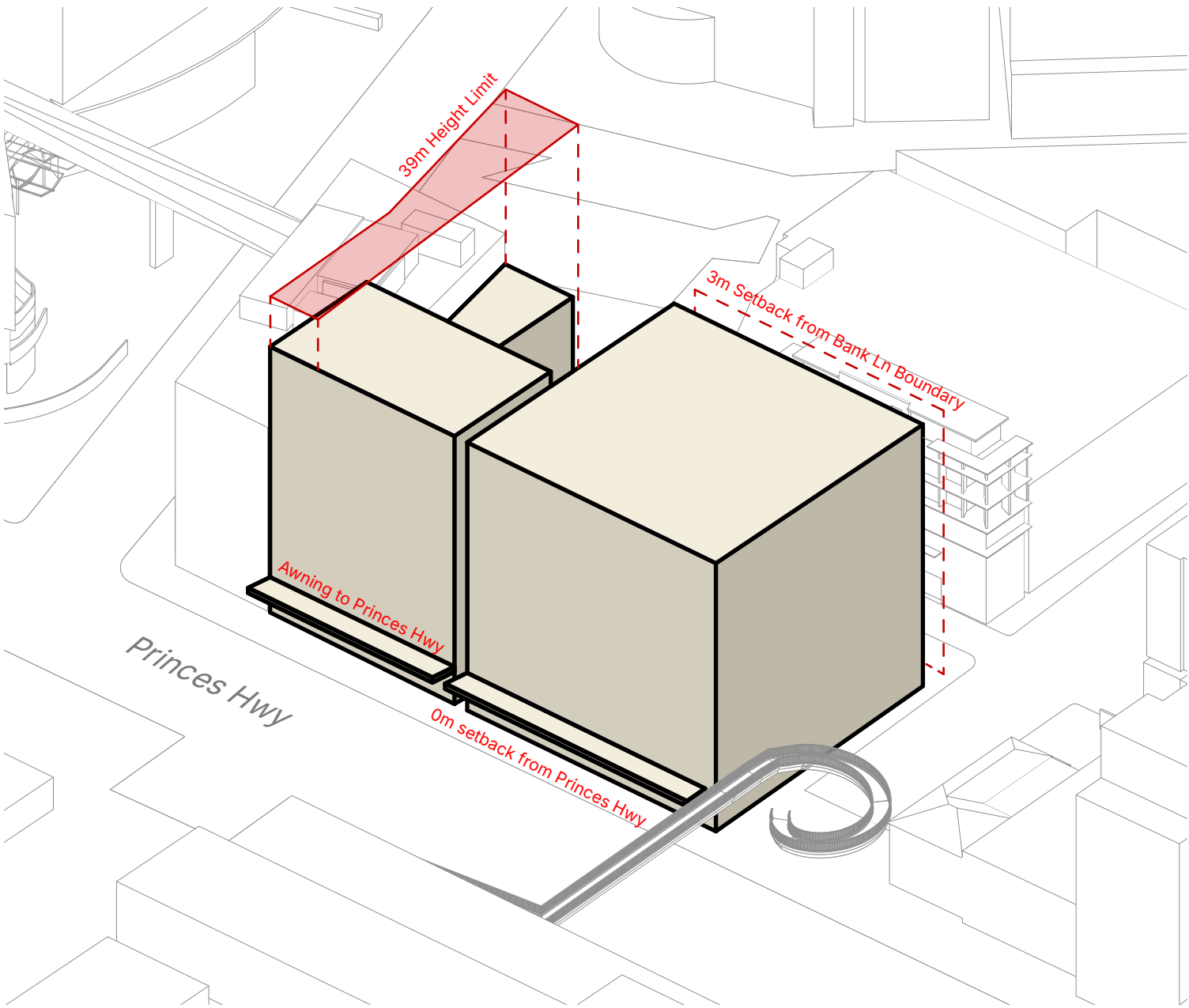
Externally, the building expresses a deep connection to Country, with its materiality, detailing, and composition reflecting the tones, textures, and narratives of the surrounding landscape.

Across the project, three themes of connecting with Country—through materiality, storytelling, and landscape—unite the architecture and landscape, creating a hospital that is efficient, restorative, and culturally resonant.

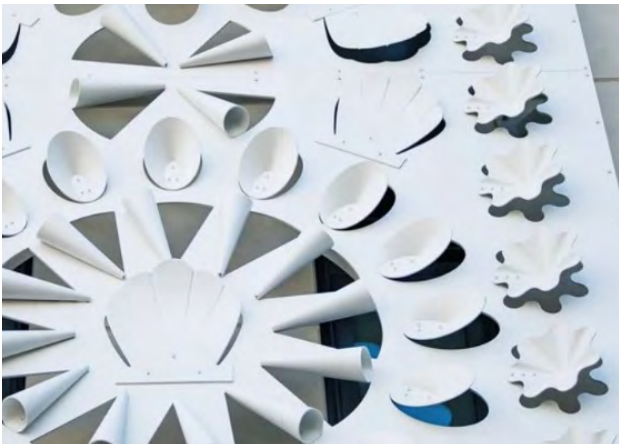
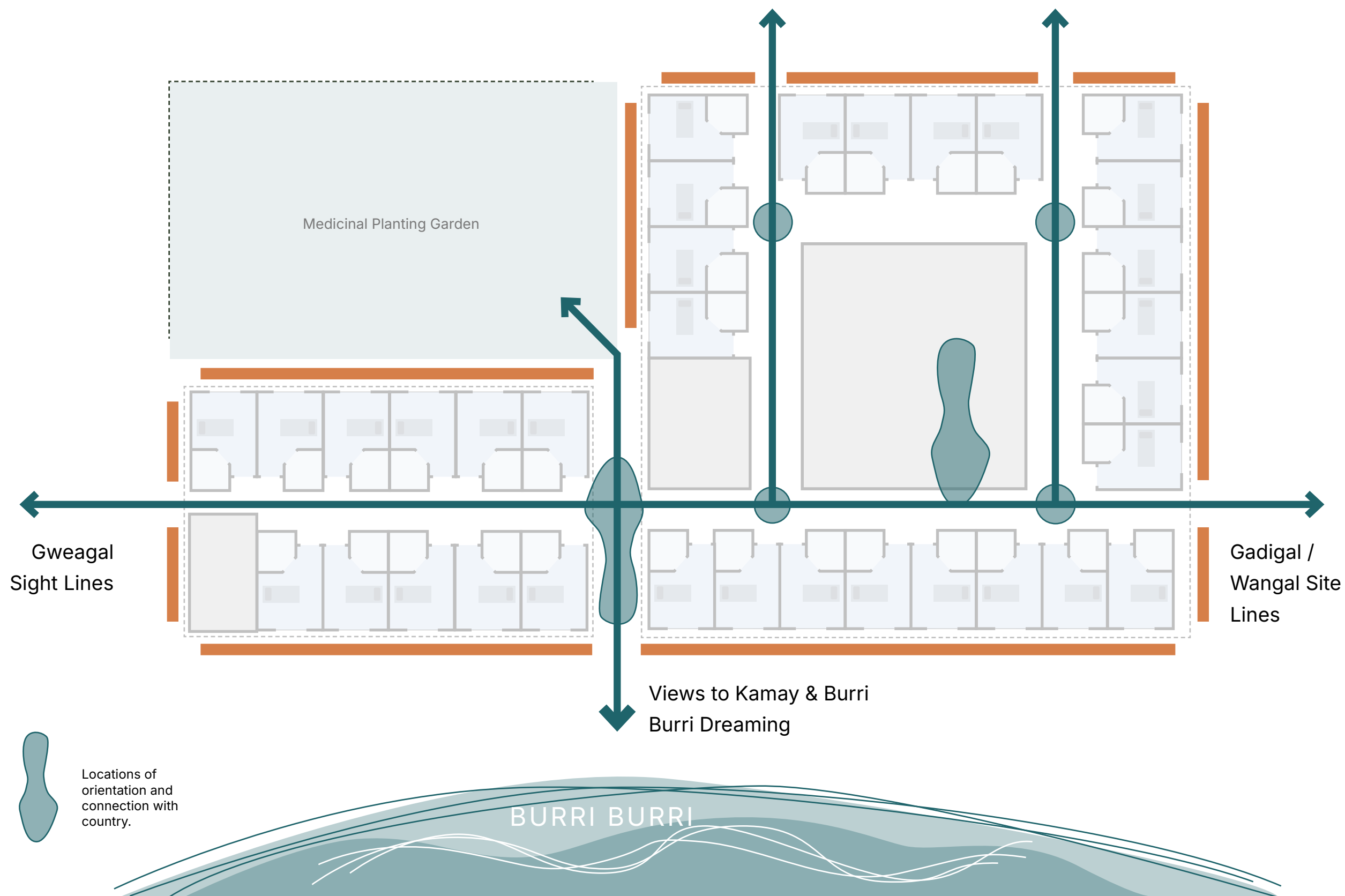
Design Approach
Layout Efficiency



31-34 optimum rooms per inpatient unit (IPU)



Design Approach
View Orientation and Country





① IPU Room



② Operating Theatre



③ Workstation



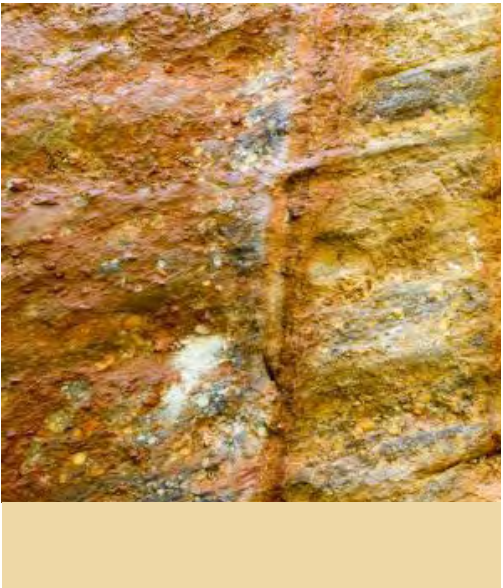
Casuarina Tree



Planting



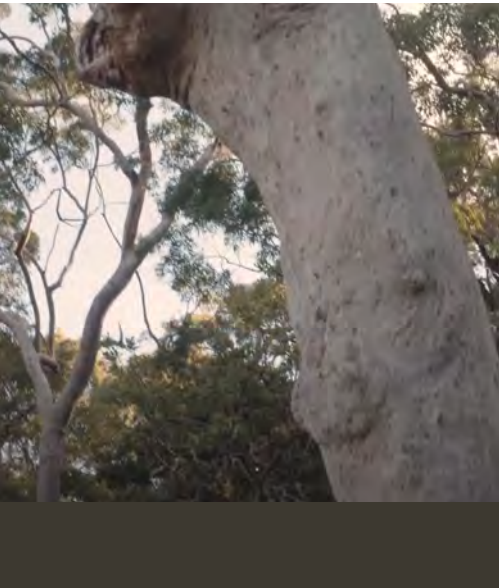
Casuarina Needles



Sandstone



River Sandbank



Angophora Tree

Design Approach
Hogben Street



St George Private Hospital

Inpatient & Support Services Building

Design Approach
ESD & Facade Design



St George Private Hospital

Inpatient & Support Services Building

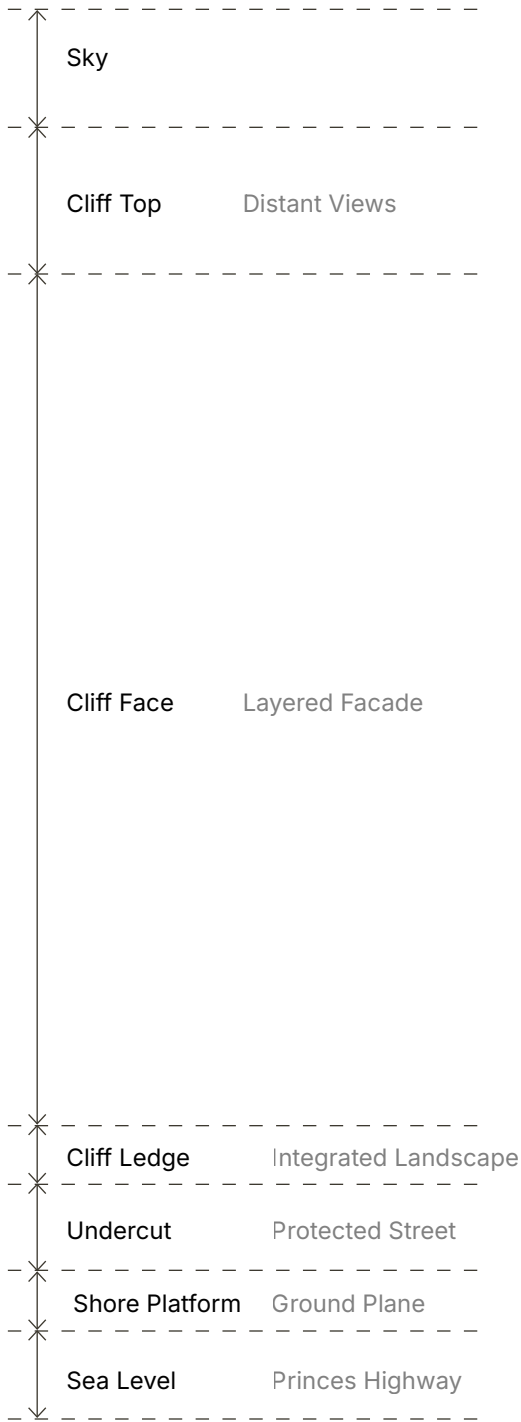


Design Approach

Facade as an Allegory



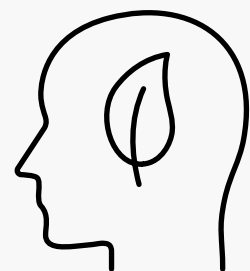
Allegory - Sandstone Cliffs



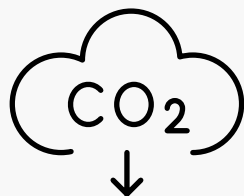
Telling Stories



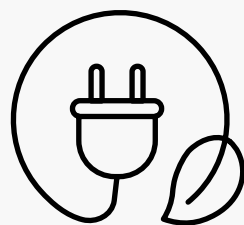
Layered Materials



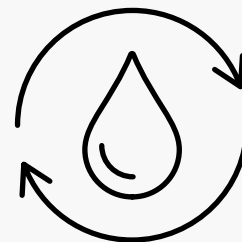
Human Factors



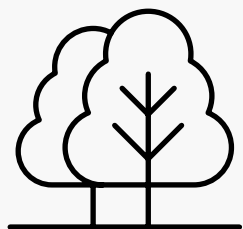
Whole Life Carbon



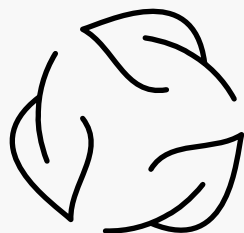
Energy Sources



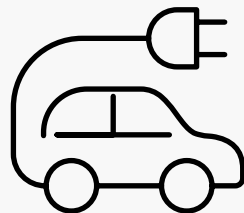
Water



Biodiversity



Circularity



Transport



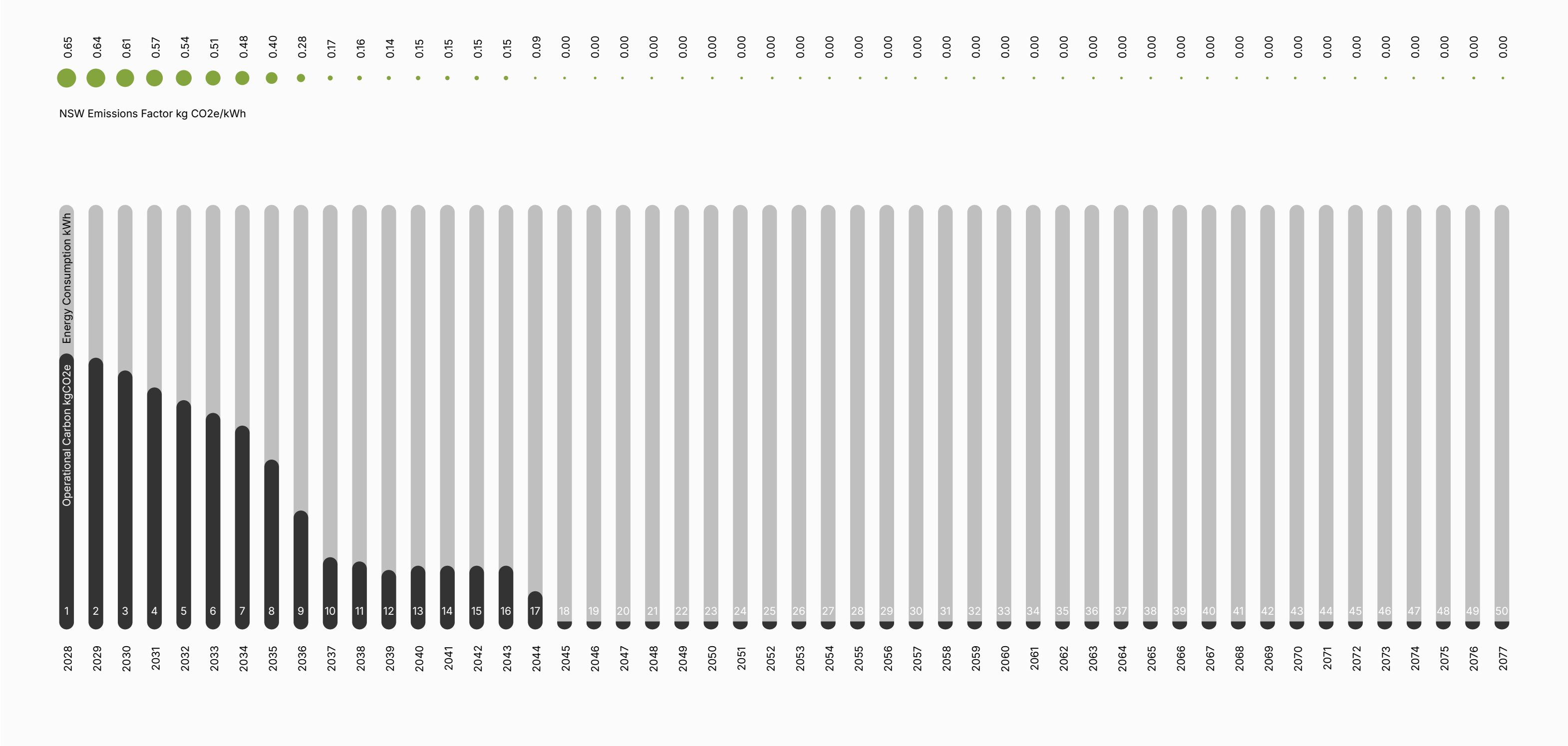
Resilience

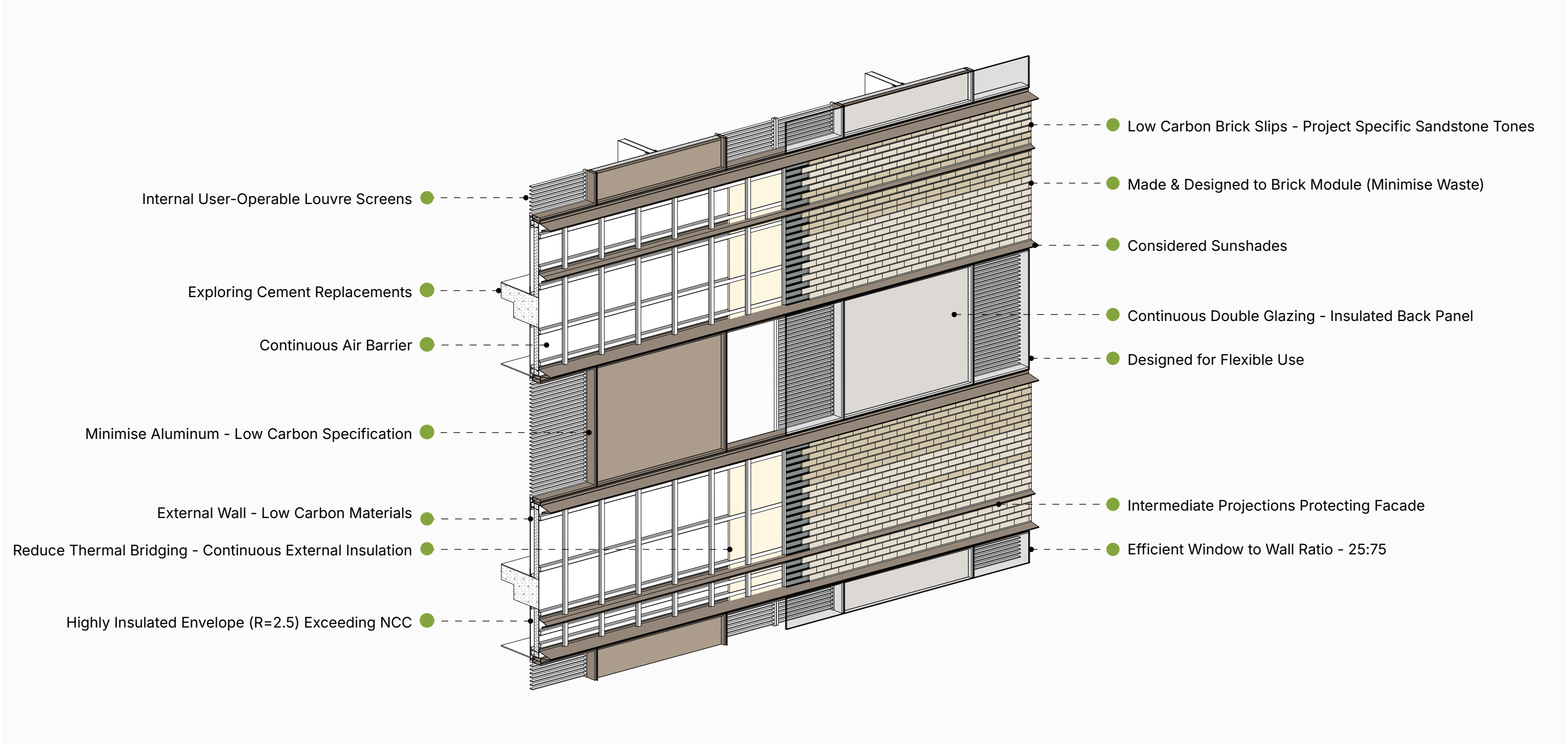
Design Approach

Architecture for a Better Tomorrow



Design Approach
Decarbonising Grid





Design Approach

Facade Design - Embodied Carbon



Welcome to the Facade Embodied Carbon Dashboard by fitzpatrick + partners

Introduction

The following dashboard has been designed to provide architects with a tool for addressing embodied carbon within the building facade and help inform design decisions to minimise the carbon impact of our buildings. The manufacturing and production of many typical building facade elements are inherently carbon intensive and architects should strive to minimise the impact of our facades wherever possible as one of the key contributing areas we can influence and control. The dashboard provides the ability to explore our material selection to provide an estimate that can help make data informed comparisons across facade systems, as well as contribute to the impact of the facade against other building elements and whole the carbon. As Fitzpatrick + partners, we believe that we should all be advocating for an architecture for a better tomorrow.

User Guide

Light blue cells: input information here.

Reference to visual guide

Grey cells: auto-populated where applicable.

Orange text: input not required, details information.

Demanded Result

Alert: some cells will become light blue based on other selections / inputs.

Project Data: Ramsay Health Care / St George Private Hospital

Step to Room Height (m):

2.400

Typical Facade Bay Components

Vision Panel Component Typical Facade

Component Width (m):

2.000

Component Area (m2):

7.000

1a Material Selection

Materials (Solid Elements)

Click the cells below to activate the dropdown list and select the materials present within the component.

Materials (Solid Elements)	Thickness (m)	Embodied Carbon / m2 Facade (kgCO2e/m2)
ISLAND BLOCK BRICK SUPPLY WITH MORTAR 230 x 750 x 250MM	0.005	10.238
GALVANISED STEEL 15MM	0.001	22.800
STEEL TOP HAT: 1.158MT 600 CC: 50 x 25 x 18MM	0.025	5.833
STEEL TOP HAT: 1.158MT 600 CC: 50 x 25 x 18MM	0.005	6.712
GLASS MINERAL WOOL INSULATION R2.5 15MM	0.075	1.770
RIGID EPS BOARD 50MM	0.050	6.900
STEEL STUD WALL: 1.158MT 600 CC: 36 x 150MM GLASS MINERAL WOOL INSULATION (FILL) R2.5 50MM	0.000	12.868
PLASTERBOARD 13MM	0.013	2.080
ALUMINIUM LOWER CARBON SUPER 3MM	0.003	32.400
ALUMINIUM LOWER CARBON SUPER 3MM	0.003	32.400

0.000

1b Dimensional Input

Height / Width Variation?

Click the light blue cells below to activate the dropdown list and select an option.

Yes - Dimensional variation in section.

Dimensional Variation (m)

Click the light blue cells present, enter a linear measure of the material.

2.100

1c Results

Embodied Carbon Total (kgCO2e)

42.916

%

6.2%

Solid Spandrel Panel Component Typical Facade

Component Width (m):

2.000

Component Area (m2):

7.000

2a Material Selection

Materials (Solid Elements)

Click the cells below to activate the dropdown list and select the materials present within the component.

Materials (Solid Elements)	Thickness (m)	Embodied Carbon / m2 Facade (kgCO2e/m2)
ISLAND BLOCK BRICK SUPPLY WITH MORTAR 230 x 750 x 250MM	0.005	10.238
GALVANISED STEEL 15MM	0.001	22.800
STEEL TOP HAT: 1.158MT 600 CC: 50 x 25 x 18MM	0.025	5.833
STEEL TOP HAT: 1.158MT 600 CC: 50 x 25 x 18MM	0.005	6.712
GLASS MINERAL WOOL INSULATION R2.5 15MM	0.075	1.770
RIGID EPS BOARD 50MM	0.050	6.900
STEEL STUD WALL: 1.158MT 600 CC: 36 x 150MM GLASS MINERAL WOOL INSULATION (FILL) R2.5 50MM	0.000	12.868
PLASTERBOARD 13MM	0.013	2.080
ALUMINIUM LOWER CARBON SUPER 3MM	0.003	32.400
ALUMINIUM LOWER CARBON SUPER 3MM	0.003	32.400

0.000

2b Dimensional Input

Height / Width Variation?

Click the light blue cells below to activate the dropdown list and select an option.

Yes - Dimensional variation in section.

Dimensional Variation (m)

Click the light blue cells present, enter a linear measure of the material.

2.100

2c Results

Embodied Carbon Total (kgCO2e)

42.916

%

6.2%

Materials (Glazing)

If glazing is present within the component, click the cell below to activate the dropdown list.

Materials (Glazing)	Embodied Carbon / m2 (kgCO2e/m2)
DOUBLE GLAZED UNIT: 12MM FLOAT + 8MM LAM	54.800

54.800

Materials (Glazing Frame)

If present within the component, click the cell below to activate the dropdown list and select an allowance.

Materials (Glazing Frame)	Embodied Carbon / linear m (kgCO2e/m)
ALUMINIUM WINDOW FRAMING, SUPER CARBON 50 x 150 x 4MM THICK	16.389

16.389

Materials (Glazing Sub-Frame)

If present within the component, click the cell below to activate the dropdown list and select an allowance.

Materials (Glazing Sub-Frame)	Embodied Carbon / linear m (kgCO2e/m)
ALUMINIUM WINDOW FRAMING, SUPER CARBON 50 x 150 x 4MM THICK	16.389

16.389

Materials (Secondary Structure)

If secondary structure is present within the component to support the facade, click the cell below to activate the dropdown list and select a framing allowance.

Materials (Secondary Structure)	Embodied Carbon / linear m (kgCO2e/m)

Linear Measure (m)

Click the light blue cells present, enter a linear measure.

5.600

Linear Measure (m)

Click the light blue cells present, enter a linear measure.

4.000

Embodied Carbon Total (kgCO2e)

175.360

%

23%

Embodied Carbon / m2 Facade

54.800

Embodied Carbon / m2 Facade

51.708

Materials (Glazing)

If glazing is present within the component, click the cell below to activate the dropdown list.

Materials (Glazing)	Embodied Carbon / m2 (kgCO2e/m2)
DOUBLE GLAZED UNIT: 12MM FLOAT + 8MM LAM	54.800
ALUMINIUM LOWER CARBON SUPER 3MM	21.499
GLASS MINERAL WOOL INSULATION R2.5 50MM	2.460
PLASTERBOARD 13MM	2.080

54.800

Materials (Glazing Frame)

If present within the component, click the cell below to activate the dropdown list and select an allowance.

Materials (Glazing Frame)	Embodied Carbon / linear m (kgCO2e/m)
ALUMINIUM WINDOW FRAMING, SUPER CARBON 50 x 150 x 4MM THICK	16.389

16.389

Materials (Glazing Sub-Frame)

If present within the component, click the cell below to activate the dropdown list and select an allowance.

Materials (Glazing Sub-Frame)	Embodied Carbon / linear m (kgCO2e/m)
ALUMINIUM WINDOW FRAMING, SUPER CARBON 50 x 150 x 4MM THICK	16.389

16.389

Materials (Secondary Structure)

If secondary structure is present within the component to support the facade, click the cell below to activate the dropdown list and select a framing allowance.

Materials (Secondary Structure)	Embodied Carbon / linear m (kgCO2e/m)

Linear Measure (m)

Click the light blue cells present, enter a linear measure.

5.600

Linear Measure (m)

Click the light blue cells present, enter a linear measure.

4.000

Embodied Carbon Total (kgCO2e)

175.360

%

23%

Embodied Carbon / m2 Facade

54.800

Embodied Carbon / m2 Facade

105.120

St George Private Hospital

Inpatient & Support Services Building

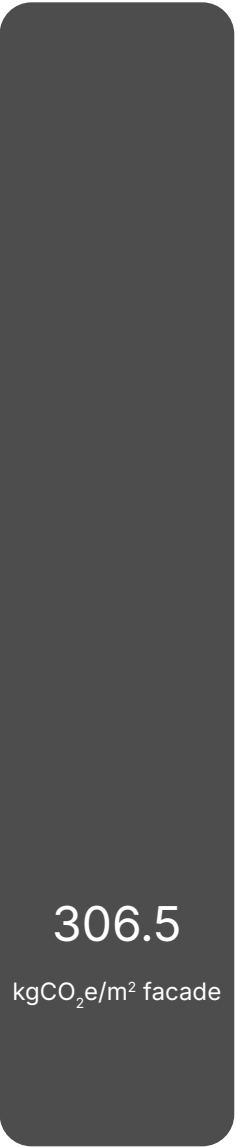
Page 34

Design Approach

Facade Design - Embodied Carbon



=



Typical Hospital Construction

Aluminum; Steel Top Hat; Galvanized Back Pan; Steel Stud Frame w/ Ins; Plasterboard

Double Glazing; Aluminum Frame

Embodied Carbon

(A1-A3)

Design Approach

Facade Design - Embodied Carbon



Typical Hospital Construction

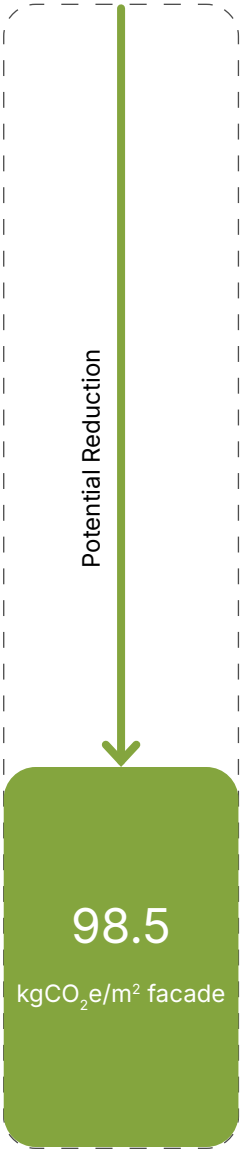
Aluminum; Steel Top Hat; Galvanized Back Pan; Steel Stud Frame w/ Ins; Plasterboard
Double Glazing; Aluminum Frame

=



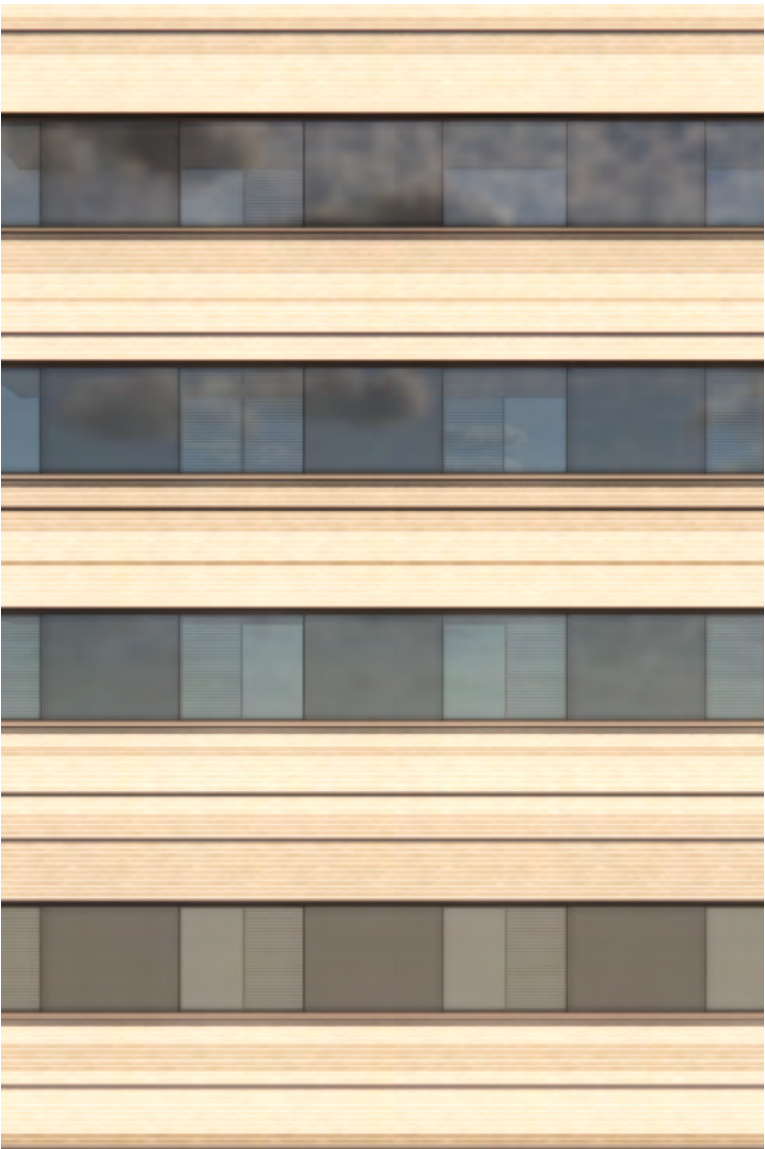
Embodied Carbon
(A1-A3)

Potential Reduction



Embodied Carbon
(A1-A3)

=



Proposed Facade Construction

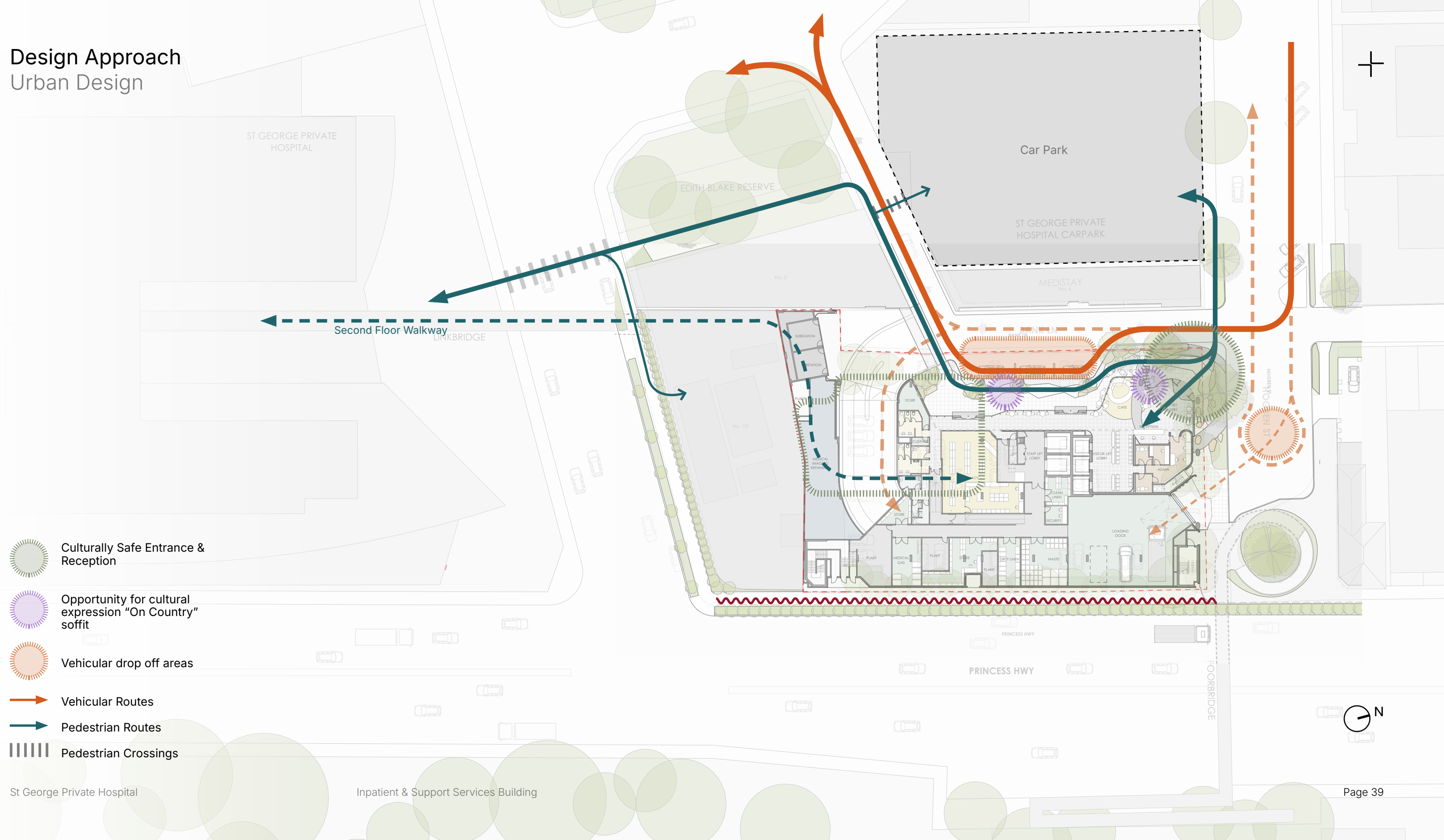
Brick Slips; Steel Top Hats; Continuous Ins; RAB; Steel Stud Frame w/ Ins; Plasterboard
Double Glazing; Aluminum Frame; Insulated Back Panel



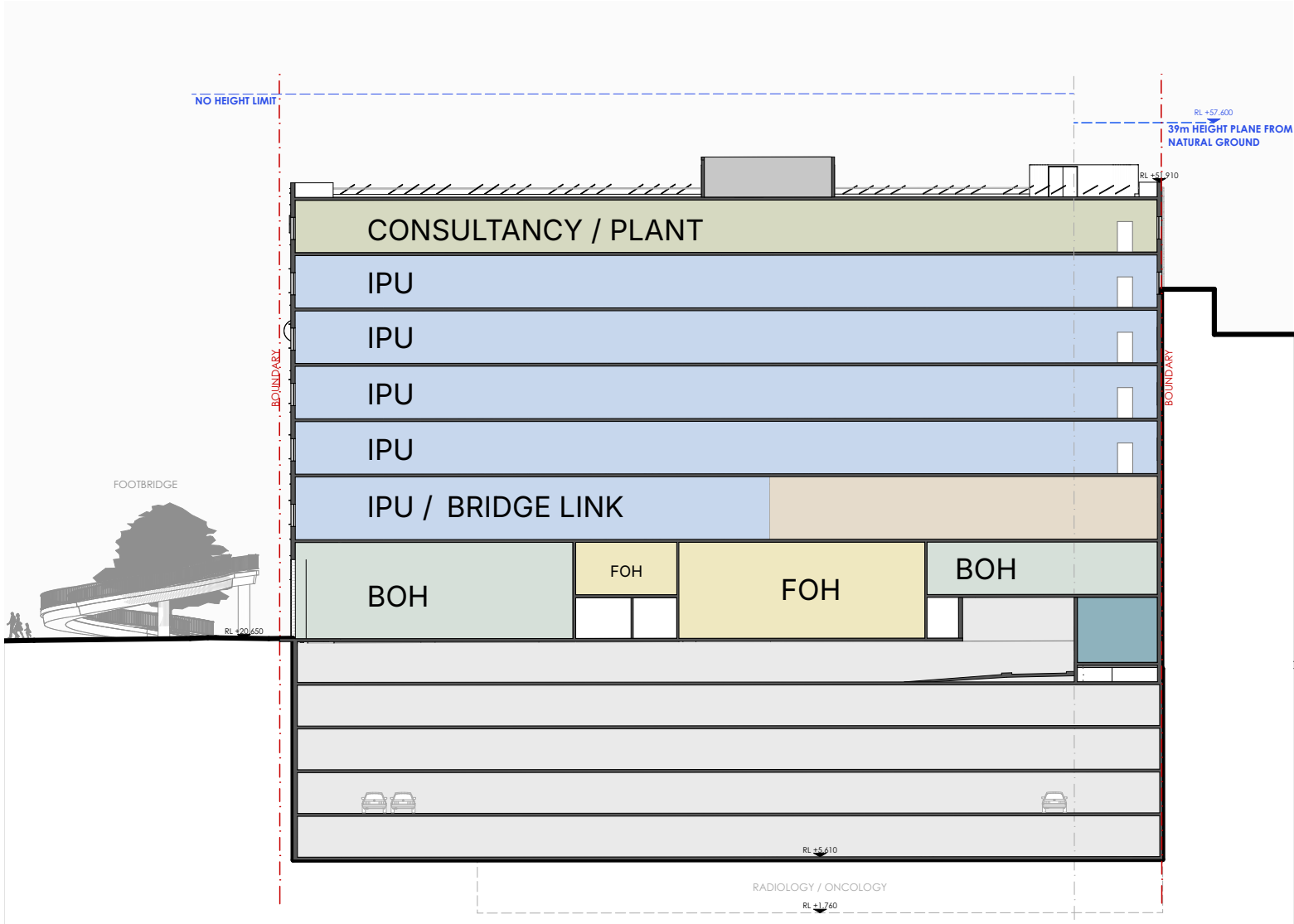


Design Approach

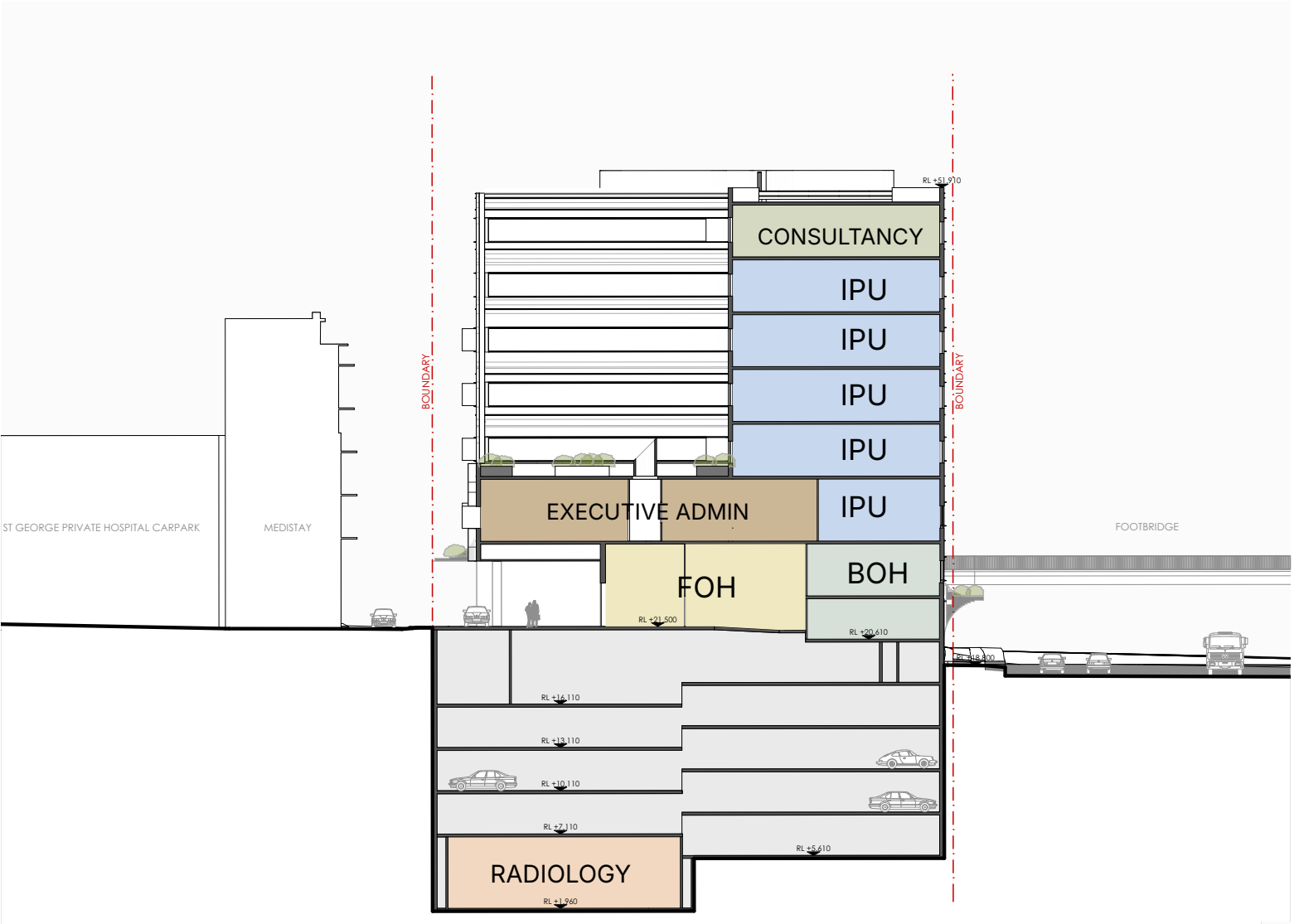
Urban Design



Design Approach
Sections

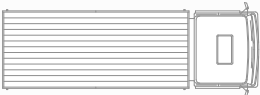


Section (North - South)



Section (West-East)

Proposed Plans
Ground Floor





ANDREAS
ANI & CO.
ed Accountants
587 2777

St George Private Hospital

Inpatient & Support Services Building

Ramsay
Health Care

Page 42



Proposed Plans

Ground Floor Landscape Plan



Landscape patterns are derived from the deep connection between land and sea drawing inspiration from the weathering patterns observed on the surface of sandstone

- ① The corner area serves as an informal meeting place framed by native trees that provide shade and enclosure. Casuarina needles inspire linear paving patterns, while sandstone seating shaped like canoes reflects local cultural ties. Groundcovers like Casuarina 'Cousin It' weave through sandstone blocks, creating a natural, shaded gathering space.
- ② A small seating area with rock-shaped benches at the drop-off softens pavement patterns and integrates low groundcovers, keeping clear circulation to the entrance.

Proposed Plans

Ground Floor Landscape Plan



The outdoor seating design is inspired by the canoes of the Bidjigal incorporating rough-textured sandstone boulders with naturally rugged sides and smooth, patterned seating surfaces on top, creating a strong visual and tactile connection to the local geology and landscape character



Figure 1. The Garden of Cloud and Stone, Thomas & Hay Street, Ultimo, NSW, Australia. Jane Irwin Landscape Architecture; design team: Jane Irwin Landscape Architecture, Hill Thalys Architecture & Urban Projects, Lindy Lee; photography by Simon Wood. City of Sydney.



The paving patterns are inspired by the weathering patterns found on local sandstone edges, reflecting the natural textures of the site.

Proposed Plans

Landscape Plant Palette



Casuarina 'Cousin It'

Casuarina glauca 'Cousin It' is used as a resilient, low-growing ground cover along stone seating and paved areas, offering textural contrast while complementing the natural bushland character. The planting is inspired by the existing Casuarinas on site and the broader regional landscape.



A shaded, welcoming corner defined by character-rich native trees.

Drooping She-oaks create a soft, whispering canopy that evokes bushland calm, while Coast Banksias add upright structure, sculptural flowers, and seasonal birdlife.



Viola hederacea



Myoporum parvifolium



Hardenbergia violacea

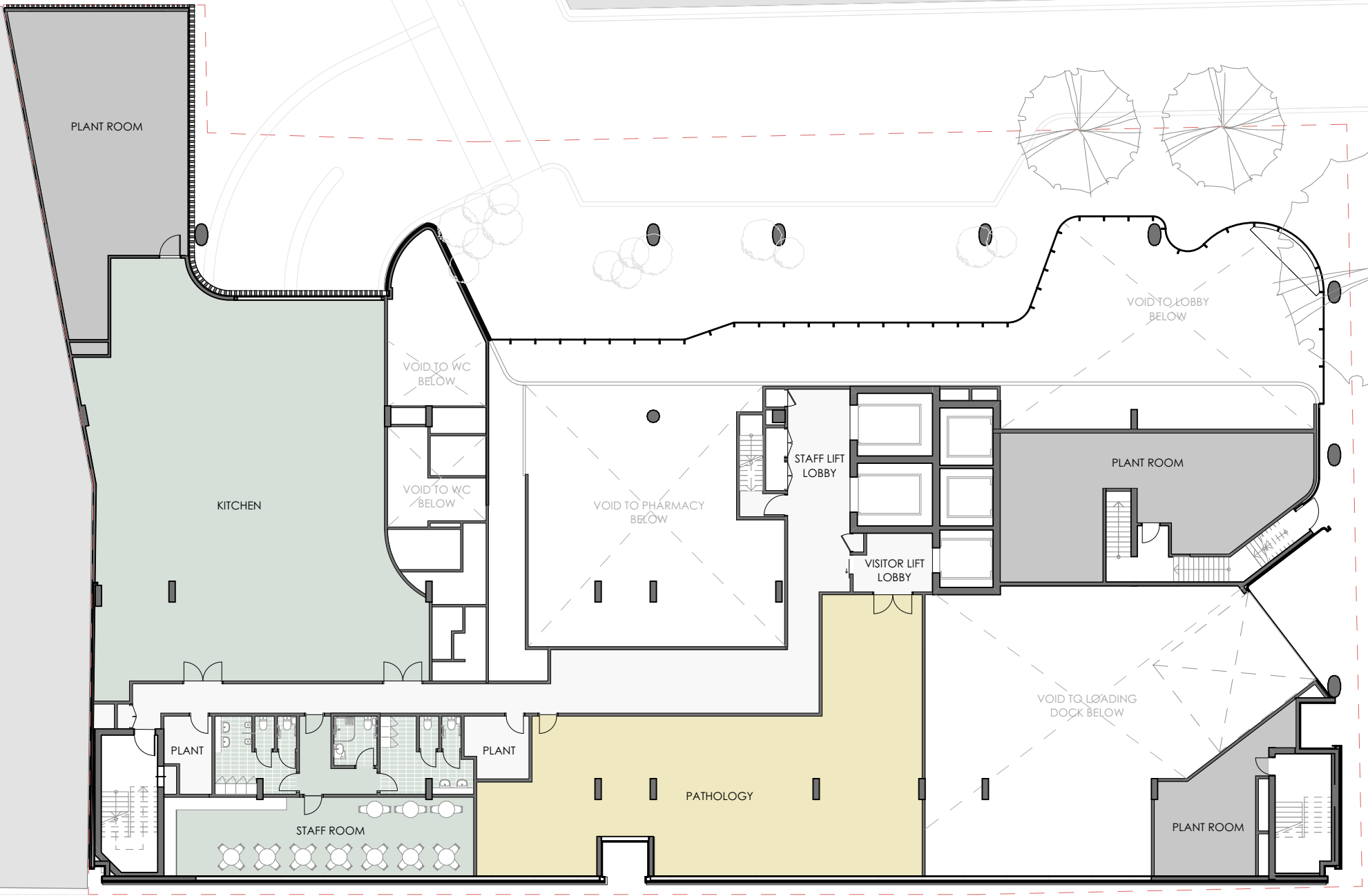


Chrysocephalum apiculatum



Banksia integrifolia Roller Coaster

Proposed Plans
Mezzanine



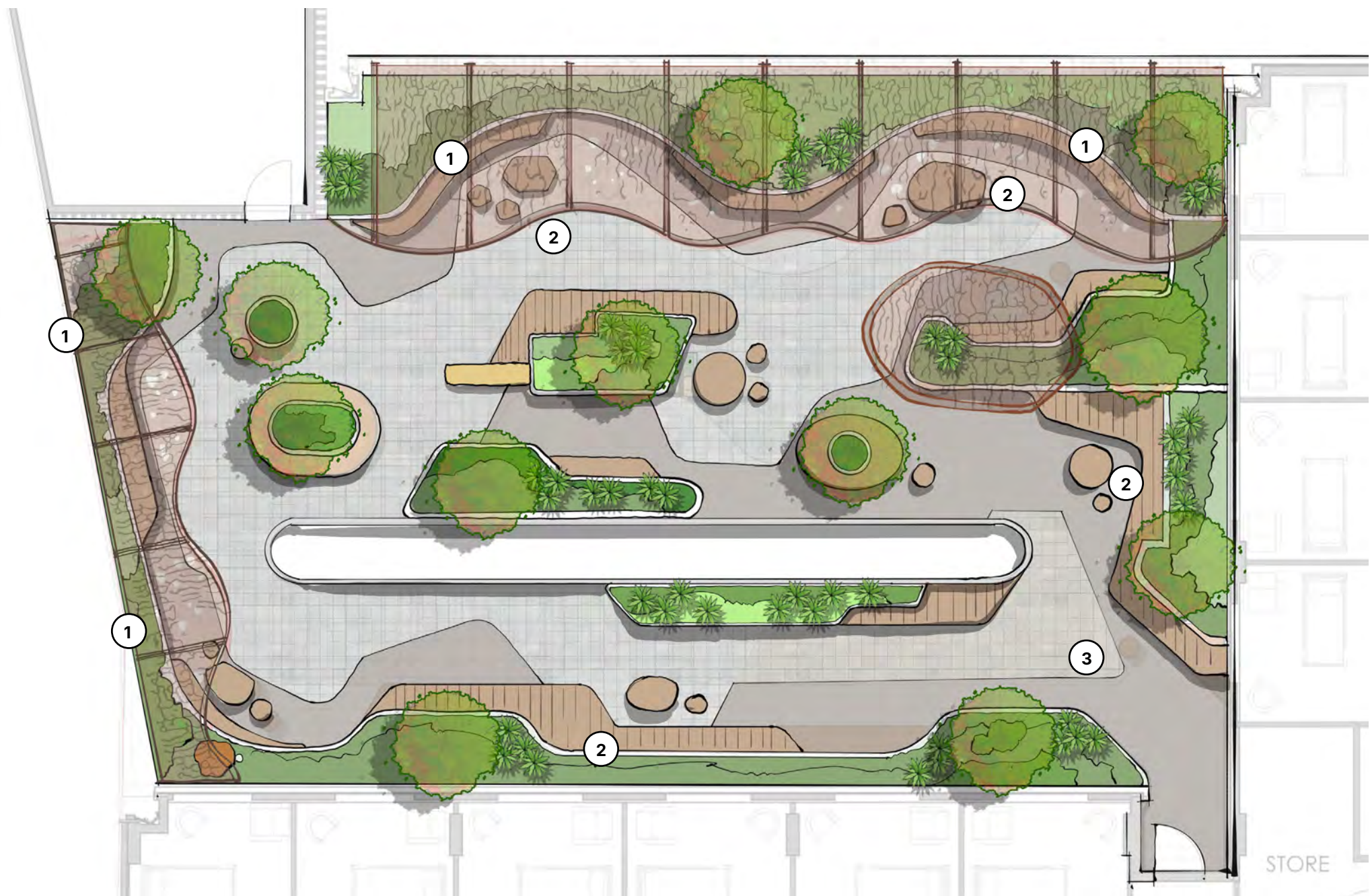
Proposed Plans
Level 1



Proposed Plans
Level 2



Proposed Plans
Level 2 - Landscape Plan



A system of GRC (Glass Reinforced Concrete) planters mounted on pedestals forms a structured podium garden, elevating native planting and creating layered green spaces. Rough sandstone blocks and seating elements, combined with timber seating surfaces, define usable terraces that blend natural textures with contemporary form.

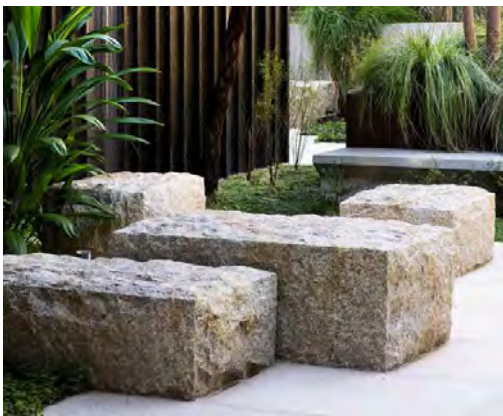
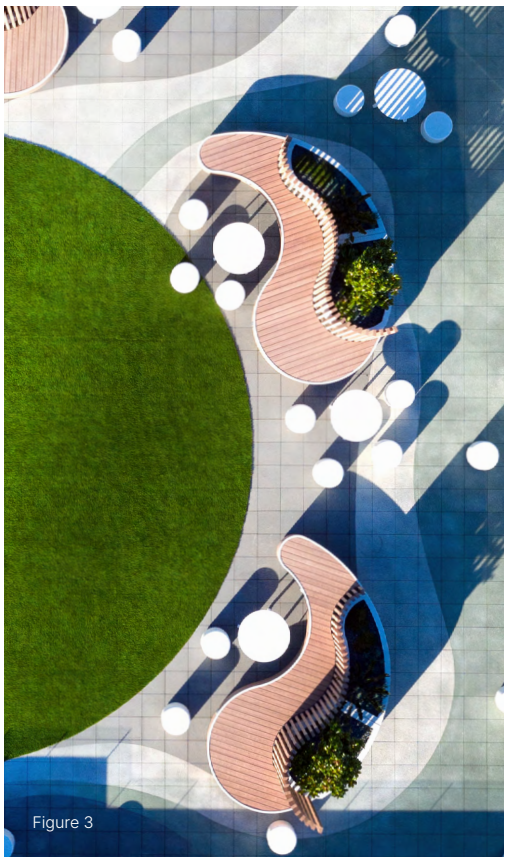
- ① Curved perimeter fencing—required for safety—is reimagined as an architectural feature. Using web mesh with integrated planting and organic motifs, the screen softens the edge while continuing the theme of natural forms throughout the landscape.
- ② Planters and seating zones that support quiet retreat and informal gathering.
- ③ Accessible wheelchair friendly path within the terrace

Proposed Plans

Level 2 - Landscape Plan



A security fence along the roof edge is modified to function as a landscape shade element by incorporating a custom-designed web mesh. The mesh pattern is inspired by the natural weathering and fracture lines found on vertical sandstone facades, creating a visually engaging screen that filters light and casts dynamic shadows.

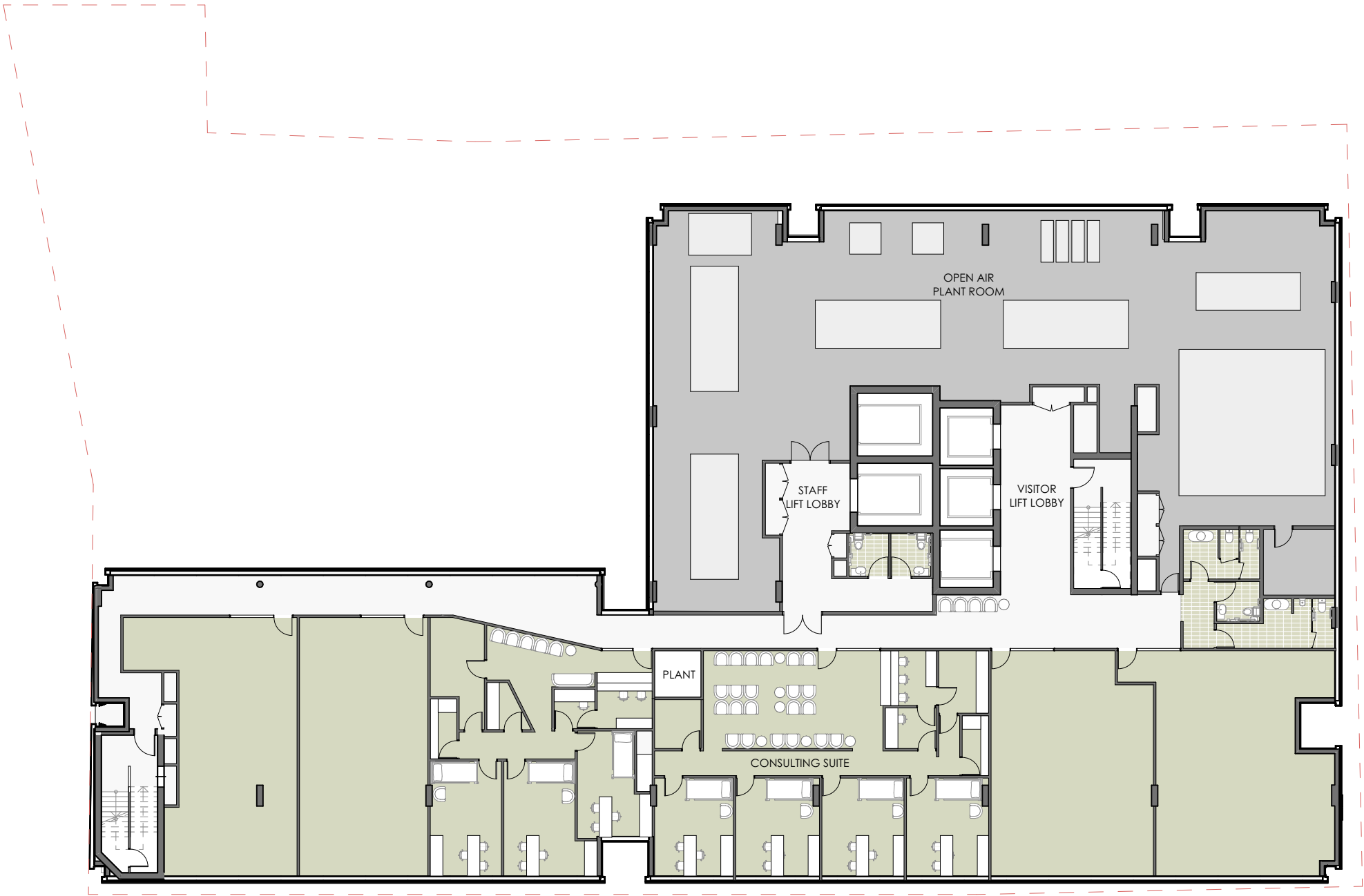


On the roof terrace, sandstone blocks, patterned tiles, and GRC planters are composed to form a layered, naturalistic pattern that reflects the textures and forms of the surrounding landscape.

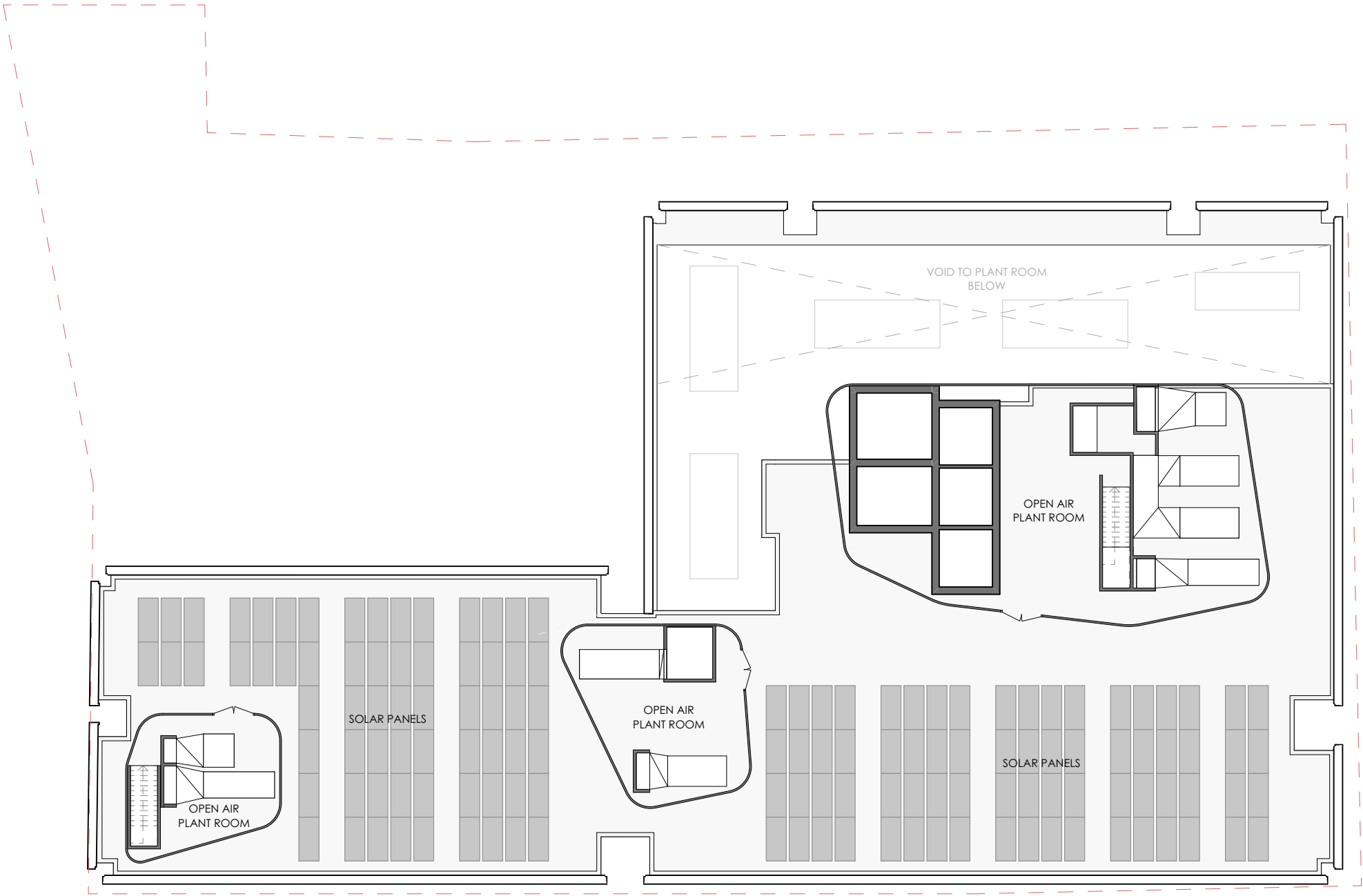
Proposed Plans
Typical Tower



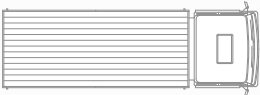
Proposed Plans
Top Floor Consultancy Suites



Proposed Plans
Roof Plan



Proposed Plans
Ground Floor

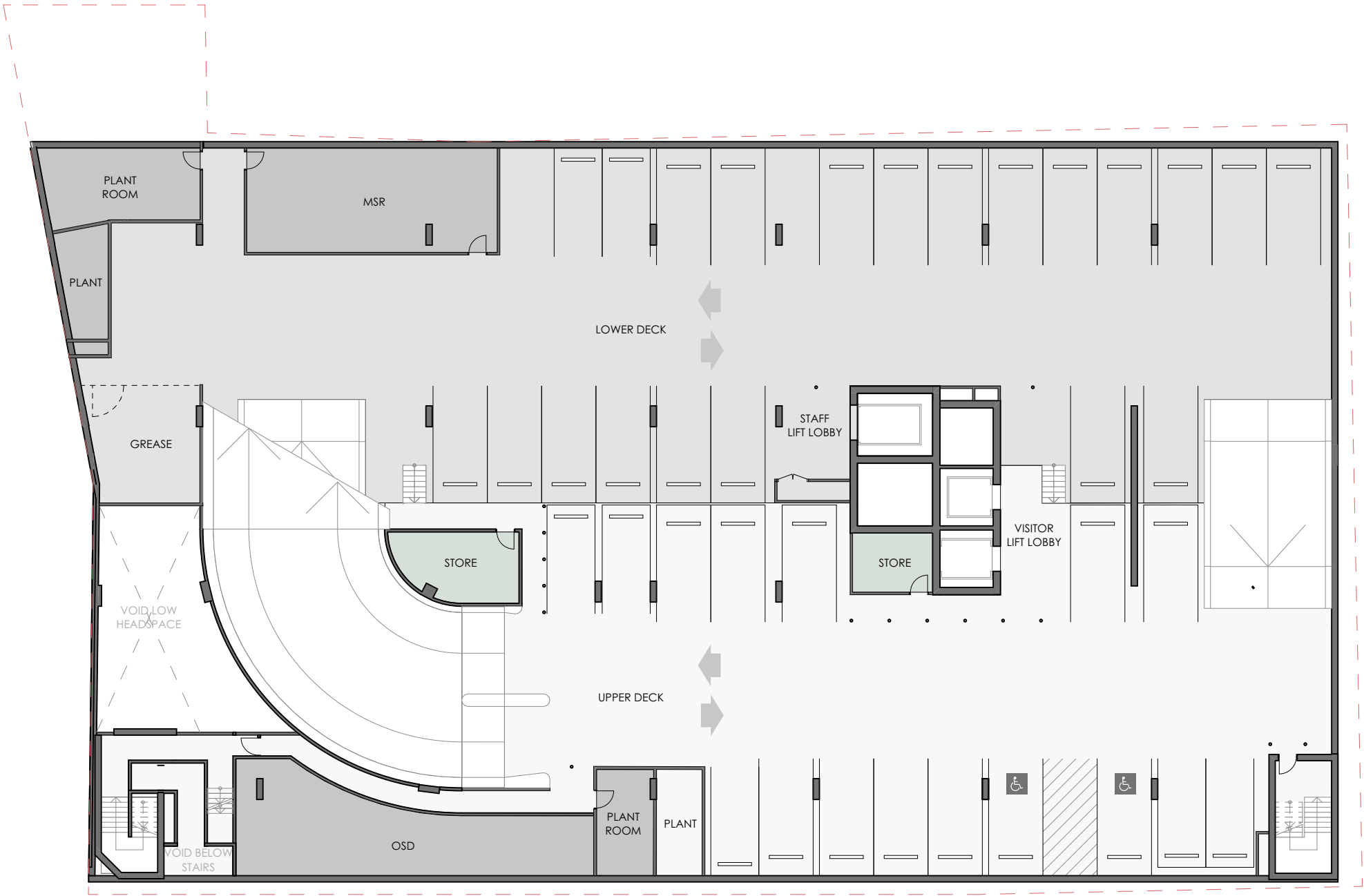




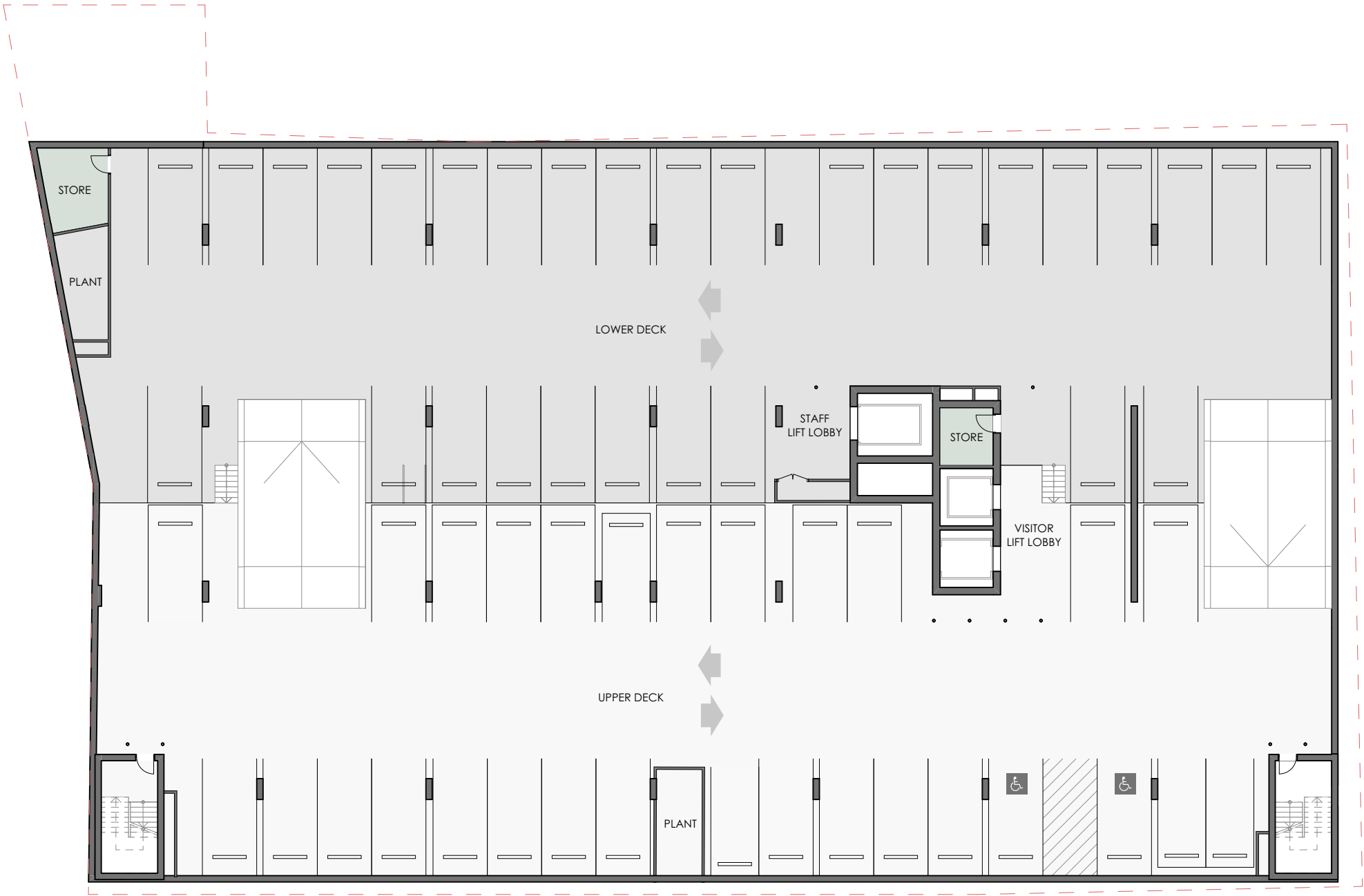
Ceiling image is representative only, and if adopted will be developed with a selected artist from the La Perouse Aboriginal Community



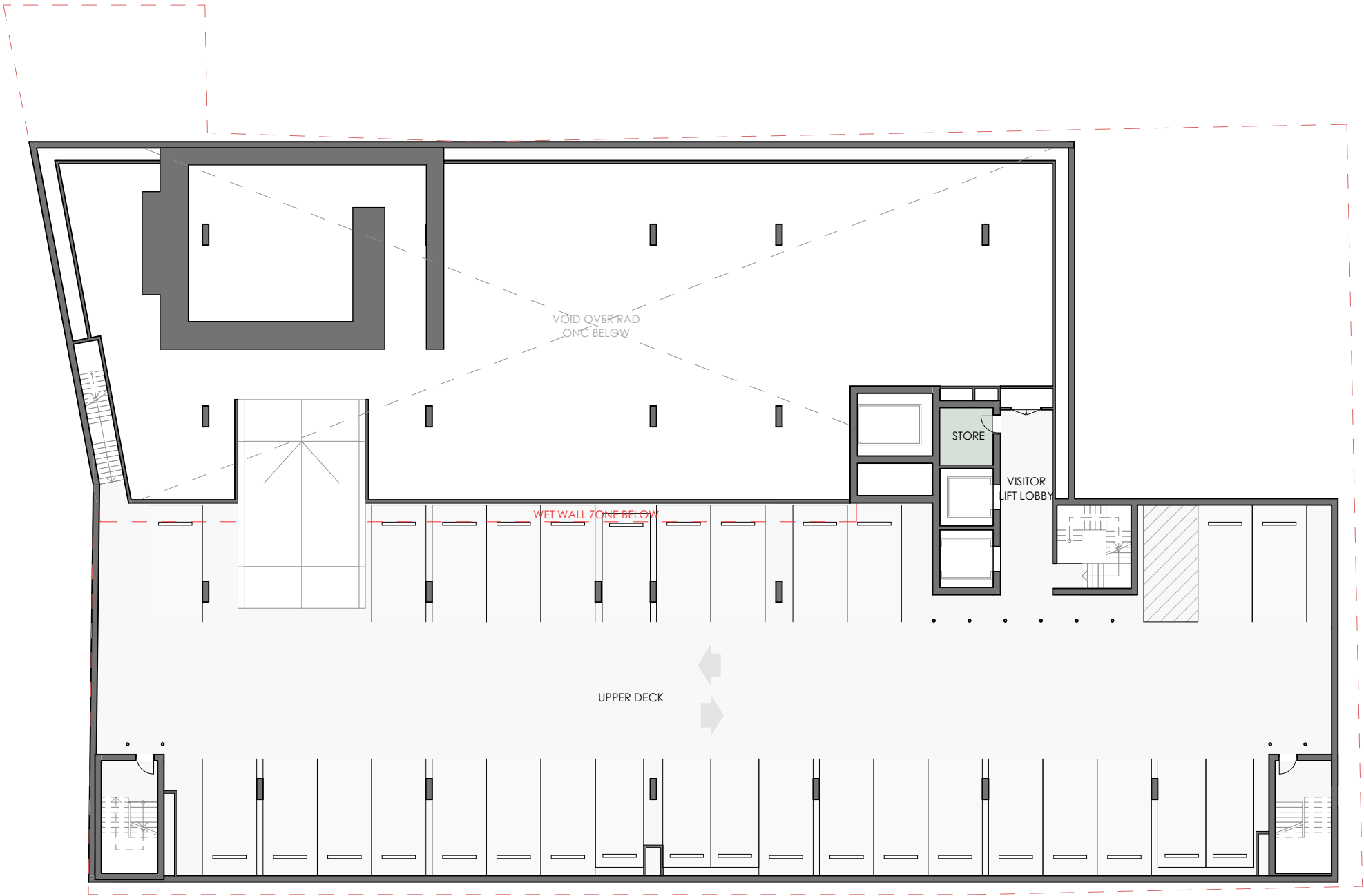
Proposed Plans
Basement L1



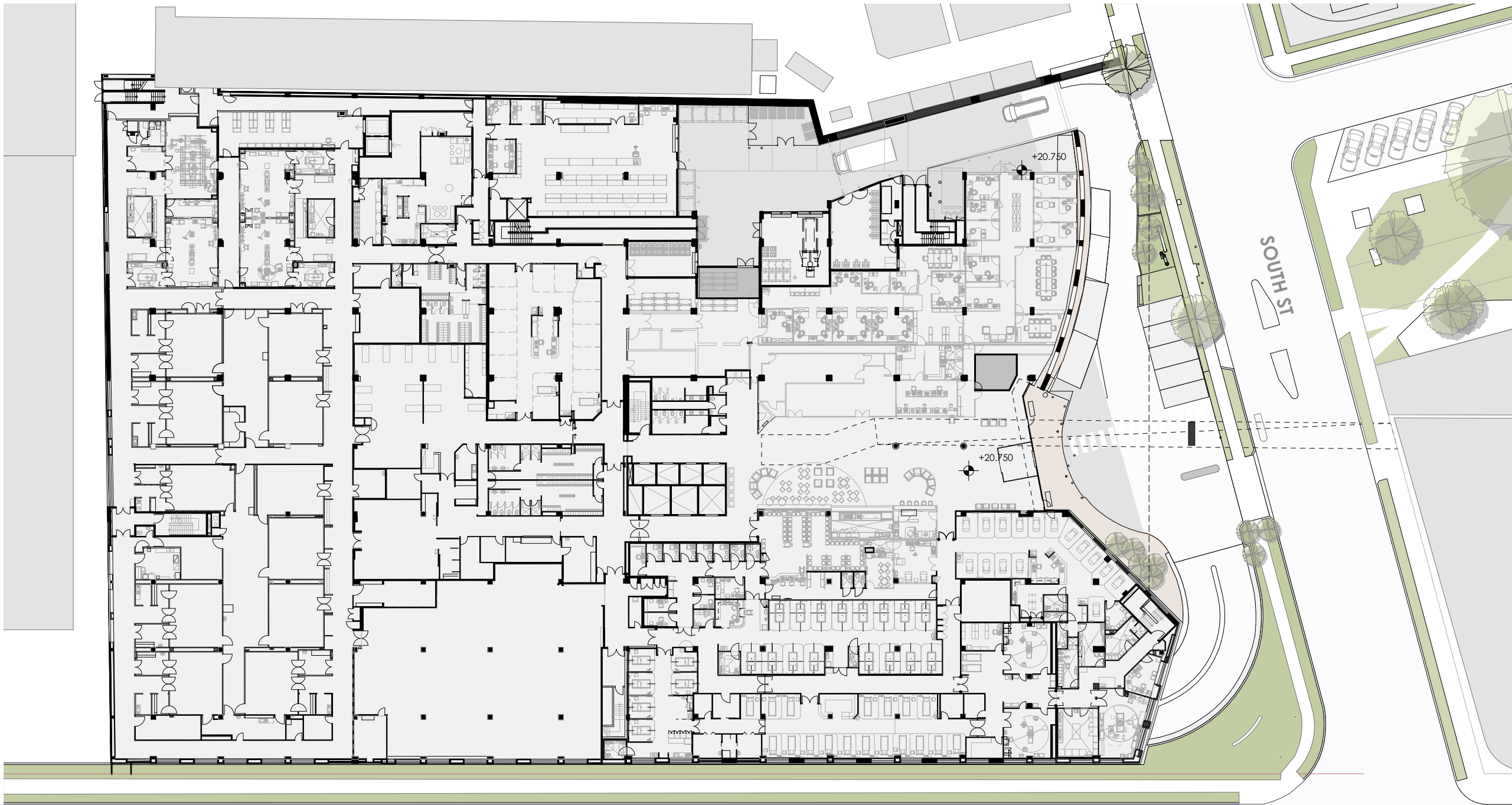
Proposed Plans
Typical Basement



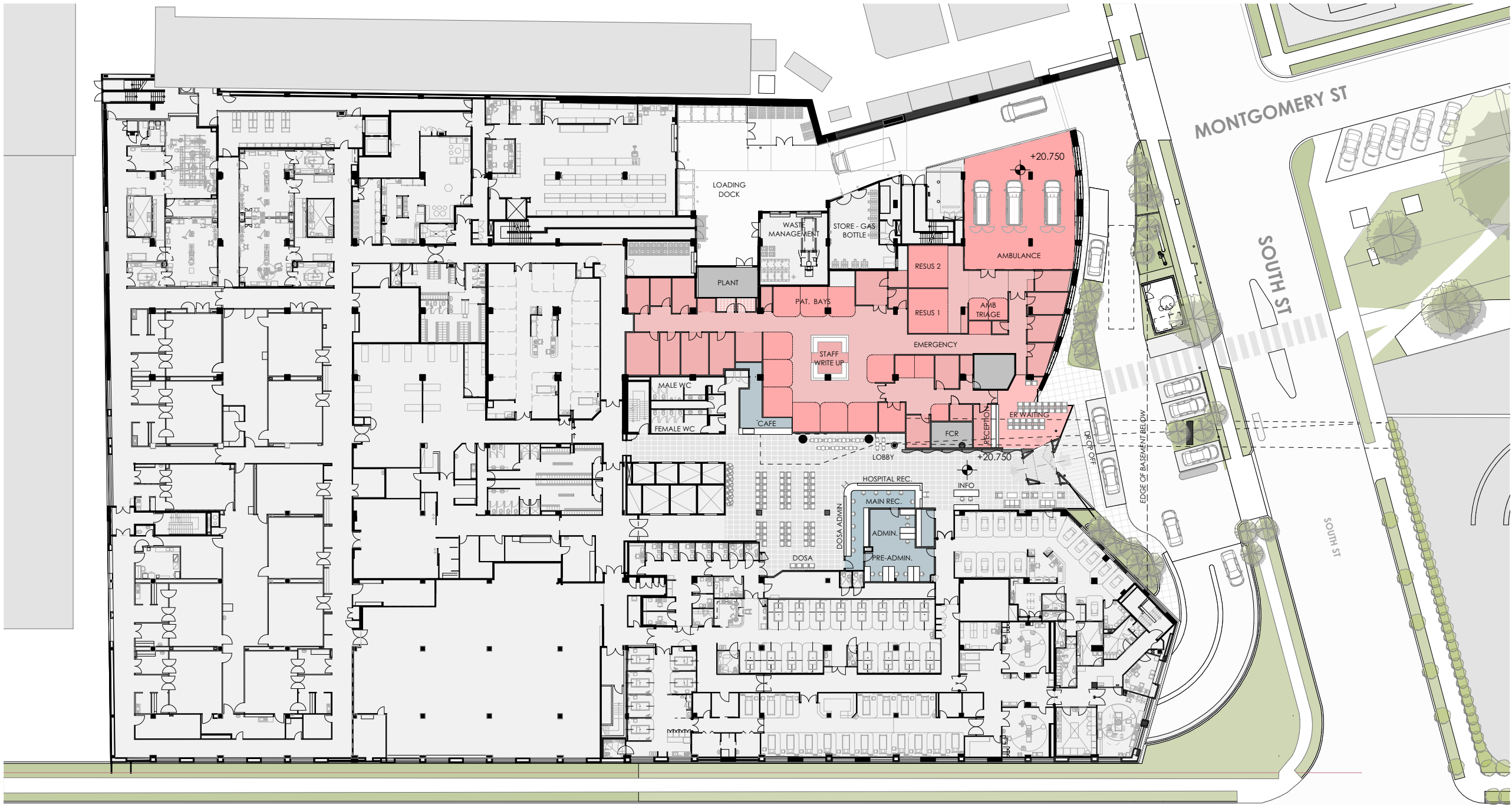
Proposed Plans
Basement Radiology Oncology



Site A - Proposed Plans
Existing



Site A - Proposed Plans
Proposed



Site A - Proposed Plans
Landscape Plans



- 1 The entry to the site A building framed by innovative paving patterns inspired by the layered textures of sandstone formations. Green planting areas are integrated, with a feature trees enhancing the connection between built and natural elements.
- 2 Seating area with rock-shaped benches at the drop-off softens pavement patterns and integrates low ground covers, keeping clear circulation.
- 3 The pedestrian entry through a landscaped garden before crossing South Street.



Thankyou.
Questions?

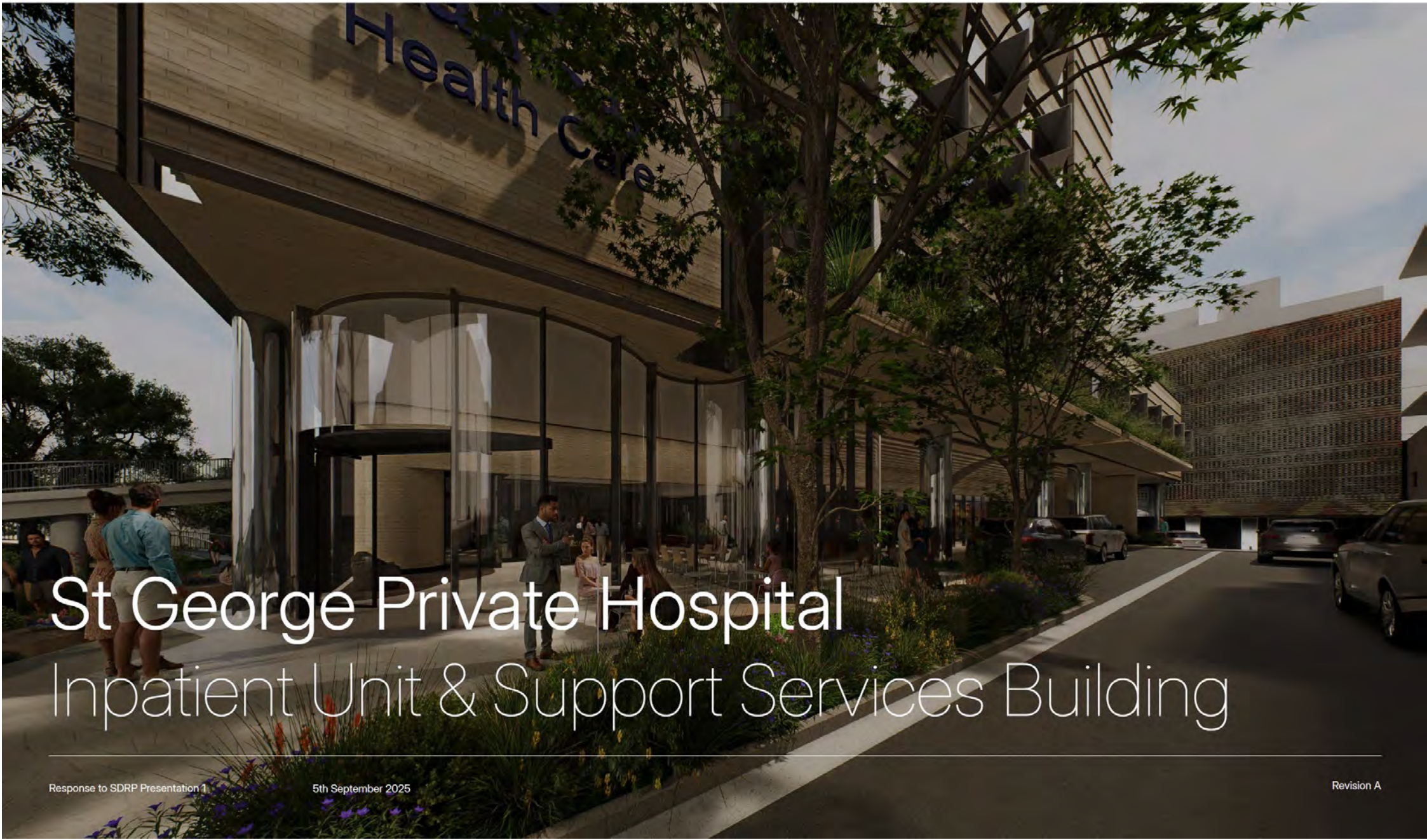


St George Private Hospital

Inpatient & Support Services Building

Appendix

SDRP Response to Questions Raised



St George Private Hospital Inpatient Unit & Support Services Building

State Design Review Panel

St George Private Hospital

Inpatient Unit & Support Services Building

13 August 2025

Response to Review

We thank the SDRP for their time and constructive feedback on the project. All of the points raised in SDRP 01 have been carefully reviewed, listed in this document, and the accompanying drawing package, and individually responded to.

Many of the panel's comments have directly informed design refinements, as outlined below. In some cases, certain matters could not be incorporated due to the functional planning requirements of the building or did not fully align with the core design concepts; where this has occurred, the rationale has been explained in detail. Similarly, for points not considered appropriate to the project's context, we have provided clear reasoning to demonstrate our design logic and intent.

It is important to note that the drawings presented to date describe a project prior to submission for planning approval. A significant phase of design development still lies ahead, during which many of these and other elements—including interior finishes, volumes, and detailing—will be further explored and refined. The recommendations and responses contained here will serve as key inputs to that process.

In this respect, we believe the purpose of the SDRP—to provide expert, independent design advice that strengthens projects before planning lodgement—has been fulfilled. Taken together, this response and the earlier submission document demonstrate a clear and considered alignment with the panel's guidance.

Accordingly, we do not consider a further presentation to the SDRP necessary at this stage, as it would extend the program and delay an imminent planning submission. We are confident that the responses provided achieve the intent of the process and will ensure that the project continues to evolve in line with the high standards expected by the panel and the NSW Government.

We thank you for your input into making the St George Private Hospital – Inpatient Unit and Support Services Building be the best it can be.

POINT RAISED			RESPONSE
1	Express the three-dimensional quality of the sandstone stratification in the façade:		
a		Reinforce the symbolic role of the vertical slot elements.	Following the presentation to the SDRP, the design of the recess slots has been further refined to strengthen both their architectural expression and their relationship to the building's internal functions. The slots are now conceived as layered elements. The rear and side walls are treated with vertically proportioned mirrored glass panels, while slots that align with view corridors are expressed as mirrored double-glazed units. This approach balances reflectivity and transparency, providing controlled glimpses into and out of the building. Corner detailing has been enhanced with the introduction of a recessed vertical grillage, set back from the brick face. This refinement generates depth, shadow, and a clear linear expression, with the mirrored treatment now primarily reserved for the rear surface of the slot. The reflective finishes are being carefully developed to reduce brightness and achieve a tonal quality more consistent with the subdued light of a natural crevice. Rather than producing luminosity, the intention is to deepen the perception of shadow and recess. Colour palettes under consideration include muted green, charcoal, and bronze tones, which reinforce this sense of depth and provide a restrained contrast to the surrounding masonry. The design intent is not to mimic natural forms, but to suggest the visual qualities of depth, layering, and subtle variation. The larger slots differ in character, conceived as inhabited interjections into the façade. These offer occupants outlook and amenity while contributing to the building's external articulation. Here, the vertical grillage treatment continues along the sides, providing continuity with the corner slots, while the rear surface is kept clear to maximise transparency through the double-glazed units. This allows meaningful visual connections in both directions, offering glimpses into the activity of the building as well as framed views outward.

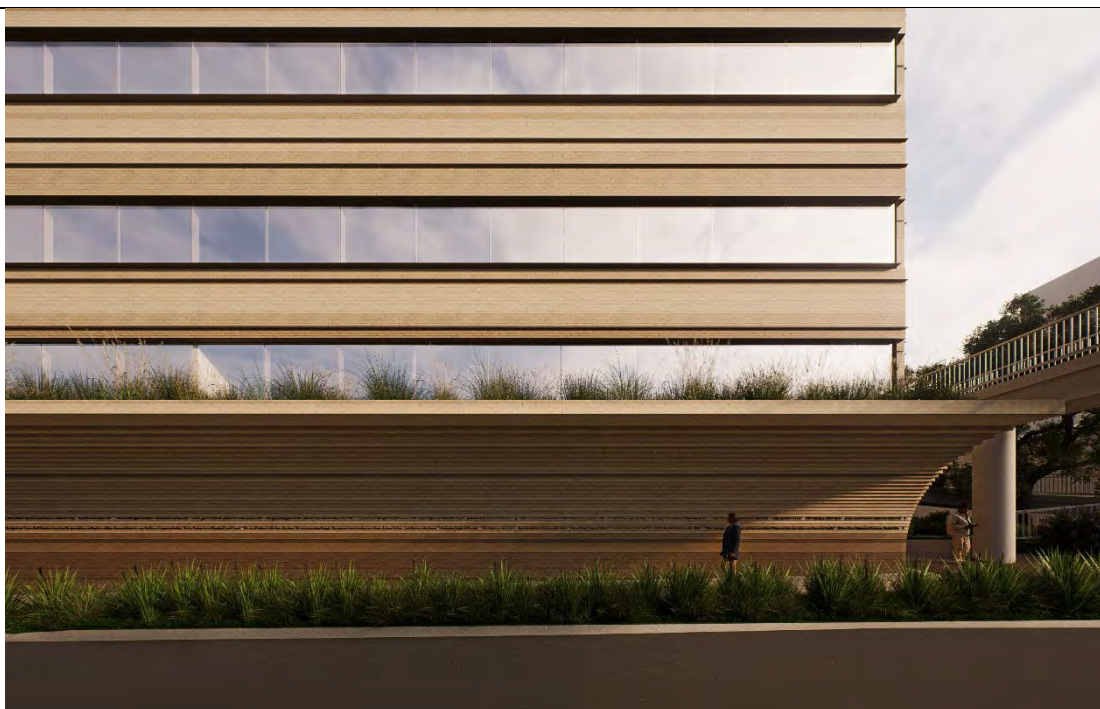


A-01 CORRIDOR/VISION SLOT ARTICULATING A RECESSIVE EDGE VERTICAL GRILL (CREVICE) AND A REFLECTIVE GLASS SURFACE WITH VISION DEEP INTO THE INTERIOR SHOWING THE INTERNAL EDGE PLANTERS AND THE ACTIVITY OF THE OCCUPANTS



A-02 CORNER SLOT DETAIL ARTICULATING A RECESSIVE EDGE VERTICAL GRILL (CREVICE) AND A REFLECTIVE GLASS SURFACE INTERPRETING WATER MOVEMENT DOWN THE CREVICE.

b		Explore the concept of layering beyond the awning, for example, by introducing more depth into the facade.	Some changes have been made to the façade design since the presentation to the SDRP. These include some variations to the drip and shade hoods, additional western hoods, increased depth of windows from façade frontage and the adoption of horizontal struck joints with vertical flush joints to the brickwork. The façade design draws inspiration directly from Country, taking cues from the coastal geology shaped over millennia. In particular, the concept references the sandstone cliff faces where overhangs, undercrofts, tonal shifts and the layers of endemic grasses cling to seemingly impossible stone cantilevers. This reading of place becomes the foundation for the architectural expression, translating natural layering into the built form. While the site constraints—most notably the DCP requirement for zero setbacks and the highly efficient, repetitive planning module of the typical IPU floor—restrict the introduction of traditional depth through recesses or modulation, the design response instead explores “functional layering.” The strategy utilises essential façade components as active contributors to depth and shadow play: drip projections, shade hoods, deeply recessed windows, horizontal struck jointing and colour banding. Together these elements create a façade that is visually and materially rich, shifting character as light changes throughout the day and across seasons.
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A-03 EAST FAÇADE DETAIL

This approach is not only aesthetic but deeply tied to environmental performance. The layering strategy directly contributes to thermal regulation, reducing solar load, and therefore minimising operational energy expenditure in alignment with the greening grid strategy adopted by the NSW Government. Material selections and detailing are carefully considered to minimise embodied carbon, extend lifecycle, and reduce maintenance—ensuring the façade performs across technical, environmental and operational measures.

The result is a highly layered façade solution: one that is grounded in Country, shaped by functional necessity, responsive to stringent site parameters, and exceeding contemporary environmental expectations. It demonstrates how a technically constrained brief can still deliver an expressive, place-based and deeply sustainable architectural outcome.



A-04 EASTERN FAÇADE WITH SUNHOODS CREATING DEEP SHADOWING AND ARTICULATION CHANGING THROUGHOUT THE DAY

2	Extend the richness of landscape and natural elements throughout the building into all patient unit levels:		
a	Introduce natural airflow and breezes within circulation areas to improve thermal comfort and connection to the outdoors.	The following has been prepared in conjunction with the project's mechanical consultants and the Ramsay operational team. The concept of introducing natural airflow and breezes within circulation areas has been carefully explored. While this strategy can improve comfort and reduce reliance on mechanical systems in residential or student accommodation, it is not considered appropriate in the context of a healthcare facility for a number of reasons.	

1. Temperature and Moisture Control

Healthcare environments must maintain strict internal temperature and humidity conditions to ensure patient safety, infection control, and staff comfort. Introducing raw external air through corridors or trickle vents would make these conditions unmanageable, particularly in Sydney's variable climate. The NSW Health *Engineering Services Guidelines* (2021) and AS 1668.2:2012 (*The use of ventilation and airconditioning in buildings – Ventilation design for indoor air contaminant control*) require healthcare facilities to maintain controlled mechanical ventilation to ensure compliance with air change rates and comfort parameters. Natural air introduction would compromise this control and increase operational energy loads as the HVAC system compensates.

2. Acoustic Considerations

The site fronts the Princes Highway, a major arterial road. Opening up circulation spaces or relying on trickle vents would expose patients and staff to significant traffic noise, undermining the acoustic performance required under AS/NZS 2107:2016 (*Acoustics – Recommended design sound levels and reverberation times for building interiors*). Hospital circulation spaces must provide calm, quiet environments that support recovery and reduce stress; introducing external noise would conflict with this core requirement.

3. Functional and Infection Control Risks

Natural airflow pathways in corridors would allow cross-transfer of untreated air between wards and patient areas, contrary to infection prevention principles set out in the Australasian Health Facility Guidelines (AusHFG, Part D – Infection Prevention and Control). Corridors in healthcare are not designed to act as air distribution zones; doing so would negatively impact the controlled pressurisation strategy that ensures air flows from clean to less clean spaces.

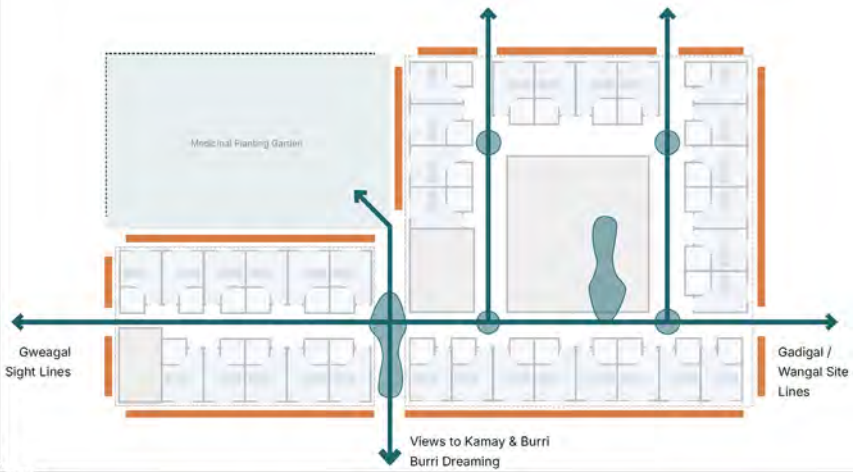
4. Trickle Vent Evaluation

We considered the potential use of trickle vents integrated into window frames. While these are effective in residential settings for background ventilation, they are not suitable for hospitals:

- They cannot provide the required air change rates for healthcare compliance (AS 1668.2).
- They introduce uncontrolled moisture, dust, and pollutants from the external environment.
- They complicate the energy recovery strategy from toilet exhaust systems, as corridor make-up air would undermine heat recovery efficiency.
- Even if installed, trickle vents would need to be supplemented by a full mechanical system to meet compliance, resulting in duplicated systems, inefficiency, and increased maintenance.

Where appropriate, we will continue to consider the integration of a natural mode of operation—such as opening windows in staff or enclosed patient lounge environments on the west façade - under a narrow band of external conditions. However, operationally, all key circulation and ward areas will be mechanically air conditioned in line with best-practice hospital operation.

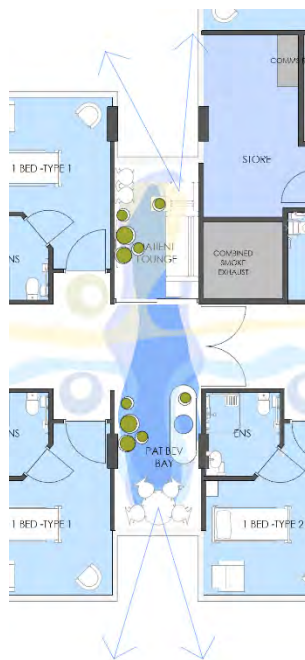
The proposed fully air-conditioned approach remains the most appropriate and operationally viable solution for this facility.

			References: • NSW Health <i>Engineering Services Guidelines</i> (2021) • AS 1668.2:2012 <i>The use of ventilation and airconditioning in buildings – Ventilation design for indoor air contaminant control</i> • AS/NZS 2107:2016 <i>Acoustics – Recommended design sound levels and reverberation times for building interiors</i> • Australasian Health Facility Guidelines (AusHFG), Part D – Infection Prevention and Control
b		Incorporate the presence of natural and biophilic features, such as through the use of planters and greenery.	The initial drawings presented to the SDRP focused on the building form, façade expression, and internal functional planning only. As outlined at that time, the design intent is to extend the themes developed for the exterior into the interior volumes, reinforcing connections to Country through landscape, wayfinding, and art. These elements will be further detailed during the design development phase in collaboration with specialist wayfinding consultants and the appropriately selected Indigenous artists.  The updated plans demonstrate how natural and biophilic features will be integrated within the project.



A-05 TYPICAL IPU FLOOR

At visitor arrival points, sitting areas, and within the patient lounge, custom planters will introduce landscape into the interior. Each planter will vary in scale, design, and colour, and will be thematically tied to the Gadigal, Wangal and Gweagal sight lines, as well as the Burri Dreaming, ensuring that the integration of greenery is both biophilic and culturally resonant.



A-05 PATIENT LOUNGE AND BEVERAGE BAY

Private patient rooms remain the primary setting for family connections, while guest breakout zones provide opportunities for respite and overflow. These spaces are positioned to terminate view lines, creating defined points of pause and reflection. Whilst the patient lounge reflects these design parameters it is also treated as a private enclosed space.

The character of these interior spaces will be further shaped through variations in floor and ceiling treatments, and the potential use of circadian lighting will be explored. Custom floor finishes will weave in flow lines of the Burri Dreaming, with different patterns for rooms oriented towards the ocean and towards the west, embedding cultural storytelling into circulation routes from the lift lobby past the nurses station to the rooms.

Commissioned Indigenous artworks will also be incorporated into floor and wall treatments to guide wayfinding and personalise the journey, referencing patient identity rather than impersonal numbering.

Circulation spaces will be softened through rounded corners and the use of natural materials at key nodes, reinforcing connections to nature and supporting patient wellbeing.



VISITOR LIFT LOBBY AND RECEPTION

			Through the careful layering of custom planters, culturally themed finishes, Indigenous artworks, and natural materials, the design integrates biophilic principles while honouring Gadigal, Wangal and Gweagal Country. The result will be an environment that is calming, restorative, and culturally grounded, while also enhancing wayfinding and creating a more personal experience for patients, visitors, and staff.
3	Consider integrating a green wall at the Bank Lane art wall to enrich the patient drop-off experience. If not feasible at this stage, allow for its future implementation.		Thank you for the suggestion of a green wall in lieu of the proposed mural. After careful consideration, we do not consider a green wall to be an appropriate design response in this context. The project already incorporates significant landscape elements that create direct and meaningful connections between patients, visitors, and the public. These include the landscaped drop-off zone, the café entry garden, planting atop awnings, the visitor and patient garden on Level 2, and landscape elements woven throughout the interiors. The landscape design is thematically linked to the sandstone escarpments around Sydney, ensuring it can be experienced up close and engaged with directly by the community. By contrast, a green wall at this location would introduce a number of challenges. They typically require significant depth (approximately 600mm) and maintenance regimes that cannot be supported here due to the plantroom built on the boundary. Servicing would require machinery to occupy the public domain, blocking access to substations and the carpark. Green walls also have inherent limitations—such as reliance on non-biodegradable planting mediums, high water use, and in Sydney’s climate, mixed success as demonstrated by existing examples including those opposite UTS. From a design perspective, we believe the large-format mural offers a stronger and more enduring outcome. Unlike a green wall, its impact improves with distance, making it highly effective for viewing along Bank Lane, from the café, and at the approach to the building. Importantly, acknowledging we are proposing a building about people and for people, the mural provides an opportunity to reflect the history of the people of the community and hospital, delivering a landmark element that concludes the vista with clarity and meaning. For these reasons, while acknowledging the aesthetic potential of green walls in other settings, we strongly support the large-format mural as the superior response for this building, its location, and its context.



A-06 VIEW DOWN BANK LANE TO THE VISTA TERMINATING PLANT WALL CONSTRUCTED FROM HIT AND MISS BRICK DETAILING WITH A PIXELATED IMAGE APPLIED.

4

Relocate or duplicate the Princes Highway brickwork with integrated text to a more frequently accessed section of the façade to enable greater public engagement with its detail and narrative, such as the Bank Lane façade.

The brickwork and integrated text on the Princes Highway elevation is a key storytelling element, creating an immediate and visible connection for the public to understand the building's meaning and purpose. It carries an important truth-telling and educational role, which we are committed to embedding across the project wherever possible.

A complementary approach has been developed in the drop-off zone, where more detailed messaging is proposed within the linear wall of the lobby. This element will be developed in collaboration with appropriate Indigenous community members, weaving together historical and contemporary narratives through both direct dialogue and layered historical references.

In addition, the brickwork expression has been extended and further refined at the drop-off zone, as illustrated in the submitted imagery, ensuring that opportunities for engagement with the narrative are available in multiple locations.



A-07 VIEW ALONG BANK LANE PORTE COCHERE LOOKING NORTH



A-08 PORTE COCHERE LOOKING NORTH, WITH THE DEVELOPMENT OF THE AWNING STEPPING DOWN TO THE GLASS FRONTAGE – MIMICING THE DETAILING OF THE EAST FAÇADE BRICK AND METAL SOFFIT



A-09 BANK LANE ENTRY AND PORTE COCHERE LOOKING SOUTH

5

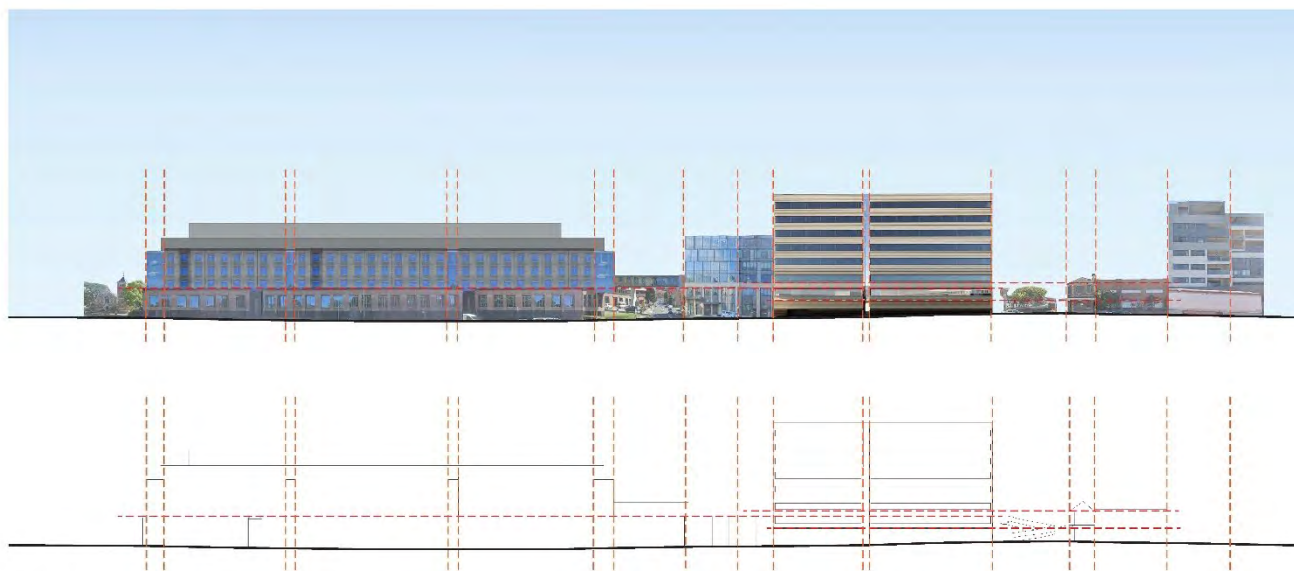
Refer to the Connecting with Country Framework and case studies on the GANSW website for more information and guidance.

This framework has been carefully considered throughout the work undertaken to date. We regard it as an important starting point, and our process has already moved well beyond its initial guidance. Our exploration of ideas, engagement with community, and early integration of truth-telling into the detailed design demonstrate a commitment that extends beyond compliance with the framework.

We anticipate this approach will continue to evolve beyond the approval stage, with further development during design development. At that time, we intend to deepen collaboration with community members to ensure the ideas expressed are meaningfully expanded and embedded within the project.

6

Improve the response of the proposed building massing and articulation to the immediate urban context, including alignment with the two-storey datum established by adjacent buildings along Princes Highway.



A-10 STREET ALIGNMENT DIAGRAM

The proposed building massing and façade articulation have been carefully adjusted to reinforce connections with the established two-storey datum along Princes Highway and to strengthen the relationship with the immediate urban context.

Although the existing SGPH podium does not precisely align with the stone-clad base of the southern neighbour, the separation created by the roadway allows a strong visual continuity of height. At the abutment, the façade establishes a clear vertical alignment with the top of the adjoining sandstone tile-clad base, specifically at the underside of its expressed “top rail.” The proposed façade has been adapted to reflect this alignment in both colour and height, with the projecting window hoods and a defined extrusion reinforcing the datum at the top and bottom of the rail.

Further alignments are introduced to strengthen contextual response: the adjusted window sill height corresponds with the height of the pedestrian bridge, establishing a strong horizontal line when approaching the site from the south. The continuation of the “top rail” datum across the façade also relates to the two-storey scale of the northern neighbour’s street buildings, while the proposed awning directly aligns with the awning height of the adjacent heritage building.

Individually, each of these references is subtle, but together they create a layered and coherent response that anchors the new façade within the surrounding urban fabric, ensuring the massing and articulation respect and enhance the established streetscape character.



A-11 PRINCE'S HIGHWAY LOOKING SOUTH



A-12 PRINCE'S HIGHWAY LOOKING NORTH



A-13 PRINCE'S HIGHWAY INTERFACE DETAIL WITH SOUTHERN NEIGHBOUR LOOKING SOUTH

7	Investigate potential conflicts between the location of the loading dock, the pedestrian bridge ramp, and school drop-off activity on Hogben Street, and explore alternative configurations to improve safety and functionality:		
a		Consider how the building is serviced to enable relocation or redesign of the loading dock. This would allow for active uses at the corner, such as a small retail tenancy, and improve the relationship with the adjacent heritage item. Explore opportunities to consolidate loading with parking access on Bank Lane to improve spatial functionality and the pedestrian experience on Hogben Street.	The location of the loading dock has been the subject of extensive investigation, both in the development of the current design solution and through subsequent reconsideration. A number of complex factors influence its siting. Key considerations include external operational requirements—such as turning circles and safe front-in/front-out access—as well as internal functionality, with the dock needing to connect directly to stores, waste rooms, and other end-of-life processes. It is important to note that this is not the primary dock for the facility, with the majority of deliveries continuing to be handled via the main dock within the existing SGPH building. Movements through the proposed dock are expected to be minimal—approximately five per day—and typically involve small trucks or courier vehicles. Given the limited frequency and scale of activity, there is no perceived conflict between dock operations and the surrounding pedestrian precinct. In fact, the intensity of use will be significantly lower than the current arrangement, which sees around 300 car movements per day entering the site at precisely the same location. Alternative locations were carefully tested but each presented significant challenges. The termination of Bank Lane was discounted due to site width and access constraints. While vehicle access could technically be achieved, it resulted in the loss of one of only three patient drop-off spaces—spaces considered essential for patient convenience and safety. Traffic consultant modelling also demonstrated that truck turning movements in this location would prevent the safe provision of a pedestrian footpath along the southern edge of Bank Lane. Furthermore, this option created substantial level conflicts: the dock would sit approximately one metre lower than its associated supply and storage rooms in order to allow for the mezzanine and the required level connection across the neighbouring building to the SGPH skybridge. This arrangement forced the pharmacy into the lobby zone, requiring its access to be managed through the patient lift lobby and creating unnecessary conflicts between waiting and circulation. At the same time, the pharmacy would sit a metre above street level, demanding stairs and internal ramps to resolve overland flow constraints—an outcome considered highly inefficient and problematic for public access. A subterranean dock location was also considered. However, the additional excavation depth needed to provide both a compliant dock and the required number of car parking spaces would have significantly compromised project viability,
b			

removed valuable pedestrian links to the southern end of Bank Lane, and introduced an unacceptably high carbon load through additional basement works.

On balance, the proposed location remains the most functional and appropriate solution. The dock is designed to sit discreetly within the façade, with its access door recessed from the building line to maximise sightlines and ensure vehicles exiting have clear visibility. Given its very low level of use, the dock will generate substantially fewer conflicts with school-related pedestrian or vehicle activity than the existing carpark entry. Outside of operating hours, the dock door will remain closed, improving the visual amenity of the public domain and maintaining building security.

Additional measures have also been incorporated to strengthen safety and amenity in this zone. Seating has been introduced along the building edge west of the dock, creating a sheltered waiting area for students. The driveway crossover will be detailed to reinforce pedestrian priority, with paving treatments ensuring the footpath reads as continuous across the vehicle entry.

We recommend that consideration be given to directing a portion of the project's Section 94 contributions to targeted improvements in this area. Potential interventions include textured paving to the roadway, enlargement of the pedestrian zone at the base of the ramp, and additional acoustic, weather and safety barriers. We would welcome the opportunity to collaborate with Council on developing and delivering these upgrades as part of a coordinated urban design outcome.



HOGBEN STREET – EXISTING CONDITION STREET TERMINATION AND CARPARK ENTRY



**A-14 HOGBEN STREET – PROPOSED CONDITION
STREET TERMINATION AND CARPARK ENTRY**

8

Activate the frontage along Princes Highway, for example through the vertical slot in the level façade, to improve the pedestrian experience and soften the Princes Highway address.

The design has carefully considered the points raised in Section 6 regarding activation of the Princes Highway frontage.

Whilst the building presents to Princes Highway, it does not hold a traditional address to this major arterial road. As discussed during the presentation, the highway creates an inhospitable environment for pedestrians and vehicles alike, with very limited pedestrian movement along this edge and traffic passing at speed. While the project cannot resolve this broader urban condition, the façade has been designed to provide a refined and appropriate architectural response that contributes positively to the highway environment.

The vertical slot deliberately breaks down the mass of the building, creating articulation and relief to the façade. At the upper levels this opening provides breakout spaces with views to the coast, offering genuine amenity to building users. The façade treatment is composed with a level of refinement that is legible both at speed from the highway and at the more intimate scale experienced by those approaching on foot via the adjacent footbridge or pathway.

To enhance the sense of activity and visual interest, additional points of activation have been introduced within the slot where opportunities are most meaningful. In particular, the mezzanine level aligns with the primary entry point to the staff lounge and kitchen, allowing for a natural sense of life and movement to be visible from the exterior.

At the ground and basement levels, internal uses comprise back-of-house areas and car parking, and therefore do not lend themselves to providing meaningful visual connections. As such, creating openings at these levels would not

achieve the intended outcome. However, the intent of activation is understood and supported, and as the design develops further opportunities will continue to be explored. Where appropriate, carefully considered windows or other moments of visual connection may be incorporated to provide logical and contextually appropriate activation.



A-15 EXTRACT FROM MEZZANINE PLAN DEMONSTRATING ACTIVATION OF SLOT AS ACCESS TO STAFF AREAS

9

Coordinate with Georges River Council on the DCP requirement for land dedication along Bank Lane for lane widening and the ownership of the pedestrian footpath.

The curb alignment at the corner of Hogben Street and Bank Lane has been realigned such that the kerb line represents the site boundary on Bank Lane. The line of delineation between public and private ownership is delineated within the drop off zone by a roll curb zone. This will be further coordinated with Georges River Council. Discussions have commenced with Georges River Council re any dedications and pedestrian footpath zones.



A-16 VIEW ALONG BANK LANE LOOKING NORTH SHOWING ROLL KERB ALONG THE BOUNDARY LINE COINCIDING WITH THE PROPERTY BOUNDARY



A-17 PLAN VIEW OF BANK LANE SHOWING BOUNDARY LINE IN RELATIONSHIP TO CURB LINE AND NEW FOOTPATH CONNECTION TO THE EDITH BLAKE RESERVE

10	Confirm any stormwater requirements that may impact the ground floor layout.		The following response was prepared by our civil consultants. The exposed areas of the ground floor lie within the lot boundary and are predominantly covered by the awning, except for the north-east corner at the intersection of Hogben Street and Bank Lane. This corner will be serviced by a new trench drain (ACO drain) and a new drainage pit, integrated into the landscape and public domain works which will be coordinated with council. This will capture runoff and convey it to the underground on-site detention tank located at Basement Level 1.
11	Ensure the outdoor space on Level 2 is clearly visible from key circulation areas, such as lift lobbies, to encourage use and celebrate its value as a therapeutic and social asset.		The Level 2 “secret garden” has been purposefully designed as a therapeutic and restorative space for patients, not as a public feature to be viewed or accessed from circulation areas. While the SDRP suggests visibility from lift lobbies and other high-traffic zones is important, this approach would undermine the very qualities that make the garden effective: quietness, seclusion, and a sense of refuge. International evidence around hospital garden design highlights that these spaces are most beneficial when they provide patients with a break from the clinical and public environment, supporting recovery through privacy, connection to nature, and moments of calm. To achieve this, the garden has been deliberately screened from general public circulation. Its presence and entry point, however, are made clearly legible to those who need it most. All inpatients are introduced to the Level 2 terrace as part of their orientation, and the access point is designed to be intuitive and easy to locate. This ensures patients are encouraged and supported to use the garden, without diluting its intent by turning it into a publicly overlooked or transitory space. The therapeutic value of the garden lies in its “secret” qualities—its wrap, its planting, its connection to sun, sky, and landscape. These characteristics cannot be preserved if the space is treated as a feature on display to visitors. Instead, public amenity is provided through other means. Beverage bays and guest points, located on each floor with views to the outdoors, offer visitors and staff small moments of connection while carrying out simple tasks—preparing a coffee, arranging flowers, or pausing briefly. Additional quiet rooms and lounges elsewhere in the hospital are available for private conversations or respite. In this way, the design strikes the right balance: the Level 2 garden remains a therapeutic retreat reserved for patients, while visitors and staff are supported by appropriate alternative spaces. This ensures the hospital environment as a whole celebrates nature and wellbeing, without compromising the integrity and healing purpose of the “secret garden.” A smaller area of this garden will be shaped to provide a staff respite space. This will be appropriately signed, but will not be fenced nor locked. All internal and external areas of this project are designated as NO SMOKING zones.

Marcus, C.C. & Barnes, M. (Eds.). (1999). *Healing Gardens: Therapeutic Benefits and Design Recommendations*. John Wiley & Sons.

- Foundational text documenting how gardens in hospitals reduce stress, support recovery, and are most effective when they provide refuge and privacy from the busy hospital environment.
- Highlights the risk of gardens becoming underused if they are too exposed or treated as showpieces rather than intimate patient spaces.

Ulrich, R.S., Zimring, C., Quan, X., Joseph, A., & Choudhary, R. (2004). *The Role of the Physical Environment in the Hospital of the 21st Century: A Once-in-a-Lifetime Opportunity*. The Center for Health Design.

- Evidence-based design review concluding that outdoor gardens reduce stress for patients, families, and staff, particularly when they offer *quiet, restorative experiences* rather than public or highly trafficked environments.

Marcus, C.C. & Sachs, N.A. (2014). *Therapeutic Landscapes: An Evidence-Based Approach to Designing Healing Gardens and Restorative Outdoor Spaces*. John Wiley & Sons.

- Provides detailed design guidance, reinforcing that visibility and accessibility should be balanced with seclusion and protection from noise and foot traffic.
- Emphasises that the most successful hospital gardens are those that feel safe, intimate, and separate from public gaze.

12 Continue developing the design of the Level 2 rooftop landscape areas:

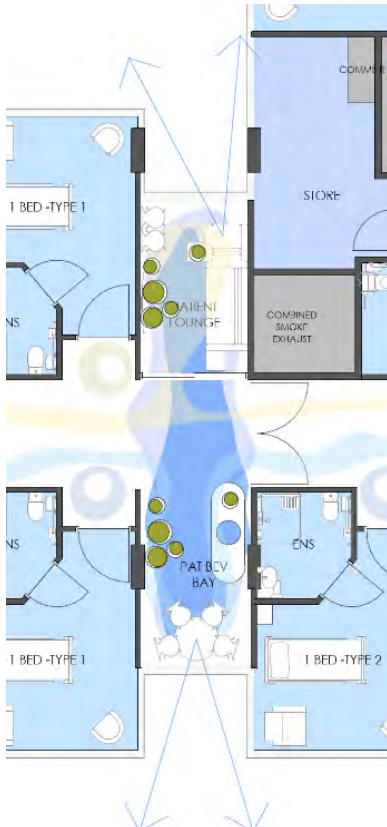
The following responses have been prepared by the Project Landscape Architects – Terras.



LA-01 LANDSCAPE PLAN OF LEVEL 2 TERRACE

a		Provide more generous, welcoming and intuitive access to the rooftop garden.	A balance is achieved between private, relaxing spaces and clear accessibility by separating the rooftop garden from general staff and patient areas inside, ensuring the outdoor space is not visibly exposed while remaining intuitively accessible. Generous planting beds are positioned around the building access door, creating a welcoming threshold, establishing a strong visual link, and drawing people outward. Pathways and seating arrangements are designed to naturally guide visitors through the space, encouraging exploration while allowing for quieter, more private areas to retreat to. The combination of layered planting, clear wayfinding, and defined zones ensures that the rooftop garden feels both inviting and restorative.
b		Include a greater range of spatial experiences, such as pathways with seating, breakout zones, and spaces that support both individual and group use, to promote wellbeing for patients, staff, and visitors.	The outdoor terrace podium has been updated to provide a personal relaxing space for patients and families whilst at the same time addressing issues such as safety screen mesh to edges, shade for summer, separate group sitting areas, precast planter configuration, circulation and access. This has been achieved through various seating arrangements and configurations where groups can sit face to face and separate and private from other sitting areas. Biophilic design integrates natural elements that mimic nature using non-toxic no allergenic plants. Sensory planting shall be included to stimulate senses such as fragrant herbs. Loose furniture is provided to provide flexibility in seating numbers. Mass planting planters support dense plant growth to screen and create privacy. All access paths are min 1800 wide to accommodate 2 x wheelchairs passing or hospital beds. Bench seating is provided with backrests and arms to support patient and aged persons to various shaded and sunny positions. • Pavement materials: selected to be low glare. • Shading: provided from small trees and fixed shade elements. • privacy zones: nooks for solitude or family conversations. • group spaces: tables, open areas for staff breaks or family interaction. • visual connection to indoors: allow patients to see the garden even if they can't go outside. • art and colour: murals, sculptures, or colour schemes that promote peace and positivity. • family-friendly spaces: Child-safe zones or interactive elements. • program space: Small zones for yoga, horticulture therapy, or group counselling. STAFF ROOF GARDEN A section of the outdoor terrace area will be screened off the allow staff to have a separate staff outdoor garden area provided with tables and chairs. The landscape character and furniture shall be a consistent extension of the main garden area and will incorporate landscape planting beds and decorative vertical screening to provide some separation from patients and families area but not fully screened. A wire trellis over will enable shading and a sense of enclosure in a private area.

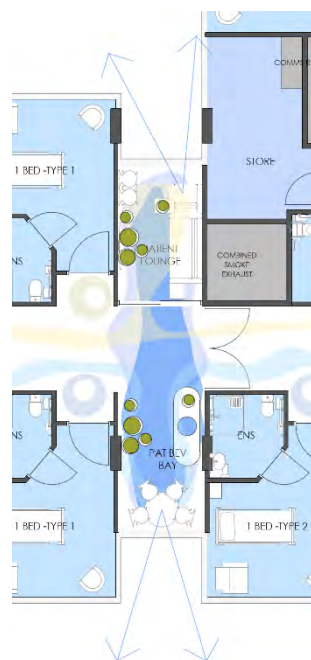
C		Ensure outdoor spaces are not too spatially constrained to allow for flexible furniture arrangements.	The precast planter concept provides inherent flexibility, as a variety of prefabricated shapes can be arranged to form a diverse range of outdoor spaces. This approach avoids overly constrained layouts, instead allowing spaces to open up for larger gatherings or be configured into more intimate settings for smaller groups. The geometry of the planters helps define zones without rigidly enclosing them, maintaining a sense of openness and adaptability. Variation and adaptation are further supported through the use of complementary loose furniture, which can be rearranged to suit the needs of different user groups and activities. This ensures the outdoor areas can comfortably accommodate anything from quiet individual use to larger social or therapeutic gatherings. The combination of flexible planter arrangements and adaptable furniture creates a dynamic outdoor environment that supports changing needs over time while still feeling cohesive and welcoming.
13	Incorporate a dedicated respite area for staff to support staff wellbeing and provide opportunities for quiet retreat and restoration.		A staff kitchen and lounge is provided on the mezzanine level, providing a protected environment that supports both comfort and wellbeing. A smaller area of this garden will be shaped to provide a staff respite space. This will be appropriately signed, but will not be fenced nor locked. All internal and external areas of this project are designated as NO SMOKING zones.

14	Ensure key planning concepts, such as view lines and thresholds, are incorporated on all levels, including ground. These are currently obstructed, for example, by beverage bays and stores, which limit movement and views out of the façade slots.		READ IN CONJUNCTION WITH RESPONSE 2b It is acknowledged that this outcome meets the overall intent of the project and will continue to be refined throughout the design development phase. Certain elements have already been progressed to a higher level of resolution in order to clearly articulate the design intent moving forward as demonstrated in the attached drawings and discussed within point 2 B  A-05 PATIENT LOUNGE AND BEVERAGE BAY
15	Improve the clarity and legibility of visitor movement sequences on each level, ensuring passive wayfinding to		READ IN CONJUNCTION WITH RESPONSE 2b Visitor movement on each level has been carefully organised to enhance clarity and legibility, ensuring intuitive, passive wayfinding between key spaces. The typical floor operates as a secured environment, with access controlled by doors and the nurses' station. All visitors are required to check in before being escorted or directed to the relevant patient room. Given the average patient stay of less than ten days, it is essential that visitors can navigate the floor with minimal stress or reliance on signage.

support ease of
access between
key spaces.



TYPICAL IPU FLOOR



A-05 PATIENT LOUNGE AND BEVERAGE BAY

Private patient rooms remain the primary setting for family connections, while guest breakout zones provide opportunities for respite and overflow. These spaces are positioned to terminate view lines, creating defined points of pause and reflection. Whilst the patient lounge reflects these design parameters it is also treated as a private enclosed space.

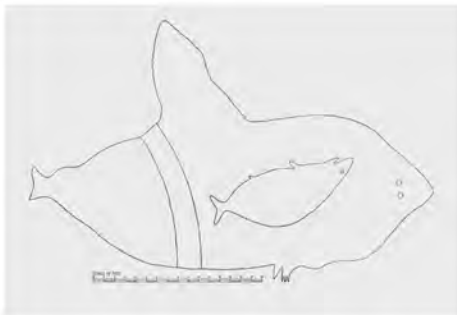
The character of these interior spaces will be further shaped through variations in floor and ceiling treatments, and the potential use of circadian lighting will be explored. Custom floor finishes will weave in flow lines of the Burri Dreaming, with different patterns for rooms oriented towards the ocean and towards the west, embedding cultural storytelling into circulation routes from the lift lobby past the nurses station to the rooms.

Commissioned Indigenous artworks will also be incorporated into floor and wall treatments to guide wayfinding and personalise the journey, referencing patient identity rather than impersonal numbering.



GUEST LIFT LOBBY AND RECEPTION

Imagery developed from the Burri Burri
– the migration of the whale

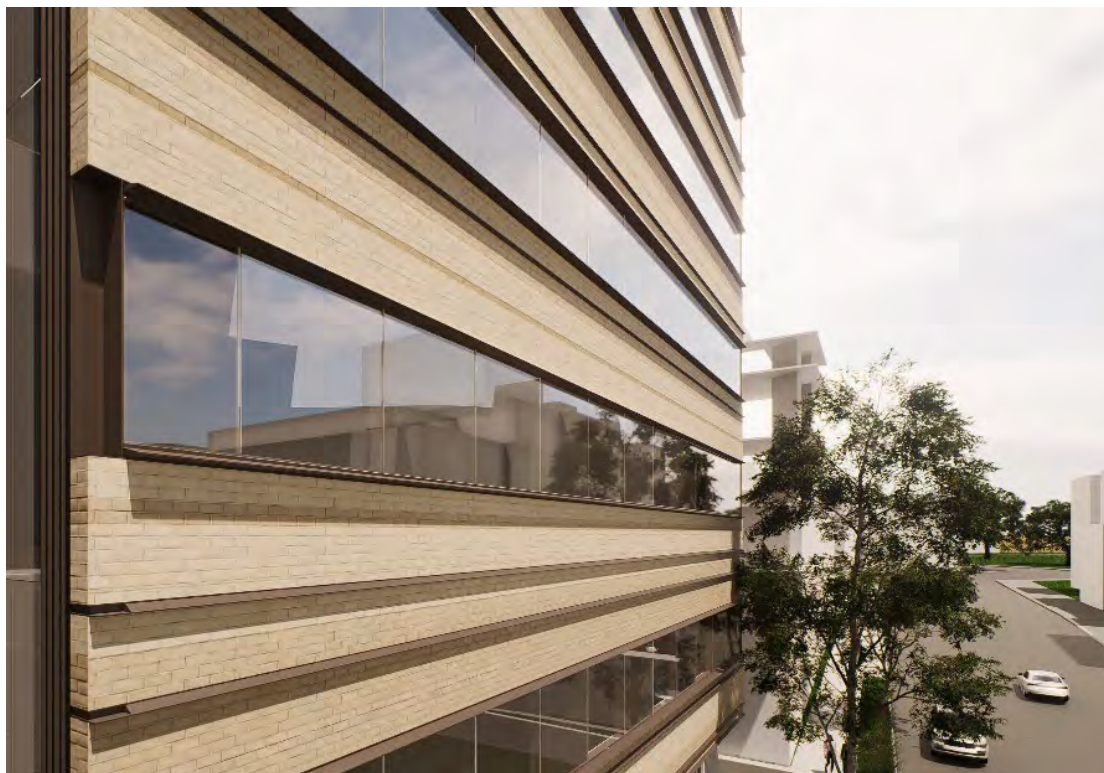
			Circulation spaces will be softened through rounded corners and the use of natural materials at key nodes, reinforcing connections to nature and supporting patient wellbeing. Through the careful layering of custom planters, culturally themed finishes, Indigenous artworks, and natural materials, the design integrates biophilic principles while honouring Gadigal, Wangal and Gweagal Country. The result will be an environment that is calming, restorative, and culturally grounded, while also enhancing wayfinding and creating a more personal experience for patients, visitors, and staff.  Dreaming Burri Burri - Cycles of life The migration of the whale - Non-human kin connection Design: Evoking dreaming stories. Moments of connection with dreaming - Architectural orientation of spaces
16	Allow for lower sill heights in selected patient units to improve the visual connection to the external environment where possible.		All window sill levels and head levels have been reduced to approximately 900mm – responding to brick dimensions

17	Ensure the treatment of each elevation appropriately responds to solar orientation and heat load.	The treatment of each elevation has been carefully developed to respond to solar orientation, thermal load, and the balance between embodied and operational carbon. The controlling principle in the façade design recognises that, within the NSW policy context, the carbon intensity of grid electricity is forecast to reduce to net zero by 2050, with the NSW Department of Planning, Industry and Environment's (DPIE) Net Zero Plan, Stage 1: 2020–2030 establishing a clear trajectory for decarbonisation of operational energy (NSW DPIE, 2020). This creates a design paradigm where operational carbon will progressively diminish, whereas the embodied carbon associated with extensive external shading elements remains a permanent carbon investment (World Green Building Council, 2019). Accordingly, the façade strategy prioritises holistic envelope performance, balancing thermal efficiency, operational energy reduction, and material carbon. Key measures include: • High thermal performance: External walls achieve above-standard R-values, supported by a ventilated rainscreen cavity system with release zones beneath window heads, allowing hot air to rise naturally and reducing heat accumulation in composite wall layers. • Optimised form factor: A compact form factor of 0.54 minimises exposed surface area per unit of enclosed volume, substantially reducing heat load compared with conventional building typologies. • Window-to-wall optimisation: Glazing is limited to a maximum of 25% of façade area, lowering solar gain while maintaining daylight access and patient outlook. • Deepened shading through wall articulation: Windows are recessed to the inner face of the façade, increasing the functional depth of horizontal sunshades on northern and eastern elevations. Western façades adjacent to neighbouring buildings include external hoods to ensure privacy and high-performing solar shading. • Integrated shading and façade detailing: Projecting shades on solid brick walls reduce heat load and act as drip lines or cornices, supporting maintenance and durability over the life of the building. Solar modelling demonstrates that the west-facing façade within the garden recess is largely self-shaded by the building form. The horizontal sunshades above the windows have a depth to 450mm compared to the 200mm on the northern and eastern facades - measured from the glass surface. On the summer solstice these western windows fully lose advantage of the horizontal shading and deep window recess by 7.00pm demonstrating the benefit of the increase in depth of these elements. Vertical sunshades offer no assistance unless they angle in front of the windows, noting that 75% of the façade is solid, to block the outlook for the r here to preserve patient outlook and amenity, as they would have required significant depth to impart any real value. This would dramatically alter the outlook particularly for bed and recovery chair positions. Noting the 25/75 window wall ratio and the use of high performing glass, the proposed solution moderates all of these scenarios providing the optimum balanced solution. This approach reflects international best practice: embodied carbon must be carefully considered in façade design, particularly when operational energy is increasingly decarbonised (World Green Building Council, 2019; Pomponi & Moncaster, 2017). By balancing operational and embodied carbon, the design focuses on achieving the greatest sustainability benefit while protecting the comfort, privacy, and amenity of building occupants.
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The façade will continue to be refined during detailed design with more accurate energy and carbon modelling, evaluating the trade-offs between embodied and operational carbon alongside financial operational costs, outlook, and amenity. The current design demonstrates an exemplar approach that responds directly to the **true issue—carbon—within both local and global policy contexts.**

References:

- NSW Department of Planning, Industry and Environment (2020). *Net Zero Plan Stage 1: 2020–2030*. NSW Government.
- World Green Building Council (2019). *Bringing Embodied Carbon Upfront: Coordinated Action for the Building and Construction Sector*.
- Pomponi, F., & Moncaster, A. (2017). “Embodied Carbon in Buildings: Measurement, Mitigation, and Management.” *Renewable and Sustainable Energy Reviews*, 81, 1530–1541.



A-18 EASTERN AND NORTHERN HORIZONTAL SHADING DEVICES



A-19 WESTERN SHADING/PRIVACY DEVICES



A-20 WESTERN GARDEN WALL SHADING DEVICES

18

Consider the long-term resilience and performance of the façade, ensuring it supports internal comfort and environmental performance.

The façade has been designed to achieve long-term resilience, support internal comfort, and deliver high environmental performance. Material selection was guided by a commitment to minimising embodied carbon, with external brick slips sourced from a carbon-neutral supplier. These slips are manufactured as slips rather than cut from whole bricks, reducing waste, and incorporate a high percentage of recycled content.

The wall build-up has been carefully layered to ensure effective water and moisture control, minimise thermal bridging, and fully address fire code requirements. Two layers of insulation, with the external layer positioned outside the structural bridging elements, contribute to reduced thermal bridging and deliver a system R-value of 2.5—well above NCC requirements.

External sunshades are integrated above window openings, which are recessed within the depth of the wall section to reduce reliance on aluminium while improving shading performance. The sunshades are expressed within solid brick elements, creating shadow relief, visual depth, and acting as drip lines that reduce water streaking and maintenance needs. This approach supports both the durability and visual longevity of the façade.

The façade achieves a highly efficient 25:75 window-to-solid ratio, optimising energy performance while supporting flexibility in internal layouts. A window strip design incorporates fixed back-pan spandrel units behind double glazing;

these can be repositioned as required without compromising façade performance or altering the external skin. Internal shutters are also provided to all rooms, allowing occupants to control daylight levels according to their comfort preferences.

From a sustainability perspective, the façade achieves an average carbon measure of $98.5 \text{ kgCO}_2\text{e/m}^2$ of façade area—representing a 67.8% reduction compared with a typical hospital façade benchmark of $306.5 \text{ kgCO}_2\text{e/m}^2$. This substantial reduction underscores the project's commitment to environmental responsibility and performance longevity.

Finally, façade treatments respond to orientation: the north and east façades adopt the primary system, while projecting hoods are introduced to the west-facing windows to mitigate solar load and provide privacy. Together, these strategies ensure the façade supports the building's long-term environmental performance, user comfort, and resilience.



A-21 FAÇADE CONSTRUCTION AND PERFORMANCE CHARACTERISTICS

19 Illustrate how the project will contribute to NSW's Net Zero emissions goal by 2050. Refer to 'NSW, DPIE, Net Zero Plan, Stage 1: 2020-2030' for further information.

The project has been developed with Ramsay Health Care's commitment to achieving carbon zero by 2050 at its core, and aligns with the objectives set out in the *NSW DPIE Net Zero Plan, Stage 1: 2020–2030*. A key design driver has been the reduction of embodied and operational carbon across the life of the building, with strategies embedded in both material selection and performance-based outcomes.

The façade exemplifies this approach, achieving an average carbon measure of $98.5 \text{ kgCO}_2\text{e/m}^2$ —representing a 67.8% reduction against a standard hospital façade benchmark of $306.5 \text{ kgCO}_2\text{e/m}^2$. This is achieved through the specification of carbon-neutral brick slips with high recycled content, a layered wall build-up minimising thermal bridging, and an optimised 25:75 solid-to-window ratio to enhance energy performance. These measures reduce both the upfront embodied carbon impact of construction and the long-term operational energy demand of the facility.

Operational efficiency is further advanced through integrated shading devices, double glazing with flexible spandrel arrangements, and room-based daylight control via internal shutters. These measures reduce reliance on mechanical cooling and artificial lighting, directly supporting the Net Zero Plan's focus on demand-side efficiency and reduced grid reliance. Orientation-specific façade treatments, including deep hoods on west-facing windows, further mitigate heat gain and reduce operational loads.

The project's design strategy aligns with key pillars of the *Net Zero Plan*:

- **Reducing emissions from energy use** through a high-performance envelope that minimises heating and cooling demand.
- **Accelerating the shift to lower carbon materials** by selecting carbon-neutral and recycled-content products, significantly cutting embodied emissions.
- **Future-proofing for long-term resilience** with adaptable façade systems that can be reconfigured without additional embodied carbon costs.

In doing so, the project not only reduces immediate emissions but also establishes a scalable model for hospital design that contributes to both Ramsay Health Care's organisational net zero target and the State's broader commitment to decarbonisation by 2050.

The screenshot displays a web-based dashboard for calculating embodied carbon in building façades. It is titled 'Welcome to the Façade Embodied Carbon Dashboard by fitzpatrick + partners'. The dashboard is divided into two main sections: 'Vision Panel Component Typical Façade' and 'Solid Spandrel Panel Component Typical Façade'. Each section contains a table with columns for 'Material Selection', 'Dimensions Input', and 'Results'. The 'Material Selection' column lists various materials and their properties. The 'Dimensions Input' column shows the dimensions of the materials. The 'Results' column displays the calculated embodied carbon values. The dashboard also includes a 'Project Data' section at the top, which contains fields for 'Project Name', 'Project Location', and 'Project Type'. The 'Project Name' field is filled with 'Ramsay Health Care 7 St George's Private Hospital'. The 'Project Location' field is filled with 'Sydney, Australia'. The 'Project Type' field is filled with 'Hospital'. The dashboard also includes a 'Typical Façade Box Components' section, which lists the components of the façade and their associated embodied carbon values.

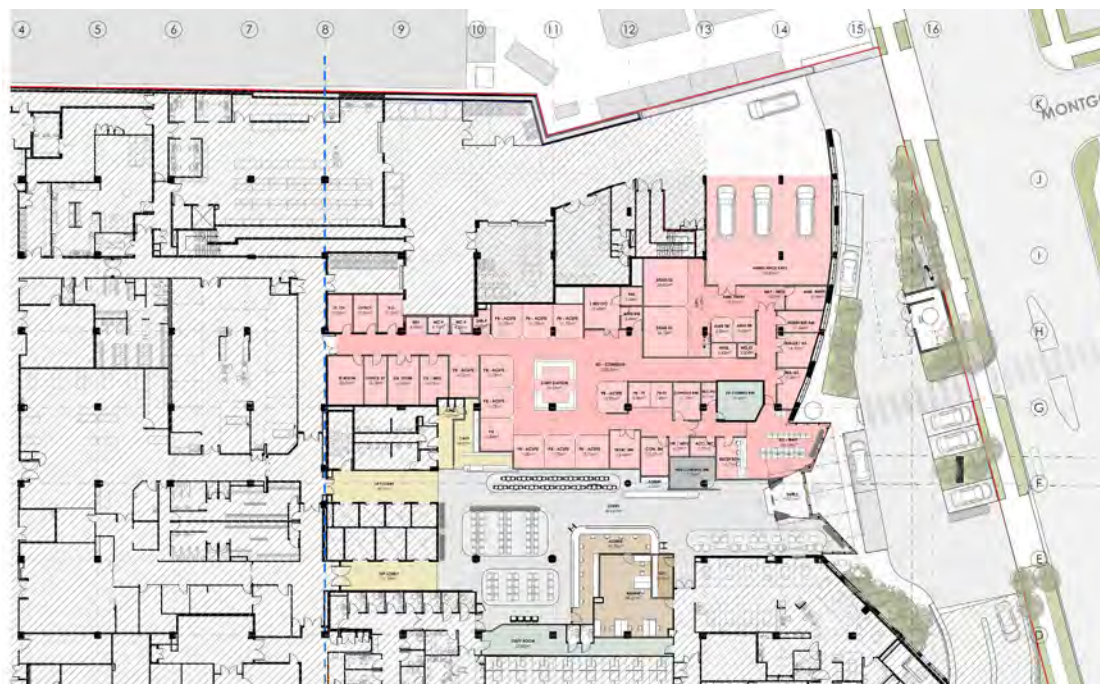
			A-22 DETAIL MEASURE OF THE CARBON IN THE INDIVIDUAL COMPONENTS OF THE EXTERNAL FAÇADE INFORMS THE CALCULATION OF 98.5kgCO₂e/m² OF FAÇADE AREA IS AN ACHIEVABLE TARGET.
20	Provide more information on design of Site A, including detailed plans, sections and 3D views.		The scope of works involves the creation of a new private Emergency Department on the ground floor of the existing SGPH. A new entry airlock is provided, accommodating two distinct access points: one to the main hospital and one to the Emergency Department. These entries are clearly legible through direct visual pathways and reinforced with appropriate signage integrated into the façade system and backlit. Clarity of understanding where the front entry is particularly for emergency patients is critical. This arrangement allows the main hospital lobby to be secured after hours while maintaining a dedicated and obvious point of entry to the Emergency Department at all times. The side wings of the entry precinct have been adapted to accommodate the hospital lobby and the Emergency Department waiting areas. To protect the privacy and dignity of patients, internal planters are located inside the glass line to provide that level of required visual privacy to the outside. The existing awning structures, building framework, and overhead bridge are retained as part of the design. Forecourt realignments have been undertaken to create several “drop-off” parking bays and establish a clear and functional circulation system in accordance with the project Traffic Engineer’s requirements. Consideration has been given to ambulance arrival and departure sequences, minimising potential conflicts and ensuring priority access for emergency vehicles. The hospital requires the installation of an independent emergency gas supply vessel. This facility is subject to stringent safety, distance, and construction compliance requirements, and must be accessed by gas tankers via the private property. The vessel must stand vertically above ground and be fully enclosed in blast-resistant construction. After testing multiple potential locations, tanker access and turning movements were determined to be the critical factors. The currently only safe and compliant location for the vessel is within the hospital forecourt. Two other options are being explored which will remove the need for this structure. These are reliant on an agreement with the neighbouring public hospital which relates to functional, operational and routing potentials or the gas suppliers being able to propose an alternative strategy utilising multiple gas bottles held in an alternative location. This again has many compliance challenges related to access, safety, security of delivery of supply etc. As the design team, we have made our recommendations, but the solution will be based on the satisfactory resolution to safety, code compliance and security of delivery of service to patients issues. While the vessel’s base size requirements present challenges for visual integration, the enclosure has been carefully proportioned to achieve a more refined appearance.

To further enhance the outcome, the structure is proposed to be wrapped with LED screens on the three outward-facing façades. These will display a curated graphic artwork, including a subtle rotation incorporating the hospital's name. The installation will not be used for commercial advertising, and imagery will transition at a very slow rate to avoid distraction for both pedestrians and drivers.

A new pedestrian crossing is proposed across South Street, intersecting with the current pathways around and through the Edith Blake Reserve. This will in turn link with the proposed footpath down Bank Lane to the Proposed Inpatient and Support Building.



EXISTING FRONT ENTRY TO ST GEORGE PRIVATE HOSPITAL



A-23 PROPOSED MODIFIED FRONT ENTRY TO ST GEORGE PRIVATE HOSPITAL AND EMERGENCY DEPARTMENT PLAN



A-24 PROPOSED MODIFIED FRONT ENTRY TO ST GEORGE PRIVATE HOSPITAL AND EMERGENCY DEPARTMENT



A-25 PROPOSED STREET VIEW

C



Appendix

Architectural Drawing Set

Due to the overall package size and repetition, the architectural drawing set has been excluded from this report, and is submitted as a seperate document.

D



Appendix

Balarinji – Working with Country



Akalan Projects Pty Ltd Proposed Health Facility – St George Private Hospital

Connecting with Country

22 August 2025

Contact

VERONIKA MOLNAROVA

Project Manager

Lvl 1/61 Hume Street
Crows Nest
NSW 2065
Australia

P 02 8377 8585
E veronika.molnarova@balarinji.com.au

Nimarama Pty Limited t/as Balarinji Studio ABN: 36 090 740 113 ACN: 090 740 113

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Acknowledgement

Anyngkarrinjarra ki-awarawu* – being still on Country

We pay respect to their spiritual and physical belonging to Country and continuous living culture, their elders past and present, and those who will come through in the future.

*From the Yanyuwa language of Balarinji's origin community Borroloola NT

Protocols

CULTURAL SENSITIVITY NOTE

Aboriginal and Torres Strait Islander readers are advised that this report may contain names, images or descriptions of people who have passed. These might appear in discussions, images and historical accounts.

Cultural safety in this report aligns with the NSW Government Architects framework position. Cultural safety in this report and in its design outputs is about creating a socially, emotionally, physically and spiritually safe space where there is no challenge or denial of a person's identity. For Aboriginal people this means feeling safe, valued and able to participate in their cultural, spiritual and belief systems, free from racism, discrimination and lateral violence. (Government Architect NSW 2023)

CULTURAL SAFETY NOTE

Balarinji strives for cultural safety in our community approach. In a co-design context, we promote the following values:

- shared respect, shared meaning and shared Knowledge
- the experience of learning together with respect and deep listening
- foster environments that support Aboriginal and Torres Strait Islander self-determination in decision-making.

TERMINOLOGY NOTE

There are many Aboriginal and Torres Strait Islander cultural groups across Australia, many of whom like to be called by the name of their particular group/s. In this report, we refer to cultural groups by their specific names where possible. The terms 'traditional owners/custodians', 'Aboriginal' and/or 'Torres Strait Islander' have been used when general terms are necessary (e.g. to encompass multiple groups) or when specific cultural group names are not known. Other terminology (e.g. 'First Nations' or 'Indigenous') may also be used when quoted or with acknowledgement that these more generic terms also have international meaning and value and should not be used interchangeably with 'Aboriginal' and/or 'Torres Strait Islander'.

REPORT LIMITATIONS

Limitations in developing design principles through consultation with Aboriginal community:

- 'Designing and Connecting with Country' is generated from community consultations and walking on Country experiences. This interpretation and the corresponding design principles are not intended to bring us culturally closer rather than being prescriptive. They represent a perspective, or collective wish for the ongoing wellbeing of Country and are offered as respected insights from community and Country.
- This report can be considered a living document. It is not a template for design production, rather, a platform for everyone involved on the St George Hospital Project to collectively approach how we connect with, and care for Country. Collectively, means practicing reciprocity in your design practice – checking with community how your design decisions impact Country. The report is intended as a central cultural reference in the Proposed Health Facility Project design governance framework and is limited to this project and Country.

Permitted Purpose

This Connecting with Country report has been prepared for Akalan Projects Pty Ltd and Fitzpatrick and Partners. The Confidential Information contained within the report remains the Intellectual Property of the locally connected elders, knowledge holders and community members who have co-developed this Connecting with Country Report with Balarinji. It is provided as a commercial-in-confidence document.

To observe Intellectual Property protocols, Balarinji and the locally connected elders, knowledge holders and community members engaged on the project confirm that we permit the distribution of this co-developed report for review only (Permitted Purpose), and under the following conditions.

The Recipient may only:

- Use this report for internal review. To share this report publicly the project team must request an anonymised version of the report, ensuring all stakeholders names and personal details are redacted prior to sharing publicly.
- Use Intellectual Property or Indigenous Cultural Intellectual Property (ICIP) within the report for the purpose of the Ramsay Health Facility Project and must ensure it is not used or reproduced for another purpose outside of the project; and
- Should the Recipient or others desire to use the Intellectual Property or ICIP provided for purposes other than the Proposed Health Facility Project of St George Private Hospital authority must be sought from and given by Balarinji, elders, knowledge holders and community members engaged by the project.

The Permitted Purpose is to enable information sharing, while at the same time protecting Indigenous Cultural Intellectual Property. It promotes the continuation of collaboration with traditional knowledge holders so the project is grounded in the unique culture and narrative of the project site, and knowledge holders specific to the report will continue to be properly engaged and recognised in all future co-design processes.

01 | Executive summary

The project is the design of a private health facility for Akalan Projects Pty Ltd located near their existing hospital site on Bidjigal Land in the suburb of Kogarah.

The project is subject to the State Design Review Panel (SDRP) review process. A panel presentation was undertaken in August 2025. It should be noted that the production of this report was undertaken leading up to the SDRP review and finalised in the days after the SDRP presentation. The cause behind this timing was a period of Sorry Business in the Bidjigal community that led to a delay in reporting. With respect to the Sorry Business, Fitzpatrick Partners and Balarinji worked collaboratively to establish Country-centered design concepts for presentation to SDRP. These concepts are part of this report.

This report is part of a wider context of First Nations rights recognition, social policy, legislation, design standards and research. It aligns with the NSW Government Architects objectives for promoting meaningful engagement with First Nations peoples and caring for Country.

The new health facility's connection with Country is contextualised through its health typology Aboriginal experience of the health system and their world-view of what it means to be healthy. This perspective is taken into consideration in this report to inform both the potential of holistic health connected with Country and to make reference and attempt a degree of reconciliation of the community's historical injustices through the health system.

The content of this report is based on 1:1 consultation with Traditional Owners and a walk on Country with an Elder of the Bidjigal community and the design team. The findings from this process for the reference of the design team include:

- Building of form and Place
- A Landscape of Memory and Healing
- Cultural Learning and Truth telling

02 | Context

2.1 Project

The project is the design and construction of a private health facility to be operated by Ramsay Health located near their existing hospital site on Bidjigal Land in the Sydney suburb of Kogarah. The design team is led by architects Fitzpatrick and Partners. The facility is a new build on an existing site. The current site is an on-grade staff carpark. The site is located within a highly modified urban landscape adjacent to the Princes Highway, laneway and elevated walkway to a school and TAFE college. The closest public transport is Kogarah rail station, approximately 5 minutes walk.

The new building includes 5 levels of underground carparking, public entrance with pharmacy at the ground floor, 6 levels of inpatient suites, a roof top garden and mechanical plant/solar panels.

The project is subject to the State Design Review Panel review process. A panel presentation was undertaken in August 2025. It should be noted that the production of this report was undertaken leading up to the SDRP review and finalised in the days after the design team presented their design concepts. The cause behind this timing was a period of Sorry Business in the Bidjigal community that led to a delay in documenting the report. With respect to the Sorry Business, Fitzpatrick Partners and Balarinji worked collaboratively to establish Country-centered design concepts for presentation to SDRP that are part of this report. Whilst this collaboration on concepts is not the normal process of Connecting with Country prior to SDRP, recognition of the cooperation between the Fitzpatrick and Partners design team and Balarinji is acknowledged.

02 | Context

2.2 Planning and Method

This Connecting with Country report for Akalan Projects Pty Ltd is part of a wider context of First Nations rights recognition, social policy, legislation, design standards and research. It aligns with the NSW Government Architects objectives for promoting meaningful engagement with First Nations peoples and caring for Country. The report fits with the intended outcomes of the Connecting with Country process - 'Healthy Country', 'Healthy Community', 'Protection of Aboriginal cultural heritage', 'Cultural competency' (including alignment with National Standard of Competency for Architects), and 'Better Places'.

This report is part of the Balarinji connecting and designing with Country methodology. It supports Aboriginal methods of constructing knowledge of place, community and Country to inform the concepts generated by the design team.

The method identifies people that can speak for Country and undertakes consultation with them about the land that the project is situated. The Cultural Mapping component provides research to give context to the project. A Walk on Country led by a community Elder provides cultural specificity and an opportunity for the design team to collectively hear about Country. This report is a culmination of all this activity. Its purpose is to connect the project with Country and act as a reference for the design of the Proposed Health Facility.



Figure 2-. Elder of the Bidjigal community walk on Country

02 | Context

2.2 Planning and Method

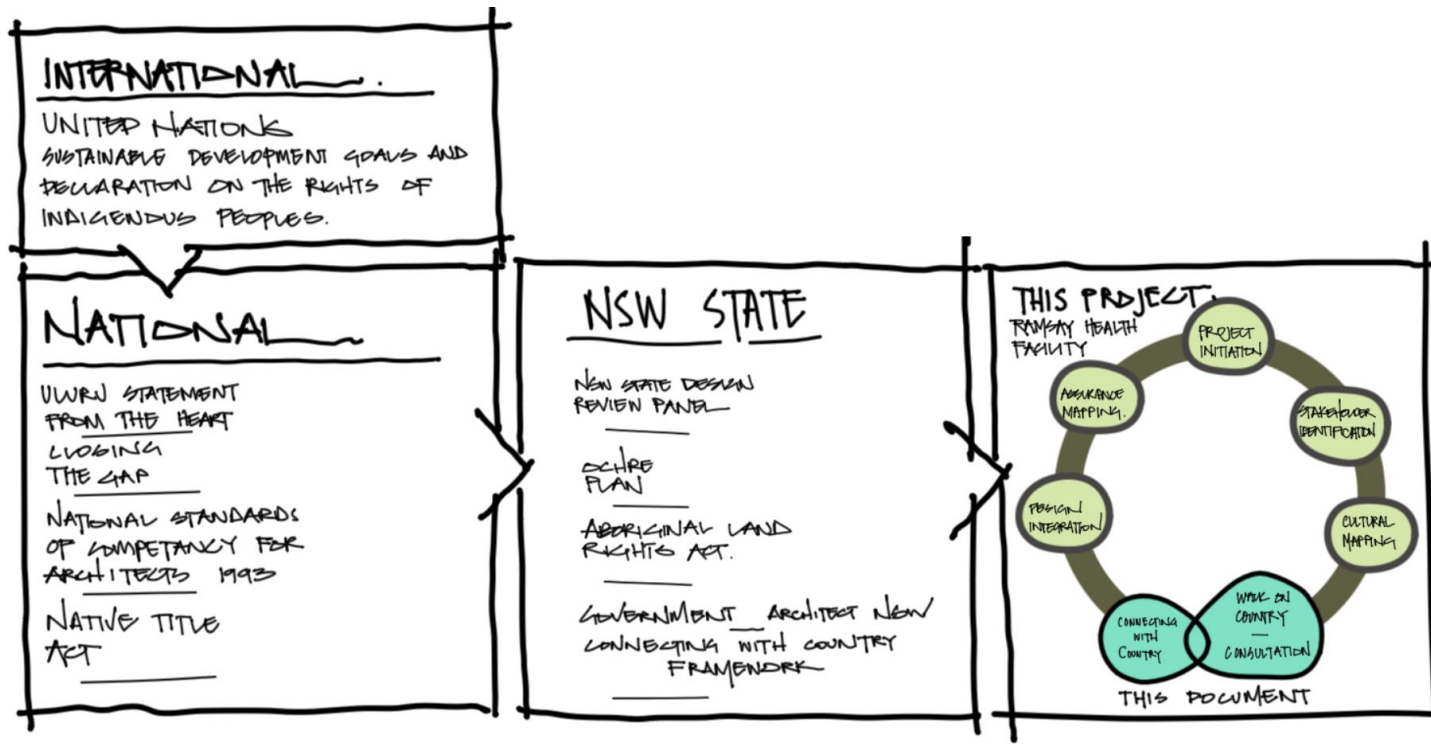


Figure 2-2.
Connecting with Country
Proposed Health Facility

02 | Context

2.3 Health: Aboriginal Worldview

For Aboriginal people, good health is more than the absence of disease or illness; it is a holistic concept that includes physical, social, emotional, cultural, and spiritual wellbeing, for both the individual and the community¹

Aboriginal People's' identities are deeply linked to culture, community and the land, and this is a key factor to health and wellbeing²

1. AIHW – 2024. [Link](#)

2. Connecting with Country GANSW, Dr Danièle Hromek, Budawang/Yuin, 2023

02 | Context

2.3 Health: Aboriginal Worldview

For Aboriginal people, health is understood holistically, encompassing not just the physical body but also social, emotional, cultural, spiritual, and community wellbeing. This worldview recognises the deep connection between people, their communities, and Country. When Country is healthy, people and communities are healthy. This perspective highlights the importance of caring for land, culture, and heritage as integral to supporting overall wellbeing.

Incorporating the Aboriginal worldview of Health into the St George Private Hospital development ensures that the design goes beyond clinical care to foster a place of healing that respects cultural heritage, supports community connections, and strengthens relationships with Country. Such an approach aligns with the values of reciprocity and cultural competency, creating spaces that benefit not only Aboriginal patients and families but all who use the hospital.

By extending Ramsay Health Care's philosophy specifically for this project of "people caring for people" to "people caring for people and Country," the hospital can reflect a truly holistic model of care that acknowledges the interconnectedness of health, community, and Country.



Figure 2-3. Western Sydney Local Health District

03 | Connecting with Country

3.1 Consultation

Through 1:1 consultations, we have been privileged to hear and learn from local Aboriginal Elders, community members, artists, and cultural leaders. Their guidance has been generous, honest, and clear — and it brings with it a strong responsibility to reflect these voices meaningfully within the planning for the St George Private Hospital redevelopment through design.

The feedback we have received speaks not only to design preferences but to deeper cultural, emotional, and historical truths tied to this place. Community members shared that this is not just about creating a new hospital building — it is about recognising the enduring connection to Country, the cultural stories embedded in the land and sea, and the opportunity for the site to actively support healing, truth-telling, and cultural visibility.

A consistent message was the need for this project to be grounded in place — not just through visual references or artwork, but through deeper integration of knowledge, relationships, and Country itself. This includes the saltwater identity of Bidjigal Country, the history of displacement and resilience, and the importance of creating culturally safe and welcoming environments for everyone.

3.1.1 CONSULTATION THEMES

There are four key themes that emerged from community consultation. These themes reflect both practical and philosophical considerations and should guide not only design outcomes, but the ongoing approach to collaboration and decision-making as the project moves forward.

The following themes are generated from one-on-one consultation, cultural mapping research and the experience of walking on Country.

Grounded in Place and Story

Community members emphasised that the hospital's design must reflect the specific landscape, culture, and stories of Bidjigal Country — particularly its saltwater identity.

"The story of this place is in the sand, the sea, the people — you can't separate them."

"The design should speak to that rhythm."

These statements call for design elements that honour the relationship between land and sea, use of materials that reflect local textures, and integration of storylines that are connected to the natural environment.

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3.1 Consultation

Cultural, Emotional and Spiritual Safety

Participants reminded us that healing extends beyond the clinical — it is deeply tied to emotional and cultural and spiritual wellbeing.

"We need to think about healing not just as medical, but as cultural and emotional too."

"We carry knowledge in our bodies – we know when a space feels right or wrong."

This guidance supports the inclusion of calm, sensory-informed spaces; areas for quiet reflection; natural light and materials; and First Nations-led design elements that promote comfort, familiarity, and cultural grounding.

Truth Telling

Community members stressed the importance of Aboriginal presence being seen, heard, and felt in the space — not in tokenistic ways, but through storytelling, language, and lived history.

"If you want this place to heal, it has to hold the whole story – the hard parts too."

"Don't make us invisible. Let the walls speak."

These quotes reflect a call for truth-telling — making space for narratives of resilience, history, and ongoing connection to Country. This may be expressed through artwork, language signage, story trails, or curated installations developed in partnership with local artists and knowledge holders.

Inclusive Community and Co-existence

The community shared a vision of walking together — where relationships, trust, and shared knowledge are central to respectful design.

"I think Aboriginal history belongs to everyone... sharing with everyone...a united future"

"For a long time its been Western fellas up there and black fellas down here – We want it to be a side by side relationship"

This feedback highlights the need for continued, reciprocal engagement and an approach that centres community agency, trust, and long-term collaboration.

03 | Connecting with Country

3.1 Consultation

3.1.2 CONSULTATION DISCUSSION

The voices of these community members provide a clear, potent message: cultural design is not an add-on, but a foundation for creating a healing space that respects the past, honours the present, and invites belonging for future generations.

When people talk about healing, they're also talking about connection to Country, feeling safe, being seen, and having their identity respected. It's a holistic understanding that sees people as part of a bigger system – of land, kin, community, and culture – and when those connections are strong, healing is possible.

These themes from the voice of Traditional Owners provide guidance for the project team continues to embed Aboriginal cultural knowledge throughout the design and delivery of the St George Private Hospital redevelopment.



03 | Connecting with Country

3.2 Walk

The Walk on Country was held on the 24th June 2025. The walk was led by an Elder of the Bidjigal community with design consultants and Akalan representatives attending. Balarinji facilitated the walk.

The day was cold, wet and somewhat windy. From the outset this proved challenging as the need of umbrellas limited the cohesiveness of the walk and discussion as everyone positioned themselves as close as possible to hear the Elder's words.

Another limitation was the context of the location. At ground level, the site is characterised by its use as a carpark adjacent to a highway on one side and a laneway on another. The overriding functional nature of the site influences the visitors response to it. It is a challenging location to talk about connecting with Country as it is highly modified.

The group positioned themselves on the rear lane to hear about Country. The nature of the discussion was part enquiry-based with the Elder responding to queries about the location and its meaning and part sharing history of the place.



Figure 3-1. Walk on Country. Photograph: Fitzpatrick and Partners - 2025

03 | Connecting with Country

3.2 Walk

The Elder of the Bidjigal community shared memories of growing up at La Perouse. She spoke of the community and the depression times. She shared the community's experience of mission life and the imposition of the Aboriginal Protection Board and broader government policies. The effects of these collective historical experiences are still evident today, particularly in how Aboriginal people engage with health and economic systems.

The Elder of the Bidjigal community believes it is essential for young Aboriginal people to preserve and share their cultural stories while continuing the fight for their community's rights. She envisions a future where the younger generation carries forward both their ancestral knowledge and their advocacy work, ensuring that traditional stories remain alive as they push for progress and justice for mob.

The Elder spoke of salt water stories being central to Bidjigal life. It connects Dreaming, lived experience, food source and knowledge. She spoke of the seasonal mullet runs and the practice of 'spotters' looking out over the water to observe where the fish are and to alert the people of their location. These, and other historical practices serve as a metaphor when considering the spatial planning of the hospital and its connection with Country.



Figure 3-2. Walk on Country. Photograph: Fitzpatrick and Partners - 2025

03 | Connecting with Country

3.2 Walk

The Elder was interested in the design team showing a timeline of Aboriginal presence through interpretive design. She noted the strong connection from Bidjigal land to the South Coast of NSW. People often moved between communities along the coast south of Sydney. This traditional movement can be reflected through design. She argues for recognition of the movement of people, traditional stories and historic trauma of the local Aboriginal community. She believes that this will happen if Bidjigal voices, history and living culture are respectfully embedded into the design process.

The group headed to an adjacent pedestrian overpass to get a better sense of the site itself and to see if we could achieve a visual connection out to Kamay/Botany Bay and La Perouse. The weather limited time on the walkway, but it was useful in getting a different physical perspective of the place. The width of the walkway, sound from the traffic below and need for umbrellas limited the conversation and the group quickly returned to the relative protection of the site below.



Figure 3-3. Walk on Country. Photograph: Fitzpatrick and Partners - 2025

03 | Connecting with Country

3.2 Walk

The following points are relevant from the walk:

Design teams need to form creative ways of seeing past the urban condition of a carpark servicing a hospital on a busy highway in conceptualising their design in the context of Country

Salt Water is a central reference to design

Dreaming stories can be referenced and celebrated through design

There is historical trauma in the Aboriginal story on Bidjigal Land. All efforts should be made to reference this in terms of designs that are culturally safe, are informing to other cultures, and reject cultural inequality in the experience of the health facility (this applies cross-culturally)

Traditional practices of Aboriginal people of how they observed and moved across their land can be referenced

04 | Design

4.1 Connecting with Country Site Response

The following diagramming of the location of the new health facility provides context of the site and Country. The diagramming is a site-contextualised reading of the Connecting with Country activity. The diagrams should be read in conjunction with the 'Design Concepts' in the following section and the previous Cultural Mapping Report to conceptualise corresponding design initiatives.



Figure 4-1. Location Context to Bidjigal Country, Kamay and La Perouse

04 | Design

4.1 Connecting with Country Site Response

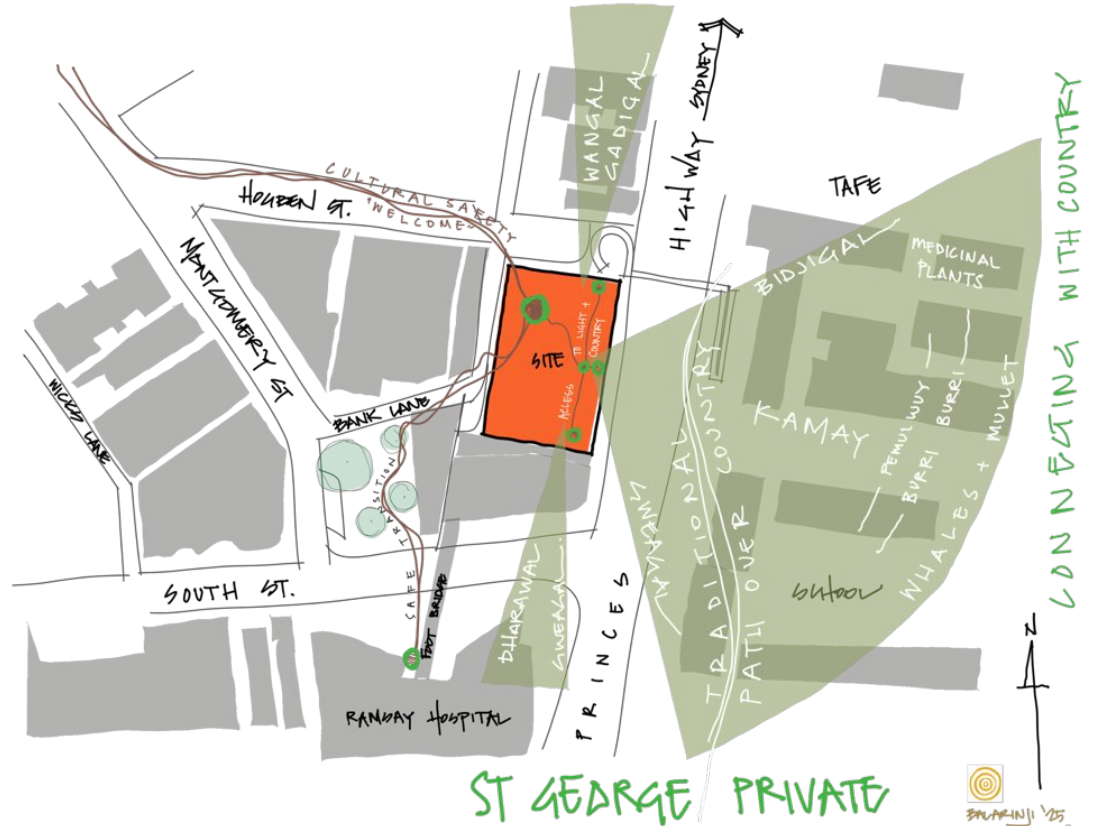


Figure 4-2. Connecting with Country Site Response

04 | Design

4.2 Connecting with Country Design Narrative

The Connecting with Country Design Concepts manifests from the work undertaken to date by Balarinji in terms of consultation, walk on Country, cultural mapping and the preparation for the State Design Review Panel (SDRP) in conjunction with the architects, Fitzpatrick and Partners.

Normally this section would be completed prior to the SDRP review presentation. During the preparation of this report, the community needed to attend Sorry Business which delayed the production of the report as the consultations were delayed. The SDRP meeting was set and through the cooperation of Fitzpatrick's and Balarinji, the following concepts/narrative were co-produced to meet the SDRP timeline. They reflect both the cultural mapping (Telling of History, Dreaming, Indigenous/medicinal plants), this report - Connecting with Country and architectural intent based on the conversations leading up to SDRP.

04 | Design

4.2 Connecting with Country Design Narrative



4.2.1 BUILDING OF FORM AND PLACE

The aesthetics and materiality of the building as a whole draw from landscape features typical of Bidjigal Country. Similarly, the external material palette and sense of materiality reflects that found on Country without being extractive. The intention of this is to create a building form, aesthetic and materiality that can be read as Country and have the effect of being familiar with Bidjigal people.

Movement to the building and the articulation through responds to cultural safety. A welcoming/culturally safe entry is further enhanced by prioritising views to Country and Dreaming stories through the strategic collation of corridors and framed views of Country associated with patient lounges.



4.2.2 A LANDSCAPE OF MEMORY AND HEALING

Endemic medicinal plants are well documented across Bidjigal Country. These plants will inform the planting strategy to create not only a familiar planting scheme but also a pharmacy of traditional medicine.

The planting design will offer healing spaces whilst also supporting non-human kin.



4.2.3 CULTURAL LEARNING AND TRUTH TELLING

The Traditional Knowledge Holders were generous in there sharing of the stories of trauma inflicted on the Aboriginal community. Across the design cohort, and with the support of the client Ramsay Health, there is a will to share stories to support cultural learning through truth telling. This is considered an important healing element of a health facility on Country.



Thank you

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Do the best you can until you know better.
Then when you know better, do better.

- Maya Angelou

Fitzpatrick + Partners Architects
www.fitzpatrickpartners.com ↗
[@fitzpatrickpartners](https://www.instagram.com/fitzpatrickpartners) ↗

Sydney Studio
Level 6, 9 Castlereagh St
Sydney, NSW, 2000 ↗

Contact Us
+61 (02) 8274 8200
Enquiries@fitzpatrickpartners.com ↗