

Eurobodalla Regional Hospital

(SSD-56989722)

Submissions Report and SSDA Amendment Report

Submitted to Department of Planning and Environment

On behalf of Health Infrastructure NSW



'Gura Bulga'

Liz Belanjee Cameron

'Gura Bulga' – translates to Warm Green Country. Representing New South Wales.



'Dagura Buumarri'

Liz Belanjee Cameron

'Dagura Buumarri' – translates to Cold Brown Country. Representing Victoria.



'Gadalung Djarri'

Liz Belanjee Cameron

'Gadalung Djarri' – translates to Hot Red Country. Representing Queensland.

Ethos Urban acknowledges the Traditional Custodians of Country throughout Australia and recognises their continuing connection to land, waters and culture.

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

In supporting the Uluru Statement from the Heart, we walk with Aboriginal and Torres Strait Islander people in a movement of the Australian people for a better future.

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Appendix	Title	Author
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B.	Architectural Design Response	Conrad Gargett
C.	Submissions Register	Ethos Urban

Appendix	Title	Author
D.	Updated Project Description	<i>Ethos Urban</i>
E.	Revised Preliminary Hazard Assessment	<i>Solanum</i>
F.	Revised Arborist Report	<i>Abel Ecology</i>
G.	Revised Biodiversity Development Assessment Report	<i>Abel Ecology</i>
H.	Revised Bushfire Report	<i>Abel Bushfire</i>
I.	Traffic Responses and Green Travel Plan	<i>Bitzios</i>
J.	Traffic and Transport Design Review	<i>Stantec</i>
K.	Heritage Response 1	<i>Biosis</i>
L.	Heritage Response 2	<i>Comber Consultants</i>
M.	Civil Drawings	<i>TTW</i>
N.	Civil Design Response	<i>TTW</i>
O.	Landscape Drawings	<i>Black Beetle</i>
P.	Landscape Design Response	<i>Black Beetle</i>
Q.	Construction Methodology Response	<i>Multiplex</i>
R.	Geotechnical Response	<i>JK Geotechnics</i>
S.	Statutory Context Summary	<i>Ethos Urban</i>
T.	Revised Accessibility Statement	<i>Group DLA</i>
U.	Revised Mitigation Measures	<i>Ethos Urban</i>
V.	Aviation Responses	<i>AviPro</i>

1.0 Introduction

This Response to Submissions (RtS) has been prepared by Ethos Urban on behalf of Health Infrastructure (HI) in support of the State Significant Development Application (SSDA) SSD-56989722 for the New Eurobodalla Regional Hospital.

The RtS has been prepared to address the submissions received from the public and government agencies during exhibition of the Environmental Impact Statement (EIS). It has been prepared in accordance with the requirements of the following:

- Part 4 of the *Environmental Planning and Assessment Act 1979* (EP&A Act).
- Part 8 of the *Environmental Planning and Assessment Regulations 2021* (EP&A Regulations).
- State Significant Development Guidelines – Preparing a Submissions Report.
- State Significant Development Guidelines – Preparing an Amendment Report.

The RtS should be read in conjunction with the Amended Architectural Plans prepared by Conrad Garget (**Appendix A**), Architectural Design Response (**Appendix B**) and other supporting technical information (see Table of Contents).

2.0 Analysis of Submissions

2.1 Overview

The Environmental Impact Statement (EIS) was placed on public exhibition from 7 September 2023 until 4 October 2023. Copies of the EIS and appendices were made available on the DPE Major Projects Website. During the exhibition period, government agencies and members of the community were able to make submissions on the application.

A total of 14 submissions were received from the public and government agencies during the exhibition period. Of the four submissions received from the public, two were in support of the development and two were in objection to the development. Submissions were received from the following government agencies:

- Department of Planning and Environment
- Biodiversity and Conservation Division
- Department of Primary Industries
- Heritage NSW
- State Emergency Service
- Transport for NSW (TfNSW)
- Eurobodalla Shire Council (Council)
- Civil Aviation Authority
- Department of Planning and Environment (Water)

A response to each of the issues raised in the submission is provided in **Section 4.0**.

A submissions register is provided at **Appendix C**, which identifies where issues raised in each submission have been addressed in this report.

2.2 Summary of Raised Issues

A summary of the key raised issues is provided in **Table 1**.

Table 1 Summary of Raised Issues

Category	Issue	Stakeholder/ Submitter
The Project	Design matters • Helipad location • Landscaping	Eurobodalla Council, Public Submissions, Civil Aviation Safety Authority, Department of Planning and Environment
	Hazards and Risks • Storage of oxygen • Bushfire Hazards	Department of Planning and Environment, Rural Fire Service
	Land Use Conflicts • Traffic • Surrounding residents • Parking • Trespassing	Department of Primary Industries
	Hospital operations • Specialist facilities • Health services	Public Submissions

Category	Issue	Stakeholder/ Submitter
Economic, environmental and social impacts	Biodiversity • Tree removal • BDAR • APZ • Offsite ecological impacts	Eurobodalla Shire Council, Department of Planning and Environment
	Heritage • Aboriginal Archaeological • ACHAR	Heritage NSW
	Traffic, Parking and Access • Public transport • Secondary access • Construction traffic and access • Maintenance of access • Signposting plan • Green travel plan	Transport for NSW
	Amenity Impacts • Construction impacts • Noise impacts • Public Domain • Water cycle management and flooding	Department of Planning and Environment, Public Submissions, Transport for NSW
	Social Impacts • Construction workforce housing • Residential impacts	Eurobodalla Regional Council, Public Submissions
	Other Impacts • Operational jobs • Sustainability • Aviation • Connecting with Country	Department of Planning and Environment, Public Submissions, Civil Aviation Safety Authority

3.0 Actions Taken During and After EIS Exhibition

Since lodgement of the EIS, additional environmental assessment and stakeholder engagement has been undertaken as outlined in the sections below.

3.1 Proposal Description

The proposal seeks development consent under 'Division 4.7 – State Significant Development' of the EP&A Act for the construction and operation of the Eurobodalla Regional Hospital.

The project team have considered the comments raised during exhibition of the EIS and have made a series of design amendments in order to provide a better environmental outcome for hospital users and the surrounding developments. An updated project description is provided at **Appendix D** and the design amendments are discussed at **Section 5.2**.

3.2 Amended Proposal

As per section 36 of the *Environmental Planning and Assessment Regulation 2021*, an applicant may, at any time before a development application is determined, apply to the consent authority for an amendment to a development application. In order to respond to matters raised in this the submissions received, as well as a result of ongoing design development, a number of amendments to the scheme are proposed.

The amended proposal seeks approval for the following amendments to the scheme:

- Minor changes to traffic and access arrangements, including:
 - Realignment of the road leading to the car parks
 - Reconfiguration of emergency department and ambulance car park.
 - Reconfiguration of layout of main car park.
 - Reconfiguration of loading dock.
 - Minor reconfiguration of ambulance bays.
 - Addition of south-east parking area.
- Amendments to built form design, including:
 - Reconfiguration of the meeting space.
 - Reconfiguration of the healing space.
 - Reconfiguration of Walawaani and main entrance.
 - Amendment to the emergency department entrance location.
 - Minor façade changes.
 - Relocation of medical gases, electrical substations and generators with associated access roads.
 - Reconfiguration of L2 plant rooms.
 - Addition of a new covered walkway to the helipad.
 - Amendments to building signage.
- Landscaping changes, including:
 - Amendment to pathways around the hospital site.
 - Amendment to location of tree planting zones.
 - Amendment to the size, shape and positioning of detention ponds.
 - Relocation of the bus stop and bus layover.
 - Amendment to the birthing and reflection courtyards.

These design changes, as well as additional environmental assessment as a result of the changes, are discussed further at **Section 5.2**.

3.3 Consultation

Since the submission of the SSDA, consultation with government agencies and other stakeholders has been ongoing. Of note, the following meetings have been held since the submission of the SSDA:

- Transport for NSW: The project team met with TfNSW on the 5 December 2023, and discussed the proposed responses to the submissions raised by TfNSW on the EIS. This included the Green Travel Plan, shared path infrastructure, public transport considerations, construction traffic & access and car parking. The project team noted the feedback provided and undertook a further update of the response documentation.
- Biodiversity and Conservation Division: The project team met with the BCD on the 30 November 2023 to discuss their proposed response to BCD's flooding submission. The project team noted the feedback provided and undertook a further update to the proposed response documentation.

It is noted that community consultation with neighbouring properties and members of the Eurobodalla Shire community more generally is occurring on an ongoing basis.

4.0 Response to Submissions

4.1 Design Matters

Table 2 Response to issues related to Design Matters

Issue	Relevant Submission	Response
Provide details of proposed wayfinding signage, including drawings.	Department of Planning and Environment	These details have been provided in the architectural response and updated drawings at Appendix A and Appendix B .
The location of the proposed helipad is adjacent existing residential dwellings. It is not considered that the location has been sufficiently justified and that the impacts on those dwellings have been adequately mitigated. There are concerns regarding noise impact and appropriate noise mitigation measures.	Eurobodalla Shire Council Public Submission (Victoria Nicolls) Public Submission (Georgie Rowley)	The location of the proposed helipad was determined following extensive consultation with clinicians, aviation, and air ambulance experts in line with NSW Government Guidelines Hospital Helicopter Landing Sites in NSW A range of possible locations for the helipad were considered by the project team in close consultation with relevant experts. Key considerations in determining the preferred location included distance from the helipad to the emergency department, operational safety requirements for helicopter pilots including prevailing winds and obstacles, and the safety of patients, staff, visitors, and the community. The hospital project team held several consultation meetings and corresponded with neighbours about the proposed helipad, working with the community to answer questions and resolve issues. At a meeting in June 2022, aviation and Air Ambulance experts met with residents to discuss operational and logistical requirements for the planned helipad. Following the meeting the project team, with clinicians, aeromedical teams and aviation experts, undertook further detailed examination and evaluation of each possible site for the helipad. The optimal site for the helipad was selected after all other options were deemed less favourable. The project team is committed to working with the community to undertake noise mitigation measures to reduce the impact of the operation of the helipad. It is important to note that many on-ground helipads across NSW operate close to residential homes, including the existing helipad at Moruya Hospital.

Issue	Relevant Submission	Response
		Residents can expect to hear noise from the helicopter rotor blades as helicopters approach and depart from the new Eurobodalla Regional Hospital, much like at the current Moruya Hospital. When the helicopter has landed at the hospital, the rotors will be turned off to minimise disruption to residents. Health Infrastructure do not support a requirement to acoustically upgrade existing homes or an 'acquisition upon request' condition requiring Health Infrastructure to purchase the property if noise impacts become a problem.
Landscape separation (of mounded earth) between the Mortuary / Reflection Space and the Birthing Courtyard is critical to the success of these spaces. Insufficient information has been provided to determine the design quality, character and spatial properties of this separation. Further information must be provided, for example in the form of section drawings.	Department of Planning and Environment	A section of the relationship between the Mortuary and the Birthing Courtyard is provided in the Landscape Report at Appendix P. Careful selection and placement of plants, whilst being considerate of bushfire requirements, will ensure visual screening between courtyards is achieved. Mounding of the garden assists with acoustic screening as well raising the height of screening plants.

4.2 Hazards and Risks

Table 3 Response to issues related to Hazards and Risks

Issue	Relevant Submission	Response
The Preliminary Hazard Analysis (PHA) identifies that quantities of liquid oxygen, DG Class 6.2 and DG Class 7 exceed the threshold storage quantities in Applying SEPP 33. However, when a PHA is required by the SEPP, it must cover all materials that may be present, not just those where quantities are above the screening threshold. Figure 6 demonstrates the preseseveral gas cylinders located at the hospital. The PHA has not provided the quantities of those cylinders, and the hazards associated with the cylinders has not been addressed. You must provide:	Department of Planning and Environment	The PHA has been resubmitted (see Appendix E) with the required additional items. In summary, the risks from the hazardous substances at the proposed development continue to conform with acceptability criteria for the development to be recommended in accordance with <i>State Environmental Planning Policy (Resilience and Hazards) 2021</i> as permissible development.
Further information on additional DGs, in particular those in the cylinders, that are stored as part of the proposed development. This information must include the type, quantity, storage method and location. If the proposed storage quantities are uncertain, you may wish to reference the cylinders usage or storage for similar patient capacity hospitals.	Department of Planning and Environment	
A hazard analysis for additional DGs in accordance with the Department's 'Hazardous Industry Planning Advisory Paper No. 6' and 'Multi-Level Risk Assessment'. Verification and/or commitment of compliance to relevant standards may be sufficient if design and layout information is already developed.	Department of Planning and Environment	
The hazard assessment parameters of the bush fire report are supported however, prior to finalising the Environmental Impact Statement, the report is required to be updated to incorporate the requirements of Planning for Bush Fire Protection - Addendum (November 2022) which became effective on 1 May 2023. The Addendum includes a suite of new provision for Class 9 buildings in bush fire prone areas and aligns PBP 2019 with the National Construction Code (NCC) 2022.	Rural Fire Service	The Eurobodalla Regional Hospital is a development undertaken for and on behalf of the Crown, a public department, being NSW Health. As such, certification will be via Clause 6.28 (2a) of the Environmental Planning and Assessment Act 1979 which prescribes that Crown development must comply with the BCA in force as at the date of invitation to carry out the building works. Given the invitation to tender for the Eurobodalla Regional Hospital was issued to market prior to 1 May 2023, Building Code of Australia 2019 Amendment 1 is being adopted for the works. Thus the additional requirements of NCC 2022 and the 2022 Addendum to PBP do not apply to the proposed development and NCC 2019 along with PBP 2019 is applied. This is discussed further by Abel Bushfire at Appendix H.

4.3 Biodiversity

Table 4 Response to issues related to Biodiversity

Issue	Relevant Submission	Response
Clarify how many trees are to be removed in total – the figure should not be split into 'on-site' and 'off-site' tree removal, given that the project site is considered to encompass all areas of work. For example, it is unclear whether total proposed tree removal is 86 + 62, or whether the 86 figure incorporates the 62 trees to be removed/relocated from the road reserve and land at Lot 69 DP 752151.	Department of Planning and Environment	As outlined in Section 5.2 , there have been minor changes in the design that have resulted in a change to the number of trees being impacted by the proposal. Now, 67 trees total are proposed to be removed, and 14 habitat trees are proposed to be relocated within the site. This is a total of 81 trees that are impacted, compared to a previous 86. For clarity, the 81 trees to be removed encompasses the trees to be removed/relocated from the road reserve. The Arborist Report at Appendix F identifies in more detail the trees that are required to be removed, as well as those that are proposed to be retained and protected throughout the development process.
BCD has no further comments on the BDAR. The project has been able to demonstrate the avoidance and minimisation of impacts on high biodiversity values. An offset obligation has been generated to offset residual impacts that will need to be retired prior to the commencement of construction.	Biodiversity and Conservation Division	Noted.
We note that the BDAR includes a series of recommendations on page 12. We support the adoption of all these recommendations in any conditions of consent. Recommendations 3-9 relate to construction impacts. We suggest that these recommendations are included and addressed in a Construction Environmental Management Plan (CEMP), prepared prior to the commencement of construction.	Biodiversity and Conservation Division	Noted. The Proponent would accept a condition of this nature.
Recommendation 9 recommends that a Vegetation Management Plan (VMP) be prepared and implemented to inform the management of retained vegetation on site. We would also welcome the opportunity to review and approve this plan, as it relates to the retention and management of a critically endangered ecological community, and for this requirement to be included in any conditions of consent. We remain available to review and assist in wording of the draft conditions.	Biodiversity and Conservation Division	Noted. The Proponent would accept a condition of this nature.
APZ and Vegetation removal. The bushfire assessment at Appendix BB does not illustrate the proposed asset protection zone (APZ). It is noted that the document does detail a 40-45m APZ in all directions. It would be useful to see how the prescribed APZ interacts with watercourses and the tree removal plan, i.e. Figure 5 of the BDAR, Appendix L.	Eurobodalla Shire Council	Abel Ecology and Abel Bushfire have provided revised plans to reflect this at Appendix G and Appendix H . It is noted that while this mapping indicates that there are watercourses on the subject land. Ground truthing of the mapped watercourses on the subject land found that no formal bed and bank occur, and no aquatic/riparian vegetation was found that would indicate a watercourse. The vegetation in the area mapped as a watercourse was no different to the

Issue	Relevant Submission	Response
		surrounding vegetation in the paddock. Therefore, should not be considered as riparian land. This is discussed further at Appendix G.
Figure 15 and 16 of the BDAR, Appendix L do not illustrate the asset protection zone (APZ) as part of the site works, or it is not clear as to whether the APZ has been included in the site work impacts.	Eurobodalla Shire Council	The BDAR has been updated, see Appendix G .
Offsite ecological impacts associated with the development. It is noted that the tree removal on adjacent properties as part of the helicopter flight path have been considered with the BDAR. It is also noted that the access and roundabout have been separately considered as a Part 5 activity and do not appear to have been considered as part of the BDAR process.	Eurobodalla Shire Council	The access road and roundabout were considered as per a Part 5 procedure, which included the preparation of a Prescribed Ecological Actions Report which assessed the potential ecological impact caused by the development. The BDAR prepared for this SSDA was conducted on the basis that the REFs had already been approved and were considered as cleared for the purposes of the BDAR. It is noted that the development of the roundabout was not related to the hospital development and was required for the general development of the site. The BDAR clearly shows the extent of the impacts considered for the SSD proposal, with areas indicated as having been previously considered as part of the REF activities. Refer to Appendix G.
The REF indicates that the loss of vegetation will be offset but it is not clear where and how this is occurring. From a transparency point of view, the loss of vegetation should be considered as part of the BDAR.	Eurobodalla Shire Council	The vegetation loss for the REFs is to be offset by the planting of approximately 125 trees as part of the site's landscaping for the hospital.
Biodiversity Credit Obligation. The EIS and the BDAR provide for different credit obligations. The EIS (s 6.17) states Ecosystem credits - PCT 834 (woodland) x 57 and Species credits x 297 (total) while the BDAR states Ecosystem credits - PCT 834 (woodland) x 45 and Species credits x 252 (total).	Eurobodalla Shire Council	The revised and correct biodiversity credits are discussed at Section 5.6.5 and further at Appendix G . These figures have been revised as a result of the amendments made to the scheme, discussed further at Section 5.6.5 .

4.4 Construction Matters

Table 5 *Response to issues related to Construction matters*

Issue	Relevant Submission	Response
Confirm dates of construction staging and delivery. Section 3.13 of the EIS states that construction is to commence in Q3 2023 (which would be prior to determination of the SSD) and completed in Q4 2025	Department of Planning and Environment	It is confirmed that no construction works under EIS submission will commence until approval. Based on the latest forecast approval dates it is anticipated that commencement will now occur in Q1 2024 with completion remaining in Q4 2025.
Concern regarding of noise, traffic, air quality during the construction of the hospital and future existence.	Public Submission (Victoria Nicolls)	During the hospital construction access will be from the Princes Highway, to minimise traffic, noise and disruptions in the residential streets adjacent to the site. HI is committed to minimising disruption to the local community and all their neighbours during construction and maintaining the safety of all those who engage with the site is HI's number one priority. It is recognised that construction work has the potential to affect the site's neighbours and the local community. A comprehensive communications program will therefore be developed and delivered to ensure the community are proactively notified of and clearly understand activities occurring on site and how they might be affected. The community will be provided with clear communication channels to raise issues and provide project feedback during the construction of the hospital and future existence.

4.5 Land use conflicts

Table 6 *Response to issues related to Land Use*

Issue	Relevant Submission	Response
Traffic needs to be managed as a result of the construction and operation of the hospital should ensure that access to the RU1 zoned land adjacent is maintained and suitable for any primary production activity that occurs on that land that may include agriculture, forestry or quarrying etc.	Department of Primary Industries	Noted. Detailed traffic studies have been undertaken as part of the EIS.
Ensuring that the parking proposed is sufficient for all vehicles generated by the hospital to avoid any spill over onto surrounding RU1 zoned land. Measures to avoid the spill over should be implemented by the hospital.	Department of Primary Industries	The Traffic Assessments provided at Appendix I and Appendix J discuss the revised parking layouts and provide an assessment of their compliance with the expected traffic generation resulting from the hospital. The proposed quantum of carparking is considered sufficient and will not result in any overflow parking on surrounding RU1 land.
Ensuring hospital patrons do not trespass onto the adjacent RU1 zoned lands zoned land potentially used for primary production purposes. There are known hazards to those types of activities which need to be acknowledged and addressed.	Department of Primary Industries	Health Infrastructure always strive to be good neighbours and are aware of their adjacent surroundings with livestock, and have already undertaken steps to improve the fencing around the site prior to construction, as well as consultation with the local residents. The design includes new secondary perimeter fencing within the Hospital Site, in addition to retaining the existing perimeter fencing. Wayfinding and Signage will direct patrons to the Hospital and carparking.

4.6 Heritage

Table 7 Response to issues related to Heritage

Issue	Relevant Submission	Response
Aboriginal Archaeological		
Please update the relevant sections of the EIS to recognise the issue of AHIP 5060 and to include statement updated the status of actions required to satisfy the conditions of AHIP 5050	Heritage NSW	As noted by Biosis at Appendix K, A conditions tracking register has been formed, in which an action/ status / comment has been provided against each condition to ensure requirements are satisfied (Appendix 1 of the Biosis response). The remaining conditions of AHIP 5060 to be addressed include: • Condition 20 and 21 – Long term management of certain Aboriginal objects. Consultation is currently underway with the RAPs to determine the long term management for the artefacts identified from the salvage excavations. • Condition 23 – Notification and commencement and completion of actions. Written notice will be provided to Heritage NSW within 7 days of the completion of actions authorised by AHIP 5060. • Condition 30 – Provision of Aboriginal Site Impact Recording Form. The Aboriginal Site Impact Recording Form will be completed for each AHIMS sites identified in Schedules B and C following the completion of the artefact analysis and completion of the salvage report. Schedules B and C can be found on page 10 to 12 of AHIP 5060. • Condition 31-33 – Report about harm to Aboriginal objects (Salvage Report). The salvage report is currently being prepared. Please refer to Biosis's response at Appendix K.
ACHAR (with changes applicable to Appendix B of the ACHAR)		
The ACHAR identifies that consultation with the Registered Aboriginal Parties was ongoing until February 2023. In order to demonstrate ongoing consultation, please update the relevant sections of the ACHAR to include reference to ongoing consultation undertaken in relation to AHIP 5060.	Heritage NSW	Biosis has continued to progress consultation with the Registered Aboriginal Parties since February 2023. Consultation has been undertaken via email, phone calls, in person consultation. A full log of the consultations undertaken has been provided in Appendix K. Refer to assessment provided by Biosis at Appendix K.
Section 5.2 references the outcomes of an AHIMS search conducted on 17 May 2021. Please update to reference the outcomes of the AHIMS search conducted on 13 February 2023, as provided as part of Appendix B.	Heritage NSW	This has been updated at Appendix K and Appendix L .

Issue	Relevant Submission	Response
The ACHAR does not include reference to site 58-4-1103. As corrected in relation to the AHIP 5060 application, this site maps within the SSD area. Please adjust all relevant mapping and text to include reference to this site and its presence with the SSD area and impact footprint.	Heritage NSW	This has been updated at Appendix K and Appendix L .
The current AHIMS registered coordinates for site 58-4-1468 place it substantially outside the SSD area. AHIMS has been advised of this and will be seeking to clarify the correct site coordinates.	Heritage NSW	Noted. The correct coordinates are: GDA94 /MGA 56 237779E, 6020541N.
Section 5.3 lists site 58-4-1321 as being within the SSD area. This does not match the mapping provided in Figure 4, which shows this site as being located outside the SSD area. Please confirm that this site is not within the SSD area and is not subject to harm and adjust the ACHAR accordingly. Alternatively, if this site covers an area that extends into the SSD area, please map the site area showing its extension into the SSD area. If the latter is the case, additional recommendations will need to be provided regarding management of this site as it was not subject to salvage under AHIP 5060.	Heritage NSW	This has been updated at Appendix K and Appendix L .
Figure 6 indicates that works associated with the establishment of road connections will be occurring outside the assessed SSD area. Please confirm whether these works have been subject to a separate approval process.	Heritage NSW	A separate assessment was completed for the establishment of the road connections during the preparation of the REF for the roundabout and determined that there was no archaeological potential in that area.
Section 9 references that impact will occur to site 58-4-1261 however, the AHIMS registered coordinates for this site are located outside the SSD area. Please confirm that this site will not be subject to harm under the SSD and adjust the ACHAR accordingly. Alternatively, if this site extends outside the AHIMS coordinates, please map the site area showing its extension into the SSD area. If the latter is the case, additional recommendations will need to be provided regarding management of this site as it was not subject to salvage under AHIP 5060.	Heritage NSW	This has been updated at Appendix K and Appendix L .
Please modify Figure 10 to overlay the AHIP 5060 area over the SSD area. It is noted that AHIP 5060 excludes the south-eastern portion of the SSD area. Please clarify if any ground disturbance works (including landscaping) are to occur in this area and if additional salvage works (in relation to salvage of subsurface deposits) are required.	Heritage NSW	This has been updated at Appendix K and Appendix L .
Section 7 of the ACHAR includes a generalised statement of significance that states that research potential and representativeness cannot be assessed until excavations have been completed. In reviewing the application for AHIP 4060, Heritage NSW previously requested that this significance assessment be revisited. Please update based on the results of salvage works undertaken under AHIP 4060, or, if this information is not yet available, please revise the significance assessment as	Heritage NSW	Comber has advised that they have no knowledge of AHIP 4060 that is mentioned in the HNSW letter and do not fully understand this item. They consider that the statement of significance is sufficient to describe the site ahead of testing being undertaken and is identical to what is in the Aboriginal Archaeological Assessment. The HNSW comment suggests that the AHIP 4060 report may still be being developed. As noted above,

Issue	Relevant Submission	Response
consistent with the significance assessment provided in the revised AHIP 5060 application.		Comber Consultants has no knowledge of this AHIP. Biosis can provide and an update on significance assessment if the testing has been completed.
Recommendation 5 in Section 10 of the ACHAR should be expanded to include a proposed mechanism for salvage of unexpected Aboriginal objects (excluding ancestral remains) if identified.	Heritage NSW	Biosis have included a proposed mechanism for the salvage of unexpected Aboriginal objects (excluding ancestral remains), provided at Appendix K . A proposed mechanism for salvage of unexpected Aboriginal objects (excluding ancestral remains) if identified is being prepared in consultation with the RAPs. A final mechanism for salvage will be issued to Heritage NSW once the review has been completed by the RAPs, and will also be included in a management plan for the construction works.
Recommendation 6 in Section 10 of the ACHAR must include a specific requirement that, following the identification of ancestral remains, works cannot recommence until written approval has been provided by Heritage NSW.	Heritage NSW	The phrase, 'until written approval has been provided by Heritage NSW' has now been specifically stated within Recommendation 5 as a prerequisite for the recommencement of works upon the discovery of ancestral remains.
Section 10 of the ACHAR must be modified to include a requirement to confirm that all relevant conditions of AHIP 5060 have been met prior to the commencement of ground disturbance works under SSD-56989722.	Heritage NSW	As noted in HNSW1, a conditions tracking register has been formed to ensure requirements are satisfied (Appendix K). The remaining conditions of AHIP 5060 to be addressed include: • Condition 20 and 21 – Long term management of certain Aboriginal objects. Consultation is currently underway with the Registered Aboriginal Parties (RAPs) to determine the long-term management for the artefacts identified from the salvage excavations. • Condition 23 – Notification and commencement and completion of actions. Written notice will be provided to Heritage NSW within 7 days of the completion of actions authorised by AHIP 5060. • Condition 30 – Provision of Aboriginal Site Impact Recording Form. The Aboriginal Site Impact Recording Form will be completed for each AHIMS sites identified in Schedules B and C following the completion of the artefact analysis and completion of the salvage report. Schedules B and C can be found on page 10 to 12 of AHIP 5060. • Condition 31-33 – Report about harm to Aboriginal objects (Salvage Report). The salvage report is currently being prepared. Ground disturbing works are therefore able to commence under SSD-56989722 as salvage excavations have been completed on site.
Appendix B of the ACHAR includes a recommendation that archaeological salvage must be undertaken. This recommendation is not incorporated in the ACHAR. Please clarify.	Heritage NSW	The recommendation for salvage from the Technical Report at Appendix B is now included in the recommendations in Section 10 of the ACHAR. Refer to Appendix L .

Issue	Relevant Submission	Response
Recommendation 2 in Section 10 of the ACHAR specifies that the three identified scarred trees (58-4-1466, 58-4-1467 and 58-4-1468) should be actively managed and protected. Please provide a methodology for the protection and management of these sites including any requirements for protective fencing and regular inspection during construction works.	Heritage NSW	To protect the scarred trees during construction 1800mm high chainlink fencing will separate the area from construction movements. The fencing will be permanent and remain in place once the Hospital is operational. The project has sought advice from a potential Construction Contractor on their potential methodology (refer to Appendix Q) which is in alignment with this approach.

4.7 Public Domain

Table 8 Response to issues related to Public Domain

Issue	Relevant Submission	Response
Shared Path Infrastructure		
TfNSW believes that the ERH development must include shared path extension from TAFE NSW to the Hospital, including path provisions between the access and front door of the Hospital, on the following basis:	Transport for NSW	Health Infrastructure (HI) does not support a shared path linking the TAFE to the Hospital and residents further to the north. This is considered to be out of scope and costs are in the area of \$1-2m noting the addition would need to be 3m wide, separated by a crash barrier, have a northern side rail where necessary and where elevated, require elevation over water ways and would require road drainage to formally managed on the cycleway side.
The TAFE NSW campus, which is approximately 500m from the proposed access roundabout to the Hospital, has an existing 3.0m wide shared path which connects the TAFE to the Moruya town centre.	Transport for NSW	
		The project does propose to upgrade the footpath on Caswell Street to a shared path to connect into the shared path network on South Head Road. Given the abovementioned facility will be delivered as part of the hospital, another active transport linkage along Princes Highway extending from the TAFE and emerging land releases of Southern Moruya will be an additional infrastructure upgrade subject to additional funding and collaboration between HINSW, TfNSW and Council.
The applicant has proposed to upgrade the footpath on Caswell Street to a shared path width/standard, to connect to the shared path network on South Head Road, which would provide connection to the north of the Hospital, through to the town centre	Transport for NSW	Noted. The design includes connection and upgrade the footpath on Caswell Street to a 2.5m shared path, to connect to the shared path network on South Head Road. Please refer to the updated and attached drawing ERH-TTW-CI-DWG-08010 FOOTPATH EXTENSION PLAN (Appendix M).
The extension of a shared path from the TAFE through to the Hospital will connect residential catchments to the south west of the Highway, bounded by Albert Street, Francis Street, Spencer Street and Evans Street. These catchments can access the shared path network to the Hospital via the existing pedestrian refuge crossing the Princes Highway approx. 90m south of Albert Street intersection.	Transport for NSW	
Providing shared path infrastructure will assist the Hospital to meet their Green Travel Plan targets and reduce private car trips, particularly for hospital staff and visitors.	Transport for NSW	
TfNSW requests an updated plan showing the shared path along the Princes Highway frontage, through to the Hospital.	Transport for NSW	

4.8 Traffic, Access and Parking

Table 9 Response to issues related to Traffic, Access and Parking

Issue	Relevant Submission	Response
Public Transport Considerations		
TfNSW Transport Planning acknowledge the suggestion of the extension to Route 860, as it is a logical extension of services from the TAFE. Continued liaison between the applicant, operator and TfNSW regarding the adjustments to Route 860 is required.	Transport for NSW	Noted. The design includes the provision of a bus stop to facilitate the extension of Route 860.
TfNSW has reviewed the swept paths for buses within the site and notes that the proposed access road does not provide widening on the curves and therefore if two buses were to pass on a curve they would not have the required 1.0m clearance between them. This situation arises at the curve closest to the carpark where the clearance is less than 1.0m. Whilst there may be a low likelihood of two buses passing one another, the applicant must address this comment in the RTS.	Transport for NSW	The proposed design has buses travelling in a clockwise direction around the main loop road. As such, buses would only potentially pass along the straight entry road leading up to the loop. The swept path assessment conducted around the loop road as part of the design review demonstrates that a 1m clearance between the relevant service vehicles i.e. 12.5m long buses and HRVs can be achieved. Refer to the Traffic Response prepared by Stantec at Appendix J .
The applicant should investigate opportunities to reduce the distance between the bus stop to be closer to the main entrance and provide an updated plan where relevant.	Transport for NSW	Updated designs have been provided in the RTS which show a new bus stop location which is closer to the main entrance.
It is presumed the bus stop and the layover zone will form one continuous zone and would thus seem to be sufficient for current service levels and provide for service growth. - Bus stops are normally allocated 30 metres of kerb space, however due to no parking either end of the bus stop in this location, draw-in and pull-out space appear acceptable. - A plan showing the bus zone with appropriate signage must be provided and accepted by Council and TfNSW prior to occupation of the Hospital.	Transport for NSW	The design update has incorporated sufficient space to accommodate two 12.5meter long rigid buses, with one being a layover space. This is shown in more detail in Appendix J .
A bus stop with a passenger shelter is required. - A plan demonstrating the location and size of the bus shelter must be provided and accepted by TfNSW and Council prior to the occupation of the Hospital. - Bus stop layout guidelines, including placement of B-poles, shelters, other furniture, and circulation areas are provided as Attachment 3.	Transport for NSW	The bus stop has been provided with a shelter, signage and tactile ground surface indicators. Refer to Landscape Plan ERH-BB-LADWG-DA-109 at Appendix O for location and layout. Street lighting has been positioned to illuminate the footpath and footpath areas. Also attached with this letter are further details of the bus stop proposed.
Murrays Coaches and Premier Motor service may be consulted to understand their position for a deviation from their existing routes, though it is noted that their services do not make any similar deviations in any other locations. Because these services are private providers, it is up to the applicant to continue this consultation.	Transport for NSW	Noted. These service providers were noted as they operate services in the area, but it is expected the focus of any bus route changes would relate to Priors Bus Service and discussion of service planning updates with TfNSW bus planning and contracts team for route changes ahead of opening and

Issue	Relevant Submission	Response
		transitional arrangements as decanting occurs from the existing Moruya hospital..
Management of secondary access		
There are limited details regarding management measures of the secondary access point to the north of the site, for emergency access only. The TTIA is to be updated to include details of the measures proposed to restrict the use of this access to emergency vehicles during normal operation.	Transport for NSW	This secondary access will only be used if the Princes Highway is blocked, and emergency vehicles are unable to access the hospital main entry (for example a traffic incident). It will not be used for public or staff access. A physical barrier has been incorporated within the design to prevent public and staff vehicle access. The operational access will be documented in the Hospital's operational plans.
Car Parking		
Figure 3.2 of the TTIA should be updated to clearly demonstrate the location of the 96 overflow car parking spaces.	Transport for NSW	This carpark has been revised, and revised plans are provided at Appendix A and Appendix M .
Construction traffic and access		
Whilst Section 3.5.1 of the TTIA outlines that Gate 1/site access will facilitate the entry/exit point of the ERH main works, it is not confirmed that the roundabout will be in place prior to the ERH main works commencing and this construction work generating traffic requiring access via Gate 1. TfNSW notes there is no traffic analysis to support safe construction access without the roundabout. On this basis, a final CTMP must be accepted by TfNSW prior to the commencement of construction of the ERH main works.	Transport for NSW	It is noted that the roundabout construction will not be complete prior to the ERH main works commencing. A final CTMP will be provided to TfNSW following appointment of the construction contractor.
The proposal lacks detail regarding the location of the access gate for construction vehicle access. The access gate must be located at a sufficient distance from the Princes Highway roundabout, to cater for the queue length of the largest vehicles at any one time wanting to access the site. Updated plans must be provided to demonstrate the location of the access gate as well as a queuing assessment for construction vehicles during peak construction periods.	Transport for NSW	A response and diagram has been provided at Appendix J .
TfNSW notes the proposal includes the provision of a limit of construction heavy vehicle movements per hour and per day, as outlined in Section 4.2 of the TTIA. However, TfNSW believe there should be further consideration of management of peak worker light vehicle movements, through the provision of a shuttle bus for construction workers, as well as encouragement and strategies for the uptake of	Transport for NSW	Noted. Worker light vehicle movements will be monitored and managed throughout the construction phase, taking into consideration appropriate measures if required and suitable for the regional location. This will form part of the appointed construction contractor's construction management plans.

Issue	Relevant Submission	Response
car-pooling, where appropriate. This is on the basis of the worst case peak worked vehicle movements expected being up to 1,000 daily trips, as outlined in Section 4.2 of the TTIA		
TfNSW notes that should activities associated with the ERH main works impact a travel lane of the state road network, an ROL application will be required to be submitted and obtained from TfNSW prior to commencing works in the road reserve. Therefore Section 3.8 of the TTIA should be updated.	Transport for NSW	Noted. Where required an ROL application will be submitted to TfNSW. It is proposed that this forms a condition of consent.
The proposal is yet to identify any oversize overmass (OSOM) movements required for the construction of the Hospital. If OSOM movements are required, the following must be considered: - This section of the Princes Highway is an approved OSOM route with travel conditions. Please see link for OSOM routes and details of the travel conditions. - Prior to transporting any OSOM loads, the proponent is required to obtain an access permit to operate on the NSW road network. Applications will need to be made via the National Heavy Vehicle Regulator (NHVR) portal, which can be accessed via this link. Note that the application for an access permit does not guarantee access will be granted. TfNSW recommends early consultation.	Transport for NSW	Noted. It is proposed that this forms a condition of consent.
The Princes Highway, in the vicinity of Moruya, is identified as part of a 23m B-Double route as per the NHVR approved routes identified on the Restricted Access Maps (RAV MAP). The approval for the use of Princes Highway by larger B-Doubles must be obtained from the NHVR prior to these vehicles using the road network. On this basis, Section 4.4 of the TTIA should be updated.	Transport for NSW	Noted. It is proposed that this forms a condition of consent.
TfNSW supports the inclusion of a Driver Code of Conduct for construction heavy vehicle uses. However Appendix A Section 7, Truck Routes, is to be updated for the ERH site.	Transport for NSW	Please note that the provided CTPMP which had a Driver Code of Conduct attached is only a preliminary document to support the SSDA. The Driver Code of Conduct has been however updated to make it project specific and expected truck routes which are to/from the Princes Highway which is an approved 23m B-Double route. A CTPMP will however be refined in consultation with the project's Contractor and Council/TfNSW, and further detailed assessment would be expected as part of a detailed CTPMP which would form part of conditions of approval
Maintenance of access		

Issue	Relevant Submission	Response
TfNSW highlight that the maintenance of the roundabout, and most notably, the Hospital access leg, must be clarified.	Transport for NSW	It is noted that the roundabout works on Princes Highway are managed separately to the SSDA Approval and via a Works Authorisation Deed between Health Infrastructure and TfNSW. Maintenance of the roundabout up to the hold line will be by TfNSW. The maintenance, and the legal status of, Main Drive (i.e., the Hospital access) will be agreed between the hospital and the Council to the satisfaction of all parties prior to the occupation of the Hospital.
Ordinarily, TfNSW would maintain up to the hold line to the state road. On that basis, TfNSW request clarification on the maintenance, and the legal status of, Main Drive (ie the Hospital access). This arrangement must be agreed to the satisfaction of Council and TfNSW prior to the occupation of the Hospital.	Transport for NSW	
Signposting plan		
Directional signposting must be included in a signage and linemarking plan for all directional signage for the ERH.	Transport for NSW	Noted. It is noted that the roundabout works on Princes Highway are managed separately to the SSDA Approval and via a Works Authorisation Deed between Health Infrastructure and TfNSW. All design approvals for the roundabout are following this process.
This plan must be approved by TfNSW (for signage on the state road network) and Council (for signage on the local road network) prior to occupation of the ERH.	Transport for NSW	Noted. It is noted that the roundabout works on Princes Highway are managed separately to the SSDA Approval and via a Works Authorisation Deed between Health Infrastructure and TfNSW. It is noted that a draft plan has been issued to TfNSW which outlines both the removal works for the existing Moruya Hospital, as well as the new signs proposed for the Eurobodalla Regional Hospital. It is proposed that this forms a condition of consent.
TfNSW suggest the applicant review parking permitted along Main Drive, as overflow parking may occur along the shoulder.	Transport for NSW	Noted. All parking has been removed from the Main Drive. Refer to the drawings which form part of this response. Signage referring visitors to the appropriate car parking will be provided.
Green Travel Plan		
TfNSW acknowledge a preliminary GTP has been provided. TfNSW Travel Demand Management (TDM) team have reviewed the document and their comments are provided as Attachment 4.	Transport for NSW	Noted. A response to these items raised by the Travel Demand Management team is included in this table.

Issue	Relevant Submission	Response
TfNSW would support a meeting with the applicant to discuss the matters raised, to occur prior to the determination of the proposal.	Transport for NSW	A meeting was held with Transport for NSW on the 5 th December 2023.
TfNSW highlight that the final GTP must be endorsed by TfNSW TDM team prior to the occupancy of the ERH.	Transport for NSW	Health Infrastructure does not support this as a condition of consent. This can be addressed by the Project's Certifier.
TfNSW Travel Demand Management (TDM) team have reviewed the Preliminary Green Travel Plan for Eurobodalla Regional Hospital and provide the below recommendations:	Transport for NSW	Noted. Health Infrastructure does not support this as a condition of consent. This can be addressed by the Project's Certifier.
TfNSW advise that you aim to reduce your private vehicle mode share for staff (93% in short term and 85% in long term) and implement a range of actions to try and lift sustainable travel mode share for staff (particularly day shift and administrative staff). A target mode share will also need to be determined short term for staff such as shuttle buses to and from the local TAFE college where the 860 bus has a bus stop and other convenient locations such as town centre locations like Moruya and Batemans Bay. Car-pooling for staff is also a very effective example of meeting short term mode share. It is also advised there should be long and short term modal share for patients and visitors to reduce single-occupancy use and request more patients and visitors/suppliers to use public transport options such as private coach services/community transport/car-pooling available to get to the site. The planning for short-term mode share increases the chances of mode share being met. As future upgrades in the area are made, mode shares both long and short term should be adjusted to take these upgrades into consideration.	Transport for NSW	Shuttle bus and car pooling were options considered as part of the preliminary GTP and may be further considered through the development and refinement of the GTP prior to operation and through the subsequent monitoring program. However, at this stage neither HI or the LHD is unable to confirm these types of strategies or initiatives without commitment and collaboration with TfNSW, including ongoing funding to operators for these types of services. Through the meeting held with TfNSW on 5/12/2023, and reviewing the carpooling incentives, bike facilities and bus stop provisions, the mode share for private vehicles has decreased to 90% in the short term. Given the current lack of public transport services for the local area, through the GTP process HI is willing to work with TfNSW in investigating the viability of these types of initiatives as well as Council on investigating viable (safe, secure and appropriate) locations across the shire.
TfNSW appreciates that there are 478 proposed car parks, but advise the goal of the GTP is to encourage the adoption of more sustainable modes of transport, supported by a parking management strategy. Travel demand measures suggested in this email provide viable and proven solutions to reducing car parks.	Transport for NSW	Practical parking demands, particularly for the initial operational years were investigated at length as part of the masterplan development. In particular, this included the options for alternate mode-share, walk-up catchments and importantly the safe and practical needs of staff when considering shift work changes, night-time workers and operational parking needs of the facility. Given the greenfield nature of the facility and location directly adjacent to residential land uses to the north, the option of providing an initial "under-supply" of parking against the practical demands as a means of travel demand management is not supported. This strategy will undoubtedly results in external parking influences on the neighbouring streets and community. Not only will this adversely impact

Issue	Relevant Submission	Response
		the surrounding residents, but this approach will place considerable burden on Council assets. The project team does however acknowledge that as the ERH facility and its transport system matures, including GTP initiatives, the parking rates will have the opportunity to be reduced to make way for travel demand management measures over time.
Implementation of a parking management strategy within the Implementation Plan(see below) should remove any free staff parking. The parking management strategy should limit the provision of car parking for staff where they have alternative means of travel to the site, particularly those working day shifts when more sustainable transport options are available, is recommended.	Transport for NSW	This suggested parking management strategy does not align with the most recent directions of the NSW Government for parking at regional hospitals and nor does not align with the context of this location. Also as noted previously NSW Health / the SNSWLHD need to consider its obligations as a 'good-neighbour' to not create significant impacts on residential streets to the north of the site.
TfNSW recommends the GTP include alternative travel options for staff health and wellbeing benefits to encourage mode shift. This could be reflected in the mode shares listed above to encourage more walking.	Transport for NSW	Noted. NSW Health and LHD see the benefits of promoting healthy habits related to active transport and will consider these types of initiatives as part of the GTP.
TfNSW recommends that staff shift times are altered so they match up with bus and coach times i.e. starting at 7am rather than 6:30am (as an example) so that staff can get to and from work safely with access to active and public transport connections. For staff safety using these options TfNSW asks that the GTP considers implementing well-lit and sign-posted, and security provided for journeys to the site for active and public transport. TfNSW asks that the GTP includes flexible work policies and working from home policies particularly for day-time staff. TfNSW would like to see these policies changed into proactive action tasks that will become part of your initiatives in your Implementation Plan (listed below).	Transport for NSW	We understand the intent, but this approach at this time does not fully grasp the needs of a regional hospital workforce. Shift times have very stringent in terms of site operations and health protocols, debrief requirements and OHS. In particular, patient hand-over briefings on wards are a critical factor and results in peak demands during certain periods. While there are opportunities to update some of the workforce planning arrangements to help reduce the peak parking burdens, these will be interrogated further through the GTP refinement working towards operational phase.
To further encourage more staff, patients and visitors to participate in sustainable transport options we would also encourage you to consider funding the following initiatives (these can be included as proactive actions in your Implementation Plan): • Subsidised panniers or backpacks for staff who commit to active travel • Incentives for participation in National Ride2 Work Day and Walk to Work Day. • Designated priority car share spaces on site with monitored compliance (i.e.. for GoGet cars or people who carpool) • Funded Guaranteed Ride Home service for those choosing to car share for their commute.	Transport for NSW	These items are noted, and the following responses are provided: • This item is noted and would be something considered as part of implementation/mobilising phase. • This item is noted and would be something considered as part of implementation/mobilising phase. • Noted, prioritised parking for car pooling is identified and the project can commit to providing prioritised parking for carpooling. However it would not be suitable to allocate a specific supply of spaces until potential willingness and demand for carpooling is understood. The GTP will be refined through detailed consultation with LHD and staff services to investigate car-pooling as a viable means of reducing single vehicle

Issue	Relevant Submission	Response
- Review of wayfinding and signage /security upgrades for existing pathways and future upgrades hospital and liaise with authorities for improvements where required. - Information around the benefits (including health and financial) of active travel.		trips. The refinement of such measures will be considered in the next phases. Locally there are challenges however with limited taxi and other ride share services in the Moruya/Eurobodalla area. This initiative will be reviewed in consultation with LHD as part of any future car pool schemes implemented at the site - As above the local context creates challenges with being able to provide reliable services for a guaranteed ride home service. Additionally the nature of the region and where staff live could make such a scheme cost prohibitive - This item is noted and would be something to be considered closer to mobilisation/operational phase
TfNSW appreciates the Potential Actions section of your GTP. TfNSW recommends however, that you include all of these into one section of the plan to be called an Implementation Plan which is ready for implementation from Day 1 of occupation. The Implementation Plan includes all of your implementation tasks for completion (including your initiatives), how they will be completed with set completion dates, as well as who will be doing the tasks. The Implementation Plan should include the proposed short and long term initiatives. This Implementation Plan will also include a stakeholder engagement strategy; key stakeholders (including visitors staff and patients), key messages and the channels you will use to engage your stakeholders – please find our Potential engagement techniques link that may be useful for this. TfNSW recommends that the Implementation Plan be updated with communications tasks to promote the short and long term initiatives (bike, walking, shuttle bus, carpooling etc). Given that not all staff will be desk-based, alternative hard copy promotion of these initiatives will need consideration. This will include the roles and responsibilities of who will manage the GTP in both the short and long term.	Transport for NSW	We acknowledge TfNSW's is seeking commitment to the implementation of the GTP. As this application stage, this particular GTP remains preliminary, and it will be refined and developed on consultation with Council and TfNSW. Noting that operational commissioning of the facility is schedule in early 2026 there is time for the project to produce an implementation plan to consult in TFNSW This process will also include far greater staff and user consultation in the development and roll-out of initiatives. At this time, the inclusions of the GTP can be more certain including timing and responsibilities. This above process is consistent with other recent hospital development projects across NSW.
TfNSW recommend that given the lack of public and active transport in the area, the applicant should strongly re-consider privately funding a shuttle bus on a 24/7 basis to move workers to and from bus stops or town centres to and from the site. This will be an essential way to move workers more sustainably, and this provides a viable option to resolve the sustainability issue in the short term.	Transport for NSW	A shuttle bus option was reviewed but ruled out as this is not something that can be committed to at this stage.
TfNSW recommends you proactively (within the Implementation Plan above) appoint a Travel Plan Coordinator for the life of the development, who will manage the GTP. More information can be found in the Hospital Toolkit link provided at the foot of this email. Senior management support, and a good decision making/governance framework is critical for a successful GTP. Establishing good governance is especially important in a precinct where the approval processes of multiple organisations must be considered. The GTP will need to have a steering group or committee created with relevant internal and external stakeholders to	Transport for NSW	Health Infrastructure does not support the appointment of a Green Travel Plan Coordinator for the life of the development. This is considered to be an overly onerous request and impractical for this project.

Issue	Relevant Submission	Response
inform future targets and the ongoing monitoring and revision of the GTP for five years post-occupancy.		
The TfNSW TDM team refer to Section 6.3 of the GTP, Potential Funding Options, and advise that the whole GTP (including all of the initiatives) will need to be appropriately funded and otherwise resourced, by the applicant, for a period of at least 5 years, or via an appropriate appointed entity. This will include ongoing travel demand initiatives that will require resourcing. This is in recognition that any travel demand management interventions will need to be significant in scale to be effective. This should be covered in the updated Implementation Plan. For this reason the team would ask that Section 6.3 and any other references to funding throughout the GTP should be amended to reflect that the applicant will need to fund the GTP. The TfNSW TDM team advise the applicant that the team will not be providing concession cards for staff to use the bus (as per Section 5.2.3 – Public Transport Concession for Staff), or investigating the delivery of more on-demand bus services to service Eurobodalla Regional Hospital (ERH) and therefore ask that the applicant amend this section to reflect that. TfNSW TDM Team advise that the GTP will need to be appropriately funded and otherwise resourced, by the applicant, for a period of at least 5 years, or via an appropriate appointed entity (see Funding section below).	Transport for NSW	Health Infrastructure does not support the advice that the applicant will need to fund and resource the GTP for 5 years. This is considered to be an overly onerous request and impractical for this project. Health Infrastructure would support a 2-year review of the Green Travel Plan.
TfNSW requests appreciate the number of proposed bike spaces (12) but ask that this be increased to encourage cycling as a sustainable travel mode. The team also ask that these EOT facilities include provision of e-bike charging points. The locations of the end-of-trip facilities should be promoted in the Travel Access Guide (TAG) (below). This will enable staff to store their exercise gear in a safe, secure location that is attractive to staff. These facilities should be promoted within your Implementation Plan listed below. Please also find a resource from our website on this link for Cycleway Design Toolbox – Designing for cycling and micromobility. December 2020. Version 0.1 (nsw.gov.au)	Transport for NSW	Noted. We have reviewed the bike store design within the End of Trip facilities and will increase the number of bike spaces. We believe that we can accommodate approximately 20 bikes, which will be addressed in the next phase of the design. Additional external bike parking has been added (Quantity of 7). Provision of e-bike charging points will be included within the end of trip facilities.
The TfNSW TDM team appreciate the Travel Access Guide (TAG) that has been provided in the GTP. TfNSW ask that the GTP includes a Travel Access Guide (TAG), but TfNSW recommends two TAGs; one for staff, and one for visitors and patients who will be using the new proposed development site. Both TAGs will need to be updated on a regular basis as more infrastructure comes into existence. For further helpful information – please check this link How to Create a Travel Access Guide doc here. Both TAGs will need to: - Place parking as an option lower down on the TAG, the general goal of the TAG is to encourage sustainable transport options to and from the site. - Provide an overall map of sustainable transport routes into and out of the site (please see attached TAG that we have provided as an example)	Transport for NSW	At this application stage, this particular TAG remains preliminary, and this will be refined and developed in consultation with Council and TfNSW. With regard to the points: - Noted - Acknowledge the intent but this does not reflect the local conditions where sustainable travel options are more limited. - Such a map would be prepared as part of future stage of TAG and not for application stage. - This information is still subject to change. - Noted - Noted, please refer to previous comments on these items.

Issue	Relevant Submission	Response
- Provide additional information about service routes and timetables for buses and trains is available on the Trip Planner at transportnsw.info/ - Provide information advising that additional information about walking routes is available on the Trip Planner at transportnsw.info/ - Update number and location of End of Trip facilities (showers, lockers, irons, ironing boards, towels, change rooms etc) and locate on map (TAG for staff only). - Promote and provide information to regarding the shuttle bus, car-share and car-pooling. RPA could actively promote carpooling on the TAG, through the creation of a designated parking area where carpool vehicles have a guaranteed space.		
TfNSW requests that an actual annual travel survey to be distributed three months post-occupancy with a focus to establish travel patterns including mode share of trips to and from the site. These surveys should be undertaken every year and when future transport upgrades take place. In this survey TfNSW ask you to ask questions to obtain data analysis (including staff, visitor and patient residential postcodes) to identify the travel origin and destination patterns, this will inform strategies that help to reduce car parking demand to get to and from the site. Please see the Hospital Toolkit link at a) for examples of travel surveys. These surveys should have questions to promote sustainable transport modes. To further help monitor and measure the increase in public transport use, TfNSW recommend visiting this link Open data hub and developer portal and following these recommendations for data use.	Transport for NSW	As the proposed hospital is within a rural region rather than an inner city state, it is not expected the density of the area or availability of transport options will change rapidly or have transformative impacts on how staff and visitors might attend the site. Therefore Health Infrastructure would not support an annual review.
TfNSW have a specific travel plan for hospitals. The kit provides helpful information and a template designed specifically for hospital travel plans. TfNSW would encourage you to apply aspects of this in your GTP for RPA.	Transport for NSW	This toolkit was reviewed and considered (note, Figure 1.1 of GTP). It is noted the toolkit is very metro centric and number of measures/considerations not achievable in a regional area context with limitation with sustainable transport options and wide catchments for staff and visitors/patients.
TfNSW asks that you submit a finalised copy of the GTP with enough time to review prior to occupancy.	Transport for NSW	Noted. Health Infrastructure does not support this as a condition of consent. This can be addressed by the Project's Certifier.
Public Transport		
Access to public transport: The development should provide for public transport to access the hospital grounds and provide for shared pathways into Moruya township so that patients and staff are not reliant on private vehicles. The EIS notes that a bus stop would be provided on site although formal arrangements have not been made with local service providers. It is imperative that public transport is provided to the hospital.	Eurobodalla Shire Council	Noted. The design includes the provision of a bus stop to facilitate the extension of Route 860. The design includes connection and upgrade the footpath on Caswell Street to a 2.5m shared path, to connect to the shared path network on South Head Road.

Issue	Relevant Submission	Response
Active transport facilities: A shared pathway should be provided from the development site into town. This could be via an upgrade of the existing footpath in Caswell Street and extension of the existing shared pathway from the adjacent TAFE NSW site, i.e. along the Princes Highway. It is considered that both paths of travel should be upgraded/extended but as a minimum at least one shared pathway (min. 2.5m width) is provided from the hospital to the town centre. Note, the Transport assessment at Appendix H would appear to nominate a 2m wide shared pathway. Council's standards require a 2.5m wide shared pathway.	Eurobodalla Shire Council	Noted. The design includes connection and upgrade the footpath on Caswell Street to a 2.5m shared path, to connect to the shared path network on South Head Road. Refer to Civil Design Response at Appendix N.
The report mentions existing bus route 860 (which currently goes nowhere near the proposed hospital), without reporting the crucial fact that it runs very infrequently, often 90 or 120 minutes between services, and often not at weekends, when many visitors would be coming to the hospital to see relatives and friends.	Public Submission (Surf Beach Resident)	The existing Moruya and Batemans Bay Hospitals are serviced by local bus provider Priors, operating several services between Batemans Bay and Moruya Hospital Daily and on Saturdays. The new Eurobodalla Regional Hospital project team have provided a dedicated bus stop in the new hospital and are working with local bus companies to extend their existing services into the new hospital. Murrays and Premier Motor Service also runs a daily coach service connecting Batemans Bay, Moruya and Narooma and a number of locations between. Several Taxi services operate in the area including Batemans Bay Taxi Service, Narooma Taxi Service and Moruya Radio Taxi as well and private providers. Uber is also now available in Batemans Bay.

4.9 Social Impacts

Table 10 Response to issues related to Social Impacts

Issue	Relevant Submission	Response
Construction Workforce Housing		
Social impact Assessment (Appendix CC) and temporary workers accommodation. Council has already discussed this issue with Health Infrastructure, and it is their opinion that this is a contractual matter between Health Infrastructure and the construction contractor. The Social impact Assessment indicates that a construction workforce accommodation plan would largely resolve the matter.	Eurobodalla Shire Council	The Eurobodalla Regional Hospital Project does not include scope for purpose-built workers accommodation. The inclusion of this scope would require the project to de-scope clinical scope identified under the Eurobodalla Clinical Services Plan (CSP). A construction workforce accommodation strategy will be the responsibility of the successful Construction Contractor.
It is Council's view that the housing of the construction workforce (estimated to be 306 persons) is a significant social impact and should be assessed as part of the EIS. Health Infrastructure should provide purpose-built workers accommodation onsite or near the site and Moruya. This would ensure that workers were close to the construction and reduce transport impacts in addition to providing access to the town centre.	Eurobodalla Shire Council	The project has sought advice from a potential Construction Contractor on their potential workforce accommodation strategy for this project (please see attached in Appendix Q). In summary this includes: • Utilising existing relationships with local subcontractors and supply chains, within both NSW and the ACT. • Maximising local workforce initiatives, including through local employment services network, Government agencies, Training Services NSW, local area GTOs and RTOs including TAFE NSW, locally based subcontractors and local Indigenous community members. • Utilisation of subcontractors who have regional departments and local resources. • Ensuring all subcontractors are aware of limited available rented accommodation and expanding accommodation to the broader areas (i.e., within a 1 hour travel time from the site). • Due to the majority of workers only being required for a short amount of time, encouragement to utilise local hotels and AirBnBs to limit the demands on local rental accommodation.
Operational Workforce Housing: To some extent this also applies to the operational workforce (estimated to be 518 persons) and whilst it is noted that many staff would presumably come from the existing Batemans Bay and Moruya Hospitals, there does not appear to have been any analysis of the predicted impact.	Eurobodalla Shire Council	It is expected that the current workforce (of approximately 400 staff) at Moruya and Batemans Bay Hospital will transition to the new hospital. [Note business case says 424 staff to transition] There will be over 100 more staff to support the expanded role of the new ERH. A workforce plan has been developed with the business case that includes consideration of both base workforce and additional staff. Southern NSW Local Health District has a range of programs in place designed to recruit and train local workers to the new hospital and encourage local students to pursue a career in healthcare, further reducing demand on local housing stock.

Issue	Relevant Submission	Response
		Furthermore it is not anticipated that all new employees will live in Moruya, with some living in Batemans Bay, Narooma or further afield. Through partnerships with larger metro hospitals specialists, may rotate in and out of the area, requiring only short term accommodation or shared housing arrangements. We appreciate there are housing challenges facing the local community however, the Eurobodalla Regional Hospital will be a major local employer, attracting more skilled working-aged people to stay or move to Eurobodalla, aligning with one of the key aims of the Eurobodalla's Local Housing Strategy, leading to a more diverse, vibrant and resilient community and a stronger local economy.
Family/carer accommodation: The Social Impact Assessment (Appendix CC) has not adequately considered the provision of family or carer accommodation for the families/carers of patients accessing the hospital.	Eurobodalla Shire Council	The masterplan developed for the Eurobodalla Regional Hospital Site includes future site and services provisions for Carer's Accommodation. In April 2023, a Heads of Agreement was signed between Southern NSW Local Health District and Carers Accommodation Eurobodalla Regional Hospital (CAERH) to progress work on an accommodation facility for carers and relatives on the new Hospital site. CAERH is working with the community to raise the funds required to plan, design and construct the new carers accommodation on the site of the new Hospital. Providing additional housing alongside the delivery of a new hospital is outside of the scope of Health Infrastructure at this time.
Childcare Facilities: The Social Impact Assessment (Appendix CC) has not adequately considered the provision of childcare facilities for operational staff.	Eurobodalla Shire Council	Childcare or family day care facilities are not part of the project funding for the Eurobodalla Regional Hospital. The priority of the new hospital is to ensure the Eurobodalla community has access to safe, appropriate, and quality health care services. The Southern NSW Local Health District does not provide childcare services or facilities in any of its hospitals or health services, including the current Batemans Bay or Moruya Hospital.
Impact on the most disadvantaged people in Eurobodalla Department of Communities and Justice (DCJ) rental data for March quarter 2023 indicates a serious lack of housing diversity across the LGA, as well as the very low supply of	Eurobodalla Shire Council	We appreciate there are housing challenges facing the local community however, the Eurobodalla Regional Hospital will be a major local employer, attracting more skilled working-aged people to stay or move to Eurobodalla,

Issue	Relevant Submission	Response
private rental more generally, both of which are contributing to upward pressure on rents. In terms of affordability, median rents for indicative housing products that were available in the local private rental market were not affordable to any very low or low income households (52% of Eurobodalla's population), noting that this is likely one of the most constrained regional housing markets in NSW in terms of availability and affordability of private rental. Median rents across the LGA are generally only affordable to the upper 50% or less of moderate income households; and median rent on strata dwellings in Moruya and surrounds only affordable to the upper 20% of low income renters. Should the project not provide for workforce and/or operational staff housing requirements, it is likely to further contribute to this problem.		aligning with one of the key aims of the Eurobodalla's Local Housing Strategy, leading to a more diverse, vibrant and resilient community and a stronger local economy. It is also noted that the Eurobodalla LSPS anticipates the provision of a new public hospital in the region, and the housing strategy should accommodate for the increased provision of social infrastructure, and as a result, operational workers in the region.
Residential Impacts		
The negative impact on residents of Maunsell, Keightley, Caswell Streets and Braemar Drive and Drive King Close residents, seems to lack consideration. Due to the impact of the development on the local residents, property values will be adversely affected and residents with a mortgage like, will be losing equity.	Public submission (Victoria Nicolls)	The hospital project team have met regularly and corresponded with neighbours since the preferred location of the hospital was announced. The hospital project team have held several consultation meetings with the community to answer questions about the development and resolve issues. Please refer to the neighbour engagement table in the Social Impact Assessment.

4.10 Water cycle management

Table 11 *Response to issues related to Water cycle management*

Issue	Relevant Submission	Response
The Proponent should confirm the water supply for the construction stage of the Project. If required, the proponent will need to demonstrate the ability to obtain a secure and appropriately authorised water supply for the Project's construction phase. This is to include relevant agreements where required and to demonstrate sufficient water entitlements can be acquired where necessary. The project's construction phase water demand is unclear. A water supply work approval will be required from DPE Water for any water take infrastructure, e.g. pumps or bores, where these have not been identified and assessed as part of the Project assessment.	DPE Water	The design proposes to provide a temporary water supply for the construction works by feeding the site from the existing low pressure main. Further information and a mark up is included in the Construction Methodology response provided by Multiplex (Appendix Q).

Issue	Relevant Submission	Response
Should groundwater be intercepted, a Water Access Licence (WAL) under the Water Management Act 2000 must be obtained unless an exemption applies under the Water Management (General) Regulation 2018. The proponent notes that the groundwater table is unlikely to be intercepted during the construction phase of the project. However this is contradictory to a further statement that groundwater seepage will likely occur at the soil/rock interface or through joints and defects within the rock. Data also indicates that excavation will be deeper than the groundwater level in some places. Under the Water Management Act 2000, if groundwater is intercepted a Water Access Licence (WAL) must be obtained prior to any water take occurring unless an exemption under Clause 7 of Schedule 4 of the Water Management (General) Regulation 2018 applies. An exemption may be available if water take is less than or equal to 3 ML per water year, subject to the development meeting other exemption requirements, such as: - the water is not taken for consumption or supply; - the person claiming the exemption keeps a record of the water taken under the exemption and provides this to the Minister within 28 days of the end of the water year; and - the records are kept for 5 years. Further information on these requirements and other information on exemptions, including an exemption application form and a form to report and record water taken, can be found on: https://water.dpie.nsw.gov.au/licensing-and-trade/licensing/groundwater-wal-exemptions	DPE Water	This has been addressed at Appendix R .
The proponent should quantify the maximum annual volume of water take due to aquifer interference activities. This should be quantified for the construction phase and ongoing operation of the project. Insufficient information has been provided to confirm the potential groundwater inflow volumes. The applicant notes that 'groundwater seepage will likely occur at the soil/rock interface or through joints and defects within the rock'. Quantification of maximum potential inflows volumes is required.	DPE Water	This has been addressed at Appendix R . No groundwater is anticipated to be encountered during bulk excavation.
If the take of groundwater is greater than 3 ML per year, the proponent must prepare a Dewatering Management Plan that addresses the dewatering requirements in Attachment B. The plan should be prepared in consultation with DPE Water.	DPE Water	This has been addressed at Appendix R . No groundwater is anticipated to be encountered during bulk excavation.

Issue	Relevant Submission	Response
DPE Water notes that this includes an assessment of the impacts due to aquifer interference activities in accordance with the NSW Aquifer Interference Policy (2012). Although groundwater take is not anticipated to be significant, as per Recommendation 2.1 above, the EIS has not provided a volumetric quantification of groundwater take. Additionally, the EIS has not provided an assessment of impacts to groundwater due to construction or operation of the project. Although a comprehensive groundwater study prior to determination is unnecessary given the perceived low level of risk, DPE Water notes that without groundwater take estimations it is difficult to assess the level of risk. Therefore, the proponent should determine the estimated take volume. If this volume is likely to exceed 3 ML per year, a Dewatering Management Plan (DMP) that addresses the dewatering requirements in Attachment B must be prepared and provided to DPE Water. This must include an assessment of the impacts of the project activities against the minimal impact considerations within the NSW Aquifer Interference Policy (2012). The DMP should also consider the Guidelines for Groundwater Documentation for SSD/SSI Projects (2022) and the Minimum Requirements for Building Site Groundwater Investigations and Reporting (2022) to ensure the documentation required is fit for purpose. These documents are available at: https://water.dpie.nsw.gov.au/_data/assets/pdf_file/0003/541605/minimum-requirements-for-building-site-groundwater-investigations-and-reporting.pdf https://water.nsw.gov.au/_data/assets/pdf_file/0020/507611/Guidelines-for-Groundwater-Documentation-for-SSD-SSI-Projects.pdf		
The Proponent review works proposed within waterfront land (40m of a watercourse) to demonstrate consistency with the Guidelines for Controlled Activities on Waterfront Land available at: https://water.dpie.nsw.gov.au/licensing-and-trade/controlled-activity-approvals/guidelines	DPE Water	The proposed Eurobodalla Hospital is located in the vicinity of tributaries of Racecourse Creek located to the west and east of the site with a mapped watercourse with entering the north west corner the subject land, Lot 2 DP 1281576. The watercourse that enters Lot 2 DP 1281576, was not observed on the subject land, it does not have the features of a defined channel with banks, nor does it contain aquatic vegetation. Therefore, the watercourse does not meet the legal definition of a 'river' and therefore should not be considered waterfront land for the purposes of the Water Management Act 2000. The mapped watercourses on the subject land are described as 'drainage swales'. This is discussed further at Appendix G.

Issue	Relevant Submission	Response
A Dewatering Management Plan should be prepared in consultation with DPE Water prior to the commencement of construction. The Dewatering Management Plan should: a. include an estimate of the maximum annual volume of groundwater that would be taken during the construction phase and following construction, to determine the volume of water that must be licensed b. include an estimate of staged (e.g. weekly or monthly) cumulative water take c. provide an assessment against the 'minimal impact considerations' of the Aquifer Interference Policy (2012), including a description of mitigation and remediation options and appropriate scientific studies to demonstrate that the impacts would not prevent the long-term viability of groundwater dependent ecosystems or significant sites if the level 1 minimal impact considerations are exceeded d. describe how actual water take would be measured and reported e. include a trigger action and response procedure (TARP), inclusive of agency notification, that: i. establishes trigger levels based on predicted take for each stage identified in (b) above ii. describes the response actions if groundwater take reaches or exceeds the trigger levels. This should include identifying requirements for obtaining additional licenced water entitlement; re-estimating water take for both the construction and post construction phases if the volume of water extracted during the first 28 days of construction exceeds the predicted take for that period; and documenting and reporting procedures. f. describe how the design and construction of the building/s will: i. prevent obstruction to groundwater flow by using sufficient permanent drainage beneath and around the outside of the structure to ensure that any groundwater mounding shall not be greater than 10% above the pre-development level; and ii. prevent any elevated water table from rising to within 1.0 m below the natural ground surface. g. detail mitigation measures to limit post-construction groundwater take to less than or equal to 3 ML/year if the applicant intends to rely on an exemption under section 21(6) of the Water Management (General) Regulation 2018. This may require the structure to be fully watertight for the anticipated life of the building (including when the water table is unusually elevated) h. document how dewatering volumes would be reported to DPE Water during and following the cessation of dewatering activities.	DPE Water	This has been addressed at Appendix R . No groundwater is anticipated to be encountered during bulk excavation.

Issue	Relevant Submission	Response
The proposal should be considered in accordance with the NSW Flood Prone Land Policy as set out in the Flood Risk Management Manual, 2023. Hospitals are critical infrastructure for the community both during and following a flood event. This is particularly relevant due to the identified flood vulnerability of the Moruya township community and nearby settlements. The assessment has identified there are limited impacts for the development to affect downstream flood behaviour, and the proposed floor levels of the hospital are approximately 4.8 metres above the probable maximum flood (PMF) level. However, access for the community and emergency services from the north including Moruya township is not available even in frequent flood events due to local catchment flooding of the Princes Highway. It is therefore recommended that further investigation of local catchment flooding (including blockage, cascading upstream dam failure, and freeboard allowance) be undertaken both on and off-site to better inform the consent authority, health infrastructure and emergency services of the access risks associated with current and proposed road infrastructure to service the new hospital precinct during the full range of flood events. Consideration of other essential supporting infrastructure impacts such as power, water, sewer and telecommunications should also be considered over the full range of floods. This should address the risks associated with essential service failure and isolation of the hospital which may be up to several days in a large flood event. We also recommend NSW Planning seek advice from the NSW State Emergency Service (SES) regarding emergency services issues during flood events.	Department of Planning and Environment (Biodiversity and Conservation)	It is confirmed that the NSW State Emergency Service (SES) has been consulted by the project regarding emergency services issues during flood events. SES's response to this EIS (dated 5/10/23) confirms this and that the EIS submission is consistent with the NSW Flood Risk Management Manual 2023 and the recommendations of the NSW Independent Flood Inquiry 2022. Please also refer to Section 6.5 of the Civil Works SSDA SEARS Conditions Report Integrated Water Management Plan, Flood Impact and Risk Assessment & Riparian Zone Management (page 23), which identifies the consultation undertaken with SES. We understand that TfNSW is addressing flood affectation of the Princes Highway (to the North of the site) through their Moruya Bypass project. Additionally, this is referenced by SES in their response to the EIS. The site will remain accessible from the South. We are also aware that Eurobodalla Shire Council are currently undertaking a Moruya Flood Study and Floodplain Risk Management Study and Plan (FRMSP) which seeks to assess the flood risk in Moruya and develop a plan to manage that risk. Eurobodalla Shire Council are in consultation with Health Infrastructure regarding this flood study. The essential services supporting the infrastructure have been considered to support the new Eurobodalla Regional Hospital, including In the event of a power failure to the site, 2 x 825kVA diesel generators are provided to support critical areas of the hospital. A 10kL bulk diesel in-ground tank will be provided with the infrastructure to refill the diesel tanks should this be required in during an extended outage. We understand that currently, in a 1% flooding scenario, that the Moruya Township is subject to flooding, impacting the existing Moruya Hospital, including access. The proposed Eurobodalla Regional Hospital improves on this situation, including the Hospital itself not being subject to flooding as well as the direct access points. It is noted that there will remain existing flooding impacts within the Moruya Township that are applicable irrespective to any location. Health Infrastructure are and will continue to continue proactively engage with the Eurobodalla Shire Council and TfNSW regarding these and other matters.

Issue	Relevant Submission	Response
We note the site is located in the Coastal Environment Area mapped under the State Environmental Planning Policy (Resilience and Hazards) 2021 and covered by the certified Moruya, Mummaga, Wagonga Estuarine Coastal Management Program 2023 (CMP). The CMP identifies catchment development, stormwater runoff and subsequent impacts to water quality as a significant threat to the catchment and estuary health. CMP objectives to reduce and prevent further sedimentation of the estuary, maintain existing good water quality, tighter enforcement of development controls, and protect and preserve aquatic habitats should be considered by the consent authority. The integrated water management plan (Meinhardt-Bonacci 2023) prepared as part of the development proposal package demonstrates pollutant reduction as meeting Eurobodalla Shire Council requirements. However, consistent with the CMP objectives; Coastal Management Act (2016); State Environmental Planning Policy (Resilience and Hazards) (2021) - Coastal Management; and Action 14.3 in the South East Tablelands Regional Plan 2036 (2019), it is recommended more stringent pollutant reduction targets are required to be achieved to ensure no adverse water quality impacts to Moruya River and Racecourse Creek estuary. We recommend careful consideration, modelling and selection of water sensitive urban design treatment options (including appropriate riparian replanting) to ensure estuary health is not detrimentally impacted by increased urban development associated with this development proposal.	Department of Planning and Environment (Biodiversity and Conservation)	Refer to the report Civil Engineering Report submitted with the original EIS (refer to Page 9 - stormwater) where it is noted the MUSIC modelling demonstrates the improved water quality outcomes to achieve Reduction Target C from the GreenStar Design and Build v1.3. Further information included in revised BDAR Report at Appendix G. The proposed development includes three planted bioretention basins and the replanting of the drainage swales on site refer to landscape plan ERH-BB-LA-DWG-DA-005-LANDSCAPE MASTERPLAN-2. The result indicate that it is unlikely that the proposal will result in adverse impacts to the water quality in Racecourse Creek and the Moruya River.
We have reviewed the proposed development and the information in the Environmental Impact Statement provided as well as other flood risk information (e.g. Eurobodalla Local Flood Plan, Moruya Racecourse Creek Flood Study (1999), Moruya River Floodplain Management Plan (1996) etc.) available to the NSW SES. Attention is drawn to the following principles outlined in the Flood Risk Management Manual 2023 (the Manual) and supporting guidelines, including the Support for Emergency Management Planning. Key considerations are outlined in Attachment A.	State Emergency Services	Noted. The Support for Emergency Management Planning manual has been considered in the flood planning of the site.
In summary, it appears that the development is consistent with the NSW Flood Risk Management Manual with respect to providing protection of the critical infrastructure to above the PMF level. In addition, the proposed development is consistent with recommendations of the NSW Independent Flood Inquiry 2022. We also refer to our previous correspondence providing advice on the draft Flood Emergency Response Plan dated 26 October 2022.	State Emergency Service	Noted.

4.11 Noise Impacts

Table 12 *Response to issues related to Noise impacts*

Issue	Relevant Submission	Response
The proximity of the helicopter pad adjacent to residents' homes creating intense noise and toxic fumes.	Public Submission (Victoria Nicolls)	The location of the proposed helipad was determined following extensive consultation with clinicians, aviation, and air ambulance experts in line with NSW Government Guidelines Hospital Helicopter Landing Sites in NSW.
The intense noise and toxic air pollution from the helicopter as it flies over the area at all hours of day and night; creating multi directional flight paths due to the unpredictable nature of weather conditions.	Public Submission (Victoria Nicolls)	Several locations for the helipad were investigated as part of the master planning process, with an area close to the Emergency Department identified as the most suitable. Key additional considerations included operational safety requirements for helicopter pilots including prevailing winds and obstacles, and the safety of patients, staff, visitors, and the community. Residents can expect to hear noise from the helicopter rotor blades as helicopters approach and depart from the new Eurobodalla Regional Hospital, much like at the current Moruya Hospital. When the helicopter has landed at the hospital, the rotors will be turned off to minimise disruption to residents. While all attempts are made to minimise overflight and noise impact, the safety of the helicopter (and occupants) is the prime responsibility of the pilot and therefore in certain weather conditions, overflights of noise sensitive areas may not be avoided.
Residential noise receivers		
The use of emergency vehicles that emit significant noise levels throughout the day and night. The increase in general traffic, accessing the hospital grounds via the 2 nd entrance in Albert Street, (perpendicular to Maunsell and Keightley Streets) creates a safety risk for children and families living close by.	Public Submission (Victoria Nicolls)	The hospital site entrance for all public and hospital vehicles, including ambulances will be via the Princes Highway. There will be a secondary access road for emergency vehicles off Caswell Street. This access will only be used if the Princes Highway is blocked, and emergency vehicles are unable to access the hospital main entry (for example a traffic incident). It will not be used for public or staff access. Paramedics take all necessary care and consideration when driving, ensuring the safety of the community is always prioritised.
Please also note that CASA does not advise on aircraft noise issues.	Civil Aviation Safety Authority	Noted.

4.12 Hospital Operations

Table 13 *Response to issues related to Hospital Operations*

Issue	Relevant Submission	Response
The proximity of the helicopter pad adjacent to residents' homes creating intense noise and toxic fumes.	Public Submission (Victoria Nicolls)	The location of the proposed helipad was determined following extensive consultation with clinicians, aviation, and air ambulance experts in line with NSW Government Guidelines Hospital Helicopter Landing Sites in NSW Several locations for the helipad were investigated as part of the master planning process, with an area close to the Emergency Department identified as the most suitable. Key additional considerations included operational safety requirements for helicopter pilots including prevailing winds and obstacles, and the safety of patients, staff, visitors, and the community. Residents can expect to hear noise from the helicopter rotor blades as helicopters approach and depart from the new Eurobodalla Regional Hospital, much like at the current Moruya Hospital. When the helicopter has landed at the hospital, the rotors will be turned off to minimise disruption to residents. While all attempts are made to minimise overflight and noise impact, the safety of the helicopter (and occupants) is the prime responsibility of the pilot and therefore in certain weather conditions, overflights of noise sensitive areas may not be avoided.
Clarify which noise mitigation measures are to be undertaken, if HI does not support a requirement to acoustically upgrade existing homes? It appears as though no mitigation measures have been committed to, beyond "community consultation... to help understand and evaluate the extent of helicopter noise impacts once operational."		Noise modelling for the helipad was undertaken, which is summarised within the Noise and Vibration Impact Assessment (Appendix T of the originally submitted EIS). At this stage, HI does not believe providing acoustic protection to neighbouring homes is required. Appendix T of the original EIS concludes noise exceedances for residents to the north of the development present a low to moderate risk for regular sleep disturbance, however this is based on very conservative assumptions of one retrieval per day, using older data from the existing Batemans Bay and Moruya Hospitals. In last financial year there were 139 helicopter retrievals from Batemans Bay and Moruya Hospitals (which averages to be less than 3 per week). It is expected these numbers will reduce upon operational commencement of Eurobodalla Regional Hospital, because the increased role delineation of the hospital should lead to more patients being treated within the hospital, therefore reducing the number of retrievals. Using South East Regional Hospital as an example of a similar sized hospital with

Issue	Relevant Submission	Response
		similar functionalities and services, there were 63 retrievals per year (1.2 per week) – a significant reduction on the conservative figures within the Noise and Vibration Impact Assessment for ERH. This should reduce the risk of noise impacts to the neighbours to minimal. From a design perspective, the helipad has been designed to be at grade (as opposed to a rooftop solution), which offers a greater acoustic barrier than if it were to be elevated. An elevated helipad would reduce the benefit of barriers, such as fences, to assist in reducing noise impact. Despite the impacts being considered light, HI offered to provide additional noise mitigation measures to neighbours residing closest to the hospital. The neighbours' preference was to wait until the helipad is operational before making an assessment on whether any noise attenuation measures would be required. This could include landscaping improvements and low height planting at the project boundary to provide further visual and acoustic protection (although noting this would provide limited acoustic protection). HI is committed to continuing to consult with the neighbours to fully respond to any adverse or unforeseen impacts of the helipad and will review further noise attenuation measures with the neighbours if required.
Level 3 Neonatal care & specialists needs to be included into this Level 4 Regional hospital project, deliveries previously were up at 300-350/ year at Moruya maternity unit statistically greater than other hospitals in the SNSWLHD with deliveries still far greater than other units	Public Submission (Georgie Rowley)	The Eurobodalla Clinical Services Plan (CSP) has helped determine the requirements for the new hospital, which includes the range of health care services to be provided, and how these services may be provided. The CSP outlines the current and projected health service needs of the Eurobodalla population up to 2031 and describes key infrastructure and future clinical services recommendations to best meet those needs. Southern NSW Local Health District undertook comprehensive clinical services planning in 2018-2019 to determine the future range of health services required for the communities in the Eurobodalla Local Government Area. The LHD have established a Change Action Group specifically focused on paediatrics and neo-natal. Led by a Paediatrician executive sponsor the group has strong governance and is working collaboratively to develop strategies to recruit paediatrics and neo-natal specialists to the new ERH.
The Eurobodalla currently has Oncology at Moruya hospital with this current unit treating high numbers of patients with cancer, having Radiotherapy treatment here	Public Submission (Georgie Rowley)	Patients in SNWLHD who may have cancer and who require radiotherapy treatment, can access high-quality, appropriately staffed radiotherapy

Issue	Relevant Submission	Response
also would benefit these cancer patients avoiding treatment out of the region & away from their support ties. The 2021 Sensus reports the Eurobodalla population at 40453 a significant population increase & growing rapidly with many relocating to rural communities, this certainly indicates the numbers are there, along with the annual 1.5 million visitors to the region.		services at either Canberra or Nowra. Both centres provide existing accommodation facilities for patients who attend from SNSWLHD. In August 2020, SNSWLHD undertook a comprehensive process to determine the safety and viability of establishing radiation therapy services on the South Coast (Bega/Moruya). Public and public-private partnership service models were considered. The process found there was not a sufficient population base in the area to support a viable, high quality public radiation service. Potential partnerships with private providers also lacked evidence of affordability, sustainability and quality. SNSWLHD continually monitors the demand for all health services, including radiotherapy services, and aligns future service delivery with best practice guidelines, safety, sustainability and service demand in mind. The new Eurobodalla Regional Hospital Master Plan includes space for the expansion or inclusion of future compatible services.
The Eurobodalla are excited with this Regional hospital build finally after too long, we need to ensure it's a hospital to take us long into the future & not just a oversized building like the Federal govt built in Bega with SERH. The population in the Eurobodalla warrants this fully functional Level 4 Regional hospital sadly twisted into the daily politics of NSW	Public Submission (Georgie Rowley)	Noted.
The provision of health services including specialists on site need to be improved to enable equal access to health care locally in the shire. As this is to absorb the hospital function from Batemans Bay the build of the bypass will be required to give that part of the population good access to the facilities.	Public Submission (Bernhard Kuepper)	Noted.

4.13 Other matters

Table 14 Response to issues related to other matters

Issue	Relevant Submission	Response
Confirm whether the project area of 21.94 hectares incorporates all parts of the site, including the road reserve and areas of work at Lot 69 DP 752151. If not, the calculated project area must be updated to incorporate all parts of the project site	Department of Planning and Environment	A drawing confirming the development area is provided at Appendix A .
Confirm whether operational job figures are full-time equivalent.	Department of Planning and Environment	It is confirmed that the operational job figures are full time equivalent.
Clarify operational job figure in EIS (518) – does this relate solely to direct figures, or does it include indirect jobs?	Department of Planning and Environment	It is confirmed that the operational job figure (518) is direct figures.
There is an opportunity to promote the procurement of food within the hospital grounds itself to promote ‘Food as Medicine’ or to source locally produced food for freshness and health and also to reduce food miles. That could be easily integrated within the proposed healing space (ie native foods) or garden features that are proposed as part of the hospital design.	Department of Primary Industries	Once operational, the Eurobodalla Regional Hospital will be required to comply with State Purchasing Policies. State procurement policies are in place to ensure transparency, value for money and equality. The Southern NSW Local Health District is unable to change/alter a whole of government policy that is underpinned by various pieces of legislation.
Sustainability		
The EIS lacks any data on total estimated Greenhouse gas (GHG) emissions caused by the proposed Hospital.	Public Submission (Surf Beach Resident)	An Ecologically Sustainable Development Report was submitted with the original EIS, which outlines the development’s consistency with key legislation and guidelines in relation to sustainable design, including the Design Guidance Note 58 developed by Health Infrastructure NSW, which is the key sustainability standard for hospital developments. This ESD Report also discusses the strategies to reduce greenhouse gas emissions as a result of the development., including: • Energy efficiency building systems. • On site renewable energy. • Use of concrete with recycled content. It is noted that hospitals are critical social infrastructure and are a positive contribution to the Eurobodalla region.
We as a community require the following data: • 1. Total daily GHG emissions from ALL sources, especially the private automobile use by doctors, nurses, other staff, patients and visitors. • 2. The total daily ADDITIONAL GHG emissions caused by locating the hospital NOT at the centre of population of Eurobodalla Shire (roughly, Broulee) but in a greenfield site on the outskirts of politically powerful Moruya township. This includes: - a) additional ambulance kilometres driven each day, on average; - b) additional doctor, nurse and staff kilometres driven each day, on average; and c) additional patient and visitor kilometres driven each day, on average.	Public Submission (Surf Beach Resident)	
Aviation		

Issue	Relevant Submission	Response
Communications with standard CTAF and Class G Airspace procedures and broadcasts followed by non-conflict flight profiles is expected (not explicitly spelled out in Aviation Report).	Civil Aviation Safety Authority	Noted.
CASA does not object to the proposed New Eurobodalla Regional Hospital, including the HLS. Observance of the Aviation Report, including the designer considering the publications listed at Aviation Report Section 3.2, should lead to satisfactory Aviation Safety outcomes.	Civil Aviation Safety Authority	Noted.
Consideration should be given to promulgation of the position of the Helicopter Landing Site on the Airservices Departure and Approach (DAP) charts, the Aviation Charts and in the En Route Supplement (EPSA)		
Connecting with Country		
Connecting with Country: the intent to continue consultation with the local Aboriginal community is outlined in the report, however the mechanisms and forward planning for these activities are not clear or specific. To build on the strong approach to Country and ensure the proposed outcomes reach their potential, you must provide a forward program or outline for consultation to be developed to address future design and delivery phases.	Department of Planning and Environment	Forward plan involves ongoing conversations and consultation focused on creating a culturally welcoming and safe facility for all. • Monthly CWC meetings to continue to ensure the design, delivery and operation of the new hospital and surrounding environment are culturally safe and welcoming. • Consultation and support for safe repatriation of artefacts uncovered as part of archaeological work • Ongoing consultation to ensure protection of native woodland and culturally significant flora and fauna • Consultation on the appropriate inclusion of native and endemic plants and vegetation as part of hospital landscaping • Consultation to appropriately incorporate the use of local language, as well as cultural health, wellbeing, and healing practices • Consultation and involvement of Aboriginal Community to integrate Aboriginal art, culture and heritage within the architecture, landscape, art, interiors, and wayfinding SNSWLHD will continue to provide strategies ongoing addressing the CwC principals.

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5.0 Assessment of Design Amendments

5.1 Proposal Overview

Table 15 Key Project Information

Component	Submitted Project	Proposed Amendments
Project Summary	Construction and operation of the new Eurobodalla Regional Hospital.	Construction and operation of the new Eurobodalla Regional Hospital.
Project Address	Lot 2 DP 1281576 at Princes Highway, Moruya	Lot 2 DP 1281576 at Princes Highway, Moruya
Proposed Use	Hospital (health service facility)	Hospital (health service facility)
Physical Layout and Design	A 3-storey irregular shaped building situated in the northeastern portion of the site. The building will comprise two main components, being a foyer area located at the centre of the building which includes the main reception area and retail tenancies, and four wings which expand from the foyer area to accommodate all support spaces and back of house services.	No changes are proposed to the general physical layout and design of the building. The key built form changes relate to the arrangement of carparks, and minor amendments to the landscaped spaces around the hospital. Generally, the irregular built form and programming of the hospital remains consistent with what was lodged.
Site Preparation Activities	Earthworks, tree removal and ancillary development on adjacent land	No change.
Gross Floor Area	18,838m ²	No change.
Maximum Height	25m	No change.
Storeys	3 storeys	No change.
Car Parking	384 formal parking spaces and a further 94 informal parking spaces available in overflow areas, if required.	483 formal parking spaces across six locations around the hospital.
Tree Removal	Removal of 86 trees within the site boundary and on adjacent land, including 16 habitat trees which will be relocated.	Removal of 81 trees within the site boundary, including 14 habitat trees, which will be relocated.
Proposed Tree Planting	292 trees	No change.
Jobs	Construction: 306 Operation: 518 (inclusive of new jobs and jobs relocated from other hospitals) 24 hours a day, 7 days a week	No change.
Operational Hours	24 hours a day, 7 days a week	No change.
Construction Hours	7:00am and 6:00pm on Monday to Friday. 8:00am to 1:00pm on Saturday. No work to take place on Sunday or public holidays.	No change.
Construction Staging	The work proposed as part of this SSDA will be carried out as a single stage. The construction works are anticipated to commence in Q3 2023 and will be completed in Q4 2025.	Based on the latest forecast approval dates it is anticipated that commencement will now occur in Q1 2024 with completion remaining in Q4 2025.

5.2 Proposed Amendments Since Exhibition

As per section 36 of the *Environmental Planning and Assessment Regulation 2021*, an applicant may, at any time before a development application is determined, apply to the consent authority for an amendment to a development application. In order to respond to matters raised in this the submissions received, as well as a result of ongoing design development, a number of amendments to the scheme are proposed.

The amended proposal seeks approval for the following amendments to the scheme:

- Minor changes to traffic and access arrangements, including:
 - Realignment of the road leading to the car parks.
 - Reconfiguration of emergency department and ambulance car park.
 - Reconfiguration of layout of main car park.
 - Reconfiguration of loading dock.
 - Minor reconfiguration of ambulance bays.
 - Addition of south-east parking area.
- Amendments to built form design, including:
 - Reconfiguration of the meeting space.
 - Reconfiguration of the healing space.
 - Reconfiguration of Walawaani and main entrance.
 - Amendment to the emergency department entrance location.
 - Minor façade changes.
 - Relocation of medical gases, electrical substations and generators with associated access roads.
 - Reconfiguration of L2 plant rooms.
 - Addition of a new covered walkway to the helipad.
 - Amendments to building signage.
- Landscaping changes, including:
 - Amendment to pathways around the hospital site.
 - Amendment to location of tree planting zones.
 - Amendment to the size, shape and positioning of detention ponds.
 - Relocation of the bus stop and bus layover.
 - Amendment to the birthing and reflection courtyards.

The amended scheme is shown in **Figure 1** below.

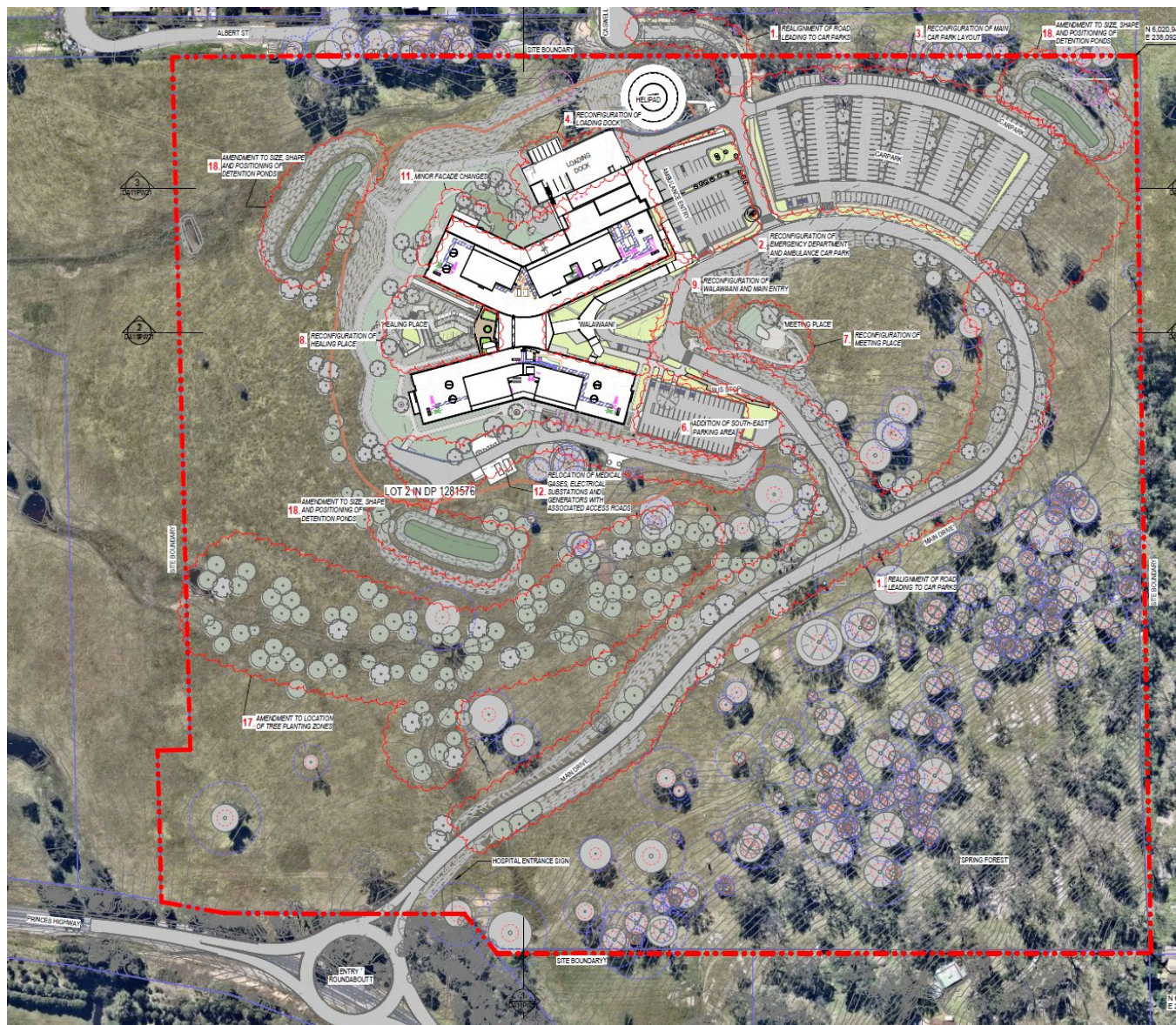


Figure 1 Revised scheme

Source: Conrad Gargett

The proposed modifications to the development are described below in **Table 16** below and illustrated in the Architectural Plans prepared by Conrad Gargett (**Appendix A**). These modifications are explained in more detail in the Architectural Design Response prepared by Conrad Gargett (**Appendix B**). Design changes are illustrated on the Architectural Plans at **Appendix A** with each change shown in red bubble with referencing (1, 2, 3 etc.) per table.

Table 16 Summary of design changes

Drawing reference	Design Change	Explanation
Traffic and Access Changes		
1	Realignment of the road	The main road into the site is proposed to be realigned in the north-east corner of the site. A new section of road has also been introduced from the main drive to the hospital main entry, creating a loop road. These design changes will reduce the impact to existing vegetation in the Spring Forest in the south-east corner of the site, as well as a historical tree stump on the site, as well as create greater traffic efficiencies across the site. The road has also been amended to reflect amendments made to the carparks across the site, discussed in the following section.

Drawing reference	Design Change	Explanation
2, 5	Reconfiguration of emergency department and ambulance car park	The configuration of the emergency department and adjacent ambulance car park has been amended to improve the efficiency of the operation of this space. Located to the north-east of the hospital building, the space has been amended to ensure the ambulance and emergency department drop off is immediately adjacent to the entrance of the emergency department. The ambulance bays have also been increased in size, and also include patient transport vehicle and authority vehicle parking.
3	Reconfiguration of layout of main car park	The main car park, located to the east of the hospital building, has been amended to incorporate additional parking spaces, as well as a reconfiguration of the layout. It also includes additional space for biofiltration swales to improve stormwater run-off quality. Across the site, the total number of parking spaces is proposed to be increased from 383 formal spaces, with an additional 94 overflow spaces to 484 total spaces.
4	Amendment to Loading Dock	It is proposed to amend the layout of the loading dock, to relocate the oxygen vessel away from the helipad and enable access for patient transport vehicles from the back of house area.
6	Additional Parking Area	An additional parking area is proposed to the south-east of the hospital, which will provide visitor parking closer to the main entrance and day clinics of the hospital. This adjustment removes the need for visitors to cross a road between the parking area and the building.
Built form amendments		
7, 9	Reconfiguration of the Meeting Place and Main Entrance	The Meeting Place refers to a series of gardens and seating spaces will be provided to accommodate ceremonies, gatherings and use by groups and individuals, located adjacent to the east of the main entrance to the hospital building. It is proposed to amend the location of the meeting place so that it is better aligned with the building entrance and Walawaani to facilitate views to the Main Entrance and mountain ranges beyond. To accompany these changes to the Meeting Place, the main entrance and Walawaani space have been amended to incorporate a covered path between the Main Entrance and the Emergency Department as well as a secondary entrance to the Day Clinics. An amended drop-off loop has been incorporated which provides vehicle drop-off closer to the main entry doors. Increased parking spaces area also provided closer to the Main Entrance.
8	Reconfiguration of the Healing Place	The Healing Place, located to the west of the hospital building, is proposed to be amended by including plant room underneath the space. Further, minor landscaping changes, such as changes to pathway locations, have been made to enhance the DDA accessibility through the space and to provide enhanced opportunities for patient connections to landscape.
11	Façade Changes	The proposed amendments to the façade incorporated substitution of brick construction and aluminium louvres to metal sheet cladding. Use of all materials are maintained throughout the building façade, however, there has been an overall decrease in brick and louvre cladding and corresponding increase in quantum of metal cladding. This was due to feedback from user groups, as well as in response to the long-term maintenance requirements and material durability.
12	Relocation of medical gases, electrical substation and generators with associated access road	The medical gases, electrical substation and generators are proposed to be relocated from the northern side of the hospital building to the southern side, with associated changes to the access road. The proposed changes are related to increasing the energy efficiency of the building engineering facilities. Improvements are also made to the

Drawing reference	Design Change	Explanation
		vehicle logistics by moving truck routes away from the ambulance routes.
13	Reconfiguration of L2 plant rooms	The level 2 plant rooms are proposed to be reconfigured. The proposed changes improve the maintainability of the equipment and incorporate revised equipment sizing which is based on energy efficiency improvements. Roof mounted water tanks have also been included.
14	Addition of a new covered walkway to the helipad	It is proposed to include a covered walkway between the northern side of the hospital building and the helipad to the north-east. The proposed change is in response to further consultation with Ambulance NSW and Southern NSW Local Health District. As part of the proposed changes a minor change to the helipad height and retaining walls is included.
15	Amendments to building signage	A number of signs have been amended to reflect the changes in the design.
Landscape Amendments		
16	Amendment to pathways around the hospital site	To reflect some of the changes to the landscape and building design, the pathways across the site have been amended. This is also in conjunction with feedback from the Southern NSW Local Health District.
17	Amendment to location of tree planting zones	The location of the tree planting zone is proposed to be relocated to improve the quality of the stormwater run off by regenerating vegetation along the overland flow paths. This will also improve the site aesthetics and amenity.
18	Amendment to the size, shape and positioning of detention ponds	Minor amendments are proposed to the size, shape and positioning of the stormwater detention ponds around the hospital. This is to reduce the impact to the natural overland flow paths and existing vegetation. The proposed detention ponds are part of the improved on-site stormwater treatment system.
19	Relocation of the bus stop and bus layover	It is proposed to relocate the bus stop to the southern side of the Meeting Place from its original location to the north-east of the Meeting Place. This will create a direct on-grade pedestrian connection between the bus stop and the main entry of the hospital.
20	Amendment to the Birthing and Reflection Courtyards	The Birthing and Reflection Courtyards have been revised to incorporate changes in relation to planting, screening and earth mounding. This will create greater privacy between the landscaped spaces and the hospital building, as well as between the landscaped spaces themselves.

5.3 Strategic Context

Table 17 summaries the amended projects consistency with the relevant strategic content as established by Government plans, policies and guidelines relevant to the project.

Table 17 *Summary of Consistency with Relevant Strategies, Policies and Guidelines*

Instrument/Strategy	Comments
NSW State Priorities	The NSW State Priorities are twelve high-level priorities for the State, being: • Creating jobs. • Delivering infrastructure. • Driving public sector diversity. • Improving education results. • Improving government services. • Improving service levels for hospitals. • Keeping our environment clean.

	• Making houses more affordable. • Protecting our kids. • Reducing domestic violence reoffending. • Reducing youth homelessness. • Tackling childhood obesity. The project seeks to provide a new Role Delineation 4 Hospital to improve service levels for health purposes. The project will therefore meet a number of the key NSW priorities, whilst also creating jobs and delivering infrastructure on the South Coast of NSW. The modifications to the scheme do not change the proposal's compliance with the NSW State Priorities.
State Infrastructure Strategy 2018-2038 Building the Momentum	The project is consistent with the State Infrastructure Strategy by: • Delivering hospital infrastructure to respond to existing capacity constraints and expected population growth (of which is expected to grow by more than 500 people by 2031). • Providing state of the art facilities to create greater efficiencies and improved operation. • Planning for the future health care needs of the region through potential for future expansion. Importantly, the project forms part of a coordinated investment in the development of Eurobodalla Hospital to support population growth and change. The modifications to the scheme do not change the proposal's compliance with the State Infrastructure Strategy.
The South East and Tablelands Regional Plan 2036	The South East and Tablelands Regional Plan 2036 covers the greater south coast area from the Illawarra in the north to the Victorian border in the south. The plan identifies four key goals to deliver under this plan, including providing a connected and prosperous economy, protecting a diverse environment interconnected by biodiversity corridors, foster healthy and connected communities and provide ecologically sustainable housing choices. Direction 21 of the plan seeks to "increase access to health and education services". This project is consistent with this direction as it seeks to deliver state of the art health facilities in a central location, servicing surrounding areas of Moruya, Batemans Bay and Eurobodalla. The development will also strengthen the regional economy in providing jobs and employment within the south coast region and protecting biodiversity lands within the site by identifying future expansion zones in suitable locations. The modifications to the scheme do not change the proposal's compliance with the South East and Tablelands Regional Plan.
Eurobodalla Local Strategic Planning Statement	The Eurobodalla Local Planning Strategy (LSPS) was prepared to guide Council's land use planning for the next 20 years, implement priorities from Council adopted strategies and give effect to State Government strategic directions for the LGA. The LSPS identifies that there are a number of major infrastructure projects occurring or planned to occur within the LGA, including the construction of the Moruya bypass and the hospital proposed in this application. In particular, this project is consistent with planning priority 7 of the LSPS, "<i>Collaborate with NSW government in delivering strategic infrastructure projects</i>". This project will deliver a hospital in conjunction and collaboration with Eurobodalla Shire Council and establish a framework for the delivery of future health services at the site, as required. The modifications to the scheme do not change the proposal's compliance with the LSPS.
Government Architect's Connecting with Country Framework	The Connecting to Country Framework acts as a guide for developing connections with Country to inform the planning, design, and delivery of built environment projects in NSW. Cultural consultants, Yerrabingin, have been appointed to ensure the Eurobodalla Regional Hospital will seek to celebrate and acknowledge the Aboriginal significance of the site. Connection to Country will be incorporated throughout the lifecycle of the project and has formed part of the State Design Review Panel process. The modifications made to the proposal are consistent with the ongoing engagement undertaken with the local community and the Connecting with Country guidelines.
Future Transport Strategy 2056 (and supporting documents)	The Future Transport Strategy 2056 sets the 40-year vision, directions and outcomes framework for customer mobility in NSW, which will guide future transport investment over the long term. The supporting plans provide further detail on customer outcomes or place-based planning documents to guide the Strategy's implementation. The project includes an internal road system to support the hospital, that will incorporate sufficient accessibility into the hospital from the Princes Highway and within the hospital

	campus itself. This road network is accompanied by pedestrian pathways across the site, facilitating and encouraging safe and convenient access for all across the site.	
Draft Greener Places Design Guide	The draft Greener Places Design Guide has been prepared by the GANSW to guide the design, planning and delivery of green infrastructure across NSW. The aim is to create healthier and more liveable cities and towns by improving community access to recreation and exercise, walking and cycling connections and the resilience of urban areas. The proposed development directly aligns with the aims of the draft Greener Places Design Guide through the introduction of new green space and recreation in conjunction with the hospital to create a healthier urban environment. It also aims to establish improved vehicular, pedestrian and cycling connections to and from the hospital campus. The modifications to the scheme do not change the proposal's compliance with the Greener Places Design Guide.	
	<i>Guiding principle 1 – Connectivity</i>	The proposed development seeks to provide safe and comfortable connections through the site by offering new open spaces with passive surveillance and activated uses.
	<i>Guiding principle 2 – Participation</i>	The provision of new open spaces allows for the ability to hold events that encourage varied programming and use of open space.
	<i>Guiding principle 3 – Integration</i>	The site's greenfield location has been incorporated into the landscape design, including native planting, biophilic design principles, opportunity for water sensitive urban design, bioretention basins and endemic tree species.
	<i>Guiding principle 4 – Multi-functionality</i>	The proposed open spaces allow for varied uses, including use by individuals and small groups, as well as larger events and passive recreation. These open spaces will also provide visual amenity from within the hospital.
Crime Prevention through Environmental Design (CPTED) Principles	Refer to the CPTED Assessment Report at Appendix Y of the originally submitted EIS. The modifications to the scheme do not change the proposal's compliance with the CPTED criteria.	
Better Placed: An integrated design policy for the built environment of New South Wales.	The Better Placed Policy includes seven key objectives in the design of the built environment prepared by the Government Architect. A review of the project's consistency with the principles of Better Placed is provided below. It is noted that the modifications to the scheme do not change the proposal's compliance with the NSW Better Placed guidelines.	
	<i>Objective 1</i> Better Fit – contextual, local and of its place	The proposed development responds to the surrounding context and its location. It will provide a new hospital at an appropriate scale, responding to the existing built form and its local context. The new built form has been designed to consolidate existing health services within the SNSWLHD to improve efficiencies and design principles are established to guide the development of future expansion zones
	<i>Objective 2</i> Better Performance – sustainable, adaptable and durable	Health Infrastructure has taken a responsible approach to ensuring the principles of ESD are incorporated into the project, ensuring effective and environmentally responsive ESD initiatives. Further discussion is provided in the original ESD report submitted with the original EIS.
	<i>Objective 3</i> Better for Community – inclusive, connected and diverse	The proposed development incorporates accessible access to cater to the varying needs of the public who will use the facilities. The hospital will offer improved services and capacity to support the needs of the district. The accessibility of the project is discussed further at Section 5.6.7 .
	<i>Objective 4</i> Better for People – safe, comfortable and liveable	The proposed development has sought to balance the operational needs of the hospital while providing a fit for purpose building that incorporates high quality design features to make patients and staff feel comfortable. The proposed development will also include secured open space and outdoor seating areas, to enhance passive surveillance to public and private areas. The

		CPTED principles are discussed in the original CPTED report submitted with the EIS.
	<i>Objective 5</i> Better Working – functional, efficient and fit for purpose	The proposed development seeks to provide a hospital campus on an existing greenfield site. It will provide a facility that improves the operational efficiency of the SNSWLHD and meets the health care needs of the growing population. The design of the hospital seeks to accommodate efficient team and services flow, with easy and efficient navigation, and provide spatial planning that supports standardisation of clinical areas.
	<i>Objective 6</i> Better Value – creating and adding value	The proposed development will cater for the increased health demands of the community, whilst meeting the NSW Government's budget for the works. This includes providing for the immediate health needs of the community via the works, whilst establishing a framework for future expansion of services into the future.
	<i>Objective 7</i> Better Look and Feel – engaging, inviting and attractive	These design principles have informed the proposed development and are illustrated in the Design Report prepared by Conrad Gargett as submitted with the original EIS. The amendments to the design do not alter these design principles.
NSW Flood Inquiry 2022	In March 2022, the NSW Government commissioned an independent expert inquiry into the preparation for, causes of, response to and recovery from the 2022 catastrophic flood event across the state of NSW. The Inquiry makes 28 recommendations for change, which are intended to provide practical, proactive and sustained mechanisms to ensure readiness for and resilience to flooding. In particular, recommendation 28 aims to “minimise disruption to medical services, aged care services and the police, Government ensure hospitals, medical centres, nursing homes, aged care facilities and police stations are situated above the probable maximum flood level”. The modifications to the scheme do not change the proposal's compliance with the recommendations from the NSW Flood Inquiry, and protection of the hospital from flood will remain a priority for the project.	

5.4 Statutory context

Since SSDA lodgement, there have been no notable changes to the statutory context that would affect the site or the proposed development. For completeness, the project's key statutory assessment is outlined in **Appendix S**.

5.5 Community Engagement

HI is committed to ongoing community consultation through the project lifecycle. The approach to community engagement is informed by DPE's *Undertaking Engagement Guidelines for State Significant Development* (2021). The project team recognises the need to genuinely consider feedback received as part of the planning and design process.

Following lodgement of the SSDA, the following engagement activities have been carried out:

- Publishing of Webstory to HI Website to advertise the submission of the EIS.
- Publishing of public ads in the Bay Post, Moruya Examiner, Narooma News and Eurobodalla Shire Independent.
- Whole of LGA letterbox drop.
- Distribution of email to the project mailing list, including link to DPE webpage, SSDA FAQs, a factsheet on planning process and promotion of community drop in opportunities.
- Distribution of newsletter to the Coastal Network for the SNSWLHD.
- Updates to social media.
- Online and face to face sessions for staff of the SNSWLHD.
- Monthly meetings with the local Aboriginal community to ensure ongoing engagement with the Connecting with Country process.

- Six community “roadshow” sessions during the public exhibition process, where the project team set up a stall in a number of public forums in the Eurobodalla Shire region and invited members of the public to view the design and provide feedback.

Given the ongoing engagement with the local community, and the minimal scale of the changes to the design, with no impact to the bulk and scale of the development, it is not anticipated that the scheme will need to be renotified to the public prior to determination. The proposed changes are largely in response to matters raised within the submissions and typically result in reduced or equivalent environmental impacts, as detailed throughout this report.

5.6 Assessment of Impacts

5.6.1 Design Matters

A design summary has been prepared by Conrad Gargett (**Appendix B**), which summarises the amendments proposed through this Submissions and Amendments Report, and provides the design justification for each of these changes and the impacts of the amendments on the design intent and outcomes of the development.

Conrad Gargett have confirmed that each of the changes outlined in **Section 5.2** continue to meet the original design intent, or provide an enhanced design outcome in comparison to the originally lodged design.

This is discussed further by Conrad Gargett at **Appendix B**.

5.6.2 Traffic

A Detailed Traffic Design Statement has been prepared by Stantec and is included at **Appendix J**. This assessment includes a review of changes proposed to the design of the traffic and access arrangements. A summary is provided below.

Carparking Changes

As outlined in **Section 5.2**, a number of changes are proposed to the carparking arrangements on the site, including a reconfiguration of the main car park and the addition of a new parking area to the south-east of the hospital.

It is proposed that there are three car parks to be provided on site, with two at-grade visitor car parks and one on-grade staff car park with an area for future expansion (see **Figure 2**). Note that consent is sought for the construction and use of the carpark, however it is anticipated that this will be delivered at a later stage.



Figure 2 Proposed carparking locations

Source: Stantec

Based on the original Transport and Traffic Assessment submitted with the EIS, a total of 478 parking spaces was recommended to service the future hospital, noting that it was broken down into 384 formal parking spaces and 94 overflow parking spaces. The overall provision of parking spaces continues to meet the recommended requirement for car parking.

Stantec have reviewed the amended layouts proposed as part of this Amendment Report and have confirmed that subject to a number of minor design amendments (such as locations of bollards, minor kerb modifications etc.), they are suitable and capable of accommodating the required parking for the hospital.

Internal Road Network

The internal road network is proposed to be amended to suit the changes made to the car parks and other built form amendments, as outlined in **Section 5.2**. Stantec have reviewed the amended design and have confirmed that the design and circulation will allow for the separation of user groups and minimise potential conflicts between vehicles. Further, a swept path assessment has been undertaken which indicates that all key vehicles can be accommodated within the internal road network, including a bariatric ambulance.

Stantec have reviewed the amended road network proposed as part of this Amendment Report and have confirmed that subject to a number of minor design amendments, it is suitable and capable of accommodating the anticipated traffic associated with the hospital.

Other Design Changes

As outlined in **Section 5.2**, a number of other changes are proposed to the traffic and parking design of the site, including:

- Reconfiguration of emergency department and ambulance car park.
- Reconfiguration of loading dock.
- Minor reconfiguration of ambulance bays.

These design changes have been reviewed by Stantec, who confirm that the proposed changes are suitable for the development of the hospital and capable of accommodating the necessary traffic and access provisions of the hospital.

Refer to **Appendix J** for further discussion.

5.6.3 Civil Engineering

As noted in **Section 5.2**, the design of the hospital has been amended in a number of ways from a civil engineering perspective, including:

- Realignment of the road network to reduce the impact on the Spring Forest and preserve a historical tree stump; reducing pavement area and associated heat; and separate vehicle flows utilising a loop road.
- Reconfiguration of emergency department and ambulance car parks to: move the ED visitor parking closer to the hospital; ensure visitors do not have to cross a road; reduce travel distances from ambulances to the building; increase ambulance parking space widths and include patient transport vehicle and authority vehicle parking.
- Reconfiguration of layout of main car park to: move staff parking closer to the building; improve sightlines through parking area; incorporate the expansion car spaces and provide space for biofiltration swales to improve stormwater run-off quality.
- Reconfiguration of loading dock to move the oxygen vessel away from the helipad; increase flexibility of vehicles sizes able to use loading dock and allow better access for patient transport vehicles.
- Addition of south-east parking area to move the Main building visitor parking closer to the Main Entrance and Day Clinics, particularly Renal and Oncology departments. In addition, the move ensures visitors did not have to cross a road between the parking area and the building. As part of the relocation dedicated visitor PWD spaces have been incorporated.
- Providing vehicle access to the south of the building to service medical gases and electrical infrastructure.
- Creating a separated visitor drop-off area to promote pedestrian safety and wet weather access.
- Refined stormwater treatment and conveyance system to increase the site storm resilience and improve the stormwater treatment quality.

TTW have reviewed these amendments and have confirmed that the changes have a neutral or positive impact on the overall design of the development. This is discussed in more detail in the following sections.

Stormwater

Most significantly in relation to stormwater, the size and location of the stormwater quality treatment devices have been amended. The stormwater design continues to be based on the requirements of Eurobodalla Shire Council, Health Infrastructure and on engineering best practices.

TTW have confirmed that the changes proposed continue to meet the required standards for management of stormwater amounts, pollution and stormwater quality.

Civil Design

A number of changes to the layout of the proposal has resulted in changes to the overall civil design of the development. TTW confirm that these changes are capable of complying with the relevant standards and design requirements. Revised drawings are provided at **Appendix M**.

5.6.4 Tree Removal

An amended Arboricultural Impact Assessment has been prepared by Abel Ecology and is included at **Appendix F**. Existing trees on the site are proposed to be retained where possible and protection measures will be implemented to enable ongoing protection during construction works.

As a result of the amendments proposed, 81 trees are proposed to be removed or relocated, compared to 86 trees which were proposed to be removed previously. The retention of five additional trees is as a result of the realignment of the road through the site, as well as several of the other minor changes made to the design.

Table 18 below outlines the revised impacts to trees, and the proposed activity for each of these trees.

Table 18 *Revised impacts to trees*

Number of trees	Description/Impact	Recommendation
3 trees	Culturally significant scar trees	Construct tree protection fences at 20m; avoid all work within 20m of these trees.
26 trees and one heritage stump	Trees within close proximity to construction.	Construct tree protection fences at reduced tree protection zone (TPZ).
1 tree	Trees within close proximity to construction.	Construct 'floating road' to protect against tree root damage. Natural soil surface cannot be disturbed within tree protection zone.
14 trees	Habitat trees within the proposal footprint or affected by the proposal.	Relocate trees.
67 trees	Within the construction footprint	Remove or relocate

This is an improvement on the previously proposed development, with an additional five trees to be retained and protected. The mitigation measures for tree protection remain consistent with those proposed in the previous Arborist Report submitted with the EIS.

Further discussion is provided at **Appendix F**.

5.6.5 Biodiversity

A revised Biodiversity Development Assessment Report has been prepared by Abel Ecology and is provided at **Appendix G**. Due to the reduction in impact on trees, the number of offset credits required for the project has been reduced. **Table 19** below outlines the number of species and ecosystem credits required for the project, compared to those previously required.

Table 19 Offset requirements

Vegetation zones / species name	Impact area or loss of habitat	Previous number of credits – SSDA	Proposed number of credits
Ecosystem credits			
Woodland - 834-Forest Red Gum - Rough-barked Apple – White Stringybark grassy woodlands on hills in dry valleys, southern South East Corner Bioregion	1.15 ha (reduction of 0.8 ha from SSDA)	45	42
Species credits			
White bellied sea-eagle	8.5 ha (reduction of 0.2ha from SSDA)	86	85
Southern Myotis	0.37 ha (increase of 0.07ha from SSDA)	11	14
Powerful Owl	1.2 ha (no change)	45	42
Brush-tailed Phascogale	1.2 (no change)	45	42
Austral Toadflax	8.7 (increase of 0.2ha from SSDA)	65	64
Total		297	289

As demonstrated above, the proposed amendments to the development have minimal impact on the previously submitted biodiversity of the site, with a minor reduction noted for some species. The previous mitigation measures submitted with the EIS also remain relevant. Further discussion is provided at **Appendix G**.

5.6.6 Bushfire

A revised Bushfire Assessment has been prepared by Abel Bushfire and is provided at **Appendix H**. This report confirms that despite the amendments made to the scheme, the development continues to comply with the relevant bushfire controls. Abel Bushfire confirm that the proposal has been prepared in accordance with Planning for Bushfire Protection (PBP) 2019 in its entirety and the development can comply with all relevant Acceptable Solutions in this version of PBP 2019. Further discussion is provided at **Appendix H**.

5.6.7 Accessibility

Due to the minor changes to the built form of the development, Group DLA have prepared a revised Accessibility Statement, which confirms that the amended design continues to comply with the relevant design requirements for the provision of access for people with a disability. This review is provided at **Appendix T**.

5.6.8 Other Impacts

The scale of the modifications to the development is of a scale as such that all other environmental impacts assessed in the original EIS remain and are unchanged as a result of the amendments. It is not anticipated that any other environmental impacts will result from the modifications other than those outlined above.

6.0 Justification of the Amended Project

The proposal is consistent with the overarching objectives of the relevant strategic plans, policies and guidelines. It provides for the construction of a new hospital development to accommodate future demand and improve hospital efficiency in the Eurobodalla Shire region. The potential impacts of the development are acceptable and are able to be managed.

The revised project justification and likely impacts of the development is expanded upon in the sections below.

6.1 Ecologically Sustainable Development

The EP&A Regulation lists four principles of ecologically sustainable development to be considered in assessing a project. They are:

- The precautionary principle;
- Intergenerational equity;
- Conservation of biological diversity and ecological integrity; and
- Improved valuation and pricing of environmental resources.

An analysis of these principles follows.

6.1.1 Precautionary Principle

The precautionary principle is utilised when uncertainty exists about potential environmental impacts. It provides that if there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation. The precautionary principle requires careful evaluation of potential environmental impacts in order to avoid, wherever practicable, serious or irreversible damage to the environment.

This Submissions and Amendment Report has not identified any serious threat of irreversible damage to the environment and therefore the precautionary principle is not relevant to the project. The proposal (as amended) will deliver a high standard of ESD outcomes and initiatives at the site, as described above, and will minimise environmental impacts in areas of energy, water, and materials efficiency.

6.1.2 Intergenerational Equity

Inter-generational equity is concerned with ensuring that the health, diversity and productivity of the environment are maintained or enhanced for the benefit of future generations. The project (as amended) has been designed to benefit both the existing and future generations by:

- Ensuring the health, diversity and productivity of the environment are maintained through the implementation of passive and active design measures that reduce operational energy and water use from the project.
- Reducing energy, water and waste to ensure that the health, diversity, and productivity of the environment is maintained for the benefit of future generations, including:
 - Reducing greenhouse gas emissions through utilising energy efficient building systems and on-site renewable energy.
 - Minimising water use through rainwater harvesting and reuse for irrigation and through reducing stormwater discharge.
 - Identifying any climate risks on site and incorporating mitigation measures to improve building resilience.
 - Encouraging activity transport uses through the provision of end of trip facilities and secure bicycle parking.
 - Reducing waste during the construction process through using locally sourced materials and by aiming to divert at least 90% of construction waste from landfill.
- Implementing safeguards and management measures to protect environmental values during construction and operation, including reduced waste to landfill and reduced portable water consumption.
- Facilitating job creation in the regions.
- Improving health outcomes of the community.

The project (as amended) has integrated short and long-term social, financial and environmental considerations so that any foreseeable impacts are not left to be addressed by future generations. Issues with potential long term implications such as waste disposal would be avoided and/or minimised through construction planning and the application of safeguards and management measures described in this EIS and the appended technical reports.

6.1.3 Conservation of Biological Diversity and Ecological Integrity

The principle of biological diversity upholds that the conservation of biological diversity and ecological integrity should be a fundamental consideration.

The project (as amended) will not have any significant effect on the biological diversity and ecological integrity of the study area, as addressed in **Section 6.1.1**. A detailed Construction Management Plan will also be in place to ensure works do not adversely affect environmentally sensitive parts of the site, including measures to protect the trees which are to be retained.

The project is also in alignment with the NSW Government's Net Zero Plan which aims to achieve net zero emissions by 2050 with a 50% reduction in emissions by 2030, the project is seeking to transition to a fully electric building to eliminate fossil fuel use on site.

6.1.4 Improved Valuation, Pricing and Incentive Mechanisms

The principles of improved valuation and pricing of environmental resources requires consideration of all environmental resources which may be affected by a project, including air, water, land and living things. Mitigation measures for avoiding, reusing, recycling and managing waste during construction and operation would be implemented to ensure resources are used responsibly in the first instance.

As outlined in the ESD Report submitted with the original EIS, the project (as amended) will conduct life cycle cost analysis to evaluate cost effective measures to reduce on site operational carbon emissions. A key design criterion of the development also includes the sustainable selection of building systems and materials. Materials are selected based on a life cycle assessment which considers the cradle-to-grave environmental impact of materials. Mechanical, lighting and vertical transportation systems are being designed for low energy consumption and their components will be selected considering whole-of-life costs.

Additional measures will be implemented to ensure no environmental resources in the locality are adversely impacted during the construction or operational phases.

6.2 Likely Impacts of Development

Social and Economic

The social and economic impacts and benefits associated with the proposed development (as amended) include:

- A development that will provide a significant piece of social infrastructure, increasing the provision and quality of health services within the region. The design and capacity of the development is anticipated to have positive impacts on the overall health outcomes of the region.
- Improved access to an extensive range of health services and facilities for people in the SNSWLHD.
- Provision of additional social benefits for the region in terms of providing increased employment opportunities in the area.
- The proposed development is also anticipated to create employment in consultancy, construction and operation.
- Stimulus to economic investment by delivering a key anchor development that will encourage and attract additional allied businesses and uses to the Eurobodalla Regional Hospital campus and surrounding area, including providing co-location benefits with TAFE NSW.
- To not invest in the development would exacerbate the service offering and capacity constraints of the existing health infrastructure in the region.

Biophysical

The environmental impact assessment of the proposed development (as amended) has demonstrated that:

- The development will not have significant impacts on any threatened flora or fauna species.

- The risks associated with the development are capable of being appropriately mitigated through the mitigation measures outlined in **Appendix B**.

6.3 Suitability of the Site

Having regard to the characteristics of the site and its location in Moruya the proposed development (as amended) is considered suitable in that:

- The project will transform the use of the existing greenfield site to a hospital which caters to the growing demand for health services within the SNSWLHD.
- The scale, height and form of the proposed building envelope is appropriate for the hospital development and the built form has been designed to minimise any impact to surrounding areas and the public domain.
- The site will have access to all utility services to accommodate the demand generated by the proposed development.
- The local road network and key intersections have been assessed to be able to accommodate the traffic volumes generated by the proposed dwelling yield, without adverse impact on performance or safety.
- The proposed development will not result in any unacceptable or material environmental impacts in relation to adjoining and surrounding properties, particularly in terms of overshadowing, views, privacy and solar access.

6.4 Public Interest

The proposed development (as amended) is in the public interest for the following reasons:

- The project will increase the capacity of the SNSWLHD to deliver clinical services in order to meet the needs of the local population.
- The project will improve active and public transport connections within the local area through the provision of a bus stop on site and pedestrian paths which connect to the wider pedestrian infrastructure network.
- The proposed redevelopment will provide updated facilities and services in line with the contemporary standards of care.
- The project will reduce the pressure on the existing facilities within the wider SNSWLHD.
- Overall, the project will provide an efficient work environment for staff and a high standard of care and amenity for patients.

7.0 Conclusion

In responding to and addressing the range of matters raised by government agencies and authorities, HI has justified the proposed development. Design amendments have been made to the proposed development in response to comments received that will result in a better outcome for the site and the surrounding community. The proposed development represents a significant investment in the health of the Eurobodalla region and will facilitate the development of a new state-of-the-art health facility which will further support and strengthen the services and facilities provided within the SNSWLHD.

In summary, the proposal is considered acceptable for the reasons stated throughout this report. Given the merits of the proposal, it is requested that the application be approved subject to conditions requiring the implementation of the mitigation measures outlined at **Appendix U**.