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Engagement Report
St George Private Hospital Expansion

On behalf of

Akalan Projects Pty Ltd

November 2025

PROJECT

St George Private Hospital Expansion

CONTACT

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1. INTRODUCTION

1.1. PURPOSE OF THIS REPORT

This Engagement report has been prepared by Patch Planning (Patch) on behalf of Akalan Projects Pty Ltd (the Proponent) in support of a State Significant Development Application (SSDA) submitted to the Department of Planning, Housing and Infrastructure (DPHI) under Part 4 of the *Environmental Planning and Assessment Act 1979* (EP&A Act 1979).

The SSDA seeks approval for the expansion of the St George Private Hospital. Specifically, the SSDA seeks consent for two components: the first being the erection of a health services facility (hospital), and the second relating to upgrades to the main hospital campus, including a new emergency department.

For reporting purposes, the site subject to the new health services facility (hospital) is referred to herein as the 'clinical tower site' and the main hospital campus is referred to as such.

This report details the consultation undertaken as part of the SSDA process and responds to the Secretary's Environmental Assessment Requirements (SEARs) issued by DPHI on 30 June 2025 in relation to the project.

1.2. SITE LOCATION AND CONTEXT

The sites are in the Georges River Local Government Area (LGA), within the Kogarah town centre.

The clinical tower site is adjoined to the south by an existing multi-storey health services facility, which forms part of the St George Private Hospital campus. South Street separates this facility from the main hospital campus, though a connecting sky-bridge provides pedestrian access between the buildings. Further west is the St George Public Hospital, and other surrounding development comprises a mix of commercial premises (typically at ground floor) and medium and high-density residential premises.

On the opposite (eastern) side of Princes Highway is a mix of educational premises including Moorfield Girls High School, James Cook Boys Technology High School, St George High School, and a TAFE NSW campus. Surrounding development on this side of Princes Highway primarily constitutes low density residential premises.

Kogarah Train Station is south-west of the site, approximately 500m away. There is a pedestrian bridge that extends from Hogben Street over the Princes Highway, which provides direct access to the eastern side of the highway.

The sites are approximately 1.7km from Brighton Le Sands Beach, and approximately 3.5km from Sydney Airport. Refer to Figure 1 for a site context map.

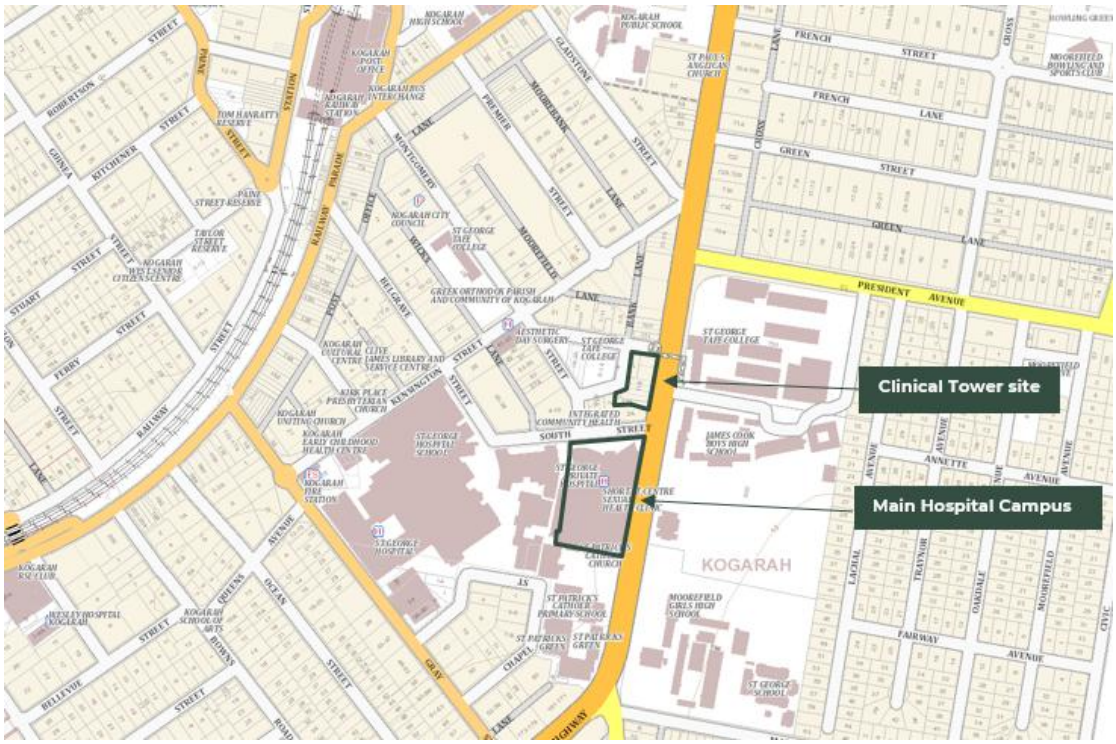

Figure 1. Site Context Map
Source: Six Maps, modified by Patch, 2025

1.3. SITE DESCRIPTION

Clinical Tower Site

The proposed new health services facility (hospital) will be located on land that is bound by three road frontages, being Princes Highway to the east (a classified road), Hogben Street to the north, and Bank Lane to the west. This site comprises eight adjoining allotments of land, known as 119 – 129 Princes Highway, Kogarah, and 2 Hogben Street, Kogarah.

The site currently accommodates a hard-stand parking lot, providing approximately 76 car parking spaces and a two-storey commercial premises (subject to separate demolition), which is attached to the existing multi-storey health services facility at 2 South Street, Kogarah.

Refer to Figure 2 for a site aerial excerpt.

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Figure 2. Site Aerial Extract
Source: Metro Map, modified by Patch, 2025

Main Hospital Campus

The existing hospital is located at 1 South Street, Kogarah which is also known as 1A South Street, Kogarah. This site is bound by two road frontages, being South Street to the north and Princes Highway (a classified road) to the east.

The site accommodates the St George Private Hospital's main campus, with vehicular access provided off South Street. Refer to Figure 3 for a site aerial excerpt.

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Figure 3. Main Hospital Site Aerial Extract
Source: Metro Map, modified by Patch, 2025

1.4. OVERVIEW OF PROPOSED DEVELOPMENT

The SSDA seeks approval for the expansion of the St George Private Hospital. Specifically, the SSDA seeks consent for two components: the first being the erection of a health services facility (hospital), and the second relating to upgrades to the main hospital campus, including a new emergency department.

In summary, approval for the following is sought for the clinical tower site:

- Site preparation works and bulk earthworks, including tree clearing;
- Construction of a seven (7) storey health services facility (hospital) equating to a total GFA of 9,952sqm;
- Construction of a five (5) level basement carpark including a radiation oncology unit, providing a total of 241 parking spaces;
- Ancillary office, amenities, and loading dock provisions;
- Basement storage and a substation; and
- Landscaping works.

The proposed development is depicted in the figure below, with full architectural details provided within the EIS, of which this report also forms an Appendix.

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Figure 4. Clinical Tower Render
Source: Fitzpatrick + Partners, 2025

In addition, approval for the following is sought for the main hospital campus:

- Construction of an emergency department at the northern end of the existing hospital, to be operated 24 hours a day, seven days a week;
- Alterations to the South Street frontage, including surfacing and landscaping to facilitate ambulance bays and access requirements; and
- Associated internal re-configurations.

The proposed development is depicted in the figure below, with full architectural details provided within the EIS, of which this report also forms an Appendix.

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Figure 5. Main Hospital Render
Source: Fitzpatrick + Partners, 2025

1.5. SEARS RELEVANT TO THIS REPORT

This Engagement report has been prepared to respond to the SEARs issued for the St George Private Hospital Expansion project. The SEARs that are relevant to this Engagement assessment, and where they are addressed within this report, are detailed below in Table 1.

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Table 1. SEARs for Engagement		
Issue and Assessment Requirements	Documentation	Response
SEARs Item 4 **Built Form and Urban Design** • Explain and illustrate the proposed built form, including a detailed site and context analysis to justify the proposed site planning and design approach. • Demonstrate how the proposed built form (layout, height, bulk, scale, separation, setbacks, interface and articulation) addresses and responds to the context, site characteristics, streetscape and existing and future character of the locality. • Demonstrate how the building design will deliver a high-quality development, including consideration of façade design, articulation, roof design, materials, finishes, colours, any signage and integration of services. • Assess how the development complies with the relevant accessibility requirements.	Architectural Design Report	The Architectural Design Report provides a detailed summary of the SDRP feedback from the meeting held on 13 August 2025 and the corresponding design refinements made in response to feedback. Where design refinements have not been made, clear reasoning and rationale is provided as to why the feedback was not considered appropriate to the project's context, or functional requirements of the building.
SEARs Item 19 **Aboriginal Cultural Heritage** Provide an Aboriginal Cultural Heritage Assessment Report (ACHAR) prepared in accordance with relevant guidelines, identifying, describing and assessing any impacts to any Aboriginal cultural heritage sites or values associated with the site.	ACHAR	As detailed in the ACHAR report, consultation has been undertaken for the project in accordance with DECCW. The consultation process identified 69 Aboriginal persons and/or organisations with a registered interest in the Georges River LGA. Following notification of these organisations, 14 responses were received indicating their interest in registering as Registered Aboriginal Parties (RAPs) for the project.
SEARs Item 22 **Infrastructure Requirements and Utilities** In consultation with relevant service providers: • assess the impacts of the development on existing utility infrastructure and service provider assets surrounding the site.	Infrastructure Requirements and Utilities Plan	Agency responses from Ausgrid and Sydney Water are provided in Section 3.2 of this Engagement Report.

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Table 1. SEARs for Engagement		
Issue and Assessment Requirements	Documentation	Response
• identify any infrastructure required on-site and off-site to facilitate the development and any arrangements to ensure that the upgrades will be implemented on time and be maintained. provide an infrastructure delivery and staging plan, including a description of how infrastructure requirements would be co-ordinated, funded and delivered to facilitate the development.		
SEARs Item 27 **Engagement** • Detail engagement undertaken and demonstrate how it was consistent with the *Undertaking Engagement Guidelines for State Significant Projects*. Detail how issues raised and feedback provided have been considered and responded to in the project. In particular, applicants must consult with: o the relevant Department assessment team. o any relevant local councils. o any relevant agencies. o the community. If the development would have required an approval or authorisation under another Act but for the application of s 4.41 of the EP&A Act or requires an approval or authorisation under another Act to be applied consistently by s 4.42 of the EP&A Act, the agency relevant to that approval or authorisation.	Engagement Report (this report)	This Engagement Report provides a comprehensive overview of consultation and stakeholder engagement undertaken for the project to date, including details of any issues raised and how they have been responded to and integrated throughout design development. The report recommends an approach for future Community and Stakeholder Engagement for construction and operational phases of the Project.

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2. ENGAGEMENT OVERVIEW

Engagement for the project was undertaken in line with the *Undertaking Engagement Guidelines for State Significant Projects* DPE's (October 2022) by:

- Engaging with relevant government agencies, council and site neighbours;
- Informing the community about opportunities to engage;
- Providing accurate information so that potential impacts and implications can be considered; and
- Providing channels of communication to gather feedback.

2.1. STAKEHOLDER IDENTIFICATION

Error! Reference source not found. below outlines the stakeholders, as required by SEARs for engagement, in addition to other stakeholders identified by Umwelt and further detailed in their Social Impact Assessment. The stakeholders' likely relevant topics of interest are also outlined.

Table 2. Stakeholder Matrix

Stakeholder	Topics of relevance
Local Authorities	
Georges River Council; and Bayside Council	• Alignment with Councils policies and adherence to local planning legislation; • Possible Environmental Impacts; and • Site suitability and public interest.
Agencies	
Environmental Protection Authority (EPA)	• Compliance with environmental and ecological legislation; • Various sources of possible pollution; and • Contaminated land; and dangerous goods.
Transport for NSW (TfNSW)	• Transport and traffic impacts.
Fire and Rescue NSW	• Fire risk and risk mitigation.
Ausgrid	• Impact on and demand for utilities.
Sydney Water	• Impact on and demand for utilities.
Local Health District (LHD)	• Impact on neighbouring public Hospital.
TAFE NSW	• Impact on TAFE users and staff due to close proximity of proposal.
CASA; and Air Services Australia	• Aviation impacts upon nearby St George Public Helicopter Landing Site.
Local Neighbours	

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Table 2. Stakeholder Matrix	
Stakeholder	Topics of relevance
A letter box drop was sent by Umwelt to notify the local community about the project and to provide a link to a SIA online survey. The closest residents, businesses and services are located on Bank Lane, South Street, Hogben Street and Montgomery Street. The letter box drop distribution covered 1,600 properties.	• Public Interest and opportunity for community feedback.
Local Education Providers	
• Little Lion Early Learning Centre • TAFE NSW – St George Campus • James Cook Boys Technology High School • St George Martial Arts Academy • Moorefield Girls High School • St Patricks Primary School	• Public Interest and opportunity for community feedback.
First Nations Stakeholders	
14 RAPs	• Impact on Aboriginal culture at the site or surrounding the site
Local Health Services	
• St George Private Hospital • St George Public Hospital • Health services located on Bank Lane, Hogben Street, Montgomery Street and South Street • Employees and contractors • Patients and visitors	• Public and Corporate Interest and opportunity for community feedback.
Emergency Services	
• Fire & Rescue NSW Kogarah Fire Station • St George Police Station	• Fire and safety risk, emergency and risk mitigation.
Community and Religious Institutions	
• St Patricks Catholic Church • Kogarah Bay Progress Association Inc. • Kogarah Historical Society • St George Historical Society	• Public Interest and opportunity for community feedback.

2.2. ENGAGEMENT TOOLS

To facilitate sufficient agency, and community and stakeholder engagement, the following activities were carried out:

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Table 3. Engagement Tools		
Activity	Target Audience	Purpose
Letter and email providing a summary of the project and contact details for questions or feedback.	• Government Agencies • CASA • Air Services Australia	• Provide a factual overview of the proposal and the indicative project timeline; • Provides the recipient with a point of contact for any questions; and • Provide opportunity to give input and feedback towards the project and opportunity to organise further consultation if desired.
Project information sheet sent via letter box drop	• Local community and businesses • Local education providers • First National stakeholders • Local health services • Emergency services • Community groups • Religious institutions	• Provide a factual overview of the proposal and the indicative project timeline; • Provides the recipient with a point of contact for any questions; and • Provide opportunity to give input and feedback towards the project
Online Community Survey	• Local community and businesses • St George Hospital patients and visitors	• To provide an opportunity for the community to provide input in the assessment phase of the Project • To understand community values, needs, interests and potential impacts / opportunities for the Project.
Intercept surveys	• Government agencies • Users of the footbridge over Princes Highway • St George Hospital health service employees and contractors	• To gather information to inform the assessment of social impacts and discuss potential mitigation and enhancement measures

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Table 3. Engagement Tools		
Activity	Target Audience	Purpose
	• St George Hospital patients and visitors	

3. ENGAGMENT PROCESS

Consultation has been undertaken during the preparation of the SSDA and will continue as the assessment of the application progresses and during construction. The purpose of the consultation process to date has been to inform and seek feedback from key agency stakeholders identified in the SEARs, as well as targeted consultation with the community and other stakeholders considered of relevance.

3.1. COMMUNITY AND OTHER STAKEHOLDER CONSULTATION

As specified in the SEARs, Umwelt conducted community consultation during the preparation of the SSDA application. This involved:

- Project information sheets distributed to approximately 1,600 adjacent and proximal residents, businesses and health services on 7 July 2025.
- Online community survey completed by 46 community members/stakeholders over the weeks of 7 July and 3 August 2025.
- Intercept surveys completed by 111 users of the Princes Highway footbridge and 42 employees, contractors, patients and visitors of the St George Public and Private Hospitals on 22 July 2025.
- Targeted interviews with stakeholders between July and September with:
    - CEO of St George Private Hospital
    - St George Hospital Drug and Alcohol Service
    - SG Public Exhibition Team
    - Owner of MediStay
    - Kogarah Progress Association
    - Kogarah Historical Society.
- A site visit was also undertaken with two RAPs on 10 September 2025.

3.2. AGENCY CONSULTATION

As specified in the SEARs, the following groups were contacted to provide comment and/or request to meet about the proposed development:

- Georges River Council
- Bayside Council
- TfNSW
- Local Health District (LHD)
- TAFE NSW
- NSW Fire & Rescue
- Ausgrid
- Sydney Water
- CASA
- Airservices Australia

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Table 4. Agency Engagement		
Agency	Consultation Details	Outcome
Georges River Council	Pre-DA meeting held in person on 15 July 2025	Georges River Council provided post Pre-DA commentary in the form of meeting notes. The notes primarily revolved around the matter of land dedication of a 1.5m wide area along the rear Bank Lane boundary. The notes did not originally accurately reflect the position agreed between the Proponent and Council during the Pre-DA, and revised notes were subsequently requested to be issued. Council issued updated notes in November, adding commentary that a solution that could be investigated in lieu of a stratum subdivision would be an easement for access at the ground level under Section 88E of the *Conveyancing Act 1919*. Other comments were provided about the loading dock, a potential drainage easement to be provided in Bank Lane and consideration for a new exit driveway to the at grade car park in front of the hospital at a location east of the existing car park exit/service vehicle driveway to improve the traffic flow through the car park and improve access for ambulances and service vehicles.
Bayside Council	Umwelt met with Bayside Council on 4 August 2025	Council is generally supportive of redevelopment projects that deliver social and community benefit and don't disrupt existing business operations. Council provided commentary that the benefits of the project are increased employment opportunities, potential placement for students, more access to the public system and increased access to private health services. Some of the potential impacts raised by Council were disruption during construction, congestion, noise, visual impact and reduced emergency wait times.
TfNSW	Letter sent on 2 October 2025	TfNSW Land Use team provided pre-lodgement style advice on 3 November 2025. The advice noted that a TIA shall be prepared in accordance with the Guide to Transport Impact Assessment (GTIA), such that TfNSW can understand the impacts the development may have on the road network it manages. The advice identifies inclusions the TIA must address, including (but not limited to) trip generation forecasts, intersection modelling, site access details and parking provision analysis.

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Table 4. Agency Engagement		
Agency	Consultation Details	Outcome
		TfNSW also advised that Georges River (as the local road authority) should be consulted with, having regard to the drop off zone on Bank Lane and the width of this laneway.
Local Health District (LHD)	Letter sent on 2 October 2025	No response has been received.
TAFE NSW	Letter sent on 2 October 2025	No response has been received.
NSW Fire & Rescue	Letter sent on 2 October 2025	Email response received on 8 October 2025 advising that Fire & Rescue would not comment on the project at this time, however, will provide advice through the Department of Planning or other consent authority as the project progresses.
Ausgrid	Application to Ausgrid for preliminary advice on 18 September 2025	A preliminary advice letter was received on 23 October 2025 advising that the Ausgrid network has the capacity for the proposed works.
Sydney Water	Sydney Water mains map provided on 16 September 2025 Sydney Water Available Water Pressure and Flow Statements received 22 – 24 April 2025	A Statement of Available Pressure and Flow was received on 24 April 2025 which confirms that sewer and water supply services are adequate and suitable for the proposal. Upon approval, the normal Sydney Water Section 73 application process will commence.
CASA	Email sent on 17 July 2025	Preliminary advice was received that concluded no specific design considerations were required in relation to airspace and/or flightpaths.
Airservices Australia	Email sent on 14 July 2025	Airservices confirmed they do not maintain instrument flight procedures for the nearby helipad and therefore had no comments on the proposal. It was noted that Sydney Airport may refer the application to Airservices for additional assessment at the relevant approvals stage.

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Table 4. Agency Engagement		
Agency	Consultation Details	Outcome
Local knowledge holders (14 RAPs)	Letter inviting expressions of interest and an overview of the project sent to all Aboriginal individuals and/or organisations identified by several agencies on 8 July 2025. 69 Aboriginal individuals and/or organisations were contacted to register an interest in being consulted. The Aboriginal individuals and/or organisations were provided a 14-day period (to 22 July 2025) to respond. By the closing date for expressions of interest, 14 responses were received in registering as RAPs for the project.	RAPs provided cultural knowledge and feedback pertaining to the design of the clinical tower proposal, including a recommendation that local Aboriginal knowledge should be incorporated through design elements as the Project is completed. A suggested example was sourcing art from local Aboriginal artists depicting local Aboriginal stories.

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4. SUMMARY OF FEEDBACK RECEIVED

4.1. COMMUNITY AND OTHER STAKEHOLDERS

As outlined above in Section 3, Umwelt undertook engagement with the local community and other key community stakeholders. Umwelt's Social Impact Assessment (**Appendix 35** of the EIS) provides a summary of positive and negative impacts identified through the engagement process.

The five most common *positive* social impacts identified were:

- Improved access to private health care services
- Improved access to public hospital service due to reduced demand
- Improved access to the site through the provision of additional car parking
- Increased sense of place and community cohesion due to place activation and enhanced visual amenity
- Enhanced livelihood outcomes for businesses/services due to increased public access.

Other *positive* social impacts identified were:

- Improvements to pedestrian amenity through ground floor place activation
- Enhanced livelihoods and human capital development due to the generation of employment and procurement opportunities associated with the Project
- Livelihood benefits due to temporary construction workforce spend in the locality
- Impact to First Nations and Connecting to Country through the incorporation of connection with country outcomes in the building
- Enhanced sense of place given improved place activation
- Enhanced public safety through implementation of CPTED outcomes
- Sustainable design of the building facilities improved health and wellbeing, resilience, adaptability and enhanced education.

The *negative* social impacts identified, and project responses are provided in the table below.

Table 5. Negative social impacts identified during community engagement

Social Impact	Project Response
Reduced access to street and public car parking	Construction vehicles will not be permitted to idle within Bank Lane or Hogben Street. Vehicular access to the clinical tower site will be via Bank Lane where possible, as identified within the Preliminary Construction Traffic Management Plan (**Appendix 11** of the EIS). A detailed Construction Management Plan will also be prepared prior to works commencing on site, and detailed community engagement will be carried out to inform road users of any temporary interruptions.

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Table 5. Negative social impacts identified during community engagement	
Social Impact	Project Response
	The proposal delivers a new basement car park with 241 spaces, and the construction of the remaining two levels at the 6 Hogben Street multi-storey car park result in a net increase of 10 additional spaces. As confirmed by the accompanying TIA (**Appendix 10** of the EIS), the proposal delivers a surplus of parking supply for the calculated demand.
Diminished public access and reduced public safety associated with construction activity and altered traffic conditions	A Construction Management Plan will be implemented to ensure safe pedestrian access during construction. This will likely include restricting construction vehicles from parking on Hogben Street, ensuring the principal access point for the clinical tower is off Bank Lane. Furthermore, access to the footbridge over the Princes Highway will be maintained throughout construction and operation.
Reduced access to private property i.e. garages on Bank Lane	As above, a Construction Management Plan will be prepared to ensure impacts are minimised during construction. It is not anticipated that the Project would result in reduced access to private properties, and appropriate signage and traffic management protocols will be enforced during construction to limit interruptions of proximal residents and businesses.
Reduced access and privacy to users of the Drug and Alcohol Unit	Engagement with the St George Public Hospital Executive Team proposed several practical mitigation strategies to preserve and potentially enhance service accessibility. This includes possibly relocating the Unit and other services in the building to another available building. If this is not practical, other measures will be considered such as a focus on wayfinding to maintain access and minimal disruption to parking.

Table 5. Negative social impacts identified during community engagement	
Social Impact	Project Response
Reduced social amenity due to dust, noise, and vibration associated with Project construction activity.	Noise and vibration will be monitored as part of a future detailed Construction Management Plan, to identify, assess and manage noise and vibration impacts and to facilitate clear lines of communications and outline grievance mechanisms for potentially impacted residents. The Noise and Vibration Impact Assessment (**Appendix 20** of the EIS) indicates that in-principle, operational noise emissions from the site are capable of complying with the relevant acoustic requirements. Construction noise levels are predicted to exceed the established NMLs for receivers near the site. Site-specific noise mitigation measures are recommended to be further developed as part of the detailed Construction Noise and Vibration Management Plan. This disturbance will, however, be limited to the construction period; as above, nearby receivers will not be discernibly impacted by operational noise intrusion.
Disruption to existing Private Hospital services	The main hospital campus will continue operating at its usual capacity, with disruptions kept to a minimum wherever possible. Detailed communication updates will be issued prior to and during the construction stage to keep hospital users, staff, and nearby residents/business operators informed of any temporary disruptions.
Reduced livelihood outcomes for local businesses due to temporary decline in foot traffic during construction	As noted above, construction related vehicles will not be permitted to idle/block circulation in Hogben Street. Vehicular access to the clinical tower site is primarily to be obtained off Bank Lane. Furthermore, it is expected that due to the influx in construction workers, that nearby commercial businesses will benefit from increased customers.

4.2. AGENCY FEEDBACK

Agency engagement and respective feedback is set out in Table 4 above.

4.3. STATE DESIGN REVIEW PANEL

The NSW State Design Review Panel (SDRP) has been established as an independent design quality evaluation body, in which a panel of design and built environment experts provide feedback on the design of significant projects including SSDs.

The Government Architect's (GA) *NSW State Design Review Panel Terms of Reference* outlines the types of projects subject to their review. Subsequently, the proposal falls within such remit, per section 3 of the GA's Terms of Reference document.

The project team attended an SDRP meeting on 13 August 2025, with members of the SDRP, DPHI, and Georges River Council.

A summary of feedback received, and the corresponding project design response is provided in **Error! Reference source not found.**. For more detailed project responses refer to the Design Report prepared by Fitzpatrick + Partners (**Appendix 5** of the EIS).

It is also noted that following receipt of the GA's meeting notes, discussions with DPHI were had, which concluded that a follow up SDRP meeting was not mandatory.

Table 6. SDRP Meeting Summary	
SDRP feedback	Project response
Connecting with Country	
Express the three-dimensional quality of the sandstone stratification in the façade: a. Reinforce the symbolic role of the vertical slot elements. b. Explore the concept of layering beyond the awning, for example, by introducing more depth into the facade.	Following the presentation to the SDRP, the design of the recess slots has been further refined to strengthen both their architectural expression and their relationship to the building's internal functions. Changes have also been made to the façade design including variations to the drip and shade hoods, additional western hoods, increased depth of windows from façade frontage and the adoption of horizontal struck joints with vertical flush joints to the brickwork.
Extend the richness of landscape and natural elements throughout the building into all patient unit levels: a. Introduce natural airflow and breezes within circulation areas to improve thermal comfort and connection to the outdoors. b. Incorporate the presence of natural and biophilic features, such as using planters and greenery.	The concept of introducing natural airflow and breezes within circulation areas has been carefully explored. While this strategy can improve comfort and reduce reliance on mechanical systems in residential or student accommodation, it is not considered appropriate in the context of a healthcare facility for a number of reasons. This includes healthcare environments needing to maintain strict internal temperature, acoustic considerations with the Hospital fronting Princes highway and functional and infection control risks. The initial drawings presented to the SDRP focused on the building form, façade expression, and internal functional planning only. As outlined at that time, the design intent is to extend the themes developed for the exterior into the interior volumes, reinforcing connections to Country through landscape, wayfinding, and art. These elements will be further detailed during the design development phase in collaboration with specialist wayfinding consultants and the appropriately selected Indigenous artists.

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Table 6. SDRP Meeting Summary	
SDRP feedback	Project response
c. Provide more generous patient breakout spaces with access to sunlight and external views on every level .	
Consider integrating a green wall at the Bank Lane art wall to enrich the patient drop-off experience. If not feasible at this stage, allow for its future implementation.	After careful design consideration, a green well was not considered to be an appropriate design response for the Hospital. This is due to several challenges including blocking access to substations and the car park for maintenance, reliance on non-biodegradable planting mediums and high-water use. A large-format mural in this location is viewed as a stronger design response and more enduring outcome for patient experience.
Relocate or duplicate the Princes Highway brickwork with integrated text to a more frequently accessed section of the façade to enable greater public engagement with its detail and narrative, such as the Bank Lane façade.	The brickwork and integrated text on the Princes Highway elevation is a key storytelling element, creating an immediate and visible connection for the public to understand the building's meaning and purpose. It carries an important truth telling and educational role, which we are committed to embedding across the project wherever possible. A complementary approach has been developed in the drop-off zone, where more detailed messaging is proposed within the linear wall of the lobby. This element will be developed in collaboration with appropriate Indigenous community members, weaving together historical and contemporary narratives through both direct dialogue and layered historical references. In addition, the brickwork expression has been extended and further refined at the drop-off zone ensuring that opportunities for engagement with the narrative are available in multiple locations.
Refer to the Connecting with Country Framework and case studies on the GANSW website for more information and guidance.	The framework has been carefully considered throughout the design process to date. Fitzpatrick and Partners have undertaken engagement with community and early integration of truth-telling into the detailed design which demonstrates commitment that extends beyond the compliance within the framework. During design development, Fitzpatrick and Partners will deepen collaboration with the community.
Site Strategy	
As the information on Site A was limited in both the design pack and the presentation, the advice provided focuses primarily on the design of Site B.	
Improve the response of the proposed building massing and articulation to the immediate urban context, including alignment with the two-storey datum established by adjacent buildings along Princes Highway.	The proposed building massing and façade articulation have been carefully adjusted to reinforce connections with the established two-storey datum along Princes Highway and to strengthen the relationship with the immediate urban context. Further alignments are introduced to strengthen the contextual response including adjusting the windowsill height to the height of the pedestrian bridge, establishing a strong horizontal line when approaching the site from the south, continuation of the "top rail" datum across the façade to relate to neighbouring two-storey buildings and aligning the proposed awning to the height of the adjacent heritage building.

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Table 6. SDRP Meeting Summary	
SDRP feedback	Project response
Investigate potential conflicts between the location of the loading dock, the pedestrian bridge ramp, and school drop-off activity on Hogben Street, and explore alternative configurations to improve safety and functionality: a. Consider how the building is serviced to enable relocation or redesign of the loading dock. This would allow for active uses at the corner, such as a small retail tenancy, and improve the relationship with the adjacent heritage item. b. Explore opportunities to consolidate loading with parking access on Bank Lane to improve spatial functionality and the pedestrian experience on Hogben Street.	Extensive investigations have been undertaken to determine the most appropriate location for the loading dock. After careful testing of alternative locations, the proposed location remained the most functional and appropriate solution. The loading dock is designed to sit discreetly within the façade, with its access door recessed from the building line to maximise sightlines and ensure vehicles exiting have clear visibility. It is also noted that this is not the primary dock for the facility, with majority of deliveries continued to be handled via the main dock within the existing SGPH building. Given its very low level of use, the dock will generate substantially fewer conflicts with school-related pedestrian or vehicle activity than the existing carpark entry. Outside of operating hours, the dock door will remain closed, improving the visual amenity of the public domain and maintaining building security.
Activate the frontage along Princes Highway, for example through the vertical slot in the level façade, to improve the pedestrian experience and soften the Princes Highway address.	The design has carefully considered activation of the Princes Highway frontage. The façade has been further designed to provide a refined and appropriate architectural response that contributes positively to the highway environment. This includes the vertical slot which deliberately breaks down the mass of the building and creates articulation and relief to the façade. Upper levels of the building provide breakout spaces with views to the coast. Additional points of activation have also been introduced within the vertical slot, particularly at the mezzanine level which aligns with the primary entry point to the staff lounge and kitchen. This allows for a natural sense of life and movement to be visible from the exterior.
Coordinate with Georges River Council on the DCP requirement for land dedication along Bank Lane for lane widening and the ownership of the pedestrian footpath.	The curb alignment at the corner of Hogben Street and Bank Lane has been realigned such that the kerb line represents the site boundary on Bank Lane. The line of delineation between public and private ownership is delineated within the drop off zone by a roll curb zone. This will be further coordinated with Georges River Council. Discussions have commenced with Georges River Council regarding any dedications and pedestrian footpath zones.
Landscape	

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Table 6. SDRP Meeting Summary	
SDRP feedback	Project response
Ensure the outdoor space on Level 2 is clearly visible from key circulation areas, such as lift lobbies, to encourage use and celebrate its value as a therapeutic and social asset.	The Level 2 “secret garden” has been purposefully designed as a therapeutic and restorative space for patients, not as a public feature to be viewed or accessed from circulation areas. The suggestion for visibility from lift lobbies and other high-traffic zones is acknowledged as being important, however in this context is seen to undermine the qualities that would make the garden effective. That being, quietness, seclusion and a sense of refuge.
Continue developing the design of the Level 2 rooftop landscape areas: a. Provide more generous, welcoming and intuitive access to the rooftop garden. b. Include a greater range of spatial experiences, such as pathways with seating, breakout zones, and spaces that support both individual and group use, to promote wellbeing for patients, staff, and visitors. c. Ensure outdoor spaces are not too spatially constrained to allow for flexible furniture arrangements.	A balance is achieved between private, relaxing spaces and clear accessibility by separating the rooftop garden from general staff and patient areas inside, ensuring the outdoor space is not visibly exposed while remaining intuitively accessible. Pathways and seating arrangements are designed to naturally guide visitors through the space, encouraging exploration while allowing for quieter, more private areas to retreat to. The combination of layered planting, clear wayfinding, and defined zones ensures that the rooftop garden feels both inviting and restorative. The design of the outdoor terrace podium has been updated to provide a personal and relaxing space for patients and families. This has been achieved through various seating arrangements and configurations where groups can sit face to face and separate, as well as private from other sitting areas. A selection of the outdoor terrace area will also be screened off to allow staff to have a separate outdoor garden area provided with tables and chairs. Outdoor spaces have been designed to allow flexibility. This includes incorporation of a precast planter concept that avoid overly constrained layouts, and the design of planters which defines zones that encloses some spaces but also maintain a sense of openness and adaptability. Variation and adaption are also supported using complementary loose furniture which can be rearranged to suit the needs of different user groups and activities.
Incorporate a dedicated respite area for staff to support staff wellbeing and provide opportunities for quiet retreat and restoration.	A staff kitchen and lounge is provided on the mezzanine level, providing a protected environment that supports both comfort and wellbeing. A smaller area of this garden will be shaped to provide a staff respite space. This will be appropriately signed, but will not be fenced nor locked.
Architecture	
Ensure key planning concepts, such as view lines and thresholds, are incorporated on all levels, including ground. These are currently obstructed, for example, by beverage bays and stores, which limit movement and views out of the façade slots.	The layouts have been adjusted in response, to ensure patient and staff experiences are elevated, by enhancing outlook opportunities and sight lines from relaxation areas, including the patient bays which are oriented toward the distance coastal vistas or the level two rooftop garden.

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Table 6. SDRP Meeting Summary	
SDRP feedback	Project response
Improve the clarity and legibility of visitor movement sequences on each level, ensuring passive wayfinding to support ease of access between key spaces.	Visitor movement on each level has been carefully organised to enhance clarity and legibility, ensuring intuitive, passive wayfinding between key spaces. The typical floor operates as a secured environment, with access controlled by doors and the nurses' station. All visitors are required to check in before being escorted or directed to the relevant patient room. Given the average patient stay of less than ten days, it is essential that visitors can navigate the floor with minimal stress or reliance on signage.
Allow for lower sill heights in selected patient units to improve the visual connection to the external environment where possible.	All windowsill levels and head levels have been reduced to approximately 900mm in response to brick dimensions.
Sustainability and Climate Change	
Ensure the treatment of each elevation appropriately responds to solar orientation and heat load.	The treatment of each elevation has been carefully developed to respond to solar orientation, thermal load, and the balance between embodied and operational carbon. The façade strategy prioritises holistic envelope performance which balances thermal efficiency, operational energy reduction and material carbon. This includes measures like high thermal performance, compact form factors, glazing limited to 25% of the façade area, deepened shading through wall articulation and integrated sharing and façade detailing. The façade will also continue to be refined during detailed design with more accurate energy and carbon modelling.
Consider the long-term resilience and performance of the façade, ensuring it supports internal comfort and environmental performance.	The façade design prioritises long-term resilience, internal comfort, and environmental performance through low-carbon materials, robust detailing, and responsive shading. Carbon-neutral brick slips with recycled content minimise embodied carbon, while a layered wall system with dual insulation achieves an R-value of 2.5—exceeding NCC standards. Recessed windows and integrated sunshades reduce heat gain, glare, and maintenance needs, supporting durability and occupant comfort. With a 25:75 window-to-solid ratio and adaptable spandrel system, the façade balances efficiency and flexibility. Overall, it achieves a 67.8% reduction in embodied carbon compared with typical hospital façades, ensuring strong long-term environmental and operational performance.

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Table 6. SDRP Meeting Summary	
SDRP feedback	Project response
Illustrate how the project will contribute to NSW's Net Zero emissions goal by 2050. Refer to 'NSW, DPIE, Net Zero Plan, Stage 1: 2020-2030' for further information.	The project contributes to NSW's Net Zero emissions goal by 2050, in line with the NSW DPIE Net Zero Plan (Stage 1: 2020–2030), through a design that reduces both embodied and operational carbon. The façade achieves a 67.8% reduction in embodied carbon compared to typical hospital benchmarks, supported by the use of carbon-neutral and recycled materials, high-performance insulation, and optimised glazing ratios. Passive design measures—including integrated shading, double glazing, and orientation-specific treatments—minimise reliance on mechanical systems and improve energy efficiency. Collectively, these strategies align with the Plan's priorities of reducing emissions from energy use, adopting low-carbon materials, and enhancing long-term building resilience.
Additional information required for the next SDRP session	
Provide more information on design of Site A, including detailed plans, sections and 3D views.	The scope of works for Site A involves creation of a new private Emergency Department on the ground floor of the existing SGPH. A new entry airlock provides separate, easily identifiable access points to the main hospital and the Emergency Department, ensuring 24-hour accessibility and security. The forecourt has been redesigned to support efficient vehicle circulation, including dedicated drop-off bays and safe ambulance access, while internal planters provide patient privacy within waiting areas. Existing structural elements, such as awnings and bridges, are retained to integrate with the new works. A vertical emergency gas vessel, enclosed in blast-resistant construction, is proposed within the forecourt due to strict safety and access requirements. To improve its visual integration, the enclosure will feature softly animated LED screens displaying curated graphic artwork. Pedestrian connectivity is also enhanced through a new crossing on South Street linking to existing paths and the future Inpatient and Support Building, ensuring a cohesive and functional hospital campus layout. Refer to the Design Report (**Appendix 5** of the EIS) and Architectural Plans (**Appendix 4** of the EIS) for detailed plans, sections and 3D views.

4.4. GEORGES RIVER COUNCIL

4.4.1. UMWELT'S ENGAGEMENT WITH COUNCIL

Umwelt met with Georges River Council on 15 July 2025, for the purposes of discussing the SIA. Key findings from the discussion were:

- Kogarah is a key site with Council's strategic focus prioritising Kogarah and Riverwood.
- Strategic priority to maintain Kogarah as a health precinct. Attracting more specialists to the area would further amplify Council's position as wanting Kogarah to be a key health precinct.

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- The green space near the hospital (pocket parks) are heavily used by hospital workers and visitors.
- Connections from the hospital to the train stations, schools, the pedestrian footbridge is important as it is a high pedestrian area.
- Parking and traffic will likely be a key area of interest among the community.
- Important to ensure the hospital is accessible for people with different access needs.
- Extension of medical services is seen as a positive impact.
- Emergency department opens up new provision to the community in addition to the public hospital emergency.
- Perspective that response rates for emergency can be faster with expanded ED.
- Potential negative impacts include further amplifying traffic issues as it is already a busy area and concerns for how ambulances might come in and out.
- Comments from Council about Bank Lane that there is no footpath, however a lot of people use this as a shortcut to the Hospital.
- Further comments about the design interface between Bank Lane and the proposal will be very important and should be designed to ensure people are comfortable walking down the laneway.

4.4.2. PRE-DA MEETING

A Pre-DA meeting was held with Georges River Council on 15 July 2025 with the Proponent, Patch Planning, Fitzpatrick & Partners, Ramsay Health Care, and Addisons.

Georges River Council provided post Pre-DA notes in August following the meeting, and revised notes in November, as discussed below.

4.4.2.1. BANK LANE LAND DEDICATION ISSUE

Georges River Council provided post Pre-DA commentary in the form of meeting notes, primarily around land dedication of a 1.5m wide area along the rear frontage of the property adjoining the existing Bank Lane. However, the notes did not originally accurately reflect the position agreed between the proponent and Council during the Pre-DA

Council subsequently issued updated notes in November, adding commentary that a solution that could be investigated in lieu of a stratum subdivision (which was originally proposed by the Proponent) would be an easement for access at ground level, under Section 88E of the *Conveyancing Act 1919*. This would be coupled with a positive covenant requiring the landowner to main the land such that it is suitable for access.

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4.4.2.2. OTHER ISSUES RAISED WITHIN COUNCIL'S PRE-DA NOTES

Table 7. Other issues raised	
All vehicles using the loading dock will be required to enter and exit the dock in a forward direction and cross the footpath at a right angle to the Hogben Street kerb and gutter. Sightlines for pedestrian safety at the loading dock entry/exit door will need to satisfy the requirements of s3.2.4 – Figure 3.3 of AS/NZS2890.1:2004 Parking Facilities, Part 1 – off streetcar parking.	The loading dock has been designed to enable vehicles to enter and exit in a forward direction. Swept paths are provided demonstrating such, and sight lines can be accommodated in line with the relevant Australian Standards as confirmed within the TIA (**Appendix 10** of the EIS).
Having regard to existing fall in levels in Bank Lane, a drainage easement may need to be provided within the site to drain stormwater runoff from the south-eastern corner of Bank Lane through the site to the Princes Highway.	Noted.
It is recommended consideration be given to installing a new exit driveway to the at grade car park in front of the hospital at a location east of the existing car park exit/service vehicle driveway to improve traffic flow through the car park and improve access for ambulances and service vehicles.	Vehicle entry and exit locations at the main hospital campus are proposed to be retained. This allows vehicles to enter off South Street at the north-east of the site, then exit in a circular direction to the west of such. A designated Ambulance entry and exit driveway is accommodated along the western side boundary. Cars will exit the site adjacent to this location, as existing.

4.5. UMWELT'S ENGAGEMENT WITH BAYSIDE COUNCIL

Umwelt met with Bayside Council on 4 August 2025, for the purposes of discussing the SIA. Key findings from the discussion were:

- The community is generally concerned about impacts to traffic and parking and impacts to businesses as a result of new development.
- Council is generally supportive of redevelopment projects that deliver social and community benefit and don't disrupt existing business operations.
- Council's perspectives on the benefit of the proposal include increased employment opportunities, potential placement for students, more access to the public system, increased access to private health services and reduced emergency wait times.
- Council's perspective on the concerns of the proposal include construction disruption, congestion, noise and visual impact.
- Council's thoughts on how benefits or concerns could be addressed or enhanced were:
    - Encourage open line of communication between Council and the project team.
    - If there are any impacts to businesses during construction, ensure that signage is up and access is not impacted.
    - Implement a community liaison number.

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5. CONCLUSIONS AND NEXT STEPS

5.1. RESPONSE TO SUBMISSIONS FOLLOWING PUBLIC EXHIBITION

Following lodgement of the application, we expect DPHI will seek comments from relevant agencies and the local businesses throughout the exhibition phase. Detailed consideration of any issues raised at that point will be undertaken by the broader project team.

5.2. ONGOING ENGAGEMENT

As noted by Umwelt in the SIA, it is recommended that a Community and Stakeholder Engagement Plan is prepared to outline the engagement approach for the construction and operational phases of the project. This should include strategies like having a dedicated construction liaison officer/manager during construction for residents and businesses to report any complaints. During operation this might include strategies like facilitating community events to encourage connection between the Hospital and broader community.

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