PATCH

CONNECTING
PEOPLE, POLICY
AND PLACE.

Environmental Impact Statement
St George Private Hospital

On behalf of

Akalan Projects Pty Ltd

November 2025

CONNECTING PEOPLE,
POLICY AND PLACE.

PROJECT

St George Private Hospital Expansion

CONTACT

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3				
4				

EIS DECLARATION

EIS Declaration	
Project details	
Project Name	St George Private Hospital Expansion
Application number	SSD-86969958
Address of the land in respect of which the development application is made	119 Princes Highway, Kogarah, 129 Princes Highway, Kogarah, 2 Hogben Street, Kogarah, 1 South Street, Kogarah
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Declaration	The undersigned declares that this EIS: • has been prepared in accordance with the Environmental Planning and Assessment Regulation 2021; • contains all available information relevant to the environmental assessment of the development, activity or infrastructure to which the EIS relates; • does not contain information that is false or misleading;

EIS Declaration	
	• addresses the Planning Secretary's environmental assessment requirements (SEARs) for the proposal; • identifies and addresses the relevant statutory requirements for the proposal, including any relevant matters for consideration in environmental planning instruments; • has been prepared having regard to the Department's State Significant Development Guidelines - Preparing an Environmental Impact Statement; • contains a simple and easy to understand summary of the proposal as a whole, having regard to the economic, environmental and social impacts of the Proposal and the principles of ecologically sustainable development; • contains a consolidated description of the proposal in a single chapter of the EIS; • contains an accurate summary of the findings of any community engagement; and • contains an accurate summary of the detailed technical assessment of the impacts of the proposal as a whole.
Signature	
Date	20 November 2025

ABBREVIATIONS AND ACRONYMS

ACHA	Aboriginal Cultural Heritage Assessment
AEP	Annual Exceedance Probability
AHD	Australian Height Datum
AKALAN	Akalan Projects Pty Ltd
BCA	Building Code of Australia
BC Act 2016	*Biodiversity Conservation Act 2016*
BC Regulation	*Biodiversity Conservation Regulation 2017*
BDAR	Biodiversity Development Assessment Report
CBD	Central Business District
CEMP	Construction Environmental Management Plan
CIA Guidelines	Cumulative Impact Assessment Guidelines – For State Significant Projects
Council	Georges River Council
CTMP	Construction Traffic Management Plan
DA	Development Application
DCP	Development Control Plan
DP	Deposited Plan
DPHI	Department of Planning, Housing and Infrastructure
EDC	Estimated Development Cost
EIS	Environmental Impact Statement
EP&A Act	*Environmental Planning and Assessment Act 1979*
EP&A Regulation	*Environmental Planning and Assessment Regulation 2021*
EPA	Environment Protection Authority
EPBC Act	*Commonwealth Environment Protection and Biodiversity Conservation Act 1999*
EPI	Environmental Planning Instrument
EPL	Environmental Protection Licence
ESD	Ecologically Sustainable Development
FTE	Full time equivalent
FSR	Floor Space Ratio
GFA	Gross Floor Area
GRDCP	Georges River Development Control Plan 2021
GRLEP 2021	*Georges River Local Environmental Plan 2021*
HEIP	Health, Education and Innovation Precinct
LGA	Local Government Area
MNES	Matter of National Environmental Significance

MUSIC	Model for Urban Stormwater Improvement Conceptualisation
NCC	National Construction Code
RAP	Remedial Action Plan
RL	Reduced Level
SEARs	Secretary's Environmental Assessment Requirements (SSD-86969958), dated 30 June 2025
SEPP	State Environmental Planning Policy
SIDRA	Signalised and unsignalised Intersection Design and Research Aid
Sqm or m^2	Square metres
SSDA	State Significant Development Application
SSD Guidelines	State Significant Development Guidelines – Preparing an EIS
TfNSW	Transport for NSW
VIA	Visual Impact Assessment
VPA	Voluntary Planning Agreement
WM Act	*Water Management Act 2000*
WMP	Waste Management Plan
WSUD	Water Sensitive Urban Design

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EXECUTIVE SUMMARY

PROJECT SUMMARY

This Environmental Impact Statement (EIS) has been prepared by Patch Planners Pty Ltd (Patch) on behalf of Akalan Projects Pty Ltd (Akalan) 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).

The SSDA seeks approval for the upgrade and expansion of the St George Private Hospital. Specifically, the SSDA seeks consent for two components:

- Main Hospital Campus at 1 South Street, Kogarah NSW 2217, including:
    - Internal reconfiguration of the ground floor to create a new Emergency Department comprising ten (10) acute patient beds and one (1) isolation suite, together with associated support spaces.
    - External alterations comprising a modified entry shell with a pedestrian entry and new drop-off from the South Street porte cochère, the provision of three (3) dedicated ambulance bays, and associated building signage to clearly identify the operation.
    - Renovations to the existing entry and lobby.
- Clinical tower comprising new inpatient and support services building at 119-129 Princes Highway, and 2 Hogben Street, Kogarah NSW 2217, including:
    - Site preparation works including vegetation clearance.
    - Bulk earthworks.
    - Provision of infrastructure comprising civil works and utilities;
    - Construction of a new seven (7) storey Inpatient and Support Services Building on Hogben Street (ground plus six (6) upper levels).
    - Construction of a five (5) level basement car park, inclusive of a radiation oncology unit, storage, and a substation, providing a total of 241 car parking spaces.
    - Provision of ancillary office accommodation, associated amenities, and a loading dock.
    - A package of public domain enhancement works to connect existing footpaths to the Edith Blake Reserve via extensions along Bank Lane.
    - A package of external landscaping works.

For reporting purposes, the existing and established St George Private Hospital site is referred to as the 'main hospital campus', whereas the site subject to the new inpatient and support services facility is referred to as the 'clinical tower site'.

The proposed development has emerged from an iterative design process that seeks to:

- Respond to increasing patient demand at the existing St George Private Hospital;
- Upgrade and modernise the existing infrastructure to maintain pace with evolving industry standards and best practice;
- Expand the clinical capacity of the existing facilities;

- Enhance the overall patient experience at St George Private Hospital; and
- Future-proof the facilities and ensure their continued resilience.

The proposal satisfies the definition of SSD pursuant to:

- Schedule 1, Clause 14 of *State Environmental Planning Policy (Planning Systems) 2021* (Planning Systems SEPP), being development for "hospitals, medical centres and health research facilities" with an EDC exceeding $30m.

As such, this EIS must be prepared in accordance with the Secretary's Environmental Assessment Requirements (SEARs).

Under the *Environmental Planning and Assessment Act 1979* (EP&A Act), it is required that a request for SEARs must be made prior to the lodgement of any application for SSD. SEARs were requested for the proposed development (reference: SSD-86969958) and later issued by DPHI on 30 June 2025 (refer to **APPENDIX 1**) in the form of industry-specific SEARs, through the Rapid Assessment Framework.

The findings of this EIS identify that the proposal can be accommodated, subject to suitable management and mitigation measures, without any adverse environmental impacts beyond that considered appropriate by the relevant legislation.

Further, the proposed upgrade and expansion of St George Private Hospital would be consistent with the objectives of the SP2 Hospital (Infrastructure) and MU1 Mixed Use zones. The proposal is suitable for the local context and shall not result in any significant environmental impact. As such, it is recommended that the proposal be supported by DPHI for approval, subject to reasonable and relevant conditions.

LOCATION AND SITE DESCRIPTION

St George Private Hospital is located in the suburb of Kogarah, approximately 14km south of the Sydney Central Business District (CBD), within the Georges River Local Government Area (LGA). Kogarah is a principal centre within the South Sydney metropolitan area, serving as a major commercial, transport, and health hub. The two development sites are centrally located within the Kogarah Health, Education and Innovation Precinct (HEIP), immediately adjacent to the larger St George Public Hospital.

Kogarah benefits from strong transport links, including Kogarah Train Station (on the T4 Eastern Suburbs and Illawarra Line) and multiple bus routes, facilitating access for patients, staff, and visitors. The sites are also bounded by the Princes Highway to the west, a major arterial road.

Table 1 below outlines the addresses, legal descriptions, and site areas of each of the two development sites.

Table 1. Site Location and Particulars

Development Component	Address	Legal Description	Site Area
Main Hospital Campus	1 South Street, Kogarah NSW 2217	Lot 31 in DP 1147692	11,225.69 sqm
Clinical Tower Site	119 Princes Highway, Kogarah NSW 2217	Lot 1 in DP8864	244.41 sqm
	119 Princes Highway, Kogarah NSW 2217	Lot 2 in DP8864	234.81 sqm

Table 1. Site Location and Particulars			
Development Component	Address	Legal Description	Site Area
	119 Princes Highway, Kogarah NSW 2217	Lot 3 in DP8864	231.9 sqm
	119 Princes Highway, Kogarah NSW 2217	Lot 4 in DP8864	232.16 sqm
	119 Princes Highway, Kogarah NSW 2217	Lot B in DP358876	257.78 sqm
	119 Princes Highway, Kogarah NSW 2217	Lot C in DP358876	351.6 sqm
	129 Princes Highway, Kogarah NSW 2217	Lot 5 in DP 8864	299.29 sqm
	2 Hogben Street, Kogarah NSW 2217	Lot A in DP358876	448.66 sqm

The Main Hospital Campus

The main hospital campus is located at 1 South Street, Kogarah. This site is bound by two road frontages, South Street to the north and Princes Highway (a classified road) to the east.

The site is legally described as Lot 31 in DP 1147692 and has a total area of approximately 1.11 hectares. The site has a frontage of approximately 85m to South Street and 150m to Princes Highway.

The site accommodates the St George Private Hospital's main campus, with access provided from South Street. The site contains a few small hedges addressing the interfaces with South Street and Princes Highway.

The Clinical Tower Site

The clinical tower site is 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 (8) adjoining allotments of land, which collectively equate to a total area of approximately 2,300sqm. The site has road frontages of 60m to Princes Highway, 40m to Hogben Street, and a 50m splayed frontage to Bank Lane.

The site currently accommodates a hard-stand parking lot providing approximately 90 car parking spaces and a two-storey commercial premises. To the immediate south is the existing multi-storey medical tower at 2 South Street, Kogarah, which forms part of the St George Private Hospital premises. A connecting sky-bridge provides pedestrian access over South Street to the main hospital campus for patients and staff.

The site is otherwise bordered by a range of mature trees and small shrubs, including some trees interspersed throughout the parking area.

ASSESSMENT OF IMPACTS

An assessment of environmental impact has been undertaken against the relevant planning controls and policies. Additionally, a team of expert consultants has been engaged to specifically consider relevant aspects of the proposal. The environmental impact assessment has found that the proposed development complies with the relevant controls, and it is considered that appropriate mitigation measures can be put in place to minimise any identified risks.

The proposed development is considered acceptable in a legislative sense.

Based on the specialist studies and extensive investigations carried out for the proposed development, the following key conclusions are made:

- **Design Quality:** The proposal exhibits design excellence through the Country-led, evidence-based approach undertaken by the project architects. The design balances four key considerations: clinical excellence, patient experience, sustainability, and contribution to country. It has also been based on the NSW Government Architect Office's 'Better Placed Policy'.

  The Design Report (**APPENDIX 5**) sets out how the proposal demonstrates design excellence, in accordance with ten key principles. Aesthetically, the architectural expression is context-specific, representing the coastal environment of the surrounding area. Layered facades soften the bulk of the building, whilst giving it a strong civic presence.

  The proposal was also presented to the State Design Review Panel (SDRP), who strongly supported the design rationale and connecting with country integration. In response to SDRP feedback, the design team adjusted the Princes Highway façade having regard to datum alignment and façade articulation and revised the Bank Lane kerb/footpath connections to enhance pedestrian amenity.

- **Built Form and Urban Design:** 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. these horizontal datum alignments create a layered, cohesive design response which appropriately anchor the building within streetscape

  The built form aligns with the DCP setback controls and does not contravene the HOB or FSR development standards which apply to the wester slither of land within the clinical tower site.

  The building is appropriately sited to reflect its civic nature within the established Kogarah Health and Education precinct.

- **Environmental Amenity:** As illustrated in the accompanying shadow diagrams (**APPENDIX 4**), the clinical tower will not result in unreasonable overshadowing to adjoining properties or public reserves. No overshadowing is cast onto the nearby residential properties, noting the site is due south of the residential buildings on Hogben Street. During the morning, additional shadows will be cast upon Edith Blake Reserve. However, by 11am, the proposal does not overshadow the reserve, and it will continue to receive direct solar access into the afternoon. From midday, the shadows cast by the clinical tower are across the Princes Highway.

  Visual privacy has also been a driving factor in the design of the western façade of the clinical tower in particular, noting the adjoining mixed-use building to the west. Window hoods are proposed to the windows closest to Bank Lane, re-directing internal outlook down the Lane, and offsetting direct views into the mixed-use building. The glazed window panes on either side of these hoods is to be finished with an insulated back panel, therefore mitigating direct overlooking concerns.

Furthermore, the south-western portion of the building is recessed from Bank Lane, to allow the level two roof top garden. This separation further mitigates visual privacy concerns and enhances visual interest through greenery and shade structures incorporated across this area.

Outlook and visual interest for users of the clinical tower have been prioritised to ensure maximum comfort and calm is experienced. Patient room sill heights and façade detailing along the Princes Highway and Hogben Street frontages have been refined to promote seated/bed views to the distant ocean vistas. Similarly, southern and western facing patient rooms at level two and above overlook the level two rooftop garden.

- **Visual Impact:** The proposed clinical tower is assessed to have a low cumulative visual impact, reflecting its integration within the foreground, mid-ground, and background landscape layers, as well as its alignment with the existing and approved development character.

  The site is zoned SP2 Infrastructure and MU1 Mixed Use, and the proposed development is consistent with both the existing built form and the planned future development of the precinct.

- **Public Realm:** The proposed clinical tower establishes a calm, safe, and legible arrival for both pedestrians and vehicles. Circulation movements are improved, and an enhanced public realm is delivered as a result, as follows.

  The ground level façade comprises clear glazing, promoting casual surveillance whilst also establishing a warm entrance environment for the building. The northerly oriented entrance area features indoor and outdoor seating options associated with a cafe, landscaping, and 'On Country' soffits.

  The existing pedestrian footpath that traverses the Edith Dawson Reserve will join a new footpath at the southern end of Bank Lane, to seamlessly connect with the porte cochere and the pathways within the site that run parallel to the clinical tower.

  The proposal also results in an improved setting at the eastern end of Hogben Street, where the pedestrian ramp ascends to the elevated walkway over the Princes Highway.

- **Trees and Landscaping:** A total of 33 trees have a major TPZ encroachment due to the proposed development. The localised loss of these species is considered to be substantially outweighed by the overwhelming public benefit derived from the project, which delivers a new Emergency Department and essential acute healthcare capacity for the entire South District.

  Replacement tree and vegetation plantings are proposed across the site, within the Hogben Street frontage, the level two rooftop garden, and along the South Street frontage of the main hospital campus.

- **Ecologically Sustainable Development:** The proposed development aims to go beyond the minimum building requirements and provide a progressive sustainability outcome for the community. The ESD initiatives of the proposal will be self-assessed against the Green Star Buildings, with the development targeting a 4-star outcome.

  The total estimated energy consumption arising from the proposed clinical tower is calculated as an 18% improvement relative to the Deemed to Satisfy reference building.

  Overall, through the implementation of the initiatives noted within the ESD Report and Net Zero Statement, the project clearly demonstrates its commitment to ESD principles throughout the design, construction, and operation of the proposed development.

- **Traffic, Transport and Accessibility:** A site-specific parking demand assessment has been carried out, having regard to existing staff transport modes, projected increase in staffing, and existing visitor parking provision rates. Based on the benchmark rate and projected increase in full time equivalent (FTE) staff number increases, the proposal will generate a demand of 202 parking spaces.

  The clinical tower basement provides 241 car parking spaces, thereby meeting the calculated demand and allowing a buffer of 39 spaces to accommodate operational fluctuations.

  The traffic impact assessment undertaken confirms that the surrounding road network and key intersections in vicinity will continue to operate well within satisfactory levels of service.

  A cumulative impact assessment (CIA) has also been carried out having regard to the nearby SSDA approved at the St George Public Hospital (SSD-39170713) with respect to service levels of the surrounding road network.

  This CIA confirms that the surrounding road network, including Princes Highway and Montgomery Street, has sufficient capacity to accommodate both developments. When considered cumulatively, the combined effects of both hospital projects are expected to remain within acceptable operational levels, with no requirement for upgrades or off-site mitigation measures.

- **Noise and Vibration:** During standard construction hours, exceedances of the noise affected NMLs are generally expected at receivers due to the proximity, with receivers adjacent to the proposed development expected to be highly noise affected. This will however be limited to the construction phase, as operationally, the development is not expected to unreasonably impact nearby sensitive receivers.

  A detailed Construction Noise and Vibration Management Plan (CNVMP) will be prepared at the Construction Certificate stage to ensure minimal disruptions are experienced, especially outside of standard construction hours.

  The operational noise emissions from the site's major mechanical plant (including AHUs and SPFs) can achieve compliance with the relevant acoustic requirements.

  Vibration impacts are possible at neighbouring sites if vibration intensive equipment is operated near the site boundaries. Should these be operated within the minimum recommended distances of a sensitive receiver as set out within the TfNSW *Construction Noise and Vibration Guideline,* it is recommended that a preliminary vibration survey be undertaken for each vibration generating piece of equipment.

- **Ground and Water Conditions:** The clinical tower proposal includes a five (5) level basement, which will encounter groundwater inflows, at a predicted rate of 0.0.39L/s or 1.2ML/year. A drained basement for the proposal is considered feasible and presents low risk to the groundwater system, provided that appropriate monitoring of groundwater discharge volumes, water quality, and levels is carried out during construction. In addition, the recommendations made within the DSI report are to be completed concurrently.

  Detailed geotechnical investigations are required to support the building's detailed design, as outlined in Section 6 of the accompany Geotechnical Impact Assessment.

- **Water Management:** For the clinical tower site, a stormwater drainage network is proposed with connection to existing Council infrastructure on the corner of Princes Highway and South Street on the site boundary. An on-site detention (OSD) tank with an internal water chamber is also proposed, to address water quantity and quantity requirements.

The OSD tank has a volume of approximately 88 cubic metres with a Ø96mm orifice (invert 17.66mm) to restrict the stormwater discharge rate. It is noted that the OSD volume and water quality treatment measures meet or exceed the minimum requirements, per the Georges River Stormwater Management Policy.

For the main hospital site, stormwater drainage will not be disturbed by the proposed works noting majority of works relate to internal alterations with ground disturbance works limited to existing hardstand paved areas.

- **Flood Risk:** The sites are not classified as flood prone land in accordance with adopted studies. However, pursuant to the draft *Blakehurst and Kogarah Bay Wards Overland Flow Study,* the sites may be affected by overland flow in the 1% AEP and/or PMF flood events. As such, the following recommendations have been made as precautionary measures in response to the draft flood study.

  Aa basement ramp crest is proposed at the clinical tower site basement entry, as it does not impact vehicle movements though provides a buffer against potential uncertainty. The PMF level (21.48m AHD) is deemed to be 150mm above the ground level of the existing vehicle crossing at the site (21.33m AHD). The ground flood level of the proposed clinical tower is 21.5m AHD, therefore, above the PMF level.

  At the main hospital campus, alternative egress routes are available from the ground floor to external areas that are not subject to overland flow (per the draft flood study). Furthermore, vertical evacuation is also available to higher floor levels of the building, or to the multi-storey health services building at 2 South Street, via the existing elevated skybridge. Notwithstanding, it is recommended that the Emergency Management Plan for St George Private Hospital be reviewed and updated to include a warning/alert system and response actions for flash flooding events.

  Subject to the above management measures, the proposed development at the sites is deemed to be acceptable from a flood risk perspective.

- **Hazards and Risks:** The sites are not adjacent to or on land in a pipeline corridor. A review of the quantities of dangerous goods (DGs) to be stored and transported to/from the proposed development was conducted having regard to the threshold quantities outlined in Chapter 3 of the *State Environmental Planning Policy (Resilience and Hazards) 2021* (RH SEPP). The threshold quantities for the DGs to be stored and transported are not exceeded. Furthermore, the proposed site operations were deemed unlikely to result in noise or odour emissions at levels which would cause offense.

- **Contamination and Remediation:** A NSW EPA Accredited Site Auditor has reviewed the PSI, DSI, Groundwater Impact Assessment, and RAP reports prepared for the site. The DSI found that no significant soil contamination was identified within the accessible portions of the site, with all reported concentrations below the adopted health investigation criteria.

  Formaldehyde was detected in groundwater at elevated concentrations, with trace detections of chloroform and carbon disulphide. This triggered the need for additional assessment of potential human-health risks during excavation and within the completed basement areas.

  The RAP proposes excavation and off-site disposal, which aligns with the basement construction methodology and will achieve site remediation concurrently with development.

  Some uncertainty remains regarding the risk posed by formaldehyde in groundwater. The RAP however manages this uncertainty by requiring additional assessment in relation to groundwater, presence of formaldehyde, and vapour risk. A commitment to refining the RAP in response to new data is also included.

The Site Auditor concludes that the clinical tower site is considered capable of being rendered suitable for the intended land use, subject to full implementation of the RAP and incorporation of findings as necessary from the additional assessments.

- **Aboriginal Cultural Heritage:** Registered Aboriginal Parties provided cultural knowledge and feedback pertaining to the design of the clinical tower proposal. This included a recommendation that local Aboriginal knowledge should be incorporated through design elements as the Project is completed.

  Through 1:1 engagement with elders, cultural mapping, and a walk on Country with a Bidjigal Elder, development of four guiding themes emerged which have shaped the building's materiality, storytelling, and landscape. Implementation of these guiding themes occur through framed windows, endemic and medicinal planting, interior narratives and artworks within the lobby, inscribed storytelling at street-level along the Princes Highway façade, and co-designed public-facing truth-telling across the Bank Lane frontage.

  The façade composition has also been heavily influenced by the sandstone coastal environment, such that the architecture is reflective and reads as Country.

  The ACHAR confirmed that no Aboriginal sites have been identified within the project area and impacts to currently unidentified Aboriginal objects is considered low.

EIS FINDINGS

The findings of this EIS demonstrate that the proposed development can proceed with consent. All assessed impacts have been examined and are deemed acceptable and the proposal responds appropriately to relevant statutory planning requirements.. Furthermore, the proposed upgrade and expansion of St George Private Hospital aligns with the objectives of the *Greater Sydney Region Plan*, the *South District Plan*, and the GRLEP 2021.

The number of long-term positive outcomes and high degree of public benefit associated with the proposed development are considered to substantially outweigh the limited impacts arising, which are mostly short-term and associated with the construction phase of the proposal. As such, there is overwhelming justification for the project, and it is considered to be in the public interest.

Taking into account the findings of this EIS, the Delegate for the Minister is requested to grant development consent to enable the upgrade and expansion of St George Private Hospital to proceed.

1. INTRODUCTION

1.1. PROJECT OVERVIEW

This EIS has been prepared by Patch, on behalf of Akalan Projects Pty Ltd (Akalan) in support of an SSDA submitted to DPHI under Part 4 of the EP&A Act 1979.

St George Private Hospital is a major private healthcare provider located in Kogarah, serving the southern metropolitan area of Sydney. It is fully owned and operated by Ramsay Healthcare, a leading name in Australian and global private healthcare.

St George Private Hospital opened in 1991 following the merger of the three former private hospitals of Pacific, Bexley, and Kogarah. It is located alongside the UNSW Teaching Hospital and services0 approximately 35,000 patients per annum.

Today, it constitutes one of Sydney's largest and most comprehensive private hospitals with a celebrated community focus, meeting the day-to-day and more urgent needs of the residents of Kogarah, St George, Hurstville, Rockdale, and Sutherland shires.

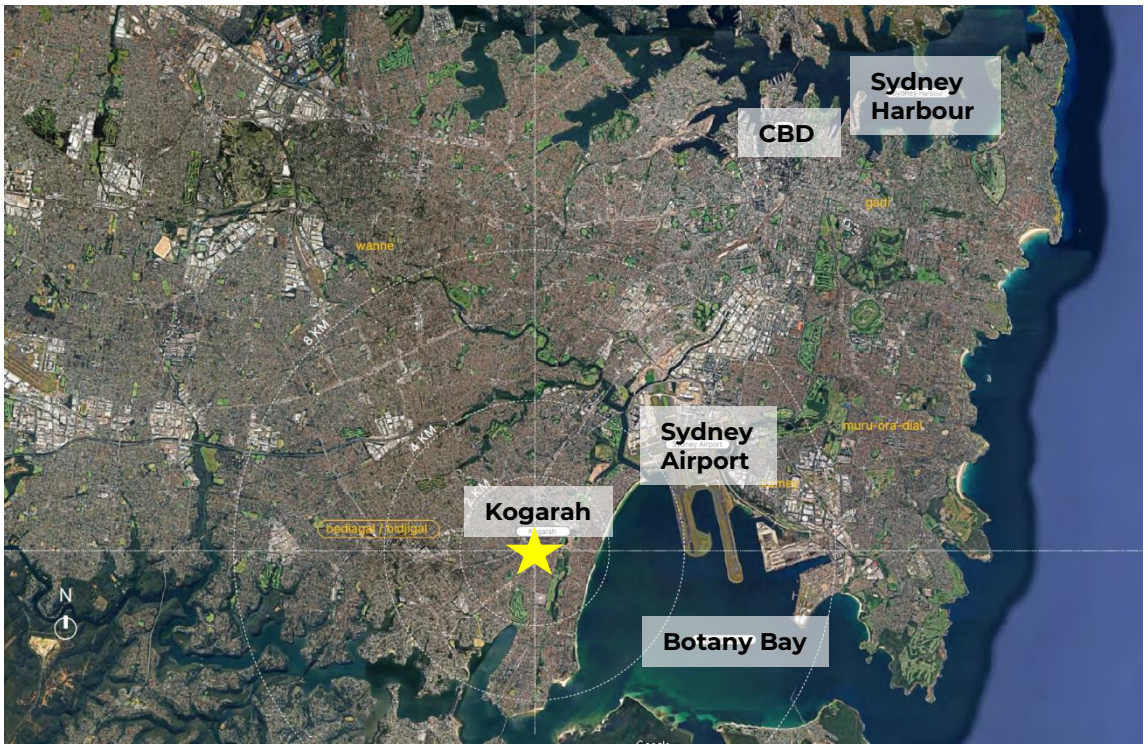


Figure 1. Regional Context Map (the site's location is denoted by the star)
Source: Fitzpatrick + Partners, 2025 (modified by Patch)

The SSDA seeks approval for the upgrade and expansion of the St George Private Hospital, with the proposed development emerging from an iterative design process that seeks to:

- Respond to increasing patient demand at the existing St George Private Hospital;
- Upgrade and modernise the existing infrastructure to maintain pace with evolving industry standards and best practice;
- Expand the clinical capacity of the existing facilities;
- Enhance the overall patient experience at St George Private Hospital; and

- Future-proof the facilities and ensure their continued resilience.

The SSDA duly seeks consent for two components:

- Main Hospital Campus
    - Internal reconfiguration of the ground floor to create a new Emergency Department comprising ten (10) acute patient beds and one (1) isolation suite, together with associated support spaces.
    - External alterations comprising a modified entry shell with a pedestrian entry and new drop-off from the South Street porte cochère, the provision of three (3) dedicated ambulance bays, and associated building signage to clearly identify the operation.
    - Renovations to the existing entry and lobby.
- New Inpatient and Support Services Building
    - Site preparation works including vegetation clearance.
    - Bulk earthworks.
    - Provision of infrastructure comprising civil works and utilities;
    - Construction of a new seven (7) storey Inpatient and Support Services Building on Hogben Street (ground plus six (6) upper levels).
    - Construction of a five (5) level basement car park, inclusive of a radiation oncology unit, storage, and a substation, providing a total of 241 car parking spaces.
    - Provision of ancillary office accommodation, associated amenities, and a loading dock.
    - A package of public domain enhancement works to connect existing footpaths to the Edith Blake Reserve via extensions along Bank Lane.
    - A package of external landscaping works.

The structure of this EIS has been prepared in accordance with DPHI's *State Significant Development Guidelines – Preparing an Environmental Impact Statement* as follows:

- PART 1 INTRODUCTION
- PART 2 STRATEGIC CONTEXT
- PART 3 PROJECT DESCRIPTION
- PART 4 STATUTORY CONTEXT
- PART 5 ENGAGEMENT
- PART 6 ASSESSMENT OF IMPACTS
- PART 7 PROJECT JUSTIFICATION

1.2. STATUTORY REQUIREMENTS

The relevant statutory requirements of the proposal are suitably addressed in Section 4.1.2 of this EIS.

1.3. MANDATORY CONSIDERATIONS

Mandatory matters for consideration by the consent authority are outlined in **APPENDIX C** of this EIS.

1.4. SUPPORTING PROJECT DOCUMENTATION

Documents provided in support of the proposal are outlined in Table 2.

Table 2. Document Schedule

Appendix No.	Document Title	Consultant
Appendix 1	Secretary's Environmental Assessment Requirements	NSW DPHI
Appendix 2	EDC Report and Employment Statement	MBM
Appendix 3	Title Documents	NSW Land Registry Services
Appendix 4	Architectural Drawings	Fitzpatrick + Partners
Appendix 5	Design Report	Fitzpatrick + Partners
Appendix 6	Survey Plans	CMS Surveyors
Appendix 7	BCA Compliance Assessment Report	McKenzie Group
Appendix 8	Accessibility Report	McKenzie Group
Appendix 9	Landscape and Visual Impact Assessment	Terras
Appendix 10	Traffic Impact Assessment	PTC
Appendix 11	Preliminary Construction Traffic Management Plan	PTC
Appendix 12	Green Travel Plan	PTC
Appendix 13	Landscape Plans	Terras
Appendix 14	Arboricultural Impact Assessment	Arbor Express
Appendix 15	ESD Report	DSA Consulting
Appendix 16	Net Zero Statement	DSA Consulting
Appendix 17	NABERS Emissions Form	DSA Consulting
Appendix 18	BDAR Waiver Request Report	De Witt Ecology
Appendix 19	BDAR Waiver	NSW DPHI
Appendix 20	Noise and Vibration Impact Assessment	RWDI

Table 2. Document Schedule		
Appendix No.	Document Title	Consultant
Appendix 21	Geotechnical Impact Assessment	Tetra Tech Coffey
Appendix 22	Groundwater Impact Assessment	Tetra Tech Coffey
Appendix 23	Integrated Water Management Plan and Civil Design Report	ACOR Consultants
Appendix 24	Flood Impact Risk Assessment	ACOR Consultants
Appendix 25	Preliminary Site Investigation	Tetra Tech Coffey
Appendix 26	Detailed Site Investigation	Tetra Tech Coffey
Appendix 27	Remedial Action Plan	Tetra Tech Coffey
Appendix 28	Hazardous Materials Survey	Environmental Safety Professionals
Appendix 29	Site Audit Review	Geo-Logix
Appendix 30	Preliminary Risk Screening Report	Riskcon
Appendix 31	Demolition and Construction Waste Management Plan	Waste Audit
Appendix 32	Operational Waste Management Plan	Waste Audit
Appendix 33	Aboriginal Cultural Heritage Assessment Report	Umwelt
Appendix 34	Statement of Heritage Impact and Archaeological Assessment	Umwelt
Appendix 35	Social Impact Assessment	Umwelt
Appendix 36	Infrastructure Requirements and Utilities Plan	DSA Consulting
Appendix 37	Fire Safety Statement	Jensen Hughes
Appendix 38	Aviation Impact Assessment	Avi Pro
Appendix 39	Pedestrian Wind Assessment	RWDI
Appendix 40	Engagement Report	Patch
Appendix 41	Development Control Plan Assessment Table	Patch
Appendix 42	Preliminary Staging and Programming Schedule	Akalan

1.5. ESTIMATED DEVELOPMENT COST

The Estimated Development Cost (EDC) of the proposed development, accordance with the EDC definition under the *Environmental Planning & Assessment Regulation 2021* (EP&A Regulation) is estimated to be $177,856,815 (excluding GST).

An EDC Report, prepared by MBM, is enclosed at **APPENDIX 2**.

1.6. EMPLOYMENT NUMBERS

The following employment numbers are forecast for the proposed upgrade and expansion of St George Private Hospital.

1.6.1. CONSTRUCTION JOBS

The EDC Report prepared by MBM (**APPENDIX 2**) anticipates that 355 full time equivalent (FTE) construction jobs would be created over a 24-month period. This is informed by the *Measures of Construction and Job Impacts from Fast Tracked Projects* methodology paper prepared by the NSW Government in June 2020, which states that approximately two (2) construction jobs would be generated by each $1m of construction expenditure.

1.6.2. OPERATIONAL JOBS

The proposed clinical tower development would provide 155 beds at completion, plus a new emergency department within the main hospital campus. Staffing forecasts provided indicate an increase of 234 FTE roles on completion of the project.

1.7. THE PROPONENT

See Table 3 below for the details of the appropriate contact.

Table 3. Proponent Contact Details	
Company Details	Akalan Projects Pty Ltd
Contact Name	c/o Mason Stankovic
Position	Managing Director, Patch Planning
Address	Level 7, 30-32 Carrington Street, Sydney, NSW 2000
Project ID	St George Private Hospital Expansion
Contact Number	0401 669 336
Email Address	mstankovic.@patchplanning.com.au

1.8. SECREATARY'S ENVIRONMENTAL ASSESSMENT REQUIREMENTS

An application requesting industry-specific SEARs was submitted to DPHI (ref. SSD-86969958). The SEARs were subsequently issued by DPHI on 30 June 2025 and are addressed by this EIS.

For reference, the industry-specific SEARs as issued are enclosed at **APPENDIX 1** with an overview of how they have been satisfied provided at **APPENDIX A** of this EIS.

Part 6 of this EIS provides a detailed environmental risk assessment of all SEARs items.

This EIS is consistent with the minimum requirements for an EIS, as set out in Division 5 of the EP&A Regulation and has considered the *State Significant Development Guidelines – Preparing an Environmental Impact Statement*.

2. STRATEGIC CONTEXT

2.1. SITE LOCATION AND EXISTING SITE CHARACTERISTICS

St George Private Hospital is in the suburb of Kogarah, approximately 14km south of the Sydney Central Business District (CBD), within the Georges River Local Government Area (LGA). Kogarah is a principal centre within the South Sydney metropolitan area, serving as a major commercial, transport, and health hub. The two development sites are centrally located within the Kogarah Health, Education and Innovation Precinct (HEIP), and are immediately adjacent to the larger St George Public Hospital.

Kogarah benefits from strong transport links, including Kogarah Train Station (on the T4 Eastern Suburbs and Illawarra Line) and multiple bus routes, facilitating access for patients, staff, and visitors. The sites are also bounded by the Princes Highway to the west, a major arterial road.

Figure 2 and Figure 3 illustrate the location of the two development sites, including the extent of works at the main hospital campus.

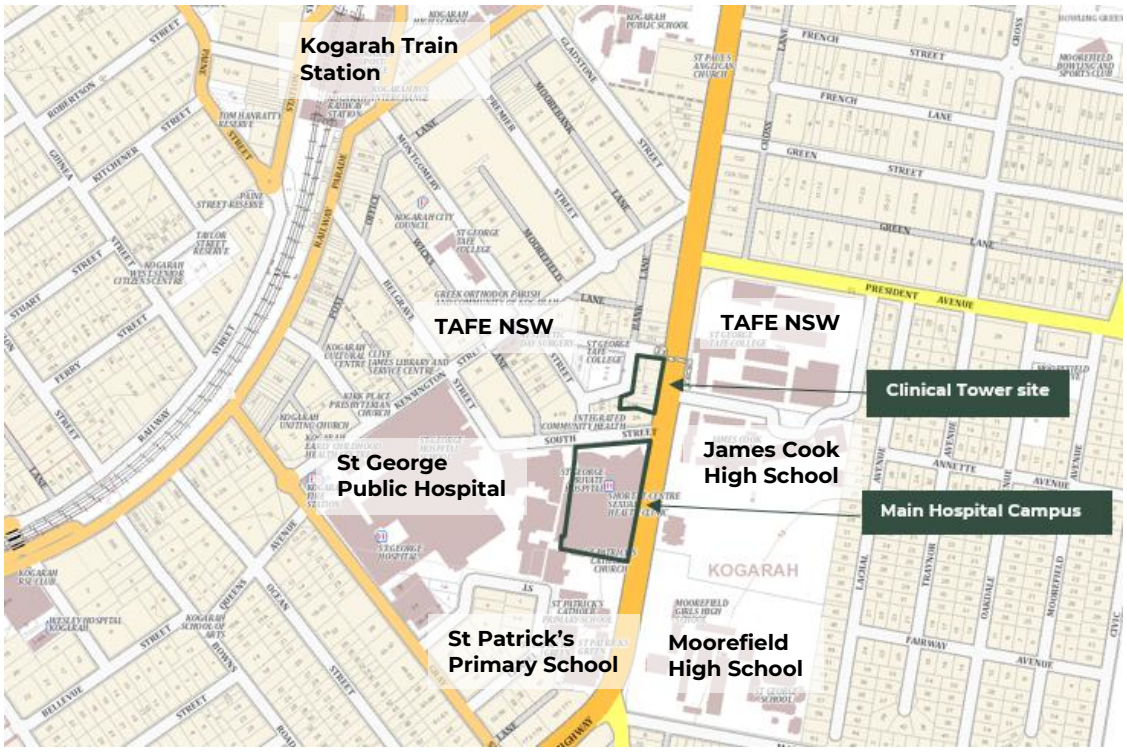


Figure 2. Site Context Map
Source: Six Maps, 2025 (modified by Patch)

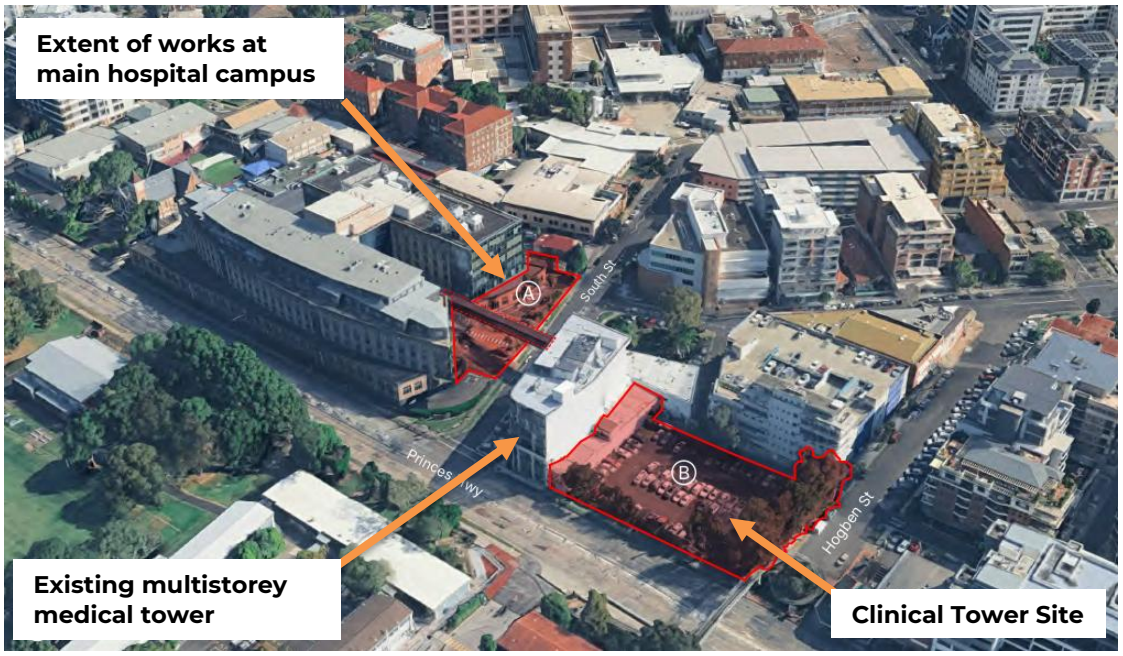


Figure 3. Location of Development Sites
Source: Fitzpatrick + Partners, 2025

2.1.1. MAIN HOSPITAL CAMPUS

The main hospital campus is located at 1 South Street, Kogarah. The subject site is bound by two road frontages, South Street to the north and Princes Highway (a classified road) to the east.

The subject site is legally described as Lot 31 in DP 1147692 and has a total area of approximately 1.11 hectares. The subject site has a frontage of approximately 85m to South Street and 150m to Princes Highway.

The subject site accommodates the St George Private Hospital's main campus, with access provided off South Street. The subject site contains a few small hedges along the South Street and Princes Highway frontages.

Refer to Figure 4 for a site aerial excerpt.

Figure 4. Main Hospital Campus Aerial Extract (red outline denotes development extent)
Source: Metro Map, 2025 – modified by Patch

Figure 5 and Figure 6 provide existing street views of the main hospital campus from South Street and Princes Highway, respectively.

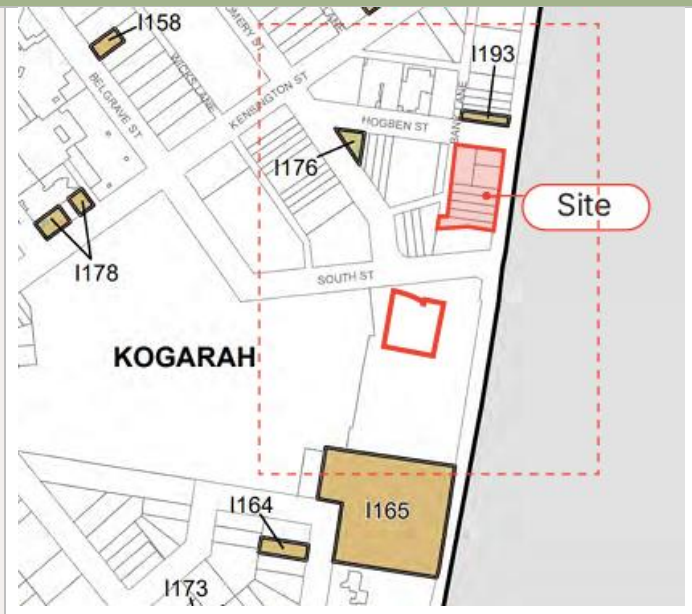
Figure 5. Existing Street View of the Main Hospital Campus from South Street
Source: Google, 2025

Figure 6. Existing Street View of the Main Hospital Campus from Princes Highway
Source: Google, 2025

Table 4 outlines the key characteristics of the main hospital campus in its existing form.

Table 4. Site Description for the Main Hospital Campus	
Legal Description	Lot 31 in DP 1147692
Site Area	Extent of development area: 1,631 sqm
Street Frontage	The main hospital campus has frontages to South Street to the north and Princes Highway to the east.
Topography	The main hospital campus is predominantly flat owing to its existing development.
Easements/ Restrictions	Refer to the Title Information and Deposited Plans enclosed at **APPENDIX 3**. The proposed reconfiguration of the ground floor accommodation would not affect existing encumbrances at the main hospital campus.
Previous Uses	The lawful established use of the main hospital campus is as a private hospital, which has been the case since the granting of development consent ref. 69/89 on 21 June 1989.
Services	The main hospital campus is served by existing services connections for power, water, sewer, and telecommunications.
Current Access	The primary access to the hospital is via South Street. A connected sky bridge provides access between the main campus and the clinical tower.
Flooding	The main hospital campus is affected by overland flow flooding stemming from the limited capacity of the local stormwater network, pursuant to the draft *Blakehurst and Kogarah Bay Overland Flow Study*.

Table 4. Site Description for the Main Hospital Campus	
	For the 1% AEP event, the area to the immediate west (loading dock/ deliveries) is a documented ponding location with expected flood depths up to 0.5m to 1m. The hazard level is classified as H1 ('generally safe for vehicles, people and buildings). For the extremely rare PMF event, flood depths to the immediate west are predicted to reach 1m to 2m. The hazard level in this area increases to H3 ('unsafe for vehicles, children and the elderly).
Flora and Fauna	The development sites are within a heavily disturbed landscape and comprise managed native and exotic vegetation, including Swamp Sheoak (*Casuarina glauca*), Sydney Blue Gum (*Eucalyptus saligna*), Eucalyptus saligna x botryoides, Weeping Bottlebrush (*Callistemon viminalis*) and Common Box (*Buxus sempervirens*), all of which have been heavily influenced by man-made disturbances. A habitat assessment confirmed the absence of suitable vegetation types and structural attributes required to harbour threatened flora and fauna.
Bushfire Prone Land	The site is not identified as being bushfire prone land on the NSW Rural Fire Service (RFS) *Bushfire Prone Land Map*.
Aboriginal Heritage	No new or previously recorded Aboriginal objects and/or sites were identified within the Project Area. The potential for impact to Aboriginal objects is assessed as 'low'.
European Heritage	Neither development site is identified as a heritage item and are not within any designated conservation area under the GRLEP 2021. St George Private Hospital is however proximate to: • I193 – Locally listed shop and residence at 111 Princes Highway, Kogarah (20m to the north); and • I176 – Locally listed shop and residence at 22 Hogben Street (71m to the west). Figure 7 illustrates the location of the identified heritage assets relative to the development sites.

Table 4. Site Description for the Main Hospital Campus
 Figure 7. Local Heritage Map Excerpt *Source: NSW Legislation amended by Fitzpatrick, 2025*

2.1.2. CLINICAL TOWER SITE

The clinical tower site is 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.

The site comprises eight adjoining allotments of land, which collectively equate to a total area of approximately 2,300sqm. Table 5 below sets out the legal descriptions of the land.

Table 5. Legal Description of the Land forming the Clinical Tower Site		
Legal Description	Address	Size
A. Lot 1 in DP8864	119 Princes Highway, Kogarah NSW 2217	244.41 sqm
B. Lot 2 in DP8864	119 Princes Highway, Kogarah NSW 2217	234.81 sqm
C. Lot 3 in DP8864	119 Princes Highway, Kogarah NSW 2217	231.9 sqm
D. Lot 4 in DP8864	119 Princes Highway, Kogarah NSW 2217	232.16 sqm
E. Lot B in DP358876	119 Princes Highway, Kogarah NSW 2217	257.78 sqm
F. Lot C in DP358876	119 Princes Highway, Kogarah NSW 2217	351.6 sqm
G. Lot 5 in DP 8864	129 Princes Highway, Kogarah NSW 2217	299.29 sqm
H. Lot A in DP358876	2 Hogben Street, Kogarah NSW 2217	448.66 sqm

The site has approximate road frontages as follows: 60m to Princes Highway, 40m to Hogben Street, and a 50m splayed frontage to Bank Lane.

The site currently accommodates a hard-stand parking lot providing approximately 76 car parking spaces and a two-storey commercial premises. To the immediate south is the existing multi-storey medical tower at 2 South Street, Kogarah, which forms part of the St George Private Hospital premises. A connecting sky-bridge provides pedestrian access over South Street for patients and staff.

The site is otherwise bordered by a range of mature trees and small shrubs, including some trees interspersed throughout the parking area. Refer to Figure 8 for a site aerial excerpt.

Figure 8 – Clinical Tower Site Aerial Extract (Note: the letters cross-reference the legal descriptions set out within Table 5).
Source: Metro Map, modified by Patch

Figure 9, Figure 10, and Figure 11 provide existing street views of the clinical tower site from Hogben Street, Bank Lane, and the Princes Highway, respectively.

Figure 9. Existing Street View of the Clinical Tower Site from Hogben Street
Source: Google, 2025

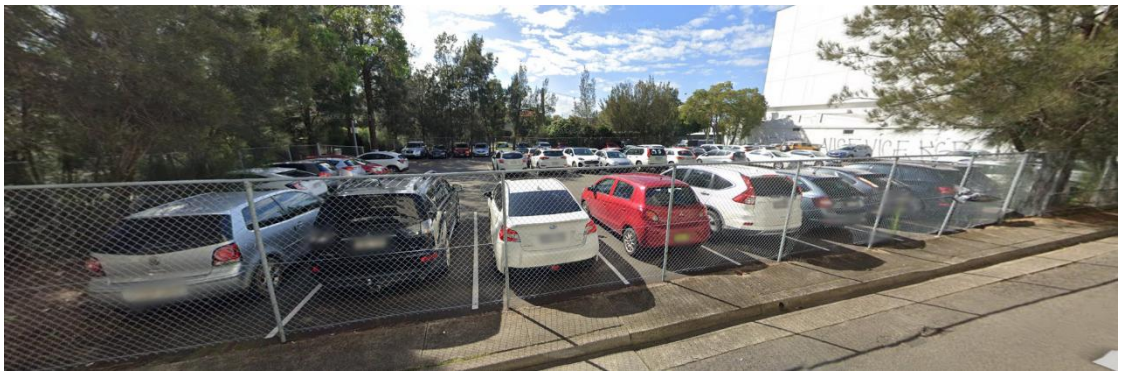


Figure 10. Existing Street View of the Clinical Tower Site from Bank Lane
Source: Google, 2025

Figure 11. Existing Street View of the Clinical Tower Site from Princes Highway
Source: Google, 2025

Table 12 outlines the key characteristics of the clinical tower site in its existing form.

Table 6. Site Description for the Clinical Tower Site	
Legal Description	Lot 1 in DP8864 Lot 2 in DP8864 Lot 3 in DP8864 Lot 4 in DP8864 Lot B in DP358876 Lot C in DP358876 Lot 5 in DP 8864 Lot A in DP358876
Site Area	2,300.6 sqm
Street Frontage	The clinical tower site has frontages to Princes Highway to the east, Hogben Street to the north, and Bank Lane to the west.
Topography	Observed to be flat to gently sloping with gentle undulations being particularly noticeable at the northern-most portion of the existing at grade car park.

Table 6. Site Description for the Clinical Tower Site	
	The clinical tower site is observed to be at a higher elevation than the adjacent Princes Highway running along the eastern boundary
Easements/Restrictions	Refer to the Title Information and Deposited Plans enclosed at **APPENDIX 3**. There are no encumbrances considered pertinent to the proposed development at the clinical tower site.
Previous Uses	The lawful established use of the clinical tower site is as a staff car park, which has been the case since the granting of development consent ref. DA/1995/37 on 7 May 1996.
Services	The site is served by existing services connections for power, water, sewer, and telecommunications.
Current Access	The primary access to the hospital is via South Street. A connected sky bridge provides pedestrian access between the Main Campus and the clinical tower.
Flooding	The clinical tower site is considered to be at a low risk of flooding for the design storm event, with risks primarily related to shallow overland flow along adjacent roads, pursuant to the draft *Blakehurst and Kogarah Bay Overland Flow Study*. For the 1% AEP event, the clinical tower site is not designated as a flood control lot. The Princes Highway and Hogben Street carriageways are subject to shallow overland flow within the kerb and gutter only. Depths are shallow (<0.15m) and the hazard level is low (H1 – 'generally safe for vehicles, people and buildings'). For the PMF event, the southern end of the existing car park and Bank Lane are subject to overland flow in this extreme event. The flood characteristics remain the same as with the 1% AEP event, but the flood extent is greater.
Flora and Fauna	See the response for the main hospital campus at Table 4.
Bushfire Prone Land	The site is not identified as being bushfire prone land on the NSW Rural Fire Service (RFS) *Bushfire Prone Land Map*.
Aboriginal Heritage	No new or previously recorded Aboriginal objects and/or sites were identified within the Project Area. The potential for impact to Aboriginal objects is assessed as 'low'.
European Heritage	See the response for the main hospital campus at Table 4.

2.2. PLANNING HISTORY AND RECENT APPROVALS

A summary of the relevant planning consents across the constituent lots of the St George Private Hospital is provided at Table 7.

Table 7. Summary of existing approvals

LPA Reference	Description of Development	Date of Decision
Main Hospital Site		
69/89	***Construction of a private hospital containing 150 beds in addition to associated medical consulting rooms at the corner of South Street and Princes Highway, Kogarah.***	**21.06.1989**
DA/1997/5/1	*Modifications or Additions - Development Applications: Miscellaneous/Other Development*	30.04.1999
DA/2004/278	*Health Care Institution (Adds & Alts)*	05.07.2004
DA/2006/361	*Internal Alterations to operating theatre suite within St George Private Internal Alterations to St George Private Hospital*	17.10.2006
DA/2008/302	*Additions to St George Private Hospital (Additional 2 Levels) Additions to St George Private Hospital - Additional Two (2) levels*	16.12.2008
DA/2014/164	*Alteration and additions to existing hospital facility*	24.10.2014
DA2017/0340	*Demolition of existing structures and construction of a new health care facility and elevated walkway over South Street to St George Private Hospital*	21.06.2018
MOD2019/0199	*Modification of Consent No: DA2017/0340 – Demolition of existing structures and construction of a new heath care facility and pedestrian bridge over South Street to St George Private Hospital – the modifications include; installation of various plant and equipment associated with the rooftop plant.*	20.02.2020
Clinical Tower Site		
DA/1995/49	Construction of a mixed-use development comprising medical suites at 119 Princes Highway.	18.07.1995
DA/1996/37	**Development Application for a "staff car park" at 2 Hogben Street.**	**07.05.1996**
DA2025/0325	Demolition of existing commercial premises ("Fardoulis Sweets and Nuts") at 129 Princes Highway (Lot 5 in DP 8864)	23.09.2025

Table 7. Summary of existing approvals		
LPA Reference	Description of Development	Date of Decision
6-14 Hogben Street – adjacent to the Clinical Tower Site (to the west)		
DA/2014/307	Construction of a new multi-level carpark/parking station (as amended by Modification Application ref. DA/2014/307/2 on 06.10.2016).	01.06.2015

2.2.1. MAIN HOSPITAL SITE HISTORY

Development Consent reference 69/89 establishes the lawful use of the main hospital campus development site as a private hospital (bolded above).

The last significant upgrade of St George Private Hospital occurred in 2018 pursuant to Development Consent reference DA2017/0340, which approved the demolition of existing structures and the construction and use of the six-storey Specialist Centre on the lot to the south of the clinical tower site, with areas for consulting suites and outpatient services. This consent also approved the elevated walkway over South Street.

Preceding DA2017/0340 was a major redevelopment of the main hospital campus in 2016 (DA/2014/164), which introduced four (4) new theatres and 25 patient rooms, together with supporting specialist facilities.

2.2.2. CLINICAL TOWER SITE HISTORY

Development Consent reference DA/1996/37 appears to establish the lawful use of the clinical tower site as at grade car parking (bolded above). This has been further validated by a search of the NSW Historic Imagery online tool, which demonstrates the transformation of the land to its existing situation between 1996 to 1998.

The commercial unit to the immediate south of the at grade car parking was recently approved for demolition pursuant to Development Consent reference DA2025/0325.

The aforementioned DA2017/0340 approved the construction of the six-storey Specialist Centre on the lot to the south of the clinical tower site, addressing South Street.

2.3. REGIONAL CONTEXT

St George Private Hospital is located in Kogarah Town Centre, within the Georges River LGA, approximately 14km south of the Sydney CBD and 5km west of Botany Bay.

The Georges River LGA is characterised by:

- Key centres: the two primary centres are Hurstville and Kogarah, which serve as major retail, commercial, and transport hubs. The site is located immediately adjacent to the Kogarah Town Centre and transport interchange.
- Demographics: The LGA is known for its high population density and cultural diversity, with a significant proportion of residents employed in healthcare, education, and retail.
- Built form: the character transitions from high-density, mixed-use buildings around the major train stations (Kogarah and Hurstville) to medium and low-density residential areas further away, particularly along the foreshores of the Georges River.

The site forms an integral part of the of the Kogarah Health and Education Precinct, which is a State-significant functional area encompassing:

1. St George Public Hospital: a major metropolitan hospital and tertiary referral centre.
2. St George Private Hospital (the subject site): providing complementary private medical services.
3. The St George Clinical School: associated with the University of New South Wales (UNSW).

This concentration of facilities defines the immediate local context as a specialised health and medical hub, leading to high levels of pedestrian and vehicle activity, particularly related to patient, staff and visitor movements. The area surrounding the hospital campus is typically mixed-use, featuring medical suites, ancillary health services, commercial properties, and residential apartment buildings. An educational cluster comprising of two (2) high schools and a primary school is to the immediate east and south-east.

The site benefits from excellent regional connectivity, which is critical for its function as a major healthcare provider for South Sydney:

- Road network: the precinct is located in close proximity to the Princes Highway, a major arterial road providing north-south access to the Sydney CBD and the Illawarra region.
- Public transport: the site benefits from a Public Transport Accessibility Level (PTAL) grade of 6 (the highest score achievable), which denotes a 'very high' degree of public transport connectivity (refer to Figure 43). It is a short walk from Kogarah Train Station, which is on the T4 Eastern Suburbs and Illawarra Line. This line provides direct, frequent rail access to major interchanges including Central Station, Town Hall, and Bondi Junction. The station also serves as a major regional bus terminal.
- Active transport: established pedestrian and cycle lanes connect the hospital to Kogarah Town Centre and surrounding residential areas.

Figure 12: Local Context Map. The location of the site is indicated by the orange dot.
Source: NearMap modified by Patch

2.4. CUMULATIVE IMPACTS WITH RELEVANT FUTURE PROJECTS

A search of the NSW Government's Major Projects Portal has determined that there is one (1) recently approved SSDA within proximity of the site (SSD-39170713) (refer to Figure 13). Pursuant to Table 2 of the '*Cumulative Impact Assessment Guidelines – For State Significant Projects' October 2022* (CIA Guidelines), this SSDA is considered a 'relevant future project' from a cumulative impact assessment perspective.

There are no other significant development proposals, under assessment or recently approved, within the vicinity that need to be considered from a cumulative impacts' perspective.

SSD-39170713 relates to the expansion of the St George Public Hospital, located to the south-west of the subject sites. This SSDA was approved on 13 February 2023 and was last modified on 16 November 2023. Early works and demolition appear to have commenced, though construction is in initial stages.

This application is the only proposal to consider from a cumulative impacts' perspective, and in line with the SEARs, the supporting Traffic Impact Assessment (TIA) (**APPENDIX 10**) has used the 'issue-specific' approach as defined in the CIA Guidelines.

Per Table 1 of the CIA Guidelines, the issue-specific approach involves assessing the cumulative impact of the project on key matters with other relevant future projects. The key matter in this instance relates to traffic.

Table 8. Relevant Future Projects

DA Reference	Development Description	Current Status	Relevance
SSD-39170713	St George Public Hospital – demolition of the existing Prince William Wing and construction and operation of a new nine storey integrated Ambulatory Care Building, with basement parking for 151 cars, pick-up and drop-off bays along Kensington Street and landscaping	Approved and construction commenced	Should be considered from a traffic servicing perspective

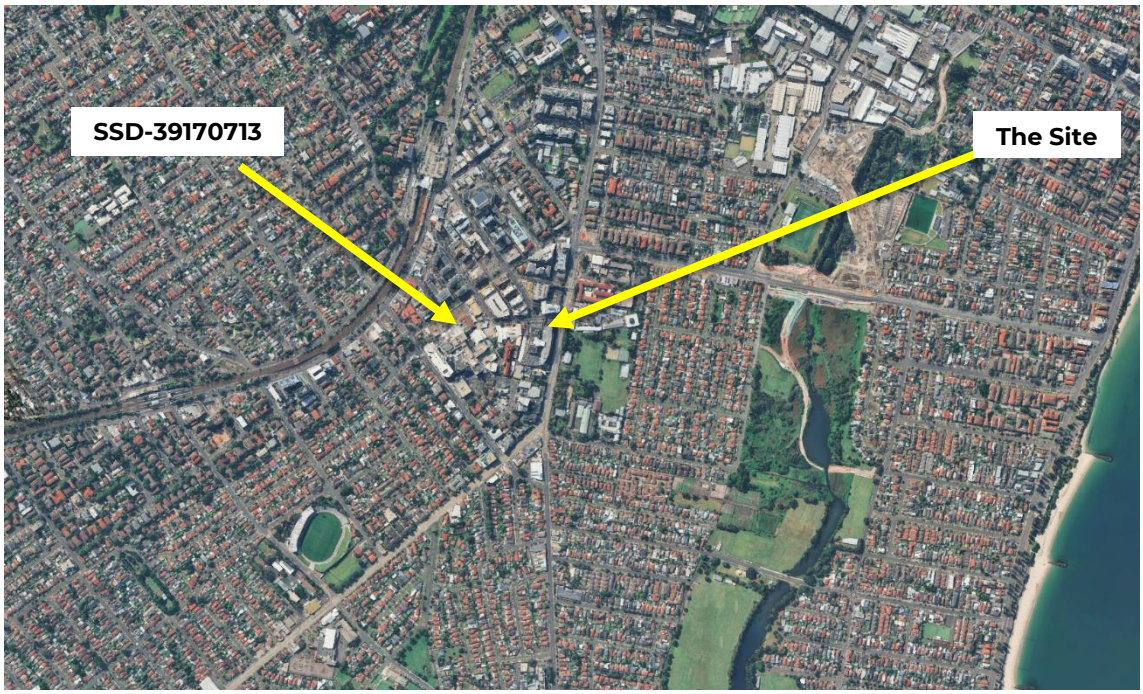


Figure 13. Relevant Future Projects in Site's Vicinity
Source: Google, 2025 (modified by Patch)

A cumulative impact assessment with regard to traffic is provided in Section 6.1.8 of this EIS, pursuant to the CIA Guidelines.

2.5. CONSIDERATION OF ALTERNATIVES

Pursuant to clause 192(1)(c) of the *Environmental Planning and Assessment Regulation 2021* (EP&A Regulation), and in accordance with the State Significant Development Guidelines – Preparing an EIS, July 2022 (SSD Guidelines) prepared by DPHI, there is a requirement to analyse any feasible alternatives to the proposal, including the consequences of not carrying it out.

Table 9 outlines four (4) feasible alternatives: 'Do Nothing', alternative site acquisition, alternative design and the proposed design.

Table 9. Consideration of Project Alternatives	
'Do Nothing'	This option was dismissed as the objectives of the proposal would not be met. A 'do nothing' or 'business as usual' scenario would see the existing hospital facilities degrade, compromising the quality of healthcare and medical services provided. The hospital would subsequently fail to respond to the increasing demand and acute need for its services and would eventually fail in its overarching mission statement and objectives to the detriment of its community.

Table 9. Consideration of Project Alternatives	
Acquisition and development of an alternative site	This option was dismissed on the basis that the lawfully established use of the main hospital site is as a hospital. Furthermore, the St George Private Hospital has dully occupied the site since November 1995 and has become a significant stakeholder and institution within its catchment and local community. There is therefore a social obligation to continue serving this catchment and community through the provision of expanded and upgraded facilities. The existing configuration of the main hospital site, together with the proximity of the clinical tower site and its characteristics, provides a significant opportunity for sensitive intensification to ensure the most effective and efficient use of the land. The existing hospital comprises an integrated service offering serving an existing catchment, with demand for its services forecast to continue increasing over time. This means there is little rationale for developing an expanded service offering on an alternative site. Inflated land costs would also make such an option economically unfeasible for the hospital.
Alternative Design options	Consideration was given to alternative design options for the clinical tower, in relation to the placement of the loading dock and the provision of basement carparking. Following initial discussions with Council and the SDRP and a review of the Georges River DCP 2021 controls (notwithstanding DCPs does not apply to SSDA, per clause 2.10 of the Planning Systems SEPP), the architects explored design alternatives that could achieve: • A 1.5m setback from the rear boundary along Bank Lane (per Clause 8.1.5 of GRDCP 2021), both above and below ground level; and • A loading dock accessed off Bank Lane rather than Hogben Street. This alternative design resulted in a reduction of 21 parking spaces per basement level, and an inferior safety and accessibility outcome. Overall, this equated to a loss of 105 parking spaces. Noting the intention of the DCP control relates to a future 'lane/road widening' objective, the project team considered the full use of the site's depth below ground would not prohibit this objective from being achieved. Such a significant reduction is parking is not feasible as it is critical for the operation of the hospital. Refer to Section 6.1.8 of this EIS for further detail. In addition, the relocation of the loading dock was extensively investigated. Several complex factors influence its siting, including turning circles and safe front-in/front-out access. Internally, the loading dock needs to connect directly to refuse rooms, stores, and other BOH processes. Noting that the clinical tower loading dock is not the primary dock for the private hospital campus, a reduced number of deliveries would be handled at the clinical tower site, utilising smaller vehicles.

Table 9. Consideration of Project Alternatives	
	Access via Bank Lane was discounted due to site width and access constraints. This also required a loss of a drop-off bay, spaces considered essential for patient convenience and safety. Swept paths also indicated conflicts would occur between the pedestrian footpath along the southern edge of Bank Lane. Level conflicts within the building were also created, with the loading dock sitting approximately 1m lower than its associated supply and storage rooms to allow for the required internal link access through the adjacent building to the skybridge. The alternative design options which have been considered are explored in detail in the Architectural Design Report which is provided as **APPENDIX 5** to the EIS. It is noted that a different site configuration would not have been able to respond to the abovementioned site opportunities and constraints. The proposed design response is therefore considered the most appropriate design outcome. Notwithstanding, the proposed development is justified on the basis that it is compatible with the locality in which it is proposed, resulting in positive social and economic benefits, whilst appropriately managing and mitigating any potential environmental impacts requiring consideration. The proposal also leverages the availability of existing infrastructure.
Proposed Design	The final design was ultimately chosen as it achieves the objectives of the proposal and delivers a clinical tower building plus an emergency department which balance clinical excellence, patient experience, sustainability, and contribution to Country. The final design, when compared with the alternative design discussed above, provides greater internal and external circulation for the clinical tower, increased amenity for users, and maximised safety. Notably, the design of the basement car park does not prohibit the objective of part 8.1.5 of the GRDCP 2021 from being realised. Subterranean use within the complete site boundaries will not disrupt a widening of Bank Lane in future, should Council pursue this. As discussed during the Proponents Pre-DA engagement with Council, an agreed approach to managing access could be via a Section 88B instrument. This instrument would ensure public access at road level, maintenance to Council standards, and liability control. Therefore, subject to the detailed terms of the Section 88B instrument being drafted, Council's General Counsel and the Proponent agreed that there is a clear way forward pertaining to the basement design, without the need for land dedication.

2.6. STRATEGIC PLANNING CONTEXT

Table 10 provides an overview of the consistency of the proposed development with the applicable strategic planning documents.

Table 10. Overview of the Strategic Policy Framework	
Strategy	Comment
Greater Sydney Regional Plan	The Georges River LGA is situated within the administrative boundary of the South City District. While historically guided by the Greater Sydney Region Plan: A Metropolis of Three Cities, the strategic framework has transitioned to the Six Cities Region model, which now guides metropolitan planning across the wider area of NSW. The Greater Sydney Region Plan provides the overarching strategic plan for growth and change across the Sydney metropolitan area. It is a 20-year plan with a 40-year vision that seeks to transform Greater Sydney into a Metropolis of Three Cities – the Western Parkland City, Central River City and Eastern Harbour City. Kogarah is identified within the plan as a Strategic Centre, within the Eastern Harbour City. The following objectives are relevant to the proposed development: **Objective 1 – Infrastructure supports the three cities:** The hospital is critical social infrastructure that supports the Eastern Harbour City (EHC) in its function as a major provider of services. The proposed upgrade and expansion ensure this infrastructure remains fit-for-purpose. **Objective 2 – Infrastructure aligns with forecast growth—Growth Infrastructure Compact:** The upgrade anticipates and addresses the future demand for specialist private healthcare services driven by population growth in the Georges River LGA and the wider South City District. **Objective 3 – Infrastructure adapts to meet future needs:** The project involves modernising and expanding facilities to accommodate contemporary medical technology and flexible service delivery models, ensuring the hospital's infrastructure is adaptive. **Objective 4 – Infrastructure is optimised:** By increasing capacity within the existing Kogarah Health and Education Precinct, the proposal effectively leverages existing transport and utility infrastructure already supporting the established cluster of social infrastructure and the wider precinct. **Objective 6 – A city of 30-minute cities:** Health facilities are essential services referenced in the 30-minute city metric. The expansion strengthens Kogarah as a key destination, ensuring more residents have access to high-order specialist health services within a reasonable travel time. **Objective 14 – Integrated land use and transport creates walkable and 30-minute cities:** As a major employment and service destination adjacent to Kogarah Train Station and bus interchange, the hospital reinforces the integrated land use planning for a transit-oriented Strategic Centre.

Table 10. Overview of the Strategic Policy Framework	
Strategy	Comment
South District Plan	The South District Plan is the statutory 20-year plan guiding strategic land use planning in the district, bridging the gap between the overarching metropolitan vision and the local planning controls. The Plan places strong emphasis on the key role of strategic centres. The South District Plan is structured around 18 Planning Priorities across four key themes: Liveability, Productivity, Sustainability, and Implementation. The following priorities are relevant to the proposed development: <u>Productivity</u> **Planning Priority S8 – Growing and investing in health and education precincts and Bankstown Airport trade gateway as economic catalysts for the District:** The proposal directly targets this priority by providing significant private investment in expanded clinical facilities within the Kogarah Health and Education Precinct, increasing the critical mass of health infrastructure that underpins Kogarah's status as a major metropolitan health hub for the entire South District. **Planning Priority S8 (Sub-Objective) – Boost regional employment and knowledge-intensive jobs:** The upgrade and expansion will create additional capacity for specialist medical staff, researchers, and associated administrative roles, increasing high-value, knowledge-intensive employment opportunities consistent with the Plan's employment targets for HERI (Health, Education, Research, and Innovation) sectors. **Planning Priority S8 (Sub-Objective) – Facilitate research and education/ clinical collaboration:** The upgraded and expanded facilities support the co-location of private medical practice with the adjacent St George Public Hospital and UNSW clinical school, fostering opportunities for collaboration and research translation, which is central to the Precinct's strategic function. **Planning Priority S9 – Growing investment business opportunities and jobs in strategic centres:** Kogarah is designated a Strategic Centre. This major capital investment boosts local business activity through the generation of increased footfall, reinforces Kogarah's function as an economic anchor, and enhances its regional competitiveness. **Planning Priority S12 – Delivering integrated land use and transport planning and a 30-minute city:** Located adjacent to major public transport (Kogarah Train Station), the hospital's expansion reinforces integrated land use planning, ensuring essential services and high-quality employment are accessible within the 30-minute city vision.

Table 10. Overview of the Strategic Policy Framework	
Strategy	Comment
	Liveability: **Planning Priority S3 – Providing services and social infrastructure to meet people's changing needs:** The project ensures the continued provision and enhancement of essential tertiary healthcare services, directly addressing the changing and growing health needs of the South District's population. **Planning Priority S4 – Fostering healthy, creative, culturally rich and socially connected communities:** Improved access to critical healthcare is fundamental to fostering a healthy community, ensuring social resilience and well-being for residents across the district. **Planning Priority S6 – Creating and renewing great places and local centres, and respecting the District's heritage:** By modernising its architecture and ensuring quality streetscape interfaces, the upgrade contributes to the renewal of the Kogarah Strategic Centre as a "great place".
Future Transport Strategy 2061	The Future Transport Strategy 2061 (Future Transport) was released by Transport for NSW in September 2022. The strategy outlines a 40-year plan for transport development in NSW and provides strategic guidance for transport in relation to land use, tourism and economic development. This strategy embeds the concept of the Six Cities Region and responds to the rise of remote working, the need for increased resilience, and an urgent focus on decarbonisation (Net Zero). The Strategy promotes an integrated transport system that supports the liveability and productivity goals of the District Plans. The strategic location of St George's Private Hospital in Kogarah is highly consistent with the transport strategy's key directions, including: **Overarching Vision – The movement of people and goods is safe, efficient, and sustainable, connecting people to the places that matter to them:** The proposed upgrade and expansion is located close to a major transport interchange (Kogarah Train Station), immediately connecting people to a place that matters – essential tertiary health services and major employment – via safe and efficient public transport, supporting the core vision. **Outcome 1 – Future mobility is sustainable (a focus on Net Zero and decarbonisation):** By reinforcing a major employment and service hub close to high-frequency public transport and incorporating bicycle parking and end-of-trip facilities, the proposal actively encourages sustainable modes of travel, supporting the strategy's decarbonisation goals. **Outcome 2 – Transport enables 30-minute cities (a focus on access to jobs and services within 30 minutes):**

Table 10. Overview of the Strategic Policy Framework	
Strategy	Comment
	The site's exceptional accessibility via the T4 Illawarra Line and major bus routes strengthens Kogarah's function as a critical destination, ensuring residents across the South District have efficient, 30-minute access to high-value healthcare and knowledge-intensive employment. **Outcome 3 – Network safety is improved for all customers and communities:** The project involves significant improvements to the public domain, including landscaping and pedestrian amenity at street level. This enhances the safety and comfort of the immediate pedestrian environment around a high-volume transport node. **Outcome 4 – Transport is integrated with land use and infrastructure (a focus on the Movement and Place framework):** Kogarah is designated a "Place" within the Movement and Place framework, meaning priority is placed on pedestrians, active transport, and public transport access. The proposed upgrade and expansion aligns by providing high-density, essential services in a location where the transport system is designed to handle high volumes of non-car traffic. **Outcome 4 (Sub-Objective) – Promoting active transport:** The commitment to high-quality pedestrian amenity and new on-site bicycle parking and end-of-trip facilities directly supports the goal of encouraging non-car modes of travel (walking and cycling) for short trips to the hospital.
Better Placed: An integrated design policy for the built environment of New South Wales	A response to the seven (7) applicable objectives is provided within the enclosed Design Report (**APPENDIX 5**). A summary is also provided in Section 6.1.1 of this EIS.
Georges River Local Strategic Planning Statement	The Georges River Local Strategic Planning Statement (LSPS) is intended to guide land use planning and the delivery of significant infrastructure within the LGA until 2040. The LSPS translates the high-level State and District planning goals into specific local actions. The LSPS sets out a desired future guided by five (5) interrelated themes, with the expansion of the Kogarah Health and Education Precinct being a key focus for local delivery. The proposed development is consistent with the LSPS's over-arching vision for a "productive place to live, work and enjoy" by aligning with the following key themes: **Theme 1 – Our Local Identity and Heritage** The design integrates cultural identity into the public realm through a large-format Aboriginal mural anchoring Bank Lane, brickwork with integrated narrative at the highway elevation, and commissioned Indigenous artworks and floor motifs (Burri Dreaming) within patient areas.

Table 10. Overview of the Strategic Policy Framework	
Strategy	Comment
	The architecture draws on the sandstone coast narrative of the area, and the Princes Highway frontage respects the established two-storey datum, awning heights, and horizontal alignments of the neighbouring heritage building, ensuring contextual fit and continuity of the streetscape. **Theme 2 – Infrastructure and Community** As a major metropolitan health facility, the hospital represents essential social infrastructure. The expansion delivers enhanced health services and capacity to meet the growing needs of the South District population, particularly addressing demographic shifts such as the ageing population. **Theme 3 – Housing and Neighbourhoods** The project reinforces Kogarah's function as a designated Strategic Centre, supporting the Council's objective to accommodate future housing growth around key employment and transport hubs. By expanding essential tertiary healthcare services at this highly accessible location (close to Kogarah train station), the development directly supports the amenity and liveability of existing and future surrounding neighbourhoods, aligning with the "30-minute city" vision at the local level. **Theme 4 – Economy and Centres** The proposal directly responds to the LSPS's commitment to target economic growth in key locations and sectors, specifically identifying the growth of the Kogarah Health and Education Precinct as a key action. The upgrade and expansion ensures the provision of additional private medical capacity, which drives high-value, knowledge-intensive employment in sectors essential to the modern economy (medical, research, technical services). **Theme 5 – Environment and Open Space** The project's design explicitly aligns with Action A93 of the LSPS by embedding high-quality ESD principles. This includes: • Explicitly tracking the NSW Net Zero Plan with an electric-only strategy and reduced embodied carbon in construction materials (e.g., carbon-neutral brick slips); and • Implementing a high-performance façade, insulation, and shading to minimize operational energy demand over the life of the building.

3. PROJECT DESCRIPTION

3.1. OBJECTIVES OF THE PROPOSAL

The proposed development has emerged from an iterative design process that seeks to:

- Respond to increasing patient demand at the existing St George Private Hospital;
- Upgrade and modernise the existing infrastructure to maintain pace with evolving industry standards and best practice;
- Expand the clinical capacity of the existing facilities;
- Enhance the overall patient experience at St George Private Hospital; and
- Future-proof the facilities and ensure their continued resilience.

3.2. PROJECT OVERVIEW

The proposal seeks development consent for two components. The first being the erection of a clinical tower for the purpose of a health services facility (hospital) and the second relating to upgrades to the existing main hospital campus, including a new emergency department.

- Main Hospital Campus
    - Internal reconfiguration of the ground floor to create a new Emergency Department comprising ten (10) acute patient beds and one (1) isolation suite, together with associated support spaces.
    - External alterations comprising a modified entry shell with a pedestrian entry and new drop-off from the South Street porte cochère, the provision of three (3) dedicated ambulance bays, and associated building signage to clearly identify the operation.
    - Renovations to the existing entry and lobby.
- New Inpatient and Support Services Building
    - Site preparation works including vegetation clearance.
    - Bulk earthworks.
    - Provision of infrastructure comprising civil works and utilities.
    - Construction of a new seven (7) storey Inpatient and Support Services Building on Hogben Street (ground plus six (6) upper levels).
    - Construction of a five (5) level basement car park, inclusive of a radiation oncology unit, storage, and a substation, providing a total of 241 car parking spaces.
    - Provision of ancillary office accommodation, associated amenities, and a loading dock.
    - A package of public domain enhancement works to connect existing footpaths to the Edith Blake Reserve via extensions along Bank Lane.
    - A package of external landscaping works.

The two components of the proposed development are detailed in the following sub-sections.

3.2.1. MAIN HOSPITAL CAMPUS

The proposed works to be undertaken at the main hospital site include a new emergency department, and associated alterations to accommodate ambulance bays and access arrangements.

The proposed upgrades to the main hospital include:

- Internal reconfiguration of the ground floor to create a new Emergency Department comprising ten (10) acute patient beds and one (1) isolation suite, together with associated support spaces.
- External alterations comprising a modified entry shell with a pedestrian entry and new drop-off from the South Street porte cochère, the provision of three (3) dedicated ambulance bays, and associated building signage to clearly identify the operation.
- Renovations to the existing entry and lobby.

Table 11 below provides a summary of the key development particulars of the main hospital site component of the proposal, inclusive of initial site preparation works.

Table 11. Summary of Development Particulars for the Main Hospital Campus	
Project Element	Development Particular
Site Area	Main hospital campus: 11,225.69 sqm Development area: 1,631 sqm
Primary Land Use	Health Services Facility (Hospital)
Operation	Private hospital, specifically the provision of a new Emergency Department at ground floor.
Inpatient beds	0
Emergency Department Recovery Bays	11
Car Parking Spaces	St George Private Hospital in its current state benefits from an existing provision of 366 car parking spaces.
Hours of Operation	The new emergency department at the northern part of the main hospital campus is to be operated 24 hours per day, seven (7) days per week.
Demolition Works	Removal of existing entrance shell together with all internal partitions within the existing entrance lobby, as denoted within Demolition Plan ref. DA-2301 (**APPENDIX 4**).
Tree Removal	1 tree to be removed, considered to be of 'low' retention value.
Landscaping	Provision of twelve (12) new trees.
Site Remediation Works	Not applicable noting the nature of the works.
Bulk Earthworks	Minor earthworks required given this portion of the development is largely internal fit-out and external alterations. Cut and fill required is as follows:

Table 11. Summary of Development Particulars for the Main Hospital Campus	
Project Element	Development Particular
	• Cut: 39m^3 • Fill: 1m^3 • Balance: 38m^3 (cut)
EDC	$177,856,815 (excluding GST) for the overall project.
Construction Hours	Standard construction hours are proposed for Monday to Friday (07:00 – 18:00), and for Saturday (07:00 – 13:00). Approval is being sought to extend Saturday work (13:00 – 19:00), excluding high-impact noise works (demolition, excavation, and piling).
Construction Jobs	355 full time equivalent (FTE) construction jobs would be created over a 24-month period for the overall project.
Operational Jobs	234 FTE roles on completion of the overall project.

A layout plan of the proposal is included at Figure 14 below, with further detail provided in the Architectural Plans, prepared by Fitzpatrick + Partners, enclosed at **APPENDIX 4**.

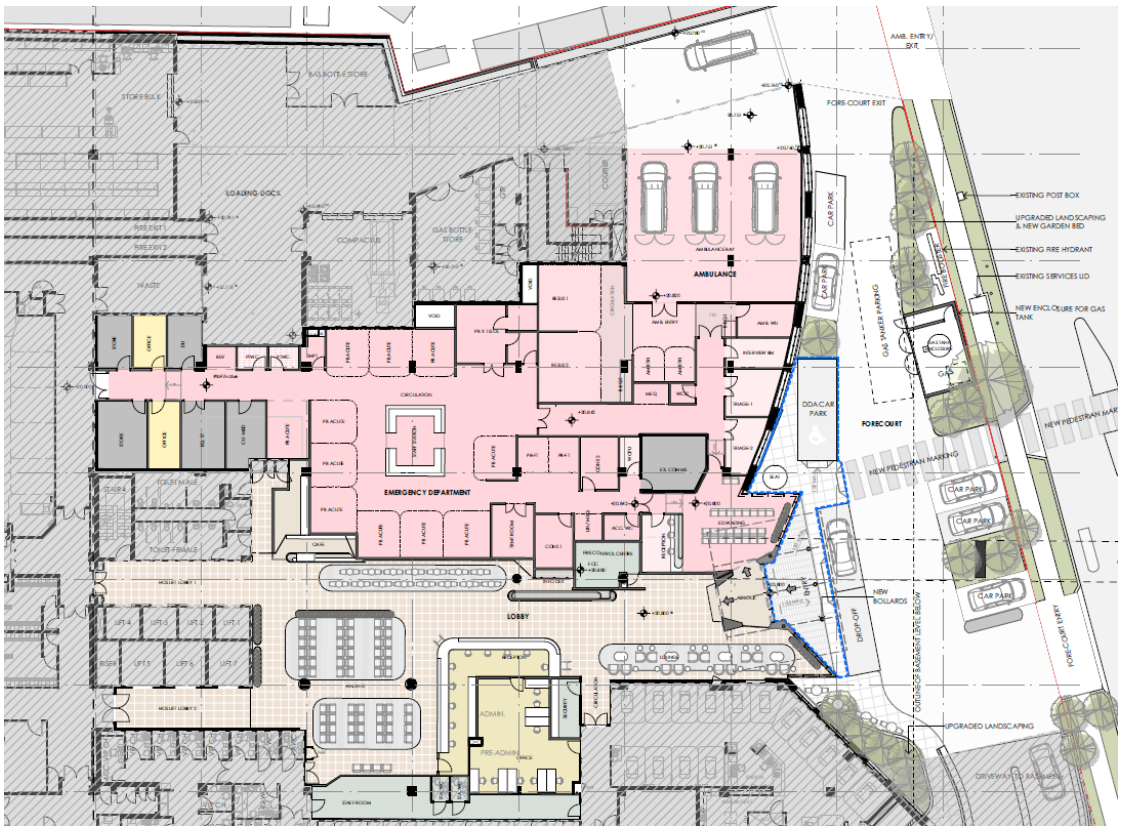


Figure 14. Proposed Emergency Department Layout
Source: Fitzpatrick + Partners, 2025

Figure 16 and Figure 17 below provide illustrations of the envisaged development outcome at

the main hospital campus.

Figure 15. New Private Hospital and Emergency Department Shared Entry Shell
Source: Fitzpatrick + Partners, 2025

Figure 16. South Street View Looking South at Proposed Entry Sequence
Source: Fitzpatrick + Partners, 2025

3.2.2. CLINICAL TOWER SITE

The clinical tower proposal includes:

- Site preparation works including vegetation clearance.
- Bulk earthworks.
- Provision of infrastructure comprising civil works and utilities;
- Construction of a new seven (7) storey Inpatient and Support Services Building on Hogben Street (ground plus six (6) upper levels).
- Construction of a five (5) level basement car park, inclusive of a radiation oncology unit, storage, and a substation, providing a total of 241 car parking spaces.
- Provision of ancillary office accommodation, associated amenities, and a loading dock.
- A package of public domain enhancement works to connect existing footpaths to the Edith Blake Reserve via extensions along Bank Lane.
- A package of external landscaping works.

Renders of the proposal are included below, with full details provided in the Architectural Plans, prepared by Fitzpatrick + Partners, enclosed at **APPENDIX 4**.

Figure 17. Render Looking Southeast from Corner of Hogben Street and Bank Lane
Source: Fitzpatrick + Partners, 2025

Figure 18. Render Looking North-West from Princes Highway
Source: Fitzpatrick + Partners, 2025

Figure 19. Render Looking South from Princes Highway
Source: Fitzpatrick + Partners, 2025

Table 12 below provides a summary of the key development particulars of the clinical tower component of the proposal, inclusive of initial site preparation works.

Table 12. Summary of Development Particulars for the Clinical Tower Site	
Project Element	Development Particular
Site Area	2,300.6 sqm
Primary Land Use	Health Services Facility (Hospital)
Operation	Private hospital, specifically the provision of a new inpatient and support services facility.
Total Gross Floor Area	9,952 sqm
FSR (Lot 5 in DP8864)	2.7:1 (based off approx. 816sqm of GFA and Lot 5 site area of 299sqm)
Maximum Building Height	RL 55.91 (maximum building height of 32.91m from existing ground level)
Number of Storeys	• Seven (7) storey health services facility (ground plus six (6) upper levels) • Five (5) level basement car park, inclusive of a radiation oncology unit
Inpatient Beds	155
Car Parking Spaces	241
Bicycle Parking and End of Trip Facilities	34 cycle spaces for staff
Hours of Operation	As with the remainder of St George Private Hospital, the clinical tower is to be operated 24 hours per day, seven (7) days per week.
Demolition Works	Demolition of the existing at grade car park (hard standing). The commercial unit at 129 Princes Highway (Lot 5 in DP 8864) benefits from a separate Development Consent approving building demolition (ref. DA2025/0325).
Tree Removal	32 trees to be removed, comprising the following retention value: • 1 'High' retention value; • 19 'Medium' retention value; and • 12 'Low' retention value.
Landscaping	Provision of 19 replacement trees.
Infrastructure Works	This portion of the proposed development includes the provision of 2 No. 1,000kVA mini-chamber type substations to Ausgrid standards and regulations. This is to be installed at the rear of what is currently 129 Princes Highway (Lot 5 in DP 8864).

Table 12. Summary of Development Particulars for the Clinical Tower Site	
Project Element	Development Particular
Site Remediation Works	Having regard to the Interim Remedial Action Plan (RAP) enclosed at **APPENDIX 27**, the following site remediation works are required to ensure that the clinical tower site is made suitable for its intended use: • Carefully remove all below-ground infrastructure (sewer, pipes) in a manner that minimises the discharge of residual solids and liquids; • Excavate and dispose of contaminated fill offsite to a licensed facility if it is found to present an unacceptable human health risk (or if it is simply unsuitable for the basement excavation); and • Segregate impacted soils from non-impacted soils on site, classify them (e.g., General Solid Waste) in accordance with NSW EPA Waste Classification Guidelines, and track their disposal offsite.
Bulk Earthworks	Proposed to facilitate flat building pads at ground level at between 20.61 and 21.5 RL. Total fill and cut required is as follows: • Cut: 31,370m^3 • Fill: 18m^3 • Balance: 31,352m^3 (cut)
EDC	$177,856,815 (excluding GST) for the overall project.
Construction Hours	Standard construction hours are proposed for Monday to Friday (07:00 – 18:00), and for Saturday (07:00 – 13:00). Approval is being sought to extend Saturday work (13:00 – 19:00), excluding high-impact noise works (demolition, excavation, and piling).
Construction Jobs	355 full time equivalent (FTE) construction jobs would be created over a 24-month period for the overall project.
Operational Jobs	234 FTE roles on completion of the overall project.

3.3. DEVELOPMENT DESCRIPTION

3.3.1. PHYSICAL LAYOUT AND DESIGN

3.3.1.1. BUILT FORM

The proposed development integrates clinical necessity with aesthetic and cultural excellence. The design response intentionally derives its scale, massing, and materiality from the principles of 'Better Placed' and the Connecting with Country framework. The design successfully rationalises its highly constrained urban context to deliver cohesive additions to the hospital campus, with the clinical tower establishing a strong, contextually appropriate street presence on Princes Highway while creating generous, safe, and welcoming pedestrian zones along Hogben Street and Bank Lane. The key elements below confirm the functional, sustainable, and cultural integrity of the built form.

Table 13. Built Form Elements

Project Element	Development Particular
Development siting	The internal and minor external alterations are contained within the existing footprint at 1 South Street and are primarily focused on reconfiguring the ground floor to incorporate a new 11-bed Emergency Department. The clinical tower replaces an existing at grade staff car park and a two-storey commercial premises, consolidating a highly-efficient seven (7) storey tower with a five (5) level basement at the interface of Princes Highway, Hogben Street, and Bank Lane. The design reinforces the Kogarah Health and Education Precinct by placing the clinical tower entry at the intersection of established pedestrian flows (Hogben Street/ Bank Lane) and linking the new and existing campuses via the existing pedestrian bridge over South Street.
Development scale and massing	The clinical tower complies with the height plane (39m height limit) at the southern end of the site, with the remaining massing compliant due to the absence of a statutory control. The Princes Highway frontage establishes a podium that aligns its awning heights and key horizontal datums with the neighbouring two-storey heritage building (Item I193) to create a respectful, coherent street wall. The upper levels use layered facades, recessed windows, and horizontal modulation to soften the apparent bulk and imbue the architecture with a sense of depth, drawing inspiration from local sandstone stratification. A compact form factor (approximately 0.54) and an optimised 25:75 window-to-wall ratio (WWR) were used to accommodate the required clinical program while minimising surface area and maximising energy efficiency.

Table 13. Built Form Elements	
Project Element	Development Particular
Landscaping and open space	The Therapeutic Garden at Level 2 provides a private, restorative "secret garden" for patients and staff above the podium, featuring endemic/ medicinal planting and sheltered seating to promote quiet refuge and recovery. Ground floor planting at the Hogben Street/ Bank Lane interface and the porte-cochere also incorporates endemic species and is thematically linked to local landscape features, such as Casuarina trees and sandstone weathering patterns. Landscaped verges are introduced along the Princes Highway to provide a buffer from heavy traffic and along Bank Lane to soften the edge and improve pedestrian amenity.
Circulation and access	The clinical tower's main entry is clearly located at the corner of Hogben Street and Bank Lane, capturing pedestrian traffic from the public car park and the nearby Kogarah Train Station via Montgomery Street. Vehicle movements are rationalised into clear zones: • The porte-cochere access from Bank Lane for short-stay drop-off/ pick-up; • The secondary loading dock is strategically located near the Princes Highway/ Hogben Street corner to minimise vehicle conflicts with the high pedestrian/ school drop-off area along Bank Lane; and • The basement car park entry/ exit is located on Bank Lane. Public domain works strengthen the link along Bank Lane to the Edith Blake Reserve, improving wayfinding and creating a legible network between the station and the broader hospital campus.
Materiality	The material palette is designed as a place-based allegory referencing the sandstone coast: horizontal bands of low-carbon, sandstone-toned brick slips are composed like stratified cliff faces. Integrated projecting sunhoods and drip lines are used to reduce solar gain while simultaneously shedding water and minimising maintenance/ streaking on the façade. The ground floor public spaces use a bespoke terrazzo floor inlaid with an abstract pattern referencing Casuarina needles – a cultural narrative of rest and safety shared by Bidjigal Elders. The low carbon, layered façade assembly (targeting approximately 98.5kg CO_2e/m^2 embodied carbon) aligns the project with NSW Net Zero trajectories.

Table 13. Built Form Elements	
Project Element	Development Particular
Streetscape	The interface with the Princes Highway maintains a zero setback with a continuous awning that aligns with local datums. The elevation reads as a disciplined, robust edge appropriate for the arterial road. The Bank Lane street edge is activated by a sunlit café and external seating opening onto the widened footpath, creating a welcoming, human-scaled interface. The vista down Bank Lane is terminated by a large-format mural/ art work (on the plant room end wall), providing prominent cultural visibility in the public realm. The design response rationalises the previously conflicted Hogben Street interface by removing the high volume staff car park entry and replacing it with a low impact secondary loading dock, resulting in a safer, more legible pedestrian priority zone.

3.3.2. LANDSCAPING

A landscape strategy and landscape plans have been prepared by Terras and are enclosed at **APPENDIX 9**.

The landscape design response has been designed to:

- Honour the cultural and spiritual connection of the Bidjigal people by incorporating materials, forms, and planting reflective of the local environment and heritage, aligning the project with the 'Connecting with Country' framework.
- Incorporate a landscape of "memory and healing" by establishing restorative and tranquil spaces, such as the Level 2 therapeutic garden (see Figure 20), that focus on sensory engagement, shade, and seclusion for patient and staff wellbeing.
- Integrate cultural narratives and the local geological story into the public realm through sandstone patterns, canoe-shaped seating, and endemic planting palettes, moving beyond tokenism to foster deeper connection between people and place.
- Establish the building entries as safe and legible civic meeting spaces that prioritise pedestrian priority, improve wayfinding, and contribute positively to the micro-climate of the Kogarah Health and Education Precinct.
- Utilise a palette of resilient, non-toxic, and endemic species to support local biodiversity and reflect the local bushland identity.

Figure 20. Aerial Visual of Level 2 Landscape Garden
Source: Terras, 2025

3.3.3. DEVELOPMENT STAGING

The approval strategy seeks to obtain Development Consent to complete the construction works over several stages upon issue of the relevant Construction Certificates; however, any such staging does not constitute staged development as defined under Section 4.22 of the EP&A Act 1979.

3.4. PROJECT NEED

The proposed upgrade and expansion of St George Private Hospital is essential to meet acute healthcare demand across southern Sydney, cement Kogarah's role as a designated metropolitan health hub, and modernise critical infrastructure. The project is driven by a clear need to align physical capacity with strategic planning objectives and patient demand that cannot be met by the existing facility.

3.4.1. STRATEGIC AND PLANNING IMPERATIVES

The expansion directly responds to the highest levels of State and District planning documents, leveraging the site's strategic location within the Kogarah Health and Education Precinct:

- The project is a key delivery mechanism for the employment objectives of the Greater Sydney Region Plan and the South District Plan, which seek to grow knowledge-intensive, high-value jobs in key strategic centres like Kogarah. The expansion ensues additional capacity for specialist medical staff, researchers, and associated administrative roles.

- The proposed development reinforces Kogarah's function as a designated Strategic Centre within the Eastern Harbour City. The investment strengthens the critical mass of health infrastructure, ensuring the precinct remains a magnet for private investment and business activity within the health sector.
- The project delivers critical social infrastructure capacity, directly supporting the Georges River LSPS objectives of ensuring infrastructure keeps pace with the LGA's growing and changing population, particularly the ageing demographic.
- By enhancing tertiary healthcare services at a highly accessible, public transport proximate location, the proposed development supports the *Future Transport Strategy 2061* goal of ensuring residents can access essential services within an efficient travel time.

3.4.2. MEETING CRITICAL CLINICAL CAPACITY AND DEMAND

The existing St George Private Hospital is capacity constrained. The proposed expansion is necessary to modernise services and deliver essential clinical throughput:

- The new clinical tower is the primary solution for meeting increasing patient demand, providing 155 new inpatient rooms. The efficient and flexible Inpatient Unit floorplates (targeting 31-34 rooms per floor) are specifically designed to optimise staff-patient ratios and operational flow.
- The project delivers a new, fully operational 11-room Emergency Department at the main hospital campus. This service is essential for alleviating pressure on the adjacent St George Public Hospital and improving equitable, legible access to acute private care within the precinct.
- The proposed development accommodates a Radiation Oncology Unit within the basement of the clinical tower, consolidating and expanding cancer care capacity – a critical service need for the region's population.
- The proposed development addresses the need to upgrade and modernise existing infrastructure and expand the clinical and surgical capacity of the hospital's operating theatre suite.

3.4.3. FUNCTIONAL IMPROVEMENT AND SITE RATIONALISATION

The design response resolves key pre-existing site conflicts and enhances the functional relationship between the hospital and the public domain:

- The design rationalises the Hogben Street interface by removing the high-volume staff car park entry and replacing it with a secondary loading dock. This creates a significantly safer, more legible pedestrian priority zone, especially near the school access bridge.
- The new clinical tower entry sequence is intuitive and welcoming, clearly separating public, patient, and service flows. The porte-cochere provides a dedicated, weather-protected patient drop-off, improving the dignity and safety of arrival.
- The design response incorporates Indigenous art, landscape, and material narratives into the ground plane, promoting the cultural, emotional, and spiritual safety of patients and staff, which is essential for a contemporary health facility.

4. STATUTORY CONTEXT

4.1. CONTROLS AND POLICIES OVERVIEW

This part of the EIS highlights and addresses the relevant statutory requirements that are related to the proposed development, as noted below.

Commonwealth Planning Context

- *Environment Protection and Biodiversity Conservation Act 1999*

State Planning Context

- *Environmental Planning and Assessment Act 1979*
- *Environmental Planning and Assessment Regulation 2021*
- *Biodiversity Conservation Act 2016*
- *National Parks and Wildlife Act 1974*
- *State Environmental Planning Policy (Planning Systems) 2021*
- *State Environmental Planning Policy (Transport and Infrastructure) 2021*
- *State Environmental Planning Policy (Resilience and Hazards) 2021*
- *State Environmental Planning Policy (Sustainable Buildings) 2022*

Local Planning Context

- *Georges River Local Environmental Plan 2021*

The proposal has been carefully assessed against the requirements and objectives of all of the above statutory planning and policy documents, as detailed within this EIS.

4.1.1. COMMONWEALTH PLANNING CONTEXT

Under the Environment, Protection and Biodiversity Conservation Act 1999 (EPBC Act), any action (which includes a development, project or activity) that is considered likely to have a significant impact on Matters of National Environmental Significance (MNES) (including nationally threatened ecological communities and species and listed migratory species), must be referred to the Commonwealth Minister for the Environment. The purpose of the referral is to allow a decision to be made about whether an action requires approval at the Commonwealth level. If an action is considered likely to have a significant impact on MNES, it is declared a "Controlled Action" for which formal Commonwealth approval is required.

Referral to the Commonwealth Minister is not required. See Section 6.1.9 of this EIS and the BDAR Waiver enclosed at **APPENDIX 19**.

4.1.2. STATUTORY REQUIREMENTS

The following categories are used to identify the statutory requirements of the project.

Table 14. Key Statutory Requirements	
Power to grant approval	In accordance with Schedule 1, Clause 14 of the Planning Systems SEPP, development for "hospitals, medical centres and health research facilities" with an EDC exceeding $30m constitutes SSD.

Table 14. Key Statutory Requirements	
	As noted at Section 1.5 of this EIS, the EDC of the proposed development exceeds $30m. The power to grant approval lies with the Minister for Planning (NSW DPHI) as the consent authority for SSD, pursuant to Section 4.5 of the EP&A Act. The Minister may delegate this function to staff within the DPHI.
Permissibility	The main hospital campus is zoned SP2 Hospital (Infrastructure) pursuant to the GRLEP 2021, whereas the clinical tower site is zoned part SP2 Hospital (Infrastructure) and part MU1 Mixed Use. The proposed development aligns with the definition of 'hospital', which is a type of 'health services facility'. Hospitals are permitted with consent in the SP2 Hospital (Infrastructure) zone, and in the MU1 Mixed Use zone by virtue of not being expressly prohibited.
Other approvals	Pre-Construction and Construction Phase Approvals will include: • Construction Certificates. • Section 73 Compliance Certificate from Sydney Water. • Section 88B Instrument Registration with Council to manage the public access and maintenance obligations over the Bank Lane interface. Occupation and Operational Phase Approvals will include: • Occupation Certificates. • Updated Emergency Management Plan. • Fire Safety Schedule and Certificate.
Pre-condition to exercising power to grant approval	**State Environmental Planning Policy (Resilience and Hazards) 2021** The Resilience and Hazards SEPP requires the consent authority to consider whether the subject land to be developed is contaminated. If the land requires remediation to ensure it is suitable for its proposed use, the consent authority must be satisfied that the land can be suitably remediated for that purpose. The Preliminary Site Investigation (PSI) and Detailed Site Investigation (DSI) prepared by Tetra Tech Coffey (**APPENDIX 25** and **APPENDIX 26**, respectively) identify the contamination risk within and surrounding the clinical tower site, as well as the risk of encountering contamination during the construction and operation of the proposed development. It is confirmed that:

Table 14. Key Statutory Requirements	
	• The majority of excavated fill material is preliminary classified as General Solid Waste which can be disposed of in accordance with standard guidelines. The underlying natural soils and sandstone bedrock are classified as Virgin Excavated Natural Material, indicating low risk. Asbestos Containing Material was not detected. • With respect to groundwater, metals (copper, nickel, lead, zinc) exceeded marine criteria, but this is attributed for regional background concentrations and is not deemed to require remediation. The presence of Formaldehyde in the groundwater represents a risk, which poses a potential dermal (contact) and/or vapour risk to future occupants if seepage occurs into the basement post-construction. In accordance with the Resilience and Hazards SEPP, it is likely that the development sites can be made suitable for their proposed use, following the completion of the remediation works set out within the enclosed Remediation Action Plan (RAP) (**APPENDIX 27**). The Resilience and Hazards SEPP also provides a screening tool to determine whether a proposed facility is classified as "potentially hazardous" or "potentially offensive" based on the quantity and type of dangerous goods it intends to store or use. Chapter 3 lists specific threshold quantities for different classes of dangerous goods and hazardous chemicals. The Preliminary Risk Screening Report (**APPENDIX 30**) confirms that the quantities of dangerous goods (oxygen, anaesthetic gases etc.) do not exceed these thresholds. The project is therefore not considered 'potentially hazardous' and does not require a detailed Preliminary Hazard Analysis to be submitted.
Mandatory matters for consideration	**Biodiversity Conservation Act 2016** Section 7.9 of the BC Act 2016 requires the preparation of a biodiversity development assessment for SSD that is assessed under Part 4 of the EP&A Act. This SSDA will be assessed under Part 4 of the EP&A Act and therefore would normally be required to include a BDAR. However, Section 7.9(2) of the BC Act 2016 allows for exemption from the requirement where the development is not likely to have any significant impact on biodiversity values.

Table 14. Key Statutory Requirements	
	The clinical tower site is mostly occupied by hardstand parking with limited trees located within the periphery, and the main hospital upgrades are largely internal or upon hardstand areas. The likelihood of any threatened species or populations on either site is low. It is considered that neither site contains any areas of high biodiversity values and that the project would not result in a significant impact on any biodiversity values. The BDAR Waiver granted by DPHI is duly enclosed at **APPENDIX 19**. **National Parks and Wildlife Act 1974** The *National Parks and Wildlife Act 1974* (NPW Act) is the primary NSW legislation protecting Aboriginal objects and places. As a State Significant Development (SSD) assessed under the EP&A Act, the project is exempt from the requirement for a physical permit (AHIP) to impact Aboriginal objects. However, the Proponent remains subject to the Duty of Care and mandatory protocols outlined in the Act. The Aboriginal Cultural Heritage Assessment Report (ACHAR) enclosed at **APPENDIX 33** has found no Aboriginal sites or objects on the clinical tower site (which is a heavily disturbed urban landscape), but has confirmed that the area holds Aboriginal cultural significance for the Bidjigal community. The ACHAR has assessed the potential for impact to unrecorded sub-surface objects as 'low', provided rigorous mitigation is implemented during the bulk excavation. Compliance is achieved through the mandatory adoption of an Unexpected Finds Protocol, which serves as the statutory management framework. This protocol mandates that if any Aboriginal object is discovered during excavation: (1) all work must cease immediately in the vicinity; (2) Heritage NSW and all Registered Aboriginal Parties (RAPs) must be notified; and (3) a qualified consultant must assess the finds for significance. This commitment ensures the project adheres to the NPW Act's prohibition on harm and fulfils the RAPs' cultural request that Aboriginal heritage be respected and acknowledged. **State Environmental Planning Policy (Transport and Infrastructure) 2021** Schedule 3 of the Transport and Infrastructure SEPP requires certain traffic generating developments to be referred to TfNSW. This includes the proposed development based on the number of additional beds to be provided (with the referral threshold being 100 or more beds on sites with access to a classified road i.e. Princes Highway).

Table 14. Key Statutory Requirements	
	The SSDA will be referred to TfNSW as a traffic generating development. Engagement with TfNSW has occurred on numerous occasions, with further detail outlined within the Engagement Report enclosed at **APPENDIX 40**. **State Environmental Planning Policy (Sustainable Buildings) 2022** Pursuant to Clause 3.2 of the Sustainable Buildings SEPP, in deciding whether to grant development consent to non-residential development, the consent authority must consider whether the development is designed to enable the following: • The minimisation of waste during construction and operation; • Reducing the demand for electricity; • Reducing the demand for artificial lighting and mechanical heating and cooling; • The generation and storage of renewable energy; • The metering and monitoring of energy consumption; and • Minimising the consumption of potable water. The proposed sustainability strategy is set out within the ESD Report (**APPENDIX 15**) and Net Zero Statement (**APPENDIX 16**), prepared by DSA Consulting. The proposed development aims to go beyond the minimum building requirements and targets a 4-star Green Star rating. **Georges River Local Environmental Plan 2021** The Georges River Local Environmental Plan 2021 (GRLEP 2021) is the principal environmental planning instrument (EPI) that governs land use and development within the Georges River local government area. <u>Land Zoning</u> With reference to Figure 21 below, the main hospital campus is zoned SP2 Hospital (Infrastructure) pursuant to the GRLEP 2021, whereas the clinical tower site is zoned part SP2 Hospital (Infrastructure) and part MU1 Mixed Use. The proposed development aligns with the definition of 'hospital', which is a type of 'health services facility'. Hospitals are permitted with consent in the SP2 Hospital (Infrastructure) zone, and, in the MU1 Mixed Use zone by virtue of not being expressly prohibited.

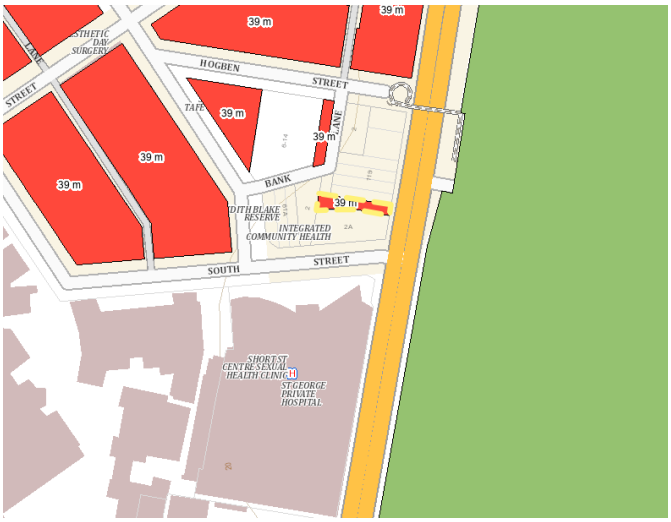
Table 14. Key Statutory Requirements	
	The proposed upgrade and expansion will maintain and enhance the established use of the main hospital campus component as a hospital, whilst redeveloping an ancillary car park and neighbouring commercial unit as a new multi-storey clinical facility, ensuring full alignment with all relevant zone objectives.  Figure 21. Land Zoning Map. The sites are outlined red. *Source: NSW Planning Portal Spatial Viewer, 2025* <u>Clause 4.3 – Height of buildings</u> The main hospital campus site is not subject to a maximum Height of Building control. However, the small MU1 zoned portion of the clinical tower site (Lot 5 in DP8864) has a 39m height limit.  Figure 22. GRLEP 2021 Height of Buildings inset

Table 14. Key Statutory Requirements	

Source: NSW Planning Portal Spatial Viewer, 2025

Clause 4.4 – Floor space ratio

The main hospital campus is not subject to a maximum FSR control. However, the small MU1 zoned portion of the clinical tower site (Lot 5 in DP8864) has a 4.5:1 FSR maximum. This is denoted as 'Area 4' on GRLEP 2021 mapping (see Clause 4.4B below).

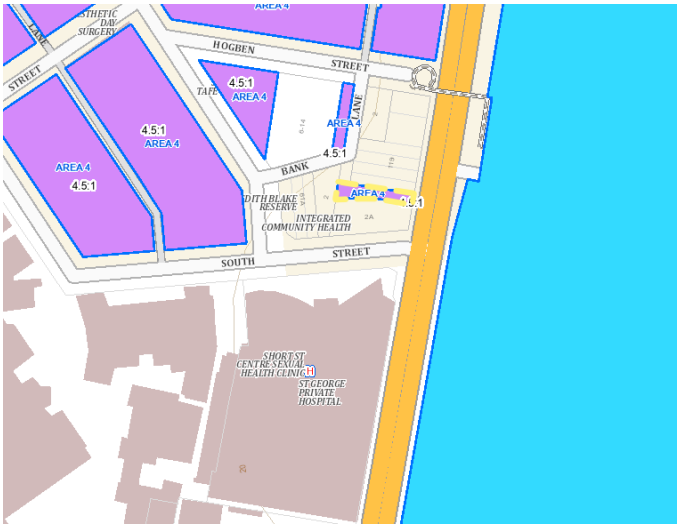


Figure 23. GRLEP 2021 FSR Map inset
Source: NSW Planning Portal Spatial Viewer, 2025

Based on a site area of 299.29sqm, Lot 5 has a maximum permitted FSR of 1,346.8sqm. The provided architectural plans show approximately 840sqm of GFA across Lot 5, which equates to a FSR of 2.7:1.

Clause 4.4B – Exceptions to floor space ratio (non-residential use)

Clause 4.4B applies to development that is for the erection of a new building or alterations or additions to an existing building.

Part (4) confirms that development consent must not be granted for development on land identified as 'Area 4' unless the non-residential floor space ratio is at least 1:1.

The proposed development of the clinical tower site accords with Clause 4.4B.

Clause 5.10 – Heritage conservation

With reference to Figure 7, neither site is identified as a heritage item nor are they within a heritage conservation area pursuant to the GRLEP 2021. They are however proximate to:

- I193 (Local) Shop and residence, 111 Princes Highway, Kogarah (20m north); and

Table 14. Key Statutory Requirements	
	• I176 (Local) Shop and residence, 22 Hogben Street (71m west). A Statement of Heritage Impact has been prepared by Umwelt to assess the degree of effect arising upon the heritage significance of these nearby heritage items. This is enclosed at **APPENDIX 34** and discussed at Section 6.1.18 of this EIS. <u>Clause 5.21 – Flood planning</u> A Flood Impact and Risk Assessment has been prepared by Acor Consultants and is enclosed at **APPENDIX 24**. The following points are pertinent: The proposed development at the main hospital campus comprises external works that are not in a flood affected area, and these will not have an adverse impact on flood behaviour. Furthermore, egress routes are available from the ground floor to external areas and higher floor levels in the event of overland flow. The floor levels of the clinical tower shall be above the Flood Planning Level for the PMF. Overland flow will be of short duration and not of unacceptable flood hazard in adjacent streets. This is discussed further at Section 6.1.13 of this EIS. <u>Clause 5.22 – Special flood considerations</u> Following on from Clause 5.21, the proposed development at both sites will not impact the operational capacity of emergency response facilities and critical infrastructure during flood events. Moreover, the proposed development will not create adverse effects of hazardous development on the environment during flood events. <u>Clause 6.2 – Earthworks</u> Bulk earthworks are proposed as part of this SSDA, requiring consideration of this clause. This is discussed at Section 6.1.12 of this EIS. <u>Clause 6.7 – Airspace Operations</u> Clause 6.7 contains requirements for airspace management and protection, which are addressed within the Aviation Impact Assessment Report enclosed at **APPENDIX 38**, and summarised at Section 6.1.21 of this EIS. <u>Clause 6.9 – Essential services</u> Clause 6.9 seeks to ensure that new development can be appropriately serviced in terms of water, electricity, and telecommunications, together with the disposal and management of sewage and stormwater.

Table 14. Key Statutory Requirements	
	An Infrastructure Requirements and Utilities Plan, prepared by DSA Consulting is enclosed at **APPENDIX 36** and is summarised at Section 6.1.19 of this EIS. Clause 6.10 – Design excellence Part (2) of Clause 6.10 advises that the requirement for 'design excellence' applies to development for the erection of a new building on land in the MU1 Mixed Use zone if the building is 3 or more storeys or has a height exceeding 12m. The small MU1 zoned portion of the clinical tower site (Lot 5 in DP8864) triggers the requirement for the proposed development to demonstrate 'design excellence'. The Design Report prepared by Fitzpatrick + Partners enclosed at **APPENDIX 5** details the proposed development's compliance with the 'Better Placed' policy (also refer to Section 6.1.1) and the NSW Government Architect's nine (9) principles of 'design excellence', which is also summarised at Section 6.1.1 of this EIS. Clause 6.11 – Environmental sustainability As with Clause 6.10 (Design excellence), the small MU1 zoned portion of the clinical tower site (Lot 5 in DP8864) triggers the requirement for the proposed development to demonstrate 'environmental sustainability'. The proposed development's adherence to the principles of 'environmental sustainability' are detailed within the ESD Report (**APPENDIX 15**) and Net Zero Statement (**APPENDIX 16**), prepared by DSA Consulting, and is summarised at Section 6.1.7 of this EIS. Clause 6.13 – Development in zones E1, E2 and MU1 Part (2) specifies that this clause applies to land in the MU1 Mixed Use zone. No part of the clinical tower ground floor is to comprise either residential or tourist and visitor accommodation. Mandatory matters of consideration by the consent authority are also outlined at **Appendix C** of this EIS.

4.1.3. NON-STATUTORY REQUREMENTS: DEVELOPMENT CONTROL PLANS

Clause 2.10 of the Planning Systems SEPP expressly states that Development Control Plans do not apply to SSDAs. The Georges River Development Control Plan 2021 (GRDCP 2021) has nevertheless been considered in relation to the siting and design of the proposal.

An assessment of the proposed development's compliance with the relevant provisions of the GRDCP 2021 is provided at **APPENDIX 41**.

5. ENGAGEMENT

This chapter provides an outline of the consultation and engagement activities carried out and how this engagement has influenced the proposal. It outlines who has been consulted, how it was carried out, the issues raised, and the project responses.

A Stakeholder Engagement Report (enclosed at **APPENDIX 40**) has been prepared by Patch which provides a summary and analysis of all community and stakeholder engagement undertaken, feedback received and project responses where matters are considered significant.

5.1. OVERVIEW OF ENGAGEMENT CARRIED OUT

Engagement for the project was carried out 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.

A comprehensive level of community and stakeholder engagement has been undertaken for the proposed development by the Proponent as devised by Umwelt. An Engagement Plan was prepared by Umwelt to guide SIA specific activities and broader community and stakeholder engagement undertaken as part of the EIS process (refer **APPENDIX 35** of the EIS).

5.1.1. KEY STAKEHOLDERS IDENTIFIED

The below outlines the key stakeholders identified as required by the SEARs for engagement, in addition to others identified by Umwelt in their Engagement Plan as having an interest in or who otherwise might be affected by the proposal.

- Local government agencies: Georges River Council and Bayside Council
- State Government agencies: NSW Environmental Protection Authority, Local Health District, Transport for NSW, TAFE NSW, Fire and Rescue, Ausgrid and Sydney Water.
- First Nation Stakeholders including Local Aboriginal Land Councils and the Registered Aboriginal Parties (RAPs)
- Local neighbours and broader community such local education providers, local health services.

5.2. COMMUNITY CONSULTATION

Engagement with public authorities, key stakeholders and the broader community was undertaken to inform this EIS and is summarised below. Further detail is provided in the Engagement Report (**APPENDIX 40**) and the SIA report (**APPENDIX 35**).

- A Project Information Sheet was distributed to approximately 1,600 adjacent and proximal residents, businesses and health services on 7 July 2025.
- An online community survey was completed by 46 community members/stakeholders over the weeks commencing 7 July and 3 August 2025.

- Intercept surveys were 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.
- The following agencies were contacted to provide comment and/or a request to meet about the proposed development in October 2025:
    - Georges River Council
    - Bayside Council
    - TfNSW
    - Local Health District (LHD)
    - TAFE NSW
    - Fire & Rescue
    - Ausgrid
    - Sydney Water
    - CASA
    - Airservices Australia
- Targeted interviews with stakeholders were carried out between July and September with:
    - CEO of St George Private Hospital
    - St George Hospital Drug and Alcohol Service
    - St George Public Exhibition Team
    - Owner of MediStay
    - Kogarah Progress Association
    - Kogarah Historical Society.
- A site visit was also undertaken by Umwelt with two RAPs on 10 September 2025.

5.3. KEY AGENCY CONSULTATION OVERVIEW AND FEEDBACK

Table 15 below provides an overview of the agency feedback.

Table 15. 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.

Table 15. Agency Engagement		
Agency	Consultation Details	Outcome
		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. These matters are addressed in detail in the Engagement Report (**APPENDIX 40**).
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.

Table 15. Agency Engagement		
Agency	Consultation Details	Outcome
		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. TfNSW also advised that Georges River (as the local road authority) should be consulted with having regard to the drop off zone on Bane 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.

Table 15. Agency Engagement		
Agency	Consultation Details	Outcome
CASA	Email sent on 17 July 2025	Preliminary advice was received from CASA 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.

5.4. COMMUNITY VIEWS

The key issues raised by the community and other stakeholders are summarised in Table 16 below.

Table 16. Feedback raised by the community	
Impact	Project response
Positive impacts	
Most common positive impacts raised	• 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 raised	• 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

Table 16. Feedback raised by the community	
Impact	Project response
	• 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.
Anticipated negative impacts	
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 Management Plan (**APPENDIX 11**). 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. 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**), 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.
Increased travel time associated with altered traffic conditions	The accompanying TIA confirms that the proposal is expected to generate approximately 75 additional vehicle trips per hour in the AM peak, and 82 vehicle trips per hour in the PM peak. SIDRA modelling results also show that intersections in vicinity are expected to continue operating at satisfactory levels of service during both AM and PM peak periods. No network upgrades are considered warranted as a consequence of the proposal.
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.

Table 16. Feedback raised by the community	
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**) 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.
Difficulty attracting new staff due to skills shortages in the health sector	The NSW Government has implemented incentives and recruitment measures and workforce resilience planning. The proposal will also present an opportunity to upskill employees.
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.
Reduced livelihood outcomes for local businesses/services due to introduction of new enterprises	The new Kitchen and Café is likely to accommodate Hospital staff, patient and families rather than the wider community. It would also not prevent staff, patients and families from accessing existing food and beverage services in the vicinity.
Reduced privacy and amenity due to overshadowing and changes to sightlines	The clinical tower will not cast shadows onto the nearby residential properties, noting the site is due south of the residential buildings on Hogben Street. During the morning, additional shadows will be cast upon Edith Blake Reserve. However, by 11am, the proposal does not overshadow the reserve, and it will continue to receive direct solar access into the afternoon.

Table 16. Feedback raised by the community	
Impact	Project response
Reduced health and wellbeing outcomes resulting from delays to Emergency Services response times	The accompanying TIA confirms that the proposal is expected to generate approximately 75 additional vehicle trips per hour in the AM peak, and 82 vehicle trips per hour in the PM peak. SIDRA modelling results also show that intersections in vicinity are expected to continue operating at satisfactory levels of service during both AM and PM peak periods. This has also been confirmed from a cumulative impacts perspective. No network upgrades are considered warranted as a consequence of the proposal.
Reduced access for fire emergency response	
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.

5.5. PUBLIC EXHIBITION OF THIS ENVIRONMENTAL IMPACT STATEMENT

The NSW Department of Planning and Environment are required to place this EIS on public exhibition for a minimum of 28 days (as per *Schedule 1 of the Environmental Planning and Assessment Act 1979*).

During the exhibition period, government agencies, the community and other stakeholders can review this EIS as well as the supporting technical studies and make a written submission to the NSW Department of Planning, Industry and Environment (DPHI) for consideration in its assessment of this proposal. DPHI will notify nearby residents when the EIS is placed on public exhibition.

Following exhibition, a Submissions Report will be prepared that responds to relevant issues raised in submissions to this EIS. The Submissions Report will be made available on DPHI's website and those who made a public submission will also be notified when the Submissions Report is made available.

5.6. ENGAGEMENT TO BE CARRIED OUT

In addition to the public exhibition phase, Umwelt recommends preparation of a Community and Stakeholder Engagement Plan 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.

6. ASSESSMENT OF IMPACTS

6.1. SECRETARY'S ENVIRONMENTAL ASSESSMENT REQUIREMENTS

The SEARs (reference: SSD-86969958), issued by the NSW DPHI on 30 June 2025, identify the key issues, which are addressed in the following sections.

6.1.1. DESIGN QUALITY

The proposal exhibits design excellence through the Country-led, evidence-based approach undertaken by the project architects. The design balances four key considerations: clinical excellence, patient experience, sustainability, and contribution to country.

The Design Report (**APPENDIX 5**) sets out how the proposal demonstrates design excellence, in accordance with ten key principles. Aesthetically, the architectural expression is context-specific, representing the coastal environment of the surrounding area. Layered facades soften the bulk of the building, whilst giving it a strong civic presence.

Through 1:1 engagement with elders, cultural mapping, and a walk on Country with a Bidjigal Elder, development of four guiding themes emerged which have shaped the building's materiality, storytelling, and landscape. Implementation of these guiding themes occur through framed windows, endemic and medicinal planting, interior narratives and artworks within the lobby, inscribed storytelling at street-level along the Princes Highway façade, and co-designed public-facing truth-telling across the Bank Lane frontage.

The proposal rationalises the existing pedestrian and vehicular interface at the Hogben Street and Bank Lane frontages. Re-alignment of the kerb and footpath will improve pedestrian priority and clearly delineate road separation in response to the mixed movement environmental of the health precinct. Passive surveillance is promoted through intentional entrance orientations, glazing, and controlled lighting along Princes Highway and Bank Lane.

In addition, the proposal was presented to the State Design Review Panel (SDRP), who supported the design rationale and connecting with country integration. The SDRP suggested that contextual alignment along the Princes Highway be strengthened, and that servicing conflicts and the quality of the pedestrian interface be developed further. In response, the design team adjusted the Princes Highway façade having regard to datum alignment and façade articulation, and revised the Bank Lane kerb/footpath connections to enhance pedestrian amenity.

The design of the proposed development also responds to the NSW Government Architect Office's 'Better Placed Policy'. Detailed responses to the seven objectives of the Better Placed Policy are provided within the Design Report (**APPENDIX 5**) and summarised below.

Better Performance (Sustainability, resilience and whole-of-life)

The clinical tower has been designed with a high-performance envelope, including a layered façade with external insulation, recessed window design, and optimised window-to-wall ratios (25:75, respectively) to reduce loads whilst still promoting outlook. Furthermore, the building envelope comprises an efficient, repeating structure which alongside rooftop solar panels and a compact floor layout, reduce energy and materials over the life of the building.

The proposal exceeds minimum performance requirements (NCC) by explicitly tracking NSW's Net Zero Plan, achieving a significant reduction in embodied carbon (~67.8% reduction vs. typical hospital benchmark).

Better Value (Economic & social value across the life of the building)

Thoughtful façade features, like projecting sunshades which double as drip lines to reduce

façade streaking, reduce maintenance. Durable façade finishes, including high-recycled content brick slips, minimise embodied carbon emissions and replacement cycles. The efficient, repetitive floor layouts also contribute to a reduction in materials, including concrete, and aid feasibility for future refurbishments. This subsequently drives economic lifecycle value.

Better for Community (Public benefit & Connection with place)

The expansion to the St George Private Hospital campus will deliver social and economic benefits to the community, enhancing the private healthcare offering whilst simultaneously reducing demand on the nearby St George Public Hospital.

The clinical tower design has been sensitively designed through a country-led approach. A welcoming north-facing entry is provided at the corner of Hogben Street and Bank Lane, comprising outdoor and indoor seating, a café, and landscaping to provide increased amenity. A large-format mural is proposed at the southern-end of Bank Lane and at eye level, a narrative is to be inscribed onto the brickwork. This truth telling is representative of Aboriginal people and ensures their presence is seen and heard. These visual design features have been co-developed with the community and additional design features are included in the clinical tower lobby.

The building is designed to strategically minimise vehicle movements near the Hogben Street school edge by placing the secondary loading dock here (approx. 5 small-vehicle movements/day), with carefully designed sightlines to mitigate conflicts with surrounding pedestrian movements.

Tangible public benefits are provided, through an enhanced pedestrian experience, utilisation of the public realm for cultural expression, and improved community safety at a sensitive pedestrian interface.

Better Fit (Built form and character)

The Princes Highway (eastern) elevation maintains the established two-storey datum, aligning with prevailing awning heights and key horizontal planes seen within the neighbouring heritage building and the sandstone-clad base at 2 South Street, Kogarah. This promotes visual cohesion at the street wall level.

The façade composition has been heavily influenced by the sandstone coastal environment, such that the architecture is reflective and reads as Country.

The massing adheres to prescribed LEP and DCP height and setback parameters, delivering a zero setback to Princes Highway and a 3m setback to Bank Lane. Continuous planted awnings are provided to the Princes Highway (eastern) and Bank Lane (western) elevations.

Better for People (Health, comfort and dignity)

The clinical tower floors have been designed to ensure a practical, safe, and calming environment for patients, staff, and visitors. Patient rooms are supported with lounges at each floor, comprising desirable outlooks and vistas toward the coast or the level 2 rooftop garden.

The design prioritises patient wellbeing and safety by integrating cultural safety elements, acoustic performance (critical near Princes Highway), and dedicated mechanical conditioning (AS-NZS 2107 compliance) to ensure quiet, safe, and predictable clinical environments.

Better Working (Functionality and ease of use)

The floor layouts optimise patient care ratios, circulation, and support zones, whilst enhancing outlook opportunities and wayfinding within the building. The window bands and spandrel strategy allow for future internal reconfigurations without compromising façade performance. The flexibility of the floor layouts enables seamless operational adaptations between IPU rooms, workstations, and procedural spaces.

Better Look and Feel (Delight, legibility and identity)

The main entrance at the corner of Hogben Street and Bank Lane utilises the northern, sunlight aspect to create a warm, welcoming public space. Visual connections are maximised between internal spaces and the outdoor landscaping or ocean vistas, to maintain continual links to Country and reinforce a sense of calm.

The design creates a strong, positive, and legible identity. The Bank Lane mural reads at a distance, anchoring a civic vista and giving the precinct a clear, human story, while clear wayfinding supports orientation and reduces stress.

6.1.2. BUILT FORM AND URBAN DESIGN

Building Datum Alignment

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. This design refinement responds directly to the SDRP feedback. The clinical tower façade is reflective in both colour and height, of the existing St George Private Hospital buildings fronting Princes Highway.

Windowsill heights were also adjusted in response to SDRP feedback, corresponding with the height of the elevated pedestrian bridge. Furthermore, the height of the Princes Highway awning directly aligns with the awning height of the adjacent heritage building to the north.

Together, these horizontal datum alignments create a layered, cohesive design response which appropriately anchor the building within streetscape (refer to Figure 24 and Figure 25).

Figure 24. Princes Highway Interface Detail, looking south
Source: Fitzpatrick + Partners, 2025

Figure 25. Princes Highway Interface Detail, looking west
Source: Fitzpatrick + Partners, 2025

Massing and Setbacks

Majority of the clinical tower site is not subject to a height of buildings or FSR development standard, pursuant to the GRLEP 2021. The MU1 mixed use slither of land however, Lot 5 in DP 8864, is subject to a 39m HOB control and a 4.5:1 FSR control. No contravention to either of these development standards is proposed.

Similarly, no contravention to the GRDCP 2021 setback controls is proposed, notwithstanding Section 2.10 of the Planning Systems SEPP, which states DCPs do not apply to SSD. Notably, per clause 8.1.5 of GRDCP 2021, the proposal complies with existing street alignments on Princes Highway and Hogben Street, which read as nil setbacks. The Bank Lane frontage adheres to the 3m setback control.

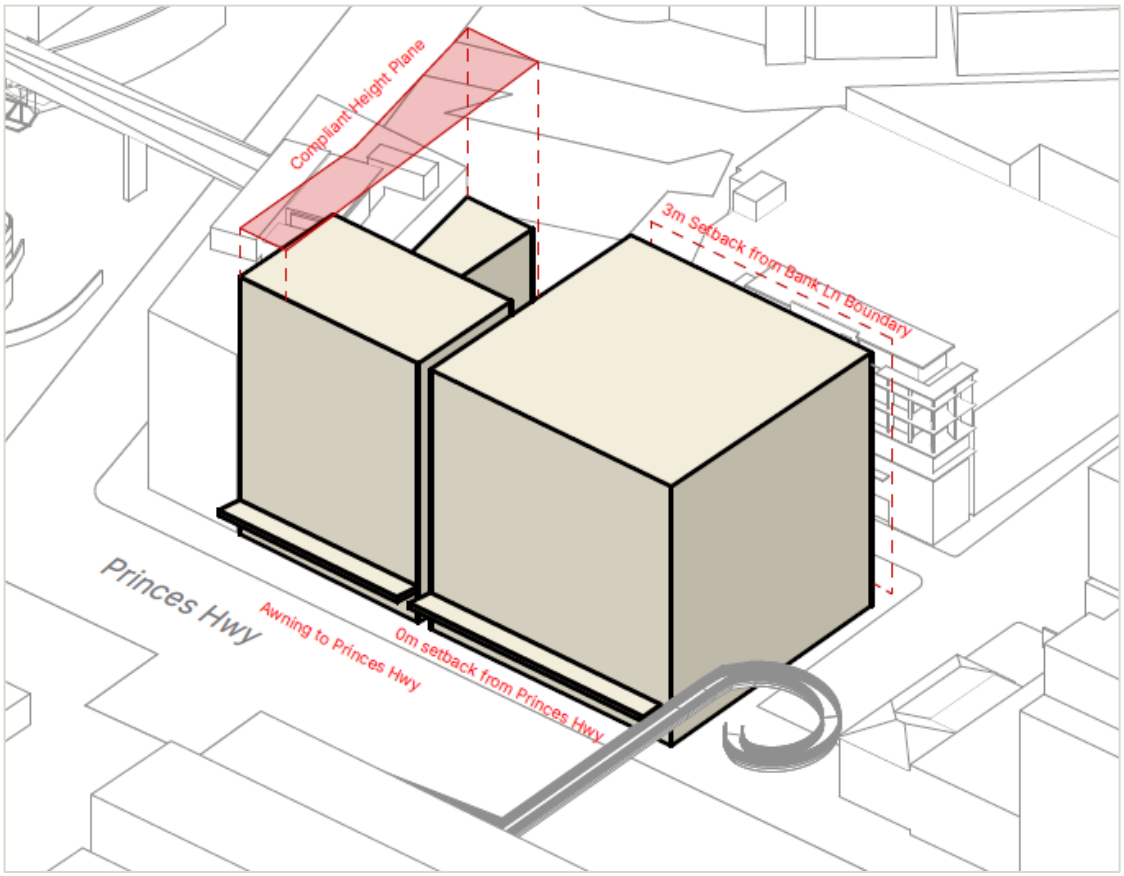


Figure 26. Height Planes and Setbacks
Source: Fitzpatrick + Partners, 2025

Clause 8.1.5 of the GRDCP 2021 requires the dedication of land for road or lane widening, at no cost to Council, comprising a 1.5-metre strip measured from the Bank Lane boundary. Refer to Section 5 of this EIS which details the Proponent's engagement with Georges River Council on this matter. In summary, Council's general counsel and strategic planning team proposed within the Pre-DA meeting on 15 July 2025, that subject to engineering matters being resolved, a section 88B instrument could be imposed as a resolution without the need for land dedication.

Finally, Clause 8.1.5 of GRDCP 2021 also states that continuous awnings should be provided along Hogben Street and at the north-eastern corner of the Princes Highway frontage. Due to safety implications associated with the elevated pedestrian bridge over Princes Highway, it was not feasible to include an awning along the Hogben Street façade. Instead, a planted awning is proposed along the entire Princes Highway frontage, which provides weather protection, pedestrian amenity, and promotes visual cohesion. Furthermore, at ground level, the Hogben Street (northern) façade is recessed, with the upper levels of the building providing a protective overhang for this interface.

Although the GRDCP 2021 does not apply to this SSDA, the building massing and articulation accords with the prescribed numeric setback controls and achieves the objectives of the relevant Clauses, that would otherwise be relevant to the site.

6.1.3. ENVIRONMENTAL AMENITY

6.1.3.1. OVERSHADOWING

A Shadow Impact Analysis has been prepared to demonstrate the extent of overshadowing generated from the clinical tower on the winter solstice (21 June) (refer **APPENDIX 4**). Hourly intervals between 9am and 3pm have been analysed, alongside cumulative impact of existing shadows cast by the built environment.

As illustrated in the accompanying shadow diagrams (**APPENDIX 4**), the clinical tower will not cast shadows onto the nearby residential properties, noting the site is due south of the residential buildings on Hogben Street. During the morning, additional shadows will be cast upon Edith Blake Reserve. However, by 11am, the proposal does not overshadow the reserve, and it will continue to receive direct solar access into the afternoon.

From midday, the shadows cast by the clinical tower are across the Princes Highway. In the late afternoon, overshadowing will occur at the James Cook Boys Technology High School. Due to the orientation of the school buildings, afternoon shadowing already occurs to the central hard-stand playground therefore the additional shadows will not cause undue impacts. Furthermore, the school's playing fields, located south will not be impacted by overshadowing from the clinical tower.

Figure 27. Existing and Proposed Shadow Diagrams – 9am and 10am
Source: Fitzpatrick + Partners, 2025

Figure 28. Existing and Proposed Shadow Diagrams – 11am and 12pm (midday)
Source: Fitzpatrick + Partners, 2025

Figure 29. Existing and Proposed Shadow Diagrams – 1pm and 2pm
Source: Fitzpatrick + Partners, 2025

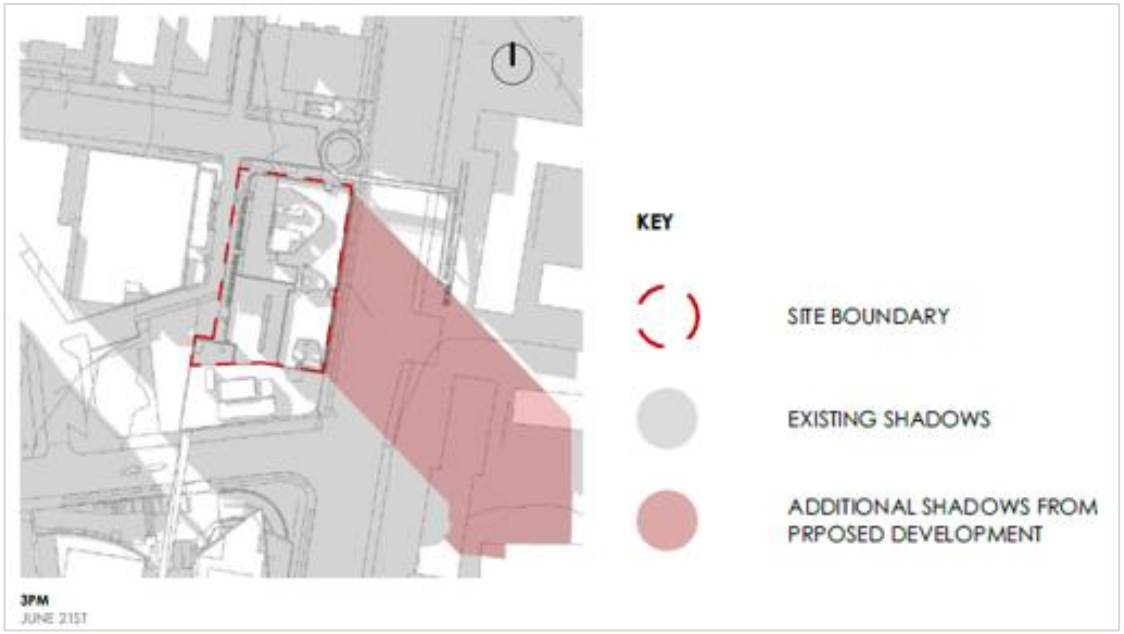


Figure 30. Existing and Proposed Shadow Diagrams – 3pm and key
Source: Fitzpatrick + Partners, 2025

6.1.3.2. VISUAL PRIVACY

The treatment of each façade has been carefully developed to respond to solar orientation, thermal load, outlook, and visual privacy.

The eastern façade of the clinical tower adjoins the Princes Highway, therefore the eastern-facing windows do not present any overlooking concerns.

On the opposite side of Bank Lane, however, is a six-storey mixed use building comprising office/medical consulting suites and a medi-stay business. Protection of visual privacy between the clinical tower and the adjacent mixed-use building, particularly for the level two medi-stay, is ensured through the implementation of external window hoods along the projecting western portion of the clinical tower (refer to Figure 31 and Figure 32). It is also noted that the glazed openings between each window hood is to be finished with an insulated back panel (refer to Figure 33) thereby mitigating direct overlooking concerns.

Window hoods are not deemed necessary for the recessed portion of the building, considering a setback of 20.6m is provided to the site's Bank Lane boundary. Sufficient spatial separation is provided between this area of the clinical tower and the mixed-use building, with additional screening provided from the landscaping planted within the level two rooftop garden.

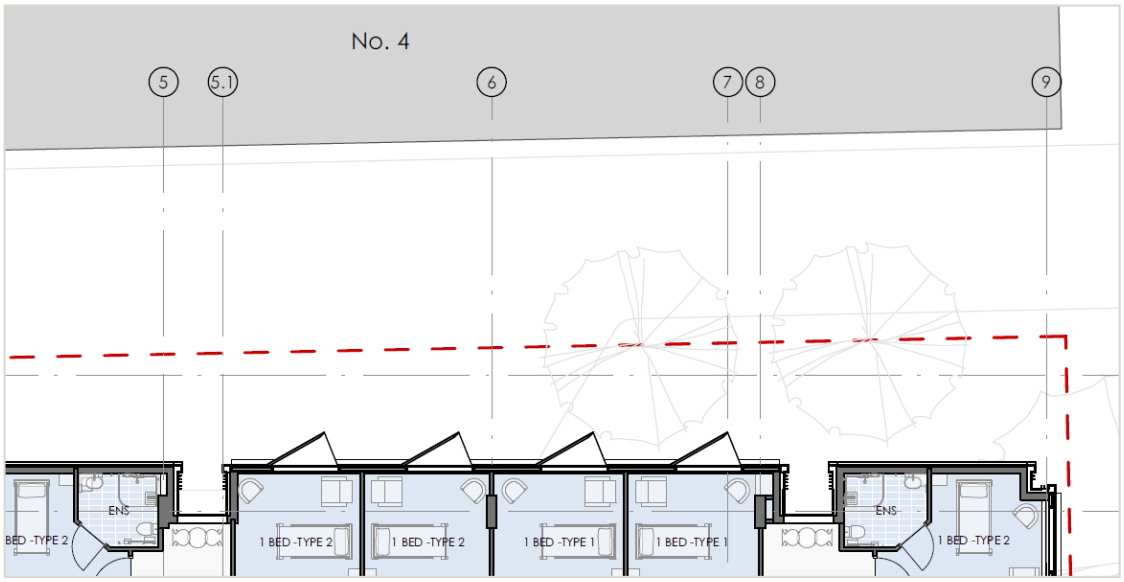


Figure 31. Floorplan layout, highlighting external window hood features
Source: Fitzpatrick + Partners, 2025

Figure 32. Western elevation (Bank Lane) render, highlighting external window hood features
Source: Fitzpatrick + Partners, 2025

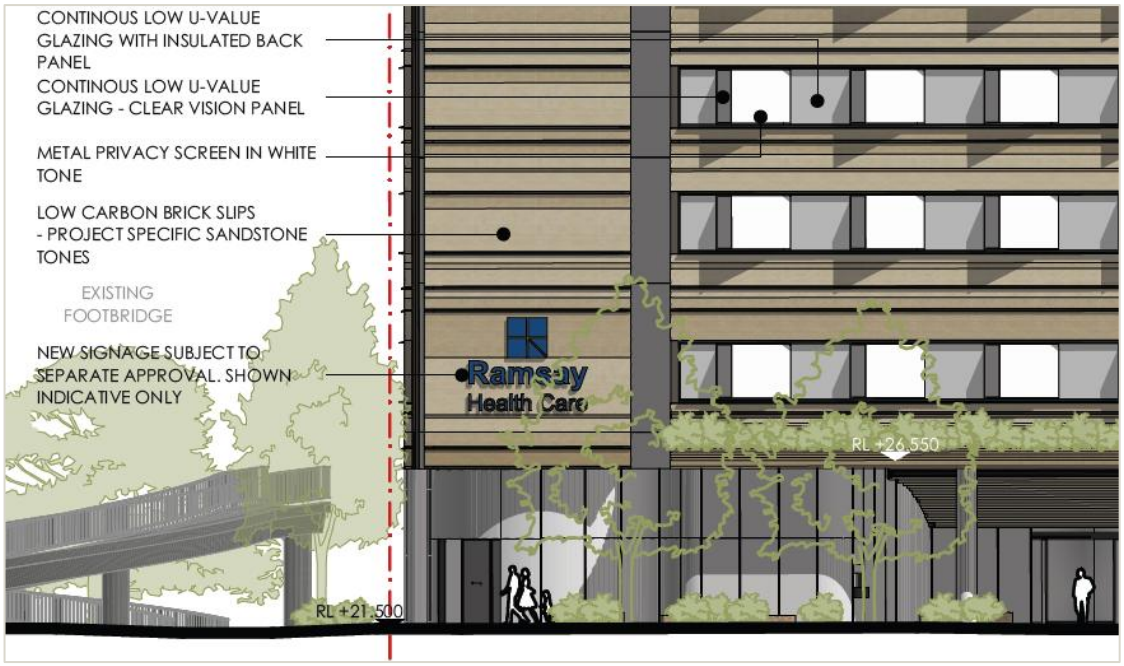


Figure 33. Western elevation (Bank Lane) excerpt
Source: Fitzpatrick + Partners, 2025

The level two rooftop garden is recessed into the building envelope and proposed to be finished along the southern and western edges with curved perimeter fencing. This custom-designed web mesh security fencing is multi-functional, providing a landscape shade element, visual interest, privacy, and primarily, safety for the rooftop garden users.

The web mesh fencing is integrated with planting and organic motifs, to soften the edge of the rooftop whilst also creating a visual buffer to the adjoining mixed-use building (Figure 34 illustrates a conceptual design for the security fencing).

Figure 34. Level 2 Rooftop Garden Security Fencing Materiality
Source: Terras Landscape Architects, 2025

6.1.3.1. OUTLOOK

The clinical tower has been designed to balance clinical excellence, patient experience, sustainability, and contribution to Country. Floorplates are compact and legible, with clear delineation between public, clinical, and back-of-house flows. The building form expresses this internal logic, yielding a coherent, purpose-built solution.

In this regard, outlook and visual interest for users of the clinical tower have been prioritised to ensure maximum comfort and calm is experienced. Patient room sill heights and façade detailing along the Princes Highway and Hogben Street frontages have been refined to promote seated/bed views to the distant ocean vistas. Similarly, southern and western facing patient rooms at level two and above overlook the level two rooftop garden.

Each of the in-patient unit levels of the clinical tower (levels one to five) include recessed breakout/relaxation spaces that are afforded with large-scale windows oriented toward the eastern ocean vistas or the level two rooftop garden.

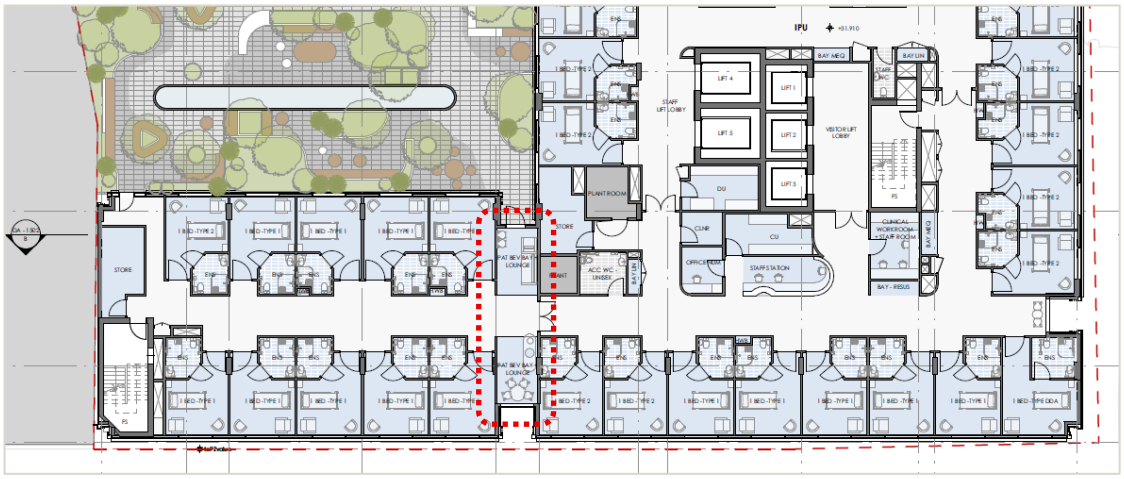


Figure 35. Levels 1-5 patient lounges with ocean vista and rooftop garden outlooks (red dash)
Source: Fitzpatrick + Partners, 2025

6.1.4. VISUAL IMPACT

Terras has prepared a Visual Impact Assessment Report for the proposed clinical tower in accordance with the following guidelines:

- *The Landscape Institute Technical Guideline Note – Visual Representation of Development Proposals (2019);*
- *Guidance Note for Landscape and Visual Assessment (2018); and*
- *Guideline for Landscape Character and Visual Impact assessment (2020), (2023).*

It is noted that the main hospital campus works have been excluded from this Visual Impact Assessment, as the proposed changes are confined to ground-level and largely consist of internal alterations. Therefore, such works are not expected to result in any appreciable change to the external visual character of the site.

The Visual Impact Assessment Report is enclosed at **APPENDIX 9** of this EIS.

6.1.4.1. EXISTING ENVIRONMENT

The existing site context is described in Part 2 of this EIS.

The proposed new health services facility at the clinical tower site will be located on land that is bound by three (3) road frontages, being Princes Highway to the east (a classified road), Hogben Street to the north, and Bank Lane to the west. This site currently accommodates a hardstand parking lot, providing approximately 76 car parking spaces and a two-storey commercial premises (subject to separate demolition under DA ref. DA2025/0325). This is attached to the existing multi-storey health services facility at 2 South Street, Kogarah.

Five (5) key landscape character types are identifiable within a 500m radius of the clinical tower site, including:

- Arterial road
    - The locality is strongly influenced by the presence of major arterial road corridors, predominantly zoned SP2 Infrastructure, which provide key connections between Kogarah and the wider Sydney metropolitan area. The Princes Highway in particular forms a dominant transport spine accommodating high traffic volumes and facilitating regional accessibility.
    - The visual character of these road corridors is defined by wide carriageways, multiple traffic lanes, traffic signals, overhead powerlines, and associated transport infrastructure.
- Residential
    - The surrounding residential area comprises R2 Low Density, R3 Medium Density, and R4 High Density residential – providing a diverse range of dwelling typologies. These include detached single-storey dwellings, medium-scale unit developments, and larger high-rise apartment buildings.
    - The higher density apartment complexes, located close to the clinical tower site, are contemporary in architectural form and materials. In contrast, the lower density residential dwellings, situated further away from the clinical tower site, predominantly comprise single and double-storey brick-built homes that reflect a more traditional suburban character.
- Mixed use (commercial and residential)
    - The surrounding mixed-use precinct (primarily zoned MU1) is characterised by a combination of commercial, retail, and residential uses within a consolidated urban fabric. The built form typically comprises medium to high-rise developments with active ground floor uses including shops, cafes, and service businesses, with residential apartments located above.
    - Architecturally, the character is defined by contemporary building forms of varied height, scale, and materials, resulting in a dense and visually diverse streetscape. Street-level activity is a defining feature, supported by wide pedestrian footpaths, street furniture, and intermittent landscaping.
- Supporting services
    - The St George Private Hospital complex (zoned SP2 Infrastructure) represents a landmark institutional use within the local area. The hospital precinct is characterised by a collection of large-scale buildings of varying height, bulk, and architectural style, reflecting the staged upgrade and expansion of the healthy facilities over time.
    - The built form is prominent within the streetscape, with multi-storey facades presenting directly to adjoining roads and contributing to a highly urbanised and institutional character. Materials and finishes are varied, including glass, steel, and painted concrete, which create a functional rather than a cohesive visual appearance. The scale and density of development, together with associated infrastructure such as multi-level car parks, access roads, and signage, reinforce the existing hospital's role as a major regional service hub.
- Education

- The education component of the precinct comprises several established schools, including Kogarah High School, Moorefield Girls High School, and St George School. The built form is varied, ranging from multi-storey brick to more contemporary designs. Landscape elements within the school grounds include mature trees, grassed areas, which soften the built form and provide a level of visual relief within the surrounding urban environment.

Figure 36 below illustrates the location and spatial extents of each of the defined character areas.

Figure 36. Landscape character types within 500m of the site
Source: Terras, 2025

6.1.4.2. ASSESSMENT OF IMPACTS

Terras's Visual Impact Assessment Report has assessed:

- The sensitivity of existing landscape receptors and the magnitude of change as a result of the proposed development;

- The sensitivity of existing visual receptors and the magnitude of change as a result of the proposed development; and
- The significance of the impact on each receptor, which is based on the sensitivity of the location combined with the predicted magnitude of change.

Visual impact may be positive (i.e. beneficial or an improvement) or negative (i.e. adverse or a detraction). Figure 37 below outlines how Visual Sensitivity levels and Magnitude of Change combine to produce varying degrees of Visual Impact. Where a landscape viewpoint has been assessed as significant and adverse, mitigation measures need to be formulated with the aim of reducing the impact to within acceptable parameters.

VISUAL IMPACT TABLE					
		VISUAL SENSITIVITY LEVELS			
		HIGH	MODERATE	LOW	NEGLIGIBLE
MAGNITUDE OF CHANGE	HIGH	HIGH	HIGH	MODERATE	LOW
	MODERATE	HIGH	MODERATE	LOW	LOW
	LOW	MODERATE	LOW	LOW	NEGLIGIBLE
	NEGLIGIBLE	LOW	LOW	NEGLIGIBLE	NEGLIGIBLE

Figure 37. Visual Impact Table
Source: Terras, 2025

In accordance with the SEARs, the potential visibility of the proposed development was determined by Terras during fieldwork observations of the clinical tower site from a range of distance classes (close, medium, and distant views) and an indicative visual catchment from Google Earth.

6.1.4.3. KEY VIEWS

The symbols and numbering at Figure 38 below indicate the locations from viewpoints close to nearby sensitive receptors and significant vantage points within the surrounding public domain.

Prior to undertaking fieldwork, Terras undertook a desktop review of all relevant statutory and non-statutory documents, an analysis of aerial imagery and topography and lidar data to establish the potential visual catchment to inform the fieldwork inspections. Following the fieldwork, Terras selected and recommended the following six (6) public view locations for further analysis:

- View 1 – Intersection of Princes Highway and President Avenue
- View 2 – Princes Highway travelling south
- View 3 – Intersection of Montgomery Street and Kensington Street
- View 4 – Rocky Point Road travelling north
- View 5 – Corner of Fairway and Lachal Avenue
- View 6 – Annette Avenue looking west

NB. The Department acknowledged via email correspondence on 27 August 2025, that modelling views between the nearby residential blocks to the coastline would not be required, given the significant distance and other forms of high rise development in the area.

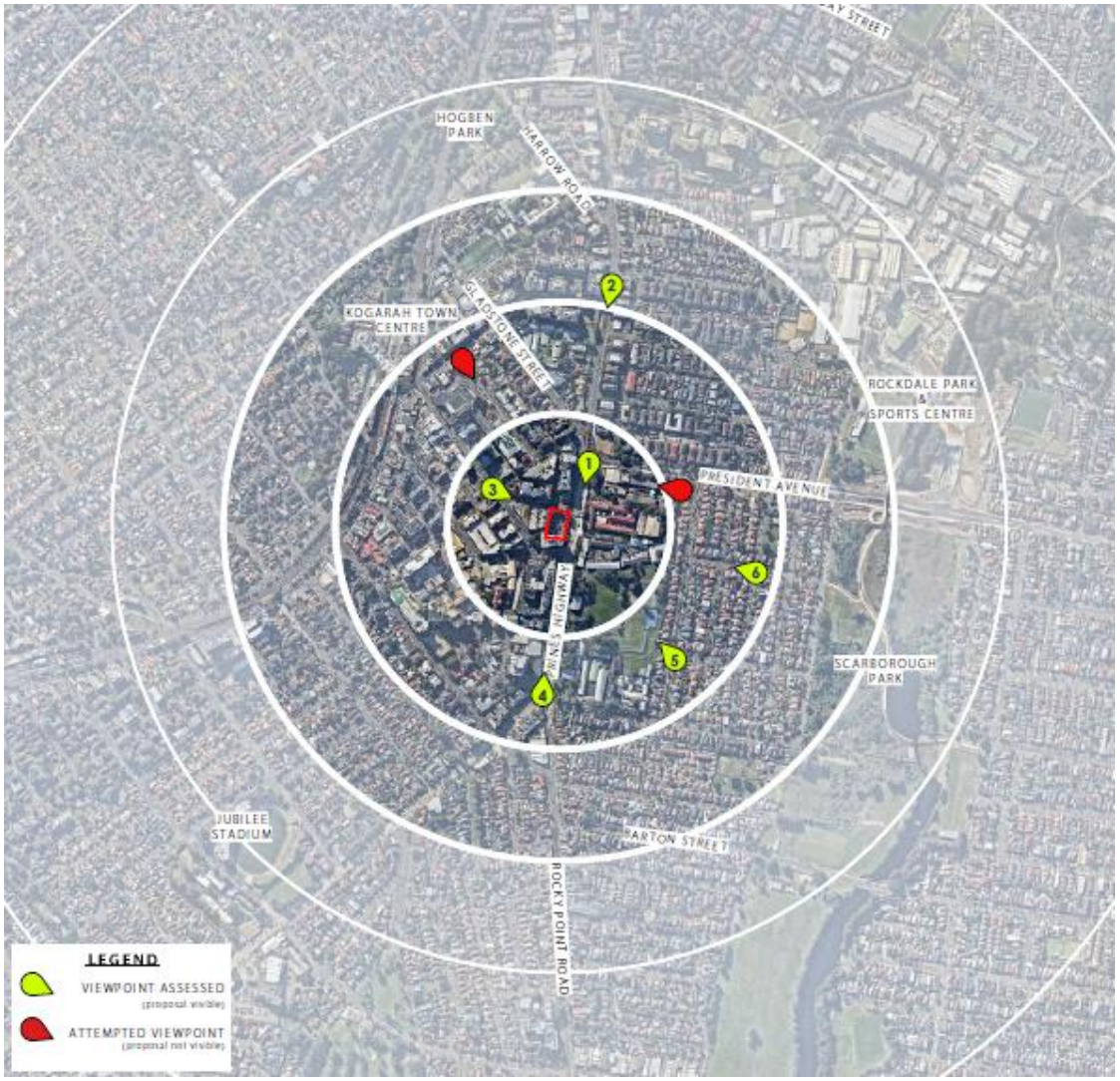


Figure 38. Viewpoint Locations
Source: Terras, 2025

6.1.4.4. VISUAL IMPACT ASSESSMENT

Table 17 below provides a summary of the assessment and findings of Terras's Visual Impact Assessment Report.

Table 17. Visual Impact Assessment	
Assessment	
Viewpoint 1 – Intersection of Princes Highway and President Avenue	
Viewer Access	Due to the high viewer numbers and close proximity, viewer access is considered HIGH.
Visual Sensitivity	The visual sensitivity of the site is considered HIGH as it will be viewed from a major travel corridor at close proximity.
Magnitude of Change	The magnitude of change is assessed as LOW, as the proposed development sits at a consistent height with existing development north of the proposal. No new components are introduced to the landscape within this view, and the skyline is already characterised by existing development. The proposal results in a low level of visual contrast, as the proposal facade and forms align with the integration of existing built context.
Visual Impact Overall	The proposal has high visual access and sensitivity due to the major travel corridor and high viewer numbers. However, as the design response incorporates a degree of integration through facade treatments, the visual impact is MODERATE. It is also pertinent to note that the view is representative of vehicles travelling at 40-60km/hr and so the proposal will only be experienced briefly in passing.

Baseline Photo:

Reference Image:

Table 17. Visual Impact Assessment	
Assessment	
Viewpoint 2 – Princes Highway travelling south	
Viewer Access	Despite high viewer numbers from the major road corridor, a short-medium viewer distance attributes a MODERATE viewer access rating.
Visual Sensitivity	The visual sensitivity of the site is considered MODERATE as it will be viewed from a major travel corridor in the mid-ground.
Magnitude of Change	The magnitude of change is assessed as NEGLIGIBLE, as the proposed development is positioned behind a taller existing structure. No new components are introduced to the landscape within this view, and the skyline is already defined by existing development. Consequently, the proposal produces a minimal level of visual contrast and is indistinguishable from the existing character.
Visual Impact Overall	The proposal has moderate visual access and sensitivity due to the extended viewing distance along a major travel corridor, the built form aligns with the existing built character of the area, visual impact is LOW.

Baseline Photo:

Reference Image:

Table 17. Visual Impact Assessment	
Assessment	
Viewpoint 3 – Intersection of Montgomery Street and Kensington Street	
Viewer Access	Despite close proximity, due to the low viewer numbers and short duration from a minor roadway intersection, viewer access is considered LOW.
Visual Sensitivity	The visual sensitivity of the site is considered LOW as it will be viewed from a minor road.
Magnitude of Change	The magnitude of change is assessed as LOW, as the existing view is dominated by multi-storey development. While the proposal introduces an increase in height relative to surrounding development the skyline is already broken by development. The proposal incorporates facade treatments to reduce the perceived mass and visual prominence.
Visual Impact Overall	The proposal has low visual access and moderate sensitivity due to the view from a mixed use residential and commercial area however, shows a level of integration through facade treatment, the visual impact is LOW.

Baseline Photo:

Reference Image:

Table 17. Visual Impact Assessment	
Assessment	
Viewpoint 4 – Rocky Point Road travelling north	
Viewer Access	Due to the high viewer numbers from a major travel corridor, viewer access is considered MODERATE.
Visual Sensitivity	The visual sensitivity of the site is considered MODERATE as it will be viewed from a major travel corridor in the mid-ground.
Magnitude of Change	The magnitude of change is assessed as LOW, the skyline is already defined by existing development. Façade treatments are incorporated to further reduce the perceived mass of the proposal.
Visual Impact Overall	The proposal has moderate sensitivity due to the viewing distance along a major travel corridor which has high viewer numbers. The magnitude of change has been assessed as low therefore, the visual impact is LOW.

Baseline Photo:

Reference Image:

Table 17. Visual Impact Assessment	
Assessment	
Viewpoint 5 – Corner of Fairway and Lachal Avenue	
Viewer Access	Due to the low viewer numbers and distance from site, viewer access is considered LOW.
Visual Sensitivity	The visual sensitivity of the site is considered LOW as it will be viewed from a minor roadway at an extended distance.
Magnitude of Change	The magnitude of change is assessed as NEGLIGIBLE, as the proposal will be intermittently visible along the skyline between residential dwellings and is to be seen as an extension of the existing built form.
Visual Impact Overall	The proposal has low visual access and sensitivity due to the minor roadway, the proposal is visible along the skyline, however, shows a level of integration through facade treatments and is to be seen as an extension of the existing development, the visual impact is NEGLIGIBLE.

Baseline Photo:

Reference Image:

Table 17. Visual Impact Assessment	
Assessment	
Viewpoint 6 – Annette Avenue looking west	
Viewer Access	Due to the low viewer numbers and distance from the proposal, viewer access is LOW.
Visual Sensitivity	The visual sensitivity is LOW as it will be viewed from a minor roadway.
Magnitude of Change	The magnitude of change is assessed as LOW, as the proposal will be visible along the skyline over residential dwellings, but development is already the existing form and the proposal is to be seen below the line of vegetation.
Visual Impact Overall	There is a low sensitivity as it is viewed from minor roadway, the proposal is visible along the skyline over existing development, the visual impact is LOW.

Baseline Photo:

Reference Image:

Figure 39 below provides a visual summary of the assessed criteria and overall visual impact per each of the identified viewpoints.

VIEWPOINT SUMMARY					
	ACCESS	SENSITIVITY	MAGNITUDE	IMPACT	ASSESSED IMPACT
Viewpoint 1 Princes Highway & President Avenue Intersection	HIGH	HIGH	LOW	MODERATE	MODERATE
Viewpoint 2 Princes Highway Traveling South	MODERATE	MODERATE	LOW	LOW	NEGLIGIBLE
Viewpoint 3 Montgomery Street & Kensington Street Intersection	LOW	LOW	LOW	LOW	LOW
Viewpoint 4 Rocky Point Road Traveling North	MODERATE	MODERATE	LOW	LOW	LOW
Viewpoint 5 Corner of Fairway & Lachal Avenue	LOW	LOW	NEGLIGIBLE	NEGLIGIBLE	NEGLIGIBLE
Viewpoint 6 Annette Avenue Looking West	LOW	LOW	LOW	LOW	LOW

Figure 39. Viewpoint Summary Table
Source: Terras, 2025

It is concluded that while the proposed development at the clinical tower site is visible from a distance due to its height, clear views are limited, with most being filtered through surrounding urban form and vegetation. Most views will be experienced within the context of the existing St George Hospital complex, with which the proposed built form is consistent.

Overall, the proposed development at the clinical tower site is assessed to have a LOW cumulative visual impact, reflecting its integration within the foreground, mid-ground, and background landscape layers, as well as its alignment with the existing and approved development character. The site is zoned SP2 Infrastructure and MU1 Mixed Use, and the proposed development is consistent with both the existing built form and the planned future development of the precinct.

Mitigation measures already proposed as part of the clinical tower development, that will be key in maintaining the current visual impact rating include:

- Varied treatment and use of recessive colours to the façade to reduce its perceived mass and encourage integration into the existing landscape; and
- Implementation of some light spillage control methods, namely:
    - Eliminating upwards spill lighting by directing light downward;
    - Incorporating shielded fittings;
    - Incorporating energy-efficient bulbs;
    - Incorporating asymmetric beams;
    - Implementation of warm-white colours;
    - Implementation of curfew switch; and
    - Implementation of motion detector control lighting.

Recommended further mitigation measures include ensuring the use of non-reflective surfaces.

6.1.5. PUBLIC DOMAIN

6.1.5.1. EXISTING ENVIRONMENT

The clinical tower site, bound by the Princes Highway to the east, Hogben Street to the north, and Bank Lane to the west, is situated within a busy multi-modal area. Vehicular to the hard stand parking area is via Hogben Street, and vehicular access to Lot 5 in DP 8466 (existing commercial premises) is via Bank Lane.

Entrance to the pedestrian bridge that ascends over the Princes Highway is accessed directly adjacent to the hard stand parking area entrance. A footpath extends along both sides of Hogben Street, and a narrow pavement runs along the eastern side of Bank Lane up to the intersection with the Lot 5 in DP 8466 driveway. A pathway traverses from Bank Lane through the Edith Blake Reserve which connects through to the main hospital and South Street.

The main hospital site is accessed via South Street, with two separate entry and exit driveways for circulation. A footpath runs along the front boundary of the site, and a pedestrian refuge island is located to the front of the hospital on South Street. Hardstand paving covers majority of the site's frontage, with limited managed vegetation dispersed across the boundary.

6.1.5.2. ASSESSMENT OF IMPACTS

The clinical tower proposal establishes a calm, safe, and legible arrival for both pedestrians and vehicles. Circulation movements are improved, and an enhanced public realm is delivered as a result.

The ground floor level of the clinical tower building is recessed at the Hogben Street and Bank Lane frontages, offering a protected pedestrian pathway underneath the upper floors. The ground level façade comprises clear glazing, promoting casual surveillance whilst also establishing a warm entrance environment for the building. The northerly oriented entrance area features indoor and outdoor seating options associated with a cafe, landscaping, and 'On Country' soffits.

Vehicular drop off areas and entrances are intentionally separated from the pedestrian entrances to maximise safety and the public realm offering. The lobby is double-heighted at the corner of Hogben Street and Bank Lane, reinforcing its prominence and street address. This feature assists with wayfinding for guests and sets a welcoming tone appropriate for the health services facility use. New landscape planting is also proposed along Bank Lane to soften the street edge whilst acting as a buffer between vehicular routes and pedestrians.

Figure 40 and Figure 41 below highlight the welcoming and improved public domain for the clinical tower site.

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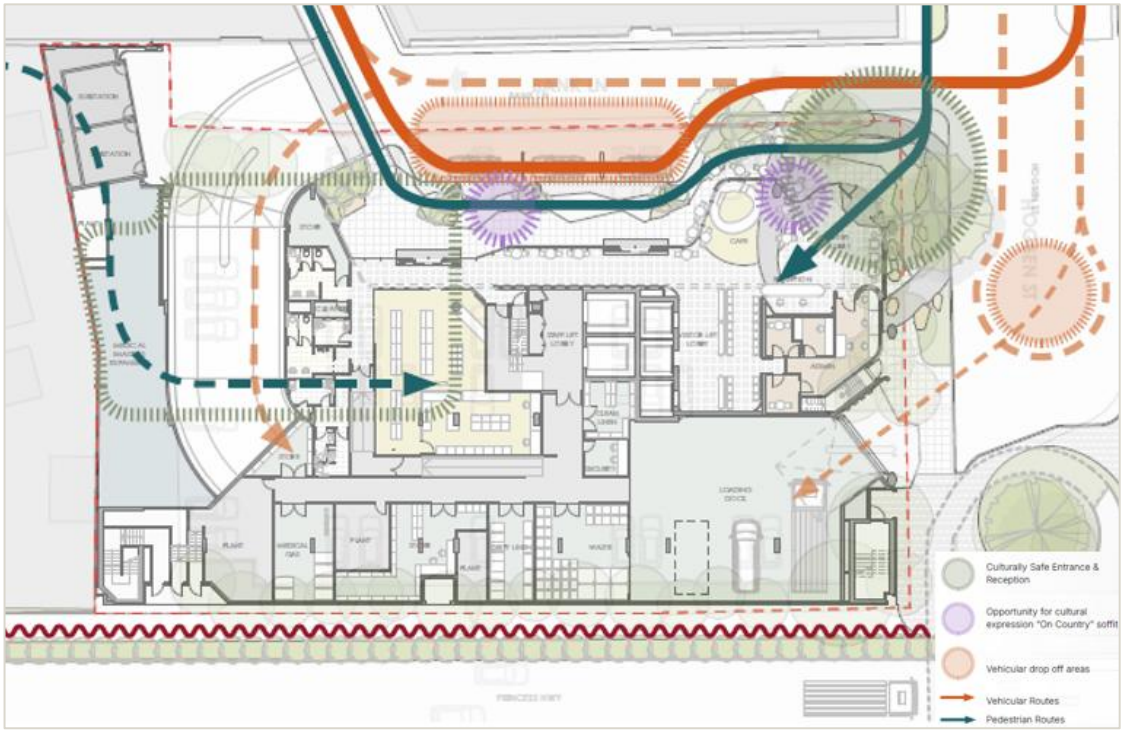

Figure 40. Clinical tower public domain arrangement
Source: Fitzpatrick + Partners, 2025

Figure 41. Clinical tower entrance render, looking south-east
Source: Fitzpatrick + Partners, 2025

The existing pedestrian footpath that traverses the Edith Dawson Reserve will join a new footpath at the southern end of Bank Lane, to seamlessly connect with the porte cochere and the pathways within the site that run parallel to the clinical tower.

The proposal also results in an improved setting at the eastern end of Hogben Street, where the pedestrian ramp ascends to the elevated walkway over the Princes Highway. Currently, this informal and unmanaged 'kiss and drop zone' conflicts with the entry and exit to the hardstand parking area.

The design team undertook extensive analysis around improving this multi-mode circulation space and determined that locating the hospital's secondary loading dock at this corner would result in a materially lower impact than a carpark entry. It is noted that the loading dock is designed for limited daily use. Alternate locations for the loading dock entry would have required removal of the essential porte cochere or shifted the basement carpark entry to this point, significantly increasing traffic activity.

6.1.6. TREES AND LANDSCAPING

6.1.6.1. EXISTING ENVIRONMENT

The area comprising the main hospital campus works constitutes previously developed land. There are no mature native trees or native vegetation within or adjacent to this works area, with only limited managed landscaping and exotic vegetation of negligible ecological or arboricultural value present.

Similarly, the clinical tower site does not contain mature trees or native vegetation with notable ecological or arboricultural value.

Vegetation at the development sites was assessed in accordance with a stage one Visual Tree Assessment (VTA) on 18 July 2025, resulting in an existing baseline of 33 trees (1 tree at the main hospital campus, and 32 trees at the clinical tower site).

6.1.6.2. ASSESSMENT OF IMPACTS

The following criteria have been considered to determine the impact arising from the proposed development on the existing trees at the clinical tower site:

- Existing ground levels (RL);
- Footprint of the proposed development, temporary structures, and laydown areas;
- Extent of the TPZ/ SRZ (structural root zone);
- Incursion into the TPZ including any cut, fill, benching and shoring activities beyond the development footprint;
- Incursions to the tree canopy from the building or temporary structures (scaffolding); and
- Existing site and soil conditions.

The impacts of the proposed development are summarised in Table 18 below.

Table 18. Tree Impact Assessment Overview					
Recommendation	Tree Quantity	Tree ID and Retention Value			
		High – Priority for Retention	Medium – Consider for Retention	Low – Consider for Removal	Very Low – Priority for Removal
Remove owing to project impacts	33	24	2, 4, 7, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 22, 25, 26, 27, 28,	1, 3, 5, 6, 8, 19, 21, 23, 29, 30, 31, 32, 33	-
Retain	0	-	-	-	-
Total	33	1	19	13	-

A total of 33 trees have a major TPZ encroachment due to the proposed development, comprising:

- 1 high retention value;
- 19 medium retention value; and
- 13 low retention value.

The unmitigable project impacts include:

- Unsustainable cut and fill activities that cannot be mitigated; and
- Being within the hardstand and/ or the development footprint for driveways, crossovers, retaining walls or the new building.

The Arboricultural Impact Assessment (**APPENDIX 14**) confirms the need to remove 33 trees, including a single tree categorised as having 'High' retention value. The removal of this high-value specimen is deemed unavoidable due to the critical nature of the proposed bulk excavation and the necessary footprint of the new clinical tower and its basement structure (inclusive of the new Radiation Oncology Unit). The localised loss of this high-value tree is considered to be substantially outweighed by the overwhelming public benefit derived from the project, which delivers a new Emergency Department and essential acute healthcare capacity for the entire South District.

6.1.6.3. MANAGEMENT AND/ OR MITIGATION MEASURES

Trees 1 to 32 are located within the footprint of the clinical tower development site, and tree 33 is located within the footprint of the ambulance entry/exit driveway at the main hospital. As such, they must be removed for the development to proceed. The subsequent 100% encroachment of the TPZ in all instances precludes retention without a substantial re-design, which would be impractical in the context of the current development layout.

Removal is therefore recommended to enable the development, with consideration given to implementing suitable replacement planting to offset the loss of canopy cover where achievable.

Terras have prepared landscape plans (**APPENDIX 9**) for the clinical tower and main hospital sites, highlighting the improved landscape settings that will be delivered by the proposal. At the main hospital campus, green low-level planting areas are situated along the South Street frontage with native feature trees and ground covers integrated throughout. Provision of 12 new native tree species are indicated at the main hospital site.

The clinical tower site benefits from the introduction of an improved ground level landscape as well as an elevated roof level garden. At ground level, three native trees are proposed, providing shade to the public realm offering at the building's entrance. The level two rooftop garden area includes large planting beds, featuring native trees and mass plantings to add visual interest and passive shade. 17 trees are indicated at this level.

6.1.7. ECOLOGICALLY SUSTAINABLE DEVELOPMENT

6.1.7.1. MANAGEMENT AND/ OR MITIGATION MEASURES

The principles of ecologically sustainable development (ESD) as outlined in Clause 193 of the EP&A Regulation have been carefully considered within the ESD Report (**APPENDIX 15**) and Net Zero Statement (**APPENDIX 16**) prepared by DSA Consulting.

The proposed development aims to go beyond the minimum building requirements and provide a progressive sustainability outcome for the community. The ESD principles adopted for the project will contribute to the conservation of resources and future resilience, across the whole life cycle of the project, from construction through to the operational phase.

The ESD initiatives of the proposed development will be verified through a Green Star Buildings self-assessment, with the development targeting a 4-star rating.

The following positive initiatives are proposed to be included in the preliminary sustainability strategy to enhance the energy efficiency of the clinical tower:

- Fossil fuel use, limited to emergency power, will account for less than 1% of the total building energy consumption.
- Building fabric will be designed to achieve a minimum 10% better than the Section J Deemed to Satisfy requirement in the National Construction Code (NCC) 2022.
- The building will be constructed to a high level of airtightness to minimise unwanted air infiltration, improving thermal performance and energy efficiency while maintaining indoor comfort.
- The Heating, Ventilation, and Air Conditioning (HVAC) systems will be designed to meet and exceed the Section J requirements in the NCC 2022, with strategies expected to include *inter alia*:
    - LED lighting;
    - Efficient lighting designs;
    - Efficient water fixtures and fittings;
    - Ductwork and pipework insulation will exceed the Section J requirements by 10%;
    - All plantroom mounted air handling systems will utilise outside air economy cycles; and
    - Recued fan and pump energy through optimised system design.
- In terms of energy generation, 80 kW of PV will be provided as part of the development.

The total estimated energy consumption arising from the proposed clinical tower is calculated as an 18% improvement relative to the Deemed to Satisfy reference building.

Overall, through the implementation of the initiatives noted within the ESD Report and Net Zero Statement, the project clearly demonstrates its commitment to ESD principles throughout the design, construction, and operation of the proposed development.

6.1.8. TRAFFIC, TRANSPORT AND ACCESSIBILITY

PTC has prepared a Traffic Impact Assessment (TIA) which addresses the requirements prescribed under SEARs item 10 (refer **APPENDIX 10**).

6.1.8.1. EXISTING ENVIRONMENT

Reference should be made to Part 2 of this EIS for details on the strategic context of the site. The following provides an overview of the existing traffic environment as it relates to the main hospital campus and the clinical tower site.

With reference to Figure 42 below, the road network in the vicinity of the site comprises:

- Princes Highway – a State (classified) Road to the immediate east comprising three (3) lanes in each direction, with a footpath on either side;
- South Street – a local road serving as the east-west axis between the main hospital campus and the clinical tower site comprising a single lane in each direction with a footpath on either side;
- Kensington Street – a local road to the north-west comprising two lanes in each direction between the Gray Street and Montgomery Street before becoming a single lane in each direction after Montgomery Street to Princes Highway, with dedicated on-street parking and a footpath on either side;
- Montgomery Street – a local road to the west comprising a single lane in each direction with dedicated on-street parking and a footpath on either side;
- Bank Lane – a local road perpendicular to Hogben Street to the north of the site comprising a one-way single lane to the south of Kensington Street, and a two-way single lane to the north of Kensington Street, with no on-street parking or footpaths provided; and
- Hogben Street – a local road to the immediate north comprising a single lane in each direction with dedicated on-street parking and a footpath on either side.

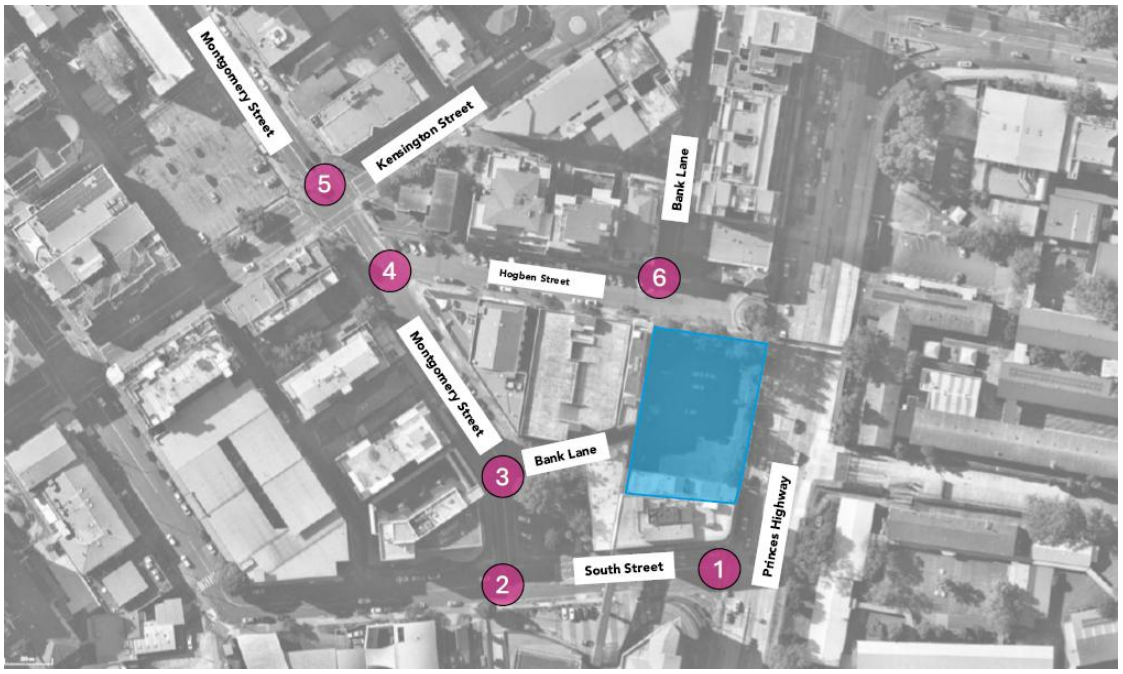

Figure 42. Surrounding Road Network (clinical tower site shaded blue)
Source: PTC, 2025

With reference to Figure 42, the existing intersections in the vicinity of the site include:

1. South Street/ Princes Highway – a 3-leg signalised intersection;
2. Montgomery Street/ South Street – a 3-leg priority intersection;
3. Montgomery Street/ Bank Lane – a 3-leg priority intersection;
4. Hogben Street/ Montgomery Street – a 3-leg priority intersection;
5. Montgomery Street/ Kensington Street – a 4-leg signalised intersection; and
6. Hogben Street/ Bank Lane – a 3-leg priority intersection.

Traffic surveys have been undertaken at these intersections during the weekday morning and afternoon peak periods. The results of these surveys are provided at Appendix 4 within the TIA. The operational performance of the intersections has been assessed using SIDRA with the result of the assessment provided in Appendix 5 of the TIA. These are summarised at Table 19 below.

Table 19. Existing Operational Performance of Identified Intersections

Intersection	Weekday AM		Weekday PM	
	Level of Service	Average Delay (secs)	Level of Service	Average Delay (secs)
South Street/ Princes Highway	B	15.4	A	13.4
Montgomery Street/ South Street	A	3.5	A	3.7
Montgomery Street/ Bank Lane	A	3.0	A	3.0

Table 19. Existing Operational Performance of Identified Intersections				
Intersection	Weekday AM		Weekday PM	
	Level of Service	Average Delay (secs)	Level of Service	Average Delay (secs)
Hogben Street/ Montgomery Street	A	2.7	A	2.7
Montgomery Street/ Kensington Street	A	14.3	B	20.4
Hogben Street/ Bank Lane	A	1.6	A	3.0

It is evident that the intersections are operating at a very satisfactory level of service.

In terms of public transport accessibility, the site scores a Public Transport Accessibility Level (PTAL) rating of six (6), which denotes a 'Very High' level of accessibility to public transport and is the highest score available. Refer to Figure 43 below.

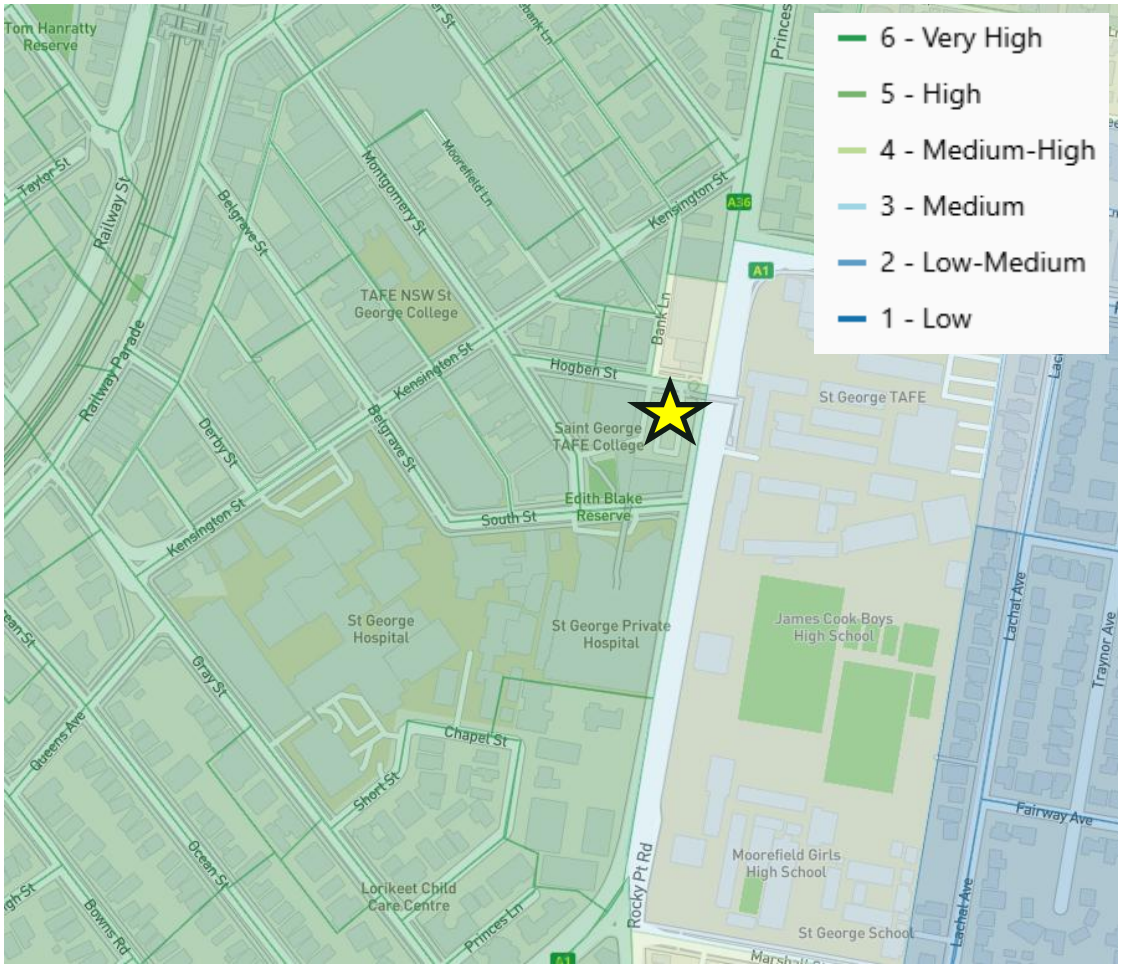

Figure 43: PTAL Map. The location of the clinical tower site is denoted by the star.
Source: NSW Movement and Place

Frequent bus services operate along Kensington Street, and Montgomery Street to the north of Kensington Street. This results in four (4) bus routes and stops being located within the 800m walking catchment, which include:

- Route 455 – Kingsgrove to St George Hospital
- Route 446 – St George Hospital to Roselands
- Route 947 – Kogarah to Hurstville via Dolls Point
- Route 958 – Kogarah to Hurstville via Carss Park

In addition, the Kogarah Train Station is approximately 500m (or 7 minutes' walking time) to the north-west, which is served by the T4 Eastern Suburbs and Illawarra Line providing frequent train services between Bondi Junction and Cronulla/ Waterfall via the Sydney CBD. Services operate at high frequency during peak hours, providing convenient access to key destinations including Central Station, Redfern, and Town Hall.

St George Private Hospital is well-integrated into the surrounding pedestrian and cycle network, offering convenient and safe access for staff, patients, and visitors who travel by foot or bicycle. Continuous footpaths are provided along key surrounding streets such as Hogben Street, Montgomery Street, and Gray Street, supporting direct access to hospital entry points. Signalised pedestrian crossings are located at major intersections, including Princes Highway and President Avenue. There is also an elevated pedestrian footbridge located at the eastern end of Hogben Street which provides a safe link to the other side of Princes Highway.

6.1.8.2. ASSESSMENT OF IMPACTS

Notwithstanding that DCPs do not apply to SSDA, PTC have carried out their parking assessment in line with that prescribed in the GRDCP 2021. That being, car parking demand for hospital developments is to be identified through a Transport and Parking Assessment.

As the DCP does not prescribe a parking rate requirement, a site-specific assessment has been undertaken.

Visitor parking demand has been derived from the existing hospital's parking utilisation characteristics. This baseline has been applied for forecasting visitor parking demand associated with the proposal. This provides a conservative and site-specific basis for assessment.

Similarly, staff parking demand has been assessed utilising staffing numbers provided by the project team, coupled with assumptions around staff driving mode share informed by existing staff behaviour and operational requirements.

This methodology ensures the parking assessment reflects the operational needs of a major private hospital, while aligning with the intent of the GRDCP 2021 and accepted industry practice for hospital precinct redevelopment assessments.

As existing, the St George Private Hospital campus comprises basement carparking at 1 South Street, the hard stand parking lot on the clinical tower site, and a multi-storey car park at 6 Hogben Street. This equates to a provision of 366 spaces.

To ensure that no temporary loss of car parking is experienced across the campus, the multi-storey car park at 6 Hogben Street will be extended by two levels (levels 5 and 6), delivering 80 parking spaces. This is in accordance with the extant consent DA/307/2014, and the Proponent intends on delivering this additional supply of parking prior to works commencing on the clinical tower site.

Parking Demand

Staff Parking

The proposal will increase the overall hospital workforce by 234 full time equivalent (FTE) employees, from 601 to 835. This increase is representative of staff across both the main hospital and the clinical tower sites.

Client-provided shift ratio information has been applied to the net increase in staffing numbers. A private car mode share of 80% for morning and afternoon shifts have been adopted as a conservative approach, notwithstanding the site's high PTAL rating. A 100% private car mode share has been assumed for evening shifts.

Allowing for a morning and afternoon roster overlap, the peak additional staff demand is calculated to be 156 spaces.

Visitor Parking

From data provided by the client team, an average, existing provision rate of 0.39 visitor spaces per bed have been identified across the campus. This observed rate has been adopted as the benchmark for calculating additional visitor demand associated with the proposal.

The hospital currently provides 276 beds. The clinical tower proposes 155 new beds, however, internal alterations being undertaken at the main hospital campus (under a separate approval and/or as exempt works) results in a net increase of 117 beds.

Applying the 0.39 spaces per bed benchmark to the net increase in provision, the additional visitor demand is calculated to be 46 spaces.

The total net demand for parking is therefore assessed as 202 spaces.

A total of 241 new parking spaces will be provided within the clinical tower basement. This exceeds the calculated net demand by 39 spaces, in turn providing a buffer to accommodate operational fluctuations.

Emergency Department Parking Assessment

The 11 patient treatment spaces within the proposed emergency department cater short-stay patients. These units are therefore not equivalent to typical inpatient wards, as patients are triaged, stabilised, and then either discharged or transferred to other parts of the hospital within a relatively short duration. Their associated parking demand is more aligned wit short-term pick up and drop off activity, rather than long-stay visitor parking.

In addition to the existing hospital parking provision (366 spaces), seven (7) short-stay drop-off spaces are provided at the main hospital frontage. This arrangement will be reconfigured as part of the proposed main hospital works, to provide six (6) short-stay spaces alongside a dedicated kerbside drop off zone, accommodating two (2) vehicles.

These spaces operate effectively as pick up and drop off facilities for ED patients and visitors, providing convenient and frequent turnover without generating a requirement for additional dedicated long-stay parking.

Notwithstanding the above, if it were assumed that the 11 patient treatment spaces were to be treated as standard inpatient beds, the benchmark visitor parking rate of 0.39 spaces per bed calculation would result in a notional demand of 4 spaces. This can comfortably be accommodated within the identified surplus of 39 spaces outlined above.

Table 20 demonstrates that a surplus of on-site car parking will be provided as part of the proposal.

Table 20. Parking Analysis		
Car Parking Demand Element	Calculated Requirement	Proposed Development
Staff	156 spaces	
Visitor	46 spaces	
Total	**202 spaces**	**241 spaces**

Access, Parking, and Loading Design

Vehicular access to the clinical tower basement car park is provided off Bank Lane. Service vehicle access is provided via a separate loading dock, accessed off Hogben Street. The Hogben Street loading dock has been designed to accommodate Small rigid trucks (SRVs) for daily deliveries, servicing, and waste collection in accordance with AS:2890.2.

All parking areas have been designed in accordance with the layout, bay dimensions, and circulation requirements of AS:2890.1. Compliance checks undertaken by PTC confirm that the proposed layouts generally achieve the required standards.

Bank Lane is subject to AS:2890 sight distance requirements. For a 40 km/h environment, driveways must achieve a minimum Safe Stopping Distance (SSD) of 55m with a desirable 5-second gap. Preliminary review indicates that the proposed Bank Lane driveway achieves compliance with these requirements.

AS:2890 also requires that clear sight triangles be provided at the property boundary to ensure adequate visibility between exiting vehicles and pedestrians on the adjoining footpath. Review of the proposed access arrangements confirms that the Bank Lane car park entry and Hogben Street loading dock access points can achieve the required sight triangles, ensuring compliance with AS:2890.

For the existing hospital campus, vehicular and ambulance access arrangements remain unchanged (via South Street).

Operational Traffic Generation

Traffic generation arising from the proposed development has been assessed in accordance with the *Guide to Traffic Impact Assessment (2024)*. Hospital trip rates are expressed as a function of staff and bed numbers, with separate equations for sites with high or low PTAL ratings. This assessment adopts high accessibility rates, noting the site scores the highest PTAL rating attainable, with the results summarised in Table 21 below.

Table 21. Trip Generation				
Scenario	Beds (B)	Staff (S – day shift*)	AM Peak Trips (veh/ hr)	PM Peak Trips (veh/ hr)
Existing Hospital	276	282	184	201
Proposed Hospital	394	391	259	283
Net Increase	+118	+109	+75	+82

** Day shift estimated as 46.88%*

The results at Table 21 indicate that the proposed development is expected to generate approximately 75 vehicle trips during the AM peak hour and 82 vehicle trips during the PM peak hour. This constitutes the net additional traffic generated by the development, above the existing hospital operations.

For assessment purposes, it has been assumed that for the AM peak, 80% of trips are inbound and 20% are outbound; with the reverse assumed for the PM peak. This reflects the prevailing pattern of staff and patient arrivals during the morning period, with departures following in the evening.

SIDRA modelling has been undertaken for the future circumstances and the above-mentioned traffic generation. The results of that assessment are provided at Appendix 5 of the TIA and are summarised as follows.

Table 22. Forecast Operational Performance of Identified Intersections

Intersection	Weekday AM		Weekday PM	
	Level of Service	Average Delay (secs)	Level of Service	Average Delay (secs)
Existing (Baseline)				
South Street/ Princes Highway	B	15.4	A	13.4
Montgomery Street/ South Street	A	3.5	A	3.7
Montgomery Street/ Bank Lane	A	3.0	A	3.0
Hogben Street/ Montgomery Street	A	2.7	A	2.7
Montgomery Street/ Kensington Street	A	14.3	B	20.4
Hogben Street/ Bank Lane	A	1.6	A	3.0
Post-Development				
South Street/ Princes Highway	B	15.5 (+0.1)	A	13.8 (+0.4)
Montgomery Street/ South Street	A	3.6 (+0.1)	A	3.7
Montgomery Street/ Bank Lane	A	3.1 (+0.1)	A	3.2 (+0.2)
Hogben Street/ Montgomery Street	A	2.9 (+0.2)	A	2.8 (+0.1)
Montgomery Street/ Kensington Street	B	14.6 (+0.3)	B	20.1 (-0.3)
Hogben Street/ Bank Lane	A	2.4 (+0.8)	A	3.2 (+0.2)

Table 22 demonstrates that the additional traffic movements would result in only a marginal increase in delay and degree of saturation, which are well within the acceptable thresholds.

The intersections along Montgomery Street and Hogben Street also maintain very good operating conditions, with only negligible increases in delay and queuing. The single minor variation is at Montgomery Street/ Kensington Street in the AM peak, where the level of service is reduced from A to B, though the associated average delay remains low at 15 seconds.

It is therefore apparent that the road network has sufficient capacity to accommodate the development without noticeable effects on intersection performance.

Cumulative Impact Assessment

In accordance with SEARs item 10, a cumulative impact assessment has been undertaken regarding relevant future projects.

In accordance with Table 2 of the CIA Guidelines, the only applicable relevant future project is SSD-39170713. This application relates to the stage 3 redevelopment of the nearby St George Public Hospital, located on Gray Street, approximately 300-400m west of the main hospital site.

SSD-39170713 was approved in 2023, and the development is now under construction.

The Traffic Impact Assessment prepared by SCT Consulting (refer Appendix H of the SSD-39170713 EIS) forecasted that the Stage 3 redevelopment would generate approximately 90 vehicle trips during both the AM and PM peak hours. The SCT report identified the Kensington Street and Gray Street intersection as experiencing the greatest change in operating conditions, with an increase in average delay of approximately 35 seconds in the PM peak (operating at Level of Service D).

Given the separation between the two hospital sites, and the distinctions between their primary access points (Bank Lane and South Street for the St George Private Hospital, and Gray Street and Kensington Street for the St George Public Hospital), the forecast additional traffic associated with the stage 3 expansion is expected to disperse through the network. This demand will not materially overlap or conflict with traffic generated by the proposed private hospital redevelopment.

The surrounding road network, including Princes Highway and Montgomery Street, has sufficient capacity to accommodate both developments. Accordingly, when considered cumulatively, the combined effects of both hospital projects are expected to remain within acceptable operational levels, with no requirement for upgrades or off-site mitigation measures.

6.1.8.3. MANAGEMENT AND/ OR MITIGATION MEASURES

Construction Traffic Management

A Preliminary Construction Traffic Management Plan (PCTMP) has been prepared by PTC (refer **APPENDIX 43**) which provides an assessment of anticipated construction-phase traffic, access, parking, servicing and sustainable transport arrangements, to improve site safety to the public, workers and the construction process.

The PCTMP considers relevant guidelines and aims to ensure safe and efficient movement of construction vehicles, minimal disruption to hospital operations, and effective mitigation of traffic and parking impacts on the local community.

Temporary traffic management for the project have been planned in accordance with Transport for NSW, *Traffic control at work sites – Technical Manual, Issue No.6.1, March* 2022 (TCAWS). A traffic management strategy will be further developed, to ensure the safest and most efficient traffic management of the site is caried out for road users.

Measures proposed as part of this strategy are outlined in Section 4 of **APPENDIX 44**. Key management measures include:

- Load covering for all vehicles transporting loose material to prevent large items, dust or dirt particles depositing onto the roadway.
- Public roads and access points will not be obstructed by any materials, vehicles, refuse skips or the like, under any circumstances.

- No construction vehicles are permitted to double park, park on the public road, or use public parking facilities.
- Queuing or marshalling of heavy vehicles on public roads is not permitted, and loading and unloading activities will be conducted within the site boundary or designated work zones, subject to council approval.
- Larger vehicles such as Heavy Rigid Vehicles (HRV) and articulated trucks will enter and exit southbound from Princes Highway.
- Access for works associated with the existing hospital will be via Princes Highway and South Street.
- At all times, pedestrians have right-of-way on footpaths, not construction vehicles.
- The use of oversized vehicles is recommended to be restricted to evening or early morning to minimise impacts to the road network.
- All site personnel are encouraged not to park on the street in the vicinity of the development site. To minimise the required parking, the Contractor will encourage the use of public transport to and from the site.
- Based on the current scope of works, no temporary road closures are anticipated.
- Access for residents and users of Bank Lane and Hogben Street will be maintained at all times.

The PCTMP concludes that the proposed construction activity is not anticipated to result in undue disruption to the daily activities within the vicinity of the sites, subject to compliance with the measures described in the plan.

Green Travel Plan

A Green Travel Plan (GTP) has been prepared by PTC and is enclosed at **APPENDIX 12**. The GTP is a package of measures to promote and encourage sustainable travel and provide increased travel choices for staff and visitors by highlighting the health and environmental benefits and cost savings of adopting green travel initiatives. The GTP is prepared to:

- Reduce/ discourage single-occupancy motor vehicle trips to and from St George Private Hospital;
- Reduce the number of visitors and parking in nearby streets;
- Promote public transport and sustainable modes of travel; and
- Reduce congestion in the local area.

The GTP is the primary long-term mitigation measure for managing the project's transport impacts, particularly in reducing reliance on single-occupancy vehicle trips by staff and visitors. The GTP aims to increase the sustainable mode share by implementing a multi-faceted strategy structured around the following three intervention categories:

1. <u>Governance, Targets, and Monitoring</u>
    - The plan establishes ambitious, yet achievable, mode share targets to reduce private car dependency for staff.
        - The current baseline is 80% private car trips for staff.
        - The prescribed 5-year target is to reduce private car use to 77% of staff trips, corresponding with increases in public and active transport modes.
    - A GTP Advisory Committee will be established, led by a designated Travel Plan Coordinator (TPC) and supported by Active Travel Champions nominated by the hospital.

- The TPC will conduct an initial staff travel survey within one (1) year of occupancy to establish an accurate, site-specific baseline, followed by annual reviews to track progress against targets and adjust mitigation strategies.

2. Active Transport Mitigation

The proposed development embeds physical mitigation measures within the development to prioritise walking and cycling as follows:

- Providing secure, internal staff bike racks in a convenient location within the new clinical tower basement, including compliant End-of-Trip (EoT) facilities (showers, changing rooms, lockers).
- Promoting 'walk to work' initiatives (such as the 10,000 steps per day initiative) and committing to collaborating with Georges River Council and TfNSW to identify and improve pedestrian connectivity and wayfinding in the local area.
- Fully supporting pedestrian access by maintaining separation from vehicular access points and leveraging the hospital's "very high" PTAL score by enhancing permeability.

3. Sustainable Transport Promotion (Soft Measures)

Communication and incentives are the primary management tools for influencing existing staff behaviour and supporting the shift away from private car use. These will be implemented by:

- Creating a detailed Transport Access Guide (TAG), summarising available train and bus services, routes, and connections to be included in all new staff welcome packs and displayed in high-traffic communal areas.
- Investigating and promoting carpooling network (e.g. using apps such as Liftango) to increase efficient car use. The plan recommends investigating the provision of dedicated car share spaces within the car park.
- Implementing a strategy using GTP pamphlets and welcome packs to provide clear, accurate transport information and advocate for the health, fitness, and environmental benefits of active travel.

The commitment to targets, the delivery of high-quality physical cycling infrastructure, and the continuous monitoring cycle demonstrate a proactive approach to transport management that shifts the project's long-term reliance from private vehicle use towards sustainable and active transport modes. This supports the broader *Future Transport Strategy 2061* objectives of creating a more resilient, accessible, and health-focused city.

6.1.9. BIODIVERSITY

De Witt Ecology prepared a Biodiversity Development Assessment Report (BDAR) Waiver Request (**APPENDIX 18**) in accordance with the requirements of the *Biodiversity Assessment Method 2020*, the *Biodiversity Conservation Regulation 2017*, and the *Biodiversity Conservation Act 2016* (BC ACT). Subsequently, a BDAR Waiver was issued by DPHI on 29 September 2025 (**APPENDIX 19**). The waiver states:

> *"I have reviewed the information provided by the applicant in the BDAR waiver application prepared by de Witt Ecology dated 2 September 2025, and determine the proposed development is not likely to have any significant impact on biodiversity values. The application, therefore, does not need to be accompanied by a BDAR."*

It is therefore considered that the proposal is unlikely to have a significant impact on matters of National Environmental Significance, and consultation with the Commonwealth Department of Climate Change, Energy, the Environment and Water is not required.

6.1.10. NOISE AND VIBRATION

Pursuant to item 12 of the SEARs, the EIS is required to provide a Noise and Vibration Impact Assessment (NVIA) in accordance with the relevant EPA guidelines. The assessment must detail the construction and operational noise and vibration impacts on nearby sensitive receivers and structures and outline the proposed management and mitigation measures that would be implemented.

In response, a NVIA prepared by RWDI Australia is enclosed at **APPENDIX 20** of this EIS.

6.1.10.1. EXISTING ENVIRONMENT

To inform the NVIA, a number of existing environmental conditions were assessed as documented in Table 23 below.

Table 23. Existing Environmental Conditions – NVIA	
Aspect of the Environment	Description
Receiver Environment	
Identified Receivers	The nearest sensitive noise receivers were identified as follows: • **R1** – Residential at 1-21 Hogben Street; • **R2** – Residential at 89-99 Princes Highway; • **C1** – Commercial at 52 Montgomery Street; • **C2** – Commercial at 111 Princes Highway; • **E1** – Educational at 19 Montgomery Street; • **E2** – Educational at 750 Princes Highway; • **E3** – Educational at 800 Princes Highway; • **Rec 1** – Active Recreation at 2A Marshall Street; and • **MU1** – Mixed Use (office and temporary healthcare) at 4 Hogben Street. Figure 44 below illustrates the location of these identified receivers.

Table 23. Existing Environmental Conditions – NVIA	
Aspect of the Environment	Description
	 Figure 44. Receiver Locations *Source: RWDI Australia, 2025* These locations were chosen as being representative of the nearest receivers to the proposed development.
Noise Environment	
Background Noise Levels – Unattended Noise Monitoring	One (1) unattended noise monitor was deployed to the site to survey existing background noise levels as well as ambient L_{Aeq} noise levels. This has been used to determine the existing acoustic environment for the receivers surrounding the project site. The unattended noise monitoring was conducted between Friday 12 September 2025 and Monday 22 September 2025. Figure 45 below illustrates the location of the unattended noise monitoring (denoted as 'L1'/ red circle). This unattended noise monitor was installed on the eastern balcony of the sixth-floor tenancy at 4 Hogben Street.

Table 23. Existing Environmental Conditions – NVIA	
Aspect of the Environment	Description

Figure 45. Noise Monitoring Locations
Source: RWDI Australia, 2025

Figure 46 below details the L_{A90} presented as Rating Background Level

Location	Time Period[1]	RBL
L1	Day	55
	Evening	52
	Night	43

Note 1: Daytime (7am – 6pm), Evening (6pm – 10pm), and Night time (10pm – 7am).

(RBL) logged during the daytime, evening, and night periods.

Figure 46. Unattended Noise Monitoring Results – Ambient Noise Levels, dBA
Source: RWDI Australia, 2025

The noise data at L1 was reviewed to determine the existing road traffic noise levels on Princes Highway. Figure 47 below presents the measured road traffic noise levels at this location.

Location	Day	Night
L1	63 dBA $L_{Aeq,15hour}$	60 dBA $L_{Aeq,9hour}$
	64 dBA $L_{Aeq,1hour}$	62 dBA $L_{Aeq,1hour}$

Note 1: Day (7am – 10pm) and Night (10pm – 7am).

Figure 47. existing Traffic Noise Levels – Princes Highway, dBA
Source: RWDI Australia, 2025

Table 23. Existing Environmental Conditions – NVIA	
Aspect of the Environment	Description
Background Noise Levels – Attended Noise Surveys	Short-term attended noise measurements were conducted on Friday 12 September 2025 to assist in qualifying the unattended noise levels measured at L1, and to measure traffic noise levels at surrounding roads (primarily Princes Highway and Montgomery Street). Figure 45 illustrates the location of the attended noise monitoring (denoted as 'L2'/ green circles), which were: • **L2** – attended noise monitoring measurements taken along Princes Highway; and • **L3** – attended noise monitoring measurements taken along Montgomery Street. The results are set out at Figure 48 below.

Location	L_{Amax}	L_{Aeq}	L_{A90}	Comments
L2 1:45pm	87	72	62	Measurement taken along Princes Highway (2.5m from curb). Constant flow of Road Traffic Noise (3 lanes northbound, 2 lanes southbound).
L3 2:15pm	79	59	51	Measurement taken along Montgomery Street (1m from curb). Distant Road Traffic Noise from South Street and Kensington Street.

Figure 48. Attended Noise Monitoring Results, dBA
Source: RWDI Australia, 2025

The NSW Noise Policy for Industry sets out the acceptable noise levels for various locations. The recommended amenity noise levels and corresponding project amenity noise levels applicable to the receivers surrounding the proposed development are summarised in Table 24.

Table 24. Project Amenity Noise Levels				
Noise Amenity Area	Time of Day	Recommended Amenity Noise Level $L_{Aeq\ period}$ dBA	Project Amenity Noise Level $L_{Aeq\ period}$ dBA	Project Amenity Trigger Level $L_{Aeq\ 15\ min}$ dBA
Residential – Urban Commercial	Day	60	55	58
	Evening	50	45	48
	Night	45	40	43
	When in use	65	60	63
School Classroom – Internal	When in use	35	30	33

Table 24. Project Amenity Noise Levels				
Noise Amenity Area	Time of Day	Recommended Amenity Noise Level $L_{Aeq\ period}$ dBA	Project Amenity Noise Level $L_{Aeq\ period}$ dBA	Project Amenity Trigger Level $L_{Aeq\ 15\ min}$ dBA
Active Recreation Area	When in use	55	50	53

RWDI Australia has also considered the applicable intrusive noise levels and sleep disturbance screening levels to crystallise the project noise trigger levels (PNTLs), which are the most stringent criteria. The resulting PNTLs are set out in Table 25.

Table 25. Project Noise Trigger Level, dBA			
Receiver	Assessment Period	PNTL (dBA)	Noise Descriptor
R1, R2 and accommodation components of MU1	Day	58	$L_{Aeq\ 15\ min}$
	Evening	48	$L_{Aeq\ 15\ min}$
	Night	43	$L_{Aeq\ 15\ min}$
	Night	58	$L_{Af\ max}$
C1, C2 and commercial/ office components of MU1	When in use	63	$L_{Aeq\ 15\ min}$
E1 – E3	When in use	33	$L_{Aeq\ 15\ min}$
Rec 1	When in use	53	$L_{Aeq\ 15\ min}$

6.1.10.2. ASSESSMENT OF IMPACTS

Construction Noise

Based on the relevant codes and standards together with the measured background noise levels, the applicable construction/ demolition noise levels would be as follows:

Table 26. Site-Specific Construction Noise Management Levels				
	Construction Noise Management Level (NMLs)			
Location	Day Standard Hours[1]	Day Out of Hours	Evening Out of Hours[2]	Night Out of Hours[3]
R1-R2 and MU1	65	60	62	53
C1 and C2	70 (external, when in use)			
E1-E3	55 (external, when in use)			

Note 1: Standard Hours (07:00 – 19:00 Mon to Fri, 08:00 – 13:00 Saturday, no work on Sundays or Public Holidays)

Note 2: Evening Out of Hours (18:00 – 22:00)

Note 3: Night Out of Hours (22:00 – 07:00)

During standard construction hours, exceedances of the noise affected NMLs are generally expected at receivers due to the proximity, with receivers adjacent to the proposed development expected to be highly noise affected.

Construction Vibration

The recommended minimum working distances for vibration intensive activities from TfNSW's *Construction Noise and Vibration Guideline* are presented in Table 27.

Table 27. Recommended Minimum Working Distances from Vibration Intensive Equipment

Plant Item	Approx. Size/ Weight/ Model		Minimum Distance	
			Cosmetic Damage (BS 7385)	Human Response (NSW EPA Guideline)
Vibratory Roller	1-2 tonne	5m	15m to 20m	
	2-4 tonne	6m	20m	
	4-6 tonne	12m	40m	
	7-13 tonne		15m	100m
	13-18 tonne >18 tonne		20m 25m	100m 100m
Small Hydraulic Hammer	300kg (5 to 12t excavator)		2m	7m
Medium Hydraulic Hammer Large Hydraulic Hammer	900kg (12 to 18t excavator) 1,600kg (18 to 34t excavator)		7m 22m	23m 73m
Pile Driver – Vibratory	Sheet Piles		2m to 20m	20m
Piling Rig – Bored	≤800mm		2m (nominal)	n/a
Piling Rig – Hammer	12t down force		15m	50m
Jackhammer	Handheld		1m (nominal)	Avoid contact with structure

Operational Noise

Noise emissions arising from the operation of the proposed development are expected from the following sources:

- Car park ramp (vehicle movements to the basement levels);
- Loading dock (truck movements);
- Mechanical plant noise;
- Operational noise from the Level 2 terrace at the clinical tower;
- Siren noise from emergency vehicles; and
- Vehicle movements.

Car Park Ramp and Loading Dock

Noise emissions from these sources have been assessed against the PNTLs at Table 25.

To provide a conservative assessment, use of the ramp and loading dock has been assumed for all timeframes. Trucks have been assumed to access the loading dock during day periods only, though entering and leaving the loading dock within any 15-minute period. All vehicles have been assumed to travel at 10km/hr.

It is assumed that peak light vehicle (car) movements will occur during day and evening periods. Based on the future traffic generation data provided by PTC, a worst-case scenario of 16 car movements entering the clinical tower and 65 car movements leaving the clinical tower during a one-hour period (via Bank Lane) is assumed.

Table 28 below presents the predicted noise levels at the nearby receivers, benchmarked to the corresponding PNTLs.

Table 28. Predicted Noise Levels from Car Park Ramp and Loading Dock (dBA $L_{Aeq\ 15min}$)

Receiver Location	Predicted Noise Level	PNTLs
R1	36	48
R2	34	48
C1	20	63
C2	42	63
E1	26	33
E2	33	33
E3	25	33
Rec 1	25	53
MU1	43	48

In addition, noise arising is expected to be well below the established sleep disturbance criteria at neighbouring residential receptors.

Mechanical Plant

The major mechanical noise sources associated with the proposed development are:

- Rooftop: exhaust fans, SPFs and AHUs.
- Level 6: generator, chillers, hydraulic plant and water pumps.

Further details of the acoustic treatment will be formulated during the detailed design phase once plant selections are made.

Level 2 Terrace

With respect to the proposed terrace at Level 2 of the clinical tower, the calculated noise emissions have been based on the following assumptions:

- 20 people using the terrace at any single time, resulting in an L_{Amax}SWL (dBA) of 79; and
- 1 in 2 people are talking with a normal effort voice.

Noise levels at the worst affected residential windows are 44 dBA during the daytime period, which would be masked by the higher background noise levels and so this is unlikely to result in a discernible impact on the surroundings and on-site noise sensitive receivers.

Siren Noise

This must be considered as a result of the introduction of an Emergency Department within the main hospital campus. RWDI advise that there are no quantifiable criteria for noise from sirens/ emergency vehicles.

Vehicle Movements

Based on the traffic volumes presented in the TIA prepared by PTC, predictions of noise impacts have been completed to R1 (1-21 Hogben Street) and MU1 (4 Hogben Street) and are presented at Table 29 below. Noise predictions have been assessed against the Road Noise Policy criteria (Table 3-9 within the NVIA).

Table 29. Predicted Road Traffic Noise Levels

Receiver Location	Time Period	Predicted Traffic Noise Level from Additional Traffic $L_{Aeq, period}$ dBA	Noise Criteria $L_{Aeq, period}$ dBA	Complies
R1 (Along Hogben Street)	Day (07:00 – 22:00)	53	60	Yes
	Night (22:00 – 07:00)	51	55	Yes
MU1 (Along Bank Lane)	Day (07:00 – 22:00)	54	60	Yes
	Night (22:00 – 07:00)	52	55	Yes

The traffic noise impacts are predicted to comply with the relevant Road Noise Policy criteria at the nearest representative receivers, so no further assessment is required.

6.1.10.3. MANAGEMENT AND/ OR MITIGATION MEASURES

Construction Noise

Noise levels from construction activities during standard hours are predicted to exceed the applicable Noise Management Levels (NMLs) of the NSW EPA *Interim Construction Noise Guideline* (ICNG) at several receivers surrounding the site. In accordance with the ICNG, all reasonable and feasible measures should be applied to manage construction noise emissions arising from the proposed development. A detailed Construction Noise and Vibration Management Plan (CNVMP) will therefore be prepared at the Construction Certificate stage.

Table 7-3 within the enclosed NVIA presents typical construction noise mitigation measures together with the likely quantifiable reduction in noise levels.

Construction Vibration

Vibration impacts are possible at neighbouring sites if vibration intensive equipment is to be operated in close proximity to the development site boundary. Should these be operated within the minimum recommended distances of a sensitive receiver as set out within the TfNSW *Construction Noise and Vibration Guideline* (CNVG), it is recommended that a preliminary vibration survey be undertaken for each vibration generating piece of equipment.

The vibration survey will determine whether there will be any exceedances of the relevant construction vibration criteria. If exceedances are observed, vibration mitigation and management strategies can be developed to minimise vibration impacts as far as practicable, and ideally to ensure compliance with the applicable vibration criteria. Any vibration management strategy would be developed as part of the CNVMP.

Operational Noise

Mechanical Plant

RWDI Australia confirms that the operational noise emissions from the site's major mechanical plant (including AHUs and SPFs) can achieve compliance with the relevant acoustic requirements.

Crucially, the final detailed design of all mechanical plant will be engineered to comply with the most stringent Nighttime Project Noise Trigger Levels (PNTLs) of 43 dBA at all residential receivers (R1 and R2). Mitigation measures, including bespoke attenuators, acoustic screens, and the selection of low-noise plant, will be finalised at the Construction Certificate stage to ensure the project meets these compliance targets during all Out-of-Hours (OOH) periods.

In addition, mitigation measures to control noise emissions from mechanical plant can include:

- Locating mechanical equipment as far as practicable from noise sensitive receivers;
- Using in-duct treatments such as internally lined ductwork or attenuators;
- Building barriers or enclosures around plant equipment; and
- Use of acoustic louvres.

Siren Noise

RWDI advise that measures should be adopted whereby sirens are only used to alert other vehicles of an ambulance's presence.

6.1.11. GROUND AND WATER CONDITIONS

6.1.11.1. EXISTING ENVIRONMENT

Geology

A Geotechnical Report has been prepared by Tetra Tech Coffee (TTC) (**APPENDIX 21**) in accordance with SEARs item 13. The main hospital campus has not been subject to geotechnical investigations, considering the scale of works and limited extent of ground disturbance.

This report indicates that subsurface conditions at the clinical tower site comprise fill overlying residential soil, overlying sandstone. This was confirmed through field investigation, which included borehole testing at three (3) locations. The site is not within a known registered landslide risk area, or within a NSW Mine Subsistence District.

The site is not located within areas of acid sulfate soils, according to the NSW Government SEED (Sharing and Enabling Environment Data) database and the GRLEP 2021. An Acid Sulfate Management Plan was therefore not deemed required.

Furthermore, salinity is not considered to be an issue at the site. This is because soils extend to a depth of 2.3m only, and overlay residual soils and bedrock, which are noted to be above the observed groundwater level (refer below). The proposal will also not alter evaporation or water flows within the shallow soil layer. TTC have therefore determined that a Salinity Management Plan is not required.

Hydrology

A Groundwater Impact Assessment has been prepared by Tetra Tech Coffee (TTC) (**APPENDIX 22**) in accordance with SEARs item 13. The main hospital campus has not been subject to the groundwater impact assessment, as these works do not require substantial ground works and largely relate to ground level layout alterations.

Groundwater at the site is located within fractured bedrock aquifer of the Hawkesbury Sandstone. Groundwater levels were measured at three piezometers using an electronic water level dip meter on two occasions (14 May 2025 and 11 August 2025); results are as follows:

Table 30. Manually Measured Groundwater Levels

Date	BH01 (metres below ground)	BH02 (metres below ground)	BH03 (metres below ground)
14 May 2025	6.28	3.81	5.03
11 August 2025	6.26	5.00	5.03

Surface water features (e.g. ponds / wetlands) are not present on site. Surface water from rainfall is expected to be captured within Council's stormwater drainage system that is present across the site. It would then likely discharge into either Botany Bay (a marine ecosystem) or drains towards Scarborough Creek, located approximately 800m east of the site, and then into Botany Bay.

6.1.11.2. ASSESSMENT OF IMPACTS

The proposal includes a five (5) level basement, which will encounter groundwater inflows, at a predicted rate of 0.0.39L/s or 1.2ML/year. The estimated groundwater take from groundwater seepage during construction and following building completion is 1.2ML/year.

Furthermore, due to the groundwater contained within excavated soil/rock, an additional groundwater take of 2.1ML will be required during excavation.

A search for nearby registered bores was made on 12 June 2025 using the Bureau of Meteorology Australian Groundwater Explorer database. Based on the assessed drawdowns, the risk to nearby groundwater users is assessed to be negligible, as drawdowns due to the development at these locations are likely to be less than 1m.

The closest high priority groundwater dependent ecosystems (GDE) shown on the Bureau of Meteorology Groundwater Dependent Ecosystems Atlas are:

- the Eastern Suburbs Banksia Scrub; and
- the Estuarine Fringe Forest.

These are located approximately 800m to the east of the site at a lower elevation than the bulk excavation level. Due to the separation distance and lower elevation, the risk to this GDE from the development is assessed to be negligible.

The closest saltwater source to the site is approximately 1.6km east, at Botany Bay which lies at an elevation of approximately 6m below the base of the proposed excavation level. Due to the distance between these sources, the risk of saltwater intrusion into the aquifer is considered to be negligible.

Considering the low permeability of the bedrock aquifer, the risk to groundwater users from mobilisation of potential contaminants in groundwater as a result of the development is considered to be low.

The report concludes that the proposed clinical tower development presents a low risk for ground and water impacts.

6.1.11.3. MANAGEMENT AND/OR MITIGATION MEASURES

Based on the assessments prepared by TTC, a drained basement for the proposal is considered feasible and presents low risk to the groundwater system, provided that appropriate monitoring of groundwater discharge volumes, water quality, and levels is carried out during construction. In addition, the recommendations made within the DSI report are to be completed concurrently.

Further detailed geotechnical investigations are required to support the building's detailed design, as outlined in Section 6 of **APPENDIX 21**. Drilling of three (3) to four (4) additional boreholes is likely required, into the bedrock below the proposed foundation locations and levels. This is needed to determine bedrock strength across the site to assist in optimisation of building footing and excavation design.

The proposal should be eligible for a Water Access License exemption, for taking 3ML or less per year of groundwater. If groundwater from the site cannot be recycled and used in gardens, cooling towers or toilet flushing, then approval from local government or Transport for NSW will be required for discharge to stormwater.

6.1.12. WATER MANAGEMENT

An Integrated Water Management Plan has been prepared by ACOR (**APPENDIX 23**) in accordance with SEARs item 14.

For the clinical tower site, a stormwater drainage network is proposed with connection to existing Council infrastructure on the corner of Princes Highway and South Street on the site boundary. An on-site detention (OSD) tank with an internal water chamber is also proposed, to address water quantity and quantity requirements. The OSD tank has a volume of approximately 88 cubic metres with a Ø96mm orifice (invert 17.66mm) to restrict the stormwater discharge rate. It is noted that the OSD volume and water quality treatment measures meet or exceed the minimum requirements, per the Georges River Stormwater Management Policy.

Stormwater quality management and mitigation measures include:

- Separation of water quality catchment areas to provide accurate calculations of pollutants within the proposed stormwater runoff (roof, roads, other impervious area such as hardstand, and pervious areas).

A MUSIC model was developed to indicate the suitability of the proposed Water Sensitive Urban Design (WSUD) measures on the site. The MUSIC Model was set up in accordance with ARR Guidelines using rainfall data from Sydney. Subsequently, the proposed water quality control devices for the clinical tower site are:

- 3 x 690 NPSORB Stormfilter Cartridges within a minimum 2sqm chamber within the OSD Tank; and
- 2 OceanGuard 200um pit inserts.

The results of the MUSIC model (refer Figure 6 within the appended Integrated Water Management Report) confirmed the ability of the above devices to reduce pollutants discharged from the site to below the stormwater treatment objectives prescribed within the Georges River Stormwater Management Policy.

Reducing potable water demand can be achieved at the site by providing rainwater harvesting and re-use systems, along with installation of water-efficient fittings and appliances. The proposal will incorporate the following measures to reduce potable water consumption:

- Water-efficient landscaping: native species have been selected for the landscaped areas, which are suitable for the climate with low irrigation demands. Drip or subsurface irrigation is also recommended where potable water is used, to avoid over watering.
- Water efficient fittings and appliances: Supply water efficient products with a higher water rating based on AS/NZS 6400 Water efficient products – Rating and Labelling, products including tap fittings, shower heads and toilets.

For the main hospital site, stormwater drainage will not be disturbed by the proposed works noting majority of works relate to internal alterations with ground disturbance works limited to existing hardstand paved areas.

The Integrated Water Management Plan confirms that the proposed development can be adequately serviced and constructed with regard to stormwater drainage, groundwater, and site-specific geotechnical conditions. The proposed civil and water management measures appropriately mitigate environmental impacts, align with statutory requirements, and support the ongoing safe and functional operation of the hospital. The report confirms that the proposed development is suitable from a civil engineering perspective and addresses the SEARs relevant to water and ground conditions.

6.1.13. FLOOD RISK

6.1.13.1. EXISTING ENVIRONMENT

A Flood Impact Risk Assessment has been prepared by ACOR in accordance with SEARs item 15 (**APPENDIX 24**).

Adopted Flood Studies

The sites are not identified as being flood prone land, per the recently obtained 10.7 (2) and (5) Planning Certificates. The respective Planning Certificates state as follows, in relation to flood related development controls:

> *(1) If the land or part of the land is within the flood planning area and subject to flood related development controls.*
>
> ***No.** Council has not yet adopted a risk management plan to categorise the flood risk associated with development of the land or part of the land.*
>
> *Note: Studies may be undertaken in the future that categorise the flood risk. It should be noted that any development of the land or part of the land will be assessed on merit and as such site specific controls may apply.*
>
> *(2) If the land or part of the land is between the flood planning area and the probable maximum flood and subject to flood related development controls.*
>
> ***No.** Council has not yet adopted a risk management plan to categorise the flood risk associated with development of the land or part of the land.*
>
> *Note: Studies may be undertaken in the future that categorise the flood risk. It should be noted that any development of the land or part of the land will be assessed on merit and as such site specific controls may apply.*

Furthermore, the adjoining LGA, Bayside, has interactive flood mapping on their website, which include modelling across the LGA boundaries. This mapping shows that in both the 1% AEP and PMF flood events, both sites are not affected by overland flow (refer to figures 8 and 9 in the accompanying Flood Impact Risk Assessment at **APPENDIX 24**).

Draft Flood Studies

Georges River Council have released the *Blakehurst and Kogarah Bay Wards Overland Flow Study* in draft (draft flood study). This is currently on public exhibition until 3 November 2025. It is noted that flood level data has not been made available despite attempts with Council.

The draft flood study shows the sites as being affected by overland flow in the 1% AEP flood event and/or the PMF event. Refer to fig below for excerpts of the draft flood study.

Figure 49. 1% AEP Overland Flow Depths – Future Climate
Source: Draft Blakehurst and Kogarah Bay Wards Overland Flow Flood Study, 2025

Figure 50. PMF Overland Flow Depths
Source: Draft Blakehurst and Kogarah Bay Wards Overland Flow Flood Study, 2025

Based on the draft flood study, in the 1% AEP flood event:

- The clinical tower site is not affected by overland flow.
- The main hospital campus is shown to be affected along the western boundary and centrally within the site. It is assumed that the capacity of drains to the west of the building and to the east may be exceeded in this event.
    - The relevant flood hazard level is H1 'Generally safe for vehicles, people and buildings'.

Based on the draft flood study, in the PMF flood event:

- The southern end of the clinical tower site and Bank Lane are shown to be affected by overland flow.
    - The flood hazard level is H1 'Generally safe for vehicles, people and buildings'.
- The main hospital campus is shown to be affected along the western boundary and centrally within the site. It is assumed that the capacity of drains to the west of the building and to the east may be exceeded in this event.
    - The relevant flood hazard level is H3 'Unsafe for vehicles, children and the elderly'.

6.1.13.2. ASSESSMENT OF IMPACTS

Notwithstanding that the sites are currently not classified as flood affected lots, a summary of impacts is provided below having regard to the draft flood study. It is important to note, however, that the draft flood study is not adopted and may be subject to change prior to being endorsed.

Clinical Tower Site

ACOR have concluded that the flood risk to life and property associated with the proposal is acceptable. It is considered compatible with the flood function and behaviour on the land, and no mitigation measures are required.

The clinical tower proposal is not expected to cause flood impacts to surrounding properties, or a worsening of flood characteristics, duration of flooding, creation of new or larger floodways or flowpaths, change in warning time or evacuation time, change to flood function categorisation, for events up to and including the 1% AEP.

Main Hospital Campus

ACOR have concluded that the flood risk to life associated with the proposed works is very low, as vertical evacuation routes are readily available. The flood risk to property is also considered low; and flooding modelling at this location is noted to possibly be inaccurate and not representative of actual ground conditions, as there appears to be an escape path for overland flow from this location to South Street. No works are proposed in this area of the site.

The proposed works at the main hospital campus are not expected to cause flood impacts to surrounding properties, or a worsening of flood characteristics, duration of flooding, creation of new or larger floodways or flowpaths, change in warning time or evacuation time, for events up to and including the PMF.

6.1.13.3. MANAGEMENT AND/OR MITIGATION MEASURES

Whilst the sites are not classified as flood prone land in accordance with adopted studies, the following recommendations have been made as precautionary measures in response to the draft flood study.

Clinical Tower Site

The site and Bank Lane are not subject to overland flow in the 1% AEP event as shown in the draft flood study. Therefore, a basement ramp crest is not required to the basement carpark. Notwithstanding, a basement ramp crest is proposed, as it does not impact vehicle movements and provides a buffer against potential uncertainty.

As Bank Lane is not subject to inundation in the 1% AEP event, there is no relevant flood planning level for this event. Bank Lane however is shown to be inundated in the PMF event. The PMF level (21.48m AHD) is deemed to be 150mm above the ground level of the existing vehicle crossing at the site (21.33m AHD). The ground flood level of the proposed clinical tower is 21.5m AHD, therefore, above the PMF level.

Main Hospital Campus

Alternative egress routes are available from the ground floor to external areas that are not subject to overland flow (per the draft flood study). Furthermore, vertical evacuation is also available to higher floor levels of the building. In addition, the existing elevated skybridge provides an alternative egress route to the northern side of South Street to the existing specialist suite building on the corner, or following construction, the clinical tower building as well.

Notwithstanding, it is recommended that the Emergency Management Plan for St George Private Hospital be reviewed and updated to include a warning/alert system and response actions for flash flooding events.

ACOR has concluded that the proposed development at the sites is acceptable.

6.1.14. HAZARDS AND RISKS

The sites are not adjacent to or on land in a pipeline corridor. Notwithstanding, a Preliminary Risk Screening Report has been prepared by Riskcon (**APPENDIX 30**) in accordance with SEARs item 16.

A review of the quantities of dangerous goods (DGs) to be stored and transported to/from the proposed development was conducted having regard to the threshold quantities outlined in Chapter 3 of the *State Environmental Planning Policy (Resilience and Hazards) 2021* (RH SEPP). The result of this analysis indicates that the threshold quantities for the DGs to be stored and transported are not exceeded. Furthermore, the proposed site operations were deemed unlikely to result in noise or odour emissions at levels which would cause offense.

As the facility is not classified as potentially hazardous or offensive, chapter 3 of the RH SEPP does not apply, and a Preliminary Hazard Analysis is not required.

6.1.15. CONTAMINATION AND REMEDIATION

A Preliminary Site Investigation (PSI) (**APPENDIX 25**) was prepared by TTC, per SEARs item 17 to assess and quantify whether the sites contain any soil and/or groundwater contamination. TTC's investigation included a desktop review, site walkover, and interpretation of historical land use and environmental data for the clinical tower site. The main hospital site was excluded from the PSI investigations as the site will continue to be used as existing, with only minor works proposed.

6.1.15.1. EXISTING ENVIRONMENT

The PSI assessed the risk of encountering contamination during construction and operation of the proposed development. The PSI determined that further detailed site investigations were required for the clinical tower site, due to potential for contamination in soil and possibly groundwater resulting from both onsite historical uses.

A Detailed Site Investigation (DSI) report is provided at **APPENDIX 26**.

Conclusions of the DSI are set out below.

- The NSW SafeWork Schedule 11 Hazardous Chemicals on Premises records search did not identify any license records relating to the storage of hazardous chemicals on the clinical tower site.
- A non-destructive Ground Penetrating Radar (GPR) survey was carried out to assess potential subsurface infrastructure. The GPR survey did not detect any undersurface storage tanks (UST).
- Potential Asbestos Containing Material (ACM) was not observed in the fill during drilling, however, it is noted that test pits are a more favourable methodology for observing asbestos in fill.
- In general, the analysis of soil samples collected from the investigation locations did not record contamination at concentrations that poses potentially unacceptable risks to human or environmental receptors for the intended health services facility.

- Elevated concentrations of toluene and metals were detected in groundwater. It is noted that the metals are likely indicative of regional aquifer background concentrations, and the toluene was detected at very low concentration (within the assessment criteria) in Bore Hole 01.
- Given groundwater was encountered at depths ranging between 5 m and 6.4 m, a dewatering management plan should be considered depending on the construction method applied.
- Copper, nickel, lead and zinc exceeded the 95% LOSP in the groundwater sampled. An exposure pathway may exist between the groundwater and the identified human receptors via groundwater seepage into the proposed basement, though, it is anticipated seepage into the proposed basement would be managed via implementation of a dewatering management plan during construction.
- Formaldehyde may present a potential dermal (contact) and/or vapour risk to workers during construction of the basement, regardless of the implementation of a dewatering management plan. Further assessment regarding the potential risk to human health during the construction and post construction phases from formaldehyde, and potentially chloroform and carbon disulphide, is required.
- Metals in groundwater do not warrant further investigation or remediation, as the receiving waterways (Botany Bay) are considered to be relatively impacted waterways.

6.1.15.2. MANAGEMENT AND/OR MITIGATION MEASURES

Based on the DSI findings, an Interim Remedial Action Plan (RAP) was developed (**APPENDIX 27**). Furthermore, Geo-Logix, a NSW EPA certified Contaminated Site Auditor, undertook a review of TTC's PSI, DSI, Groundwater Impact Assessment, and RAP reports.

In accordance with the SEARs additional assessment requirement, the Site Auditor has confirmed that the RAP is appropriate (refer to the Site Auditor Review at **APPENDIX 45**).

A summary of the Site Auditors review is as follows:

- No significant soil contamination was identified within the accessible portions of the site, with all reported concentrations below the adopted health investigation criteria.
- The drilling method was not optimal for asbestos detection, but no asbestos was observed.
- Formaldehyde was detected in groundwater at elevated concentrations, with trace detections of chloroform and carbon disulphide. This triggered the need for additional assessment of potential human-health risks during excavation and within the completed basement areas.
- The RAP proposes excavation and off-site disposal, which aligns with the basement construction methodology and will achieve site remediation concurrently with development.
- The RAP provides clear procedures for waste classification, off-site disposal, and validation.
- Uncertainty remains regarding the risk posed by formaldehyde in groundwater. The RAP however manages this uncertainty by requiring additional assessment in relation to groundwater, presence of formaldehyde, and vapour risk. A commitment to refining the RAP in response to new data is also included.

The Site Auditor concludes that the clinical tower site is considered capable of being rendered suitable for the intended land use, subject to full implementation of the RAP and incorporation of findings as necessary from the additional assessments.

6.1.16. WASTE MANAGEMENT

A demolition and construction waste management plan has been prepared (Appendix X), as well as operational waste management plan, to identify the waste requirements related to construction and operation, identify the relevant waste streams, and outlined the relevant management strategies. The waste management plans are indicative and subject to revision at the Construction Certificate stage and prior to occupation.

Demolition and Construction Phases

The waste management hierarchy has been used to guide the construction and demolition waste management plan; with avoidance the most preferred strategy and disposal the least.

The waste streams anticipated to be generated during demolition are summarised in the following table.

Table 31. Demolition Waste – expected materials streams

Materials on Site		Destination/Treatment		
Type of material	Estimated volume (m^3)	Onsite (reuse/recycle)	Offsite (reuse/recycle)	Disposal (landfill)
Excavation materials	10,000m^3	No on-site reuse or recycling	Collected by contractor and disposed of at recycling facility. Where exported contaminated material is captured onsite – further mitigation requirements may need to be implemented.	No disposal to landfill
Paving/ Asphalt	30m^3	No on-site reuse or recycling	Removed if still serviceable and sold for reuse to an appropriate contractor, or collected by specialist contractor for recycling	No disposal to landfill
Wood	8m^3	No on-site reuse or recycling	Collected by contractor and taken to recycling facility	No disposal to landfill
Structural Concrete	10m^3	Separated onsite and crushed for use in pavement and/or temporary access road construction	Collected by contractor and taken to recycling facility	No disposal to landfill
Garden Organics	20m^3	No on-site reuse or recycling	Collected by contractor and taken to recycling facility	No disposal to landfill

Table 31. Demolition Waste – expected materials streams				
Materials on Site		Destination/Treatment		
Type of material	Estimated volume (m^3)	Onsite (reuse/recycle)	Offsite (reuse/recycle)	Disposal (landfill)
Misc. General Waste	$12m^3$	No on-site reuse or recycling	Separated onsite into dedicated receptacles and collected by the waste contractor for disposal	Disposal to landfill
Electrical Pipework, Wiring, Fixtures	$3m^3$	No on-site reuse or recycling	Removed if still serviceable and sold for reuse to an appropriate contractor, or collected by specialist contractor for recycling	No disposal to landfill
TOTAL VOLUME OF MATERIALS	$88m^3$			
POTENTIAL RECOVERY	>86.3%			

The waste streams anticipated to be generated during construction are summarised in the following table.

Table 32. Construction Waste – expected materials streams			
Type of Material	M^3 and Disposal/Treatment Outcome		
	Onsite (reuse)	Offsite (reuse/recycle)	Disposal (landfill)
Timber	Reuse for formwork where possible	$120m^3$	$0m^3$
		Recycled at timber yard	
Steel	N/A	$70m^3$	$0m^3$
		Recycled at steelworks	
Concrete	N/A	$108m^3$	$0m^3$
		Recycled at materials recovery facility	
Recyclable Packaging & Containers	N/A	$46m^3$	$0m^3$
		Recycled at materials recovery facility	

Table 32. Construction Waste – expected materials streams			
Type of Material	M^3 and Disposal/Treatment Outcome		
	Onsite (reuse)	Offsite (reuse/recycle)	Disposal (landfill)
Used Pallets	Reuse on site for materials storage	45m^3	0m^3
		Recovered for reuse	
General Waste	N/A	N/A	50m^3
Plasterboard	N/A	27m^3	0m^3
		Recycled at materials recovery facility	
Floor Coverings	N/A	19m^3	0m^3
		Recycled at materials recovery facility	
Recyclable Cardboard & Paper	N/A	18m^3	0m^3
		Recycled at materials recovery facility	
Glass	N/A	10m^3	0m^3
		Recycled at materials recovery facility	
Total Materials Generated/ Resource Recovery	The development's construction stage will produce around 513 m3 of materials, of which around 461 m3 or 90% can potentially be diverted from landfill and recovered for beneficial onsite and off-site reuse and/or reprocessing.		

Recommended waste minimisation measures include:

- Ensuring the right quantities of materials are ordered, minimally packaged and where practical pre-fabricated, and any oversupplied materials are returned to the supplier;
- Source separation of off-cuts to facilitate reuse, resale or recycling where possible;
- Coordination of subcontractors to maximise on site reuse of materials; and
- Ensure the site has clear signs directing staff to the correct location for recycling and stockpiling, and that each bin/skip/stockpile is clearly signposted.

Operational Phase

To calculate operational waste generation volumes, Waste Audit have referenced existing operational waste data from typical hospital projects of similar scale in terms of size and patient capacity. This baseline data has been multiplied by an expansion factor of 1.4, reflecting the addition in patient bed numbers, consulting suites, treatment rooms, kitchen, pharmacy, pathology, café, back of house amenities, and administrative areas proposed within the clinical tower.

It is noted that waste generated within the main hospital campus will continue to be managed within the capacity and protocols in place.

Table 33. Predicted Materials Streams & Volumes

Material Stream	Number	Bin Size/ Type	Collection/day	Frequency	Weekly m^3
General Waste	3	1.5 m^3 front lift	2 times	6 days per week	54
Cardboard & Paper Recycling	1	3 m^3 front lift	1 time	7 days per week	21
Commingled Recycling	2	1100L rear lift	2 times	Per week	4.4
Organics Recycling	2	240L rear lift	1 time	Per week	0.4
Secure Document Recycling	2	240L rear lift	1 time	Per fortnight	0.4
Clinical Waste	14	240L rear lift	1 time	5 days per week	16.8
Cytotoxic Waste	1	240L (TBC)	2 times	Per week	0.5
Chemical Waste	1	240L (TBC)	1 time	Per month	0.1

To appropriately manage operational waste storage, a designated refuse area of 41sqm has been recommended, to account for the relevant bin footprints plus an allowance of 30% for circulation and staff access. A refuse room is provided at ground floor level, adjacent to the BOH and loading dock area, measuring 50sqm in area.

In addition, a designated area of at least 10sqm is also provided within the BOH area for bulky goods storage. Refer to appendix 5 within the Operational Waste Management Plan for annotated materials movement, storage, and collection diagrams for both the clinical tower and the main hospital campus.

Based on the calculated waste generation rates and the dedicated refuse rooms provided to accommodate such, operational waste will be appropriately managed.

6.1.17. ABORIGINAL CULTURAL HERITAGE

An Aboriginal Cultural Heritage Assessment Report (ACHAR) has been prepared by Umwelt (refer to **APPENDIX 33**) in accordance with SEARs item 19. The objectives of the ACHAR are as follows:

- Identify the Aboriginal cultural values of the project area using a combination of background research, archaeological survey, and Aboriginal community consultation; and
- Present the outcomes of the Aboriginal community consultation and highlight the views of Aboriginal people regarding the likely impact of the proposal on their cultural heritage.

Aboriginal Party Consultation

Aboriginal community consultation acknowledges the right of Aboriginal peoples to be involved, through direct participation, on matters that directly affect their cultural heritage. A program of Aboriginal community consultation was undertaken with reference to the *Aboriginal Cultural Heritage Consultation Requirements for Proponents 2010* (Department of Environment, Climate Change and Water [former], 2010) (consultation requirements).

Aboriginal community consultation for this assessment was undertaken in with reference to the consultation requirements.

Stage 1 included the identification, notification, and registration of Aboriginal Stakeholders who hold cultural knowledge relevant to determining the cultural significance of Aboriginal objects and/or places within the site. The following agencies were contacted via email on 15 May 20255, requesting information on relevant Aboriginal persons and organisations:

- Heritage NSW
- Metropolitan Local Aboriginal Land Council (LALC)
- The Office of Registrar Aboriginal Land Rights Act NSW
- The National Native Title Tribunal (NNTT)
- Native Title Services Corporation Limited
- Georges River Council
- Greater Sydney Local Land Services (LLS)

Four (4) responses were received, from Heritage NSW, the NNTT, Greater Sydney LLS, and the Office of Registrar Aboriginal Land Rights Act NSW. A letter inviting expressions of interest and an overview of the project was sent to all Aboriginal individuals and/or organisations identified by the agencies above on 8 July 2025. A notice was also placed in the local newspaper, and a public notice placed in the St George and Sutherland Shire Leader on 16 July 2025.

A total of 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 indicating their interest in registering as RAPs for the project.

During stage 2, RAPs were provided with information around the project scope and proposed cultural heritage assessment process.

Stage 3 included facilitating a process to allow the RAPs to contribute to culturally appropriate information gathering and the assessment methodology. RAPs also provided information to enable the cultural significance of Aboriginal objects and/or places to be determined and input for the development of any cultural heritage management measures.

Outcomes from the consultation with RAPs were as follows:

- The draft assessment methodology be provided for any initial comments regarding the Aboriginal cultural heritage values of the site.
- Discussion of cultural heritage values during fieldwork activities.
- Provision of a draft report to all RAPs for comment prior to finalisation.

The aim of stage 4 of the consultation requirements is to prepare and finalise an ACHAR while providing an opportunity for RAPs to provide input and/or feedback. On 3 October 2025, all RAPs were sent a draft copy of the ACHAR for review and comment. The review period ran for 28-days in accordance with the consultation requirements.

Responses to the draft ACHAR are summarised in Section 3.4 of **APPENDIX 33**.

Significance Assessment

The ACHAR provides a cultural significance assessment, having regard to the Burra Charter values: social, scientific, historic, and aesthetic. The assessment of significance then provides a guideline for determining appropriate mitigation and management strategies.

Cultural significance relates to the values that Aboriginal peoples assign an object, site or place. Through Umwelt's consultation with Registered Aboriginal Parties (RAP), the following social and cultural values for the project area were identified:

- Prior to European occupation, the Project Area would have been an important place for Aboriginal peoples, with abundant resources and freshwater available.
- The Project Area and surrounding environs is located at the confluence of multiple Aboriginal groups.
- The Project Area and surrounding environs represented Australia's region's first contact between local Aboriginal groups and Cook's first charting of Australia's east coast in 1770. This first contact also resulted in the European explorers shooting at local Aboriginal people (Conroy, 2017: 70).
- Subsequent attempts at a permanent European colony from 1788 saw the region being the focal point of Aboriginal resistance to European expansion.

The scientific (or archaeological) significance of Aboriginal sites relates to their potential for providing information about the past Aboriginal culture/s and is commonly assessed based on research potential, representation and rarity.

Archaeological Values

No new or previously identified Aboriginal objects or sites have been recorded within the project area. Ground disturbance works are proposed including the bulk excavation for the new clinical tower, and minor landscaping and resurfacing works at the northern boundary of the main hospital campus. TTC's geotechnical assessment has however not identified any archaeologically sensitive subsurface sediments.

The potential for impact to Aboriginal objects is assessed as low.

Aboriginal Cultural Values

Through consultation with RAPs, the Project Area and environs is considered to contain high Aboriginal cultural significance due to the abundance of resources and ecologies present prior to European colonisation, and the region's importance from the post-contact expansion of European colonies.

The potential for impacts to these Aboriginal cultural values is assessed as low.

Avoiding and Minimising Harm

Impacts to recorded or unrecorded Aboriginal objects or impacts to Aboriginal cultural values in the undertaking of the proposal is considered low.

RAP Recommendations

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.

6.1.17.1. MANAGEMENT AND/OR MITIGATION MEASURES

No Aboriginal sites have been identified within the Project Area and impacts to currently unidentified Aboriginal objects is considered low.

Notwithstanding, management strategies should be implemented in relation to potential identification of unrecorded Aboriginal Objects identified within the Project Area throughout the life of the project, as follows:

1. All works would cease immediately in the area to prevent any further impacts to the object(s).
2. Notify the appropriate Environmental Manager and/or Project Manager immediately.
3. A qualified heritage consultant is to be engaged to determine the nature, extent and scientific significance of the object(s). RAP representatives are to be notified in writing regarding the nature of the find and if required, proposed management actions. RAP representatives will be requested to provide comments within seven (7) days.
4. An AHIMS site card is to be completed and submitted to Heritage NSW in compliance with Section 89A of the NPW Act. The site cards will be lodged within 21 days and a copy provided to those RAPs who wish to have a copy.
5. An Aboriginal Cultural Heritage Management Plan (if necessary) and any other Project environmental management systems or databases to be updated (as relevant) to address the new Aboriginal site.

Furthermore, in the event that human skeletal remains are identified throughout the life of the project, the following standard procedure should be followed:

1. All work in the vicinity of the remains must cease immediately.
2. The location must be cordoned off and NSW Police contacted. If the remains are suspected to be Aboriginal, Heritage NSW may also be contacted.
3. Subject to any alternative instruction from the NSW Police, a physical or forensic anthropologist would be commissioned to inspect the remains in situ and make a determination of ancestry (Aboriginal or non-Aboriginal) and antiquity (pre-contact, historic or modern).

   Subsequent management actions will be dependent on the findings of the inspection undertaken under Point 3.

- If the remains are identified as modern and human, the area will become a crime scene under the jurisdiction of the NSW Police.
- If the remains are identified as pre-contact or historic Aboriginal, the site will be secured, and Heritage NSW and all RAP representatives notified in writing.
- If the remains are identified as historic (non-Aboriginal), the site is to be secured and the Heritage NSW contacted.

- If the remains are identified as non-human, work can recommence immediately.

6.1.18. ENVIRONMENTAL HERITAGE

A combined Statement of Heritage Impact and an Archaeological Assessment has been prepared by Umwelt (refer **APPENDIX 34**) in accordance with SEARs item 20. This combined report assesses the extent of any impact on heritage items in vicinity of the site, conservation areas, views, vistas, and archaeology.

6.1.18.1. EXISTING ENVIRONMENT

Built Heritage

The sites do not contain any listed heritage items, nor are they located within the curtilage of a listed item. The sites are also not located within a Heritage Conservation Area (HCA), however, they are within proximity to several locally listed heritage items, pursuant to Schedule 5 of the GRLEP 2021.

Table 34 below identifies the heritage items within a 200m radius of the sites.

Table 34. Locally listed heritage items within 200m of the sites

Item Number	Item Name	Listing	Distance between sites and listed items
#I193	'Shop and residence'	Georges River LEP 2021	Clinical tower is 15 m south-west of the item
#I176	'Shop and residence'	Georges River LEP 2021	Clinical tower is 70 m east of the item
#I177	'Former Sixth Church of Christ Scientist - Grace Chinese Church'	Georges River LEP 2021	Clinical tower is 115 m southeast of the item
#I165	'St Patrick's Catholic Church'	Georges River LEP 2021	Main hospital works are 115 m north of the item
#I164	'House and Garden'	Georges River LEP 2021	Main hospital works are 190 m northeast of the item
#I173	'House and Garden'	Georges River LEP 2021	Main hospital works are 200 m northeast of the item

Figure 51 below depicts the site areas and the local items in vicinity.

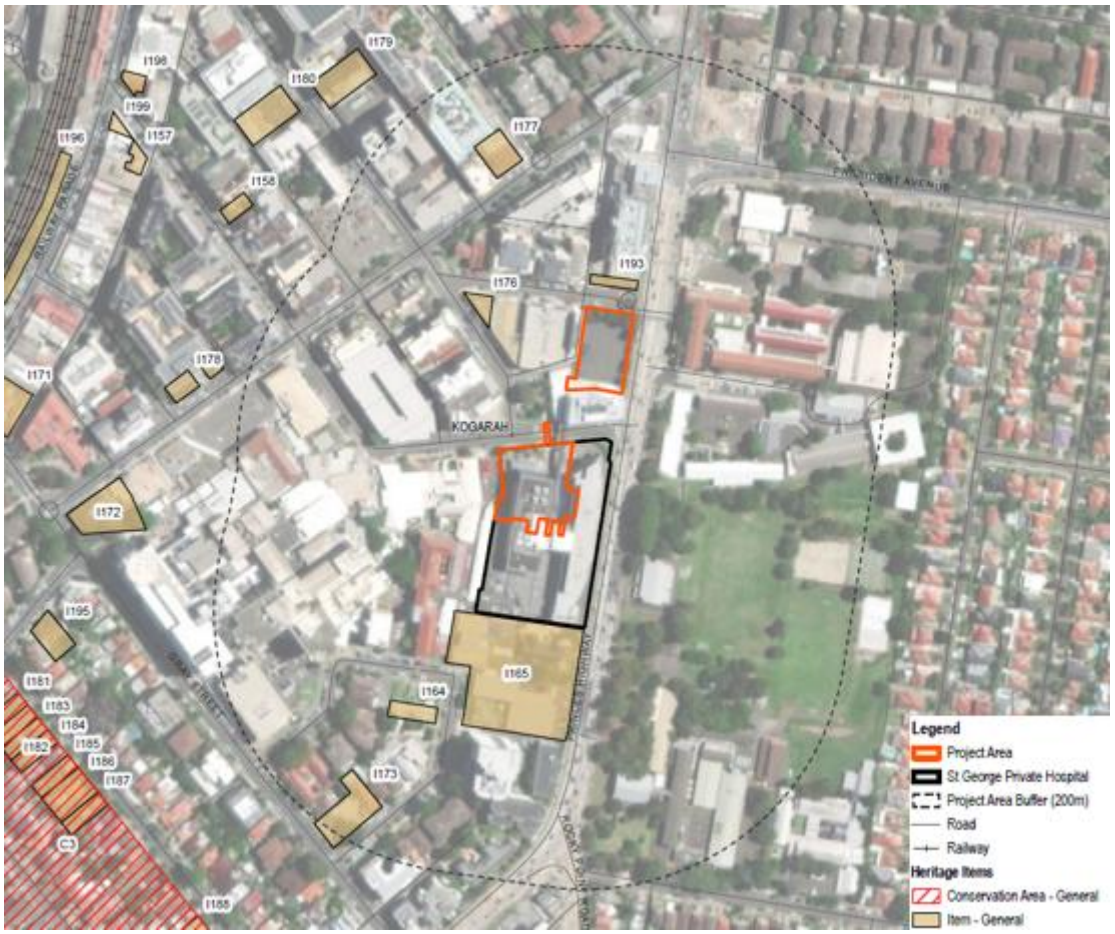

Figure 51. Heritage listings in vicinity of the sites
Source: Umwelt, 2025

Historical Archaeology

Based on a review of available historical documentation, it can be concluded that the sites have been subject to high levels of development since the 1860s. Evidence suggests that multiple commercial and residential buildings had been built along Rocky Point Road (Princes Highway) prior to the mid-1880s.

Clinical Tower Site

The northern-most land parcels within the clinical tower site (Lots A-C in DP 358876) accommodated commercial and residential uses likely c. 1860 through to early mid-1900s. Commercial buildings such as Moons Bakery (later Souths Bakery) are indicated to have been present within these lots prior to 1885, and may also have served as residential properties. These properties are deemed to likely date from c. 1860s to 1880s, which is an important period in the development of Kogarah, being when commercial and residential development accelerated and in turn, created a town centre.

Umwelt have concluded that the 'Kogarah Post Office' may be the same post office that originally operated as 'Rocky Point Road Post Office' from c. 1983. The capping of the existing hard stand car park on the clinical tower site may have in turn, covered physical evidence of these commercial premises along with any archaeological deposits and structural features associated with them. Evidence association with these premises may therefore date from the 1860s. Evidence relating to these buildings would provide information that is not readily available in the historical record and could relate to a significant period in the local area's development. This may include structural remains and/or deposits.

The clinical tower site is assessed as having moderate archaeological potential, with any archaeological resources identified likely relating to the commercial and residential occupations of the site from the 1860s onwards.

Main Hospital

The construction and expansion of the hospital complex has taken place gradually since the mid-1900s and would have required subsurface service installation and subterranean construction as part of the hospital's operations.

Therefore, it is assessed that there is a low potential for any subsurface features or remains associated with the earlier residential use of the land to be identified, predominately due to the extent to which it has since been developed and disturbed.

The main hospital site is assessed as having low archaeological potential.

6.1.18.2. ASSESSMENT OF IMPACTS

Built Environment

The proposed works will therefore not directly (physically) impact any locally listed heritage items.

The proposal is considered to have a visual impact on two nearby items, #I193 'Shop and residence' and #I176 'Shop and residence'. This impact is derived due to clinical tower building being visible within views to these items. However, views to these items and their general settings have already been impacted by multi-storey contemporary development, with both items being situated in a highly developed urban environment. Considering the prevailing context, the proposed clinical tower will not result in a significantly greater degree of visual impact than existing.

Furthermore, the principal (front) facades of these two items will not be obscured by the proposed clinical tower, and existing views towards the primary façade will be maintained. Views from the front facades of the items will also be maintained as existing. Certain side facing views from #I193 'Shop and residence' will be altered, though these are non-significant and do not contribute to the heritage significance of the item in any way.

Overall, these minor indirect (visual) impacts to two listed items are assessed as being acceptable, noting the context of the items and their settings within a highly altered and developed area.

Historical Archaeology

The clinical tower site is assessed as having moderate archaeological potential. The potential archaeological resources within the clinical tower site could provide new information not readily available relating to the historical patterns of settlement, commercial activity, and daily life during the formative years of Kogarah.

Further investigation into the archaeological potential of the clinical tower site could reveal insights into the key period of Kogarah's commercial and residential development. The increasing rarity of pre-1880s structures in Sydney and Kogarah enhances this local heritage value.

Archaeological investigations have subsequently been recommended, prior to ground disturbance works.

6.1.18.3. MANAGEMENT AND/OR MITIGATION MEASURES

Umwelt has recommended that archaeological investigation be undertaken prior to ground disturbance works at the clinical tower site. Any such investigation must be informed by the preparation of an appropriate archaeological research design and methodology report.

6.1.19. SOCIAL IMPACT

A Social Impact Assessment (SIA) has been prepared by Umwelt (**APPENDIX 46**), per SEARs item 21, in accordance with the *Social Impact Assessment Guidelines for State Significant Projects*.

The purpose of the SIA is to assess and evaluate any direct and indirect social impacts and benefits associated with the project on different stakeholders, which has been informed by extensive consultation undertaken by Umwelt.

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 over July – 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.

Positive social impacts identified throughout the community engagement are summarised below.

- 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
- Enhanced livelihood outcomes for businesses/services due to increased public access
- Enhance sense of place given improved place activation
- Improvement to pedestrian amenity through ground floor place activation
- Sustainable design of the building facilitates improved health and wellbeing, resilience, adaptability and enhanced education
- Enhanced public safety through implementation of CPTED principles

- Connection to Country through the incorporation of connecting with country outcomes in the building design
- Livelihood benefits to local businesses due to the temporary construction workforce spend in the locality

Negative social impacts identified throughout the community engagement are summarised below, along with project responses.

Table 35. 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**). 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. 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**), 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.

Table 35. Negative social impacts identified during community engagement	
Social Impact	Project Response
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.
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**) 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.

6.1.19.1. MANAGEMENT AND/OR MITIGATION MEASURES

A framework to guide social impact management for the project is recommended, to be developed prior to construction commencing. The project responses above align with the intent of the social impact management framework.

In summary, the framework is recommended to incorporate the following key measures:

- Construction and Traffic Management Plan, to consider (but not limited to):
    - Pre-construction agreements with any residents or businesses, where temporary disturbance is anticipated
    - Restricting vehicles from idling or parking on Hogben Street where possible and ensure that the footbridge access is maintained throughout construction
    - Provision of signage and education materials to identify construction zones and continued garage access (Bank Lane) to enable safe and convenient access and manage vehicle and pedestrian flows during busy times
    - Noise and vibration monitoring, to manage impacts to nearby sensitive receivers (residents, health services and education providers)
    - Restrictions on high-noise generating activities to sensitive periods in the school timetable e.g. end-of-year HSC exam period
- Community and Stakeholder Engagement Plan, to facilitate (but not limited to):
    - On-going evaluation as to whether the plan is meeting its objectives and identify if any new key stakeholders within the community may need to be involved as the project progresses
    - Continual engagement with proximate residents, health service providers, businesses, and education providers
- Interface Plan between the St George Public and Private Hospitals, to consider (but not limited to):
    - Establishing a joint working group or liaison team between both hospitals to oversee the collaboration
    - Exploring additional connection infrastructure opportunities between the premises to enhance accessible patient transfers
    - Defining processes such as communication and information sharing, and patient referral and transfer protocols
    - Exploring training and development opportunities such as shared training programs for clinical and administrative staff
- Local Employment and Procurement Plan, to consider (but not limited to):
    - Implementation of strategies and actions to maximise local employment and sourcing from local communities
    - Development of local employment and procurement targets, including for women, first nations people and people with disabilities

The overall positive impact of the proposal would be further enhanced through the implementation of the SIA recommendations.

6.1.20. INFRASTRUCTURE REQUIREMENTS AND UTILITIES

An Infrastructure Requirements and Utilities Plan has been prepared per SEARs item 22, to assess the impacts of the proposal on existing utility infrastructure and service provider assets and identify where any infrastructure upgrades/enhancements are required.

Electrical Infrastructure

Electrical Power & Substation

Electrical power for the clinical tower is proposed to be extended from the existing Ausgrid 11kV network. A cut in and extension of the existing High Voltage (HV) network is therefore required.

A preliminary maximum demand, based on are calculations, indicate an additional electrical demand of 1,890kVA. A new substation is therefore required for the clinical tower site; two x 1,000kVA mini-chamber type substations, to Ausgrid standards and regulations, are proposed. Power requirements to existing hospital substations (i.e. at the main hospital site and the site at 2 South Street) will be retained.

An existing HV line exists along the Princes Highway, which currently services the main hospital and recently constructed medical centre at 2 South Street. The existing HV supply is generally underground to supply the existing main hospital substation and Medical Centre substation.

Preliminary advice from Ausgrid advises that their network has capacity for the proposal, and that final supply arrangements are required to be negotiated by the successful contractor with the local supply authority.

Final substation arrangements and design will be carried out by an authorised Level 3 Accredited Services Provider (ASP) during the detailed design phase.

Generator

A generator system will supply stand-by power to NCC life safety equipment, within selected hospital clinical, administration, and circulation areas. An additional generator is required for the clinical tower site, in the order of 800-1,000kVA.

Communication Services

Communication services will be extended from the main hospital. A supplemental NBN service will need to be provided to the clinical tower site. Such works will however not impact surrounding properties, as main infrastructure is sufficiently distanced from the sites.

Hydraulic Services

Potable cold water service

Based on Sydney Water's water metering guidelines, it is preferable to have only one main water meter assembly for this type of development.

A review of the available Sydney Water water supply and proposed building potable water supply demand, as per AS3500 design procedures, it has been determined that adequate and compliant flow capacity is available to service the clinical tower building from the 150mm Upvc watermain in Hogben Street.

Upon approval, a Section 73 application process will need to be completed.

Fire protection systems

Water based fire protection systems for the proposed Inpatient Unit and Support Services Building include:-

1. Automatic Fire Sprinkler Suppression System.

2. Fire hydrant Protection System
3. Fire Hose Reel Protection Systems

Based on Fire and Rescue policy, each development site shall only have one point for pressure boosting in a fire emergency.

A review of the available Sydney Water's water supply and proposed building firefighting supply demands, as per AS2118 and AS2419 design procedures, has determined adequate and compliant flow capacity is available to service the clinical tower from the 150mm Upvc watermain in Hogben Street, with the incorporation of onsite site fire water storage tanks and booster pumps.

Main hospital's sanitary drainage

The main hospitals existing sanitary drainage service connections to Sydney Water's sewer main is likely to remain unchanged, with only minor reconfigurations of existing internal hose sewer to suit new operational requirements, as necessary.

Main Hospital's drinking cold water, fire hydrant, natural gas and domestic hot water service

The proposed main hospital works are minor, therefore the existing how water plant is expected to have sufficient capacity to meet the minor increase in demand. Similarly, the hydraulic services design will not necessitate upgrades of infrastructure connections or meters and regulators.

6.1.21. AVIATION

An Aviation Impact Assessment (AIA) has been prepared by Avipro (**APPENDIX 38**) per SEARs item 24, as the site is in proximity to the St George Public Hospital Helicopter Landing Site (HLS). The AIA assesses the impacts of the proposal upon aviation operations into and out of the Sydney (Kingsford-Smith) Aerodrome and the St George Public Hospital HLS.

6.1.21.1. EXISTING ENVIRONMENT

The clinical tower site is approximately 5km from Sydney (Kingsford-Smith) Airport and approximately 350m from the strategically important HLS at St George Public Hospital (refer Figure 52 and Figure 53).

Figure 52. Site location in relation to Sydney Airport
Source: Avipro, 2025

Figure 53. Site location in relation to St George Public Hospital HLS
Source: Avipro, 2025

6.1.21.2. ASSESSMENT OF IMPACTS

OLS

The Sydney Obstacle Limitation Surface (OLS) Inner Horizontal Surface lower limit is 51m AHD (RL 51) over the site. Considering the proposed clinical tower has a maximum building height of RL 55.91, it will intrude the OLS. Construction cranes will also intrude the OLS.

PANS-OPS

The Sydney Procedures for Air Navigation Services – Aircraft Operations (PANS-OPS) lower limit is 126.4m AHD (RL 126.4) over the site. There will be no intrusion into the PANS-OPS for the proposed building, noting a maximum height of RL 55.91. Construction cranes are expected to remain below RL 126.4, though it is noted permission could be granted for a short period should a crane need to temporarily intrude the PANS-OPS.

St George Public Hospital HLS

The maximum height of the clinical tower is RL 55.91, which is lower than the height of the adjoining HLS, RL 67.81.

The survey splay for the HLS passes over the site. If construction cranes exceed RL 84 inside the HLS survey splay, they will infringe on one of the Performance Class 1 approach and departure paths for the HLS.

Temporary infringement of a Performance Class 1 approach and departure path will likely be acceptable to helicopter operators. Consultation will be required with NSW Ambulance Aeromedical Operations and Toll Helicopters in this instance.

Impact on Helicopter Routes

There are no commercial helicopter routes in the vicinity of the clinical tower site, as depicted in the except below.

Figure 54. Helicopter routes in vicinity of site
Source: Avipro, 2025

The cumulative impacts of the clinical tower development on aviation operations to either the Sydney Airport or the strategically important St George Public Hospital HLS have been deemed as negligible.

6.1.21.3. MANAGEMENT AND/OR MITIGATION MEASURES

The AIA concludes that there is nothing significant to mitigate in relation to aviation impact and airspace protection matters. However, aviation-standard obstacle lighting for construction crane(s) and the clinical tower will likely be required considering the site's location to the nearby HLS.

In addition, relevant approvals will be required for the building and construction crane(s) to intrude into the Sydney (Kingsford-Smith) Aerodrome OLS, as they are planned to be above RL 51.

6.1.22. CONSTRUCTION, OPERATION AND STAGING

Construction of the clinical tower and the main hospital works will coincide, such that both aspects of the proposal are completed at the same time. Operationally, the main hospital will be business as usual, with any temporary re-locations of administrative staffing bays to be detailed prior to construction commencing.

In addition, a Preliminary Construction Traffic Management Plan has been prepared (**APPENDIX 11**) which highlights recommended mitigation measures to ensure the community are considered and temporary impacts are kept to a minimum where possible. Prior to the construction stage, a detailed Construction Management Plan is to be developed.

A preliminary staging and programming schedule has been prepared by the Proponent (**APPENDIX 47**), with key milestones anticipated as follows:

- Main hospital works (61 weeks)
    - Start: June 2028
    - Finish: August 2029
- Clinical Tower (122 weeks)
    - Start: April 2027
        - Phase 1 (demolition): April – May 2027
        - Phase 2 (Excavation): May – November 2027
        - Phase 3 (Construction): November 2027 – June 2029
        - Phase 4 (Commissioning): June – August 2029

6.1.23. CONTRIBUTIONS AND PUBLIC BENEFIT

As per the Georges River Council Local Infrastructure Contributions Plan 2021 (Section 7.11 and Section 7.12), non-residential development within Kogarah Town Centre is subject to the payment of Section 7.11 development contributions.

The Housing and Productivity Contribution (HPC) is a State levied, broad-based charge to the whole of the LGAs located within the Greater Sydney, Illawarra-Shoalhaven, Lower Hunter and Central Coast regions. Health services facilities, however, are not subject to the payment of the HPC.

6.2. PLANNED MANAGEMENT AND MITIGATION MEASURES

St George Private Hospital plans to undertake the construction and operation of its proposed upgrade and expansion in accordance with the planned management and mitigation measures outlined within **APPENDIX D** of this EIS.

7. JUSTIFICATION OF THE PROJECT

The proposed upgrade and expansion of St George Private Hospital is overwhelmingly justified as it represents a critical investment in private healthcare infrastructure in the Sydney region. The project's strategic necessity and substantial public benefit are demonstrated through its full compliance with statutory requirements and a comprehensive strategy to minimise all potential adverse impacts resulting through construction and operation.

7.1. MINIMISE IMPACTS OF THE PROJECT

The EIS confirms that all identified impacts are either temporary or effectively managed to meet the stringent criteria for State Significant Development, ensuring negligible long-term effects on the surrounding environment.

- **Construction Management**: Temporary construction impacts (noise, traffic, dust) will be governed by the Preliminary Construction Traffic Management Plan (PCTMP). This plan mandates controlled vehicle routes and the mandatory use of Traffic Controllers to manage vehicle ingress/egress. High-impact noise works (demolition, excavation, piling) are strictly excluded from proposed Saturday afternoon extensions.
- **Operational Noise Compliance**: The design achieves acoustic compliance by engineering all major mechanical plant (AHUs, SPFs) to meet the restrictive Nighttime Project Noise Trigger Levels (PNTLs) of 43 dBA at all residential receivers, ensuring the 24/7 operation does not impact the existing community's amenity.
- **Contamination and Flood Risk Mitigation**: All pre-existing environmental risks have been mitigated. The Contaminated Site Auditor has confirmed the site can be made suitable for the hospital use following implementation and validation of the Remedial Action Plan (RAP). Flood risks are mitigated as the Clinical Tower's ground floor is set above the Probable Maximum Flood (PMF) level, and the hospital is formally committed to updating its Emergency Management Plan (EMP) to manage flash flooding risk at the existing campus.
- **Traffic Management**: The project improves safety by functionally rationalising the Hogben Street interface, removing the high-volume staff car park access (up to 300 daily vehicle movements) and replacing it with a low-impact secondary loading dock (approximately 5 movements/day), which demonstrably improves pedestrian safety.

7.2. CONSISTENCY WITH STRATEGIC CONTEXT

The project directly supports the strategic vision for the Eastern Harbour City by reinforcing the role of Kogarah as a key knowledge and services hub.

- **Strategic Planning Alignment**: The project is a key delivery mechanism for the employment objectives of the Greater Sydney Region Plan and the South District Plan (Planning Priority S8), which seek to grow Health, Education, Research, and Innovation (HERI) jobs. The expansion directly reinforces Kogarah's function as a designated Strategic Centre.
- **Movement and Place Integration**: The development strongly supports the Future Transport Strategy 2061 and the 30-Minute City goal. By expanding essential services at a location with a Very High Public Transport Accessibility Level (PTAL 6), the project enhances accessibility and reduces regional reliance on private vehicles.
- **Design and Cultural Alignment**: The architectural response adheres to the 'Better Placed' policy and the Georges River LSPS, integrating the Connecting with Country framework through materiality, landscape design, and Aboriginal cultural narratives, demonstrating a high-quality civic contribution.

7.3. COMPLIANCE WITH STATUTORY REQUIREMENTS

The proposal is permissible and demonstrates full compliance with all relevant State and Local planning controls, as confirmed by the enclosed technical assessments.

- **Permissibility**: The proposed Health Services Facility (Hospital) is permissible with consent within the site's SP2 Hospital and MU1 Mixed Use zonings.
- **Numerical Compliance**: The design is compliant with the numerical controls of the Georges River LEP 2021, including the 39m Height of Building and 4.5:1 FSR controls on the MU1 zoned portion.
- **Sustainability Mandate**: The project meets or exceeds the requirements of the Sustainable Buildings SEPP 2022 by targeting 4-star Green Star equivalence, implementing an electric-only strategy, and fulfilling the mandate for Ecologically Sustainable Development (ESD) through a 67.8% reduction in embodied carbon compared to typical benchmarks.

7.4. ECONOMIC, SOCIAL, AND ENVIRONMENTAL OUTCOMES

The long-term public benefits of the project—measured in investment, jobs, and social resilience—demonstrate an overwhelming justification for granting consent.

- **Economic Stimulus**: The estimated $177.8 million Estimated Development Cost (EDC) provides significant capital investment, directly generating approximately 355 FTE construction jobs and 234 new permanent operational FTEs.
- **Social Benefit (Health)**: The project delivers critical acute care capacity by providing a new 11-bed Emergency Department and 155 inpatient beds, alleviating pressure on the adjacent St George Public Hospital.
- **Environmental Benefit (Transport)**: The Green Travel Plan (GTP) commits the hospital to a 5-year target of reducing staff private car dependence from 80% to 77%, enhancing pedestrian safety and promoting sustainable transport.

7.5. CONCLUSION AND RECOMMENDATION

Based on the synthesis of technical and strategic assessments, this Development Application for the upgrade and expansion of St George Private Hospital is overwhelmingly justified.

The EIS confirms that all potential adverse impacts are either avoided through careful design or mitigated to acceptable levels through mandatory management plans, which will be enforced as conditions of consent. The substantial public benefit derived from the project's $177.8 million EDC and the creation of 234 new permanent FTEs outweighs the temporary construction disturbances. The proposal aligns fully with the statutory and strategic direction for the Kogarah Health and Education Precinct.

Accordingly, the Delegate for the Minister is respectfully requested to grant development consent to the proposal.

PATCH

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