To: Alexander Scott

Director

Freight Assessments

Department of Planning, Housing and Infrastructure

28 FEB 2026

Re: SSD-86969958 - Objection to the proposed expansion of St George Private Hospital

We object to the proposed St George Private Hospital expansion on the grounds that it fails to demonstrate genuine demand, strategic merit or public interest, particularly considering the recently completed St George Public Hospital Stage 3 Redevelopment.

In addition, the proposal does not meet the relevant Georges River Local Environmental Plan (LEP) objectives and design requirements. Impact assessments conducted for the proposal is fundamentally biased/flawed, making deliberate and selective choice to downplay the impacts. The proposal will result in adverse impact on my property including permanent loss of valued water views and impacts the property value.

Given that the proposal can not demonstrate genuine demand, meet strategic merit or provide public interest, not meeting LEP requirements, biased and incomplete impact assessment, and having significant impact on my property. **This development application should not be approved at the proposed scale.**

See below detailed reasons to support the refusal of this development application at the proposed scale.

Expansion does not demonstrate genuine demand and represents capacity duplication

The proposed private hospital expansion fails to demonstrate evidence-based demand for additional emergency, acute patient and inpatient services in the proposed scale.

The St George Public Hospital has recently completed its Stage 3 redevelopment to meet the current and future health needs of the community. This redevelopment, along with Stage 1 and Stage 2, delivers renewed and expanded emergency department, acute services, multi-level inpatient beds, pathology services, outpatient services etc.

The private hospital proposal did not adequately justify why additional capacity is required in the same catchment with a highly duplicative medical services proposed. With the completion of St George Public Hospital Stage 3 redevelopment, patient demand is likely to be better serviced rather than increased.

The development proposal is therefore not filling a gap in the healthcare provision or meeting public interest, it duplicates existing public healthcare capacity without demonstrating genuine and unmet demand in the same catchment.

Expansion does not meet strategic merit

The proposed expansion fails to demonstrate strategic merit in the context of the broader health system planning and workforce constraints. It also failed to address the strategic considerations recently released in the draft Sydney Plan.

The draft Sydney Plan identifies that hospital workforce account for only 4% of the total Sydney jobs, which represents a long-term labour shortage across doctors, nurses, surgeons and paramedics. Expanding the private hospital in immediate proximity to a major public hospital, particularly one that has recently received substantial NSW Government investment risks intensifying competition of medical staff and potential undermining the outcome of the NSW Government's investment in the St George Public Hospital redevelopment.

The proposed development, once built, will see an increase of 234 full-time equivalent staff, this is a direct resource competition with the St George Public Hospital with such high duplicative medical services proposed.

View loss and residential amenity concerns

The private hospital expansion fails to adequately address visual, and amenity impacts on surrounding residential properties.

Previous multi-storey medical tower developed by the St George Private Hospital, along South Street, have already caused adverse visual impacts, including partial loss of water views and reduced residents' amenity, particularly those residing in buildings facing Montgomery Street and overlooking Brighton-Le-Sands water view. This earlier multi-storey development proceeded without community consultation whatsoever, resulting in permanent partial view loss when viewed from the living rooms, bedrooms, and balconies of my property.

The expansion proposal will compound these impacts by introducing an unjustifiable development height and footprint that would fully obstruct valued water views from my property in 59 Montgomery Street. The development will result in permanent and complete loss of water views, diminishing enjoyment of private living spaces, and negatively impact on property value.

The proposed development has not demonstrated sensitivity to surrounding residential context and failed to recognise and address the loss of residents' amenity.

Relevant Land and Environment Court planning principles (Tenacity Consulting v Warringah Council [2004] NSWLEC 140), highlight that water views are generally afforded higher value than land views, and that the loss of whole or substantial views carries greater weight than partial obstruction. Given the previous hospital development has already reduced views and residential amenity, the cumulative impact of this development proposal is significant. Once

constructed, the loss of remaining water views will be permanent, which is serious and unacceptable impact on quality of life and property value.

We do not support the proposed development in the current scale and height.

Do not meet LEP principal development standards and design excellence requirements

The proposed development breaches clause 4.3 Height of buildings and clause 6.10 Design excellence under the Georges River Local Environmental Plan 2021.

Clause 4.3 Height of buildings

While the site zoned SP2 Infrastructure do not attract a maximum height provision, the objectives of clause 4.3 specified that the development to minimise the impact of overshadowing, visual impact, disruption of views and loss of privacy on adjoining properties and open space areas, as well as to ensure an appropriate height transition between new buildings and adjoining land uses.

The proposed development will have adverse visual impact, disruption of views on adjoining properties, and do not provide an appropriate height transition. The proposed development will be significantly higher and bulkier than the existing medical tower on South St.

Clause 6.10 Design excellence

The proposed development does not meet the relevant clause 6.10 design excellence requirements, for land in MU1 Mixed Use zone if the building concerned is 3 or more storeys or has a height of 12 metres or greater above ground level.

Clause 6.10(4) specify that development consent must not be granted for development to which this clause applies unless the consent authority considers that the development exhibits design excellence. The proposed development should not be approved due to it breaches the following design excellence requirements:

- **Clause 6.10(5)(c) whether the development detrimentally impacts on view corridors:** the proposed development will detrimentally impact on view and will result in permanent loss of valued water views.
- **Clause 6.10(5)(d)(iv) the relationship of the development with other development on the same site or on neighbouring sites in terms of separation, setbacks, amenity and urban form:** the proposed development will have adverse impact on neighbouring residential properties by result in permanent loss of water views, reducing residents' amenity.
- **Clause 6.10(5)(v) bulk, massing and modulation of building:** the proposed bulk and scale of the development can not be justified by evidence-based demand analysis, particularly when the St George Public Hospital Redevelopment had been recently completed which provide the same medical services at a greater capacity.
- **Clause 6.10(5)(vii) environmental impacts such as sustainable design, overshadowing and solar access, visual and acoustic privacy, noise, wind and reflectivity:** the visual impact assessment is biased to downplay potential impacts (explained below).
- **Clause 6.10(5)(viii) pedestrian, cycle, vehicular and service access and circulation requirements, including the permeability of pedestrian networks:** when the hospital is fully operational, all vehicular entry and exit is proposed via the very narrow Bank

Lane. The Bank Lane is a narrow local road and is not designed to accommodate the anticipated traffic, particularly during peak hours.

- **Clause 6.10(5)(xii) the provision of communal spaces and meeting places:** the proposed design is exclusive in nature, do not provide a welcoming feature that integrates with local amenities and character, no outdoor communal spaces or meeting places provided. The hospital entry is proposed to be on the corner of Bank Lane and Hogben St, which is disconnected and not integrating with the current St George Private Hospital entry.

Given the development do not meet the LEP height objectives and design excellence requirements, this development application should not be approved at the proposed scale and height.

Biased assessment that downplays visual impact

The visual impact assessment in the EIS is fundamentally biased due to the selective choice of viewpoints and photomontages modelled. Locations and angles were deliberately chosen to minimise the apparent impact of the development where angles are chosen from the ground floor only, creating the impression of low visual risk.

Critically, no assessments were conducted from the residential building of 59 Montgomery Street, who currently enjoy the Brighton-Le-Sands water views. This ignores the complete and permanent loss of water views and impacts on residents at different levels. This selective approach undermines the validity of the assessment and can not be relied upon as an accurate assessment of the development's visual impact.

We request a visual impact assessment be redone to consider impacts to each level of units in 59 Montgomery Street that currently have a water view. This will provide a more comprehensive understanding on the visual impact of the proposed development and discuss with the owners of affected units on mitigation measures.

Lack of assessment on construction traffic and parking requirements

The development proposes to generate approximately 355 construction jobs over a 24-month period, however, the EIS and Traffic Impact Assessment (TIA) failed to address the traffic and parking impacts associated with construction activities.

Critically, neither the EIS or the TIA indicates the number of construction workers expected on site, nor provides a detailed breakdown of the types of construction vehicles, both light vehicle and heavy vehicle, or heavy machinery such as cranes, concrete pumps, or other equipment required for construction. There is no information on the travel routes for each type of construction vehicle or machinery, as a result their swept paths are not assessed. These are essential details for understanding the potential traffic and safety impacts on the surrounding streets and residents living nearby.

The lack of detailed, transparent information regarding construction traffic volumes, heavy machinery movements, and how to accommodate construction vehicle parking means that the community can not fully understand the impacts of a construction period lasting up to 24 months. For residents living nearby, this represents a significant prolonged period during

which local streets, the already-constrained street parking, and pedestrian safety could be affected.

We request that the TIA be redone to provide detailed impact assessment on construction generating traffic and parking requirements, and provide mitigation measures to address impacts. Most importantly, ensure the safety of residents, students and operations of existing St George Public Hospital and St George Private Hospital staff and visitors are not impacted. Ultimately, there should be no overflow of construction-generated parking requirements on to street parking.

Inadequate assessment of operational traffic and parking requirements

The TIA assessed net additional parking demand based on the anticipated increase in staff and visitor numbers, using data supplied directly by the hospital. The assumption raises significant concerns regarding its reliability and adequacy.

First, the visitor data provided by the hospital may be biased or inaccurate. The TIA made no attempt to research into any publicly available data on visitors-generated demand for private hospital patients at a similar scale. The TIA would have to clearly justify the average rate of 0.39 visitor spaces per bed, how is the number derived and on what basis, reliability of data and data limitations. The impact assessment should assess the worst/peak case scenario, not assessing average.

Second, the TIA assumes that existing traffic and parking demand generated by the existing St George Private Hospital operation have already been fully absorbed and do not present an issue. This assumption does not reflect observed conditions. Local streets near the hospital are always fully occupied, both during the day and at night, limiting available parking for additional staff or visitors.

The TIA did not capture a wholistic cumulative assessment, it only considered the St George Public Hospital redevelopment to a limited degree – with no additional SIDRA modelling to demonstrate the cumulative demand for parking in a combined effect that includes existing St George Private Hospital operational traffic and parking, the proposed St George Private Hospital expansion traffic and parking, and the recently completed St George Public Hospital redevelopment operational traffic and parking.

In addition, there is somehow a great level of confidence with the green travel plan and assuming that future staff will take public transport as journey to work. However, the TIA presents no assessment on the capacity of the public transport and active transport system, including trains, bus and bicycle routes servicing Kogarah and the St George Hospital precinct. There is no visibility in the TIA to understand whether the public transport and/or the active transport system can cope with the cumulative impact with multiple hospital redevelopment and other NSW Government growth initiatives, such as the Transport Oriented Development (TOD) program.

The TIA presents significant flaw in assumption and cumulative modelling, which should not be relied upon.

Flawed noise and vibration impact

The noise and vibration impact assessment is flawed and does not provide a credible assessment of potential impacts on nearby residents.

Baseline noise levels were measured at Location 3, which is at 59 Montgomery Street, yet no impact assessment was conducted at this building or others along the south side of Montgomery Street. The chosen receiving locations appear to be deliberately selected to include intervening buildings between the hospital site and the receiving locations, which would reduce noise levels. As a result, the assessment does not accurately reflect the likely noise exposure for residents to the southwest of the development and can not be relied upon to inform mitigation measures or development approval.

Construction hours

The development proposes construction hours 7am – 6pm Monday to Friday, and 7am – 1pm Saturday with approval being sought to extend Saturday work from 1pm to 7pm. It is not acceptable to seek approval to extend construction hours beyond 5pm.

Given the site is very close to the residential area and the St George Public Hospital and the current St George Private Hospital, construction hours should be limited to 7am-5pm Monday to Friday, 7am-1pm Saturday only. With no demolition, excavation and piling work between 7am – 9am to ensure residents in the surrounding area continue to have peaceful enjoyment of life.

Loss of biodiversity and green canopy

The development proposes to remove 32 mature trees while providing only 19 replacement trees is unacceptable. It represents a net loss of canopy cover, biodiversity and local environmental value. Noting that 1 of the existing trees represents high retention value and 19 of them with medium retention value.

The reduced replacement ratio fails to adequately compensate for the loss of established vegetation and undermines local environmental resilience and amenity. Given the scale of tree removal and the values of these trees, the development should retain more existing trees wherever possible, prioritising trees with high and medium retention value.

Flooding risk not adequately addressed

The Flood Impact Assessment acknowledges that the site and the surrounding roads may be affected by overland flow during the 1% AEP and PMF events but failed to provide evacuation plan for patients, staff, or visitors.

Flawed community and stakeholder engagement

The community and stakeholder engagement process was inadequate and flawed. Residents of 59 Montgomery Street, as well as residents living in the nearby residential buildings were excluded from the broader consultation. The impacts outlined in this objection letter have not been adequately captured in the engagement report, meaning the

engagement process is flawed, which result in impacts not been understood and assessed in full.

The engagement with St George Public Hospital appears to have been selective, focusing primarily on the Drug and Alcohol Service and the exhibition team. This approach raises questions about whether other relevant service teams, as well as the broader hospital management were consulted, particularly those operations will overlap with and resources be affected by the proposed private hospital development. Comprehensive and meaningful engagement with all affected community and public hospital stakeholders is necessary to ensure that potential impacts are fully understood and addressed.

Conclusion

In light of the concerns outlined above, we do not support the development in its current form and recommend that the Department refuse the application. Alternatively, we respectfully request that the applicant be required to meaningfully engage with affected residents from 59 Montgomery Street, Kogarah, particularly those directly impacted by visual and amenity changes, to review the design and explore reasonable design modifications and mitigation measures.

This engagement should specifically consider opportunities to reduce or avoid significant adverse impacts, including the permanent loss of existing water views and associated residential amenity, through appropriate adjustments to building height, massing, setbacks, or architectural design outcomes.

Kind regards