SSD 8980 Bowral & District Hospital Redevelopment - Response to Submissions Table (Public)

	Issues Raised by Agencies and Organisations	Proponent's Response
1	**M Blissett of 100 Bowral Street, Bowral, NSW**	
1.1	• I want to express my concerns on the validity of the traffic survey. I live with my family at 100 Bowral street and find the existing impact of the hospital extremely significant. The report makes reference to the Private Hospital but neglects to make comment on a number of other health relating consulting rooms that surround the hospital. The report makes no reference to the parking required for the International Cricket Hall of fame and the cricket matches held at the oval. • It will be a completely wasted opportunity if the redevelopment did not include basement car parking. Bowral will always be a car dominated travel area due to the financial restrains to provide a frequent public transport system. • A consultant can almost support any position and in this case the consultant has focused on the fact that there is a very minor increase in bed numbers and therefore nothing will change. It does not recognise that the hospital already creates a significant problem and simple functions such as the entry and exit of private property, the collection of garbage bins and parking for personal visitors of adjoining private residencies has not been considered. We have live in our home for many years and the increase in street parking has been very considerable and the redevelopment of the hospital should provide for additional car parking to cater for future efficiencies in the delivery of acute care. • BASEMENT CAR PARKING MUST BE PROVIDED TO EASE LOCAL CONGESTION AND FUTURE PROOF THE OPERATION OF THE HOSPITAL.	• As stated in the GTA Response to Submissions (RtS) in Appendix B.1 and B.2, the proposed parking is considered satisfactory. • GTA has reviewed the parking surveys which included both on site and on street parking, which was further clarified by the parking study independently undertaken by Council and considered in the Transport Impact Assessment (appendix 5 of the EIS), noting this proposal does not propose a significant increase in bed numbers additional surveys during local cricket matches were not required. • Basement carparikng is not part of this proposal.
2	**E Carmichael**	
2.1	• The proposed works are basically a replacement of existing bed numbers and services that exist presently, and in actual fact, have been such for the best part of two decades. The operating theatres in fact are close to 60 years old! • The proposal, as it stands, does not address the findings of the Government's own current Clinical Services Plan and is based in SWSLHD's 2013 Healthcare Strategy to 2021-22. The bed forecast for 2021-22 from the CSP is 136. The difference in numbers cannot be explained by citing changed models in care delivery. Clinical and medical services have not altered so drastically in the last five years to account for such a turn back in bed numbers and the size of the hospital. Nor can an argument that bed numbers is not the way planning in determined as the Governments own documents still cite bed numbers. • The demographic of this area is changing as cited in the CSP yet there appears to be no addressing this in the present works. The only improvement appears to be a hint of rehabilitation services which is greatly needed due to the rapidly aging population of the Southern Highlands.	• There is no proposal to increase the scope of the current development application from that previously notified. • The Clinical Services Plan is a 'clinical' planning document that is updated on a regular basis to reflect changes in the community's health care needs, population growth and demographics. Comprehensive planning has been undertaken with senior clinicians, staff and members of the community to ensure the hospital will meet the health care needs of the community. Refer to appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date.

	Issues Raised by Agencies and Organisations	Proponent's Response
	• The plans on exhibition make no reference to the inclusion of the renal unit which has been promised by the Minister and is supposed to be delivered within this project. • Without upgrading the hospital, not a mere replacement, the community is being forced to accept the inevitability of being transferred to referral hospitals in the city. This was not what the community expected and considering the very long list of services cited in the LHD summaries for the 'new' build residents are going to be very disappointed.	
2.2	• This community was shown and promised, in April 2017, at a public meeting held jointly by HI and SWSLHD in Bowral further development of the hospital. This is now another broken promise to this community who believed they were getting a world standard hospital as stated by the Premier in June last year. What residents are getting is a replacement model and not much else. • Originally, demolition of existing buildings was mentioned in the earlier planning which was going to provide the land for the future stages. Now the large conglomeration of buildings that presently exist will remain and start to eat up the hospital's current annual budget. This again leaves the community at a disadvantage as our hospital will go off the radar for another 60 years!	• As stated above, refer to appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date. • The demolition of the existing buildings is not included in this application.
2.3	• Serious consideration has not been given to the traffic congestion this development will cause in already congested Bowral and the very dense surrounds of the hospital. Instead of greater reliance on residential parking to service workers cars and delivery vehicles, keeping in mind that in the areas around the hospital this is already at 80-90% full plans should be made by the State Government to purchase from Council sections of Loseby Park along Ascot Road to assist with the 1-2 years of mayhem that will occur. Work people could be bussed to the site from the outskirts as another option. What is important to remember is that this section of Bowral is busy with functions at Bradman Oval, the cricket museum, the private hospital and Bowral Street alone being a main artery within the towns traffic system. • Carpark work has been completed and your own documents state an overall increase in less than 5 car spaces. Staff are already required to park off site to assist with movements on site. This is general madness as there will be an increase in staffing once the building is completed. This along with the large number of vacant building which will have to be rented out or occupied by Health Services being relocated will just exacerbate the already chronic parking problems within this area. • This is another example of poor planning without consideration of lack of infrastructure and impact on the area.	• The GTA Response to Submissions (RtS) in appendix B.1, site observations and traffic surveys were undertaken in both the AM and PM peak periods for hour intersections surrounding the hospital and found to operation at a level of service A, which indicated that al intersection currently operate well with space capacity which is in line with observations of traffic flows surrounding the site.
2.4	• There has also been no meaningful community consultation around this project. Consideration has to be given to this. I personally requested that the numbers of people attending the so-called community information sessions be published. My request was ignored. I attended several of these and in two cases was the only person there – at one time I was there for over	• As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date. • The EIS exhibition period is reulated by legislation.

	Issues Raised by Agencies and Organisations	Proponent's Response
	an hour! Holding these events in walk-thru shopping centres and calling them information sessions is ridiculous. • The exhibition of documents at the local Council is also a farce if it is suppose to be a meaningful form of consultation. Two large folders containing hundreds of pages and you cannot take them away to a quite reading area to go through them! Who will stand at the counter for several hours to read over the documents? These documents could have been displayed in an much more suer friendly manner but it would appear that that was not part of a serious effort to engage with the community on what must be the only really significate State Government project in this region for half a century. This process is certainly not a vote catcher.	
3	P Edwards, 100 Mittagong Road, Bowral	
3.1	• The proposal for a new Clinical Services Building at Bowral Hospital is a welcome initiative for the residents of the Southern Highlands. It is the first major building development since the Milton Park Ward in 1961, and promises to provide new, code compliant clinical facilities to replace the existing outdated, non-compliant buildings. The announcement of the new building has generally been welcomed by the community.	
3.2	• However, there are some significant issues at this Hospital that will still need to be addressed by Government through NSW Health and/or South Western Sydney Local Health District (SWSLHD). These include the further redevelopment of the Hospital to fulfil the Government's 2015 pre-election promises, and development of clinical services and matching facilities as promoted in SWSLHD's published Healthcare Strategy (2013) and the Clinical Services Plan (2015) and Addendum (2017), the latter two of which have been ignored in the development of this SSDA. • My submission concentrates on the proposed development as described in the EIS documents and Addenda submitted to the Department of Planning & Environment. SWSLHD's 2013 "Strategic and Healthcare Services Plan" is quoted in the Executive Summary of the EIS as the principal guiding healthcare document for the design of this project. The sub-title to that document is "Strategic Priorities in Health Care Delivery to 2021". In itself, this 5 year old document now fails to address realistically the needs of the community at the Hospital for the ten year timeframe after the project is completed, which is the minimum expected development planning horizon for a major project such as this.	• As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date. • There is no proposal to increase the scope of the current development application from that previously notified.
3.3	• The EIS takes no account of two later SWSLHD documents: the 2015 Clinical Services Plan and its 2017 CSP Addendum. The 2013 Strategy for Bowral Hospital was for 136 "notional" beds by 2021-22 (page 276), which is just outside the delivery timeframe for this new building. Consequently the 94 bed new building will be 42 beds short of the quoted guideline, with no explanation of this shortfall evident in the EIS. During the "public consultation" that SWSLHD and HI held in April 2018, weak "explanations" were provided of improved models of care that will enable patients to go home sooner. The improvement in models of care from 2013 to 2018	• As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date. • There is no proposal to increase the scope of the current development application from that previously notified.

	Issues Raised by Agencies and Organisations	Proponent's Response
	are not substantiated by evidence to the extent of a reduction of 42 beds, 31% less than the Strategy forecast. However,it is mildly encouraging that the ACOR Authority Utility Supply Report (Appendix 28) estimates the sewer capacity for 141 beds by 2026. It is regrettable that this appears to be the only attempt to address the projected future needs of this Hospital.	
3.4	• In the Transport Impact Assessment, Section 1.1 summarises the clinical functions future redevelopment needs of the Hospital after the new CSB has been completed. This is repeated in Section 3.1. These are welcome statements, but are somewhat hidden in the TIA, and should be more prominent in the EIS.	• Noted, the Clinical Functions are directed by the South Western Sydney Local Health District and the management of the Bowral & District Hospital. • The proposal seeks permission for a health services facility.
3.5	• Project Cost: There is no reference in the EIS to the $65 million, or any, budget for the project, The EIS is misleading and deficient regarding the cost of the project. The cost estimate of $42.74 million comes from the Quantity Surveyor's letter dated 1 February 2018 which states that the estimate was prepared on the Schematic Design Documentation, when the Emergency Department was still a "future stage of redevelopment". The $42.74 million estimated cost does not represent the current Architectural plans submitted with this SSDA, which include the ED. • The estimated cost information in the EIS has not been updated to the current plans. There is consequently no CIV estimate for the current scope of works shown in the Architect's plans. • The QS' CIV estimate omits, by its own admission, data required by the definition in clause 3 of the EP&A Regulations "costs necessary to establish and operate the project": • FF&E Furniture, Fittings & Equipment; • Relocations; • Contingencies including the design and construction of buildings, structures, • associated infrastructure; • Authority fees*; • LHD* fees (assumed to be "Local Health District"); • Estimates of jobs created by project; • Certification that the information provided is accurate at the date of preparation. *Both Authority fees and LHD fee are stated to be included and excluded.	• Please refer to Appendix G for an updated Capital Investment Value (CIV) to reflect the inclusion of the Emergency Department.
3.6	• Consultation with the community: The Community Consultation Plan (Appendix 17) is not a plan for the present and future, it is only a collection of past efforts to publicise the proposed hospital building. The Hospital's website, Redevelopment tab, provides some information up to August 2018, but still displays the May 2018 plans ("Stage 2") with car parking on the ground floor where the ED is now to be built, and the ED is described as "Stage 3". The plans displayed in a corridor of the Hospital show the ED as "Future". • There has been no public consultation with the community during the preparation of this EIS (required by SEARS) or to explain the SSDA. This is the most significant development at the Hospital for 57 years but neither SWSLHD, Health Infrastructure nor the Hospital have been prepared to discuss or explain the proposed development and tell the community what Health	• In April 2018, five (5) community information sessions were hosted by the South Western Sydney Local health District to inform the Environmental Impact Statement and planning application. These sessions were widely advertised and were organised after hours on weekdays and weekends in five (5) different locations across the Southern Highlands. • Prior to these meetings, pre-DA consultation involved over 4,000 people being contacted. • The meetings involved the following attendance; – 3 people Tuesday night; – 3 people Wednesday night; – 2 people Thursday night;

	Issues Raised by Agencies and Organisations	Proponent's Response
	benefits it could deliver to the community, why it will be better than what we now have. In the SSDA exhibition period, only the local newspaper has run any report and discussion of the proposed major development. Why are the Hospital, SWSLHD, Health Infrastructure, NSW Health and the Minister for Health so reticent to proclaim their new project? Does the community have to wait for the silver shovels to appear before the next State Election? It will then be too late to accommodate any community input into the project. In the EIS, Section 6, Table 8 summarises the community's concerns expressed in the pre-SSDA consultations as "The only issue raised related to the quantum of parking that would remain following construction of the project." Public Health First has been active since the initial announcement of the redevelopment of the Hospital in 2015 and throughout the design period. Issues and concerns raised by Public Health First include:	– 7 people Saturday morning and – 9 people in the afternoon. • The Clinical Services Plan is a planning document that is updated on a regular basis to reflect changes in the communities health care needs, population growth and demographics. Communications will continued through the construction phase of the Hospital. As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date.
3.7	• The Public Private Partnership: the Government rescinded the proposed PPP; • Inadequate Budget to fully redevelop the Hospital: $15 million added to the original $50 million Budget, still insufficient to deliver the 2015 election promise for "redevelopment" of Bowral Hospital, consequently essential services normally located in a CSB are not included in the design; • Inadequate bed accommodation compared with the 136 beds stated to be necessary by 2021-22 in the Healthcare Strategy of 2013. The design is still deficient by 42 beds; • The paucity of two-way consultation with the community in public meetings and "drop-in sessions that really took account of community concerns and suggestions; • Two future stages of redevelopment were shown at a public meeting by Health Infrastructure and SWSLHD in April 2017 but have been omitted from the current plans displayed in the SSDA; • No increase in clinical services: The Renal Dialysis satellite service announced by Minister Hazzard has not been included in the design, and there is no discernible increase proposed in inpatient services except Rehabilitation; • Delivery program was not clarified by the "Drop-in" Information Sessions, and is avoided in the EIS, but estimated as 24 months in the Preliminary Construction Plan. The "consultation" was completed in April 2018 with several community displays and information "drop-in" sessions, which could by no means be regarded as two-way consultation in which the community's concerns were heard and debated. The preliminary schematic design was displayed in the April 2018 sessions, from which no report has been made public, notwithstanding individuals' concerns expressed about the (then) $50 million budget, the Emergency Department not being included in the first stage of redevelopment, no Renal Dialysis being included in the scope, and inadequate parking.	• As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date. • There is no proposal to increase the scope of the current development application from that previously notified.
3.8	• Planning: Several details of planning have been overlooked or not fully considered:	• Please see reponse below.
3.9	• EIS Section 4.5.5, Figure 49 shows the three existing back-of-house service points will be remote from the new CSB, creating a functional disadvantage due to increased distances of travel. The new CSB has remote and contorted access to Imaging, Medical Records, Pathology,	• Vehicular service access is still via the three existing back-of-house service points as the existing Linen Services, Medical Gas Services and Mortuary are still located there.

	Issues Raised by Agencies and Organisations	Proponent's Response
	Pharmacy and Mortuary, and no direct accommodation for support and service functions such as Equipment and Instrument Sterilizing and Hotel Services (receipt and dispatch of linen and food service), Medical Gases and Administration.	• There is a new enclosed link proposed between the existing ED building to the new CSB which will serve as access for all back of house functions to the new building with no extension of the existing travel distance. • This proposal also takes into account future expansions and links which may be made as part of the B&DH Clinical Masterplan. • The new link will provide a direct connection for the new ED to Imaging and a pneumatic tube system will also connect the existing Pathology with the new ED, CCU and Paediatric departments. • The new ramp currently under construction for the existing ED building may also provide an out of hours service connection pending an ongoing change management review by the Hospital with its needs and service providers. A batch/trolley washer has been included on L1 Operating Theatres for the first stage instrument sterilising.
3.10	• EIS Section 4.5.3 says "The main pedestrian entry will remain at Bowral Street adjacent to the existing ED." This entry will not lead visitors into the Main Entry of the CSB. It will be on the western side of the building where pedestrians will conflict with ambulances. The Ground Floor Plan shows that the Main Entry ("Front of House") is on the east side of the CSB, not the west.	• The main pedestrian entry is located off Bowral Street to the east 'adjacent' to the existing ED pedestrian entry. The main CSB entry will be highlighted with the primary site directional signage. Whist there is no future use of the existing ED building envisaged, the new footpath could provide connectivity with the new CSB building via the new link if needed. The High Dependency Unit was through the course of the project upgraded to a Critical Care unit.
3.11	• The EIS also says "A new footpath will also provide pedestrian connectivity between the new inpatient building and the existing ED." The existing ED will be redundant once the new CSB is operational. No future use of he existing ED has been identified in the EIS. This statement shows that the EIS has not been reviewed since the ED was included in the scope of the new CSB. This deficiency is further shown in Section 4.9: "Allows the improvement of existing facilities through the provision of …. Access between the existing ED and the High Dependency Unit." (The Level 1 plan shows the Critical Care Unit not a HDU).	• The subject development application does not address the existing buildings, the future uses of these area will be subject to a separate application process.
3.12	• The SSDA does not provide a Fire Engineering Report or a BCA Compliance Report on the design of the building, particularly in relation to fire safety and evacuation. This is a major risk in view of the existing buildings not being equipped with fire sprinklers, and no intention in the SSDA of installing sprinklers in them, and the connection of the new building to the existing.	• In accordance with the BCA, it is proposed to provide sprinkler protection through the new clinical services building. The proposal will be connected to the existing hospital at the ground floor by means of a pedestrian link way. Refer to Appendix C for a letter from Blackett Maguire Goldmith for further details. • The link will be designed with effective fire separation between the building and the existing hospital, therefore there will be zero impact on the existing hospital in relation to fire and life safety as a result of the new development.
3.13	• Landscaping and Trees: Although it may be true that the SSDA works will require only one tree to be removed, this is an intentionally misleading statement because the Landscaping Plans (Appendix 12) show there were/will be approximately 30 trees of various sizes removed in the Early Works, many of which were not required to be removed for the Early Works themselves, but to clear the site for the CSB works. The Landscape Plan shows three more that are likely not to survive.	• The proposal requires minimal tree removal, all trees which either have been or will be removed will be replaced by a suitable replacement planting.

	Issues Raised by Agencies and Organisations	Proponent's Response
3.14	• Parking: The EIS and Transport Impact Assessment show an increase of only 3 parking spaces on site for the new building when it is completed, but they make no additional parking provision for staff and the public for the re-use of the existing buildings after the new CSB becomes operational. The existing parking situation has been under evaluated, particularly in relation to the Southern Highlands Private Hospital, Bradman Oval and Museum's parking on St. Jude Street, and the medical consulting rooms in Bowral Street. Section 4.5.1 of the EIS advises that the TIA confirms that the new CSB will generate a need for 14 new parking spaces, but the overall on-site parking will increase by only 3 spaces. The proposed parking plan does not provide the increased parking that the TIA says will be required to meet the increased demand. In addition, the EIS proposes to ask Council to restrict street parking around the hospital to 2P. Hence, Hospital parking when the CSB is operational will increase the demand for on street parking.	• The re-use of the existing buildings is a separate proposal and approval process. • Refer to Appendix B.1 for GTA's review of the Transport Assessment and Parking Studies.
3.15	• Is the Department of Planning satisfied that this will be acceptable to nearby residents, Hospital staff, visitors and Wingecarribee Shire Council? How does SWSLHD or the Hospital intend to provide off-street safe and secure parking for Hospital staff?	• As stated in the GTA RtS in Appendix B.1, the proposed parking is considered satisfactory. GTA has reviewed the parking surveys that were undertaken as part of the Transport Assessment which included both on site and on street parking, which was further clarified by the parking study independently undertaken by Council and considered in the Transport Impact Assessment. • It is noted that the GTA parking assessment didn't take into account the conditions that may occur from the local cricket matches, noting the nature of this application additional surveys were not considered necessary. • The conclusion of GTA is that the car parking demand from the proposal can be accommodated onsite, with the existing and proposed parking arrangements. During construction additional mitigation measures are proposed.
3.16	• Parking during construction: Section 3.3.8 indicates there will be an increase of 2 (onsite) parking spaces before the commencement of the major works (CSB). This statement does not extend to say that the increase will be short-lived and there will be a shortfall of 39 on-site spaces during the construction of the major works, according to Section 9.4.3 of the EIS and the Transport Impact Assessment, and that the shortfall will be accommodated in nearby residential streets, which is unacceptable. It is inconsistent with Section 2.6 that says "A staging strategy will be implemented to ensure that car parking facilities are not affected as a result of the proposed works." The existing 66 space carpark off Bowral Street will cause the loss of more than 39 spaces, because the Early Works carpark is already complete and in use, so cannot be counted in the "replacement" parking for the CSB works. Figure 20 does not acknowledge that Hospital parking already occurs along St. Jude Street, Glebe Street and Warenda Street.	• A parking strategy has been developed by the project team to alleviate the parking impact during construction. The proposed 2P parking restriction is part of the strategy aimed at assisting the parking shortfall during construction for those people with short term appointments in addition to visitors at the Hospital.
3.17	• Construction workers' parking in adjoining streets is not an acceptable option. The Preliminary Construction Management Plan (Appendix 3) addresses construction workers' parking and differs from the TIA. Which is correct, or to be followed?	• The Transport Impact Assessment submitted with the EIS addresses staff and hospital visitors during construction, while the preliminary contraction traffic management plan prepared by TSA Management addresses Construction Worker parking.

	Issues Raised by Agencies and Organisations	Proponent's Response
3.18	• Other discrepancies in the EIS and Appendices:	• Please see reponse below.
3.19	• There are inaccuracies and inconsistencies in the EIS and its Appendices that cumulatively diminish the credibility of the EIS as the principal document in this SSDA.	• Please see reponse below.
3.20	• "A reconfigured public and ambulance entry into the ED" (Executive Summary) is the Early Works for the existing ED. This EIS is supposed to be for the SSDA works, A new ED is to be built in the new building, hence no "reconfiguration" is needed for it. The reference relates to the status of the project before the new ED was included in the CSB (pre June 2018 Budget increase). This is an indication of information in this EIS that is not entirely relevant, or has not been updated to the current plans.	• The application does involve alterations and recogfigurations to the existing entry into the existing ED.
3.21	• The EIS says the new building will have 97 beds (page 47 and Section 7.7.2), whereas other documents appended to the EIS state 94 beds: the Architect's Design Statement (4.1.6, page 9) and the Transport Impact Assessment (pages ii, 20, 27 and 37).	• Noted, there are a number of bed numbers as the methodology to count bed numbers has changed. At this stage 94 Beds are proposed.
3.22	• Page 42 of the EIS states the existing hospital has 94 beds, whereas the hospital's own website ("About Us") says 91 beds and the Application for SEARS also states 91 beds. The Clinical Services Plan: Bowral and District Hospital redevelopment to 2026 (quoted on page 20, Fig. 6 of the EIS) in Table 1, page 7, says "Available beds at B&DH have not varied over recent years i.e. 91 beds."	• Noted, there are a number of bed numbers as the methodology to count bed numbers has changed. At this stage 94 beds are proposed.
3.23	• Section 4.5.4: The existing carpark off Bowral Street "will remain closed to the public during construction" demonstrates that the EIS author does not understand that the new CSB will be located on the existing carpark, notwithstanding the drawings reproduced in and appended to the EIS.	• Noted.
3.24	• Section 2.4: "Medicare Local" (dot point 3) was abolished in 2015 and superseded by the Primary Health Care Network. Another oversight, lack of knowledge, or careless error?	• Noted. The strategic directions had not been updated to reflect changes in the names.
3.25	• Section 3.1: Fig. 6 (page 20) contains a single chair for self-dialysing patients. This is NOT a 'full satellite dialysis unit" as announced by the CEO of the LHD on 3rd November 2017.	• Noted. The clinical functions are determined by the South Western Sydney Local Health District, the proposal seeks consent for a health services facility.
3.26	• Section 3.2.1 forgot to include the Southern Highlands Private Hospital (SHPH) which is co-located with B&DH. Section 3.3.2 acknowledges the ground lease to SHPH.	• Noted.
3.27	• Section 3.2.2 forgot to say that SHPH provides services to B&DH including public patient chemotherapy.	• Noted.
3.28	• Section 3.5 Photos: The captions of Figures 28 & 29 are incorrect.	• Noted. The titles on Figures 28 and 29 appear to be reversed.
3.29	• Section 4.5.2: Moving the westbound bus stop in Bowral St 45m to the west will reposition it to the west of St. Jude Street. The bus service Route 814 operates from Mona Rd, into Bowral St	• The bus stop and bus shelter relocation have been approved by the local Traffic Committee. The relocated bus stop is approximately 22m from its existing position, which will allow bus services to turn right from Bowral Street into Jude Street.

	Issues Raised by Agencies and Organisations	Proponent's Response
	and then north along St. Jude St, so a bus stop west of St. Jude St will not be feasible for Berrima Buslines.	
3.30	• Section 4.10: The EIS says "The Southern Highlands is reliant upon B&DH as the major healthcare hub in the north of the SWS LHD." An error of geography? Its location within the SWSLHD is correctly described in Section 8.4.	• Noted.
3.31	• Section 9.3.2, Figure 71 is a quite inaccurate depiction of the location of the new CSB, compared with other accurate aerial photos and plans by MSJ, Eg, Fig. 56. Figure 71 shows a rectangular outline of the CSB which is actually "L" shaped, and the existing 66 space carpark off Bowral Street to the west of the CSB, which will not be retained.	• Noted. The figure was intended to be indicative only.
3.32	• The Executive Summary of the Transport Impact Assessment (TIA), para. 3, describes the Hospital's location as "along Bong Bong Road and Bowral Street". There is no "Bong Bong Road" bounding the Hospital, or anywhere near it.	• Refer to item 6 in the GTA Response to Submission. The text in the Executive Strategy of the Transport Assessment has been misinterpreted. The report says: BDH is located around one kilometre from Bowral Town Centre along Bong Bong Road and Bowral Street and is bordered by Bowral Street, Sheffield Road, Mona Road and Ascot Road. The intention is that from the Bowral CBD to the hospital, you would first travel from Bong Bong Road and then Bowral Street.
3.33	• The Gross Floor Area (GFA) in the TIA is 5990 sq. metres compared with the EIS's 8159 sq. metres. There is a major disconnect between the EIS and the TIA, which does not recognise the ED within the CSB. As parking requirements are traditionally determined by GFA as well as other measures, the discrepancy between the EIS and TIA results in a significant under-estimate of new parking required by the CSB. The rationale of excluding nursery cots from the calculation of traffic generation and hence parking is curious if not false (Section 4.3). A significant generator of traffic to hospitals and demand for parking is visits to newborns.	• Refer to item 6 in GTA's RtS at Appendix B.1, the area schedule in the traffic report does exclude the new ED, however all calculation regarding parking and traffic reflects the proposed bed & staff numbers which were correct as they include the proposed ED. The exclusion of the nursery cots in the maternity section is valid, as a parent/carer is also counted.
3.34	• The Preliminary Construction Management Plan (Appendix 3) addresses construction workers' parking and differs from the Transport Impact Assessment. Which is correct, or to be followed?	• As outlined in GTA's RTS at Appendix B.1 and Traffic Impact Assessment at Appendix 5 attached to the EIS and the Preliminary Construction Traffic Management Plan (CMP), the current strategy is for hospital staff working day time shifts park in unrestricted on street parking area such as: Glebe Street, St Jude Street, Church Street, Werenda Street, Sheffield Road (south of Ascot Road), Ascot Road (east of Mona Road) and Loseby Street. Construction workers will be instructed not to park either within Hospital grounds or on the street within the typical daily Hospital parking catchment. The carpark accessed from Ascot Road be prioritised for night shift staff and for visitor parking during the day. • It is proposed that Head Contractor car parking will be designated immediately south of Bowral and District Hospital towards Loseby Park, the areas of cross over with hospital staff in the parking Strategy are Sheffield Road south of Ascot road and Loseby Street, given the amount of parking available and the 18-24 month construction timeframe this is considered satisfactory. • The final plan for construction worker parking will be identified within the Head Contractor's traffic and car parking management plan.
3.35	• The TIA's statements regarding existing parking in Bowral Street, Mona Road and Sheffield Road (TIA 2.2.1, 2.2.2, and 2.2.3) are inaccurate. Figure 2.10 shows 12 and 14 unrestricted	• As outlined in GTA's RtS at Appendix B.1 the traffic surveys by were conducted prior to the installation of two (2) pedestrian refuges on Bowral Street. This has resulted in the loss of some on street parking

	Issues Raised by Agencies and Organisations	Proponent's Response
	parking spaces on the north side of Bowral St at Glebe Park. These numbers were reduced after the Council installed pedestrian safety refuges in the centre of Bowral Street at the intersections of Sheffield Rd and Mona Rd. The TIA is dated 9/7/18 and is out–of-date with reality in respect of existing parking.	spaces, however given the nature of the proposal and the existing on-street capacity this is not considered to be a significant change. As regardless of the installation of the pedestrian refuges, the traffic surveys have demonstrated that there is sufficient capacity in the on street parking in the area.
3.36	• The Access Report (Appendix 33, Part 2) shows parking on the ground floor, not the Emergency Department.	• The access report, has appended an old planpreapred prior to the inclusion of the emergency department, this will be updated prior to the commencement of works.
3.37	• The State Significant Development of Bowral & District Hospital will be a most welcome improvement of the clinical facilities of this Hospital. The proposed building will serve the community in a much better way than the out-dated facility now struggling to cope with demand. The Project however falls short of community expectations of "redevelopment" of the Hospital, and there is no apparent scope in the documents submitted for the expected future Stages of this redevelopment. There are many contradictions and deficiencies in the submission as outlined in the above submission.	• Noted, there is no proposal at this stage to amend the proposed development.
4	Public Health First C/O E Carmichael (spokesperson)	
4.1	• We strongly believe the EIS is deficient, misleading and contains many omissions and factual errors.	• Please see responses above and below.
4.2	• We seek to have these corrected in order that the local community fully understand the proposed upgrade	• Noted.
4.3	• And we seek that the issue of parking during the 18-24 month construction phase be addressed urgently because it will seriously disadvantage the surrounding community and anyone coming to the hospital by car.	• As outlined above the final head contactor will finalise construction traffic and car parking prior to the commencement of works.
4.4	**1. Public Health First.**	
4.5	• PHF was established in response to surprise announcements surrounding the $50M budgeted for a partial upgrade of B&DH. Specifically the proposed public private partnership (PPP). When the PPP was dropped, PHF lobbied strongly for additional funds to fully upgrade B&DH. More recently $15M was added to the original $50M budgeted. This is still well short of what is required to bring B&DH to a level where the predicted local health hospital requirements (that meets the projected forecasts made by South Western Sydney Local Health District (SWDLHD) for the hospital through to 2022, 2026 and 2031.) can be met.	• Please refer to Appendix G for an updated CIV to reflect the inclusion of the Emergency Department. Construction investment value (CIV) has a specific definition from the Environmental Planning and Assessment Regulations, 2000 and is only used by the Department of Planning for determining planning pathway and fees for state significant development applications.
4.6	**2. The redevelopment project. (Partial upgrade)**	
4.7	• Quoted from the SSD webpage: " Redevelopment of Bowral and District Hospital comprising: - Construction of a four storey (including plant level) building to provide clinical services including medical, mental health, maternity, paediatric and perioperative wards, and new	• Noted, the EIS reflects the current proposal. There is no proposal to increase the scope of the subect DA from that previously advertised.

	Issues Raised by Agencies and Organisations	Proponent's Response
	emergency department - Car parking, reconfiguration of public and ambulance entry and integration of pedestrian links to existing building and services - Associated landscaping, signage, infrastructure and service works." Also as stated in the EIS "The Strategic & Healthcare Services Plan identifies the redevelopment of B&DH as the 4th highest priority for the LHD with the rationale being because of the imminent need to address the poor quality of aging building fabric there and the need to provide additional medical and surgical beds in the hospital and expand ambulatory care and ED capacity.	
4.8	**3. The EIS**	
4.9	• The EIS contains many errors and has many omissions. It doesn't reference appropriate sections of the current Clinical Services Plan, shows no reference to the additional $15M added to the $50M budgeted, uses old traffic data and contains conflicting street parking mapping. It makes no reference to a phase 2 of the hospital upgrade referred to several times by the Health Minister, Health Infrastructures (HI). The document is complex, lacks consistency, contains frequent duplication and selectively references from conflicting and dated sources. From our review, the EIS is a poorly presented document which fails to meet Director General Requirements for such documents.	• The EIS reflects the proposed development application. It is considered that the EIS and this RtS meets the requirements of the relevant legislation.
4.10	**4. Critical Issues**	
4.11	• We have identified many deficiencies in the document itself plus a number of key issues that the EIS fails to address. A selective, but certainly not complete, summary of some of the deficiencies in the proposal is as follows:	• Please see responses above and below.
4.12	**Car parking arrangement during construction phase.**	
4.13	• Bowral, as well as Moss Vale has a problem with insufficient town parking. In relation to this EIS, parking is a major problem for those working at, attending and visiting patients at the hospital. There is competition between visitors, staff attending the private and public hospital, with the overflow parking requirements being met by the use of busy public street parking. This is documented in council's (several year old) parking study contained in the EIS. During the 18-24 month construction phase there will be very significant disruption for current users of existing parking and a huge impact of a wide range of vehicles of construction workers and concrete delivery trucks etc. It is proposed in the EIS that existing street parking be used to handle this increase, which in the congested street surrounding the hospital would be laughable if it weren't so serious. We understand the options discussed with council to increase available parking in streets	• As outlined the parking strategy has been developed to alleviate the parking impact as much as possible during construction. • This strategy will be finalised prior to construction commencing with the aid of having the head contractor on board at that time. • The 2P parking restrictions on street surrounding the hospital would assist to manage the parking shortfall during construction and provide an improved environment for short term appointments and visitors at the hospital. • The Transport Assessment provides a parking strategy for staff and visitors to the hospital during construction. Parking associated with construction workers is addressed in the preliminary Construction Traffic Management Plan prepared by TSA Management, this will be finalised with the head contractor prior to works commencing.

	Issues Raised by Agencies and Organisations	Proponent's Response
	adjacent to the hospital are not being taken up by Health Infrastructure. The parking requirements to upgrade the hospital should not be borne by the local residents.	
4.14	**Dated, invalid or incorrectly sourced reference data**	
4.15	• SWSLHD & HI forecast in April, 2017 the extension of the hospital to meet future needs as cited in the CSP. As advised phase 1 was to be implemented with the budgeted $50M. With the recent increase of budget to $65M, which incorporates the ED, this leaves a latter stage as not yet defined to be funded to fulfil the promise to the community. This stage was to address the increase in population and community needs. Based upon the lack of response to our queries, absence of hard data in various NSW Government documentation it appears on the surface that the NSW Gov. has no plans or at this time no intention of continuing the redevelopment of Bowral & District Hospital. PHF does not accept that changing method of care is an acceptable justification or excuse why the hospital is not being developed. Care and delivery of care have not have advanced so dramatically in several years that the hospital role has been redefined to such an extent that 94 beds is adequate to meet the previously estimate of 136 beds. If this were true, bed numbers in other hospitals would be falling by a similar rate.	• As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date.
4.16	**Lack of community consultation**	
4.17	• The EIS set of documents is not only complex but physically large, and written in language employing in-house terminology and jargon. It is not a document that is designed to be read and understood by the public. PHF was reassured by the Health Minister and Project Manager that there would be proper and effective consultation subsequent to the SSD being approved. The community "consultation" currently undertaken has been very selective and ineffective in terms of the community. We have found the general public have almost no knowledge that the EIS is available for review and even if they did, it is such a cumbersome document in terms of language, duplication and inconsistencies it is a close to impossible for a general member of to delve into the detail. And the devil is in that detail.	• In April 2018, five (5) community information sessions were hosted by the South Western Sydney Local health District to inform the Environmental Impact Statement and planning application. These sessions were widely advertised and were organised after hours on weekdays and weekends in five (5) different locations across the Southern Highlands. • Prior to these meetings, a pre-DA consultation roadshow involved over 4,000 people being contacted. • The meetings involved the following attendance; – 3 people Tuesday night; – 3 people Wednesday night; – 2 people Thursday night; – 7 people Saturday morning and – 9 people in the afternoon. • The Clinical Services Plan is a planning document that is updated on a regular basis to reflect changes in the communities health care needs, population growth and demographics. Communications will continued through the construction phase of the Hospital. As stated above, refer to Appendix H for a statement from the General Manager of the Bowral & District Hospital regarding the process to date.
4.18	**Community concerns have not been addressed.**	

	Issues Raised by Agencies and Organisations	Proponent's Response
4.19	• There are two hard copies of the EIS held at Council in 2 very thick black folders that cannot be removed from the service counter area. It's physically impractical to unbundle the documents for cross references. Inadequate effort has gone into preparing these documents for public review. Very poor. Community concerns haven't been identified or recognised, never mind been addressed.	• The state significant development application is an assessment to ensure the environmental impacts are mitigated in accordance with the Environmental Planning and Assessment Act, 29179 & Environmental Planning and Assessment Regulation, 2000.
4.20	**We respectfully request that the NSW Government:**	
4.21	• Immediately fund parking upgrades or/and rights for work vehicles associated with the hospital upgrade be arranged with the local council. • If this is not done, there will be a huge backlash from local residents and hospital staff and visitors as construction work increased.	• As outlined above the final head contactor will finalise traffic and car parking prior to the commencement of works.
4.22	• Commitment to the next hospital upgrade stage. It's close to election time and the public hospital upgrade is a local issue, and one that will only become more vocal over time.	• The reuse of the existing buildings will be subject to separate applications and isnot part of this proposal.
4.24	• Arrange effective, not token community consultation.	• Communications will continue during the construction phase of this development and for any future stages.