ETHOS URBAN

Campbelltown Hospital Stage 2 SSD – Response to Submissions **12 November 2018**

Agency Submissions

Item	Issue	Response
Department of Planning and Environment		
1	**Traffic and parking** Provide a copy of the Parking Demand Study and Traffic Assessment (October 2017) referenced in the Traffic Impact Assessment.	The parking study and TIA for the carpark (Oct 2017) is provided at **Appendix C**.
2	Correct inconsistencies in the number of parking spaces to be removed I provided in the proposed development as set out in the Environmental Impact Statement (366 spaces to be removed and 205 spaces to be provided) and Traffic Impact Assessment (447 spaces to be removed and 201 spaced to be provided).	We confirm the numerics in the EIS are incorrect and the proposal will remove 447 spaces and will introduce 201 car parking spaces as stated in the Traffic Report. It is noted that under separate applications a multi-storey car park and several at-grade car parks are being delivered across the Hospital campus that will increase car park provision (refer to Section 2.2 of the ESI). Inclusive of these non-SSD works, the Hospital will increase parking provision by 834 spaces (Refer to Section 7.3 of the Traffic Report at Appendix H of the EIS).
3	Clarify whether end-of-trip facilities are to be provided as part of the development as recommended in the Green Travel Plan.	End of Trip facilities will be provided. Currently 6 x cubicles with shower and change facilities are proposed, in a convenient location for cyclists to access (identified on Drawing SSD-03-001 at **Appendix A**).
4	The lack of proposed construction parking is of concern given the location of the site and high demand for parking in the area. Specific measures should be outlined to mitigate the potential impacts of construction parking.	Employees and sub-contractors will be encouraged to use public and active transport to access the site and not park on public roads. To support alternative travel, secure areas will be made available within the work compounds for tradesmen and staff to store equipment. As part of the induction program, contractors and sub-contractors will be advised that there is limited parking within the site, or within the adjacent streets. To support the above approach, the project Construction Management Plan prepared by the project contractor will be updated to investigate strategies to manage contractor parking including utilising the new southern at-grade car park (CP10), investigating leasing another site and consulting with Council about available properties.
5	Demonstrate that the proposed access roads comply with the design requirements for future bus services as advised by Transport for NSW.	See response to item 51 below.
6	**Contaminated Land** Confirm that sufficient site sampling and testing has been undertaken to satisfy the requirements of State Environment Protection Policy No. 55 having regard to the comments made by the NSW Environment Protection Authority (EPA). See Comments 2.1 (a) (b) (d) (e) & (f) on page 4 and Recommendation 2 on page 5 of Attachment A to the EPA correspondence.	Douglas Partners confirm the Detailed Site Investigation has been carried out in accordance with SEPP 55 as outlined at Section 1 of the Detailed Site Investigation Report (DSI) at **Appendix T** of the EIS – refer to Section 9 of the DSI which states: *"Douglas Partners concludes that the potential for contamination constraints at the site with respect to the proposed redevelopment is generally considered to be low and the site is suitable (from a contamination perspective) for the proposed redevelopment."*
7	**Hours of Construction** Provide further justification for the proposed extended construction hours and outline specific measures to address potential adverse impacts having regard	The proposed 30-minute (i.e. 6:30 am to 7:00 am, Monday to Friday) and 1-hour extension (i.e. 7:00 am to 8:00 am, Saturday) to standard construction hours is sought to enable works preparation activities, to minimise potential conflicts with early hospital shift staff and to remove construction traffic from the road network as early as possible.

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	to the predicted exceedance of relevant noise management levels identified in the Acoustic Assessment Report.	The proposed 2-hour extension (i.e. 1:00 pm to 3:00 pm, Saturday) to standard construction hours is consistent with the construction hours approved by the Sydney Western City Planning Panel concerning construction of the associated multi-level car park (DA No. 4141/2017/DA-C). Specifically, Consent Condition 23 grants approval to undertake construction works up to 5:00 pm on Saturdays. For project efficiency and synergies, the Stage 2 works seek to undertake works until 3pm on Saturdays. This will also reduce the overall construction timeframe to the benefit of the local and wider community, by delivering the project quicker. The specific measure to address potential adverse impacts from construction work/activities is strict compliance with the 'noise affected' management level derived for 'Outside Standard Hours' as outlined in Section 6.4.2 (Table 17) of the SSDA Acoustic Assessment Report. It is noted that the criteria for construction work/activities undertaken outside standard construction hours is proposed as RBL + 5dB in line with EPA's recommendations, however this is not equivalent to inaudibility as inferred by the EPAs comments. Accordingly, there is no risk to community disruption by allowing the proposed work hours, which have suitable safeguards proposed. In addition to the above, some work may need to be completed outside of the requested hours, such as connecting and disconnecting services to avoid disrupting hospital operations. If required, these activities will be planned in consultation with stakeholders and Council to ensure all aspects of the works are clearly understood by all parties and minimise disruption to hospital operations. This may also include works which, for critical hospital operational reasons, are most appropriately carried out outside of main working hours.
8	**Biodiversity** Demonstrate that the Biodiversity Development Assessment Report satisfies the requirements of the Biodiversity Conservation Act 2016 having regard to the comments made by the Office of Environment and Heritage (OEH).	See response to Item 19 below.
9	**Flooding** Demonstrate that potential flooding impacts have been appropriately considered having regard to the comments made by OEH.	Additional information reagrding flood mitigation and including the results of the Truflow modelling is provided (**Appendix J**). Enstruct confirm that while there is overland flow from the local catchment this will be mitigated through a combination of detension basins, upgrading of pipeline and drainage. Overland flow will be contained within road ways to ensure flows exit the site within road reserves. It is noted that upgrading of pipelines and OSD are being delivered by the separate REF being prepared by HI. Enstruct have provided a response to OEH comments at item 20 and 21 below.
Road and Maritime Sevices		
10a	Letter items 1-10	The items referred to in RMS letter are recommended conditions. HI have reviewed these, particularly items 1-4 and can confirm they accept these as conditions of approval.
10	Roads and Maritime, although generally supporting the Campbelltown Hospital redevelopment proposal, raises concerns with the State Significant Development application which will require further consideration of the following matters as part of the Traffic Impact Assessment Report, 30 July	Section 8.2 of the Traffic Report outlines the peak hourly traffic generation which is 470 vehicles in both the AM & PM peaks. These additional vehicles have been incorporated in the Sidra mode which shows that Therry Road/ Appin Road will continue to operate at Level of Service (LOS) A & B during the AM & PM peak respectively.

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	2018 (Report), some of which were raised in the Roads and Maritime correspondence of 14 May 2018 with particular issues in underline: The Traffic Report should include Daily and peak traffic movements likely to be generated by the proposed development including the impact on nearby and state road network intersections (i.e. Appin Road and Therry Road), and the need/associated funding for upgrading or road improvement works (if required). It is important that the proponent should provide relevant and up to date traffic modelling.	With the additional traffic, the intersection will have at least 10% spare capacity. As such, no intersection upgrade work is required.
11	The transport and traffic study must properly ascertain the cumulative study area traffic impacts associated with the development (and any other known proposed developments in the area). This process provides an opportunity to identify a package of traffic and transport infrastructure measures required to support future development. Regional and local intersection and road improvements, vehicular access options for adjoining sites, public transport needs, the timing and cost of infrastructure works and the identification of funding responsibilities associated with the development should be identified.	PTC has liaised with Campbelltown Council and Department of Planning and Environment in regard to any nearby significant developments which would influence the performance of the road network near the Hospital. There are no nearby significant development that would impact the road operation and this is reflected in the traffic impact assessment that has been undertaken. The assessment confirms the suitable performance of transport infrastructure measures to support the proposed works.
12	Details of the proposed site access, internal vehicular circulation patterns and the parking provisions associated with the proposed development including compliance with the requirements of the relevant Australian Standards (ie: turn paths, sight distance requirements, aisle widths, etc).	As outlined at Section 9 of the Traffic Report the Access and Car Park Assessment states the project is designed to comply with the relevant Australian Standards. Attached is a plan showing the internal vehicular circulation patterns (**Appendix D**).
13	Details of light and heavy vehicle movements (including vehicle type and likely arrival and departure times). Details of service vehicle movements (including vehicle type and likely arrival and departure times).	It is confirmed that there is no change to the loading, delivery and servicing arrangement for the Hospital by the SSD. The Hospital will continue to utilise the existing loading dock for deliveries and waste collection. Construction vehicles will access the Hospital via the Therry Road roundabout and Appin Road access. A preliminary swept path analyses have been undertaken, demonstrating the ability of vehicles up to a 19m AV accessing the site via the Therry Road roundabout and vehicles up to an 8.4m MRV accessing the site via the Appin Road access (without impeding on the opposing lane). Details of the light vehicle movement and arrival & departure times of construction vehicles are been outlined in sections 8.3 & 8.4 of the Traffic report.
14	The proposed new Therry Street left in/left out intersection is justified on the basis that it will alleviate congestion/traffic volumes at the Therry Street Roundabout, however, in reality all traffic using the new access would need to travel through the Roundabout to access the new access. Only egressing vehicles would be removed from the existing roundabout congestion. In the long term there may be pressure to then seek a right turn for vehicles travelling west into this new access/egress off Therry Street.	The new Therry Road access will be left-in/ left-out and right turn access into Therry Road is not required. As stated in section 8.5.6 of the report, the subject intersection will operate at LOS in both the AM & PM peak with 89% & 74% spare capacity.

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15	The onsite carparking demand is greater than 85% for the core hours of 11am-3pm and, dependent upon the timing for the construction of the multi-level carparking complex, this will worsen with the approval of the Stage 2 development. It is assumed that the shortfall in carparking in the interim is likely to be accommodated by the 600+ on-street carparking in the locality. The Report should address the timing of the completion of the carparking works to illustrate how carparking is to be provided over the period 2019-2031 in order to accommodate the demand for carparking as identified in the Report.	As outlined at Section 7.3 of the Traffic Report the additional at-grade car park and multi-storey car park are forecast to be completed prior to the completion of the SSD works, delivering 834 additional parking spaces. The staging of car parking, including delivery of the multi-storey car park and at-grade car parking being undertaken by HI separately to the SSD will ensure the Hospital maintains adequate parking for visitors and staff. Extensive review by HI has been undertaken to ensure Car park works are sequenced to ensure adequate parking provision, particularly for the public at all times. Notwithstanding should there be any car parking shortfall during construction for staff, these would be provided, as required, at Ambarvale. This SSD application has demonstrated that suitable car parking will be provided at support parking demand generated by the development.
16	The repositioning of the Appin Road entry/exit requires further analysis considering : a) in the mid-term this intersection will be servicing a 799 multi-level carpark, being significantly more vehicles then currently accommodated at the entry/exit. b) its proximity to the Appin Road/Narellan Road intersection this entry/exit may offer a preferred exit for heavy vehicles requiring quick access to the State Roads Network (see Point 4 above).	Section 8.5.4 of the Traffic report outlines the Sidra analysis of the existing & proposed Appin Road access to the hospital. The Post-development modelling shows there will be approximately 56% spare capacity in the AM peak and 69% in the PM peak respectively. The traffic analysis demonstrates that the proposed works will ensure the surrounding road network will be well supported into the future with adequate spare capacity.
17	Roads and Maritime Services also notes that upgrade works are being undertaken at the Narellan Road/Appin Road intersection location and this would require consideration as part of the assessment under Point 2 above and as advised below: i. The footprint of the Hospital Development Stage 2 upgrade will not affect the pinch point project on Narellan Road/Appin Road – however it should be noted that the Narellan Road/Appin Road project is expected to demobilise from site by March 2019. ii. The Project team undertaking the construction of the hospital upgrade will need to liaise with the Roads and Maritime Project team for the Narellan Road/Appin Road works to ensure traffic management during construction does not conflict.	These comments are noted. HI and its project team will continue to work closely with RMS throughout the development program.
Office of Environment and Heritage		
18	**Aboriginal Cultural Heritage** It is recommended that the following conditions be included within any development consent that may be issued: Discovery of Unanticipated Aboriginal Objects	These conditions are accepted.

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	• *Should any Aboriginal objects be encountered during works associated with this proposal, works must cease in the vicinity and the find should not be moved until assessed by a qualified archaeologist. If the find is determined to be an Aboriginal object the archaeologist will provide further recommendations. These may include notifying Aboriginal stakeholders.* Discovery of Aboriginal Ancestral Remains • *Aboriginal ancestral remains may be found in a variety of landscapes in NSW, including middens and sandy or soft sedimentary soils. If any suspected human remains are discovered during any activity you must:* *1. Immediately cease all work at that location and not further move or disturb the remains.* *2. Notify the NSW Police and OEH's Environmental Line on 131 555 as soon as practicable and provide details of the remains and their location. -* *3. Not recommence work at that location unless authorised in writing by OEH.*	
19	**Biodiversity** The Biodiversity Development Assessment Report has been reviewed and the following comment is made • While the likelihood of Pimelea spicats being present is low it is noted that the survey was carried out at a time when they weren't likely to be easy found (not enough rain in the weeks/months before) • The assessment of Serious and Irreversible Impacts has not been carried out in accordance with 1 0.2.2 of the BAM.	Eco Logical Australia maintains that Pimelea spicata is unlikely to occur within the study area and offsetting as a species credit species is not required. There are 16 records within 5 km of the development site, the nearest of which (approximately 1.8 km to the west) is from 1988. The most recent record of Pimelea spicata is from 2003, approximately 3.7 km to the north-west of the development site. The areas of CPW to be impacted are generally in poor condition. The ground cover consisted of a mixture of exotic and native grass species with a small number of native forbs. The impact area in the south of the site contained several bare patches with sparse distributed ground cover. The groundcover in the north east of the site is degraded and predominantly exotic. Considering the disturbed nature of the groundcover it is considered unlikely that Pimelea spicata would be present in the development site. Despite the absence of rainfall prior to the survey, it is considered that if Pimelea spicata was present in the impact area it would have been detected during the survey. A subsequent survey (23 August 2018) was undertaken in the development site to accompany an REF for a separate stage of the development. This survey was mostly undertaken in the south-east of the hospital grounds, which is outside the impact area for this BDAR, however, Pimelea spicata was not detected in this area during the subsequent survey. Table 25 of the BDAR has been updated (see **Appendix E**) to include a more detailed assessment of Serious and Irreversible Impacts on Cumberland Plain Woodland in accordance with Section 10.2.2 of the BAM. It is unlikely that the development will result in a Serious and Irreversible Impact.
20	**Flooding** Appendix 0 indicates that the proponent has investigated the potential flood impacts from Birunji Creek and from overland flow of the proposal for 1 °/o AEP flood event. Section 4.3.2.2 of the appendix states specific goals of	Detailed modelling accessing the current Council Flood model and utilising Truflow through the councils approved flood modeller has been undertaken. The results indicate existing areas of minor flooding (see **Appendix J**).

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	proposed mitigation design that are also based on the 1% AEP flooding including the Flood Planning Level (FPL). OEH acknowledges that the proponent (in section 4.3.2.3) will undertake a detailed modelling in the Detailed Stage 2 using TUFLOW hydraulic modelling and advises that this detailed model will investigate the full range of flood events up to the probable maximum flood (PMF). The proponent also indicates that Council's updated flood study that incorporates the proposal may be utilised for Stage 2 Detailed Flood Study. OEH comments are as below: • It is prudent to undertake the detailed flood study in the early stage of planning to inform decision-making on any identified risk, particularly, as the proposal is considered a sensitive development which should be accessible and operatable during any flood event. • It is recommended to utilise Council's updated flood model to ensure the model takes into consideration blockage and climate change impacts. • The outcomes of the detailed model should inform decision-making on any requirement for specific development controls for the proposed development, such as the requirement for flood planning level FPL.	To address this, the current stormwater design has been undertaken with DRAINS modelling results driving the design of onsite bio retention ponds and detention tank to ensure the existing conditions are not exacerbated by the project and taking into account the preliminary flood modelling results. As the project continues into the detailed design phase, the project DRAINS model will be 3D modelled to LOD300 and a post construction surface and drainage model produced. This model will then be processed through the preliminary Truflow modelling process utilising the councils preferred flood modeller. Results from that flood modelling will be utilised to refine the proposed site grading and stormwater drainage network. Notwithstanding, and as outlined in the EIS, investigations confirm the proposed works and mitigation measures are suitable to ensure any overland flow will be contained to within the roadway and will drain out the site without impacting the operation of the Hospital.
21	• An Emergency Response Plan (ERP) should be prepared to manage floods larger than the 1% AEP up to the PMF. The ERP should be prepared in consultation with Council and the State Emergency Service (SES).	Noted. This may form a condition of consent.
Heritage Council		
22	It is considered no comments are warranted in relation to built heritage issues. However, the following condition is recommended in light of the low archaeological potential identified in the study area: *If any archaeological relics are uncovered during the course of the construction, all work shall immediately cease in that area and a written assessment of the nature and significance of the resource, along with a proposal for the treatment of the remains shall be submitted for the approval of the Secretary, Department of Planning and Environment and the delegate of the Heritage Council of NSW.*	This condition is accepted.
NSW EPA		
23	2. Construction phase The EPA anticipates that site establishment, demolition, bulk earthworks, construction and construction-related activities will be undertaken in an environmentally responsible manner with particular emphasis on –	Noted.

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	• the site contamination remediation action plan accompanying the EIS, • compliance with recommended standard construction hours, • intra-day respite periods from high noise generating construction activities (including jack • hammering, rock breaking, pile boring or driving, saw cutting), • feasible and reasonable noise and vibration minimisation and mitigation, • effective dust control and management, • erosion and sediment control, and • waste handling and management, particularly concrete waste and rinse water.	
24	**2.1 Site contamination (incl. hazardous building materials)** EIS Appendix T Detailed Site Investigation (DSI) notes the potential for hidden underground structures (such as fuel tanks, septic tanks, filled gullies and ACM) within building footprints and should be considered accordingly during earthworks for the proposed development. The likelihood of electrical transformers and infrastructure containing polychlorinated biphenyl contamination should also beconsidered. The EPA notes that: (a) 17 combined geotechnical and contamination soil cores were advanced across the site, some down to a maximum of 29m below ground level, and for a reason not fully justified in the DSI, only five of those 17 boreholes were tested for contaminant compounds of concern; (b) the development area comprises 1.9 hectares (19000 m2), and as such the number of sampling points are insufficient for adequate site characterisation in accordance with the NSW Sampling Design Guidelines (NSW EPA 1995); (c) parts of the development area could not be accessed due to infrastructure and buildings and on completion of demolition works, a data gap contamination assessment is required to focus on the areas not previously sampled; (d) the maximum depth of the analytical sampling was 1.8 m below ground surface; (e) assessment of groundwater at the site is inadequate as it is inappropriate to rely on the findings of the 2012 groundwater assessment as this report is representative of conditions from six years ago, and sampling was concentrated within a small car park only; and (f) although chemicals of concern in the soil profile are not reported above health screening levels, Appendix T relies on only five soil sample results, and	In carrying out the combined field works, Douglas Partners (DP) thoroughly reviewed all soil logs for the presence of filling and / or material suspected to contain contamination. Filling was minimal and confined to road base and / or reworked natural only. No visual / olfactory indicators of suspected contamination were observed and no suspected anthropogenic material was observed in any of the soil cores. It was on this basis it was considered unnecessary to test further samples, in addition to the samples scheduled for testing as part of the Detailed Site Investigation (DSI). This approach is in line with NEPM (2013) – refer to Schedule B2 where professional judgement can be applied to select and develop an appropriate sampling design based on site specific information in order to obtain sufficient representative data to address the objectives of the report. With reference to the preliminary CSM presented in the DSI, if no significant impact was observed at the surface / subsurface, the likelihood of impact in soil at depth is considered to be low (as no complete pollutant linkages exist). Therefore, no testing of natural soils at depth is considered to be warranted. As part of the DSI, DP assessed the need for any groundwater assessment based on the findings of the soil investigation and testing. Based on the findings of the DSI, no known significant issues exist at the site that would trigger the need for a groundwater assessment and as such no further assessment of groundwater at the site was proposed. A building footprint investigation can be carried out at the site post-demolition of structures and associated infrastructure. Additional sampling at depth and across the site can be carried out, however based on the investigations to date is unlikely to add any additional certainty with regard to the contamination status of the site (with respect to the proposed development).

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	three of which were obtained from the near surface and as such further assessment of soil contamination across the site is warranted. **Recommendations** 1. The proponent be required to ensure that – (a) following demolition of any existing structures, road pavement and infrastructure, electricity substations/transformers and in ground utilities, further investigation is undertaken of soil and groundwater, including within the footprint and immediate surrounds of those demolished structures, infrastructure, substations/transformers and utilities prior to undertaking any construction. (b) the required additional site investigation includes – (i) post-demolition/removal data gap contamination assessment in the footprint and immediate surrounds of any existing buildings and infrastructure proposed for demolition/removal with the data gap assessment including additional sampling and assessment of soils and groundwater to add to the existing data set, including groundwater assessment to target areas within and down hydraulic gradient of potential contaminating activity; (ii) sampling at sufficient sampling points necessary to properly characterise soil and groundwater contamination of the 1.9 hectare development area in accordance with NSW EPA Sampling Design Guidelines; and (iii) sampling at depths for contaminants of concern to below the known 'basement' levels of the proposed clinical services building construction.	
25	2. The proponent be required to consider the guidance material provided in the National Environment Protection (Assessment of Site Contamination) Measure 2013 as well as the following EPA documents when undertaking further site assessment and validation - • Technical Note: Investigation of Service Station Sites, 2014, • NSW EPA Sampling Design Guidelines, • Guidelines for the NSW Site Auditor Scheme (3rd edition) 2017, and • Guidelines for Consultants Reporting on Contaminated Sites, 2011.	DP confirms the investigation has been carried out with reference to the EPA documents referred to (by the EPA), excluding the document titled 'Technical Note: Investigation of Service Station Sites' (2014) as no service stations are currently or have historically been located at the site). NEPM (2013) is a key guideline document referred to in preparation of the DSI report. Please refer to our earlier response regarding sampling densities.
26	3. The proponent be required to ensure that the processes outlined in State Environmental Planning Policy 55 - Remediation of Land (SEPP55) are followed in assessing the suitability of the land and any remediation required in relation to the proposed use.	Noted.

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27	4. The proponent be required to ensure that the proposed development does not result in a change of risk in relation to any pre-existing contamination on the site so as to result in significant contamination.	Noted.
28	5. The proponent be required to notify the EPA should any contamination of the development site be identified which meets the triggers in the Guidelines for the Duty to Report Contamination.	Noted.
29	6. The proponent be required to engage a site auditor (accredited under the Contaminated Land Management Act) should additional site investigations reveal further contamination of soil or groundwater – (a) to review the adequacy of contamination assessment reports, any remediation action plan and unexpected finds procedure, and (b) to provide a Section A Site Audit Statement (SAS) and accompanying Site Audit Report (SAR) certifying the suitability of the development site for the proposed use.	Noted.
30	Asbestos containing materials The EPA understands that parts of the hospital were constructed in the late 1970s and early 1980s which suggests the likelihood that some of those structures would include asbestos containing materials. The EPA anticipates that asbestos containing materials are likely to be encountered during the course of the development. Recommendations 1. The proponent be required to ensure that following demolition of any existing structures, car parks and in ground utilities further investigation be undertaken of soil contamination within the footprint of those structures, car parks and utilities prior to undertaking any construction. 2. The proponent be required (prior to commencing any work on the development site) to undertake a detailed hazardous materials (including asbestos containing materials) survey of existing structures and fill material on the development site. 3. The proponent be required (prior to commencing any work on the development site) to prepare and implement a procedure for identifying and dealing with unexpected finds of site contamination (including asbestos containing materials). Further, that procedure includes details of who will be responsible for implementing the unexpected finds procedure and the roles and responsibilities of all parties involved. 4. The proponent be required to satisfy the requirements of the Protection of the Environment Operations (Waste) Regulation 2014 with particular reference to Part 7 ‘asbestos wastes’. Note: The EPA provides additional guidance material at its web-site http://www.environment.nsw.gov.au/waste/asbestos/index.htm.	Noted.

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	5. The proponent be required to consult with Safework NSW concerning the handling of any asbestos waste that may be encountered during the course of the project.	
31	Polychlorinated Biphenyl (PCB) materials and waste EIS Appendix T indicates that a hazardous material survey of the existing campus structures was undertaken. The EPA understands that PCBs may have been detected on the campus during the hazardous material survey. However, the EPA notes that a copy of the hazardous materials survey does not appear to accompany the EIS. The Polychlorinated Biphenyl (PCB) Chemical Control Order 1997 sets out requirements for managing PCB materials and wastes, including activities such as processing, storage, transport, and disposal. The Control Order is made under the Environmentally Hazardous Chemicals Act 1985. The proponent may readily obtain a copy of the Order on the EPA web site via the following link – https://www.epa.nsw.gov.au/your-environment/chemicals/chemical-control-orders Recommendation The proponent be required to ensure that any PCB material or waste kept on the development site – (a) is stored and handled in accordance with the Polychlorinated Biphenyl (PCB) Chemical Control Order 1997, and (b) is assessed, classified and managed in accordance with the EPA "Waste Classification Guidelines Part 1: Classifying Waste" November 2014 and the 2016 Addendum thereto.	Noted.
32	2.2 Noise and vibration The EPA anticipates that demolition, site preparation (including tree clearing), bulk earthworks, construction and construction-related activities are likely to have significant noise and vibration impacts on surrounding residences.	Noted.
33	2.2.1 General construction hours The EPA emphasises that demolition, site preparation, bulk earthworks, construction and construction related activities should be undertaken during the recommended standard construction hours. EIS sections 6.13.1 proposes the following extended construction hours, being – • 6.30 am to 6.00 pm Monday to Friday, and • 7.00 am to 3.00 pm Saturdays. However, the proponent offers no strong justification for working during the night assessment period on weekdays (i.e. 6.30 am to 7.00 am) or for working extended hours on Saturdays (7.00 am to 8.00 am as well as 1.00 pm to 3.00 pm).	Refer to the response provided in **Item 7**.

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	The EPA does not accept the premise that productivity represents adequate justification for a departure from the standard hours for this project. At the same time, the EPA confirms that standard hours are not intended to apply to activities that are not audible (i.e. not greater than rating background level plus 5dB). The EPA notes that although DPE conditions typically exempt Police directed delivery of construction 'materials' from standard construction hours, the EPA is unaware of any such deliveries ever having been so directed. Instead, the EPA understands that Roads and Maritime Services requires certain movements of oversize plant, equipment and structural elements across the metropolitan road network to be restricted to low traffic flow periods that are inevitably outside standard construction hours. Finally, the EPA also acknowledges that certain 'out of hours' activities involved in road construction and making connections to utility networks are justified for reasons of safety and maintaining network integrity but the EPA does not anticipate the proposed development would involve any such activities. Recommendation The proponent be required to ensure that as far as practicable all demolition, site preparation, bulk earthworks, construction and construction-related activities likely to be audible at any noise sensitive receivers such as surrounding residences are only undertaken during the standard construction hours, being – (a) 7.00 am to 6.00 pm Monday to Friday, (b) 8.00 am to 1.00 pm Saturday, and (c) no work on Sundays or gazetted public holidays.	

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34	2.2.2 Intra-day respite periods The EPA anticipates that those demolition, site preparation, bulk earthworks, construction and construction-related activities generating noise with particularly annoying or intrusive characteristics (such as those identified as particularly annoying in section 4.5 of the Interim Construction Noise Guideline) would be subject to a regime of intra-day respite periods where – (a) they are only undertaken after 8.00 am, (b) they are only undertaken over continuous periods not exceeding 3 hours with at least a 1 hour respite every three hours, and (c) 'continuous' means any period during which there is less than an uninterrupted 60 minute respite between temporarily halting and recommencing any of the intrusive and annoying work referred to in Interim Construction Noise Guideline section 4.5. The EPA emphasises that intra-day respite periods are not proposed to apply to those demolition, site preparation, bulk earthworks, construction and construction-related activities that do not generate noise with particularly annoying or intrusive characteristics. Recommendation The proponent be required to schedule intra-day 'respite periods' for construction activities identified in section 4.5 of the Interim Construction Noise Guideline as being particularly annoying to noise sensitive receivers, including surrounding residents.	The trigger for consideration of intra-day respite periods is not the presence of annoying or intrusive characteristics per Section 4.5 of the Interim Construction Noise Guideline (ICNG). Table 2 of the ICNG outlines that intra-day respite periods would be considered where noise levels are predicted to exceed the 'highly noise affected' management level of LAeq(15minute) 75 dB(A). As per predictions presented in Table 21 of the SSDA Acoustic Assessment Report, construction works are predicted to comply with the 'highly noise affected' management level for standard construction hours. Based on the assessment presented in the SSDA Acoustic Assessment Report, intra-day respite periods are not warranted for the project.
35	2.2.3 Idling and queuing construction vehicles The EPA is aware from previous major infrastructure projects that community concerns are likely to arise from noise impacts associated with the early arrival and idling of construction vehicles (including concrete agitator trucks) at the development site and in the residential precincts surrounding that site. Recommendation The proponent be required to ensure construction vehicles (including concrete agitator trucks) involved in demolition, site preparation, bulk earthworks, construction and construction-related activities do not arrive at the project site or in surrounding residential precincts outside approved construction hours.	While not expected to occur, the development site is well removed from surrounding sensitive receivers (> 160 m) and therefore idling of construction vehicles immediately outside the project site will not be in proximity to surrounding sensitive receivers.
36	2.2.4 Reversing and movement alarms The EPA has identified the noise from 'beeper' type plant movement alarms to be particularly intrusive and is aware of feasible and reasonable alternatives. Transport for NSW, Barangaroo Delivery Authority/Lend Lease and Leighton Contractors (M2 Upgrade project) have undertaken safety risk assessments of alternatives to the traditional 'beeper' alarms. Each determined that adoption of	The construction site is significantly removed from surrounding noise sensitive receivers (> 160 m). Notwithstanding, it is expected that measures to minimise impacts may involve the use of non-tonal reversing alarms for regular site-based construction equipment.

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	'quacker' type movement/reversing alarms instead of traditional beepers on all plant and vehicles would not only maintain a safe workplace but also deliver improved outcomes of reduced noise impacts on surrounding residents. Interim Construction Noise Guideline Appendix C provides additional background material on this issue. Recommendation The proponent be required to consider undertaking a safety risk assessment of site preparation, bulk earth works, construction and construction-related activities to determine whether it is practicable to use audible movement alarms of a type that would minimise the noise impact on surrounding noise sensitive receivers, without compromising safety.	
37	2.3 Dust control and management The EPA considers dust control and management to be an important air quality issue during demolition, site preparation, bulk earthworks and subsequent construction. Recommendation The proponent be required to: (a) minimise dust emissions on the site, and (b) prevent dust emissions from the site.	Noted.
38	2.4 Sediment control Managing Urban Stormwater Soils and Construction, 4th Edition published by Landcom (the so-called 'Blue Book') provides guidance material for achieving effective sediment control on construction sites. The proponent should implement all such feasible and reasonable measures as may be necessary to prevent water pollution in the course of developing the site. The EPA emphasises the importance of – (a) not commencing demolition, site preparation, bulk earthworks, construction and constructionrelated activities until appropriate and effective sediment controls are in place, and (b) daily inspection of sediment controls which is fundamental to ensuring timely maintenance and repair of those controls.	Noted.
39	2.5 Waste control and management (general) The proponent should manage waste in accordance with the waste management hierarchy. The waste hierarchy, established under the Waste Avoidance and Resource Recovery Act 2001, is one that ensures that resource management options are considered against the following priorities: • Avoidance including action to reduce the amount of waste generated by households, industry and all levels of government • Resource recovery including reuse, recycling, reprocessing and energy recovery, consistent with the most efficient use of the recovered resources	Noted.

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	• Disposal including management of all disposal options in the most environmentally responsible manner. All wastes generated during the project must be properly assessed, classified and managed in accordance with the EPA's guidelines to ensure proper treatment, transport and disposal at a landfill legally able to accept those wastes. The EPA further anticipates that, without proper site controls and management, mud and waste may be tracked off the site during the course of the project. Recommendation The proponent be required to ensure that: (1) all waste generated during the project is assessed, classified and managed in accordance with the EPA "Waste Classification Guidelines Part 1: Classifying Waste", November 2014 and the 2016 Addendum thereto; (2) the body of any vehicle or trailer, used to transport waste or excavation spoil from the premises, is covered before leaving the premises to prevent any spill or escape of any dust, waste, or spoil from the vehicle or trailer; and (3) mud, splatter, dust and other material likely to fall from or be cast off the wheels, underside or body of any vehicle, trailer or motorised plant leaving the site, is removed before the vehicle, trailer or motorised plant leaves the premises.	
40	2.6 Waste control and management (concrete and concrete rinse water) The EPA anticipates that during the course of the project concrete deliveries and pumping are likely to generate significant volumes of concrete waste and rinse water. The proponent should ensure that concrete waste and rinse water is not disposed of on the project site and instead that – (a) waste concrete is either returned in the agitator trucks to the supplier or directed to a dedicated watertight skip protected from the entry of precipitation, and (b) concrete rinse water is directed to a dedicated watertight skip protected from the entry of precipitation or a suitable water treatment plant. Recommendation The proponent be required to ensure that concrete waste and rinse water are (a) not disposed of on the development site, and (b) prevented from entering waters, including any natural or artificial watercourse.	Noted.
41	3. Operational phase The EPA considers that environmental impacts that arise once the development is operational should be able to be largely averted by responsible environmental management practices, particularly with regard to:	Noted.

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	(a) feasible and reasonable noise mitigation measures; (b) waste management in accordance with the waste management hierarchy; (c) water sensitive urban design; and (d) energy conservation and efficiency.	
42	3.1 Noise and vibration impacts The EPA acknowledges that background noise monitoring was undertaken at on and off campus monitoring points and appears to have been undertaken in a manner that is generally consistent the guidance material provided in the EPA's Noise Policy for Industry. However, the EIS Appendix Q graphical representation of unattended background noise monitoring results indicates that unattended monitoring at on campus monitoring point 'ML6' appears to have been affected by extraneous noise such as an air conditioner or plant noise.	Noted.
43	Mechanical plant and equipment EIS section 6.13.2 states that "... the selection of plant for the proposal has not been finalise and accordingly detailed acoustic design assessment cannot be undertaken." Recommendation The proponent be required to: (a) provide a comprehensive quantitative assessment of operational noise impacts of mechanical plant and equipment on surrounding noise sensitive receivers, especially residences, Campbelltown Private Hospital, and the IRT aged care facility; (b) ensure mechanical plant and equipment installed on the development site does not generate noise that – (i) exceeds 5 dBA above the rating background noise level (day, evening and night) measured at the boundary of the development site, and (ii) exhibits tonal or other annoying characteristics.	Noted.
44	Helicopter operations EIS Appendix DD (and architectural drawings) indicate that a helipad is proposed to be constructed on the roof of the clinical services building. The EPA understands that use of the helipad is restricted to only critical care flights which are directed to Campbelltown Hospital on a patient care basis by the Ambulance Service Aeromedical Operations Centre in consultation with a senior trauma care doctor. The transport of critical care patients is an operational matter for NSW Health with the focus of saving human life and the decision on where patients are sent is based of the best chance of survival for the patient. The EPA further understands NSW Health has implemented a range of reasonable and	Noted.

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	feasible measures to minimise impacts on surrounding residents, including shutting down aircraft engines as soon as practicable after landing and providing aircraft pilots with remote control of helipad landing lights to minimise periods of potential glare nuisance. The EPA notes that the New South Wales government has no jurisdiction in regard to aircraft in the air which is instead a matter the subject of Commonwealth Government legislation. In that regard, the EPA understands that any noise complaint about aircraft in the air should be lodged with Air Services Australia.	
45	Emergency back-up generators and Underground Petroleum Storage System The EPA is unclear whether the clinical services building emergency operations would be assured by reliance on an existing or new back-up emergency generator system and whether that system is or would be served by an Underground Petroleum Storage System (UPSS) . The proponent may only use a UPSS in accordance with the requirements of the Protection of the Environment Operations (Underground Petroleum Storage System) Regulation 2014. Any such UPSS must be designed, installed and operated with regard to guidelines issued by the EPA. Recommendation The proponent be required to design, install and operate any underground petroleum storage system in accordance with the requirements of the Protection of the Environment Operations (Underground Petroleum Storage System) Regulation 2014.	Noted.
46	Radiation control 1. The proponent be required to clarify whether – (a) the planned radio-therapy and brachy therapy are included as part of Stage 2; (b) nuclear medicine facilities shown on drawing 'SSD-03-000' are existing of part of Stage 2 refurbishment of building A; (c) diagnostic imaging facilities are to be located in the clinical services building; and (d) diagnostic imaging facilities are to continue to be provided in Building A. 2. The proponent be required to ensure shielding of 'regulated material', including diagnostic imaging equipment is assessed and calculated in accordance with the EPA's guidance material provided in "Radiation Guideline 7 - Radiation shielding design assessment and verification requirements".	The following comments address queries 1-3. 1. a) Yes and additional linac bunker is part of the radiotherapy expansion b) Nuclear medicine facilities are part of the refurbishment of Building A and not part of this SSD application. c) A new satellite imaging department will be located in the Emergency Department of the new CSB. d) The main imaging department will be expanded in its existing location in building A (not part of this application). 2. A radiation shielding design consultant has been engaged for the project. 3. This comment is noted

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	3. The proponent be required to apply for and obtain any necessary amendment to the 'radiation management licence' currently held under the name of the South Western Sydney Local Health District in respect of 'regulated material' at the new facilities and the management and handling of any waste containing radioactive material.	
47	3.4 Waste management (general) The proponent should manage waste in accordance with the waste management hierarchy as mentioned above. Recommendation The proponent be required to identify and implement feasible and reasonable opportunities for the reuse and recycling of waste, including food waste.	Reuse and recycling of waste will be undertaken in accordance with the Waste Management Plan as outlined at Section 4 of Appendix N and in accordance with the Waste Management Plan for Campbelltown Hospital.
48	3.5 Waste management (clinical and related waste) The EPA anticipates that the development will generate 'clinical and related waste' which are defined under the Protection of the Environment Operations Act 1997, as follows: *'Clinical and related waste' includes clinical waste; cytotoxic waste; pharmaceutical, drug or medicine waste; and sharps waste.* *"Clinical waste means any waste resulting from medical, nursing, dental, pharmaceutical, skin penetration or other related clinical activity, being waste that has the potential to cause injury,* *infection or offence, and includes waste containing any of the following:* *(a) human tissue (other than hair, teeth and nails),* *(b) bulk body fluids or blood,* *(c) visibly blood-stained body fluids, materials or equipment,* *(d) laboratory specimens or cultures,* *(e) animal tissue, carcasses or other waste from animals used for medical research, but does not include any such waste that has been treated by a method approved in writing by the Director-General of the Department of Health."* The occupier of any premises comprising a hospital, day procedure centre, pathology laboratory, mortuary or medical research facility where clinical and related waste is generated, must ensure that there is a waste management plan, in respect of that waste, for the premises. That plan should be prepared with due regard to the relevant provisions of clause 113 of the Protection of the Environment Operations (Waste) Regulation 2014. Recommendation 1. The proponent be required to properly classify and manage clinical and related waste in accordance with the EPA's Waste Classification Guidelines. 2. The proponent be required to ensure that the occupier of the hospital prepares and implements a revised waste management plan, in respect of	Classification and management of waste will be undertaken in accordance with EPA's Waste Classification Guidelines and the Hospital operates in accordance with the Waste Management Plan for Campbelltown Hospital. The Hospital's Waste Management plan can be updated in accordance with NSW Health policy directive 2017_026 titled "Clinical and Related Waste Management for Health Services", dated August 2017. This can form a condition of consent.

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	clinical and related waste generated at the development site in accordance with NSW Health policy directive 2017_026 titled "Clinical and Related Waste Management for Health Services", dated August 2017.	
49	Water sensitive urban design and energy conservation and efficiency The EPA notes that hospitals are typically heavy users of potable water and electricity. EIS Appendix Y indicates that implementation of ESD principles is to be achieved through design team reference to "...industry best practice requirements" considered against NSW Health internal guidance (i.e. Engineering Services Guidelines). The EPA acknowledges that EIS section 6.12.2 indicates that the proponent has reviewed water sensitive urban design measures and has committed to implementing a range of those measures, including rainwater harvesting and re-use, and water efficient fixtures. However, the EIS is unclear about what specific measures are proposed to be implemented maximise energy efficiency and minimise energy consumption.	HI provide guidance as part of their Engineering Services Guidelines to assist the design team in achieving the industry best practice requirements. These are a baseline set of initiatives for investigation, the design team is free to also look outside of these to achieve the requirements. Section 2.5.8 Sustainability and Energy Targets Energy – all new standalone buildings are to target at minimum a 10% improvement over the National Construction Code Section J requirements for energy efficiency through JV3 modelling. Section 2.5.6 Sustainability, Lifecycle and Waste Management • Passive design strategies such as day lighting, • Demand management, • Gravity systems, • Energy and water efficiency and conservation techniques, • Use of non-toxic and environmentally sound materials and finishes, and • Consider life-cycle sustainability and maintenance implications. • Potential for the use of gravity systems, • Water recycling options, • Metering and monitoring systems to detect excessive water usage or leakage, • Fire test water re-use in non-potable systems or fire test systems that minimise water use, • Rainwater harvesting to reduce potable water consumption based on cost benefit analysis, • Installation of high-efficiency fixtures, and • Efficient irrigation systems and use of appropriate species for planting.
Civil Aviation Safety Authority		
50	I am advised that CASA has reviewed the development application and associated documents and has no additional recommendations to make. It is noted that the site is outside the obstacle limitation surfaces for Camden Aerodrome, and the project incorporates a raised helipad.	Noted.
Transport for NSW		
51	**Bus Access** According to the Traffic Impact Assessment completed by PTC in July 2018, bus services to the hospital are likely to increase towards the end of 2018. Currently, the applicant is involved in discussions with the bus operator, Interline Bus Company, regarding routes and access across the different	The Hospital drop off link and site circulation roads are designed in accordance with Austroads design parameters with minimum 3.5m wide carriageway on all indicated bus routes. Vehicle turning templates are based on Autoturn software templates for the applicable design vehicle.

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	entrances of the Hospital. However, it is understood that the bus access design and arrangements are still being considered by the applicant. The applicant is requested to provide TfNSW with the planned bus movements within the Hospital site, including proposed access in/out, for review once finalised. The following comments are provided for consideration to ensure the internal Hospital road network is bus capable: • All access roads need to be 3.5m in width. • Medians should not be included on roads that may be used by buses. • A reservation of 30m set down space, 30m for pick-up space and approximately 50m layup space is required for buses accessing the Hospital site. • A minimum 14.5m bus template turning at 5 – 15km/h is to be used. • A turning diameter of 30m to be used when designing public transport infrastructure. It should be noted that if the bus infrastructure provided on-site is not suitable, any future increase in bus services to the Hospital may be compromised. The applicant is encouraged to continue to consult with both the local bus operator and TfNSW to ensure the required bus infrastructure is provided.	Transport RMS conditions are noted for Detailed design and construction phase design and documentation including the proposed Therry Road and Appin road intersections.
52	**Active Transport** Future development iterations should: • Implement wayfinding strategies including safe marked walkways in proposed carpark improvements and Green Travel Plan/Travel Access Guide to assist with increasing the mode share of walking and cycling for staff, out-patients and visitors.	The Hospital will incorporate clear wayfinding strategies to provide patients, staff and visitors with information for their arrival and access within the Hospital.
53	• A Construction Management Plan should be developed to ensure pedestrian movements along footways are maintained at all times during construction activities. Should the development require closure to the facility, adequate safety and diversion measures will need to be implemented to limit time delay and detour distance	Noted.
Endeavour Energy		
54	Endeavour Energy are aware of the Campbelltown Hospital Redevelopment Project. Our Network Connections Branch is working with the Developer to determine the most appropriate method of connecting the project to the electricity supply network.	Noted.
Air Services Australia		
55	Airspace Procedures	Noted.

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	With respect to procedures designed by Airservices in accordance with ICAO PANS-OPS and Document 9905, at a maximum height of 140.25m (461ft) AHD, the property development will not affect any sector or circling altitude, nor any instrument approach or departure procedure at Camden Airport. The property development will not affect the Sydney RTCC. Note that procedures not designed by Airservices at Camden Airport were not considered in this assessment. Communications/Navigation/Surveillance (CNS) Facilities This property development, to a maximum height of 140.25m (461ft) AHD, will not adversely impact the performance of Precision/Non-Precision Navigational Aids, HF/VHF Comms, A-SMGCS, Radar, PRM, ADS-B, WAM or Satellite/Links.	
NSW Government Architect		
56	Plans at a suitable scale (1:100 or 1:200) clearly describing internal planning, public spaces, entry and waiting areas	Amended and more detailed plans are submitted with this response to submissions application at **Appendix A**.
57	Sections and elevations at a suitable scale (1:100 or 1:200) clearly describing the façade composition, materiality, construction detail and any solar shading elements	Amended and more detailed plans are submitted with this response to submissions application at **Appendix A**. Additional information in support of the façade and materiality is provided by BLP at **Appendix F**.
58	A strategy for treating the bulk and scale of the building, particularly the western façade to enhance the hospital as an important civic building	The new redevelopment and its built form aims to capture and strengthen the idea of a town on the hillside by embracing the existing disparate built elements and creating a higher level of cohesion on the site. The new built form is also a reaction to its surroundings as it will become a prominent beacon within the community. Working with the natural topography of the site is an opportunity to utilise this vantage point and elevate the hospitals local importance and civic presence in the local Campbelltown community. The vertical presentation is considered to have three distinct layers that correspond to the surrounding natural landscape to inform the design principles, including: • The canopy (floating boxes) • The mid-storey shrub layers (plinth) • Groundcover layer (the podium) These principles are translated to the massing and external fabric principles, detailed further at **Appendix F**. Essentially, the three hierarchy forms are directly translated to into the visual expression to respond to the setting whilst creating a broken down massing that will be visually attractive whilst acknowledging the important civic nature of the Hospital. Refer to **Appendix F** for detailed analysis of this strategy.

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		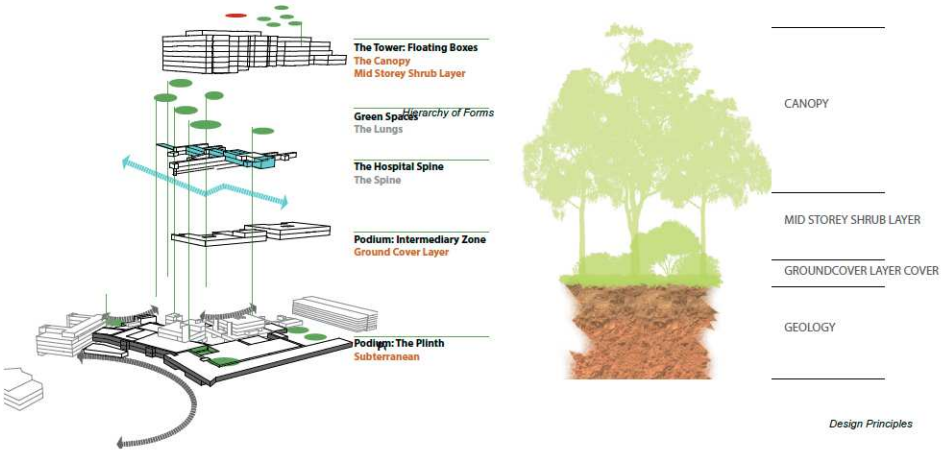 Figure 1. Vertical design principles  Figure 2. Elevation view of proposed façade design response.
59	Visualisations of key internal spaces demonstrating high levels of amenity, quality internal finishes, abundant natural light, clarity and generosity of entries and internal pathways and including the spine.	Please refer to the wayfinding design principles document that is provided at **Appendix G**. This shows the project will provide well-articulated wayfinding through all key arrival and departure points at the hospital. The amended plans provide more detail of the internal pathways, including the proposed spine at **Appendix A and H**.
60	Intuitive and generous internal circulation routes diagrammed and detailed	The internal arrangements have been designed to appropriate health standards in consultation with relevant hospital user groups and as required for NSWHI needs. Amended plans are submitted with this application at **Appendix A**.

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61	Verification that the spine provides clear, logical and equitable access through the site and proposed building, connecting activated areas and providing good amenity	The hospital spine provides clear, logical and equitable access, in both horizontal and vertical connections across its full length. The northern and southern entry points are visually connected from both approaches. An intuitive wayfinding strategy will further enhance this connection and provide strong lateral direction to new and existing access points such as lifts. The spine is a highly activated public space. It accommodates a variety of spaces, ranging from 'active spaces' (eg retail outlets, eateries, coffee carts, demonstration spaces, children's play areas), 'functional spaces' (concierge, reception counters, kiosks, common waiting areas) and 'retreat spaces' (quiet spaces for discrete and quiet activities). Please refer to the Hospital Spine design statement prepared by BLP at **Appendix H**. Amended plans are submitted for this application at **Appendix A**.

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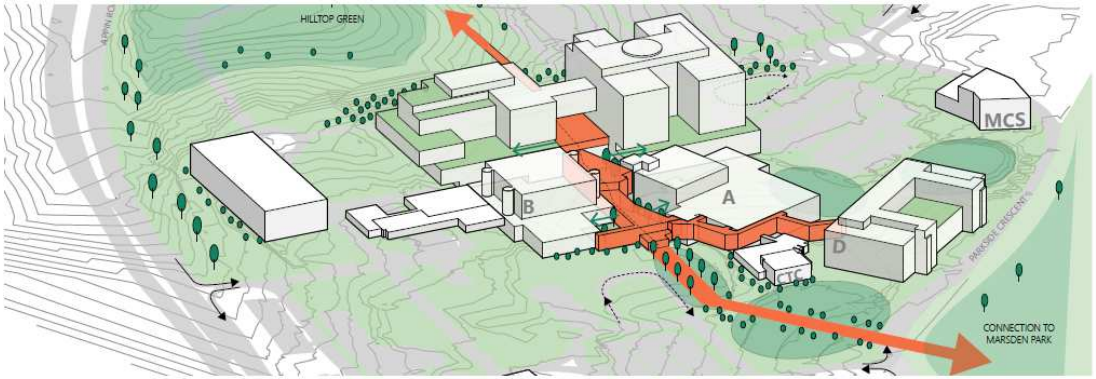
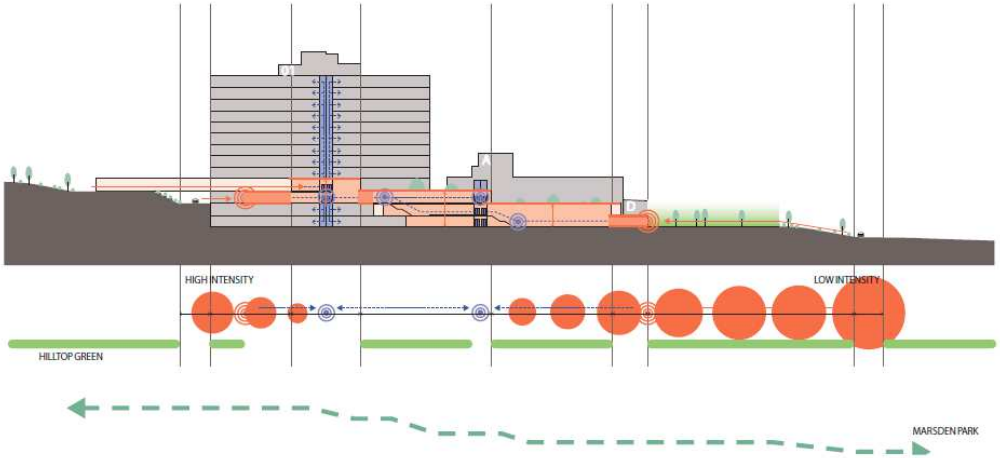
		 *Diagram: Hospital Spine*  Figure 3 – Hospital Spine Diagram
62	Generous internal sitting for families to gather and look out to the landscape	A key principle of the model of care is a focus on creating a person-centred environment, placing patients, people with disabilities, carers and families at the centre of care. The design of the hospital acknowledges the therapeutic benefits of locating communal/public facilities adjacent to accessible landscaped areas, with access to external views and natural daylight. Spaces, providing open access to facilities (eg lounges, waiting areas) for families, children, elderly and staff are located to the perimeter of the building. Long corridors have glazed ends to allow natural light and views along these journeys. A strategy of a hospital wide ticket/ buzzer system is also being explored. This will free up users from being confined to set waiting areas and allow users to choose the spaces they feel most comfortable to enjoy.

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63	A detailed landscape design incorporating easily accessible gardens with places for people to sit in the sun and shade	A detailed Landscape Plan has been prepared by Arcadia and is provided at Appendix F of the EIS. The design includes Courtyard spaces north of the new building featuring flexible seating for large grounds of people with native plating and programming suitable for adults and children. There are also grassed areas and areas of water features and tree planting with seating to allow people to sit in the shade or sun. The landscape design adopts a restorative approach, providing spaces of respite and healing for the users as well the remediation of the hospital land itself. It draws on the local Campbelltown environs and microclimate conditions. A provision of varied landscape experiences is provided across the hospital campus including: • Main Public Entry Points and The Hospital Spine: The delineation between internal and external spaces are blurred. The journey throughout this space offers visual and physical access to varying external experiences (ie drawing on the local conditions of the Ravine, Cave, Outcrop, Rockface, Clearing and Glade). This allows for spaces: which are microclimatically differing (sunny, shaded); intimate; contemplative; playful; and larger communal spaces. • Access to outdoor spaces vertically throughout the building (for patients, visitors and staff). • Visual access to distant views from patient rooms. • Varied accessible therapeutic courtyards (eg mental health). • Children's play areas, outdoor eating areas, outdoor community activity spaces. • Culturally specific spaces (dedicated Aboriginal courtyard)
64	Details of how drivers intuitively navigate the site, drop of and pick up, and how traffic within the site is managed and separated from pedestrians	Full consideration of the vehicular (public, private, services) and pedestrian movements across the whole precinct are a key component in the detailed external works design. Potential conflicts are resolved to provide site-wide safe, logical and efficient movement paths and clear distinctions between public and staff amenity. Travel distances and level changes between carparks, drop offs and entries are mitigated to create safe, activated and equitable pedestrian routes. Refer to additional information provided in the Building access and circulation statement at **Appendix D**.
65	Evidence of human-centred design strategies to deliver best patient experience and aid recovery	These are specific health design components and not component of the planning submission and review process
66	Evidence of design responses to the particular requirements of mental health and paediatric care	These are specific health design components and not component of the planning submission and review process
67	Details of ESD commitments and initiatives	Details of ESD commitments and initiatives are outlined at Appendix Y of the EIS, within the ESD Statement prepared by Arup.
68	Details of how public art, cultural heritage and community consultation have been incorporated and how the specific needs of the community are supported.	To date, the project team, has undertaken broad ranging community consultation, including local community and Aboriginal consultation (see Arts Strategy and community engagement framework at **Appendix I**). This forms part of an ongoing consultation process. As part of this process, there has been engagement with the Australian Botanic Garden (Mt Annan) and the Campbelltown Arts Centre.

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		Recently, an Arts Steering Committee and Working Group have been established. This consists of representatives from HI, the LHD, Campbelltown Council, Campbelltown Arts Centre and designers. The formation of these groups in the early stages of the project is to ensure that the arts strategies informs the ongoing design, including wayfinding, landscaped spaces, and potential community activity zones (eg performance spaces). Local Aboriginal consultation has been established and their input will be ongoing throughout the life of the project.
Campbelltown City Council		
69	**Re-imagining Campbelltown CBD** Council strongly recommends that the new extension to the hospital utilisessustainable strategies and be constructed	Sustainable strategies are embedded in the project design as outlined by Arup in the ESD strategy at Appendix Y.
70	**Architectural Design** It is suggested that the facades' design be revised with more emphases be placed on vertical elements, particularly for the 'Finger components' of the building. It is considered that the provision of clearly defined and distinct vertical elements would facilitate the intended outcome of creating a hierarchy in the facade treatment as shown by the images on page 26 of the Architectural Report.	The façade has been revised to employ a clear hierarchy with vertical presentation of three distinct layers that correspond to the surrounding natural landscape to inform the design principles, including: • The canopy (floating boxes) • The mid-storey shrub layers (plinth) • Groundcover layer (the podium) Please refer to item 58 and **Appendix F** for further discussion.
71	Night time lighting must form an integral part of this consideration.	A night time lighting strategy is yet to be developed and does not form part of the SSD approval. HI and Architects BLP will be meeting with Council on 19 November to discuss this aspect of the future design separately to the SSD process. HI would accept a condition that requires the preparation of a lighting strategy following consultation with Council.
72	**Height and Bulk** Further to this, although there is an indication that the individual building elements will be in the order of 10 to 12 stories, it has become apparent through further inquiry, that due to the unique floor to ceiling height ratio required for a specialised building such as this (when compared against the normal floor to ceiling height ratio for a residential apartment building), the bulk and scale of the building be will actually read as an 18 storey building. This is of concern to the Council as a building with such a height, in that location, will undoubtedly dominate the landscape. It is of considerable importance that careful consideration of design methods and suitable architectural responses in line with the community's desire for built forms that include green walls, and design elements/articulation/fenestration/materials that soften a buildings impact on the wider visual landscape, be demonstrated as part of the assessment of any proposal.	The new redevelopment and its built form aims to capture and strengthen the idea of a town on the hillside by embracing the existing disparate built elements and creating a higher level of cohesion on the site. The new built form is also a reaction to its surroundings as it will become a prominent beacon within the community. Working with the natural topography of the site is an opportunity to utilise this vantage point and elevate the hospitals local importance and civic presence in the local Campbelltown community. The design employs a range of design measures to reduce the sense of bulk and scale, including use of podiums, setbacks and articulation that is both appropriate for a functioning hospital with modern models of care and articulation measures to ensure the building responds to and complements the surrounding landscape. As outlined above the materiality is an acknowledgement of the natural landscape with clear lower, mid and upper characteristics, reminiscent of native vegetative strategies. Natural and native colours have been employed to ensure the building responds to and softens the visual landscape, whilst celebrating the important civic role of the Hospital in the community.
73	Given the proposed scale of the building and its exposed setting, the daytime and night time architectural response is considered to hold equal importance, and whilst the question of how the proposed building relates and responds to	As outlined above and throughout the EIS, Design Report and supporting documentation there has been significant consideration to the architectural response for such an important civic building.

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	the daytime landscape may generally be answered by way of the inclusion of clever architectural design responses that can only be understood or enjoyed during daylight hours, the night time response must include a mixture of subtle and distinctive lighting solutions that don't draw the viewers eye to the outline of its bulk and scale but go more to establishing the building as an important place identifier in the night time landscape, one that can be celebrated by its individuality in a night time backdrop, but is also sympathetic to the sensitive suburban and rolling hills environment that it sits within. Given its exposed location across the Campbelltown area, this building will undoubtedly be one of the most important and identifiable buildings in Campbelltown. With this, the opportunity must be taken, and there must be a concerted effort to erect a building, that can be celebrated for its architectural individuality and distinct character. Its aspect within the Campbelltown valley when viewed from Narellan Road/Freeway intersection, on approach to Campbelltown lends itself to the inclusion of distinct feature elements or identifying structures as part of the development that will stand the building aside from what some might see as a building with normal massing and architecture, a regular building typology that might be found hidden within a highly inner city developed landscape. The opportunity to introduce an element of individuality within an open landscape, to create a building of stature, unique form and a building of that can be celebrated for many years ahead, must not be overlooked. For the reasons stated above, and due to the significant importance that the visual character of the Campbelltown area holds with its community, it is requested that there be further consultation with Council on the architectural response, as well as the night time lighting of the building. Night time lighting must create interest and identify the individuality of the building, whilst contributing to the sense of place.	HI has met with Council throughout the preparation of this application and will continue to do so. HI and BLP are scheduled to present to the full Council on 19 November to discuss the project in detail.

Public Submissions

Item	Issue	Response
1	Kelly Harris Concern of at-grade car parking. Requests research into provision of a multi-storey car park.	Additional car parking including a multi-level car park is proposed in the east of the site. The DA for the multi-storey car park is currently under assessment by Council as outlined at Section 2.2.1 of the EIS.