

Submission to further information from the Department of Planning

Independent Planning Commission Item 3 Question 1

The 15th March 2019 report copied into the Department of Planning's Response states:

"Operating theatres are a central hub of the hospital and where they include day surgery a large number of patients and visitors must be provided for. Patients may be unsteady when arriving and leaving day surgery. Transit between day surgery and patient drop off should be as direct as feasible. Operating theatres are expensive and integrated technical advanced areas and cannot be relocated.

Patient privacy, safety and dignity is paramount. Where patients are moved around the hospital this should generally not be through public areas or outside the confines of the building"

However, the floor plan in the Architectural drawings contrarily indicates that patients have to pass an extra distance alongside the cafe, thus contrarily though a public area, to get to the pre-op section. Having to pass by a cafe could be considered as a cruel tease to an incoming patient who has been fasting.

The Department of Planning has presented an older report in lieu of the requested Appendix R that is readily available on the Planning Portal:

<https://www.planningportal.nsw.gov.au/major-projects/projects/redevelopment-president-private-hospital>

However, this report merely goes on a tangent to further to discredit retention of Hotham House with a even more unrealistic variation that isolates the administration area into an island, so it isn't a credible option, and still fails to consider relocating the kitchen and staff area.

There is no further analysis of the southwest option that had been outlined briefly in the 15th March 2019 report but summarily discredited with statement:

"The north east option is the preferred as it provides a better level of patient care in a more efficient footprint with less disruption to the existing hospital and less impact on neighbours."

The report's concern about the "existing hospital" is puzzling in the context that the whole southwestern section except the hydrotherapy pool is planned to be demolished.

The report's concern about the neighbours is inconsistent with the lack of concern shown to the residents in the house on the corner of Hotham Road and Bidurgal Ave, with proposed both car and truck entry in similar proximity, if not closer.

As described in my 7th December submission, more intense use of the southwestern portion the site is possible to offset lost floor space from retaining Hotham House.

The 15th March 2019 report **in the Department of Planning's report** has constructed a narrative about the immovability of the operating theatres:

"Operating theatres are a central hub of the hospital and where they include day surgery a large number of patients and visitors must be provided for. Patients may be unsteady when arriving and leaving day surgery. Transit between day surgery and patient drop off should be as direct as feasible. **Operating theatres are expensive and integrated technical advanced areas and cannot be relocated.**"

"The aim of the master plan being undertaken is to expand the hospital in-patient accommodation, **improve operating rooms** and integrate these divergent buildings into a modern

efficient hospital providing the best of patient care, improved staff retention and expanded range of services to the local community.”

“The starting point for the master plan was the relationship of the operating theatres to reception to public entry to car parking to street access. The vast majority of patients arrive by private car or patient transport. **Recognising the location of the operating theatres would not change** possible entry points were explored that provided direct and level access.”

The Exhibition of Development Application includes:

“upgrade of the existing three theatre suites and building a fourth operating theatre and new recovery and sterilising department.”

The cost estimate doesn’t give a direct insight into the relative costs of refurbishment vs. replacement. From the table below: “Treatment” could possibly refer to the fourth operating theatre but combined with the new recovery and sterilising department, and “Upgrades to treatment” could possibly refer to the three existing operating theatres.

	Description	Quantity	Unit	Rate	Total

1.02	Treatment	752	m2	3,976	2,989,952
1.02	Upgrades to treatment	480	m2	2,810	1,348,877

If the cost of the new fourth operating theatre is contained within the \$2,989,952 sub-total, then its proportion cannot be discerned. Transfer and reuse of present equipment to the new department will close the gap in the cost difference.

It is unreasonable that the assertion of expense be accepted without any demonstration and justification with no consideration of the commensurate difficulties and cost from the problems arising from unquestionably following this mantra, including:

- Claimed inability to accommodate retention of Hotham House due to 1.8 m difference in floor level with the operating theatres.
- Single access only joining the north and south basement parking areas.
- Inability to extend the basement and second storey under and over the operating theatres’ building footprint. This extra space would offset the area lost by retaining Hotham House.
- The operating theatres’ building footprint causing construction difficulties around it to prevent settlement because of adjacent earthworks.
- The difficulties and costs from squeezing and arranging the whole hospital into the remaining limited site area.
- Attributing undue blame on the owners of the property at the corner of Bidurgal Ave and Hotham Road to justify demolishing Hotham House

The benefits of a completely new operating theatre department and the freedom to optimise the site will close the gap or may even outweigh the difference between three new operating theatres and the cost of refurbishing the present ones.

There is no meaningful examination of any other options. One option would be to have a single entry and exit north of Hotham house and dogleg south after passing Hotham House into an internal drop of area with the reception foyer and administrative area fitting between the drop-off and the operating theatres. The kitchen, staff area and new CSSD sterilising area would have to be moved. The kitchen may be better placed on the top level to shorten the exhaust flues and hence reduce the fire risk.

Please note that my suggestions about incorporating Hotham House are not to be construed as endorsement of the proposed oversized expansion among and into the adjoining residential area and its unreasonable multi-faceted impact on the amenity of the nearby residential neighbourhood.

I confirm my objection to the Development Application as per my verbal and written submissions, but my pleas to retain Hotham House and the suggestions options to achieve this are given only in case the hospital is unfortunately approved.

The Department of Planning's submitted advice reiterates the provision of mental health facilities. The contemporary view of open spaces for mental health facilities is about gardens, not the proposed small roof level mental health courtyard squeezed in at the northern tip of the hospital fronting Bidurgal Avenue. This small pocket and the even tinier proposed staff outdoor area are symptomatic of the too-large development on such a constrained site, even if Hotham House were demolished.

Independent Planning Commission Item 3 Question 2

It is a pity that the question was not extended to seek justification for using industrial noise parameters in a residential area.

Independent Planning Commission Item 3 Question 3

"Noting that the flood modelling submitted by the Applicant indicates that there will be some localised increases in water levels on President Avenue, is there any reason why the Application cannot be amended in order for the swale to accommodate the additional flow, including the 5% AEP?"

The plain text responses lack pictorial illustration of the swale-flow path to President Ave, which that any contemporary modelling package would routinely include as output.

The emailed report states in part:

"Flood modelling indicates that in the 5% AEP flood event, there are no offsite impacts arising from the proposed development. In the 1% AEP flood event, post development afflux is negligible (< 10 mm) for all neighbouring residential properties, and is limited to 0.1-0.2 m in a small area completely within the President Ave road reserve. **The flood level increases in the road reserve are limited to areas which are affected by high flood hazards in the existing condition, which would be unsafe for vehicles and people, and the road is inaccessible during the existing condition flood.** Further, the flood level increases in the President Ave road reserve are outweighed by the flood level decreases, which cover a much larger area. The minor flood level changes in the 1% AEP have a net benefit on the local floodplain environment with respect to flood levels, **and will not affect the evacuation capability or trafficability of the road, and are therefore considered acceptable.**"

In response to the **yellow highlighted text**, the attempted justification that extra flooding is OK because it is already bad is absurd. The alleged present inaccessibility due to flooding has not been illustrated by any photos and I could not find any record in a web-search of any such occurrence.

In response to the grey highlighted text, a flood level of 0.2 m by itself would be dangerous and an increase even more so, particularly when fast flowing down President Avenue down towards the intersection with Hotham Road and North West Arm Road, so there **WILL** be an effect, a bad one, on “the evacuation capability or trafficability of the road”.

The limitation to the response to flooding at President Avenue ignores the problem of ponding at the rear of the properties in Bidurgal Avenue. It is not clear whether or not the modelling assumes the suggested overland flow path to the Hotham road access. (18 July 2022 Martens report page 3 Drawing No A 029) that is shown as a zig zag east-north east, then north, then east-north east then east flow path through the truck unloading area passing by the ramp down to the basement level, and through the vehicle driveway onto Hotham Road. To me this would be a dangerous and impractical solution.

Independent Planning Commission Question 4

“The Commission notes in the proposed conditions of consent the splayed driveway to President Avenue is subject to a Road Safety Audit prior to construction. If the Road Safety Audit found that the splayed driveway to President Avenue was insufficient, how would the Applicant address this?”

The Department of Planning’s Response includes in part:

“The Applicant’s traffic impact assessment concluded that a splayed driveway will not pose any unacceptable risks to pedestrians and motor vehicles accessing or egressing the premises. The assessment found that there was no evidence that the proposed driveway would exacerbate or cause a rear-end crash pattern.”

....

If the road safety audit found that the splayed driveway to President Avenue resulted in unsafe conditions, the Applicant would be required to adopt recommendations and potentially, suitable design revisions. The Department considers that it would be reasonable and feasible to provide a slip lane solution in response to the recommendations of a safety audit, if necessary to ensure road safety.”

It is unclear if the Department sought advice from the applicant but it appears not. The department, rather than simply stating that the Applicant provided no advice, has instead answered the question for the Applicant. If the Department believes that it is “reasonable and feasible to provide a slip lane solution”, then the applicant’s inability to also state this suggests that this solution is not reasonable and feasible, and therefore this is also sufficient grounds to refuse the Development Application.