



New South Wales Government
Independent Planning Commission

TRANSCRIPT OF PROCEEDINGS

RE: PRESIDENT PRIVATE HOSPITAL (SSD-10320)

APPLICANT MEETING

COMMISSION PANEL: MS DIANNE LEESON (Panel Chair)
PROFESSOR RICHARD MACKAY
PROFESSOR HELEN LOCHHEAD

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JOHN SIMPSON
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LOCATION: VIA VIDEO CONFERENCE

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MS LEESON: Before we begin, I would like to acknowledge that I am speaking to you from Gadigal land and I acknowledge the traditional owners of all the country from which we virtually meet today and pay my respects to their elders past and present.

Welcome to the meeting today to discuss the redevelopment of President Private Hospital currently before the Commission for determination. The applicant, Macquarie Health Corporation Limited, is seeking approval for the redevelopment of President Private Hospital, including demolition of existing single-storey buildings, including locally heritage-listed item, Hotham House, and construction of a new three-storey building and two basement carparking levels.

My name is Diane Leeson. I'm the Chair of the Commission Panel. I am joined by my fellow Commissioners Professor Richard Mackay and Professor Helen Lochhead. We are also joined by Phoebe Jarvis, Geoff Kwok and Nima Salek from the Office of the Independent Planning Commission.

In the interests of openness and transparency, and to ensure the full capture of information, today's meeting is being recorded and a complete transcript will be produced and made available on the Commission's website.

This meeting is one part of the Commission's consideration of this matter and will form one of several sources of information upon which the Commission will base its determination. It is important for the Commissioners to ask questions of attendees and to clarify issues whenever it is considered appropriate. If you are asked a question and not in a position to answer, please feel free to take the question on notice and provide any additional information in writing, which we will then put up on our website.

I request that all members here today introduce themselves before speaking for the first time, and for all members to ensure that they do not speak over the top of each other to ensure accuracy of the transcript. We will now begin.

So we have provided quite an extensive agenda for today's meeting, and I think we gave you notice yesterday, perhaps, of an extended period for this morning's meeting, given the number of issues that we need to get through. We have allowed 15 minutes maximum presentation for the applicant to make to the Commission. We have read all the documents. We have been well-briefed on this project, so, you know, you can be quite succinct in that presentation so that we can get onto some of the detailed questions that Commissioners have.

I would actually say that this is the last meeting in the set of stakeholder meetings that we have. We've already met with some community members on Monday. We've met with the Department of Planning yesterday, and we have met with Council this morning, so with the benefit of some feedback and issues raised at those, I think we'll have a very fulsome discussion this morning, so thank you very much for that.

We will hand across to you to run through your overview, which will cover the background to the project and the evolution of design, and it would be helpful, perhaps, if, in doing that, if it's part of that, that you cover the options that have been considered in presenting the application that's before us. So I'll hand across to you.

MS KELLY: David, would you like to start?

MR WENKART: Yes. Yes. So thank you, Diane, and what I will do is I will make a few opening - - -

MS LEESON: For the transcript, this is David Wenkart from Macquarie Health.

MR WENKART: Thank you. I will make some opening remarks, and then pass across to Christine from Imagescape to go and provide some more detail on the architectural design and evolution of the project.

So by way of background, and how this project started, is, President Private Hospital was first constructed in around about 1972, and one of the challenges that any health facility faces is obsolescence over time due to the evolution of design and ultimately the facility becoming outdated, and currently we find ourselves in a situation where we have a 50-year-old hospital that, as it's currently built now, would not be, or designed now, would not be compliant, and we're seeking to go and upgrade that facility to make it easier and more accessible to deliver high-quality healthcare to patients who attend the hospital.

At the same time, we're in an environment in the Sutherland Shire where there is a fundamental shortage of mental health facilities, and currently when we look at the incidents of mental health hospital admissions, there are around about 400 private hospital admissions for mental health from residents in the Sutherland Shire each year, and because there are no mental health facilities in the Sutherland Shire, these patients therefore need to travel out of area in order to get that care, which is a barrier and is not optimal.

In addition to mental health, the other area we've identified there is a need for additional care is chronic disease management with regards to rehabilitation.

President currently provides care through its 47 beds for rehabilitation services, and we are commonly full with a mixture of both private and public patients that have been referred to us from the Sutherland Hospital. And accordingly it was on that basis of seeking to address the mental health needs of the community for surge in chronic disease and upgrade the hospital that we've embarked on this process to redevelop President Private Hospital.

At that point, I might just pass on to Christine.

10 MS KELLY: So my name - - -

MS LEESON: We're getting a bit of feedback somewhere along the line, so perhaps if people are not speaking or presenting, they could put their devices onto mute, see if that helps? Christine, thank you.

MS KELLY: Thank you. Hi. I'm Christine, I'm from Imagescape Design Studios, and I am the planner for this project. Just to let everybody know that prior to putting in our SEARs application for a State-significant application, we did do a lot of meeting - we met with Council on a couple of occasions, we also did a public meeting,
20 we provided information to the public via the Sutherland Leader, and we had about four meetings with the government architects as well. So the eventual - the design that got lodged for SSD was a development of all of those discussions.

I think, working with the Department of Planning, we've actually come up with - with their assessment report, and which we've spoken with, and quite extensively, with regards to the recommendations of conditions and so forth, and there wasn't anything there that was - that we couldn't work around and we will work with, with regards to our next development as well.

30 So I might just open it up to our agenda items, so that I don't duplicate information either. So if we can start with our agenda items, we're on our way.

MS LEESON: Thank you. The very first item we clearly want to speak about is perhaps two rolled into one, which is built-form and urban design, and the heritage aspects of the development. I think, in terms of options analysis, we'd very much like to understand from the outset the key parameters that have driven the design option process, and what you've ended up with today. So the starting points, the givens and constraints, if you like, that have led to the design options and this preferred one. I'm not quite sure who might like to take the options analysis.

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MR PHILLIPS: I probably should take that one, Christine, I think.

MS KELLY: Yes. So would that be specifically for the heritage, or for the overall design?

MS LEESON: It's a little difficult to untangle all, so we'd like to understand the fundamental principles that the sign designs and options with the design.

MS KELLY: Goodo. Well, let's start with Stephen.

10 MR PHILLIPS: Okay. I'm Stephen Phillips. I'm the project architect from Imagescape Design Studios. Just - this project has a fairly long history. When we started looking at the project probably about four or five years ago, Macquarie came to us and looked at mainly upgrading their rehabilitation areas and upgrading their inpatient accommodation.

The initial just looked at extending the building along Hotham Road, and upgrading the rehab pool. As the project developed, the mental health component and the mental health need in the area became much more obvious, and we went back to basics and started looking at how the whole site operated.

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So the main criteria we looked at was the optimal entry point for the hospital, the sensitive areas around the hospital and the neighbourhood, particularly along Bidurgal, and also our neighbours to the west, along President Avenue. We looked at the intersection President Avenue and Hotham as being a sort of high-traffic volume, not particularly friendly to outdoor areas or human scale. So we looked at various options for extending the hospital. Initially we looked also at areas which needed to be kept within the hospital, and initially we identified those as being the operating theatres, the hydrotherapy pool, and initially we identified the kitchen as being an area to retain as well, the kitchen we later decided to demolish and rebuild.

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So a lot of the thinking then centred around retention of those operating theatres and the pool area as our core rehabilitation area. Also, talking to the patients, it became evident that the outpatients, particularly using the pool, like that sort of domestic low scale section of the building where they currently use, because it was their daily or their weekly outing, and it was their social outing as well, so we felt that it was quite important to keep that away from some of the hustle and bustle of the main hospital itself.

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Traffic impacts had quite a significant impact, because we had the traffic lights on President and Hotham Avenue. We had a T-intersection opposite our site along President Avenue that we didn't want to interfere with, and we had a number of

driveways along Hotham Road that we didn't want to interfere with. We identified Bidurgal as being a street that we didn't want to gain any access off because it was a quiet residential street.

So from a massing point of view, we concentrated most of the hospital towards the President Avenue-Hotham Road intersection, and we reduced the scale of the hospital back towards the single houses of Bidurgal, and also back towards the single houses towards the western side, which sort of fitted in with our hydrotherapy pool at that end as well.

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Looking at possible access points, we explored access from President Avenue and access from Hotham Road. We looked at various access points along President Avenue, in regard to traffic and cross streets, and sort of identified that it would need to be any major hospital access point if we kept the front of the hospital off President Avenue, would be around the centre of our frontage from President Avenue. That was about where the existing kitchen was. The decision was made that we could demolish the kitchen if necessary.

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So that was one area. Then we looked at possible access from Hotham Road. This was pretty much dictated by clearance distances from the President Avenue intersection and the rise of the street cutting off President Avenue, which sort of flattens out at about where Hotham House is at the moment. So we wanted a reasonably level - well, we wanted a level entrance into the hospital, and because of the decision to retain the theatres, they set our floor level, and that floor, we looked at the relationship of road level to that floor level through Hotham Road and identified optimum access points there, which is largely where we have the access at the moment.

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We also did look at the access of President in a bit more detail. Physically, the amount of space available wasn't great, and then the flooding issues along President Avenue really put an end to any thought of having a hospital entrance there, because the hospital main entrance had to be flood-free, so that left us with the Hotham Road entrance.

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Hotham Road entrance - the massing of the building concentrated towards the President Avenue or Hotham Road intersection, and that was supported by the Government Architect's Office, reducing in scale as we move back towards Bidurgal, so we're only two-storey at Bidurgal, and single-storey to our neighbours in President Avenue.

We also made the decision to keep that wing running back west, so along President Avenue, as two-storey so it didn't interrupt the outlook from the Bidurgal Avenue properties. So the bulk of the hospital runs north-south down - down Hotham Road, where it has the minimal impact upon the properties further up the hill.

Is that a reasonable summary of our thinking in regard to massing and entries?

MS LEESON: I think that is, and if I can perhaps paraphrase, and you can check whether I've understood correctly or not, the original premise for the hospital redevelopment was in fact refurbishment of some existing facilities added to later by a
10 notion to put in the mental health facility. It appears that in all of the considerations, or your starting points for redevelopment and redesign, the heritage building itself wasn't seen as a constraint. The constraints appear to have been issues around access to the site, retention of the existing theatres, and the hydrotherapy pool, and how you can actually gain access.

The points about massing, I think, from the people that we've spoken to and from our own analysis of the site, is generally accepted, that you can get a better massing and height and bulk down on the President Avenue-Hotham Road sort of intersection and
20 work with the form of the building. And I probably should premise that out of all the people that we've spoken to and of the submissions that we've seen, by and large, there is support for redevelopment of the hospital, so it's around the issues and the detail that most of the concerns are raised.

But is that a fair characterisation, that the Hotham House itself wasn't seen as a constraint in the original planning and options analysis?

MR PHILLIPS: No. Hotham House wasn't a listed item. We reviewed the history of - we reviewed the listing history of Hotham House and noted that it had been
30 considered for listing twice previously by Sutherland Council, and hadn't been considered worthy of listing. There had been a previous construction certificate issued by Sutherland Council for its demolition, so the indications to us was, it wasn't of heritage value. When - - -

PROF. LOCHHEAD: I'm sorry, when did you start this process? When you said it was not a constraint, it wasn't heritage-listed, so when did you start - - -

MR PHILLIPS: That was about five years ago. That was prior to the heritage - to the interim heritage order and the heritage listing. We - I mean, it's an old house and
40 there's always concerns that it will be of significance, so it was considered and we didn't think it was of significance. When we lodged an initial DA to do some work to

the therapy pool area, we included demolition of Hotham House in that, and that was really when it became obvious that Hotham House was considered by the local community to be - well, some elements of the local community, I should say, to be of importance, and I suppose that's when we also went back and did a much stronger review of location of entries and so on.

PROF. MACKAY: Thank you, Chair. It's Richard Mackay speaking. I do have a couple of questions about the general planning built-form FSR and height, but since we've moved across to Hotham House and the heritage item - Steve, can I just
10 highlight, I think I'm right that Hotham House was - following the process you've outlined about being considered twice not listed, interim heritage order, that it was actually gazetted as a heritage item in April 2020, and yet this application is dated December 2020. So could I just press you on the question that Di put on the Hotham House consideration, between the listing in April and the lodgement of the application in December, please.

MR PHILLIPS: I'm not sure what you're trying to get at, but the listing was gazetted. I suppose it became obvious to us before the gazetting of the listing that it was going to be listed. When it was - when Hotham House was originally identified as being a
20 hospital heritage item, we went back and explored the options for retention of Hotham House in more detail, including the President Avenue entrance, and also retention of Hotham House and entry into the site further to the north of Hotham House, and round behind the Hotham House, and those options were put to Macquarie, and for the logistic and operational use of the hospital, they were rejected, so - - -

MR BROOKS: Perhaps if I could come in for this sort of stage.

MR PHILLIPS: Yes, at this point, Graham also came in. Yes, Graham.

30 MR BROOKS: Okay. Graham Brooks. I'm the - from GBA Heritage, the heritage advisor on this project, really since about - I think at least 2018. Our first involvement was a call from the hospital saying we've got a project here, we've got an issue which seems to be emerging in the community, some concerns, and we need it checked out for its level of sensitivity.

Fairly early on, the - I think the community, or possibly Council, commissioned Jennifer Hill from Architectural Projects to do an assessment of the building and the property to see what values might be held there. It's fair to say that her report focused almost entirely on the historical use of the property as a - basically a duck farm, if I
40 could put it that simply, that the area did have some quite good water coming down from the hill, so it would seem to be a good location. It was the very first major use of

the site at that scale because there had been much wider levels of development emerging around this precinct.

So Jennifer really concluded that this was an important property historically for its unusual use as, if you like, light manufacturing, agricultural manufacturing phases, and on that basis, that was the primary reason, if I recall, for her reasons to start to respect this building. It's almost - I won't say - I'm not trying to demean the building, but it was as though the building was only there to support the use, it wasn't there initially, I think, in its own right.

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Now, when we were first asked about this - I don't think, Richard, you know the level of intensity that we try and do our projects with - we wanted to do a very - I guess a peer review, is perhaps the best word for it, of Jennifer's study, and we found by doing that a number of assumptions and a number of bits of information that had been taken as fact when they may well have turned out to be marketing by the guy who was running the place - advertisements in Western Australian newspapers about the duck farm, which were almost a case of how he would react if he was being broken up for financial management, which, as it turned out, turned to be the case.

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Now, none of that necessarily relevant, to the extent that by the time that we were brought into the case, there was a high - a rising level of public concern, let's call it, even though previously, as Stephen mentioned, it had not been formally managed, formally protected, by the Council. It showed on our study the - and that was a very detailed one that we did - that the house itself was built around 1912, and I think the so-called ballroom was put in. We managed to try and downgrade emotive terms like "ballroom", because I think it was much more about family gatherings, and he did run a - almost like a financing business in Balmain for property people who would buy small ownership, if you like, of an organisation, that they might then be able to borrow against. So he was a bit of a mixed character.

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The house was, in our view, fairly mainstream, as a Federation building, although albeit a relatively unusual one in Sutherland Shire, given the periodic - the later development of Sutherland Shire within greater Sydney. There are a couple of - - -

PROF. MACKAY: Graham, if I may, I think, just in the interests of efficient meeting
- - -

MR BROOKS: Sorry, yes, by all means.

PROF. MACKAY: - - - look, I - the Commission has read the report by Architectural Projects, has read the Statement of Heritage Impact, and the Mott McDonald Report that was commissioned as an independent peer review by the Department.

MR BROOKS: Okay.

PROF. MACKAY: And unless I'm mistaken, I think the querying of the relevance of the poultry farm is now common ground, but what is also common ground is that this Federation - well, interwar Federation architectural house is unusual in the Shire, is
10 very unusual in its particular location in Gymea, and warrants listing at a local level - in other words, it has just local heritage significance. It is efficient to just say we can all jump onto that and agree that that is the case?

MR BROOKS: Yes, Richard, thank you for that summary. Sorry, I was getting a bit taken away. But the result of that process - I mean, it took a while to build that momentum for formal listing, but in the meantime, we'd - and the hospital themselves were very aware of the sensitivity levels, and in that sort of circumstances, our usual advice is, well, let's see what we can do with the house. So the idea of doing these options was very early on in the process.

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PROF. MACKAY: Thank you. And then so I think - and I know I'm re-traversing material that was discussed during the site inspection last Friday - the justification for the demolition of Hotham House is really not about - a debate about its relative heritage significance, it's of local significance - - -

MR BROOKS: No.

PROF. MACKAY: - - - it is one of practicalities, workability, feasibility, in terms of the development of this site, in an orderly and appropriate way for the purposes of a
30 private hospital.

MR BROOKS: Fundamentally, that's correct. I mean, there are examples, as we discussed, of these sorts of buildings on the edges of big institutional complexes, providing an interface - a low, soft interface, you might call it. This sight is too small for that, and I guess ultimately we took a view that the level of impact physically on the house to bring it into some sort of reasonable role within the hospital, and the impacts of that sort of issue by the retention of the hospital, was degrading its ultimate social value for the community at large. So it was one of those difficult ones where you're looking at impact on fabric versus impact on public benefit, if I can summarise
40 it in that fashion.

PROF. MACKAY: Okay. And then - look, in the statement of heritage impact, in the final section on page 26, there's a specific reference to detailed feasibility studies have been undertaken to test the potential of Hotham House to be retained and incorporated into the hospital precinct. And the Commission, through the Department of Planning and Environment, made a request for access to those feasibility studies.

MR BROOKS: Yes.

10 PROF. MACKAY: What we've been provided with was the design option for attention of Hotham House, which we already had, of course, because it's part of the response to submissions, and it - obviously it's dated July 2021, so it post-dates the application by some seven or eight months. So could I just invite either - well, could I invite the applicant to share with the Commission these detailed feasibility studies, because it seems to us, if the issue for demolition of Hotham House, which is clearly not consistent with clause 5.10 of the instrument, is based on the feasibility, would it be possible to share that feasibility data, which presumably occurred in the period between April and December 2020.

20 MR BROOKS: Richard, the fundamental issue of feasibility was in fact the difference in levels between the floor level of Hotham House and the falling away topography, to a large extent, of the rest of the hospital. That had always been a problem, and it had been used for a variety of reasons, as you saw onsite, but the biggest challenge was that change of level, and I guess the second one was the scale of the building, and therefore the amount of the site that it was taking up at that very high level, with very difficult access, unless you start to intervene dramatically into existing fabric. But other than that, I'll leave it to the others, perhaps.

30 PROF. LOCHHEAD: Okay. So I just want to pull back from the heritage for a moment and just go back to the development feasibility of the site overall, because when the first speaker was speaking - sorry, I think it was David - David Wenkart. Yes.

MR WENKART: Yes.

40 PROF. LOCHHEAD: Speaking - he talked about the rationale for the upgrade was because it really was 50 years old, and the refurbishment was needed for the 1972 construction, and you had made a decision to retain the hydrotherapy pool on the operating theatre. So do they date back to 1972 as well, or what was the main driver for the retention of those two components, which also need to be also seen to appear to be in need of refurbishment as well?

MR WENKART: So the operating theatres were part of the original hospital. I believe the hydrotherapy pool may have been subsequent to that, and in terms of the actual process, it was fundamentally the operating theatres that were always going to be retained. We initially did have a look at removing the hydrotherapy pool, but ultimately decided against doing that. So - and because of retaining the operating theatres, one of the challenges that we faced was that with the current level of Hotham House being approximately - Stephen, you'll have to - is approximately 1.8 metres above the height of the operating theatre, it's not a sufficient height for us to be able to create a second floor or a floor of difference, and so one of the fundamental operating costs that, you know, I mentioned onsite was that we actually had a wardman employed on a fulltime basis to go and move patients from the ward into Hotham House when it was used as a - as part of the rehabilitation facility, which we ceased doing because it wasn't viable. And so from that side of things, there is, you know, not only, I guess, the construction costs, but it's also the operational cost of seeking to compensate for a suboptimal design of having all of the facilities located on common floor level.

PROF. LOCHHEAD: Okay. And another question was, some of the assumptions that were made about the retention of the carparking and access from President Avenue, even though you've now proposed the primary access off Hotham and the carparking there to make it more amenable to the daily or weekly rehab users, again, that seems to be a key driver or key constraint. Did you look at options where you didn't retain that access and car surface parking on President Avenue, but considered - I mean, I guess we're trying to unpack options holistically, not just with regard to whether you keep Hotham House or not, but there seemed to be quite a few moving parts in terms of vehicular access and parking and the distribution of mental health versus rehab versus other inpatient care.

MR WENKART: Yes.

PROF. LOCHHEAD: So I'm just wondering whether those options and the feasibility that you mentioned earlier were available for us to interrogate.

MR WENKART: Yes. We're certainly happy to share with you the previous documentation that we've put together in respect to some of the feasibility issues. So can I suggest that we take that point on notice and we can provide you with documentation in relation to that.

PROF. LOCHHEAD: That would be great, yes.

MS LEESON: Okay. That's fine, thank you.

MR PHILLIPS: If I just may just add a point to that. The access off President Avenue was one of those contentious items as well, where we looked at whether we should have an access from President Avenue or - - -

MS LEESON: Well, we might - I'm going to interrupt you there. We might come back to traffic and access and parking as a discrete item. I think we'd like to finish our discussion around the heritage issues before we get into some of the other matters.

10 MR PHILLIPS: Okay.

PROF. MACKAY: Look, I - yes, I've probably got three or so questions. I guess the first one is, when one looks at the documentation related to the State Design Review Panel engagement with the project, there's a very clear request coming out of meeting 1 to review the project and retain Hotham House, and then by the time of meeting 2, Hotham House is not being retained. I'd just like to have a little bit of information on what happened through that process to make the change - as in, when one just reads the meeting minutes, there's a disconnect.

20 MR PHILLIPS: The meeting minutes might have been - might have left out a lot of - because there was a lot of discussion in regard to Hotham House, and a lot of the feasibility that we're talking about actually went on in those discussions with the Government Architect's office as well, so I'm sure at meeting 2 that we actually went back with a number of options for retention of Hotham House and retention of various bits of Hotham House, and then by - we presented that to meeting three, and at meeting three the Government Architect's office agreed that it was not feasible to retain Hotham House, so - - -

30 PROF. MACKAY: Thank you for that. And I guess taking on David's earlier comment, it would be very helpful and informative to the Commission to see the options it was presented in SDRP meeting 2, please.

MR PHILLIPS: Yes. Yes, that's - - -

40 PROF. MACKAY: And look, just a final question on heritage, which is not on our agenda, absolutely understand that with something like proposed demolition of a heritage item, even a local heritage item, mitigative responses need to be considered, but I'd just be grateful, and I suspect this is a question for Graham, for some unpacking of the intent - as expressed in the documents, it's proposed to take some components of the house, to retain a tree, that is actually a much later planting not related to the primary period of the house, and to have some onsite presentation of this

information - I guess I'm just querying directly whether, in the context of a modern private hospital development, incorporating some components of a demolished house and a tree which is not related to the construction of the house, is actually worth doing at all.

MR BROOKS: Richard, a good question. I think we're talking here about, to some degree, social and community memory, as much as we are about the date a tree was planted or the date a particular building was used for something or other, so I guess the mitigation would, in terms of its depth and coverage, be the focus of an interpretation
10 plan, which has not been requested yet because there was too much volatility going on, but hospitals inevitably have places where the community members come and wait or meet or whatever, and we can certainly do some storytelling, for want of a better word, in those sorts of public places. I think the retention of the tree is probably a good move, anyway, just in terms of what it does by way of memory on the landscape, and its scale and identity on the landscape, so I don't see that as a technical heritage reason for taking it out, put it that way. So I think we're looking at a much longer transfer of public memory into the realities of an operational hospital and how we work through that interpretation questions.

20 PROF. MACKAY: Thank you. And, look, if I may just leap back into the built form and urban design, there's a minor noncompliance with the height control of about 1.75 on the north-east corner of the site, and then there is an FSR noncompliance with respect to the R2 zoning, and, look, with the - the Commission has turned its mind to the clause 4.6 submission, but the question begs itself, why would it not be possible to accommodate that floor space perhaps in the south-eastern corner of the site, at the corner where there is going to be more built-form? Why does it need to be - why do you need to make the merits argument at all? Why can't you just relocate that built form elsewhere on the site in a compliant manner?

30 MR BROOKS: It could possibly be done. The reason it wasn't looked at was, during the meetings with the Government Architect's office, the building form was considered to be appropriate and there was no reason to move things around. The other, from a practical point of view, that area, which is largely in the R2 zone, is the mental health ward. To move to - you can't just take a part of the Mental Health Unit and put it somewhere else, it would be spreading that Mental Health Unit out further, which would have an impact upon the vertical circulation through the building, because we have - in the building, we have a northern circulation, which provides for the mental health, and a southern circulation, which provides for the medical
40 rehabilitation uses. To move that mass of the building down towards President Avenue would have meant moving the circulation, which then changed how the southern units interacted with the patients coming out of the operating theatres, so it

wasn't straightforward, and it wasn't something that was sort of highlighted as, gee, we've got a problem up around - in this R2 zoning, and the response from Sutherland Council was, in their next changes to the LEP, they would be changing that zoning to a special uses hospital zoning, anyway, which would take the floor-space ratio out. So nobody saw it as being something that we should address.

PROF. MACKAY: Thank you. That's very clear.

10 MR BROOKS: The height we did - we reduced the height of the building during the design process, but we didn't reduce the floor-space ratio.

PROF. MACKAY: Thank you.

MS LEESON: Thank you. Do you have any other questions around built-form and urban design before we move on? No? Okay. Thank you for that. That's been very helpful. We might move, then, to construction impact, but I think we'll deal with noise and vibration in that same section there, because from what we've seen, there are only a couple of very minor exceedances of noise guidelines at evening in the operational modes, so I think our focus will be on construction-related noise. I'd like
20 to understand a little more some of the thinking behind the proposed construction staging.

So there are three discrete stages, and correct me if I'm wrong, but I understand that there are three discrete stages so that you can keep the hospital operating, and I don't mean in a theatre sense, but operating at a general level, while construction is underway. So you would demolish, excavate and build in zone 1, or in phase 1, get that up and operational before you progress to stage 2, and then onto stage 3. Is that an accurate understanding of the proposed staging?

30 MR SIMPSON: It's John Simpson from Macquarie Health. Primarily that's a correct assumption, yes, because what we wanted to do was actually undertake work in the area to the top end of Hotham first. That would then create a barrier between any future construction and the residence at the back of the hospital.

MS LEESON: Okay.

PROF. LOCHHEAD: Can I ask a question.

MS LEESON: Yes.
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MR SIMPSON: And also I should note that the amount of excavation in that area is far less than when we come down towards President Avenue. So we've seen that we could do that area much quicker and get that structure up, which would then add pressure - which would take pressure away from any future noise in the construction of the project.

10 PROF. LOCHHEAD: Can I just ask, did you actually look at an option of not staging it in three discrete stages, but actually just running one overall site development, shutting down the hospital, and then starting with a clean slate, or, you know, constructing with a clean slate?

MR SIMPSON: Yes. We did look at doing stages 1 and 2 together, but given the scale of that work there, we thought it would be better and more efficient to do stage 1 first, and then progressively start doing stage 2 by moving people out of the existing hospital, because as you will know from the plan, there is no hospital basic component in the area of stage 1, so that was the reason for doing it that way. And the reason that we're doing stage 3 at that point was to keep the hydrotherapy pool operational for the people using that as long as possible, because then when that pool is still operating, we would then have stage 2 come into completion as well.

20 PROF. LOCHHEAD: Thank you.

MS LEESON: Thank you. And I think the reason we're asking about some of the staging is because when we look at the noise assessment, there are some very significant exceedances of the noise guidelines, even when you have the - you've applied the 10dB noise-affected threshold, we'd have exceedances of up to 39DBA. What the noise assessment is not giving, or doesn't appear to give - and if there is the information, we'd welcome receiving it - a granularity around the various phases of excavation and construction. So for example, in phase 1, it will talk about rock
30 breaking and excavating and it will give over - I think it's a nine-month construction period, it will say it's a significant issue at 39DBA exceedance, for example. There's no granularity that I can see that says how long that excavation and rock-breaking would actually occur. So it's giving us, I think, a worst-case scenario, but we just don't know how long that impacts going, so that's why we're trying to impact the notion of, you know, the staging across the site. So is there any greater granularity around the periods in each of the construction zones by activity?

MR SIMPSON: Dean, can I ask you to comment on the timeframe for excavation in
40 stage 1 and the measures you would take, please?

MR FONDAS: Sorry, can everyone hear me?

MS LEESON: We can. Thank you.

MR FONDAS: Hi, Dean Fondas from Taylor Construction. So - yes, so in terms of the excavation and shoring period, there's a period of time of about two months of that in the first stage. Essentially, as we do on most projects with rock excavation and rock breaking, we set up the sensitive receivers on the boundaries. We will have alerts for vibration and noise set out a 75 per cent alert, which have - which then allows us to assess how we deal with not reaching that hundred per cent decibel level. But, I mean, the - we work with the acoustic consultant, who manages both the vibration and noise, and we work through assessing all the plant that's going to be used on the job, what mitigation measures can be applied to the machines - you know, there are things that can be applied to machines. There are barriers that can be placed around the perimeter of the hoardings, H4 barriers, which can absorb the noise to reduce the output - - -

MS LEESON: Just on that point, the way I've read the noise assessment, that 2.4 metre barrier is already included in the modelling that's done - - -

MR FONDAS: Yes.

MS LEESON: - - - so the noise levels that we're - that are reported in the documents take that into account.

MR FONDAS: Yes, but I'm talking about secondary, so you've got primary - - -

MS LEESON: Okay.

MR FONDAS: - - - so you have your primary ones - - -

MS LEESON: Yes.

MR FONDAS: - - - and what we do is, so I've projects on at the moment with high sensitive receivers, i.e. high-sensitive neighbours - we put in secondary movable hoardings around the plant so that they absorb an instant - they absorb instantly the noise, and then when it transfers past that, it's actually a lesser decibel reading at the primary hoarding, and then there's another thing, like, they - we can add things on top, like, wrapping the hammers with blankets, as a hammer, so the - - -

MS LEESON: So the - - -

MR FONDAS: Yes.

MS LEESON: So I might just stop you there, because I think that goes to my point, that we're not seeing in the documentation, unless it's something that we've missed, that explains the staging in more detail, that explains the duration of each specific element, the nature of the mitigations that you can apply, so with those very sensitive receivers to the north, being on - the duplex on the corner of Hotham and Bidurgal, and then the R10 receiver, which is in fact four residents, there's no visible information for them to understand the order of magnitude of the impact that they're going to have to endure, and for what duration.

10

MR FONDAS: Yes. So the - - -

MS LEESON: Is there information in the application that we've missed? About mitigation measures?

MR SIMPSON: Probably not. We haven't got to that level of detail. That can be done, as Dean has just been setting out. It's usually not done at this stage because we actually don't know how hard the rock is. It might flake out, it might be a very easy - easy thing to excavate, or it may be difficult, and those sort of things are done and monitored so that noise mitigation is controlled during that phase to not go over the exceedance of noise.

20

MR FONDAS: If I can just - yes, if I can just add, so leading up to a construction certificate, we would work with putting a CEMP together with the relative consultants, and then what - essentially what John was saying, I mean, that leading up to construction, you actually do your detailed site investigations, which actually enable you to understand the parameters that you've got to set in those plans.

MS LEESON: I understand that. I just think it would have been helpful to have seen some examples of the types of mitigation measures that you could apply that would be considered through the CMP process.

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PROF. MACKAY: It's Richard Mackay here. Understanding all of that, there is a question that comes before that, and that is whether the predicted noise exceedance during construction is so high that the application should not be approved. And the information that's currently before the Commission shows a 39-decibel exceedance in phase 1 across nine months, a 27-decibel exceedance in phase 2 across 10 months, and a 37-decibel exceedance in phase 3 across seven months, not for just two receivers, because the receivers are actually groups of receivers.

40

Now, it seems to me from the discussions that we've had onsite and in this meeting that in fact the very noisy part of construction is going to be much less - I appreciate that there needs to be further planning and understanding of the characteristics of the rock, but what's not, I guess, before the Commission at this stage is any information that shows to us that if we were, for example, to include a condition to require construction noise to comply with the interim Construction Noise Guideline 2009, that that is actually achievable; and if it were not achievable, and appreciate, you know, you might find this very hard rock, it's right adjacent to a resident, there's nothing from the applicant that says, well, what would you do that in that circumstance - you
10 know, would you reach some agreement with the applicant that during the three weeks of very noisy rock-breaking there might be some other arrangement that would look after their interests and prevent that impact?

So I'd just invite a response to that, because I think there is not only a question of, "Oh, we've got a process for mitigating," there's a preceding question about, is it okay. in the first place?

MR SIMPSON: No, we don't say that it's okay. Taylors just did a very large excavation in rock adjacent to one of our existing hospitals, and because the rock there
20 was difficult and hard, that we adopted process of putting saw cuts in the rock so that we could mitigate the vibration going through, so the saws were done, saw-cutting was done, you know, at further expense, to make sure that we didn't do that, and we would do that in this case as well, if that was the situation. And that is the basis of monitoring so as not to make those exceedances.

PROF. MACKAY: Well, thank you, John, but then doesn't the question beg itself, would you not put in play what the decibel levels would be if you were to do that? Because at the moment what we've got in front of us is a 39-decibel exceedance.

30 MR SIMPSON: Yes, and that's how a consultant looks at it at day one, but that's not how the buildability of it goes, and so would you be happy, Dean and Ben, to sort of come back to us on what you would do as a maximum exceedance, so that we could report to the Commission?

MR FONDAS: Yes, definitely. Yes.

PROF. MACKAY: Thank you. I think that would be very helpful, and we would need - - -

40 MR SIMPSON: And maybe (not transcribable) - - -

PROF. MACKAY: - - - we would need to receive that by 7 December, and we would publish it on the website. So it would be really helpful if it could be in a simple form, so when it's published on the website, someone, you know, from Receiver 10, who looks at it, can understand what it means.

MR SIMPSON: Okay. We will get that done, and we'll also refine the timeframe of that scope of works as well within the overall program.

10 PROF. MACKAY: Yes. Look, thank you. I completely appreciate what you say about how the noise consultants approach this, but I think you'd do yourselves a good service by narrowing that in, and by assuring the Commission and the residents of how it would be managed. Thank you.

MS LEESON: Thank you. I think we're probably done on the construction noise issue. We have construction access. We've heard from Council this morning that the Hotham Road work zone is probably something that can be managed and worked through, so we don't need to explore that with you any further. Carparking impact during construction, I think you've flagged in your assessment or in your application that it would all be completely contained within the site, there would be no
20 construction-related parking on surrounding streets. Is that correct?

MR SIMPSON: Yes. That's the intent of what we said in the report, yes. That will be the case.

MS LEESON: Thank you. Then we might move on, if there are no other questions around construction, onto traffic access and parking more generally. The first one that we would like to focus is on the President Avenue access point, the proposed access point. We take your comment earlier that it had been considered as a main hospital access, but with the flooding issues and the traffic was not feasible, so you've moved
30 around to Hotham Road, and we understand that. We'd still like to take through, though, the President Avenue access in terms of splayed driveway point. The Council and the Department's peer review have suggested that a slip lane would be appropriate there. However, the proposal still remains with a splayed access point.

We also heard this morning, and we were there on Friday, so we had the benefit of that site visit, as you know, we could observe the traffic coming down the hill at some speed towards the intersection, so our concerns around the President Avenue access point are really around safety and access, and we heard from Council this morning that one of their concerns is the coincidence of overland flow at the point of the access
40 driveway where the access driveway is going to be elevated to bring you over that

flood level in the PMF. Can you take us through the logic for the splayed access point there and how, in your view, it's feasible?

MR PHILLIPS: If I can - well, I'll answer that question, because we didn't look at slip lanes in various other options through there. The report was commissioned from the traffic safety consultant, and they were satisfied that what was required was the splayed access point, and they didn't believe that a slip lane was required. So I mean, we're just relying on the expert opinion of Gray's, who did the traffic safety study. It is a 60-kilometre an hour road, it's not a 70- or 80-kilometre an hour road. It has a lot of access points off it already, and there was not seen as being a need for a slip lane - in fact, even in one of the meetings we had with Sutherland Council, they said that they didn't see the need for a slip lane there, so they sort of went back on what they - if they're now suggesting it should be a slip lane, they've gone back from what they were saying.

MS LEESON: So it's - yes, that is inconsistent with what Council told us this morning, that they would very much prefer a slip lane.

MR PHILLIPS: Yes.

MS LEESON: They also had concerns about the splayed access point, particularly in terms of egress, that the swept path analysis was perhaps inadequate, in that their view was that vehicles coming out would come into both lanes 1 and 2, in turning left out of President Avenue, so - sorry, out of the hospital site.

MR PHILLIPS: Yes.

MS LEESON: Have you done a swept path analysis on the egress?

MR PHILLIPS: Yes, swept path analysis was done on the egress, and after some comments about - concern about it coming into the second lane, the driveway was modified from that, which is the (not transcribable) one that you have, which shows the swept path of - exiting from there into the kerbside lane, so, I mean, that's what the swept path showed, so - - -

MS LEESON: And, look, I think - - -

MR PHILLIPS: I mean, the trouble with providing the swept lane is it just takes away landscaping, that's - that's the - - -

MS LEESON: I know, I appreciate there's no easier solution to President Avenue, and I think it's fair to say it appears Council has not made a submission since the first time around, so they may not have seen any updated analysis that you've done in your response to submissions, or they may not have responded to that.

MR PHILLIPS: No, they may not have seen the last round of submissions. So I note the - yes, the one before that went to them, and that - their comment came back then about the overlap into the second lane, which was - well, it only came about because of where you started from, I suppose, but - so the driveway was widened and the - and
10 the entrance into President Avenue eased somewhat, just so that it didn't have that potential of going into the second lane. That's - - -

MS LEESON: Are you able to touch on the comment that came from Council, their assessment plan of this morning, about this overland flow issue and the driveway being in conflict during floods?

MR PHILLIPS: That's probably a better one for Stanley, because it is something that has been looked at quite a bit - - -

20 MR LEUNG: Yes.

MR PHILLIPS: - - - and we did look at moving the driveway a few times - we moved it east, we moved it west.

MR LEUNG: Yes. Hi, everyone. My name is Stanley, from Martins and Associates. So we have been engaged to do comprehensive site assessment from the front. So regarding the issue of the driveway entrance, maybe first I need to explain, like, how the overland flow path works of the proposed site. So the site has currently suffered an overland flow from the west, the overland flow entering from the south-west corner
30 of the site and going diagonally through the site and then discharge to President Avenue. So what our proposed flood mitigation measures include a proposed well within that landscape area in the south-western corner of the site, in order to divert the hundred-year floodwater from the local upstream catchment.

So the way, how the swale works is, like, the swale going to collect the overland flow coming - entering the boundary, and then with the flow through to the front of the - sorry, I mean, to the southern boundary, next to the President Avenue, so the swale does extend along that southern boundary, and then that go across the driveway, and the driveway going to be designed as a big structure to allow us a way to go under the
40 driveway, to convey the water and then spread out the flow to President Avenue.

So in terms of the driveway level, that has been complied with the flood level, the hundred-year flood level, so the driveway coursing is actually elevated to make sure the water going to be - go under the driveway and go through the swale.

PROF. LOCHHEAD: Okay. Could I just ask, so does that assume you're coming, you've got a splayed driveway, and you're going to go up over a raised hump into the carpark, is that - - -

10 MR LEUNG: No, no, it's actually - like, along the boundary there, there's a drop for the swale, so the driveway is actually slightly - come up a bit and then get to the carpark.

PROF. LOCHHEAD: Right, okay.

MR LEUNG: It's not, like, a huge up and down thing on the driveway crossing.

20 MS LEESON: No, I think Council's concern was about putting all of that water together - rather than a broader overland flow, you've actually constrained it quite a lot, and when it comes overland there, onto President Avenue, it's at the driveway point, and there's a safety concern around that about the flooding and the access point at the same time. Are you satisfied that that's addressed?

MR LEUNG: Yes. We have actually allowed certain blockage factor in our flood modelling, to make sure, like, if the swale - because there's under structure under the driveway, so we have allowed for blockage to ensure the water still can convey through the swale.

30 MS LEESON: I understood their concern to be, and you didn't have the benefit of the conversation, their concern to be the traffic actually on President Avenue as it comes to the driveway, not the operating capacity and the assumptions about blockage of the swale.

MR LEUNG: I think that part, Stephen can actually - - -

MR PHILLIPS: Yes. Well, the - one of the things about moving this driveway back and forth was where it was least impacted by the flood waters, and the thing that Stanley didn't mention is, the discharge on to President Avenue is the same as it currently is. We have not concentrated that discharge onto President Avenue, so - - -

40 MR LEUNG: Yes. Our modelling and the approach is trying to mimic the existing flood condition, how it discharge to President Avenue.

MR PHILLIPS: Yes. And the other thing to consider is when there is floodwater coming down through there, there is also floodwater actually coming down President Avenue itself.

MS LEESON: We understand that, and that, I think, is what we're really trying to grapple with, is the floodwater coming down, is there a concentration of water at a particular point coming off the site - - -

10 MR PHILLIPS: No.

MR LEUNG: No.

MS LEESON: - - - given it was much broader before.

MR PHILLIPS: No, there's no.

MR LEUNG: No, no, our approach is, we're having the swale extend along the southern boundary of the site, and the level of - the infill level of the swale is slowly,
20 like, merging with the boundary level on President Avenue, so the water - that's allowed the water to evenly spread out to President Avenue.

MS LEESON: We might continue just with the flooding bit right here, if you don't mind, and we'll come back to the other access points. This morning, Council also mentioned there's a difficulty in figuring out exactly where the pipe is that the drainage - trunk drainage pipe across the site, and it might not line up with the easement.

MR LEUNG: Yes, I think - - -
30

MS LEESON: Yes.

MR LEUNG: We have done additional CCTV surveillance on that, and then we got more accurate position of the existing easement pipe, and then in - the intention of the proposal is to retain the existing pipe. We understand the pipe is currently undersized, that's why we have proposed a swale on top of the pipe to allow for extra capacity to carry the mainstream flow.

MS LEESON: And have you found that the pipe is actually located south of where the
40 easement exists?

MR LEUNG: Yes, actually it's slightly off from the current eastern (not transcribable) that's something - - -

MS LEESON: Because Council, I think, was suggesting that they'd be prepared to adjust the easement if it gave you a better development opportunity across that currently known easement site at the moment.

MR LEUNG: When you say adjustment to easement, are you talking about the type of the easement, or the actual pipe?

10

MS LEESON: So I want to clarify, the actual easement, the legal document, is different - it does not reflect the location of where the pipe actually is. Is that your understanding?

MR LEUNG: Yes. Yes, that's my - yes.

MS LEESON: Yes. And the pipe is actually south of where that easement is.

MR LEUNG: Yes.

20

MR PHILLIPS: Stanley - no, Stanley, if I can just butt in, because I had the discussion directly with Council on this as well.

MS LEESON: Okay.

30

MR PHILLIPS: Council were always under the impression that the height was closer to President Avenue or further south than what it is, by - and outside of the easement line. When we showed them the CCTV of the - locating the pipe, they didn't really - they questioned the validity of the CCTV that we did, and we had some more investigative work done, which confirmed that the pipe is in the location that we show on our drawings and survey. They thought it was probably about three or four metres further to the south. It is where it comes into the property on the western boundary, it's actually to the north of the easement, so its relationship to the easement varies all the way along the easement, but it's not as - it's not where Council thinks it is.

MS LEESON: Okay. Thank you.

40

PROF. LOCHHEAD: Yes. I thought that Council were not sure, they needed to have that corroborated. That was more their assertion - like, they thought it might not be to the south, but they weren't certain where it was either.

MS LEESON: Okay.

PROF. LOCHHEAD: So it was based on the need for verification, as you've said.

MR PHILLIPS: Yes. Well, we've plotted the location of the pipeline all the way through from the next street uphill. I can't remember the name of the street, but of - and pipe sizes, so that they could go into Stanley's work and - yes, it's obvious - the pipeline has obviously been built at different periods and - - -

10 MR LEUNG: Yes, I think they used - you have here now, is, like, there's a - not a straight line from a pit to another pit downstream. Like, there's some change in direction along the pit pipe itself, that's why the pit - because - - -

MS LEESON: Yes, Okay. Thank you. Thank you. We might go back to the traffic and access points discussion, if we've - if there's no more on the flooding on that southern part. We will come back to flooding, because we want to understand about the theatres and on the onsite detention. But if we close out the traffic access and parking issues. I think we've dealt with President Avenue. We understand that you're not proposing any vehicular access of Bidurgal - - -

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MR PHILLIPS: Yes.

MS LEESON: - - - which is good. So we'd like to discuss the proposed access arrangement of Hotham, and the reason for set-out further from the intersection, I think you suggested earlier, was around a standard that needed to be met.

MR PHILLIPS: It was around the - a preference for the distance from the traffic lights, which are in excess of the standard, but it was a preference for moving further away from those traffic lights. That's the in-only access you're talking about?

30

MS LEESON: Yes. Yes, that's right. Thank you.

MR PHILLIPS: Yes.

PROF. LOCHHEAD: So it's a preference rather than a requirement to - - -

MR PHILLIPS: Yes. It can move further - closer to, and in the - actually, in the option for retaining Hotham House, we have moved it closer, which still complies with the standard, but it's not desirable, and - - -

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PROF. LOCHHEAD: Just to unpack that a little bit more, I have two questions. One, it's sort of more logical to always come in at the lowest part of the site, you know, in terms of reducing ramping and down to the basement, but - so that would sort of suggest closer to the intersection as much as feasible and permissible. But the other part is, why do you go up and have an at-grade access and then come out again? Why don't you just deal with everything, go in, have an access and drop-off for patient drop-offs, and then exit, and then, you know, then a pass-through into the carpark, which is so commonly used in day surgeries and hospitals, where you have two thresholds for access and parking - drop-off, access to parking, and departure.

10

MR PHILLIPS: Yes, I sort of thought that was what we did have, because you come in, you come into the drop-off, and then you exit the drop-off and turn left to go down to the carparking level, so - - -

PROF. LOCHHEAD: So I guess - - -

MR PHILLIPS: - - - we did at one stage - - -

PROF. LOCHHEAD: Sorry, I guess - - -

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MR PHILLIPS: We did at one stage explore coming directly in off Hotham into that lower carparking level, but to achieve that level was too close to the traffic lights.

PROF. LOCHHEAD: All right. Okay. Now, I - yes, my question was, why don't you just come in and do a low - you know, a - straight into a basement, as opposed to come in at grade and then go down to the basement, to mitigate ramping.

30

MR PHILLIPS: Yes, it's so that the drop-off area was in close proximity to day surgery, so that's why, and, as I say, we did explore coming directly into the basement level, but the - that was rejected because it was too - to achieve that level, it was too close to President Avenue and there was also a substantial tree along there as well, which we were avoiding.

PROF. LOCHHEAD: Thank you.

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MS LEESON: Thank you. We might talk about carparking numbers - sorry, did you have a follow-up? No. The carparking numbers onsite, we see that the number has been established using the traffic-generating development guideline, which Council suggested this morning was somewhat old and probably ripe for - my words - ripe for some kind of review. The comment also came up, and it's an issue that we've been interested to pursue, is around the survey work that's done in terms of understanding

staff parking requirements, visitor parking requirements, and whether a survey was done fulsomely or a relevant comparator site chosen, and we've heard that perhaps Carina Private Hospital wasn't an appropriate one, that there's already a lot of on street parking around that, and that in fact the current arrangements with the theatres not operating at President Avenue, the carparking numbers are somewhat understated as to what they would be in full redeveloped hospital mode. Could you comment on some of the analysis that's been done that satisfies you that the carparking will be adequate? It's coming up a number of times in submissions, and certainly Council is quite concerned.

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MR PHILLIPS: Yes, it's always concerning with hospitals, is carparking. Firstly, when the traffic studies and carparking studies were done, the theatres were operating were done at that time, so the hospital was in full operation at that time. It's only recently that the theatres haven't been operating, so all that information precedes that temporary close of the theatres.

20

We chiefly looked at - and just going on carparking numbers, if you go back to Council's DCP, and not in their current DCP, but it's in their previous DCP, they had carparking requirements for hospitals, and we exceeded those carparking requirements by a considerable margin - we're also exceeding the carparking requirements that have just been approved for Greenwich Hospital, on - we looked at Carina, because - mainly because it was in the same demographic as what we're talking about, and in a similar situation. The only difference is that it's got a public hospital directly across the road from it, but surrounded by residential streets, and it's been there for a considerable period of time, so we thought that was a valid comparison, and we exceeded the carparking provided there. And noting that there are problems at Carina with parking on street, but the problems with Carina parking on street are largely, I think, due to them charging for car parking at Carina Private Hospital, whereas Macquarie doesn't charge for carparking at any of their hospitals.

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MS LEESON: That was actually going to be - sorry to interrupt - that was going to be a follow-up question, because it's already been raised, as to whether there is an intention to charge or not, so thank you, you've clarified that.

MR PHILLIPS: Yes. Because a lot of people, even though there's carparking onsite, they'll park on the street, just because they don't want to pay the \$5 or whatever it is -

- -

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MS LEESON: Yes.

MR PHILLIPS: - - - but, no, Macquarie's hospitals - all Macquarie's hospitals are free carparking, and there's no intention of - there's been no allowance for - in our design for any sort of infrastructure to take payment for parking.

PROF. LOCHHEAD: Sorry, just to clarify, is that for employees as - all employees, as well as for the general public who are using the hospital?

MR PHILLIPS: That's correct. Do you want to confirm, David?

10 MR WENKART: Yes, that's for everyone.

MS LEESON: Okay. Thank you. That's fine. Thank you for that. We'll come back to the flood management issues, then. The - and it's good to see that all the proposed new development is above the PMF.

MR PHILLIPS: Yes.

MS LEESON: We'd like to explore a little, the issue around the existing theatres and the flood mitigation that's proposed. You touched on it onsite on Friday morning,
20 what that solution might be. Could - just - because we do have this transcript, then it'll be for the public record - could you advise - explain again how that mitigation is - worked around the existing theatres?

MR LEUNG: Yes - - -

MS LEESON: And what's driving the 600 mils?

MR LEUNG: Yes. The issue we have here now is, like, firstly, that structure is existing, we've not actually proposed any new works there, and then that's actually
30 also outside of the mainstream flooding coming from the west, like, through the southwest corner of the site - that's actually - it only happens in a PMF storm event, the water running on Bidurgal Avenue is actually - there's some water spilling over, into the - through the neighbouring lot to the north and then running through the site, and then there is no escape for this water to run off its location. The water is actually pooling up behind the existing building structure there, right?

So we are proposing some site regrading works in that area, to divert the water east and back to Hotham Road. This hasn't been actually considered in our detailed assessment, because this was actually unexpected, in our initial flood model. We
40 didn't actually expect - anticipate water actually spilling over the Bidurgal Avenue, and then coming through the site. But I would say this water is actually pretty shallow

and minor, coming, like, from the - off the top and from that Bidural Avenue. So more detailed assessment needs to be undertaken in the CC stage to make sure this water can be diverted away at this corner. And then also - - -

MS LEESON: Yes.

MR LEUNG: Sorry.

10 MS LEESON: No, I was just going to say, I think that would probably be Council's position as well. I mean, I note that the peer review that the Department did, I think, formed a similar view to you about the water coming down from (not transcribable)

MR LEUNG: Yes. But, in any case, like, we're going to propose floodgate or flood door to ensure this structure can be protected from the PMF water.

MS LEESON: Thank you. And the onsite detention basin, the 57,000-litre detention basin, can you just describe a little, because we've dealt with overland flow - - -

MR LEUNG: Yes.

20

MS LEESON: - - - is that to deal with simply the stormwater coming off the roofs? Can you just articulate a little bit more on that?

MR LEUNG: From memory - to be honest, it was a while ago, like, since we've done the stormwater assessment - we proposed underground OSD structure onsite. We'd take the site flow into the tank for detention before discharge to the - back to the Council stormwater system. This tank, I sized it for the site catchment. I need to actually go back to check, once the catchment has been designed for this tank, but for sure, this tank only take any water within the site, not from the upstream.

30

MS LEESON: No, I wasn't questioning the size of it, it was just the purpose of it, but this - if it was just onsite stormwater.

MR LEUNG: Yes, that's the onsite stormwater tank. It's only taking the catchment from the site, but I actually can't recall whether, like, that's only capturing the roof or there's some ground surface water.

MS LEESON: All right. Thank you. If you could clarify that in the follow-up submission, that would be helpful

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MR LEUNG: Yes. Okay.

MS LEESON: Any further questions? No? Look, that's been very helpful this morning. We've traversed quite a lot of issues - - -

PROF. MACKAY: I do have something.

MS LEESON: We do have one more question.

10 PROF. MACKAY: Sorry, I just - just for completeness, right at the beginning of the agenda, we'd listed whether the applicant had anything to say in response to the Department's assessment report - I mean, if there is nothing extra to say, that's fine, but I think we should just take the moment to hear from the applicant, if there's anything in the Department's assessment report with which there's a contrary view, or some comment should be made, otherwise we'll assume it's a given.

MS LEESON: No? Everyone comfortable with - - -

20 MS KELLY: Well, I think - because we were given the opportunity to read through the recommended conditions and so forth. We did share that with the applicant, and we didn't think that there was anything there that we needed to discuss any further with, so we thought that, you know, we could overcome anything that was through them.

MS LEESON: All right.

30 PROF. MACKAY: Thank you. I think perhaps, again, just for completeness, if arising from this meeting, or when you read the transcripts of our meetings with Council, with the Department or with community members, if there's any comments, for example, on consent conditions or similar, the Commission would need to receive them by the 7th of December, and we would publish whatever is received on our website as a matter of transparency.

MS KELLY: Thank you.

40 MS LEESON: All right. Thank you very much. That, I think, has rounded out the meeting. Thank you, Richard. Thank you very much for your time. I'm glad that we did add the extra half hour to talk to you, because we did have a few meaty issues to get through, so thank you very much for your time, and if you could put any submission in that you need to by the 7th, that would be greatly appreciated. Thank you very much. We'll close the meeting.

MEETING CONCLUDED