



## **TRANSCRIPT OF MEETING**

RE: LAKE MACQUARIE PRIVATE HOSPITAL EXTENSION  
(SSD-38025700) (9-storeys)  
LAKE MACQUARIE PRIVATE HOSPITAL TOWER  
(SSD-71941462) (6-storeys)

### **APPLICANT MEETING**

PANEL: TERRY BAILEY (CHAIR)  
DUNCAN MARSHALL  
ALEX O'MARA

OFFICE OF THE IPC: JANE ANDERSON  
GEOFF KWOK

APPLICANT REPRESENTATIVES: RAPHAEL PULLIN (Akalán)  
JONATHON MEGALOS (Ramsay Health)  
SHARON REWITT (Ramsay Health)  
MELEA WALKER-CHARLES (Ramsay Health)  
ANDREW COWAN (Willowtree Planning)

LOCATION: ZOOM VIDEOCONFERENCE

DATE: 10:15AM – 11:15AM  
MONDAY 12<sup>th</sup> MAY 2025

## <THE MEETING COMMENCED

[Multiple people say “good morning”]

5       **MR TERRY BAILEY:** Good morning and welcome, everybody, and thank you for your time. Before we do begin, I would like to acknowledge that I’m speaking to you today from Gadigal land, and I acknowledge the traditional owners of the countries that we’re meeting on virtually today and pay respects to Elders past and present.

10       Welcome to the meeting today to discuss the Lake Macquarie Private Hospital Extension and the Lake Macquarie Private Hospital Tower state significant development applications currently before the Commission for determination. The Applicant, Ramsay Health Care, has submitted two applications.

15       The Lake Macquarie Private Hospital Extension application, which is SSD-38025700, seeks approval for an extension to the existing hospital which includes construction of a 9-storey health facility comprising 114 additional patient beds, 3 additional day surgeries, 2 additional in-patient, 11 additional consulting suites, 20       a new hospital entry and drop-off.

      And the Lake Macquarie Private Hospital Tower application, which is SSD-71941467, represents a scaled-down alternative to the broader hospital extension sought under SSD-38025700. This application is seeking approval for construction of a 6-storey health service facility comprising 40 additional beds, 3 additional day surgery theatres, ground floor imagery tenancy, and hospital entry/drop-off.

25       My name is Terry Bailey and I’m the Chair of this Planning Panel, and I’m joined by my fellow commissioners Alex O’Mara who’s with me in the room today, and Duncan Marshall who’s joined us online. We’re also joined by Jane Anderson and Geoff Kwok from the Independent Planning Commission, who are here but off camera.

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

35       The meeting is one of the Commission’s considerations of the matter and will form one of several sources of information upon which the Commission will base its decision and determination. It’s important for the commissioners to ask questions of attendees and to clarify issues whenever it’s considered appropriate. And if you are asked a question and not in a position to answer the question, please feel free to take the question on notice and provide additional information in writing, which we’ll then put onto our website.

40       I do request that all members here today introduce themselves before speaking for the first time, and that all members ensure they don’t speak over the top of each other, to assist in the accuracy of the transcript.

Just before we begin, I did want to check on those attending today, because I think we've got Cameron Gray to attend, but I understand Cameron's not in attendance.

5 **MR RAPHAEL PULLIN:** Terry, I got a call this morning. Cameron's unwell and was unable to attend. He was dizzy and he couldn't do it.

**MR BAILEY:** Thank you. No, that's fine, Raphael, I just wanted to confirm for the record. Thank you. We'll now begin, and we'll begin by handing across for a presentation on behalf of the Applicant.

**MR PULLIN:** Terry and the Panel, my name is Raphael Pullin. I'm representative of Ramsay Health Care in a project management capacity, and I will share the presentation. Jonathon will give a bit of an overview of the Ramsay side, and then I'll move onto the balance of the report. So, I'll just –

**MR BAILEY:** Thank you, Raphael and Jonathon. Can I just please remind, we've got about 15 minutes but not longer, so that we can keep the question time open. Thank you.

20 **MR PULLIN:** Yes. I'll just share the screen. Now, can everyone see that okay?

**MR BAILEY:** Yes, thank you.

25 **MR JONATHON MEGALOS:** Hi all. Jonathon Megalos from Ramsay Health Care. Thanks for your time here today. I'll just start or kick off with a bit about Ramsay and then Raph will take it over.

30 So, Ramsay's, while not a REIT or a developer, we're the largest private health care operator or leading health care operator in Australia really. These SSDAs – I won't bore you with all the Ramsay details given the time restraints, but it's important for us to note that these SSDAs, I think, demonstrate our commitment to the local community and the local area. You know, we are not, as I said before, we're not a REIT, we're here for the long term and to benefit the community. We see the demand there for these services and to compliment the public system, and that's how our long-term goal is to assist the community for a long period of time.

35 So, thanks for your time, and I'll pass it over to Raph for the project details.

40 **MR PULLIN:** So, just a little bit about the investment history at Lake Macquarie and the services provided. So, general surgery and medicine, orthopaedics, a very specialising in orthopaedics, cardiac surgery, urology, gastroenterology, I've got a comprehensive cancer service including radiation oncology on campus, medical oncology, and surgical. There's a critical care unit and intensive care, and a 24-hour emergency department. And other associated services, including radiology and consulting on campus.

45 The Lake Macquarie Private Hospital was opened in 1973 and Ramsay acquired it

in 2002. Cardiac surgery commenced at Lake Macquarie in 1994. And over this period, Ramsay has invested considerable amount of funds in expanding their services on the campus, including the emergency department in 2015.

5 The Ramsay purpose of the development is obviously to meet the healthcare demands of the region. And we believe, or Ramsay believe there's a considerable economic and social benefit of the development going forward, including better access to healthcare services in the region, in the Lake Macquarie region and the broader Newcastle and Hunter regions. And also complimentary services to the public system.

10 Lake Macquarie Private Hospital is part of a Ramsay network in the Lake Macquarie – Newcastle region, with the hospital, Warners Bay, private, with a 118 beds, rehab and mental health facilities. And soon to be completed, the  
15 Charlestown Day Surgery, which will be open in June this year.

So, these additions to the hospital will add to the overall network of Ramsay's hospital network in the region.

20 So, just a little summary. Obviously, everyone's fairly well aware, but basically there's two applications, the larger development, the 9-storey, 114 beds, 5 new theatres, 11 consulting suites, and emergency department expansion. The smaller tower complimentary fitting in the envelope than the larger one, 40 beds, medical imaging still, and back-of-house facilities and car parking.

25 It's been a fairly long timeframe in the making. We've had to get a planning proposal approved as part of the increased height to 37 metres. That all commenced in 2022. So, we're looking at – we had to have that approved and gazetted prior to lodging the first SSDA. So, we're now at a point where we're  
30 approximately three years in the making.

The overall site as per the site inspection, the hospital campus contained the whole block now. All lots have been purchased. As a bit of a history, there was 10A O'Brien Street initially wasn't part of the hospital campus, and they had  
35 purchased that as part of the process in obtaining this, putting this application forward. Over the other side on Sydney Street is the medical centre which is a separate strata building. And then the Hughes Street car park to service the hospital.

40 From a strategic perspective, we believe the project fits within the Lake Macquarie Council's Strategic Framework in making the area or advancing the area as a medical precinct. They're currently putting together a planning proposal for the surrounding blocks for height increases for medical uses etc. So, we believe this falls within that framework.

45 Just the overall stages or applications and how they fit within each other. So, the smaller one on the left and then the larger development which encapsulates the smaller one and allows for staging for the hospital as their business demand needs.

Just a little bit on landscaping. We have done some comprehensive landscape plans, including a fair amount of streetscape works and integration of the connection with country, with the Awabakal Aboriginal representatives we've met with to create these sort of circular waves and features within the landscapes. Street trees etc. have been developed in conjunction with Lake Macquarie Council and their requirements. There's also considerable landscaping within the site that we've also included within the proposal.

Community consultation. With the SSDA, we did a letter drop for the surrounding areas, including an online survey which was published as part of the Engagement Report. We had a public consultation meeting at Charlestown – that was the invite there – which we invited anyone to attend, and gave people an overview of the project.

Ramsay also have some webpages on their website which links to the project and overview. We've also consulted considerably with the Transport for NSW, also NSW Ambulance on site to review the ambulance bays etc. Subsidence NSW, Hunter Water, Ausgrid, and the other authorities, and with Lake Macquarie there's been an ongoing consultation and briefing over the last sort of five years, really.

Public domain works. We have considered to doing some public domain works as part of the project, mainly creating linkages around the site and to the car parking and to enhance those linkages. We've also got a considerable amount of streetscape work on Casey Street as part of the development application, including street landscaping. We've also committed to some Transport for NSW initiatives as part of their response to submissions.

We have – just regarding car parking, a 9-storey building, there's 82 new car spaces plus drop-off and motorcycle. With the 6-storey, there's 42 new plus drop-off. We also completed recently, in 2024, an additional 150 car spaces which were brought on in advance for the development, as part of a separate development application.

We've also compiled a Parking Management Plan as part of the application, and also had a look at a construction car parking initiative where we run a shuttle bus to run construction staff to the Willowtree car park. We've also got bike rooms and end-of-trip facilities in both applications.

Just regarding construction and operational noise. For construction, we will put together a Construction Noise and Vibration Management Plan as part of the development. And limit the hours to the ones listed in the DA conditions, generally being 7 till 6, Monday to Friday, and Saturdays 8 till 1, with limitations on rock breaking and driven piles etc. with more limited hours. We will endeavour to consult with the key residential receivers as part of the process.

Just with operational noise. The main areas that were highlighted include the Casey Street drop-off, the café area in the larger development, and the loading

dock, which will have limited hours of operation, generally from 7 till 6, and drop-off will be managed during the night with a night manager, and will not have a lot of activity. There will be signage etc. to direct people to turn their engines off, etc.

5 Just a little summary of the renders. 3D renders for the 9-storey building, just a view from the corner of O'Brien and Casey Street. One from the bottom of Casey Street and the Pacific Highway lane. Just looking up O'Brien Street to the rear of the 9-storey. And looking down, you can see the sort of green-scape courtyard areas, there's a real focus on that. So, the public domain area on the corner of  
10 O'Brien and Casey Street and the café etc. And just the emergency centre refurbishment works.

The smaller application, the 6-storey. So, we're at the corner of O'Brien and Casey, the on-grade car park and landscape and streetscape works. Main entry for  
15 the 6-storey, including the heights of the trees will achieve. The corner.

Thank you.

**MR BAILEY:** Thanks, Raphael and Jonathon. We might move into some  
20 questions that really follow the key matters that we've pointed to. I think one of the things that we just did want to touch on that might be in a funny sense starting the other way round.

But I'm curious on the community consultation, and at this point, Raphael, what I  
25 see put forward is a community communications strategy. So, what I'm more curious to understand is what might be your consultation and engagement approach to community, as distinct from the communications strategy, please, both during the construction and post construction.

**MR PULLIN:** Well, I think during construction there are requirements for us to  
30 post information on a website as one of the DA conditions we've been working through. So, we will have to provide updates, information that can be accessed to the general public.

35 The surrounding streets will be – there'll be letter drops obviously prior to construction, keeping them up to date. And we would look to doing like a monthly update to some of the key receivers around the site.

40 Broader communication in the longer term obviously that's more for Ramsay to speak to regarding the development. But like I said before, they have got a website at the moment on the Lake Macquarie Private Hospital component of their website, they have got a section for this development. So, possibly either Melea or Sharon could talk around that sort of communication.

45 **MR BAILEY:** Just before we do – thanks, Sharon – just before we do. Just noting your reference there, Raphael, on monthly updates. I'm curious to know what the methodologies you're looking to employ would be but distinguished from informing through to consultation in an engagement sense.

5 **MR PULLIN:** Over and above what's required in the development conditions, there could be a monthly offer, like direct communication with a number of the key receivers, whereby we can invite them to a catch up to discuss any issues around the development.

10 **MS SHARON REWITT:** Yes, if I can also just – so, Sharon Rewitt, CEO of Lake Macquarie Private. I think what we have found to be the most effective with that, because we've obviously been doing a development for a long time now at the hospital. As far as the area around us is concerned, we have found the letter drops to be the most effective. We've often had to let the community know about changes in our parking and what we were doing with our nurses' parking and that.

15 I think back to Raph's point. I think what might be a good idea is that we could actually just do that on a monthly basis or a bi-monthly, depending on if there's been enough movement in it, and we could just drop that at all the neighbours and give them the opportunity to contact us if they had any concerns or so.

20 **MR BAILEY:** Thanks, Sharon. Thanks.

25 **MS ALEX O'MARA:** Yes, I just, I suppose I had a question about one of the – I wonder if you've had an opportunity to review some of the submissions from the community on the two proposals. One of them is speaking to Ramsay and its connection to the community and the way it contributes/engages with the community. I wonder if you have any comments on that?

30 **MS REWITT:** Yes, so I can comment on that. So, there's a few things we do. First of all, all hospitals have a community council which we have members of the community on it, which whenever we do anything at the hospital, let's say the development, we certainly take them through that all the time. We talk to them about what's happening at the hospital. If we're going to have any new policies or procedures or any new document that we intend giving out to patients, we circulate that to them to read through and see if it actually makes sense what we are saying.

35 The other thing from a community engagement is we are very supportive – the local school which is just down the road is Wiripaang Public, is a public school that has a very – from a socio-economic point of view, is quite a challenged school. We have always supported them, we have been providing those children breakfasts now for, gosh, it must be good on 10–15 years that we have supported their breakfast club.

40 We also pay for their Year 5 and 6's to go to Canberra, you know they do that trip to Canberra, all the Year 5 and 6's every second year we pay for that. And we then have various initiatives that the school does that we support. For instance, we have provided school hats for them for quite a number of years, and this year we actually paid for the swimming lessons for the children to learn swimming.

So, we have a very close relationship with them. And in fact, quite lovely, today, because it's International Nurses Day, we have our hospitals covered in pictures that the children drew for us to thank our nurses for their service, which was lovely. So, we have a really great relationship with them.

From another community point of view, we also support a lot of the local events. We are the main sponsor of the Lake Macquarie Running Festival, which is held once a year, and we subsidise that so that the members of the community are able to attend and it costs less for them to do that.

We also, through our ED, we support quite a few of the sporting organisations in Lake Macquarie, and we do that by providing them with vouchers so that – which we give to the sporting club so that they can attend our ED when their players become injured. So, we do, yes.

**MS O'MARA:** And then membership of your community council, how do you ...

**MS REWITT:** Choose those people?

**MS O'MARA:** Mm.

**MS REWITT:** So, what we do is we look at – often it is people who have been, say, a patient in our hospital that has perhaps been quite vocal in, you know, hasn't been particularly happy with the service or so. We always target those people because they end up being really good to have on our committee.

We also have our local – the principal from that school is one of our committee members. And then we just also look and see who would make sense for us to have on the committee that ... Because we do want to hear what the community has got to say. And honestly, just as I'm sitting here thinking about, we probably would be well placed to have one of our neighbours come onto that committee.

**MR BAILEY:** Thanks, Sharon. That last point, I might just ask that you give that a bit of consideration and perhaps let us know your thoughts on that over the next day or so.

**MS REWITT:** Yes.

**MR BAILEY:** And we will come to follow-up questions at the end, but that will be one that would be valuable to receive your thoughts on. And depending on your thoughts there, to that committee, how would a complaint or something come through the development, the actual construction work, how would that reach its nexus with your community council and how would that come to their attention?

**MS REWITT:** So, at the moment when we have complaints, and we do have, you know, we have had before, they normally would send it through to our hospital. When we, through our various – and honestly, we get complaints from various things, so people sometimes they email Ramsay directly because all the contact



details are on our website. So, sometimes it goes through to Ramsay head office and then they send it through to us. Sometimes it'll be a letter that comes through to us. Or it will just be they make a phone call and it comes up to the exec office and they take all the details.

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As far as complaints are concerned in the hospital, we have – Melea and myself and our Quality Manager sit on our complaints committee. Every single complaint that comes to the hospital we investigate, which includes the ones from the outside and also people that have been at our hospital. And we actually report back on our complaints and what we've done about them and what our numbers are, in terms of that, we report back to our community council as well. So, it's one of the indicators we have to report on.

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Ramsay started the initiative also called the Same Day Promise, which is where we have to acknowledge all complaints we receive in the hospital, and that's not just from patients, it's all complaints we receive. We have to acknowledge them within the first day. It doesn't mean we have to fix them in the first day, but we obviously have to acknowledge them. And all that information we report back onto the community council.

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**MR BAILEY:** Thank you, Sharon. I might just check – I'll just check with Duncan online because it's a little awkward sometimes in those sessions, just to see if there's any follow-ups in this part, Duncan, before we move onto a different path?

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**MR DUNCAN MARSHALL:** Yes, thanks, Terry. Just a very brief confirmation. So, that community council is existing and it will continue through the life of the hospital and these potential developments?

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**MS REWITT:** Yes. It's actually a requirement of our licensing that we have to have a community council – all the hospitals have to have one.

**MR MARSHALL:** Thank you.

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**MR BAILEY:** Thanks, Duncan. We might move into the traffic/parking/pedestrian component of the proposal.

**MS O'MARA:** Look, I have one – recognising that the – thank you for the presentation. Recognising that you're all delivering more than the Development Control Plan requires. I wondered how will the parking – will it be paid parking?

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**MR PULLIN:** What we've suggested as part of it, we requested to provide a Parking Management Plan outline as part of the Traffic Plan, as part of – Council had asked for it. So, we drafted one and we included it. At the moment, there's no paid parking. But we're envisaging that we will need to control the car parks with boom-gates and to be able to manage the car parking once the bigger development is completed. Therefore, there would be quite possibly some element of paid parking, like most other hospitals have, which will manage our allocation of

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parking better, that contributes to the development.

There will obviously be a free period and then a stepped fee. It would also allow us to manage, obviously where staff park, as opposed to short-term visitors, and then long term, like doctors' parking and things like that.

**MS O'MARA:** And have you got any thoughts about on-street parking – has that been part of the conversation?

**MR PULLIN:** We haven't expressly – it was part of the Council's – Council has been talking about metering parking around the development. But we haven't provided any recommendation to it. In that, they are looking at two things around the site: one is bringing the speed limit down as a pedestrian zone, and we've provided reports – I mean, whatever Council's asked for, we've given reports to assist in this. So, I think they may well be considering making further paid metered parking and things like that, limiting parking around, or controlling the parking better around the precinct.

Sharon or Melea, I'm not sure if you have any other information on that from Council, but ...

**MS REWITT:** No, that is where we're at, at the moment. They have asked us a few times, you know, come up with things that they want to do. Raph's right, they want to look at reducing the speed limit. They've looked at maybe making different roads, in-roads and out-roads, so looking at some one-ways. And they have said that they want to relook at the bus routes. But we don't have any details on that at this stage.

**MR PULLIN:** We're supportive of both.

**MS O'MARA:** And I just one related one around sort of the road safety audit that was done.

**MR PULLIN:** Yes.

**MS O'MARA:** And I think when we visited the site, we talked about some of the treatments of specific conditions coming out of that. I was just interested in whether you feel that there's clarity around how those issues are going to be resolved.

**MR PULLIN:** I'm comfortable – I mean, we put them forward, we put our response on the RSA, because you have to put the Applicant's response as to what we recommend. As long as it's in those confines of that, we're comfortable with that, because it does take a little bit, a fair bit of design development to actually get the solutions fully resolved. So, from a time perspective, I think it's an adequate answer.

**MR BAILEY:** Thanks. Duncan? I think there's some follow-up still on the –

particularly on the parking side during construction.

5 **MR DUNCAN:** Yes, I wonder, I mean, again, we talked about this as we were walking around the site. But I just wonder whether you can confirm that there'll be no weekend shortfall because the Willow Road car park will not be available for hospital use on the weekend. Can you just speak to that issue and provide that comment, please.

10 **MR PULLIN:** And Sharon and Melea may be able to advance on this, because they would have a better idea of the actual numbers in the Hughes Street car park.

15 **MS REWITT:** So, we have – our activities are greatly reduced over the weekend, as is our staffing and our patient numbers as well. We're a very big surgical hospital, so we have a lot of people leave on a Friday and our hospitals are pretty empty on the weekend.

20 The car park is always available, the big car park that we've got there at the moment is still available on weekends. And so there is no – honestly, parking is not an issue on the weekends at all, even with people coming into the ED, because there is quite a significant drop in staffing numbers and in patient numbers on the weekend.

**MR MARSHALL:** Okay. Thank you for that.

25 **MR PULLIN:** Can I just add also just the construction numbers on weekend drop down considerably as well. The staff numbers.

30 **MR MARSHALL:** Good, good. Actually, just one little difference I noticed between the 6-storey and the 9-storey. There's a condition with the parking, I think, for the 6-storey which talks about providing a small number of short-stay parking as a designated requirement. But that doesn't appear to be included for the 9-storey. I'm assuming that's because that issue was already addressed in the parking for the 9-storey. Do you have an observation about that?

35 **MR PULLIN:** I do. I thought that was removed, that request for the short stay, but ...

**MR MARSHALL:** In the 6-storey?

40 **MR PULLIN:** I just ... I know it was mentioned that it came out of the 9-storey conditions. But I couldn't say for sure, but I do recall it being discussed. Maybe it was missed, I'm not sure, from the 6-storey conditions.

45 **MR MARSHALL:** Okay. I advise E14(f).

**MR PULLIN:** Okay.

**MR MARSHALL:** All right, that's fine. And just to circle back to the RSA, and I

appreciate that you've provided a kind of written response on the recommendations included in that. But two things, I mean, firstly, can you summarise for us just now what the overall response is to the RSA recommendations. And the second part of the question is, the conditions suggest that the matter is to be resolved by – or to be determined by Council and Transport for NSW. Can you just tell us what your understanding of the situation with those recommendations is, and where that lies at the moment?

**MR PULLIN:** Well, I haven't had any – until this gets approved, I suppose I haven't advanced those discussions further, but I would straight away once this is approved – with Council, that is.

Now, with the RSA items, the linkage to Hughes Street, the pedestrian crossing on Hughes Street, we're supportive of that. We're supportive of providing an upgrade to the footpath through to Sydney Street from Hughes Street. And also some points to do with the road refuge upgrades.

There was an item there to do with, on the Pacific Highway, whereby – I'm not sure if you're familiar with it, but it was an item to do with people parking on the Pacific Highway, on the highway itself, which is allowable. But it was raised as a risk item. So, our suggestion was that if you want to remove that risk, you remove the car parking there, because there's no other way to resolve that one.

Regarding lighting up O'Brien Street, we were happy with that, they wanted some additional lighting. Up along Casey Street, and this is for discussion, but creating a cul-de-sac at the end of that street because of the one way coming up the laneway. We haven't discussed any further, but we put our responses in that RSA to do with that.

**MR MARSHALL:** Okay.

**MR PULLIN:** I mean, yes, I think we, yes, overall from our recommendations we were okay with what we'd recommended.

**MR MARSHALL:** Okay. And just to circle back to process. From what you're saying, it sounds like the recommendations are there but essentially the next step is for the Construction Manager or Project Manager to initiate conversations with Council about getting Council agreement to those matters.

**MR PULLIN:** Yes, and there would be a long design process with the public works approval process which is a separate sort of application as well.

**MR MARSHALL:** Okay. Thank you, Terry.

**MR BAILEY:** Thanks, Duncan. Thanks all. Moving on slightly, I just wanted to touch on the dot-point around construction and operational noise. And perhaps more so just to check on the operational noise piece and the post-monitoring program that's been recommended to be put in place.

5 What we're particularly thinking about here is the impact, and I know it's only 2  
decibels, I think it is, on St Pauls. Whilst it appears relatively small, to actually  
understand what would happen potentially in the event that St Pauls contacted to  
say that they're concerned around an increase from the operational noise and the  
impact on the school. So, this is, there is a modelling piece which we see that  
indicates it's 2 decibels. If it is, is there now a monitoring piece that's conditioned  
for a few months after operations commence, but if there's something subsequent  
to that, I just wondered whether you've given any thought to how you might deal  
10 with concerns that would be raised from the school.

**MR PULLIN:** Well, I think this is more around the loading dock, I believe,  
loading dock noise. From an operational perspective, I can't see anything else that  
would transmit across the road. I mean, other than the monitoring and having the  
15 hours of operation, I just can't see it being an issue with the Pacific Highway  
noise, like, the background noise, like, how will you distinguish ...

I know you can monitor the difference and we can do that, but to actually get a –  
to pinpoint loading dock noise as opposed to the noise on the Pacific Highway  
20 with trucks and vehicles.

**MR BAILEY:** I think there'd be a couple of parts, Raphael. One is around the  
loading dock noise. One is around the plant noise. We've heard –

25 **MR PULLIN:** Plant noise will be –

**MR BAILEY:** It's to touch on there quieter times on the Pacific Highway, we've  
been advised, during those non-core periods, which are probably important in the  
school.

30 **MR PULLIN:** Plant noise will be dealt with, with acoustic treatments. So, I don't  
believe we'll have an issue with plant noise because that's manageable through  
design. I'm not sure I can speak to, other than managing the loading dock  
regarding obviously turning off engines and things like that, adequate management  
35 plans in place by the hospital during operation to ensure that we're minimising the  
noise that comes out of the dock. And obviously hours of operation which we've  
already talked about, so 7 till 6. I'm not sure, other than that, what we can do ...

40 **MS REWITT:** Just on the Pacific Highway, it's interesting. I think that the  
Pacific Highway would be quiet at the same times the hospital would be quiet.  
Because it actually is a very busy road and certainly has become even more so  
with the development on the highway, you know, the three schools that have all  
developed. So, I can't see that the times that the Pacific Highway is actually quiet  
nowadays. It seems to be more and more busy all the time, so yes.

45 **MS O'MARA:** I think – yes, I mean, it's good to walk around the site and I hear  
what you're saying. I think one of the reasons we were just testing that is because  
in the Assessment Report it calls out that the operational noise level at the school

will be, you know, there'll be an exceedance and the Assessment Report indicates that they expect that to be indistinguishable and there'll be some monitoring to check that. And it says if the school shuts the windows in the classrooms, then they expect that to be able to be addressed.

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I think our question was just if the monitoring indicated that the noise was higher, the operational noise was higher than expected in those schoolrooms, would you be open to or what's your position ...?

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**MS REWITT:** If I can just talk around that. You know, one of the difficulties that we've had with our development is that we obviously, to coin a phrase that Melea always uses, is that "We're flying the aeroplane while we're building it." So, we've had – and you can imagine with theatres and our doctors and that, we've had so much noise that we've had to deal with.

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What I can say to you is that whenever we have had an issue with noise, and we would certainly continue to do that, we react straight away and we've put things in place and maybe we've spoken to Raph and then we've got a really great relationship with them and we say, "Look, we've got to stop it now because we've got lots of complaints," and then we just move the work and do it later or we do it on the weekend.

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So, we're very, very conscious of the fact that we cannot afford for anything that happens through our development to impact our community and our doctors and that. So, I would say to you, if, let's say we did discover that it did make a lot more noise than what we had envisaged, we would certainly look at how we could or what we could do about that.

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**MS O'MARA:** And look, I just had a brief question about the public domain and the landscaping. So, the intention obviously is to maintain that over the long term. I know that the condition talks about landscaping post construction and that you'll maintain that. I'm assuming that extends to, you know, more broadly to the public domain and the sort of connecting with country elements of the development.

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**MR PULLIN:** Correct, yes. That would extend to the full perimeter of the site at the moment, of the campus, that is.

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**MR BAILEY:** Thanks, Raphael. I just want to check, Duncan, are there any things that you wanted to cover off before I move into the other matters part of the agenda?

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**MR MARSHALL:** Yes, if I can, Terry, thank you. And let me just go back to construction noise. And I think, Raphael, you said that there'd be consultation with key residential receivers around construction noise. I guess, two things. I think I heard you say that perhaps the primary method of consultation would be letterbox drops and I think Sharon has indicated that that seems to be an effective way of doing that. So, if you could just confirm that.

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But the second part of the question is, where – can you just remind me where that consultation is built in, is it in the consultation strategy or is it in something else that we should be mindful of?

5       **MR PULLIN:** I think obviously part of the development conditions, there is a requirement to provide updated information.

10       **MR MARSHALL:** Yes, but that's just putting things onto the website, I think, it doesn't say who it goes to and, you know ...

10       **MR PULLIN:** When it comes to the key receivers, I think that as part of our Construction Noise Management Plan, which we're currently drafting as part of the CC, that will be one of the components.

15       And I think it broadly, you'd want to be focusing in on as those key receivers, you know, the O'Brien Street and Casey Street, so that we really give them the attention, especially when there's something that's something out of the norm or out of the hours that has to be done, or there is going to be a period of the truck movements or things that are actually more disturbing than the others. So, we just  
20       keep then up to date, and I think that's going to be key with the development, is those sort of key ones. And just focusing, if they're happy to, and we can sort of develop that sort of relationship with those people.

25       **MR MARSHALL:** Okay, thank you. Yes, that's good. Terry.

25       **MR BAILEY:** Thanks, Duncan. Just moving on the agenda. There's an opportunity for comments on the Department's recommended conditions of consent. I just wanted to check to see if there are any comments that you might have that are in addition to any of the discussion we've had today.

30       **MR PULLIN:** I think overall, I've reviewed them, we're generally ... There were a few that we'd sort of discussed with the Department. But I think all in all, we're okay with the conditions as they stand. Jonathon, do you have any comments?

35       **MR MEGALOS:** No, Raph.

40       **MR BAILEY:** Thank you. I'm just checking around the commissioners to see if there's any other that we wanted to follow up on? Thank you. Just with the Commission. Thanks, Jane and Geoff.

40       Thanks everybody again for your time today. There are some questions that have been raised, and I think some responses that have been taken on notice. Just so you're aware, we will consolidate and provide those clarifications in writing over the next day or so, and we'd then ask that you're relatively prompt in responding  
45       within the requested timeframe so that we can keep the assessment and determination moving.

Please also note that today is the end of the public comment period. And if there

are any additional queries and/or questions that arise from the submissions which require information that the Panel feels that it hasn't had access to, we will be in contact around that if we need to.

5 Other than that, again, thank you for your time, and Sharon and Melea, to your teams, we wish them a very happy International Nurses Day.

**MS REWITT:** Thank you.

10 **MR BAILEY:** Thanks all for your time.

**MR PULLIN:** Thank you all. Thanks.

**MR MEGALOS:** Thanks all, cheers.

15 **>THE MEETING CONCLUDED**