



**New South Wales Government**  
Independent Planning Commission

**TRANSCRIPT OF MEETING**

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

**DEPARTMENT MEETING**

PANEL:	TERRY BAILEY (CHAIR) DUNCAN MARSHALL ALEX O'MARA
OFFICE OF THE IPC:	JANE ANDERSON GEOFF KWOK
DEPARTMENT OF PLANNING, HOUSING AND INFRASTRUCTURE:	KAREN HARRAGON DAVID GIBSON THOMAS DALES INGRID ZHU
LOCATION:	ZOOM VIDEOCONFERENCE
DATE:	9:00AM – 10:00AM MONDAY 12 <sup>th</sup> MAY 2025

## <THE MEETING COMMENCED

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

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, submitted the two applications.

The Lake Macquarie 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, and new hospital entry and drop-off.

And the Lake Macquarie Hospital Tower application, SSD-71941462, 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 services facility comprising 40 additional beds, 3 additional day surgery theatres, ground floor imagery tenancy, and hospital entry and drop-off.

My name is Terry Bailey and I'm the Chair of the Commission Panel, and I'm joined today by my fellow commissioners Alex O'Mara who's is here with me, and Duncan Marshall who's also online. We're also joined by Jane Anderson and Geoff Kwok from the Office of the Independent Planning Commission.

And 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 provided and made available on the Commission's website.

This meeting is part of the Commission's consideration of this matter and will form one of several sources of information which the Commission will base its determination. It's important for the commissioners to ask questions of attendees and to clarify issues whenever it's considered appropriate. If you are asked a question and you're 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 up on our website.

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

Thank you. We'll now begin. And I'll hand over to commence the Department presentation.

**MS KAREN HARRAGON:** Thank you. Good morning. Karen Harragon is my name. Good morning, commissioners. Good morning, IPC secretariat. My name is Karen Harragon, Director, Social Infrastructure Assessments at the Department of Planning, Housing and Infrastructure. My team and I are presenting today on two projects, both related to the existing Lake Macquarie Private Hospital. We also give our apologies today on behalf of our Executive Director of Infrastructure Assessments, Doug Walther, who wasn't able to attend.

Given the timeline available and for ease, we will refer to the Lake Macquarie Private Hospital Tower application (SSD-71941462) as the "small development". And we will refer to the Lake Macquarie Private Hospital Extension application (SSD-38025700) as the "large development".

Our presentation today will first provide an overview of the matters that are consistent to the site and then provide a small snapshot of the key differences between the small development and the large. We will then present a separate but small presentation on the small development, followed by the large development.

In preparing our presentation today, we have also had regard to the agenda items. We have made time for questions at the end, but we are also happy to take questions at any time during the presentation.

If we now could start the slide package. I wasn't sure whether the secretariat normally delivers that. But if not, I have got it ready to go.

**MR BAILEY:** If you've got it available, Karen, it would be good if you could share it. What I will do is just ask that you run through the presentation and we'll come back to questions so that we allow close to that 40 minutes for questions and discussion. Thanks.

**MR THOMAS DALES:** Can everyone see there on the screen the presentation that I'm sharing? No? I'll see if I can ... How's that?

**MS ALEX O'MARA:** We're seeing – yes.

**MS HARRAGON:** And if you just want to take it back to the first slide, Tom.

**MR DALES:** Yes.

**MS HARRAGON:** Okay. So, thank you, Tom. Next slide. In relation to the site context, the Department considered the broad Hunter Regional Plan and the Greater Newcastle Metropolitan Plans. Both these plans recognise that the number of private hospitals in the region are expanding. This growth in health and medical research in Greater Newcastle including that within the Lake Macquarie LGA, is recognised as building on investment in the region, providing diverse health services for a globally competitive city, and for providing future job opportunities.

Gateshead is identified as one of 12 major health precincts in the Greater Newcastle area. The Greater Newcastle Plan identified the need for the Greater Newcastle councils to amend local plans so that they can facilitate complimentary land uses within broader health precincts in proximity of these 12 precincts.

However, Council's Lake Macquarie Local Strategic Planning Statement provides more relevant strategic guidance on the Council's strategic direction for the current hospital, the development site, and also the wider precinct. The statement identifies the hospital site in the precinct as being part of the Northeast Growth Area depicted in the image to the right.

The Council's statement envisages the hospital and its immediate precinct growing and expanding to meet the needs of both the LGA, Lake Macquarie as well as the Greater Hunter population. In the image to the right, the hospital is situated immediately south of one of the larger town centres in Lake Macquarie, which is Charlestown, and is located also within the yellow urban intensification corridor which is identified in the statement and connects with, in respect of the highway, a continuous loop through to Charlestown and Belmont.

Next slide thanks, Tom. The existing hospital and the development site currently sit within a cluster of non-residential uses. I'm just going to point out for you the red area which is referred to as "the site" and I'll now speak to this clustering around that area.

There are three schools located in this cluster – the St Pauls Primary School, St Marys Catholic College, and the local public school to the south. A local business centre, which also provides local services as well as health-related services to support the hospital, including operating a number of hospital-related services, is located immediately to the south of the site and is connected by an aerial walkway across Sydney Street.

Also worth referencing here is the immediately to the north of the site, a pocket of land, so medium density, which is yet to be developed for medium density development but is helpful to realise when we talk about the character of the area.

Next slide, Tom. Council confirmed that they had commenced their review of the planning controls across the broader precinct in relation to the recommendations of their statement. For this reason and also given the scale of the uplift which was proposed by the Applicant to facilitate both the developments, it was considered appropriate that a holistic assessment of the uplift be undertaken by Council as part of its consideration of the Lake Macquarie Private Hospital planning proposal. And for that reason, these applications were deferred until that work was completed.

Not only did it enable Council to determine the appropriate uplift for the specific site in relation to the broader precinct, but it also gave them the opportunity to contemplate the generation of traffic associated with the wider precinct and how this would be managed by both the roads authorities.

Next slide thanks. Oh actually – yes, sorry, I’ll actually go back to that last one, thanks Tom. In progressing the planning proposal, the maps of which are shown here to the right, Council determined that an increase in height on the northern portion of the development site from 10 metres to 37 metres, which is the far-right diagram, was appropriate for the site. The site was also rezoned as part of the planning proposal by Council from residential to SP2 Health Services Facilities. And this is in recognition of the key objectives of the site being the delivery of health services within the precinct.

Council, in progressing the planning proposal, noted that in relation to the resultant built form that would be delivered by the 37-metre height limit, that visual and overshadowing impacts typical of an area which is undergoing transition would occur. And Council considered that this was acceptable when balanced against the strategic direction for the precinct and the social and economic benefits to be delivered by that precinct.

Next slide, thanks Tom. The Applicant now owns all of the allotment shown within this diagram, outlined by the development site in red. The existing hospital has a GFA of 14,000 square metres and is spread over a number of levels which step up over the site. A number of car parking spaces are currently provided on site, but the majority of car parking spaces are now provided and will continue to be provided under each of the developments within a multi-storey purpose-built car park located on Hughes Street, which was – sorry, I should have pointed that out in the earlier diagram.

We are now just going to quickly talk about the developments themselves. Thank you, Tom, next slide. So, this is just a very simple presentation for you as we move through both the presentations of the elevations for the smaller project on the left, and the larger project on the right.

And Tom, next slide. This is a very short snapshot so you can see side-by-side the scale difference between the two, noting that the smaller project has an EDC of a little over 48 million, and the larger one an EDC of 144 million approximately. The small development has a 6-level tower. The large development has a 9-level tower, but more importantly it actually wraps around the entirety of the northern portion of the site, and this becomes a matter for some consideration when we start to talk about such things as public domain works.

We had one submission received, an objection in relation to the small, and five submissions which included three objections for the large. The breakdown of the GFA for both of them are provided here, and we’ve also provided the outline of the trees being removed, which we will speak further to as we move to the landscaping slide. And the difference between the car parking numbers, so we have 16 additional spaces being delivered under this project, and 56 being delivered under the large.

I am now going to pass to my colleague, Thomas Dales, to present the first of the

smaller developments and then move onto the larger one. Thank you.

**MR DALES:** Thank you, Karen, and good morning, panel. For the record, my name is Thomas Dales, and I will begin talking about the smaller of the two developments, the Lake Macquarie Private Hospital Tower.

Just a quick snapshot of the proposal. I guess, the key differences here are the number of submissions. So, we have one public submission from the public, it's a 6-storey – sorry, I should say 6-level hospital tower with at-grade car park. And the reason for referral to the IPC was that the Applicant, being Ramsay Health Care Australia, declared a political donation in regard to their proposal and the site itself.

In terms of built form and scale, the proposal is for a 6-level building with a maximum height of 18.6 metres, which remains well within the 37-metre height limit prescribed for the northern portion of the site under the LEP. The development has a total gross floor area of 16,717 square metres. There is no floor space ratio control that applies to the site. And the development is satisfied – sorry, the Department is satisfied that the building's height, massing and site coverage are appropriate for the context. Particularly in light of the 23-metre and 75-metre separation distances to nearby residential and commercial properties which you can see there in the image on the right.

We believe the proposal is well considered, respectful of its low-density residential setting, and consistent with the zone objectives for the area. And you can there on the right, the height limit being 37 metres, so the smaller of the two developments sits really quite a lot lower than the maximum height limit there.

In terms of traffic and parking, the traffic and parking assessment has concluded that the projected traffic increases, whilst noticeable, within manageable levels. And during peak times, we expect an additional 51 vehicle movements in the morning and 22 in the evening. Importantly, the modelling shows no significant deterioration in performance of surrounding intersections post development.

The development results in a net gain of 16 parking spaces, providing a total of 365 spaces, which is 64 more than required in the DCP. During the construction phase, whilst the temporary loss of the Casey Street car park does result in a 12-space shortfall, this has been mitigated through an arrangement to use the nearby Willow Road public car park, which you can see there on the image to the far-left southwest. And Council has supported this arrangement.

In terms of pedestrian safety and access, the current pedestrian infrastructure includes signalised crossings, dedicated footpaths and an overbridge link to the medical centre to the south, south of Sydney Street, which you can see there with the blue arrow south of Sydney Street, that's the connection there.

Existing provision for cyclists is provided with a shared path along the highway, connecting the Newcastle cycle network.

In response to early safety concerns from Transport for NSW regarding pedestrian-vehicle conflict on Sydney Street, a road safety audit was undertaken. Following this, several important upgrades will be implemented, including  
5        signalling the northbound Pacific Highway slip lane pedestrian crossing, extending the Sydney Street median, and improving signage and pavement markings adjacent to the Sydney Street hospital drop-off area. These measures will improve safety and support the increased pedestrian flow anticipated from the hospital upgrade.

10        You can see there on the right as well, the red arrows, and they signify the new vehicular access points that are proposed with this development.

15        In terms of construction noise. Construction-stage works are expected to result in exceedances of the noise management levels at all identified receivers, with exceedances up to 24 decibels of the noise-affected levels predicted at receiver R1. You can see R1 to the north there with a star next to it. These impacts are temporary and managed under a Construction Noise and Vibration Management Plan.

20        In terms of operational noise impacts, these impacts at the R2 residential receiver are expected to exceed the daytime noise criteria by 2 decibels due to the electric motor pump refilling the proposed oxygen tank. This has been deemed acceptable, given the limited scale and duration of the impact.

25        In terms of public domain and landscaping, you can see there the landscape plan on the screen. To facilitate the construction of the development, 61 trees will be removed, including one high-value specimen which is the Brush Cherry, tree 15 in the arborist's report, and it's roughly to the northeastern portion of the site where  
30        the building envelope is.

So, this tree cannot be reasonably retained without significant redesign, however, this loss is offset through a comprehensive Landscaping Plan. The proposal includes the planting of 21 canopy trees, including the on-site canopy cover,  
35        increasing the on-site canopy cover from 3% to 6.6%, a total of 653 square metres of landscaped areas proposed, with emphasis on Casey Street and O'Brien Street frontages, which is the frontage to the north there and to the west of the screen there. These enhancements provide shade and amenity and also soften the built form's visual impacts on the streetscape.

40        And finally for this development, on the matter of visual privacy. The design maintains appropriate setbacks which, as discussed before, is 23 metres from residential properties on Casey Street which is shown in the diagram, or the image on the bottom there, and 75 metres from the west to O'Brien Street (the image to  
45        the north).

Due to the interior layout, any potential views onto surrounding properties would be minimal and incidental. The Department has received no community objections

relating to privacy as part of this development, and we are satisfied that this aspect has been adequately addressed.

5 Moving onto the larger of the two developments, the Lake Macquarie Private Hospital Extension. The key differences are highlighted in bold text on the screen there. So, the key differences being that this one is for a 9-level hospital building with a basement car park. And that stretches the entirety of the northern portion of the site. There's also renovated entry drop-off areas and internal alterations to the southern portion of the site. And the reconfiguration of the ambulance drop-off and emergency bay as well – that's to the southern portion of the site.

10 There are five submissions, and three of those being objections. The reason for referral to the IPC is identical as the previous application, in that the Applicant, Ramsay Health Care, have declared a political donation.

15 In terms of built form and scale. This second application increases the scale to 9 storeys and 33.15 metres in height, which is still below the 37-metre limit. The gross floor area rises to 23,657 square metres, compared to 16,717 in the smaller DA. And despite the southern portion of the site being subject to a 10-metre height limit, the proposal remains compliant across both areas.

20 The setbacks are similar, so it remains 23 metres to the north, but it's reduced to 34 metres to the west, which, with massing considered appropriate relevant to the site's low-rise residential context.

25 Traffic impacts increase proportionately with the larger floor area. Up to 115 vehicle movements in the AM peak, and 77 in the PM, so more than double the smaller proposal. Still, traffic modelling confirms no significant reduction in service levels.

30 Parking provision rises to 409 spaces, which is a 56-space net gain, which exceeds the DCP's requirement by 29 spaces. And worker parking during construction will be accommodated by the Willow Road car park, as is the smaller development. And it's supplemented by a shuttle service during the day, which will reduce on-street parking impacts as well.

35 Pedestrian upgrades mirror the earlier DA but go a bit further in scope, and that's highlighted there in bold text on the screen there. So, in addition to signalised crossings and the extension of the median in Sydney Street, a high pedestrian activity area will be established, along with a raised pedestrian crossing on Hughes Street, with a two-and-a-half metre path linking Hughes Street car park to the development. So, this will improve overall the precinct's overall connectivity and safety as well.

40 Construction noise impacts are comparable to the smaller DA, with exceedances of up to 24 decibels above noise management levels predicted at the most impacted receiver, which is R1, shown on the screen there with a star to the north. During operation, residential and commercial receivers are expected to comply



with the requirements of the EPA's Noise Policy for Industry, with a minor 2 decibel exceedance at one nearby school, which is St Pauls Public School to the east, and which is a level considered negligible.

5 To further reduce impacts, restrictions on loading dock and café hours, patron numbers and plant design have been included as recommended conditions of consent.

10 In terms of public domain and landscaping. Although 51, sorry, 59 trees are removed versus the 61 in the smaller DA, the proposal includes a more ambitious offset planting of 66 canopy trees due to the scope of works extending the entire site. The existing canopy cover within the site is 425 square metres, which is 3%. And upon completion of the landscaping works, a total of 800 square metres of landscaping will be present.

15 The hospital design maintains appropriate setbacks – 23 metres to Casey Street and 34 metres to the west. So, you can see there on the right of the screen, that's the views to Casey Street from the development, and on the left is views to O'Brien Street from the development.

20 In response to initial concerns, the Applicant submitted detailed sight-line diagrams, as you can see there, and provided additional landscaping to ensure that views from the outdoor café, which is at ground level shown on the left image, will obscure views to the residential properties along O'Brien Street.

25 Where privacy interfaces are more sensitive, such as 37 and 39 O'Brien Street, planting, as I said, has been increased, but also plantation shutters on the upper levels have been designed to obscure sight lines without compromising sunlight access.

30 You can see there on the right image, there are what looks like balconies but they're not actually balconies, they're architectural features of the façade. So, those features actually block views downwards towards residential properties along Casey Street, so the views are generally more upwards and outwards.

35 I will pass onto Karen just for some concluding comments.

40 **MR BAILEY:** Karen, if we could just be relatively brief, because we do want the maximum time for questions. Thanks.

**MS HARRAGON:** Here just lists, I guess, which we consider probably the non-standard conditions which have been applied to the developments in relation to targeted mitigation requirements. So, we've just captured those there for you.

45 If we can just move to the next slide, Tom. I just wanted to obviously – I might just defer this question slide. I just want to quickly talk to the matter of the multiple DAs on one site. The Environmental Planning and Assessment Act does not explicitly prevent multiple developments from being approved for the same

land, and there is case law that confirms this. If multiple consents exist for the same site, the conditions of each consent must be followed by the applicant regardless of any other approvals.

5 For this reason, we are able to approve more than one on the same site. We have, however, considered the need for whether it's appropriate to impose a condition requiring the surrender of one if the other is commenced. However, it is the applicant's role to comply with all conditions. We do not consider that it is  
10 necessary to require the surrender of one simply to ensure that an applicant complies with their condition of approval.

This is already a requirement of the two instruments that we've put forward. We find that it would be difficult to justify why such a condition would be required, having regard to the Newbury principle in establishing a nexus between the need  
15 and the condition proposed, if that was to have been the case.

I think that's it for our formal presentation, so if any questions, thank you.

20 **MR BAILEY:** Thanks, Karen. Thanks, Thomas. We'll follow the questions just as we put them into those, particularly into those key matters. Could I just ask one quick question though. With the Gateshead Health Precinct Plan referred to, is there a completed plan?

25 **MS HARRAGON:** No, it's underway by the Council already. So, as recently as when the planning proposal was exhibited by the Council and made public, they made reference to the work that they had already commenced to review all of the planning instruments that applied to that area.

30 I know there were much broader conversations that were going on between the two roads authorities that, I guess, were triggered by this application. Because as you could imagine, it was no use having regard to the uplift of this site if it wasn't going to be consistent with the delivery in a meaningful way of the next piece of work. So, we have not sought an update on where the status of that additional precinct work was.  
35

**MR BAILEY:** Thanks, Karen. I might jump across now. Alex?

40 **MS ALEX O'MARA:** Hello. Thank you for the presentation. I was just keen to sort of understand from you, in those reports you're going through the RSA findings and the recommendations and the Applicant's response to that. I'd just be keen to understand how that then tracks through to the conditions.

45 So, there is quite a lot of detail in there, some things are expressed to be higher risk, and some of them seem to find their way into conditions and others seem to be caught by the general provision – or that's my understanding. But I was keen to hear from you how that works.

**MS HARRAGON:** Yes. So, I'd probably have to be quite honest with you. We

would typically, in the first instance, apply a condition that say you must comply with all the recommendations and requirements of the RSA. But we do believe it emboldens and provides that absolute confidence, I guess, also for the community, so they don't have to unpack what that RSA says by drawing out some of the key deliveries that they have to achieve.

We don't have a concern that they're the only elements that will be delivered from the RSA recommendations. They're more just an easy-to-recognise so that we can also refer to them through our report. Because each of those would have to be signed off by the certified authority as being compliant.

**MS O'MARA:** Okay. So, in terms of the conditions then, you think they're picked up by the ...

**MS HARRAGON:** The broader one.

**MS O'MARA:** Yes, the B8 one that kind of says you have to ...

**MS HARRAGON:** Comply with all recommendations. And I think as well, there was also the evolution of sort of other matters that got picked up by each of the authorities. It becomes quite challenging when you've got the two authorities sharing the same space, and there is no black and white separation other than on paper, of where traffic that comes off a regional road then automatically becomes the responsibility just of council, because that's still the responsibility of the regional roads authority.

So, it was very much about working with the two of them so that the conditions said in their entirety, particularly given that this is also a school zone, became a set that both of those were willing to endorse. Because we were going backwards and forwards between them for quite a considerable time, and so was the Applicant who was working with them, to come to a place where they're a set that met all the needs of the projects individually.

And I think one of the things as well, not that you've asked me this, but what we recognised was perhaps a legacy of traffic issues associated with this hospital over many years, as it's actually evolved and became quite a significant collector and attractor of more broader health related things. When – and I think that was, in my mind, recognised by the Applicant many years previous, and that was why they deliver that Hughes car park. And what that's done is to actually stop people going looking for a parking space by going, you know, five times around the same building hoping a car space would become available.

So, now straight away you've got that drawcard of a majority of the people going straight to the Hughes car park, the staff know they can get a park, the people who are more mobile know that they can get a park. So, I think that's been a fairly big change in how the functioning of that greater precinct's working.

**MS O'MARA:** So, in your view, Karen, do you think there's sufficient certainty

in this table about, like, exactly what they have to do?

**MS HARRAGON:** Can I take it on notice that we can go back and do another review for you, and if there is an ability to bring forward some more of those RSA recommendations, happy to put that through as a supplementary condition set for you?

**MS O'MARA:** Okay. And I just had a related one on parking. When we were on the site visit, a lot of the parking around the hospital is, like, there's no restriction on hours or ... So, in the report you talk about how, because they've met the conditions in the DCP, will exceed the conditions in the DCP ...

**MS HARRAGON:** Yes.

**MS O'MARA:** ... you're not proposing any conditions around parking. Or, you know, I think you said that it was – you weren't concerned about that. But if that was an issue, is that something you could condition, you know, is that something ...

**MS HARRAGON:** We would typically hope that the source of the identification of that need comes through a council who have a greater understanding of how that impacts over a longer period of time rather than a couple of times we've gone to do the inspection.

And I think as well, because equally we were mindful of the fact that the car parking station is now in excess of the DCP, because you've got that duality of making sure there's not more people coming to park, and rather than driving an outcome to, you know, seek some movement of staff through active transport processes.

But I think it's probably important to recognise that that car park is actually being more broadly by the professional suites that are across the road, that I don't believe have any car parking. So, the excess of DCP doesn't particularly worry me. But I do think that if there was a need for time limited parking, I would hope that that would be coming from Council. Because ultimately, it's a pretty big burden to place on a council because we would be asking them to police it, so they would have to be finding the resources to go and police and go through every hour. So, typically it still becomes a local traffic determination in terms of that committee, as to whether that is actually an appropriate thing to do.

But we could certainly take that offline and look at whether one of things, Commissioner, we would be able to do is even recommend a condition that potentially like a year after the start of the operation of the building that there's actually a parking review that's undertaken to see whether the current car parking arrangements are meeting the needs of the building on operation. Particularly if by then there's additional precinct activity that's going on that might be then feed into the understanding of that longer term, holistic approach to delivery of parking.

**MS O'MARA:** Thanks for that.

**MR BAILEY:** [Unintelligible 00:35:34]

5 **MS O'MARA:** Not on that.

**MR BAILEY:** No? That's okay. Thanks. I just wanted to come back on the construction and operational noise please, Karen, and just noting your comment, particularly that the impact on St Pauls is noted as negligible in the operational  
10 period, so post construction. And then I think if I'm reading right, if I could just be taken through the operational noise limits, but if I'm reading right, there's a short term operational noise monitoring program that comes in that's carried out for four months.

15 But what I wanted to just explore was, if there's operational noise that appears after commencement of operation, you know, well after the commencement of operation outside that monitoring period, at somebody like the school, what would be the response or the recourse for St Pauls?

20 **MS O'MARA:** So, the reference to the St Pauls impact, my recollection is it was a 2 dBA above background, so that's why we refer to it as relatively negligible. The process of that post-operational noise monitoring is to validate and verify the assumptions that are made in that initial noise report, that they are in fact correct, that (one) that the impacts are correct, and that the mitigations that the Applicant  
25 has put forward ...

I think a significant amount of that noise is coming from plant, so it's been put forward that it will be shrouded and that there will be measures on that. If the expectation is that that noise monitoring would normally have a recommendation  
30 that it doesn't meet and doesn't comply with the requirements and that they would have to go back in to revisit how that mitigation could be imposed. I'm happy to take on notice coming forward with a stronger condition that has a very clear line of sight around if there is a failure determined during the monitoring, that X, Y and Z must be achieved, and then another round of post-monitoring after that  
35 updated or improved mitigation occurs.

Because then there can be that comfort level for the school that they are not the ones who have to be pursuing a non-compliance, that the conditions that will pursue and ensure that the Applicant is required to continue to bring it up to  
40 standard.

**MR BAILEY:** Yes, if you could, that would be good. Of particular interest there, but also obviously maintaining the opportunity for the school to make contact about it as well.

45 **MS O'MARA:** Yes. Can I also say that the role of the compliance team within the Department is very much involved with day-to-day complaint management. And they will go out and they will actually take noise measurements on sites to validate

allegations and pursue that with the applicants. That's quite a day-to-day, very normal activity that they do do.

**MR BAILEY:** Thanks.

**MS O'MARA:** On that, Karen. In the report it says, "If the school shuts the windows, they comply." I just wanted to check, like, when they do the monitoring [audio glitch 00:38:57], they wouldn't need to have the window – I suppose I'm just thinking about the kids in the classroom. Like, I'm assuming you'd be looking at if they had the window open.

**MS HARRAGON:** Strictly speaking, the New South Wales Noise Policy is the measurement at the front face of the building. So, strictly speaking, it does not take measurements from inside the room. We could look at a condition set where something different to that might be considered, but it would probably be going beyond the provisions of the policy.

**MS O'MARA:** I just – yes, if you're looking at the start of the building, then they wouldn't need to shut their windows.

**MS HARRAGON:** Yes, and not – and obviously, I can't speak for the school, I'm unclear whether the noise from the Pacific Highway is so significant that they're already doing that. That would be an assumption, and I can't speak to that. Pacific Highway can be relatively quiet out of peak as well, so I would imagine you'd be taking opportunities to have your windows open if you could, yes, for that group.

**MR BAILEY:** Thanks, Karen. I think one of the areas we wanted to touch on was the domain and the landscaping. Alex?

**MS O'MARA:** I just wanted to check with the landscaping condition, just in the framing of it, that that requires them to keep the sort of appealing garden and the public domain well maintained. Now that I'm looking at the Landscape Plan, it looks like it does.

**MS HARRAGON:** There is an expectation that for perpetuity you must comply with all of your condition set. But it does become a problem where you have an applicant, potentially one who's moved on, I might talk about other projects where you've not got an activity presence, where you're delivering potentially infrastructure.

**MS O'MARA:** Yes.

**MS HARRAGON:** I would expect that this applicant, being that they will continue to own and operate the site, would endeavour to maintain those. But I think it could be a very, very easy tweak to that condition to be really clear about the ongoing need to maintain that.

**MS O'MARA:** Yes. Are you able to suggest something around that?

5 **MS HARRAGON:** Yes. And we might just be a little bit mindful about not imposing ourselves on Council in the public domain, so unless otherwise disagreed to by Council. Because Council might say, “We don’t want you coming out and trimming our road trees after they’re established, etc.”

**MS O’MARA:** Yes.

10 **MS HARRAGON:** So, we’ll word it so that they can provide an agreement between those two parties in the longer term. I’m sure Council would be more than happy for that continue to be maintained.

15 **MR DUNCAN MARSHALL:** Can I jump in with a few things, if I may, Terry, is that okay?

**MR BAILEY:** Yes, Duncan.

20 **MR MARSHALL:** Okay. Actually, I might start with the landscaping questions and then circle back to some other things that I was holding my breath about.

25 Just in terms of public domain and landscaping, actually one of the things that occurred to me during the presentation was that there’s quite a reliance not so much on landscaping and bigger trees on site, but actually in the street verge surrounding. And it made me wonder in fact whether the sort of percentages of tree covers and the things like that were actually comparing apples and oranges a bit, you know, canopy cover including the public domain versus tree canopy not including the public domain. Do you want to make a comment about that issue?

30 **MS HARRAGON:** I think you would probably be correct in reading what our report – Tom, you can confirm if ... I think we have in fact taken the crown of the trees within the entirety of the amount. And if you’d like us to do them separately, we could do that as well.

35 I think you would see without us even doing those numbers before you though, without that public domain of the road reserve, the site has a very large footprint of hardstand area.

**MR MARSHALL:** Yes. Thomas, did you want to add in there or ...?

40 **MR DALES:** Yes, I tend to agree with your comments. The numbers are broader. They include the road reserve as well. So, they have relied fairly strongly on the road reserve. But if you like, we can sort of take it on notice and confirm some numbers, just to make sure.

45 **MR MARSHALL:** That would be great. And the other question that I did have in my back pocket before this meeting was, the assessment talked about the one high-value tree and that discussion is fine. But I noticed – and I can’t remember, I think it was probably the 9-storey version, talks about a number of medium-value trees,

but it then goes silent about them, it's like they're not further considered in terms of ability to be retained or otherwise. I just wonder whether you wish to comment on that aspect.

5 **MR DALES:** Yes, definitely. In terms of the medium-value trees, they're, from my understanding, generally within the right and centre of the building envelope. So, it was more a matter of that they couldn't be retained at all in any form, and I think the Applicant sort of addressed that in replacement planning rather than obviously looking to retain or redesign around them. But it was, yes, a matter of  
10 that it would stifle development altogether if these trees were to be retained.

**MR MARSHALL:** I'm not sure whether the Assessment Report actually says that, but it might be worth just a confirmation that for practical reasons the retention of those medium trees is not possible.  
15

**MS HARRAGON:** Yes, we can provide a supplementary statement for that.

**MR MARSHALL:** Okay, thanks. Karen, probably back to you and a couple of high-level questions. I think with regards to the strategic planning and the  
20 Gateshead Medical Precinct, you said that planning process was underway. And I think you said that it appeared that these two development applications were (or looked to be) consistent with the direction of that strategic planning. I don't want to verbal you, but is that broadly what you we reindicating?

25 **MS HARRAGON:** So, the evidence I was relying upon was a public facing statement that the Council had actually put onto the planning proposal as part of the progression of that piece of work, where it actually said, "We have commenced that work."

30 So, the drivers for the investigation not only come, to be led by Council, not only come from their statement themselves, but from that Greater Newcastle work, where it actually directs at all of the Newcastle LGA councils commence the investigation of reviewing their LEPs around these 11 health precincts, or the main clustered private hospitals in particular.  
35

So, and obviously it's easy to recognise that this hospital is the main driver for anything that's going to happen in that precinct at all. To just give you a little bit of background, the Applicant approached the Department initially with seeking to deliver that uplift through simply State Significant Development Assessment  
40 process. And we knowing and understanding already what was happening in the Greater Hunter and also in Lake Macquarie around the need to review more holistically the precinct, we did not think it was (one) appropriate for that sort of variation of scale to be done as a DA.

45 And we said to the Applicant we were not prepared to progress it without the Council leading the planning proposal work, so that indeed they had that opportunity in the background, you know, which might not be public facing, their understanding of how they intend to deliver that more broader, regional, sort of



non-residential activities clustered around the hospital.

**MR MARSHALL:** Yes. I guess, what I was grasping for was, is there something, some statement by someone that we can rely on to suggest that what's being proposed in these applications is broadly consistent with the direction of that Gateshead Medical Precinct strategic planning?

**MS HARRAGON:** Not – no, so our view was it's consistent in that all of those plans identified that there needs to be uplift around the private hospitals. So, in a very simple strategic view, it's consistent with that intention. We were not able to gain information other than we did not see any resistance from the Council for that built form.

**MR MARSHALL:** Right, right.

**MS HARRAGON:** And the fact that it's that many storeys of an envelope and the Applicant has chosen to do a more bespoke response internalising the urban design outcome significantly less than that, will give you an idea of where that greater vision is potentially going for Council.

**MR MARSHALL:** Okay. The other big picture planning thing was, whether there's a strategic rezoning afoot for the broader area around the hospital taking place. I mean, I note in the assessment that specific rezonings were sought for this site, and I know there's some information about R3 and other zonings around. But we've heard the suggestion that there are – and I think you might have even said this – that there's a further rezoning happening in the area.

**MS HARRAGON:** Well, I think it will probably – what I'll do in the supplementary work we do, I'll actually provide a link to the planning proposal which has ... Because that, the words that I actually use that I mentioned came from Council, almost a quote from that public facing document, where they say they have commenced the review of their planning controls in the precinct.

So, yes, other than that, and the broader knowing and expectation that they have committed to in their statement to look at and progress a precinct. And it's not just so much about the Applicant wanting that, it's about them seeing private hospitals and private health being a significant economic driver for their area.

And probably just to be clear as well, the Applicant didn't ask for the rezoning. It was actually a request of the Department of Planning's strategic group who recognised, well, the uplift is not an appropriate uplift for anything other than delivering these significant objectives to that future precinct.

**MR MARSHALL:** Okay.

**MS HARRAGON:** So, that's why they knocked it into the health precinct, or the health –

5 **MR MARSHALL:** One quick last question from me for the moment, and it's back to the RSA and the conditions and what's agreed and not. What's your understanding, I mean, have Council and Transport for NSW agreed to all of the recommendations in the RSA, or is it still a work in progress and we're not clear? What's your understanding of where things are at the moment, again?

10 **MS HARRAGON:** So, there were a significant numbers of rotations out in ... The Applicant drove the solution with the two authorities, both Council and ... Because ultimately what you're wanting to have is a solution that's driven by people who are appropriately qualified, you know, traffic engineers and traffic planners. And we very much look for – we don't have the model, and we look for those who have access to it and have an understanding of the needs that need to be resolved, for them to ... So, those conditions have all come from the two roads authorities, so ...

15 **MR MARSHALL:** So, just in terms of clarity of outcome, we don't have clarity of outcome at the moment – it's still a negotiation going on?

20 **MS HARRAGON:** Oh, no, no, no, those condition sets were not – they were agreed to by the Applicant.

**MR MARSHALL:** Yes.

25 **MS HARRAGON:** And they were put forward by ... So, the majority of those conditions that you're seeing have come from Transport, because they had that broader envelope of not only being the regional authority but also the ...

30 Because it's all about also the safety for pedestrians driven by that many movements of students as well. And then the conditions that were provided to Council. So, a lot of the work is beyond their remit, but they also supported fully and had no objections to the broader set that Transport recommended.

**MR MARSHALL:** So, we're still waiting for Council to agree to the full suite?

35 **MS HARRAGON:** No, they were given a copy. Tom, I think we're comfortable in saying? And they were evolving over time. So, each time they were given a further copy of them as well.

40 **MR MARSHALL:** But they haven't agreed yet, have they?

**MS HARRAGON:** No, I'm pretty sure they hadn't, no, raised no objection to the condition set.

45 **MR MARSHALL:** So, you're saying they've agreed?

**MS HARRAGON:** Well, they don't have to agree to them. Because some of them don't necessarily relate to the land to which Council has responsibility. I think we would be more than happy to actually track down where the last, and probably

give you, I'm happy to give you a sort of a summary of the times that we actually went back to the agencies, so that you can see, and more just as a summary, and when the last set was given to Council, what their response was.

5       **MR MARSHALL:** I think we're probably more interested in the response than timeframes and things like that.

**MS HARRAGON:** Yes.

10       **MR MARSHALL:** So, I'll leave it at that. Thanks, Terry. Thanks, Alex.

**MR BAILEY:** Thanks, Duncan. We've just got a follow up from Alex.

15       **MS O'MARA:** Oh, I just had one observation.

**MR BAILEY:** Yes, a new matter.

20       **MS O'MARA:** Yes, sorry. I just had one on the social impact assessment. In the report it says, you know, we're going to impose a condition requiring that the recommendations in the social impact assessment be taken, in the Social Impact and Management Plan. But the only condition I could find was around a community communication strategy post occupation.

25       **MS HARRAGON:** We'll take that on notice, Commissioner O'Mara.

**MS O'MARA:** I think we'd be keen to see a condition around that, if it's not already incorporated.

30       **MS HARRAGON:** And particularly one that's got a real clarity on what's the deliverable, and when ...

**MS O'MARA:** Yes.

35       **MS HARRAGON:** ... so that it's quite clear.

**MS O'MARA:** Yes. And through the developments of the construction phase, it's obviously going to be a big change, I think, you know, an important change, but it's going to be a big change for the community living around it.

40       **MS HARRAGON:** And I think we can put many conditions on, but the impact will be borne by the community. So, the best we can do to make that the best managed impact, I think that's a responsibility that sits on our shoulders.

45       **MS O'MARA:** Great.

**MR BAILEY:** Thanks, Karen. We just touched a little bit on what did cover off on the relevant other parts of the agenda, particularly around that community engagement piece. And we've had quite a conversation around the recommended

conditions of consent and how that will be followed up after today's discussion in quite a few areas, which is great. Thank you.

Are there any other matters before we finish, and I will check in with ...?

5

**MS JANE ANDERSON:** I'll just say something, Terry. Hi, Karen, it's Jane Anderson here, just off the screen.

**MS HARRAGON:** Morning, Jane.

10

**MS ANDERSON:** Just to note that we've taken notes of the comments that you'll provide and that you've taken on notice, and that you'll provide additional information about. So, the Commission will issue a letter in the next day or two just asking for confirmation of those things.

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**MS HARRAGON:** Thank you.

**MR BAILEY:** So, just again, just in closing, thank you for your time today and preparation. As Jane's mentioned, the questions raised and taken on notice will be provided in writing by the Commission. And please do seek to respond within the timeframe as requested.

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I'd also just note today's the end of the public comment period and it's not until 5 o'clock this afternoon. And if any additional queries and/or questions arise from those submissions where we feel we require clarification, we will be in contact on that as well in the next couple of days.

25

So again, thank you for your time.

**MS HARRAGON:** Thank you, commissioners.

30

**MR DALES:** Thank you.

**>THE MEETING CONCLUDED**