New South Wales Government
Independent Planning Commission

TRANSCRIPT OF PROCEEDINGS

RE: WENTWORTHVILLE NORTHSIDE WEST CLINIC EXTENSION (SSD-17899480)

APPLICANT MEETING

COMMISSION PANEL:	DIANNE LEESON (Panel Chair) ADRIAN PILTON
OFFICE OF THE IPC:	JANE ANDERSON OLIVER COPE HEATHER WARTON
APPLICANT REPRESENTATIVES:	MICHAEL PAIN ANDREW COWAN MIKE RYAN ZACK ASHBY
LOCATION:	VIA VIDEO CONFERENCE
DATE:	9.35AM, MONDAY, 23 JANUARY 2023

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MS LEESON: Good morning. Before we begin, I'd like to acknowledge that I am speaking to you from Ngarigo 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 Wentworthville Northside West Clinic Extension Project currently before the Commission for determination. The applicant, Ramsay Health Care, is seeking approval for redevelopment of the Wentworthville Northside West Clinic, including the demolition of an existing two-storey building at the rear of the site, and construction and operation of a four-storey extension to the existing stage 1 clinic building. The proposal includes alterations and additions to the existing building, landscaping, tree removal, new car parking, and infrastructure improvements.

My name is Dianne Leeson. I'm the chair of this Commission Panel, and I'm joined by my fellow Commissioner Adrian Pilton. We are also joined by Jane Anderson and Oliver Cope from the Office of the Independent Planning Commission, and Heather Warton, who is assisting the 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 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 can't - are 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 our transcript. We will now begin.

So, good morning, and apologies again for that slight delay to the meeting. We did circulate an agenda for this morning's meeting, which I hope you all have, and are to discuss the items. I will change it around just a fraction in the fact that we have the Department's assessment as the first item on the agenda. Given the Department is recommending an approval, or that this is able to be approved and has some draft conditions of consent for us to consider, I'm going to take it that you're quite content

with the Department's assessment report, and we'll just leave your commentary on the draft conditions for later on in the meeting when we also discuss compliance of the BCA issue. So we'll just tidy up the agenda a little bit and work those together.

So given that, we might launch straight into a discussion around the built form and justifications for building height exceedance and the FSR exceedance, and can I ask, before we start, do you have any presentation materials that you would want to share onscreen today? Is there any screen-sharing proposed?

MR RYAN: There is nothing in particular from our end that we've prepared, but I do have the architectural drawings, and all of our DA documents, ready if you want to look at anything that you – you know, of particular reference. So there's nothing that we propose, but, yeah, just let me know if there is something.

MS LEESON: Will do, and for the transcript, that was Mike Ryan. Thanks, Mike. And the reason I ask is that Commissioner Adrian Pilton has had to join by phone today, so he's got no visuals, and that was part of our technical problem. And Adrian, please feel free to jump in with any questions along the way as you see fit.

MR PILTON: Okay.

MS LEESON: So around built form, there are height exceedances, as you've identified in your EIS and in the Department's assessment report. I think one of the things we'd like to discuss there is, why the building is the height that it is and the removal of a proposed basement, you had in an earlier concept, which I think you also discussed with the State Design Review Panel, and some more opportunities for basement parking there, why you've gone away from – or basement levels – why you've moved away from that, and starting with the height exceedance, and it will get us to the FSR exceedance. So if I can just ask you to comment around the issue of the basement, and having a lower height building?

MR COWAN: I'll provide some - Andrew Cowan, Willowtree Planning, on behalf the applicant, and Mike Ryan will no doubt have some input as well. But obviously the basement parking opportunity resulted in, you know, much more disturbance to the site, and overall inferior outcomes in terms of drainage and flood mitigation and the like. So, you know, the decision was taken to eliminate those risks and disturbances to the site, and provide a, you know, a less intensive option, let's say, in terms of site disturbance and the like.

In terms of the building height, as we discussed onsite last week, there are, there's obviously a significant level difference on the site, which can be seen when you look

from the street, the ramping down, and that inevitably creates, in part, a variation within the additional building that's proposed. So there's also efficiencies required in terms of connectivity to the building. As we discussed onsite, in terms of ramping and so forth, that were undesirable, and hence we've arrived at a building height as proposed. I'd just reiterate that building height at the Lytton Street frontage, the building height exceedance is minimal, and it's more towards the rear of the site, where you get the exceedance of the greatest extent, as we detailed in our 4.6 variation. So, I suppose, every effort has been made to try and minimise that height exceedance, and it's only in part where it breaches, I think it's a 24 per cent variation.

MS LEESON: It's about 300 mil on the Lytton Street frontage, is that right?

MR COWAN: Yeah, it's - yeah.

MS LEESON: Yeah. And the greater height exceedance is in the centre of the site, with the - - -

MR COWAN: Yeah, the centre.

MS LEESON: Yes. Okay.

MR ASHBY: Sorry, Zach Ashby from Team 2. I'd also add to that that we have got the floor-to-floor levels at really a practical minimum in relation to the sort of technical operational requirements for a building of this nature, and I suppose it's obviously clear that, you know, hospitals have got a sort of – a higher requirement for a lot of the kind of service – the technical services side of things, and particularly post COVID, so we've really sort of pushed that down to what we think is the practical minimum in relation to the floor-to-floor heights. Generally you'd expect 3.8 or 4 metres for the floor. This is around 3.5 I think from my recollection.

MR COWAN: Yes, and that came through in our design iterations with the Department. We'd amended further to bring the height down from what was originally submitted.

MS LEESON: So that 3.5 floor-to-floor, is that a clinical requirement?

MR ASHBY: It is, because you have a - basically the amount of air-conditioning that's up in the ceilings. None of the - you can't open any of the windows because there's a patient risk issue, right? So the whole thing is air-conditioned. Now, that's just a kind of HFG requirement, Health Facility Guidelines, a Department of Health requirement there, so it is air-conditioned. Generally speaking, all of the rooms have

got independent air-conditioning, and that's partly for - mental health patients tend to be sensitive to heat and cold, and they tend to have, want to kind of control their own environment more than perhaps other patient categories. Obviously with that in mind, you wind up with an awful lot of air-conditioning, a lot more air-conditioning plant, than you would do in, say, a commercial building, or a residential building. So that sort of drives that. And also there's a minimum of 2.7 metres floor to ceiling in all the kind of rooms as well, which is a Health Facility Guidelines requirement too. So with all that in mind, you wind up with a, you know, an awful lot of plant in what is not a huge building, I suppose.

MS LEESON: No, I understand. And that, I mean, joining, connecting into that stage 1 building drives part of your height issue as well.

MR ASHBY: Absolutely.

MS LEESON: I see in the assessment report, the Department said that this would have – if you didn't connect directly floor to floor, it would have impact of ramps on floor space and circulation in clinical practice. I think we've touched on the clinical practice a little around the ceiling heights and floor-to-floor heights. But can you take me through the circulation and floor space issue? Because, I mean, this facility - I may well be wrong - but I'm imagining people are not being moved on trolley beds and things like that through the facility. So can you just take us through the issue of why ramps would not be acceptable?

MR RYAN: Yes. It's Mike Ryan here from Erilyan. I might just touch on that as well, because there's a key point that was raised earlier around the previous scheme having a basement. So that scheme that was part of the planning proposal was actually for a different type of facility, so that was a co-located but it was a medical rehabilitation facility, so that would - it was not a mental health facility. When, in our current scheme, it is an extension and a full integration of the existing mental health facility, so we need that direct link between those existing wards, which the other scheme did not need. So that was one of the reasons that we stuck with those floor-to-floors remaining the same as the existing building.

Now, one of the key areas of having that connection is because there's peaks and flows with what type of mental health service they're providing. Sometimes there's, you know, more drug and alcohol, sometimes there's more adolescent eating disorder unit, and you can't just put people in different wards or units. So having that connection between the level 1, from, I guess, a clinical point of view, is a key reason why we need to be able to swing those beds, so we can actually make a 30-bed ward

from stage 1, turn it into a 42-bed ward, or however we break it, with the connection straight through to the stage 2 works.

In regards to the ramping and the stairs, I understand what you're saying – it's not necessarily bed movements, but Zach may be able to speak to it more as well, around the Australian Health Facility Guidelines, but some of these patients are not necessarily moving very freely by themselves, particularly in the Adolescent Eating Disorder Unit, there's quite a bit of frailty, and we wouldn't want to be putting too much stairs, and, you know, ramps throughout that area. It's also a, it becomes very difficult to then set - you lose a lot of floor space if you have ramps or stairs where you can't actually put rooms as well, if that makes sense, because, yeah, you're fundamentally on a slope, so there's that issue as well with putting those ramps and stairs into those connective, connection locations, I guess.

MR ASHBY: And I'd add to that also that there are still trolley movements for, you know, linen, for food and various other things as well, but moreover there are a proportion of the patients who are wheelchair-bound, so that's another issue that needs to be considered. Now, it's just, it is, I suppose, probably fair to say, it's just poor practice to have ramps in a new mental health facility. It would be viewed very poorly by the Ministry of Health, and just from an operational point of view, it's just not great practice, to be perfectly honest with you. So, again, it's not - yes, if there were any way out of it, you would avoid it, and for all the reasons we just mentioned, I think.

MS LEESON: Yes. No, I understand. You wouldn't want to be starting with ramps as you're starting. No, I understand that, thank you.

MR PILTON: I understand that.

MS LEESON: Sorry, I'll just step in there. I think Adrian said he is fine, he didn't have any questions or comments on that. We're comfortable with that.

MR PILTON: Yes.

MS LEESON: So I'm going to have to do a bit of interpreting here, I think, just because of the issues that we've got today. So I think, that said, we're probably happy to move on from the height issue. Can we just, while we're talking about the built form, discuss overshadowing? I think the documentation that comes through shows us overshadowing impacts in plan form. One of the things that it does show is overshadowing of that residential building to the south, across the other side of the lane. Is there a diagram that shows the overshadowing in elevation there, given that there's a window on that side?

MR ASHBY: I don't believe so, Dianne, but we could - that isn't to say we couldn't do one.

MR COWAN: Yes. I think we've just - in our understanding, the test was 50 per cent solar access in midwinter for private, open-space areas, and that is the planned view, to demonstrate that. So bringing the living areas of adjacent or adjoining properties into question wasn't a matter for consideration under the planning framework within that Cumberland LGA.

MS LEESON: Are you not required to do it under the Cumberland documents?

MR COWAN: That's right, yes. That's right.

MS LEESON: Okay. So is it, would it be terribly difficult to actually do that in a short period of time?

MR ASHBY: Well, possibly not. It just depends on whether the survey has actually got accurately plotted locations of the windows. So that's – I'd have to go back and take a look at that and take that one on notice, I think.

MS LEESON: If you can take that on notice. If the survey does have accurately plotted bits of the windows, we would appreciate it. If it doesn't, I think we can probably move on without that. So, without putting you to too much extra work, without having to look at the survey.

MR ASHBY: I'll check that very quickly after this, and revert back to Mike Ryan.

MS LEESON: Okay. Thank you. Adrian, can I ask you, do you have any - while we're still on built form questions for the applicant?

MR PILTON: No, not at this stage, Di. Thanks.

MS LEESON: Okay. All right. That's fine. I think, then, having taken the matter of the built form around the height exceedance, the FSR exceedance flows with that, so unless of any of our people from the office have a follow-up question, we will move on, but can I just quickly check with Jane and Heather and Oliver?

MS ANDERSON: Nothing from us, Di. Heather?

MS LEESON: Okay. Thank you. All right. The next item for discussion was really around flooding and the emergency management plan and shelter in place strategy. I imagine you have emergency management plans in place for all sorts of things at the moment, including emergency egress in fire, et cetera. I have noticed now that the SES seems comfortable with the shelter in place strategy, but can you just quickly take us through – and I do note that the – there will be an improvement by moving all those inpatient units from the lower western side up above the PMF. Can you just confirm for us, though, that the overland flow is the only flooding that happens? There's no riverine flooding coming up from that drainage canal of Finlaysons Creek?

MR RYAN: Yes, that's correct, Di.

MS LEESON: Okay. And that minimum floor level in stage 1 and the proposed entry lobby down at 19.25, I think you pointed that out to us on the site visit last week, when we discussed bunding around those entry doors. That's approximately the location we're talking at, just below that area there?

MR RYAN: Yes. It's probably not worded that well when they say proposed entry lobby on the lower ground floor, cause the actual entry we went in, the reception area, if you remember, is much higher, for stage 1.

MS LEESON: Yes.

MR RYAN: So it's just that lower ground entry lobby, where there will be connection with what's the existing dining room. That level is 19.25, and what - - -

MS LEESON: So will visitors - - -

MR RYAN: Sorry.

MS LEESON: Sorry, I interrupted.

MR RYAN: That's all right. I'll let you go, because I think I might - sorry.

MS LEESON: Does - sorry. We're having a bit of audio, I think.

MR RYAN: Yes.

MS LEESON: Well, because it's coming out of the car parking area as well, will visitors be arriving through that entry lobby?

MR RYAN: Not for their first visit to site, no, and not when they're actually accessing site. They will walk across the Lytton Street footpath, and then go in through that reception on the upper level. The lower ground entry lobby that is referred to probably shouldn't really be called entry lobby. I think it's in the Department – that's the way they write it in the condition. It's actually just the lobby that patients will use from that landscaped area back into the building when they're using that gym and landscaped area, so - - -

MS LEESON: Right, Okay, thank you. I understand that. So use of that entry lobby would be caught up in the emergency management plan for your flood situation.

MR RYAN: Completely right, yes. We'd have - the emergency management plan will define that in the case of a, you know, not even a PMF. It would reference it well before that, that those areas aren't to be accessed during high-rain events.

MS LEESON: Yes, Okay. And certainly not people coming for their first visit.

MR RYAN: No.

MS LEESON: Okay. All right. And lastly for me on the flooding visit, I think it was quite straightforward, and I see that Council doesn't have any residual concerns around the flooding and drainage other than the easement issue. The area on the southwest of the site, we did discuss onsite that there's an area of H5 hazard level. Can you just confirm that's all in the landscaped area?

MR RYAN: Yes, it's in the landscaped area, slash maybe a little bit on the southern, the furthest southern point of the driveway, which you would - but I think it's even, it's even probably just out forward of that driveway as well, so, like we said, as part of that emergency management plan, if, in the case of a PMF, when we're getting that H category, we wouldn't be expecting people to be coming or leaving site, so they would stay well out of that area.

MS LEESON: Okay. Thank you. Adrian, any questions on flooding?

MR PILTON: No. I'm clear, thank you.

MS LEESON: Okay. Terrific. Then we might move on to - unless there's something else you wanted to tell us about flooding?

MR RYAN: No, all good.

MS LEESON: All good? Thank you. Let's move on to the parking, which does seem to be a little bit of a vexed issue with Council. We note that you, in the original application or when this was being developed, the Holroyd LEP was still in place, and that would have - it had guidance there for parking for this sort of facility that the Cumberland LEP doesn't, which is the LEP that's currently prevailing. There is some discussion around whether the traffic-generating guidelines are relevant and current enough to accommodate this sort of facility. So with all that said, can you just take us through a bit of a 101 on the parking, how the numbers were established, and then I think we might come back to discussing particular staff numbers, visitor numbers, how visitors arrive, patients' arrival, and how you've based your demand for the car parking. Because Council was still asserting that you're, I think, 18 spaces short of where they believe the facility should be. The Department has done their assessment and indicating that they're comfortable with 77, and Council wants, as I say, 18 more, which is at 95. So if you can just take us through quickly the analysis or the underpinning assumption for the car parking, we'll take it from there.

MR RYAN: Sure. Andrew, do you want me to start with this one?

MR COWAN: Yes, if you want to start, I might just preface it and say despite the shortfall, we did the on-street survey in August of last year, which indicated 124 on street spaces, and I know good planning doesn't rely on on-street parking; however, in any event, if Council contends there's an 18-space shortfall, I would think the 124 demonstrated in the survey is more than sufficient. So that was where we'd got to with it, and I'd just also preface and say, yes, obviously the 1994 Guide for Traffic Generating Development is somewhat outdated, so hence we applied the first principles approach. So, Mike, if you - you might have some more to add to that.

MR RYAN: Yes, perfect. So what we did do was, we used the Holroyd previous DCP, because that was what the previous stage was approved under, and the parking has been, you know, not an issue since then, so that made sense to work our first principles up using that calculation method. As Andrew alluded to, what we were sent back to, the Guide for Traffic Generating Development, is very much outdated, and it doesn't actually take into account mental health facilities. It talks about private hospitals as a whole.

When we look at how this facility is run, the patients that are in for minimum 21 days, when they're admitted, aren't allowed to drive to the site, they have to be dropped off or arrive via public transport. So the usual calculations, I think, that are in that Guide to Traffic Generating Development, base it on bed numbers, and it's not really representative of who's actually accessing the site.

So from there, we proceeded with the Holroyd number. Where there is traffic movement, it's predominantly from day services, which are people coming in for a couple of hour workshops, and we worked with the hospital to determine the peak periods that people would be coming and the impact that may have on parking, noting that there is very good public transport in the nearby facilities, so we – in the nearby area, sorry, so we also have a lot of people use public transport to the area.

When this was put to Council, and I think we had a meeting with them prior to our response to submissions, Andrew, if that was, if I'm remembering that correctly, the engineer that we were meeting with was their, wasn't their traffic engineer, because they didn't have one, but he was of the mindset that it should purely be based off a ratio of how many beds we are adding and the uplift to the site should be the net, exact same increase in percentage to the car parking, and despite us trying to explain to him and showing that we have, in the numerous traffic reports, how we've done the calculations, and ultimately the Department agreed with that, Council sort of just dug their heels in and were basically picking a number that they thought was right.

So that's where there's that sort of disconnect between what Council believe and what us and the Department are comfortable with, and that's ultimately where it got to, but the - as Andrew said - we did go and do a further study on the Department's behalf of all the off-street, on-street parking, sorry, and that showed that there was that 124 spots, which we would expect would be, you know, we would coordinate with staff as well to make sure that they're using those, rather than necessarily visitors to the site who could continue to use the off-street parking as well.

MS LEESON: Okay. Well, we might just unpack some of that a little, if we can.

MR RYAN: A bit of a ramble, yeah.

MS LEESON: No, no, it's fine. There's a lot there, so thank you for that.

MR RYAN: Yes.

MS LEESON: First up, though, did you do any surveys of your actual parking onsite now to help inform your assessment?

MR RYAN: Yes. That's all part of our traffic management plan, and parking.

MS LEESON: And so when you use an assumption, I think, 75 per cent of staff driving and parking, the rest public transport, that's based off the survey of the existing facility?

MR RYAN: Correct.

MS LEESON: Okay. Thank you. Then when you say the consulting suites are going to move or increase from nine to 18, how are they staffed? Are they staffed by the existing – or what will be the 54, 58 staff onsite, or are there visiting medical people who might be classed as staff or as visitors?

MR RYAN: No, there's a, I guess the current ones we would have would be served by the current staff members, but that increase would be, it's not a straight nine increase, but because there is some, I guess, sharing of consult suites, but we allowed for those numbers of extra staff per consult suite. I think it's two staff members per consult suite that was added into our projections for parking numbers.

MS LEESON: Right. So you've got your normal 58 staff, plus you've got additional staff for the consult suites factored in, did I misunderstand?

MR RYAN: I think that additional number you're talking about is included in that 58 number. I'd have to pull up the actual traffic management plan, but it was looked at as a whole, yeah. Net considered the staff, to answer your question simply.

MS LEESON: Okay. Thank you. Then, visitors. Do visitors - sorry. Firstly, what are the visiting hours? Are they extensive through the day? I'm trying to understand what the pattern of visitation might be, whether there are peaks and clusters. You've allowed 28 spaces in the proposal. I'm just trying to get a feel for the number of visitors you might have onsite, and if there are any sort of peak periods in that that might impact your numbers.

MR RYAN: Correct me if I'm wrong, actually - I think Mike Pain or Zach - but I don't believe there's much visitation allowed for inpatients of the facility. I'm just checking if they're going to answer me.

MR PAIN: Mike Pain here, Ramsay Health Care. The inpatients are generally undertaking group therapy during the day, sessions both morning and afternoon, and so visiting isn't encouraged during those periods, cause they're quite busy. But outside those hours, their family and so on visit. So afternoon into the evening, typically.

MR RYAN: Yes.

MR PAIN: But there may be the, you know, the occasional visit from family or other friends during the day, but it's typically not during those group sessions.

MS LEESON: Right. So if they come in in the late afternoon, evening, for visits, does that correlate with staff numbers going down? I'm just trying to get a feel for the evidence, flow of parking demand across the site.

MR RYAN: Yes.

MS LEESON: And I can't quite understand the visitation profile of the facility.

MR RYAN: Yes, so that - sorry, Mike.

MR PAIN: Yes, so the staff typically work in their typical health shifts, which are 7am to 3pm, 3pm to 11.00, and then the night shift that takes them from 11.00 through to 7.00, and it's three shifts in the 24 hours. Most of the visitation would happen in the late afternoon and early evening.

MS LEESON: When - - -

MR PAIN: After the shift ends.

MS LEESON: I imagine you would have - I imagine at that point you have less staff onsite?

MR PAIN: There's less staff. The peak of the staff is during the day, the day shift.

MS LEESON: Yes.

MR PAIN: There's a slightly lower number of staff in the afternoon shift, that 3.00 till 11.00, and then the last number, of course, is the overnight 11.00 till 7.00.

MS LEESON: Right. Okay. Thank you. And then the patients that come for day appointments, do they drive, or do they have to come another way? Do they get driven? Is there a parking demand associated with them?

MR RYAN: Yes, that's included as part of those studies. So because it's all scheduled, we understand the times that those patients are coming, and it's the day program, or the day services, sorry, groups, I think anywhere between eight to 12 people at a time. So we know when they're going to be coming, and that's largely at the same time that the inpatients are doing day program, and we don't have visitors coming at that time. So we don't have inpatient visitors coming at the same time as outside day services as well, so it does, I guess, level that parking across the period of time.

MS LEESON: Okay, thanks, that's very helpful. I didn't have anything else on the parking issue. Adrian, anything from you?

MR PILTON: No.

MS LEESON: No? Okay.

MR PILTON: I'm fine, thank you.

MS LEESON: Terrific. Thanks, Adrian. We're working through these quite quickly. The last - sorry?

MS WARTON: Di, could I - this is Heather Warton. Could I just ask, did you survey the visitation as well? Like, is that document available in your package, in terms of based on the current facility, extrapolating it to the new facility?

MR RYAN: Sorry, can I just ask you to repeat the start of your question? You just cut out a little bit and I just didn't hear.

MS WARTON: Sorry, my internet's not great. Did you - you mentioned that you did the, there were surveys of the parking demand. Did that include a survey of the visitors to the existing facility in order to extrapolate the visitor numbers to the extended facility?

MR RYAN: Yes, I believe it did, and that forms part of our traffic, parking and traffic management plans.

MS WARTON: So that's, so if I look in more detail in your traffic report, I should be able to find that data?

MR RYAN: Yes. I believe the part you're talking about, that came in our response to submissions report that we did supplementary to the original traffic report.

MS WARTON: Okay, great, thank you. Thanks, Di.

MR RYAN: Yes.

MS LEESON: Thanks, Heather. And finally, we have tree removal, landscaping and biodiversity as our last agenda item. You showed us onsite where you intended to - which trees were likely to be removed? Can you just run back through those numbers for me again, and a quick explanation of tree removal and landscaping strategy?

MR RYAN: In terms of the quantum of trees removed, or the - - -

MS LEESON: Yes. Well, that as well, and the landscaping strategy. I think one of the things we're trying to understand better is the landscaping and it's going to be under that undercroft and how that's going to be treated, and how that's going to, you know, basically survive. So tree removal on the one hand, how many, and then the subsequent landscaping in that southwest area.

MR COWAN: There's 35 trees removed and 13 replacement trees, that is the total. And then in terms of the landscaping in that corner, Mike, did you just want to explain how you came to that?

MR RYAN: Yes, no problem. With that landscaping area in the corner, that came out of discussions that we had with the State Design Review Panel. Originally we did have that area as parking, but we were, I guess, requested to look for more landscaping opportunities, and I think it came out with a really positive benefit of finding that space for that. It's basically going to be a use area for the patients of not only having some respite, where they've got some landscaping sort of seating and connection through to the park, even though there will be the fence there, but it creates a nice little buffer zone, but we will also have some areas that are - you can still consider them part of landscaping, but, you know, basketball court area, area for activity, you saw when we were out there onsite they were playing sort of table tennis in that little nook there, trying to use the most of that space as possible. So it's really going to be that breakout space to provide sort of outdoor activity, and so we would be - obviously all of the natural planting and shrubs would be towards the perimeter, where it's going to get a lot more daylight, and then further inside is more, you know, where you've got your basketball ring, or, you know, I think there's a, in one of the plans, maybe a tennis net painted sort of against the wall there, so that they can, you know, use that area for more protected activity as well, when the weather isn't so great you can still be in under there and have some breakout space.

We were requested as well, as part of that design reiteration, to provide some solar access drawings for that area, and that's shown in our current architectural set, I think towards the very end, if you guys are having a look, which shows how much sunlight would be proposed to get into those areas of an afternoon, and cause it is western facing, we do have pretty good results, really, for where it is, just noting that cause of the natural fall of the land and the levels that we're going to, it is quite a high undercroft through there, so it is more open than it, I guess than you would think, being under the building.

MS LEESON: Okay. Just when you mentioned the State Design Review Panel, were there any recommendations of theirs that you've not been able to incorporate?

MR ASHBY: We were asked for balconies too, on the rooms and various things like that. I think we mentioned that onsite last week. By and large, wherever we can, we did incorporate the recommendations, but there were - I mean, again, there was one about the levels, and we felt we couldn't accommodate that, for the reasons we mentioned earlier, but I think generally, as a general comment, yeah, wherever we, wherever there were comments, we did our very best to actually incorporate them.

MS LEESON: Okay. Thank you.

MR ASHBY: And I guess that's still just into a few issues with parking, not least because we took the parking spaces out of the encroaching - - -

MS LEESON: Well - yes, you have a real tension between car parking, flooding and sort of heights. No, I understand all of that, and trying to achieve the outcome. It's not a straightforward site.

MR ASHBY: No.

MS LEESON: Adrian, do you have any questions around the landscaping aspects?

MR PILTON: Not particularly. I'm just concerned about the shade over some of those areas. I haven't actually been able to see the DPL landscape drawings, so I don't have any particular DPL questions on them, but are there sort of shade-tolerant plants and so on being used?

MR ASHBY: Yes. So Arcadia Landscape, we sat down and had a long meeting about this when we sort of went through this direction, and their planting selection is recognised as the kind of the, I suppose the limitations or so forth, and it's pretty hardy selection as well, cause it's high traffic too, cause basketball and planting, sort of at times doesn't mix all that brilliantly. So, yes, all of that has been taken onboard there, Adrian.

MR PILTON: Okay. And it's fully irrigated?

MR ASHBY: Yes.

MR PILTON: Okay. It doesn't seem to be working too well at the front of the building, the existing planting irrigation doesn't seem to work too well.

MS LEESON: We noticed when we were out onsite last week that that front garden area is very - right adjacent to the footpath, is looking a bit sad and tired. It's very - - -

MR RYAN: Was that to stage 2 or stage 1?

MR PILTON: No, that's stage 1.

MR RYAN: Okay. Yes, no, we'll have a look at it.

MR PILTON: I just wondered if the irrigation is not working or turned down or something.

MR RYAN: No, we can have a look at that at the site, yes. I think - - -

MS LEESON: Okay.

MR PILTON: Okay, thank you.

MS LEESON: All right. I mean, I think I understood from all of that that the undercroft area, in parts, will be a lot of hardscape for basketball courts and what have you, that the vegetation will be shade-tolerant, and that lot of your other planting will be perimeter planting that gets better access to sunlight. Is that a reasonable summation?

MR ASHBY: Correct, yes.

MR RYAN: Yes.

MS LEESON: Okay. Thank you. And - - -

MR PILTON: Can I just ask - - -

MS LEESON: Yes.

MR PILTON: Sorry, can I just ask what sized trees will be planted, the replacement trees?

MR RYAN: We might have to take that one on notice, and we'll have to - I'll just have a look at the plans, but we've got all of that specified in the landscape plans, but I wouldn't want to answer that off the top of my head.

MR PILTON: Okay. I'll have a more detailed look at that.

MR RYAN: I'll look that up in the background while we continue.

MR PILTON: Thank you.

MS LEESON: You might need to be quick, because I think we're getting probably quite close to the end of the agenda, so - - -

MR RYAN: Okay. Pressure on me.

MS LEESON: Adrian, I think, undertook to have a look as well, but if you can provide that, it would be appreciated.

MR RYAN: No problem.

MS LEESON: And no doubt you'll have to submit a landscape plan to the Department for approval, prior to implementation.

MR RYAN: Correct.

MS LEESON: So can we come back to the issue of the compliance with the BCA and the Department's recommendation for a deferred commencement. We'd like to get your thoughts on that, because the Department appears quite firm in their approach, that they do want to – or they are recommending a deferred commencement. So we're very keen to hear your response to that request.

MR COWAN: I think - yes, obviously we're, just off the, we're saying it's a more common approach for the Department in recent times, so we're not as surprised to see it on this consent, but I think we just had some questions about the implementation of that condition and how it's worded, and I just wanted to clarify it with the IPC, the way I understand it's worded is, they have to update the BCA report to the satisfaction of the certifier. The certifier then says it's okay. We give that written evidence to the Department, and they can release the operative consent. Is that how you understand it? Because when we first read it, we thought it was a case of the certifier had the authority to release the operative consent, which would not be the case, in any instance. So we just want to be clear on the wording so there's no ambiguity moving forward.

MS LEESON: Then I think we probably would like to get your recommended wording.

MR COWAN: Yes.

MS LEESON: If you have a submission you wanted to make to us in writing, we'd absolutely take that onboard, and then we can look at that against the Department's recommendation. I understand the Department's concern was around emergency fire egress and how that was going to work, and an underlying concern that might it necessitate any external changes to the building, which then come back to height and these SR issues?

MR COWAN: I think we stated onsite, we're comfortable there's no change to envelope or anything of that nature. I mean, if there was, we'd have to do a modification application in the future, if there was any material substantial built-form change. But our understanding is, and, Mike, you might have input on this, that there would be nothing material in that respect.

MR RYAN: Yes, I'd concur with that. We would need to engage a certifier as part of our construction certificate process, anyway, where they would ensure that our design is not only compliant with BCA and fine engineering requirements, but also with the DA documentation. So that would be something that you would normally do post-DA consent, so SSDA consent, and it's not outside the norm in facilities like this, particularly healthcare, to have a few, to a handful of performance solutions, just by nature of making sure that we can work them through. And as I'm sure you can understand, those performance solutions, whilst a lot of them are now sort of par for the course, they do cost money, and going and, you know, working all of them up at this point is not something that is sort of done within the industry. Normally that's done in your detailed design which happens post-DA consent.

So we're not necessarily opposed to the deferred commencement. We, as Andrew said, the question is just around who has got that sort of tick to put the consent into play, and it' looks like it's kind of worded that we just need to get certifier confirmation that they're happy with the BCA compliance report as it stands, and if we provide that, you know, recommendation for approval from the certifier, then the Department then can consent the rest of the DA.

MS LEESON: Okay. Then can I suggest that you put a submission to us to the way you prefer this to work out, you know, so that it's absolutely clear, and then in our considerations, we'll look at both your submission and the Department's recommendation, and we'll take it from there.

MR RYAN: Yes, that's great. Thank you.

MS LEESON: Okay. No, thank you. And then I think that probably just brings us to the final issue, which is around the recommended conditions of consent. So leaving aside the BCA issues, are there any conditions in the consent, in the recommended consent that you have concern with, or would seek change?

MR RYAN: No. We worked quite a bit with the Department on those. They provided us draft conditions of consent for our review and comment, and I think there was a handful of things we went through, particularly around some of the wording for the flooding stuff, and which was accommodated by the Department, so the deferred commencement one was the only one that sort of came after the fact of that, and there's nothing else in there that we, you know, have particular issue with.

MS LEESON: Okay. Thanks, Mike. Thank you. I don't have any further questions, but I need to make sure that Adrian doesn't have anything else that he wanted to explore today?

MR PILTON: No, I have no more questions, thanks, Di.

MS LEESON: Okay. Thanks, Adrian. And then, and finally, is there anything from the office's perspective that you'd like us to discuss?

MS ANDERSON: Nothing from us. Just we will be in contact with the applicant on those matters taken on notice, and your comments on deferred commencement.

MS LEESON: Okay, thank you. I think we've got submissions closing on the 10th of February. Is that correct?

MS ANDERSON: That's right, Di.

MS LEESON: Yes. So there's, if we can get any responses, submissions from the applicant - what's today, Monday - perhaps by the end of this week, although I know, Mike, you've got a very busy day tomorrow.

MR RYAN: Yes.

MS LEESON: So good luck with all of that.

MR RYAN: Thank you very much.

MS LEESON: That's fine. And I know Thursday is a public holiday, but is it feasible to get these issues responded to by the end of the week, or Monday next week?

MR RYAN: Yes. That's no problem.

MS LEESON: Okay. Thank you very much for that. All right. If there's - is there anything else you wanted to raise with us?

MR COWAN: Sorry, just on the height variation of 4.6, I'd just reiterate, and with work throughs a lot with the Department is the basis on which we made the 4.6 variations, in terms of satisfying the core pillars, being the objective of the standard, the objectives of the zone, the environmental planning grounds, and the unreasonable or unnecessary nature of maintaining the standard. That's been really, I suppose, well worked through on our part. So just in terms of the, how well-founded the 4.6s are, that's definitely been taken into account by us.

MS LEESON: Okay, thank you. Thanks, Andrew.

MR RYAN: And I just may be able to quickly answer Adrian's question around those trees.

MR PILTON: Yes.

MR RYAN: So the 13 replacement trees are a mixture of spotted gums and dwarf magnolias. The spotted gums are proposed to be a 200-litre pot size, and the magnolias 75-litre, so they'd be growing anywhere from, the spotted gums to 25 metres high, and the magnolias up to 8 metres high.

MR PILTON: Okay, thank you.

MR RYAN: No problem.

MS LEESON: Thank you very much for that. You can strike one off - - -

MR RYAN: Kick that one off.

MS LEESON: Take one off your list.

MR RYAN: Yes.

MS LEESON: Okay. Well, thank you very much. I'd like to thank you for your time today. It's been most useful for the Commission, and we will thank you, and I will now close the meeting.

MR COWAN: Sorry, can I just ask one question? Do we get a list of things you want us to respond to, or will Jane send all this to - - -

MS ANDERSON: Yes.

MR COWAN: Yes.

MS ANDERSON: The IPC will write to you - - -

MR COWAN: Yes, great, Okay.

MS ANDERSON: - - - and, yes, any correspondence will be made publicly available on the website.

MR COWAN: Cool, thank you.

MS LEESON: All right. And we will then move as quickly as we can to determine the project for you. Thank you.

MR COWAN: Thank you.

MS LEESON: We will close the meeting. Thanks very much. Bye-bye.

MEETING CONCLUDED