14487
7 August 2015

Ms Karen Jones
Director
Infrastructure
Department of Planning and Environment
GPO Box 39
SYDNEY NSW 2000

Attention: David Gibson, Team Leader

Dear Karen

ST VINCENT'S PRIVATE HOSPITAL REDEVELOPMENT (SSD 6840)
RESPONSE TO SUBMISSIONS

The Environmental Impact Statement (EIS) for the St Vincent's Private Hospital Redevelopment (SSD 6840) was publicly exhibited between 9 April 2015 and 25 May 2015.

In total, six agency submissions were received. Four public submissions were received. None of the agency submissions raised any significant concerns regarding the proposal, rather they provided comments and / or suggested conditions of consent. Importantly, it is noted that City of Sydney Council is generally supportive of the proposal.

This letter and its attachments set out the proponent's response to the additional information requested by the Department of Planning and Environment (the Department) in your letter dated 28 May 2015.

We note that there has been a minor change to the proposal in relation to the recovery bays on Level 3 of the St Vincent's Clinic building. The proposed recovery bays have been removed from the scheme as the design is not fully resolved, and at this stage, they are not required to service the proposed development. Further, in response to comments from the Department and to clarify any ambiguity about the use of the space on Levels 13 and 14 of the East Wing, the description on the plans has been amended to clarify the use of these spaces as 'Medical Consulting Offices'. The revised plans for which approval is sought are attached, as listed below.

This response should be read in conjunction with the following attached documentation:

- Response to submissions table (**Attachment A**);
- Response to Council's recommended conditions of consent (**Attachment B**);
- Transport Implementation Strategy 2012 prepared by SKM (**Attachment C**);
- GFA Table prepared by HASSELL (**Attachment D**);
- Photomontages prepared by HASSELL (**Attachment E**);
- Preliminary Site Investigation with Limited Sampling prepared by Douglas Partners (**Attachment F**); and
- Revised Architectural Drawings prepared by HASSELL as follows (**Attachment G**):
  - DA-01-003 Revision D (dated 13/02/15);

- DA-01-013 D Revision D (dated 13/02/15); and
- DA-01-014 D Revision D (dated 13/02/15).

1.0 DEPARTMENT'S MATTERS TO BE ADDRESSED

A response to each of the matters to be addressed is provided below. For ease of reference, the response follows the same order as your letter.

Justification of the proposed height of the new East Wing building having regard to the established built form within its immediate surrounds. This justification should take into consideration the proposed necessity for the approximate 1,000m^2 of consultancy shell floor space on the upper two levels of the East Wing

With respect to the Department's concerns regarding the consultancy shell floor space, it is noted that the area identified as shell space for consulting suites form a key part of the proposed development, and will be delivered and fitted out as part of the project timeframe. The space is not shell space to be developed in the future, rather it has been identified as shell space on the plans as the fit-out is subject to individual tenant requirements, and the design has not yet been resolved. The description on the Architectural Drawings have been amended to clarify the use of these two levels.

In response to the Department's requirement for greater justification of the proposed building height, it is noted that the site is zoned SP2 Health Services Facilities under Sydney Local Environmental Plan 2012 and has no maximum height or FSR control. In light of this, the height of the building has been developed to provide for SVPHS's identified growth capacity, including ancillary support services, whilst also considering and minimising any potential amenity impacts to the adjoining urban framework. In order to reduce the height of the building, floorspace is proposed below the Victoria Street level. Whilst efforts have been made to rationalise the plant areas, the building also accommodates three plant room floors to support the specialised services required to support the operation of the building. Whilst there is no statutory height limit on the site, the new East Wing is consistent with the 45 metre height limit which was supported by the City of Sydney Council during early stages of the Masterplan preparation.

The height of the proposed development is considered appropriate as the new East Wing and extension to the SVPHS Low Rise Wing are located in board of the site. The immediate impact of the new building to both the Victoria Street and Barcom Avenue streetscapes is mitigated by the presence of the existing lower buildings located along these road frontages. To the west, the 7 level (plus plant room) SVPHS High Rise Wing mediates the height difference to Victoria Street. To the east, the 5 level (plus plant room) Sister Bernice Wing mediates the relationship with Barcom Avenue. Solar studies have been prepared to identify the amenity impacts, and demonstrate that over shadowing is not exacerbated to an unacceptable extent. The photomontages that have been prepared demonstrate that the building will not have any adverse visual impacts.

The additional floor over the existing 4 storey SVPHS Low Rise Wing will have very limited visual impacts. The scale of the addition, together with its location behind the Sister Bernice Wing, means there will be limited visual and physical connections to Barcom Avenue. Similarly, the upgrade works to the existing SVPHS High Rise Wing, fronting Victoria Street, will not increase the overall height of this existing building.

It is noted that the floor to floor heights in the proposed East Wing are greater than those in the existing SVPHS High Rise Wing to allow for inclusion of unencumbered services in the ceiling space unlike the existing which adopted a low floor to floor height of 3,050mm that is unacceptable for current services standards. More broadly, inter-floor connections to existing buildings have been critical in defining the proposed floor levels of the new East Wing. As a result, the floor to floor heights vary considerably through the cross section of the new building to maintain sufficient ceiling voids to adequately service a hospital to current standards.

Finalisation and submission of the transport implementation strategy for review as part of the assessment of the proposed development. In this respect, the Department would expect to see alternate/sustainable travel modes increased so as to reduce the high level of dependency on cars, particularly given that no additional on-site parking provisions are proposed, the site's highly accessible inner city location and existing capacity restrictions of street car parking within the adjoining residential streets.

A copy of the Transport Implementation Strategy 2012 is provided at **Attachment C**. Whilst this high-level strategy was completed in 2012, the Hospital's implementation plan was delayed when the previous Master Plan project was put on hold, and the resource who was dedicated to implementing the Strategy left the organisation.

Consistent with SKM's recommendation, the Hospital is committed to implementing three of the eight strategies. This may include a transport options pamphlet and the creation of lift sharing software. SVPHS is also committed to employing a new resource to implement these three strategies.

Completion of an updated car parking analysis is required to provide more reliable baseline data to assess impacts associated with the proposed development and support the justification for the provision of no additional car parking

Details of the parking analysis calculations were provided to Transport for NSW (TfNSW) during the public exhibition period, and they were satisfied with the approach and the base data used. TfNSW were also provided with the unit rates from the surveys used for the calculations, and again they were satisfied with the approach that has been adopted. TEF Consulting is of the view that no further update is required, on the basis that:

- Hospital activities have not changed significantly since 2011, and the additional numbers of staff and visitors are very small compared to what currently exists on the campus; and
- The parking assessment does not propose to rely on car parking provision in the existing car parking areas to support the proposed development. The existing car parking areas did not have spare capacity in 2011 and this situation will not have changed.

Based on the above, it is considered that an updated parking survey would not provide a more reliable base line, and it would not change the analysis or the conclusions that have been reached in the Transport and Accessibility Assessment. As detailed in the Assessment, the decision to provide no additional parking is consistent with the aims and objectives of Sydney LEP 2012 and Sydney DCP 2012. Further, as the additional parking requirements represent a minor increase over the existing on-site parking provision, and given the availability of public transport for visitors, staff and ambulatory patients, and the strategies that will be put in place to encourage mode-shift, the proposal to provide no additional parking is considered acceptable.

Clarification is required of the proposed additional staff and visitors that would be generated by the proposed development, particularly in regard to the conflicting details provided within Tables 2.2 and Section 3.4 of the Transport and Accessibility Assessment at Appendix F of the EIS and the capacity of the proposed consultancy shell floor space

In responding to the Department's submission, it became apparent that the original Transport and Accessibility Assessment did not take into consideration the medical consulting offices when assessing the parking demand generated by the proposed development. As detailed above, the medical consulting offices will be developed and occupied as part of the current project timeframe, and so the potential parking demand generated by the proposed development is marginally greater than originally calculated. Whilst the fit-out design of this space is still unresolved, the Architectural Drawings have been amended to clarify any ambiguity around the use of this space.

In response, TEF Consulting has prepared updated parking calculations for the hospital, ambulatory care and medical consulting offices components of the proposed development, based on widely recognised methods of calculating parking demand, including RMS's methods. The study has produced a range of figures based on different methods of calculation, applying different assumptions around use and occupancy, and applying different mode-share splits. The results of the analysis are presented in **Table 1** below.

Table 1 – Updated car parking analysis of hospital, ambulatory care and medical consulting office uses

Parking Demand Analysis			
Scenario 1			
Assumptions	Calculations have been provided based on the following assumptions: ▪ It has been assumed that doctors already counted in the hospital component (6) will take up rooms in the medical consulting suites. Thus the previously calculated total number of doctors (14) will be reduced to 8. ▪ A Doctor's attendance rate is 45% (on site at any time out of total number of rooms) – from the previous surveys. ▪ All patients in the ambulatory care and consulting suites (shell space) are external. ▪ Different car usage rates for staff categories and for visitors/outpatients apply, as before.		
Person Accumulation	*Staff*	*Visitors / Outpatients*	***Total***
	79	66	**145**
Car Parking Demand	*Staff*	*Visitors / Outpatients*	***Total***
	40	20	**60**
Scenario 2			
Assumptions	Calculations have been provided based on the following assumptions: ▪ It has been assumed that doctors already counted in the hospital component (6) will take up rooms in the shell space. Thus the previously calculated total number of doctors (14) will be reduced to 8. ▪ A Doctor's attendance rate is 40% (on site at any time out of total number of rooms) – based on 2 days per week on average ▪ 50% of patients in the ambulatory care and consulting suites (shell space) are internal ▪ Different car usage rates for staff categories and for visitors/outpatients apply as before.		
Person Accumulation	*Staff*	*Visitors / Outpatients*	***Total***
	78	66	**144**
Car Parking Demand	*Staff*	*Visitors / Outpatients*	***Total***
	39	11	**50**
Scenario 3			
Assumptions and Car Parking Demand Scenario 3 is based on the formula for Private Hospitals in the RMS's *Guide to Traffic Generating Developments* (2002). The Guide provides the following information: The Peak Parking Accumulation (PPA) at a private hospital may be estimated by PPA = -19.56 + 0.85 B + 0.27 ASDS, where: ▪ B is the number of beds; and ▪ ASDS is the average number of staff per weekday day shift Factors: ▪ The hospitals surveyed had between 30 - 99 beds (B), and between 10 - 102 average staff per weekday day shift (ASDS). ▪ The mean proportion of people who travelled to the site by vehicle was 87.4%, with a range of 67.3% - 98.2%. Average vehicle occupancy was found to be 1.3 persons per car. Application of the above formula to the SVPHS development results in a peak parking accumulation of **43 cars**. However, it is noted that SVPHS is different from those hospitals included in the RMS surveys as it enjoys substantially better public transport provision. Further, the car usage rate of staff at SVPHS is 38.9% on average, compared with 67.2% from the RMS surveys. An adjustment based on the ratio of (38.9% / 67.2% = 0.58) results in the Peak Parking Accumulation of 43 x 0.58 = **25 cars**. Further, the hospitals investigated by RMS provided a range of services, including general surgical, surgical obstetrics, psychiatric, rehabilitation, day surgery and other outpatient services. In this regard, the PPA of 25 cars calculated above should include ambulatory care and consulting suites in the shell space, as such facilities would have been found in the hospitals from the RMS study as well.			

Scenario 4
Assumptions and Car Parking Demand Scenario 4 is based on the formula for Private Hospitals in the RMS's *Guide to Traffic Generating Developments* (2002), as outlined above, however includes the addition of outpatient demand. Assuming that the proposed consulting suites in the shell space may constitute a higher than typical proportion of outpatient areas in a private hospital, the 'worst case scenario' for parking demand calculations would be to add car parking demand likely to be generated by outpatients in consulting suites (from Scenarios 1 and 2). The resulting total car parking demand numbers (RMS base case + consulting suite shell space) are as follows. a) 25 + 12 = 37 (all outpatients are external) **b) 25 + 6 = 31** (50% of outpatients are internal)

As outlined above, the total parking demand generated by the hospital, ambulatory care and medical consulting suites could range from 25 to 60, depending on the method of calculation and the assumptions that are applied to the use and occupancy of the new spaces. Based on the most conservative calculations, the development could generate demand for an additional 50 to 60 car parking spaces.

As detailed above, SVPHS is committed to employing a resource to implement three of the initiatives outlined in the Transport Implementation Strategy 2012. The Strategy outlines travel mode share targets to be achieved by 2032. The mode share targets are as follows:

- Staff – reduction from 38.9% to 17.5%
- Outpatients – from 29% to 26% (estimated from total of 52% to 46% for both drivers and passengers)
- Visitors – from 34% to 25%

Based on Scenarios 1 and 2 above, application of these anticipated mode share targets would result in the following parking demands:

Use	Estimated Parking Demand
Scenario 1 (all outpatients external)	
Hospital	13
Ambulatory Care	6
Shell Space	16
Total	**35**
Scenario 2 (50% of outpatients internal)	
Hospital	13
Ambulatory Care	4
Shell Space	12
Total	**29**

If the above targets are achieved by 2032, then existing demand of approximately 1,500 cars within the St Vincent's Hospital campus would reduce to some 800 cars. Such a substantial reduction in parking demand would significantly offset any additional demand generated by the proposed extension of SVPHS.

Notwithstanding this potential increase in demand in the short term, no additional parking will be provided on site, consistent with the provisions of Council's LEP and DCP. Similarly, the additional traffic generated by these updated figures would not have any material impact on the surrounding road network above what was considered in the original assessment.

Provision of details regarding the total additional gross floor area proposed by the development, not just the East Wing building (i.e. additional GFA is proposed within the new CCSD level above the existing low-rise building)

A revised area schedule has been prepared by HASSELL, detailed the total additional gross floor area, (GFA) generated by the proposal including the new CSSD level above the existing SVPHS Low Rise Wing (refer to **Attachment D**). The total additional GFA is 7,813m^2. We note that this figure is substantially lower than the GFA figure of 10,717m^2 which was presented in the EIS. On reviewing these figures, it became apparent that the original figures included some refurbishment areas (i.e. reuse of existing areas rather than new GFA) as well as common vertical circulation areas, which should have been excluded from the original calculations.

Provision of additional photomontages that provide street level perspectives (where visible) of the proposed development from the following locations:

- **Western corner of Taylor Square, at the intersection of Oxford Street and Flinders Street;**
- **Western side of Oxford Street, at the intersection of Rosebud Lane;**
- **North western side of Darlinghurst Road, at a position opposite the proposed siting of the new East Wing building; and**
- **Victoria Road, between Liverpool Street and Burton Street.**

Additional photomontages have been prepared by HASSELL to satisfy this requirement. These photomontages are included at **Attachment E**. They demonstrate that the proposed development will not result in any adverse visual impacts.

2.0 CONCLUSION

SVPHS has considered the Department's comments, and has provided the additional information required.

We trust that the responses provided above will enable the Department to finalise their assessment of the SSD DA. Given the environmental planning merits (and the ability to suitably manage and mitigate any potential impacts) and significant public benefits proposed, it is requested that the Minister approve the application.

Should you have any queries about this matter, please do not hesitate to contact me on 9956 6962 or ktudehope@jbaurban.com.au.

Yours faithfully,

Kate Tudehope
Principal Planner