18 January 2019

Ms Teresa Gizzi
Senior Planner
Social and Other Infrastructure Assessments
Department of Environment and Planning
GPO Box 39
SYDNEY NSW 2000

Dear Teresa

Request for Additional information Prince of Wales Hospital SSD 18_9113

In response to your email dated 14 January 2019 requesting additional information for the above project, Health Infrastructure provides the following information.

1. Overshadowing

The additional information provided that the impacts on solar access are existing and that solar access is a DCP requirement that doesn't apply to SSD applications. It is noted that the DCP does not apply, however the assessment of the application must include consideration of amenity impacts and the Department considers that a minimum of 3 hours solar access to private open space and the primary living areas of neighbouring residential properties to be an appropriate guideline. It is acknowledged that the overshadowing of the private open space of dwellings located along both Magill Street and Botany Street is primarily existing. However, the application does not identify the living spaces in the Magill Street residences and as such, the impacts of the proposed ASB cannot be ascertained. As the ASB will significantly overshadow the front elevation of the Magill Street residences, the location of the living spaces in these dwellings is required to complete our assessment.

Response

Attachment A provides details in respect to the relevant residences in Magill Street and the location of their living areas. This information confirms the assumptions that were made in Section 7.3 of the exhibited EIS.

2. End of Trip Facilities

Please advise the number of existing bicycle spaces within the existing Prince of Wales campus, and the intended number of additional bicycle spaces to be provided.

Response

The existing campus provides 130 bicycle parking spaces. As part of this proposal, these will be supplemented with an additional:

- 50 spaces within the End of Trip Facility; and
- 20 spaces located across campus to meet the needs of various users who may be located some distance from the dedicated facility. The locations for the 20 additional

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spaces would be based on user consultation and criteria such as security and surveillance.

HI's view is that the 70 additional spaces will satisfy the future 5% cycle mode share as stated in the Green Travel Plan which indicates a cycle parking demand across the health campus of approximately 200 spaces.

3. Contamination

The EPA has advised that the submitted 'Detailed Site Investigation' and 'Remedial Action Plan' is not adequate (see EPA comments attached to the Department's email dated 6 December 2018). The Department understands that remediation of the site was approved under a separate development consent issued by Council. As such, to satisfy the provisions of the SEPP 55 the Department requires that a Site Audit Statement – Section B prepared by an EPA accredited site auditor be provided prior to determination of the application, certifying the site can be made suitable for the proposed hospital use.

Response

The full details of the Site Auditors advice is attached at **Attachment B.** Health Infrastructure is however prepared to provide a Section B Site Audit Statement prior to work the subject of this SSD application commencing.

4. Government Architect Comments

Please provide a response to the issues raised by the Government Architect provided in the Department's email dated 6 December 2018.

Response

HI's response to the comments by the Government Architect is provided below.

1 GANSW is referred to the supporting drawings contained in:
   a) the Summary of Massing Studies dated October2018 (refer to Appendix F RTS Report) which provides summary of integration considerations between the ASB and Northern Redevelopment Zone;
   b) the Greater Randwick Urban Masterplan (GRUM); and
   c) the Randwick Academic Health Science Centre Masterplan (RAHSCM) that both extensively address physical links to the surrounding campuses

2 GANSW is referred to the attached Summary of Massing Studies dated October 2018 which provides summary of massing and orientation considerations. It is emphasised that the Acute Services Building was moved to 25 metres to the north of the site to mitigate the extent of overshadowing, with 25 metres being the maximum distance the building could be relocated without significantly compromising the vital clinical linkages to the existing operational hospital.

   No changes are proposed to the building design.

3 Numerous options for building orientation were tested during Concept Design and Schematic Design, including options with the courtyard oriented north. Essential operational relationships (for example, between the Helipad, Emergency Department, and existing Hospitals Campus operating theatres) were deemed to be the most critical factor in determining the building's siting and orientation. Other advantages of this orientation include the provision of a welcoming and green address to Botany Street.

The east/west orientation is consistent with the established massing of buildings on the existing Hospitals Campus and supports both expansion to the north and integration with existing infrastructure. Building orientation is also designed to prevent western sunlight entering IPU bedrooms. Whilst the building form responds to critical clinical relationships, a generous width between the two IPU wings has been provided intentionally to maximise the opportunity for solar amenity in this orientation.

GANSW is referred to the attached Summary of Massing Studies dated October 2018 which provides summary of massing and orientation considerations.

No changes are proposed to the building design

4 A generous canopy has been provided at the ED entry. Mental health areas have been located in support of critical internal flows and to maximise access to daylight and external areas. Provision for landscaping is maximised within the constraints of this area. Parking spaces for members of public are provided as a priority. Direct stair and lift access to main public front of house and courtyard area is provided to encourage people to occupy these spaces, which offer increased amenity in the form of cafes and a variety of seating options (both internal and external). Seating areas are provided at both ends of the eastern corridors on Levels 04-08 inclusive.

Human-centred design strategies within the ASB include:

- the provision of generous, green courtyard spaces over two levels (Level -02 and Level -01), including to the Emergency Department;
- the use of natural timber and planting internally;
- a generous, shared, double height public space to Levels -01 and 00;
- a wide variety of seating configurations both internally and externally;
- a generous and inviting public landscape zone to Botany Street;
- full height windows to bedrooms and patient areas where permissible within clinical constraints;
- external landscaped roof terraces;
- intuitive wayfinding via the use of natural light and external views; and
- a consistent, warm, and reassuring internal palette across the entire facility.

5 As discussed in page 3-4 of the RtS Report, there were three possible, practical access location options identified: Botany Street, Hospital Road and Magill Street. All of these options have been thoroughly tested and the preferred option remains Magill Street for the reasons outlined in the RtS Report.

It should be noted that Magill Street will remain closed to through traffic as a result of further analysis and the bollards installed will only be used to facilitate ambulance exit into hospital road only in exceptional circumstances such as when all other exits are blocked.

6 Details on the proposed ESD initiatives to achieve a 4-Star Green Star rating is outlined in the Sustainability Schematic Design Report (Appendix J to EIS). A Green Star checklist is attached alongside. Furthermore, utilisation of rainwater harvesting from the OSDs for irrigation of landscaping will be assessed and developed during the detailed design phase.

HI will also include cool colours for building roofs

5. Clarification of Information

The letter provided by HI as part of the additional information discusses ambulance noise on page 4. The information provided states that the use of warning devices on ambulances is mandated in cases triaged as urgent, that these cases make up 48% of the workload across the state, but urgent cases are estimated to only be 1% of cases at Prince of Wales hospital. Given the size of Prince of Wales hospital please clarify if this is correct and if so, provide an estimate of how many cases this 1% would equate to.

Response:

For clarification, 48% of cases are defined as urgent when triaged over the phone prior to the ambulance arriving at the pickup location/scene. Once the ambulance crew is in attendance and the patient is properly assessed and stabilised, the number of patients that require urgent transfer to hospital is around 1%, or less than one transfer per day to Prince of Wales Hospital.

6. Architectural Plans

Updated architectural drawings were requested to include the elevations of the bridge connections. The additional information refers to the RtS drawings, however these do not include the bridge connections in the elevations. Please see image below.

Response

Revised North and South Elevation drawings showing the bridges are provided in **Attachment C**.

Please let me know if you need further information.

Yours sincerely

Leoné McEntee
Manager, Planning