SUBMISSION TO DEPARTMENT OF PLANNING & ENVIRONMENT

SUBJECT: BOWRAL & DISTRICT HOSPITAL STATE SIGNIFICANT DEVELOPMENT APPLICATION NUMBER SSD 17_8980

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The proposal for a new Clinical Services Building at Bowral Hospital is a welcome initiative for the residents of the Southern Highlands. It is the first major building development since the Milton Park Ward in 1961, and promises to provide new, code-compliant clinical facilities to replace the existing outdated, non-compliant buildings. The announcement of the new building has generally been welcomed by the community.

However, there are some significant issues at this Hospital that will still need to be addressed by Government through NSW Health and/or South Western Sydney Local Health District (SWSLHD). These include the further redevelopment of the Hospital to fulfil the Government's 2015 pre-election promises, and development of clinical services and matching facilities as promoted in SWSLHD's published Healthcare Strategy (2013) and the Clinical Services Plan (2015) and Addendum (2017), the latter two of which have been ignored in the development of this SSDA.

My submission concentrates on the proposed development as described in the EIS documents and Addenda submitted to the Department of Planning & Environment.

SWSLHD's 2013 "Strategic and Healthcare Services Plan" is quoted in the Executive Summary of the EIS as the principal guiding healthcare document for the design of this project. The sub-title to that document is "Strategic Priorities in Health Care Delivery to 2021". In itself, this 5 year old document now fails to address realistically the needs of the community at the Hospital for the ten year timeframe after the project is completed, which is the minimum expected development planning horizon for a major project such as this.

The EIS takes no account of two later SWSLHD documents: the 2015 Clinical Services Plan and its 2017 CSP Addendum. The 2013 Strategy for Bowral Hospital was for 136 "notional" beds by 2021-22 (page 276), which is just outside the delivery timeframe for this new building. Consequently the 94 bed new building will be 42 beds short of the quoted guideline, with no explanation of this shortfall evident in the EIS. During the "public consultation" that SWSLHD and HI held in April 2018, weak "explanations" were provided of improved models of care that will enable patients to go home sooner. The improvement in models of care from 2013 to 2018 are not substantiated by evidence

to the extent of a reduction of 42 beds, 31% less than the Strategy forecast. However, it is mildly encouraging that the ACOR Authority Utility Supply Report (Appendix 28) estimates the sewer capacity for 141 beds by 2026. It is regrettable that this appears to be the only attempt to address the projected future needs of this Hospital.

During the lead-up to the SSDA there have been representations to the Minister for Health for a local Renal Dialysis service at Bowral Hospital, culminating in an announcement in November 2017 by Minister Hazzard that a satellite renal dialysis service will be included in the Hospital's redevelopment. (Southern Highland News, 2nd November 2017). There is no provision in the plans submitted for the SSDA for Renal Dialysis. Why has the Minister's promise for Renal Dialysis not been included in this SSDA?

No further stage of redevelopment of the Hospital is mentioned in the SSDA, as was displayed by Health Infrastructure and SWSLHD at the public meeting in April 2017. The building plans do not allow for expansion into any future stages, and the EIS says there will be no demolition, yet demolition as part of the Main Works (CSB) is referred to in the Preliminary Construction Management Plan (Appendix 3), Arborist Report (Appendix 6), and Structural Report (Appendix 9). The SSDA is silent on any future uses of the existing buildings to be retained.

The EIS's Executive Summary says "The proposed development relates to the refurbishment of existing buildings and construction of new facilities" (page 11). Section 2.3 of the EIS mentions that "refurbishment" is part of the Early Works undertaken under a separate approval (SEPP Infrastructure – development without consent), but there is no defined scope of works and interface between what is in the Early Works and what is in the CSB package within this EIS.

In the Transport Impact Assessment, Section 1.1 summarises the clinical functions future redevelopment needs of the Hospital after the new CSB has been completed. This is repeated in Section 3.1. These are welcome statements, but are somewhat hidden in the TIA, and should be more prominent in the EIS.

Project Cost: There is no reference in the EIS to the $65 million, or any, budget for the project, The EIS is misleading and deficient regarding the cost of the project. The cost estimate of $42.74 million comes from the Quantity Surveyor's letter dated 1 February 2018 which states that the estimate was prepared on the Schematic Design Documentation, when the Emergency Department was still a "future stage of redevelopment". The $42.74 million estimated cost does not represent the current Architectural plans submitted with this SSDA, which include the ED.

The estimated cost information in the EIS has not been updated to the current plans. There is consequently no CIV estimate for the current scope of works shown in the Architect's plans.

The QS' CIV estimate omits, by its own admission, data required by the definition in clause 3 of the EP&A Regulations "costs necessary to establish and operate the project":

- FF&E Furniture, Fittings & Equipment;
- Relocations;
- Contingencies including the design and construction of buildings, structures, associated infrastructure;
- Authority fees*;
- LHD* fees (assumed to be "Local Health District");
- Estimates of jobs created by project;
- Certification that the information provided is accurate at the date of preparation.

*Both Authority fees and LHD fee are stated to be included and excluded.

Consultation with the community: The Community Consultation Plan (Appendix 17) is not a plan for the present and future, it is only a collection of past efforts to publicise the proposed hospital building. The Hospital's website, Redevelopment tab, provides some information up to August 2018, but still displays the May 2018 plans ("Stage 2") with car parking on the ground floor where the ED is now to be built, and the ED is described as "Stage 3". The plans displayed in a corridor of the Hospital show the ED as "Future".

There has been no public consultation with the community during the preparation of this EIS (required by SEARS) or to explain the SSDA. This is the most significant development at the Hospital for 57 years but neither SWSLHD, Health Infrastructure nor the Hospital have been prepared to discuss or explain the proposed development and tell the community what Health benefits it could deliver to the community, why it will be better than what we now have. In the SSDA exhibition period, only the local newspaper has run any report and discussion of the proposed major development. Why are the Hospital, SWSLHD, Health Infrastructure, NSW Health and the Minister for Health so reticent to proclaim their new project? Does the community have to wait for the silver shovels to appear before the next State Election? It will then be too late to accommodate any community input into the project.

In the EIS, Section 6, Table 8 summarises the community's concerns expressed in the pre-SSDA consultations as "The only issue raised related to the quantum of parking that would remain following construction of the project." Public Health First has been active since the initial announcement of the redevelopment of the Hospital in 2015 and throughout the design period. Issues and concerns raised by Public Health First include:

- The Public Private Partnership: the Government rescinded the proposed PPP;
- Inadequate Budget to fully redevelop the Hospital: $15 million added to the original $50 million Budget, still insufficient to deliver the 2015 election promise for "redevelopment" of Bowral Hospital, consequently essential services normally located in a CSB are not included in the design;

- Inadequate bed accommodation compared with the 136 beds stated to be necessary by 2021-22 in the Healthcare Strategy of 2013. The design is still deficient by 42 beds;
- The paucity of two-way consultation with the community in public meetings and "drop-in sessions that really took account of community concerns and suggestions;
- Two future stages of redevelopment were shown at a public meeting by Health Infrastructure and SWSLHD in April 2017 but have been omitted from the current plans displayed in the SSDA;
- No increase in clinical services: The Renal Dialysis satellite service announced by Minister Hazzard has not been included in the design, and there is no discernible increase proposed in inpatient services except Rehabilitation;
- Delivery program was not clarified by the "Drop-in" Information Sessions, and is avoided in the EIS, but estimated as 24 months in the Preliminary Construction Plan.

The "consultation" was completed in April 2018 with several community displays and information "drop-in" sessions, which could by no means be regarded as two-way consultation in which the community's concerns were heard and debated. The preliminary schematic design was displayed in the April 2018 sessions, from which no report has been made public, notwithstanding individuals' concerns expressed about the (then) $50 million budget, the Emergency Department not being included in the first stage of redevelopment, no Renal Dialysis being included in the scope, and inadequate parking.

Planning: Several details of planning have been overlooked or not fully considered:

- EIS Section 4.5.5, Figure 49 shows the three existing back-of-house service points will be remote from the new CSB, creating a functional disadvantage due to increased distances of travel. The new CSB has remote and contorted access to Imaging, Medical Records, Pathology, Pharmacy and Mortuary, and no direct accommodation for support and service functions such as Equipment and Instrument Sterilizing and Hotel Services (receipt and dispatch of linen and food service), Medical Gases and Administration.

- EIS Section 4.5.3 says "The main pedestrian entry will remain at Bowral Street adjacent to the existing ED." This entry will not lead visitors into the Main Entry of the CSB. It will be on the western side of the building where pedestrians will conflict with ambulances. The Ground Floor Plan shows that the Main Entry ("Front of House") is on the east side of the CSB, not the west.

- The EIS also says "A new footpath will also provide pedestrian connectivity between the new inpatient building and the existing ED." The existing ED will be redundant once the new CSB is operational. No future use of he existing ED has been identified in the EIS. This statement shows that the EIS has not been reviewed since the ED was included in the scope of the new CSB. This deficiency is further shown in Section 4.9: "Allows the improvement of existing facilities through the provision

of…….Access between the existing ED and the High Dependency Unit." (The Level 1 plan shows the Critical Care Unit not a HDU).

- The SSDA does not provide a Fire Engineering Report or a BCA Compliance Report on the design of the building, particularly in relation to fire safety and evacuation. This is a major risk in view of the existing buildings not being equipped with fire sprinklers, and no intention in the SSDA of installing sprinklers in them, and the connection of the new building to the existing.

Landscaping and Trees: Although it may be true that the SSDA works will require only one tree to be removed, this is an intentionally misleading statement because the Landscaping Plans (Appendix 12) show there were/will be approximately 30 trees of various sizes removed in the Early Works, many of which were not required to be removed for the Early Works themselves, but to clear the site for the CSB works. The Landscape Plan shows three more that are likely not to survive.

Parking: The EIS and Transport Impact Assessment show an increase of only 3 parking spaces on site for the new building when it is completed, but they make no additional parking provision for staff and the public for the re-use of the existing buildings after the new CSB becomes operational. The existing parking situation has been under-evaluated, particularly in relation to the Southern Highlands Private Hospital, Bradman Oval and Museum's parking on St. Jude Street, and the medical consulting rooms in Bowral Street. Section 4.5.1 of the EIS advises that the TIA confirms that the new CSB will generate a need for 14 new parking spaces, but the overall on-site parking will increase by only 3 spaces. The proposed parking plan does not provide the increased parking that the TIA says will be required to meet the increased demand. In addition, the EIS proposes to ask Council to restrict street parking around the hospital to 2P. Hence, Hospital parking when the CSB is operational will increase the demand for on-street parking.

Is the Department of Planning satisfied that this will be acceptable to nearby residents, Hospital staff, visitors and Wingecarribee Shire Council? How does SWSLHD or the Hospital intend to provide off-street safe and secure parking for Hospital staff?

Parking during construction: Section 3.3.8 indicates there will be an increase of 2 (on-site) parking spaces before the commencement of the major works (CSB). This statement does not extend to say that the increase will be short-lived and there will be a shortfall of 39 on-site spaces during the construction of the major works, according to Section 9.4.3 of the EIS and the Transport Impact Assessment, and that the shortfall will be accommodated in nearby residential streets, which is unacceptable. It is inconsistent with Section 2.6 that says "A staging strategy will be implemented to ensure that car parking facilities are not affected as a result of the proposed works." The existing 66 space carpark off Bowral Street will cause the loss of more than 39 spaces, because the Early Works carpark is already complete and in use, so cannot be

counted in the "replacement" parking for the CSB works. Figure 20 does not acknowledge that Hospital parking already occurs along St. Jude Street, Glebe Street and Warenda Street.

Construction workers' parking in adjoining streets is not an acceptable option. The Preliminary Construction Management Plan (Appendix 3) addresses construction workers' parking and differs from the TIA. Which is correct, or to be followed?

Other discrepancies in the EIS and Appendices:
There are inaccuracies and inconsistencies in the EIS and its Appendices that cumulatively diminish the credibility of the EIS as the principal document in this SSDA.

- "A reconfigured public and ambulance entry into the ED" (Executive Summary) is the Early Works for the existing ED. This EIS is supposed to be for the SSDA works, A new ED is to be built in the new building, hence no "reconfiguration" is needed for it. The reference relates to the status of the project before the new ED was included in the CSB (pre June 2018 Budget increase). This is an indication of information in this EIS that is not entirely relevant, or has not been updated to the current plans.
- The EIS says the new building will have 97 beds (page 47 and Section 7.7.2), whereas other documents appended to the EIS state 94 beds: the Architect's Design Statement (4.1.6, page 9) and the Transport Impact Assessment (pages ii, 20, 27 and 37).
- Page 42 of the EIS states the existing hospital has 94 beds, whereas the hospital's own website ("About Us") says 91 beds and the Application for SEARS also states 91 beds. The Clinical Services Plan: Bowral and District Hospital redevelopment to 2026 (quoted on page 20, Fig. 6 of the EIS) in Table 1, page 7, says "Available beds at B&DH have not varied over recent years i.e. 91 beds."
- Section 4.5.4: The existing carpark off Bowral Street "will remain closed to the public during construction" demonstrates that the EIS author does not understand that the new CSB will be located on the existing carpark, notwithstanding the drawings reproduced in and appended to the EIS.
- Section 2.4: "Medicare Local" (dot point 3) was abolished in 2015 and superseded by the Primary Health Care Network. Another oversight, lack of knowledge, or careless error?
- Section 3.1: Fig. 6 (page 20) contains a single chair for self-dialysing patients. This is NOT a 'full satellite dialysis unit" as announced by the CEO of the LHD on 3rd November 2017.

- Section 3.2.1 forgot to include the Southern Highlands Private Hospital (SHPH) which is co-located with B&DH. Section 3.3.2 acknowledges the ground lease to SHPH.
- Section 3.2.2 forgot to say that SHPH provides services to B&DH including public patient chemotherapy.
- Section 3.5 Photos: The captions of Figures 28 & 29 are incorrect.
- Section 4.5.2: Moving the westbound bus stop in Bowral St 45m to the west will reposition it to the west of St. Jude Street. The bus service Route 814 operates from Mona Rd, into Bowral St and then north along St. Jude St, so a bus stop west of St. Jude St will not be feasible for Berrima Buslines.
- Section 4.10: The EIS says "The Southern Highlands is reliant upon B&DH as the major healthcare hub *in the north of the SWS LHD*." An error of geography? Its location within the SWSLHD is correctly described in Section 8.4.
- Section 9.3.2, Figure 71 is a quite inaccurate depiction of the location of the new CSB, compared with other accurate aerial photos and plans by MSJ, Eg, Fig. 56. Figure 71 shows a rectangular outline of the CSB which is actually "L" shaped, and the existing 66 space carpark off Bowral Street to the west of the CSB, which will not be retained.
- The Executive Summary of the Transport Impact Assessment (TIA), para. 3, describes the Hospital's location as "along Bong Bong Road and Bowral Street". There is no "Bong Bong Road" bounding the Hospital, or anywhere near it.
- The Gross Floor Area (GFA) in the TIA is 5990 sq. metres compared with the EIS's 8159 sq. metres. There is a major disconnect between the EIS and the TIA, which does not recognise the ED within the CSB. As parking requirements are traditionally determined by GFA as well as other measures, the discrepancy between the EIS and TIA results in a significant under-estimate of new parking required by the CSB. The rationale of excluding nursery cots from the calculation of traffic generation and hence parking is curious if not false (Section 4.3). A significant generator of traffic to hospitals and demand for parking is visits to newborns.
- The Preliminary Construction Management Plan (Appendix 3) addresses construction workers' parking and differs from the Transport Impact Assessment. Which is correct, or to be followed?
- The TIA's statements regarding existing parking in Bowral Street, Mona Road and Sheffield Road (TIA 2.2.1, 2.2.2, and 2.2.3) are inaccurate. Figure 2.10 shows 12 and 14 unrestricted parking spaces on the north side of Bowral St at Glebe Park. These numbers were reduced after the Council installed pedestrian safety refuges in the centre of Bowral Street at the intersections of Sheffield Rd and Mona Rd. The TIA is dated 9/7/18 and is out–of-date with reality in respect of existing parking.

- The Access Report (Appendix 33, Part 2) shows parking on the ground floor, not the Emergency Department.

CONCLUSION

The State Significant Development of Bowral & District Hospital will be a most welcome improvement of the clinical facilities of this Hospital. The proposed building will serve the community in a much better way than the out-dated facility now struggling to cope with demand. The Project however falls short of community expectations of "redevelopment" of the Hospital, and there is no apparent scope in the documents submitted for the expected future Stages of this redevelopment. There are many contradictions and deficiencies in the submission as outlined in the above submission.

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