



25 August 2014

Mr Chris Ritchie
A/Director, Industry, Key Site and Social Projects
Development Assessment Systems & Approvals
NSW Planning & Infrastructure
GPO Box 39
Sydney NSW 2001

Attention: Peter McManus

Email: peter.mcmanus@planning.nsw.gov.au

Dear Sir,

Objections to The University of Sydney's Response to Submissions June 2014 in regard to Campus Improvement Program 2014-2020 (CIP), State Significant Development Application (SSD 13_6123)

I write on behalf of Sydney Local Health District (SLHD), the owner and operator of Royal Prince Alfred Hospital (RPAH), the direct neighbour on The University of Sydney's (UOS) western boundary, and therefore also on behalf of the NSW Ministry of Health/Health Administration Corporation.

Since SLHD's submission dated 28 February 2014, we have met with the UOS and reached verbal agreement to jointly plan along our shared boundary, however this has not been formalised. Until aims, principles and processes for such joint planning have been agreed and formalised, SLHD must justifiably protect RPAH's long term interests. RPAH is the premier teaching hospital in Australia, treating amongst the most complex cases in the country.

SLHD understands the time imperatives that the UOS has for the Health Precinct, however we must plan for the long-term. I reiterate that there is historically a strong working relationship between SLHD/RPAH and the University – we share clinical academics and many resources and programs – and because SLHD holds the UOS as a valued partner, we are ready and willing to work quickly with the University to achieve shared objectives.

Having reviewed the applicant's Response to Submissions (RtS) in detail, I note, at the outset, that the majority of the concerns and objections to the CIP Health Precinct (CIP HP) proposal as expressed in SLHD's February 2014 submission still remain from the perspective of adverse impacts on RPA's public facilities and strategic plans. While I will again set out the District's objections, they are in fact reiterations of the concerns originally submitted but in the context of the University's RtS. Hence, I specifically refer to the District's previous submission because it is complemented by, not superseded by, this letter – in fact, some of the concerns expressed in my February 2014 letter have not been responded to directly by the RtS.

I refer below to relevant concerns and objections to the CIP HP as currently proposed using the corresponding page numbers of the RtS.

P22 - B. Response to Organisation Submissions

I note that this section does not acknowledge the SLHD/RPAH submission as being on the Department of Planning & Environment's (DPE) Submissions Register although some of SLHD's concerns are responded to elsewhere in the CIP Response package. If our submission is not on the register, perhaps this was because I had requested that our objections not be published on your public website out of respect for the University, our neighbour and partner, with whom we were hopeful of resolving our concerns following consultation.

Under these circumstances, that our concerns and objections are not fully satisfied by the RtS, I request that our submission be formally recorded on the DPE register.

CIP Precinct Building Envelope

p36 – 1. Overarching

SLHD agrees with the City of Sydney that the precinct requires "a campus-wide approach and strategic vision for future improvements".

In many ways, the boundary between RPA and UOS has historically been seen as a 'constraint' whereas in the modern health context it can be viewed as an 'opportunity' for an integrated health/research/education sub-campus. This is entirely consistent with international and national trends, and with the University's own Medical Research Strategic Review that includes actions such as "...establish translational research practices that are truly integrated with health care provision, ...promote partnerships between research and health care practitioners – addressing questions arising directly from practice, ...support collaborative access to facilities across the health network, ...create a coherent health and medical research precinct on the Camperdown Campus".

As I stressed in SLHD's original submission, SLHD and RPA are keen to work with UOS to develop a joint, long-term plan for the development of integrated facilities along our shared boundary that will achieve mutually beneficial outcomes. We believe that the concept of an Integrated Health Research Centre is ideal for our combined sites. Bringing together health education, academia and world-renowned research organisations (that are already affiliated with UOS and SLHD) in a translational research setting, linked into existing clinical services at RPA, is a profound and very exciting prospect for Sydney and NSW.

Unfortunately, the current CIP proposal for the Health Precinct, after the minor amendments made in the RtS package, is not consistent with this vision. While SLHD is pleased that the University has noted on p47 that it agrees to develop a joint long-term plan for integrated facilities along the shared boundary, unfortunately the CIP as it stands (in isolation of a joint future masterplan), is not sufficient for SLHD and RPA to be confident that a shared vision will necessarily be achieved.

Based on the very high-level discussions between UOS and SLHD to date, that have not yet reached agreement on planning principles or timeframe for a joint master plan, the CIP building envelope as resubmitted is a major risk to further development of acute services at

RPAH, arguably NSW's premier tertiary teaching hospital, not to mention one of State's busiest acute care facilities. 'Discussing' integration, (as has been put forward by SLHD in the meetings referred to by UOS on p47 but not as yet accepted by the University) is a good start, however SLHD quite reasonably awaits far more of a commitment to an integrated facility with mutual benefits before it could possibly be expected to agree to the severe impacts of the proposed Health Precinct envelope as represented in the Amended CIP SSD Plans, pending a Stage 2 masterplan or not.

In short, on behalf of the hundreds of thousands of patients who are treated annually at RPA and the broader community and constituents of SLHD, the District cannot agree to the amended building envelope without adequate setbacks and height reductions unless a shared long-term footprint and envelope is agreed with mutually beneficial outcomes. In other words, SLHD's strongly stated objection to the CIP HP footprint and building envelope remains as previously submitted.

P37 – 1st issue: Amendment of the precinct building envelope

SLHD supports the DPE's "request for amendment of the CIP precinct building envelopes to address more realistic representation of development sites and improved contextual relationship to the precincts". Unfortunately, for the strategic reasons above and the more detailed planning reasons below, this has not been achieved for the CIP HP at this point.

P45 – 1st issue: Building Height

UOS responds that the CIP HP height has been reduced "to match that of the adjoining RPAH". This is not really the case, because SLHD's original objection referred to "surrounding RPA buildings, in particular Gloucester House and the Clinical Services Building (CSB)".

The apparent reduced height appears to match E-Block which has its entrance on Missenden Road (at RL 72.5), not the CSB (at RLs of 59.1 and 63.4) adjacent the UOS boundary. Gloucester House is lower still at RL 47.7.

Further, the section on UOS Drawing SSD-E-12 RevA shows RPA's equivalent/ determining height as RL 72.5 from south to north, which is misleading because the RPA CSB is actually RL 50.6 at the northern end, based on the UOS survey. Also, the section on Drawing SSD-E-13 RevA is also ambiguous because it implies an adjacent RPA building of RL72.5 rather than an actual RL 63.4.

Unfortunately, these amendments were again submitted and exhibited before appropriate consultation with SLHD. Having said this, I reiterate that SLHD would be very happy to develop a solution that is workable for both parties.

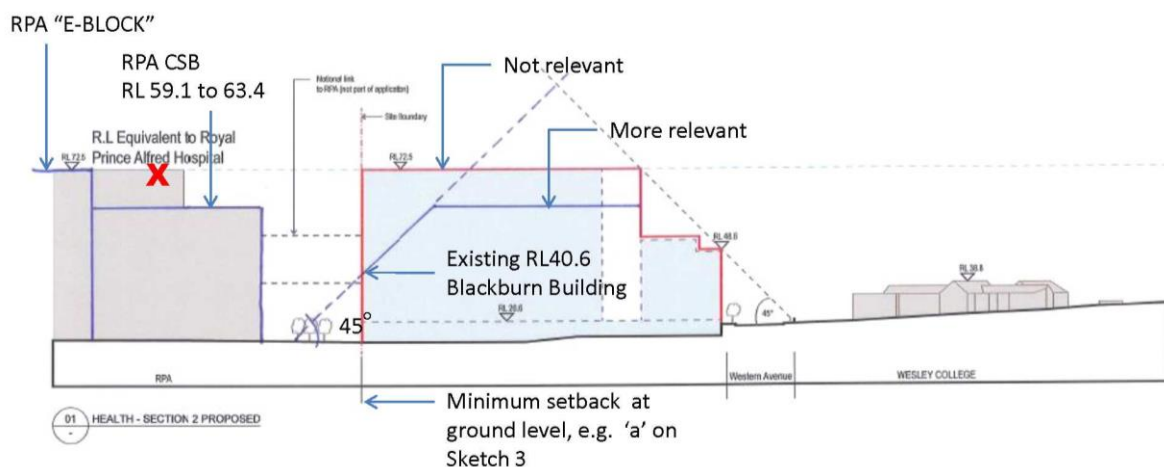
I refer here also to the revised shadow diagrams SHD-E-21 to 23. SLHD remains concerned that the diagrams do not adequately show the impact in the time between the 9am and 12pm scenarios on the already limited solar access in this public area. This is a complex and dense area and considerable detail is required to understand the implications including sunlight to inpatient wards at various levels above ground level.

The top of the CIP HP envelope should reflect the existing CSB and Gloucester House levels, or the recently approved Charles Perkins Centre, rather than E-Block which is out of context.

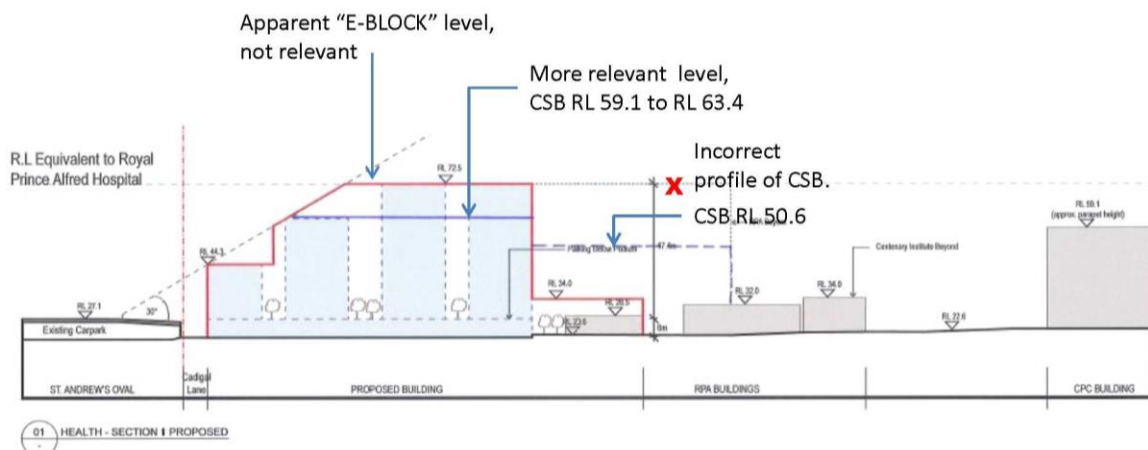
The proposed height and envelope remains daunting and intimidating to the adjacent RPA inpatient buildings. The proposed building will in any case deprive several levels of public inpatient wards of views of the city as well as depleting solar access, therefore the CIP HP's height and setback from the boundary must be a suitably responsive. In the absence of an integrated RPA/UOS development that could jointly share and address such issues, development conditions should be applied to protect RPA's future functionality and amenity.

Please refer to marked-up sketches 1 and 2 below as an indication of what SLHD would be prepared to discuss with UOS and DPE if an integrated development is not planned together.

Sketch 1: Marked-up Section SSD-E-13 RevA – more relevant height and splayed envelope



Sketch 2: Marked-up Section SSD-E-12 RevA – more relevant height of envelope



In addition to any and all comments above, we stress again that there will be some technical and height considerations (requiring specialist review and advice) in respect to the helicopter flight path if new buildings are higher than, or impact upon, the existing helipad on top of the CSB which delivers emergency medical/surgical cases and forms an integral part of NSW's trauma response strategy.

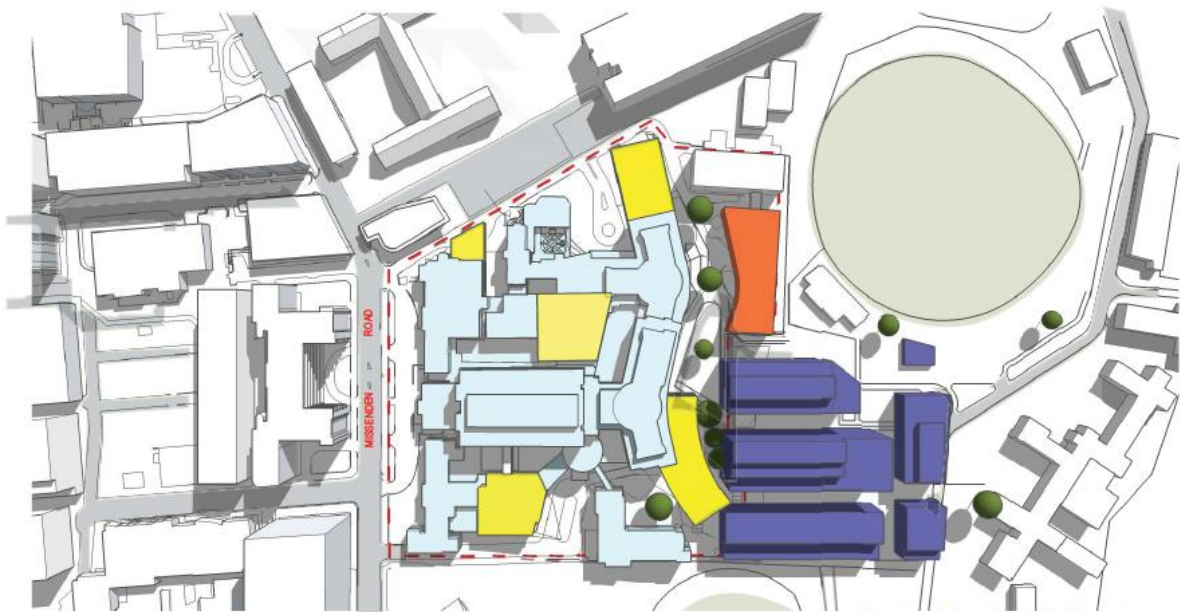
P47 – 2nd Issue: Setbacks

UOS response summarises SLHD's concern as "building being built hard up against rear service land and trees within RPAH land". The term 'rear service land' used here to describe this area of RPAH is not appropriate. The envelope as proposed would overwhelm and overshadow Gloucester House, the commemorative garden and the RPA cafeteria. It would also deprive several levels of public inpatient wards of views of the city as well as denying solar access which this area and façade of RPA currently enjoys.

In any case, 'hard up against ...trees', whilst of course a concern, was not really the point of SLHD's objection. The proposed buildings should be setback at varying points, heights and degrees along the boundary to respect both the environmental impacts mentioned earlier as well as respecting RPA's own need to expand in the future. There is not a simple solution, or simple envelope, and any development will require careful joint planning before agreement can be reached.

As UOS is aware from preliminary plans discussed in 2013 and 2014 (before and since lodgement of the SSD application), RPA has a growing demand for services that requires extension of the existing CSB on the east campus, adjacent to the boundary with UOS. The two figures below, drawing on RPA's concepts in 2013 and based on the height in the original SSD application (but which has only been marginally reduced in the RtS), demonstrates the conflict between UOS's proposed envelope and RPA's concept plan.

Unless and until there is an integrated building masterplan, which has not been agreed at this time and requires much planning, both developments will need to respect each other's boundary and needs.



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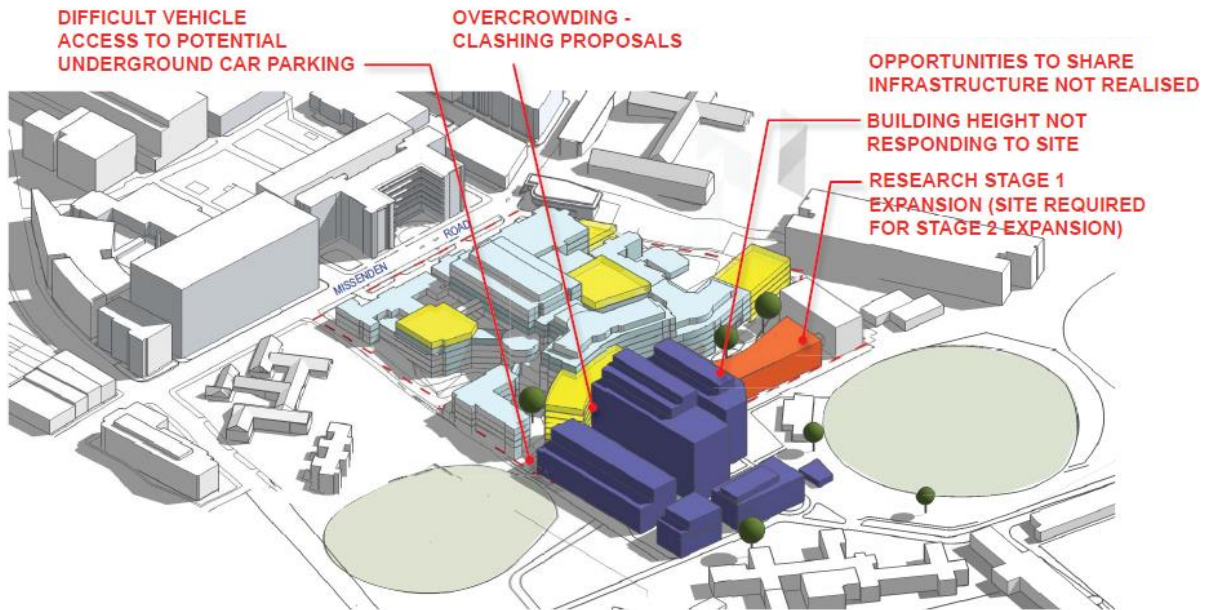
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It is fair to say that, while there may be a range of options as to where to place student education on the campus, there are far more limited options with respect to clinical services. SLHD has over a billion dollars of asset value already invested in RPA's east campus and any extension must be functionally connected and integrated with existing clinical support services and facilities.

Sketch 3 below highlights the need for minimum setbacks to protect RPA's proposed public inpatient ward block extension.

Sketch 3:



P47 - 5th issue: Proposed joint plan to develop integrated facilities

I refer to my comments above regarding the status of such discussions.

While SLHD does appreciate the underlying message in the response that “the University requires resolution on the CIP HP building envelope in order to realise the area within which the HP can contribute towards a joint development programme with SLHD and RPA”, SLHD is not able (based on the current status of discussions and the current SSD drawings with their inferred building forms within the proposed envelope) to agree that the envelope as proposed is acceptable. Again, I repeat our offer to work together with UOS to find an acceptable position.

As I pointed out in my letter dated 28 February 2014, such envelopes should have been discussed and agreed before the SSD was lodged and, while it is most likely that SLHD can sort out issues with the University’s current executive, if such a confronting one-sided envelope were approved, we cannot assume so indefinitely and must therefore now protect the long-term future of RPA’s east campus. SLHD cannot accept the unintegrated mass of building proposed prima facie by the SSD without a much clearer understanding of the long-term benefits to RPA and Sydney Research. In short, we have not reached an unambiguous agreement at this point with UOS and SLHD did not agree to the current RtS version of the CIP HP remaining in its current form for resubmission to the DPE based on an implied agreement between UOS and SLHD.

P76 - Missenden Road Gateway

The movement of staff, patients and service vehicles is critical to the safe operation of the RPA campus and, therefore, SLHD remains concerned regarding the issue of traffic and parking resulting from the proposed CIP HP development. The RtS response, “On this basis it is anticipated that any vehicle access to Missenden Road for University and College generated vehicles will be for authorised staff/student, service and emergency vehicles only with minimal change to traffic volumes” is potentially concerning and requires clarification.

SLHD is grateful to the DPE for the opportunity to again express its important concerns regarding this application. On behalf of the many patients and staff of RPAH, I trust that those concerns and objections will be addressed by the Department and reflected in subsequent changes to the SSD application and conditions of consent. We appreciate the opportunity to comment on this proposal and are keen to start working in partnership to achieve high-quality outcomes with the University, other stakeholders and neighbours to the proposed Health Precinct so as to provide support for a health care focus as these plans and directions develop.

Yours sincerely



Dr Teresa Anderson
Chief Executive