IN PLANNING PANELS VICTORIA
AT MELBOURNE

In the matter of Amendment C175
Whitehorse Planning Scheme
Planning & Environment Act 1987

Witness Statement - Louise O'Connor

Part A – for public circulation

1. My name is Louise Margaret O'Connor and I am Executive Director, Epworth Eastern. I have held this position for 5 years. My qualifications are RN Grad Dip Nursing Management and Master's Health Administration.

2. I make this statement based on my own experience and beliefs unless I state otherwise.

3. In Part A of this statement, I provide information to assist the Panel to understand the functionality and idiosyncrasies of hospital operations and how this impacts upon the built form of hospitals. I also provide some high level information about the increasing demand for hospital beds in the catchment area.

4. In Part B of this statement, I provide confidential details regarding the future planning at Epworth Eastern site.

PRINCIPLES OF BEST PRACTICE HOSPITAL LAYOUTS

5. With my background as a clinician and hospital executive, I am able to explain the significant role that built form plays in ensuring positive patient outcomes and the design approach expected by "best practice" hospital design aimed at maximising the wellbeing of patients, including reducing their recovery time.

6. The 'wellness' approach to patient care and design of healthcare facilities means hospital spaces should be warm, welcoming and contemporary with enhanced patient, visitor and staff amenities, ensuring patients can recover in an environment that reduces recovery times. The patient room of future and the reality of constructing will include the concept of high tech and high touch, flexibility, adaptability and efficiency. The modern patient today requires access to the information age, with computer at the bedside: this can be designed into a monitor that allows access for the nursing staff to enter patient date, as well as internet, TV, "room ready for clean" and meals on demand. The patient experience now

allows more for the family, with the trend to private rooms with individual en-suites, and usually with a "day bed" for family members to sleep, nap or simply for a more comfortable visit. The changing hospital needs into the future will require flexibility with space, with the trend of reduced patient length of stay and the increased need for day surgery.

7. Efficient floor-plates are critical to reduce waiting time for patients being transported from surgery to a ward, waiting in corridors and moving around between floors and in lifts as this delay has a direct relationship with reduced infections and thus a role in faster recovery rates. Epworth Eastern has been designed with these factors in mind, increasing the theatre numbers and the recovery areas all accommodated on the theatre floor. The new inpatient units have been designed to link into existing inpatient units where possible to allow for flexibility of patient treatment zones.

8. Efficient interconnectivity between different buildings and parts of a building is required. A series of independent freestanding buildings, which may be what is envisaged by the reference to 'campus style' approach as set out in the draft Built Form Guidelines is not "best practice" hospital design nor a design approach which enables the hospital's efficient functionality. Interconnectivity and large floor plates are essential to minimise patient transport distances, reduce clinical risk/adverse events, exposure to germs and limit the time spent in uncontrolled outdoor environments.

9. Setbacks and wide landscaped edges are not an efficient use of land for a hospital as this would inevitably lead to greater heights to achieve the same floor space. Inefficient use of space leads to more time in transporting patients, increased need to use lifts and inefficiencies in hospital operations. It restricts the ability to have shared servicing and staffing on floors and does not accord with best practice hospital design. Nor does it contribute to meeting a patient centred care approach to healthcare service provision.

10. There is a requirement in the Australasian Health Facility Guidelines and as a principle based on the wellness approach to improved patient recovery, all patient rooms should be constructed around the perimeter of the building to allow natural light into each room, with service / utility rooms designed within the core of the building.

11. The *Australasian Health Facility Guidelines* (Revision 6.0, 1 March 2016) recommends a range of planning principles to achieve good planning relationships including:

    a. 'open ended planning' which utilises planning models and architectural shapes that have the capability to grow, change and develop additional wings – horizontally or vertically – in a controlled way. Expansions accommodated in external buildings with covered links are not recommended as they will become complicated with random buildings and long walkways over time;

b. minimising travel distance by avoiding lengthy links between units and departments;

c. rooms shared between units by designing inpatient units to be back to back;

d. overflow design where spaces are designed to serve as overflow for other areas subject to fluctuating demand by for example collocating waiting areas for different services;

e. modular design that are based on a regular grid and well-designed standard components. The standard components relate to physical planning models and policies that are believed to contribute to the procurement of well-designed healthcare facilities; and

f. access to external views and natural light to optimise Indoor Environment Quality (IEQ). This is encouraged to assist in healing process for patients and to improve the working conditions for staff and is also a mandatory requirement of the Australasian Health Care Facility Design Guidelines for overnight patient accommodation.

12. All of these principles mean that hospitals require a unique and particular architectural form with large floorplates that interconnect.

DEMAND

13. Demand in the primary catchment for additional acute and rehabilitation beds is increasing significantly due to population growth in the catchment and the ageing population health needs and is set out as follows:

PROJECTED GROWTH IN BEDS AT 85% OCCUPANCY		Growth from 2013/14 to:	
		2021/22	2031/32
Projected Growth	Acute	169	384
	Rehab	51	121
	Total Projected Growth	***221***	***505***
Unmet Demand	Acute	156	156
	Rehab	44	44
	Total Unmet Demand	***200***	***200***
Total Additional Beds Required		**420**	**705**

14. Other than Epworth Eastern, Knox Private Hospital is the only other private hospital in the primary catchment with a known development in the pipeline. I understand that a total of 240 new beds over seven stages are notionally planned for Knox Private Hospital.

15. Co-location with Box Hill Hospital (Eastern Health) provides Epworth Eastern with the ability to provide the additional care required for the estimated growth in hospital beds and

treatment. Conservative estimates are that up to 16,000 emergency attendances per year could be undertaken at Epworth Eastern thus reducing the demand on Box Hill Hospital. With the ageing population and increases in chronic disease, the demand and service needs of hospitals will increase in the future.

16. Services that currently are not provided for by Epworth Eastern include rehabilitation, maternity and neurosurgery. Provision of these will be reviewed as part of the refreshed master plan for the hospital. Additional services on the Epworth Eastern site may include:

    a. Rehabilitation

    b. Maternity: Epworth Eastern has a number of gynaecologists that currently take their obstetric work to other private providers.

CURRENT PLANNING PERMIT APPLICATION – FLATS SITE

17. In December 2016, Epworth Eastern lodged a planning permit application to extend the existing hospital to the site to the south, 25 Nelson Road, for the purpose of accommodating additional hospital and medical consulting services.

18. The proposed development of the 25 Nelson Road site demonstrates how hospital development needs to occur in a manner that allows integration of new built form to existing buildings.

19. The development at 25 Nelson Road includes:

    - demolition of the existing flats at 25 Nelson Road;
    - the use and development of an expanded complex comprising of a net increase in operating theatres, overnight acute patient beds, consulting suites an Emergency Department and associated areas;
    - a new building consisting of a seven storey podium fronting Nelson Road (setback at ground and first floor level) and a seven storey tower above the podium which is setback from the podium edge by 2 metres; and
    - vehicle access including ambulance access, basement car park and additional basement area to incorporate new car parking spaces.

20. The development of the new building will be fully integrated with the existing hospital building at all levels and also integrated with the medical suites at 1 Arnold Street (at levels 1-3) to provide a fully integrated facility.

21. At the time of writing this Statement we have just received a Notice of Refusal for the permit application for 25 Nelson Road on grounds that include applying some of the proposed new guideline controls (including height, setbacks from boundaries, ground level landscaping and reference to the "urban campus" style of development) even though the application was lodged before the Amendment C175 went on exhibition.

22. The Council Refusal demonstrates the importance of ensuring the proposed controls are amended to address the concerns I have raised in the context of this Hospital precinct.

CONCLUSION - IMPLICATIONS OF AMENDMENT C175

23. I have very real concerns that Amendment C175 will lead to restrictions on the ability of Epworth Eastern to expand and cater for the needs of the Whitehorse residents and the wider catchment as demonstrated by the recent Refusal issued for the development of the adjoining flats site at 25 Nelson Road.

24. In particular I am concerned about the Design and Development Overlay (Schedule 6) and Built Form Guidelines for Precinct F6 including:

    a. The objective to encourage taller forms with smaller footprints and generous separation between buildings as this directly conflicts with the need for hospitals to have large efficient floor plates and well connected wings;

    b. The requirement for 60% site coverage, for the same reason as this does not lead to an efficient floor plate for a hospital, or allow interconnected buildings on different adjoining sites;

    c. The requirement for a 10m separation between buildings for the same reasons; and

    d. The requirement for an 8m landscaped buffer, again for the same reasons. In addition, we are currently undertaking a security review following the tragic death of cardio-thoracic surgeon, Mr Patrick Pritzwald-Stegmann, who died following an assault in the entry foyer of Box Hill Hospital. I have concerns that dense landscaping around entry areas is inconsistent with good surveillance and is therefore a security concern in a hospital environment.

25. In my view, these requirements should either not apply to the Hospital Precinct F6 or should be significantly amended to ensure hospital development can occur in a manner that allows interconnected buildings and efficient floorplates.

I verify that my Witness Statement is complete and accurate to the best of my knowledge. I have made all the inquiries that I believe are desirable and appropriate and confirm that no matters of significance which I regard as relevant have to my knowledge been withheld from the Planning Panels Victoria.

DATED: 11 July 2017

Louise Margaret O'Connor

Louise O'Connor
Executive Director