



SCHEME AMENDMENT REPORT

Town of Claremont Town Planning Scheme no. 3

This report analyses existing land use controls over the Bethesda Hospital land holdings at 25 Queenslea Drive and 2 Victoria Avenue under the Town of Claremont Town Planning Scheme no 3 and proposes to amend the relevant planning scheme provisions to create planning certainty for a sustainable hospital in this locality.



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Attachment A: Property Information

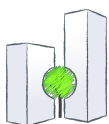
Certificate of Title
Power of Attorney
MRS Zoning Certificate

Attachment A: Traffic Studies

Bethesda Hospital Road Network Capacity Analysis: Transcore, May 2016
Parking Ratio for Bethesda (t17.102): Transcore, May 2017
Concept Parking Layout: Lots 301-303 Victoria Avenue



Client:	Bethesda Health Care
Project Name:	Bethesda Hospital: Planning Risk Management –TPS Amendment
Author:	Corey Verwey (corey@urbanism.com.au)
Current Version:	V5.1 Submitted to Town of Claremont on 14 September 2017



1 EXECUTIVE SUMMARY

The Town of Claremont set a vision for the local government area to “develop as a harmonious cosmopolitan town creating opportunities for community well-being, the environment and business prosperity; whilst respecting and celebrating the past.”

Bethesda has been part of the town’s growth and community infrastructure for more than 70 years. The long-term vision for the hospital is to increase clinical services, establish multi-disciplinary medical teams and offer a wider range of medical services in Claremont. This vision will be implemented in future extensions and redevelopment of the Bethesda Hospital.

This report presents an amendment to the statutory provisions applicable to this hospital to facilitate implementation of this long-term vision. This report addresses an amendment for the Bethesda Hospital (Claremont) land, defined as follows:

Address	Current Zoning	Survey Information	Land Area (m ²)
25 Queenslea Drive	Special Zone (Restricted Use)	Lot 13 on DP78374	12,151m ²
2 Victoria Avenue	Residential R25	Lot 12 on DP38812	1,213m ²

The proposed scheme amendment aim to achieve the following outcomes:

1. Rationalise the land use definition by the removal of some specified land uses from this Special Zone (Restricted Use) zone to comply with the definition of a “Hospital” under the scheme and the Hospitals and Health Act of 1927.
2. Add “Consulting Rooms” as a Permitted Use within this “Restricted Use” to create a feasible opportunity for new specialised medical services to serve the hospital needs.
3. Extend the Special Zone (Restricted Use) zone onto Lot 12 at 2 Victoria Avenue to incorporate the current discretionary right to establish a hospital for up to 20 beds on this Residential (R25) site in an integrated approach. This approach increases the overnight bed capacity to 97 beds.
4. Align the parking standards, as it applies to a “Hospital” with the Department of Health guidelines and parking standards applied in other local government areas in WA.

It is proposed that the Town of Claremont Town Planning Scheme No.3 be amended as follows:

1. The amendment of Appendix VII as follows:

Location	Particulars of Land	Permitted Use	Standards/ Conditions
No. 5 Queenslea Drive	Lots 2, 3, 4, Pt 5, 12, 53 and 54 of Swan Location 718 on Certificate of Title 1558, 1050 Folio 232 and 508.	Hospital not exceeding 77 beds, operating theatre, radiology and physiotherapy facilities.	Prior to applying for planning approval, the applicant is to undertake a traffic study to determine the effect that the proposed development will have on the nearby school and residents in the locality. Should the traffic study, in Council’s opinion, indicate that the development will create a traffic hazard, the applicant is to suitably modify the development to satisfy Council’s requirements with respect to traffic.
No. 25 Queenslea Drive and 2 Victoria Avenue	Lot 12 on DP38812 and Lot 13 on DP78374	Hospital not exceeding 97 beds and Consulting Rooms	

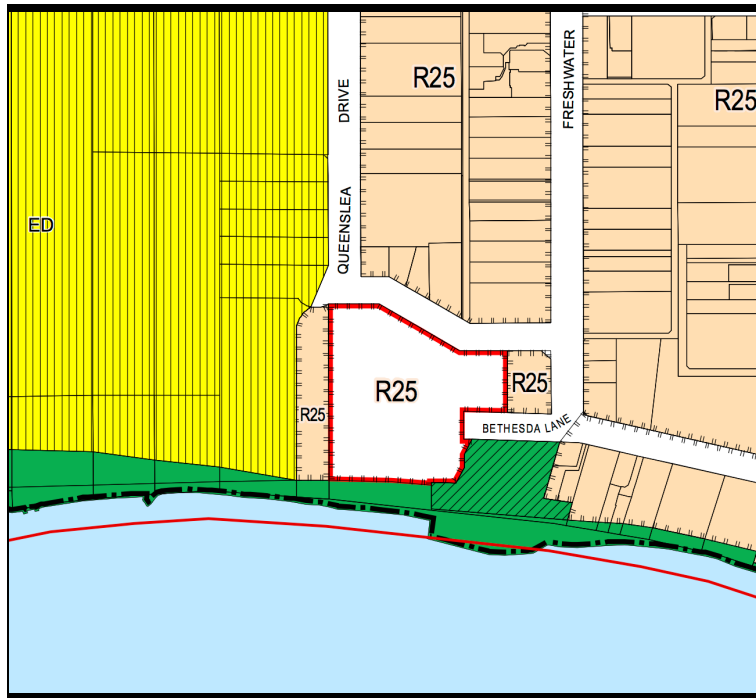
2. Amend Table 2 – Development Table, as follows:

USE	BUILDING SETBACKS	LANDSCAPE OPEN SPACE	CARPARKING SPACE REQUIREMENT
Hospital	As for the R15 Code	30% of site	One per patient bed plus one for each employee. One per 2 patient (day and overnight) beds plus one for each employee on duty.



3. Amend Town of Claremont Town Planning Scheme Maps by the deletion of the R25 density coding over Lot 12 on DP38812 and Lot 13 on DP78374.


TOWN OF CLAREMONT
TOWN PLANNING SCHEME NO.3
AMENDMENT NO _____




EXISTING ZONING

LEGEND


REGION SCHEME RESERVE (MRS)


 Parks and recreation


LOCAL SCHEME RESERVES

 Local reserves - recreation


LOCAL SCHEME ZONES

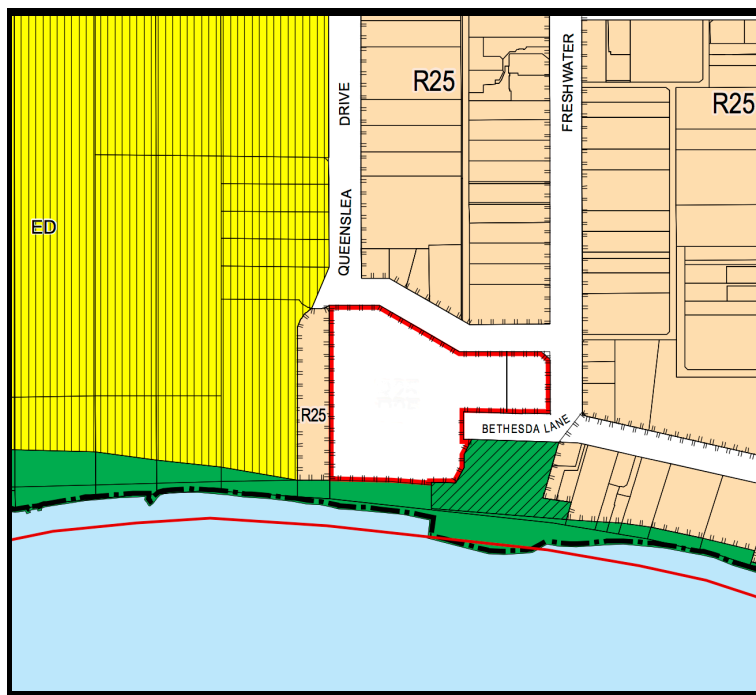
 ED Educational

 Residential

 Special zone - restricted use

OTHER CATEGORIES

 R20 R Codes



SCHEME (AMENDMENT) MAP



2 INTRODUCTION

Bethesda Hospital is a "not for profit" private hospital, which is operated in association with the Churches of Christ in West Australia. Bethesda Hospital Inc. is an incorporated body under the Associations Incorporation Act of WA and is governed by a Board of Management, the Trustees of the property in Claremont.

The Bethesda Hospital (Claremont) is located at 25 Queenslea Drive and the hospital also owns the residential properties at 1-3 and 5 Victoria Avenue.

The hospital was founded and commenced operations on its current 12,152m² site in Claremont in 1945. Since that time, the hospital has grown and undergone several redevelopments and extensions in the early 1990s, 2004 and 2016.

The hospital provides medical and surgical healthcare services for the western suburbs of Perth and surgical services for the wider north metropolitan area. The services offering primarily consist of surgical services including orthopaedic surgery, gynaecology, plastic reconstructive surgery, urology, pain management, general surgery, dental, as well as a level 6 palliative care service.

Bethesda Health Care considers the Claremont hospital as a growing business within the Claremont community and in a manner, that will successfully co-exist within the surrounding residential community and other community and business infrastructure. As such, a long-term plan and the restructure of the business was initiated 8 years ago and identified the following key areas of growth:

- Increased space for associated clinical services and a High Dependency Unit to support the increasing patient acuity.
- Increased space for multi-disciplinary teams providing services to both in-patient, pre-op and post-op patients.
- Increase in the range of medical services to facilitate timely care, as and when needed.
- In the long term, more overnight beds may be required.

Recent master planning for Bethesda Hospital (Claremont) concluded that any additional expansion of the building footprint is constrained by the functional layout and structural integrity of the hospital building. Although the site offers some expansion opportunities, future growth opportunities are best pursued on neighbouring lots.

Future redevelopment may consider several options to address the identified medium and long term needs:

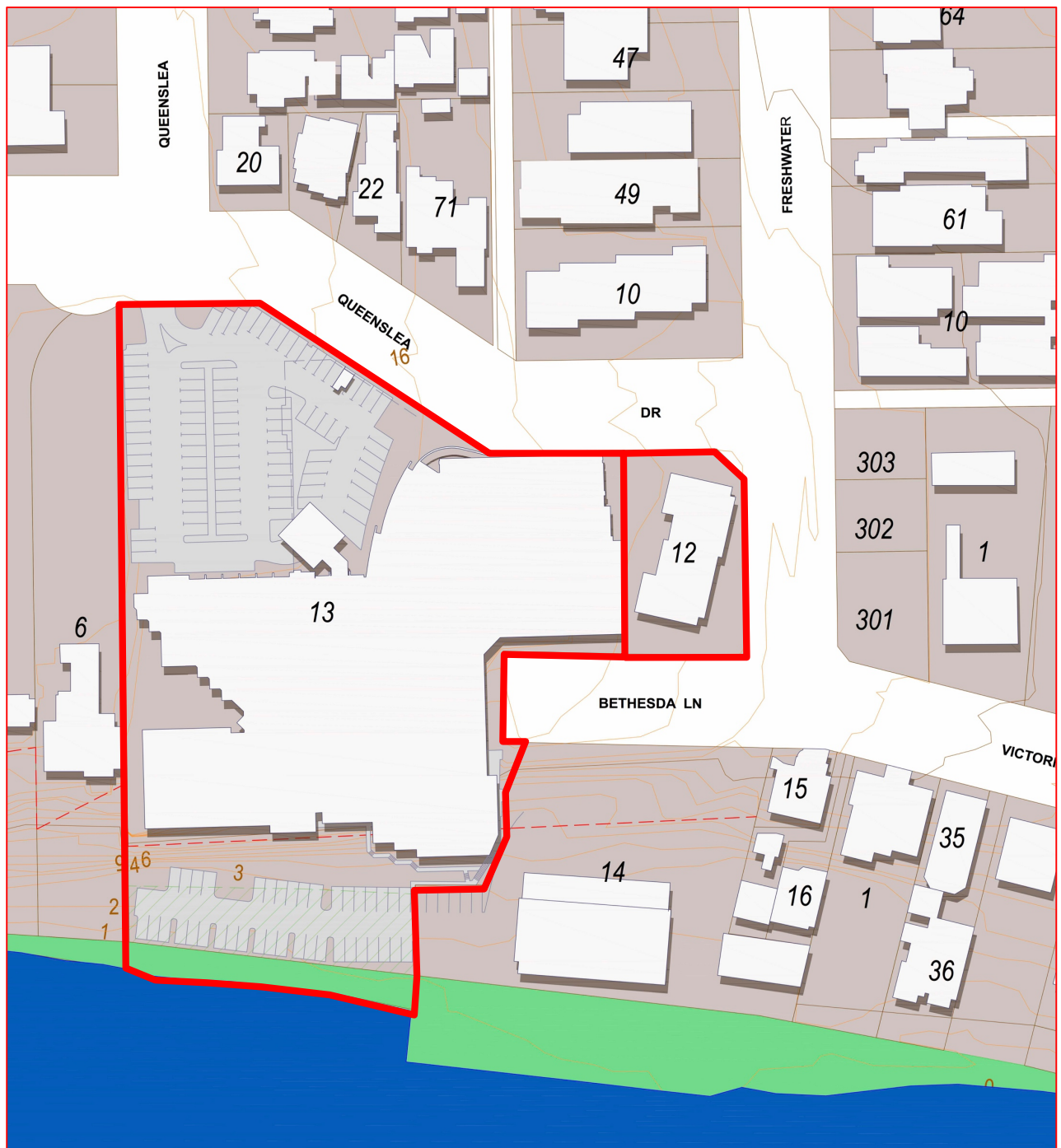
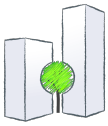
- Minor extensions to the current development footprint of the hospital on Lot 13.
- Relocate non-essential services and administration functions from the existing hospital building to an adjoining property (Lot 12) to free up existing floor space for essential medical services associated with the hospital.
- Establish an out-patient/ medical centre on the adjoining Lot 12 at 2 Victoria Avenue to introduce a greater offering of medical services, which could also be available to service the hospital needs.
- Expand parking supply onto Lot 12 at 2 Victoria Avenue, offering accessible parking away from the roundabout in Queenslea Drive.

3 SITE DEFINITION

3.1 Locality

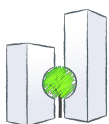
The Bethesda Hospital (Claremont) is located on land identified as 25 Queenslea Drive (Lot 13), located within the Town of Claremont.

The site has a northern aspect onto Queenslea Drive, as its primary street address and a 142m street frontage. The southern boundary fronts onto the Swan River. The eastern boundary is shared with the Claremont Yacht Club, Bethesda Lane and the apartment building on Lot 12, whereas the western boundary adjoins a private residence between the hospital and the Christchurch Grammar School.

**FIGURE 1: Locality**

Bethesda Health Care also owns adjacent residential land, the most prominent being Lot 12, located at 2 Victoria Avenue. This lot measures 1,213m² and enjoys road frontage on three boundaries being 21.0m onto Queenslea Drive, 40m on Victoria Avenue and 27.8m on Bethesda Lane.

The properties at 1, 3 and 5 Victoria Avenue, to the north and east of Victoria Avenue are fragmented from the main land holding. These lots are owned by Bethesda Health Care, but are not included in this proposed scheme amendment.



3.2 Legal Description

The land parcels, owned by Bethesda Health Care (Bethesda Hospital Inc.), are legally defined as follows:

Address	Survey Information	Certificate of Title	Land Area (m ²)
25 Queenslea Drive	Lot 13 on DP78374	Vol 1937 Folio 321	12,151m ²
2 Victoria Avenue	(Lot 12 on DP38812) Lot 1 on Strata Plan 121 Lot 2 on Strata Plan 121 Lot 3 on Strata Plan 121 Lot 4 on Strata Plan 121	Vol 316 Folio 85A Vol 316 Folio 86A Vol 316 Folio 87A Vol 316 Folio 88A	1,213m ²

The Bethesda Health Care land (Subject Site) included in this scheme amendment measures 13,364m².

The Certificates of Title over Lot 12 on DP38812 contain interests in respect of common property over the remainder of the lot for each Strata Lot. The Certificate of Title and the Deposited Plan for Lot 13 on DP78374 do not indicate any restriction/ easements over the land.

Bethesda Health Care (Bethesda Hospital Inc. of 25 Queenslea Drive, Claremont) is the registered owner of the site. The CEO of Bethesda Hospital Inc. authorised Urbanism to submit this planning report in a request for the Town of Claremont to consider an amendment to the town planning scheme provisions in respect of the above properties.

Copies of the Certificate of Titles are attached in Attachment A.

4 STATUTORY PLANNING FRAMEWORK

4.1 State Planning

4.1.1 Metropolitan Regional Scheme

The Metropolitan Regional Scheme (MRS) is the regional statutory land use scheme for the Perth Metropolitan Area. The principal function of the MRS is to reserve and zone land for future development. This form of land use control is more on a strategic level and provides the framework for local planning schemes and other statutory planning tools to control land development.

A key outcome of the MRS is the reservation of land for the protection of regionally-significant open space and land for other regional infrastructure. The WAPC may acquire such land, mostly by private treaty, if deemed in public interest.

The MRS zones the site as “Urban” with the foreshore portion of the land, measuring approximately 1,168m², being zoned ‘Parks and Recreation’ – refer to the WAPC Zoning Certificate in Attachment A. This reservation on the land requires applications for development approval to be forwarded to the WAPC for determination.

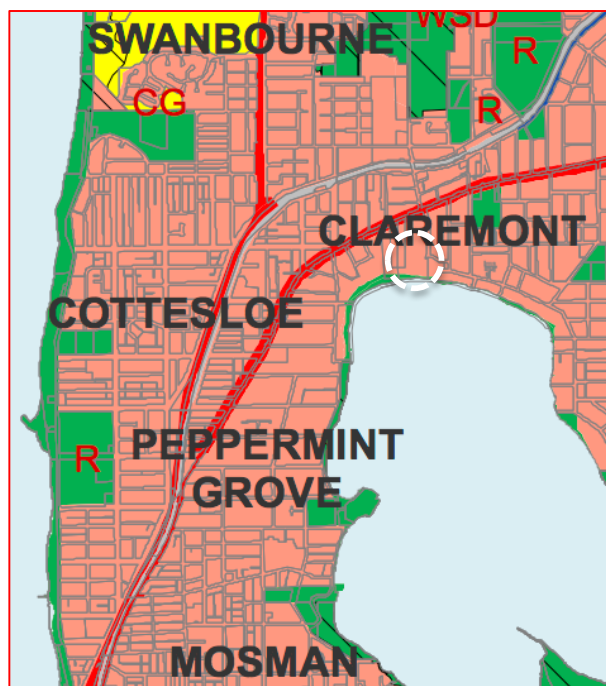
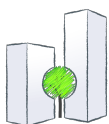


FIGURE 2: Metropolitan Regional Scheme



4.1.2 Directions 2031

Directions 2031 is a high level spatial framework and strategic plan that establishes a vision for future growth of the metropolitan Perth. The plan requires a more sustainable planning approach to growth in accordance with the following vision:

“By 2031, Perth and Peel people will have created a world class liveable city: green, vibrant, more compact and accessible with a unique sense of place.”

Claremont has been identified as a Secondary Centre in the hierarchy of activity centres. Secondary centres are important suburban retail centres that also includes a mix of commercial, retail and community infrastructure in addition to achieving minimum residential densities. The Town of Claremont has not prepared an Activity Centre Plan for the Claremont Centre.

Directions 2031 has been refined through the draft Central Metropolitan Perth Sub-Regional Strategy. This strategy anticipates population growth for Claremont and sets a target of 2,200 new dwellings in the area. This new growth is likely to be accommodated in the Stirling Highway corridor and the Claremont Oval redevelopment area. The significant growth of the 65 years and older population group will place greater demand on the provision of health and aged care services and infrastructure”.

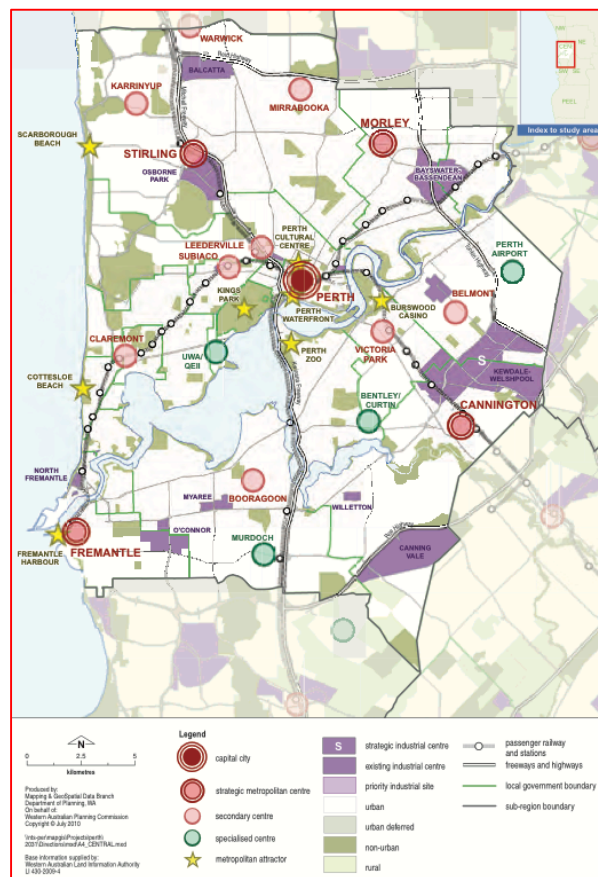


FIGURE 3: Central Sub-Region

4.2 Local Planning

4.2.1 Local Planning Strategy

The WAPC endorsed the Clearly Claremont – Town of Claremont Local Planning Strategy (2010-2025), which sets out the long-term planning directions for the Town, applies state and regional policies, and provides the rationale for the Town’s future Local Planning Scheme No. 4. The document identifies several emerging trends within the Town, to include:

Ageing Population – a third of the residents are over 55 years old and are expecting to live a much longer. The Town has a small age care and retirement villages capacity and the Town will need to provide infrastructure, services, housing and facilities suited to older residents so they may successfully age in place.

Creative Economy – Perth suffers from an imbalance within its professional base. It cultivates engineers and scientists, but struggles to attract arts and media professionals, architects and designers.

Perth is still losing its young and talented to other cities and the Town needs to play its part in attracting and retaining a creative labour force by providing appropriate work opportunities, housing and attractive lifestyle options.

Mixed land uses – there is an emerging message from State planning authorities on the importance of developing a mix of land uses in locations with good public transport. The focus is on convenient access to housing, jobs, shops and services in order to address other emerging trends such as Climate Change, The Energy Transition, Housing Diversity, Ageing Population and Local Living.

Local living – there is a growing demand for providing daily needs (such as employment, local shops, schools and community services) within walking distance of where people live, to minimise their need to travel and increase social and economic opportunities for all residents, business owners and visitors.



4.2.2 Planning Scheme Provisions

The Town of Claremont Town Planning Scheme No.3 defines the statutory planning provisions over the land. The hospital site (Lot 13) is reserved as a 'Special Zone' with a 'Restricted Use' and earmarked with a Residential Density coding of R25 (25 dwellings per hectare), whereas the portion adjoining the Swan River is reserved 'Parks and Recreation'.

Appendix VII defines the Restricted Use of the site as *"Hospital not exceeding 77 beds, operating theatre, radiology and physiotherapy facilities"*.

"A 'Hospital' means any building or part thereof, whether permanent or otherwise, in which persons are received and lodged for medical or surgical treatment or care, and includes a maternity hospital or nursing home as defined in the Hospitals Act 1927 as amended or re-enacted from time to time;"

Appendix VII also requires the applicant for any new development to undertake a traffic study to determine the effect that the proposed development will have on the nearby school and residents in the locality. Should the development create a traffic hazard, it is to be modified to satisfy Council's requirements with respect to traffic.

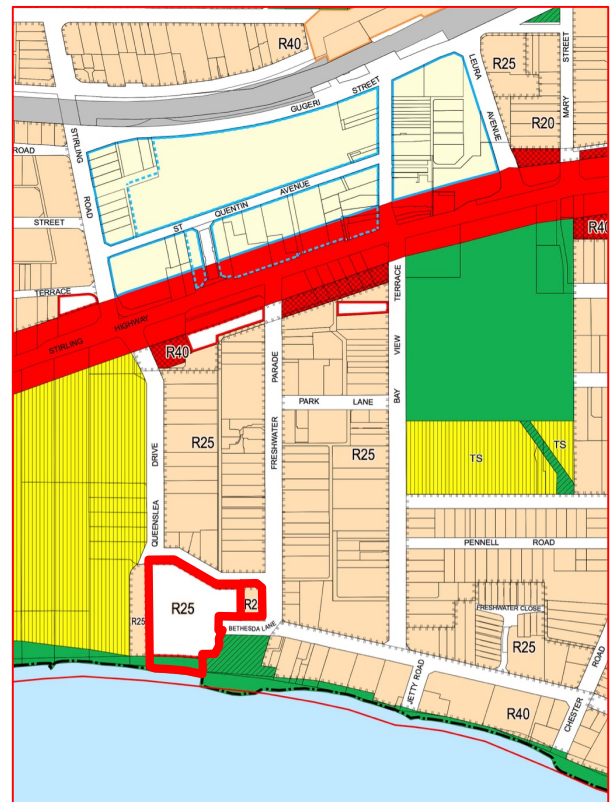


FIGURE 4: Local Planning Scheme

The scheme definition for a "Hospital" refers to the Hospitals and Health Act of 1927, which defines a Hospital and a Nursing Home as follows:

Hospital means an institution for the reception and treatment of persons suffering from illness or injury, or in need of medical, surgical or dental treatment or assistance, and includes a maternity home or maternity hospital, day hospital facility, nursing home or nursing post;

Nursing Home means premises in which persons who do not require constant medical attention are received as patients and lodged for the purpose of medical supervision and nursing care but does not include any premises declared by the Minister under section 3 not to be a nursing home for the purposes of this Act;

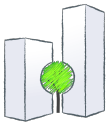
The specific development controls applicable to this Special Zone (Restricted Use) are limited and the following relevant provisions (clauses 25 to 44) of the scheme should be considered.

- Hospital setback: 6m
- Landscaped Open Space: Minimum 30%
- Parking Requirement: 1 parking bay per patient bed plus 1 bay per employee

It is noted that the definition of 'Consulting Rooms', under the scheme, specifically excludes this use from a 'Hospital', implying that consulting rooms are not permitted in this zone. Consulting Rooms are also not permitted within the 'Residential' zone.

A 'Hospital' is a discretionary use in the Residential zone. Clause 19 of the planning scheme limits a 'Hospital' to a maximum of 20 patient beds and reserves the use for medium and long term treatment, care or recovery.

Amendment 123 of TPS3 formalises reciprocal parking arrangements for non-residential development under clause 31A(4). This allows parking for non-residential development to be provided on nearby land and



may require an easement over that land in favour of the benefitting land or development under clause 31A(4)(e).

Where non-residential land uses, other than a “Dwelling Self Contained” abuts land that has a residential zoning, Clause 37A requires a 6m setback onto the common boundary between of any non-residential use and a residential use. This setback is increased by 6m for any additional storey above Level 1. Other restrictions on non-residential uses facing residential uses include balcony and window restrictions, masonry boundary walls and landscape treatments.

Clause 40 controls building heights and allows for building heights to be exceeded at the discretion of the Council. This clause defines the maximum height of buildings as follows:

- 6.6m for any building in the Residential zone
- 9m for any building south of Victoria Avenue and West of Chester Road.

The planning scheme does not address a specific height restriction over Lot 13.

Clause 41 of the scheme defines Plot Ratios for Consulting Rooms to not exceed 0.4 in the residential Zone and 0.5 in any other zone.

Clauses 50 and 51 addresses lots affected by By-Law 132 in respect of the placement of buildings, calculation of plot ratio, etc. within the hatched area along the Swan River escarpment – refer to Figure 5. The clause is specific to Residential zoned lots and has no impact on height limitations on the Special Use zoning that applies to Lot 13 and has no effect on Lot 12.

Appendix XI deems Bayview Terrace, Queenslea Drive, Stirling Highway and Victoria Avenue as roads to carry high traffic volumes. This classification is a design consideration for vehicular movements for residential uses.

4.2.3 Other Planning Policies

The Swan River Trust Policy SRT/D3: Development Setback Requirements states a minimum setback of 10m or 20% of the average distance to the opposite boundary, whichever is the lesser, be provided from the boundary of the ‘Parks and Recreation’ reserve or Development Control Area boundary. The policy also requires any visual impacts of large-scale, multi-storey developments to be minimised by reducing overshadowing and by breaking up the hard edges, solid faces and bulk of a development

The Freshwater Bay Escarpment Local Law restricts the height of buildings on Residential zoned land along the foreshore of the Swan River to 2.4m. Although this height restriction affects the southern portion of Lot 13, as shown in red line on Figure 1 and hatched in Figure 5, it has no influence on height limits on the Special zone of Lot 13 [Lavan Legal advice to Department of Planning, 8 October 2014].

The Retention of Residential Character Policy (LV123) requires preservation of residential character in the redevelopment of residential buildings in density coded areas R25 and lower.

The Residential Amenity Policy (LV129) places additional considerations on the performance of development outcomes to limit the impact on surrounding residential development. The policy is not specific in defining control measures, but states aspects of architectural consideration in addition to the State’s Residential Design Codes, to include roof form, bulk, overshadowing, reflectivity, etc.

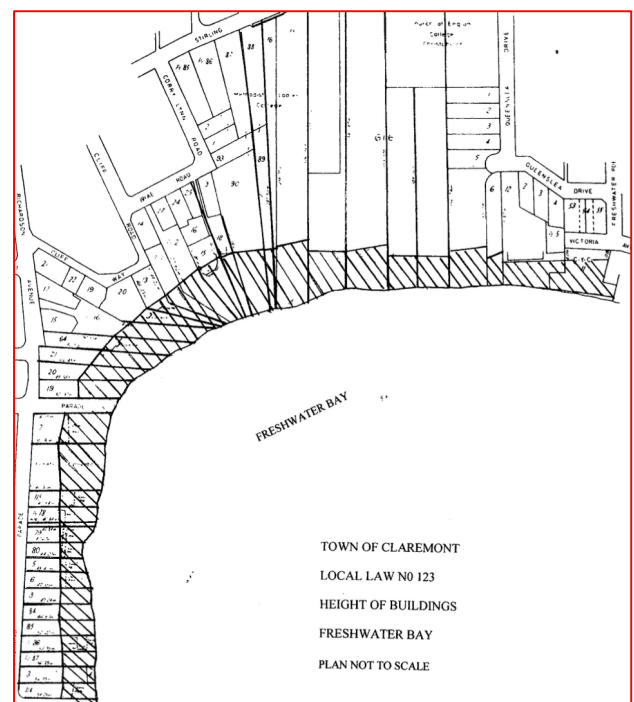


FIGURE 5: Freshwater Bay Escarpment



5 CONTEXT

The Bethesda Hospital is located in the Town of Claremont, which is predominantly a residential suburb along the shore of the Swan River. The area contains some of the highest residential land values in Perth Metropolitan Area. In 2011, the Town had a population of 9,258 people. Although the largest age group is 20 to 25 year old, the town has an above average proportion of aged people (over 55), compared to the Perth Metropolitan Area average. A high percentage (41.4%) of the population are professionals, almost double the Perth Metropolitan Area average, with 34% of the households being high-income households. *[Source: id Data; 2011]*

The site is less than 10km from Perth CBD and is connected via Stirling Highway and public transport to include Perth Rail. The site is approximately 1km walking distance from the Claremont Rail Station and 600m walking distance from the Claremont Quarter Shopping Centre. Also refer to section 5.2.1.

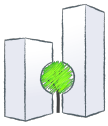
The immediate surrounding area is primarily a low density residential precinct (R25), which contains several significant regional functions to include the adjacent Christ Church Grammar School and the Claremont Yacht Club.



FIGURE 6: Site Context

5.1 Surrounding Built Form

Figure 7 presents some of the building heights and footprints of the immediate surrounding area. The residential buildings along the north-south streets are set back at varying distances from the street boundaries, but generally in accordance with street setback requirements. Some of the group housing developments show reduced building separations and are generally set closer to the street boundaries than other residential development. The setbacks along Victoria Avenue are more defined by site topography and to capitalise on views towards the Swan River. Development along its northern alignment is generally set back more from the street to capture a more elevated position for the buildings, whereas the development along the southern alignment of Victoria Avenue drops down the slope towards the river to maximise view opportunities.



The building setbacks for the institutional uses do not follow a consistent pattern. The school buildings are significantly set back from Queenslea Drive, whereas Bethesda Hospital wraps around the main parking area before stepping into a more prominent street address to Queenslea Drive.

Building height north of Queenslea Drive and along Freshwater Parade is at a residential scale and mostly at 1 to 2 storey buildings. It is noted that the apartments to the north of Lot 12 appear as a 3 storey element to Freshwater Parade and the land has been filled along Queenslea Drive to achieve a 2 storey appearance. Residential building massing east of the site vary between 1 to 5 storeys and up to 18 storeys further east along Victoria Avenue. The 3 and 5 storey apartment buildings to the north of Victoria Avenue, adjoining the Lots 301-303, are mostly set back and perched higher to capitalise on view corridors towards the Swan River. The 2 - 3 storey apartment buildings to the south of Victoria Avenue mostly steps down the topography to capture views, rather than dominate streetscape appearance.

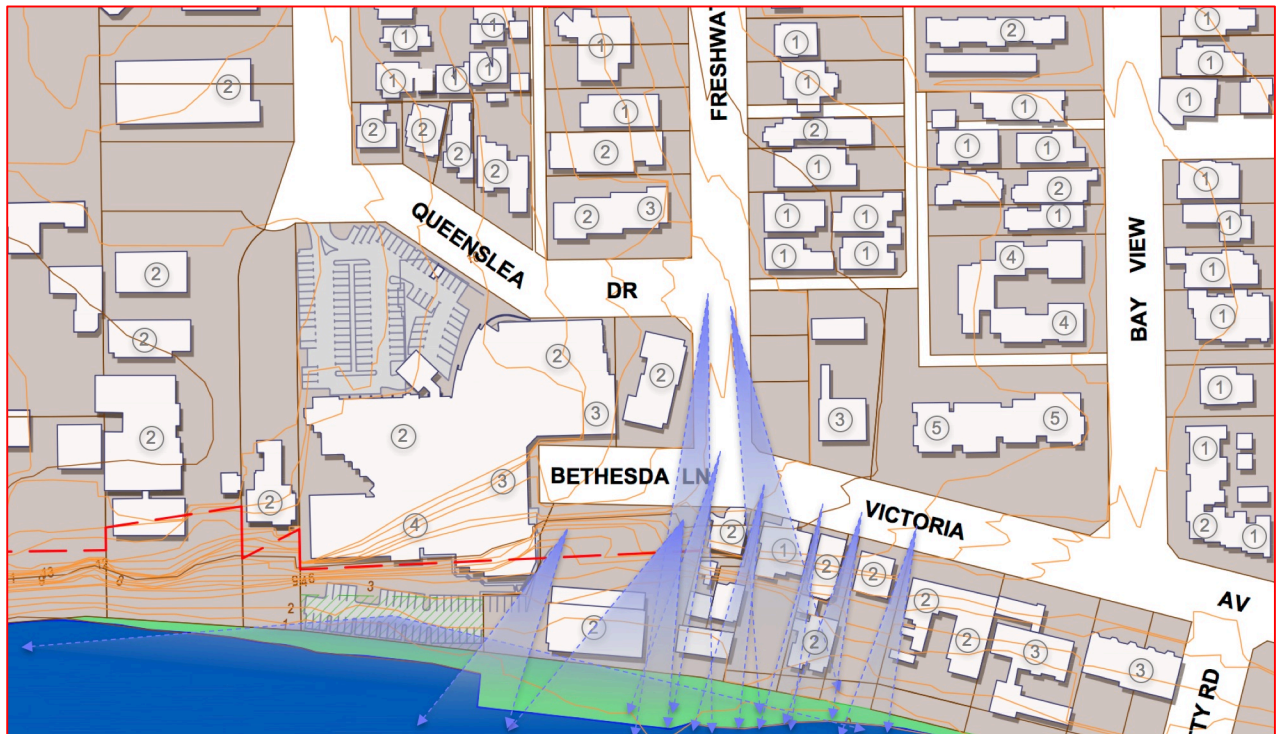


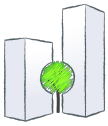
FIGURE 7: Built Form and View Corridors

Figure 7 also presents some view corridors to illustrate how the built form along the foreshore block views to the Swan River from the public domain areas. Some limited view opportunities exist from the north-south alignment of Victoria Avenue across the Claremont Yacht Club. Narrow lot widths along the southern alignment of Victoria Avenue and minimum side setbacks between buildings create glimpses of the Swan River from this street. In addition, trees within the public road reserves significantly block views towards the Swan River, which is especially evident along Bethesda Lane and Freshwater Parade.

The residential Lots 301 – 303 at 1, 3 and 5 Victoria Avenue are vacant. Given the current R25 coding, these lots represent a maximum residential density outcome in terms of the permitted subdivision pattern under the R-Codes.

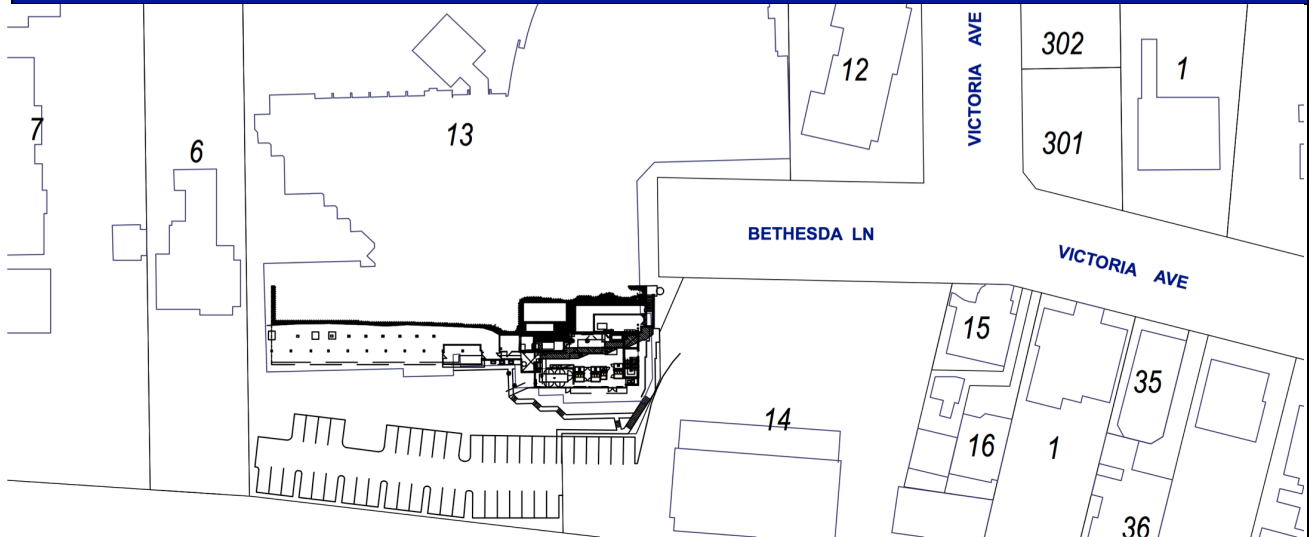
Lot 12 at 2 Victoria Avenue contains an apartment building, containing 4 dwellings. This dwelling yield represents the maximum yield permissible under the R25 density coding. This apartment building poorly addresses the street and does not capitalise on view opportunities.

Lot 13 on DP78374 at 25 Queenslea Drive contains the main hospital development. The main public car park is accessed from the roundabout in Queenslea Drive, which shares the roundabout with the access to the neighbouring residential property and the main children drop-off area for the school. Access to the basement parking area is obtained from Bethesda Lane. This lane also serves some public street parking, some of which are dedicated to the hospital. At the intersection of Bethesda Lane and Victoria Avenue is a driveway access to the foreshore car park and the Claremont Yacht Club.



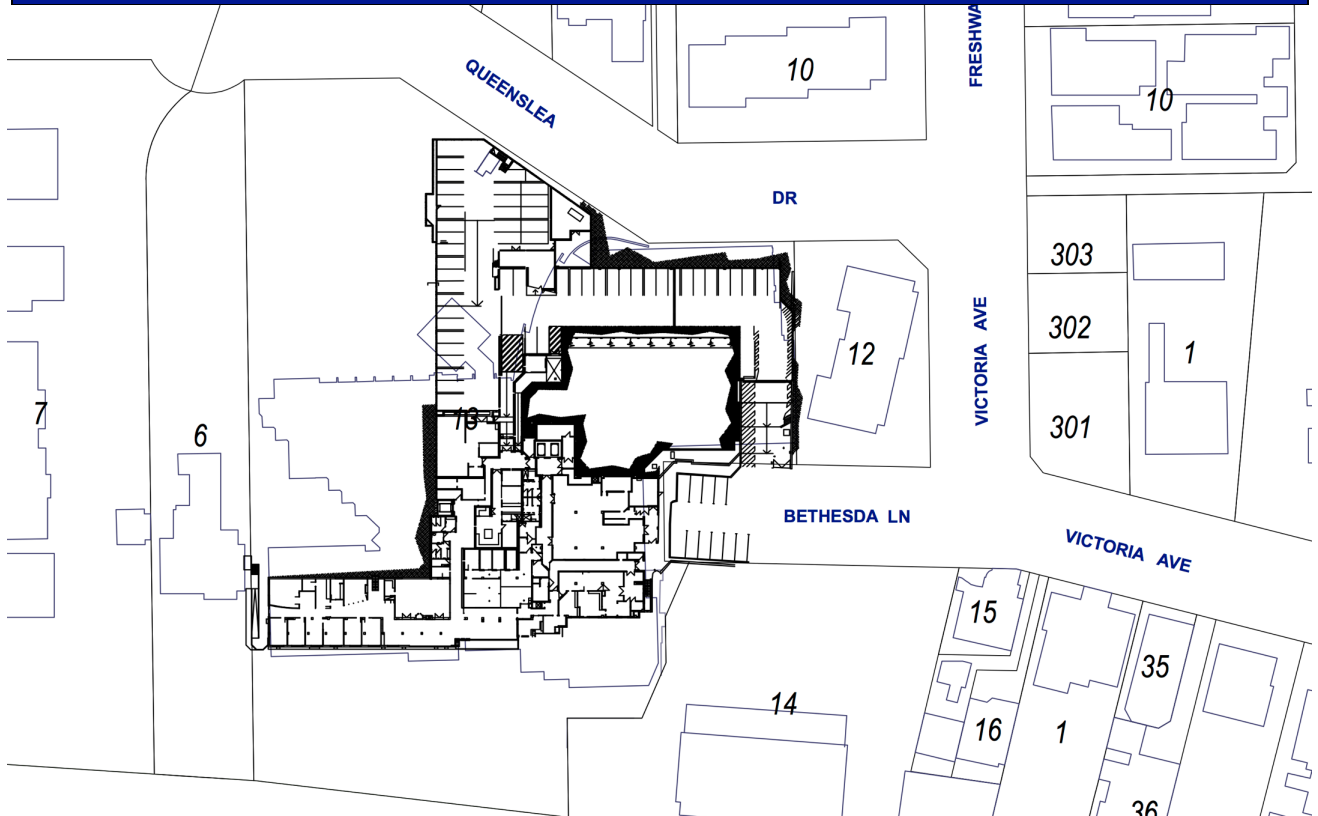
The current uses and estimated development intensity of this site may be summarised as follows:

Basement



Uses:	Storage and Plant Rooms in building undercroft Stairs and walkways 39 Parking Bays
Approx. Building Footprint:	390m ²
Approx. Plot Ratio Area:	0m ²

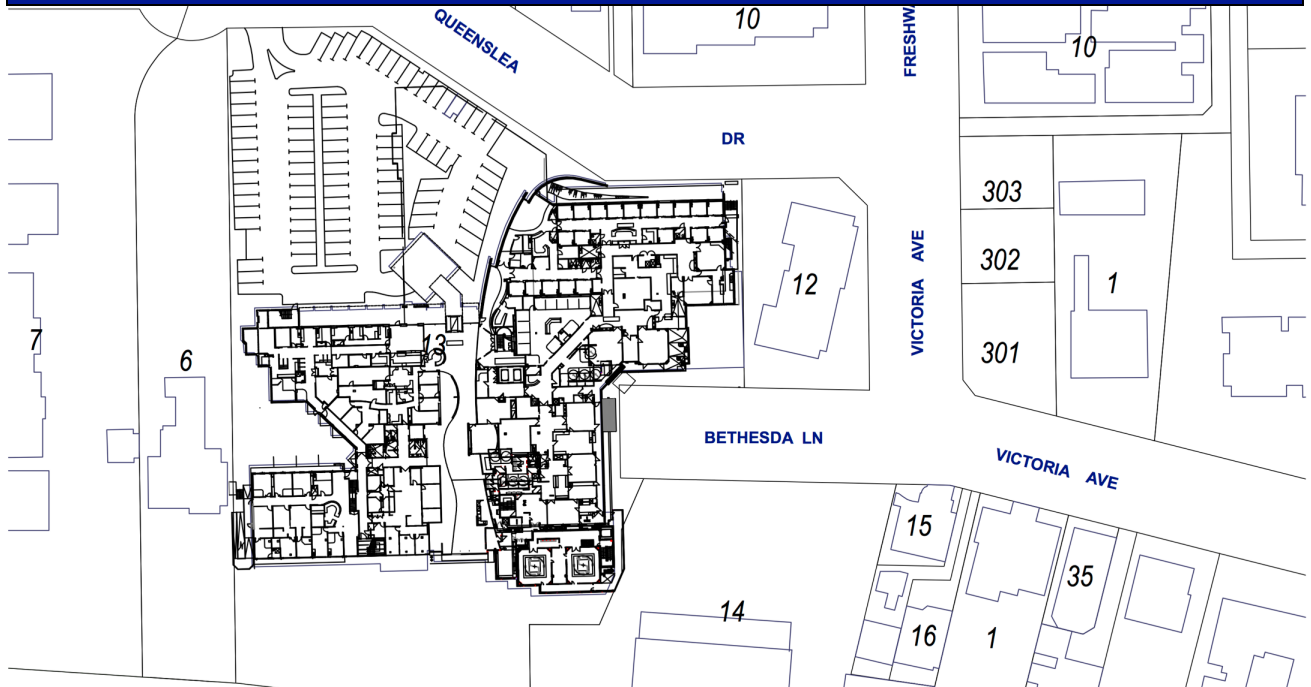
Lower Ground Floor



Uses:	Training Rooms, Doctors' Rooms, Offices, Kitchen, Staff Facilities, Laundry and Ablution Stairs and Lifts 70 Basement Parking Bays
Approx. Building Footprint:	4,485m ²
Approx. Plot Ratio Area:	2,234m ²



Ground Floor



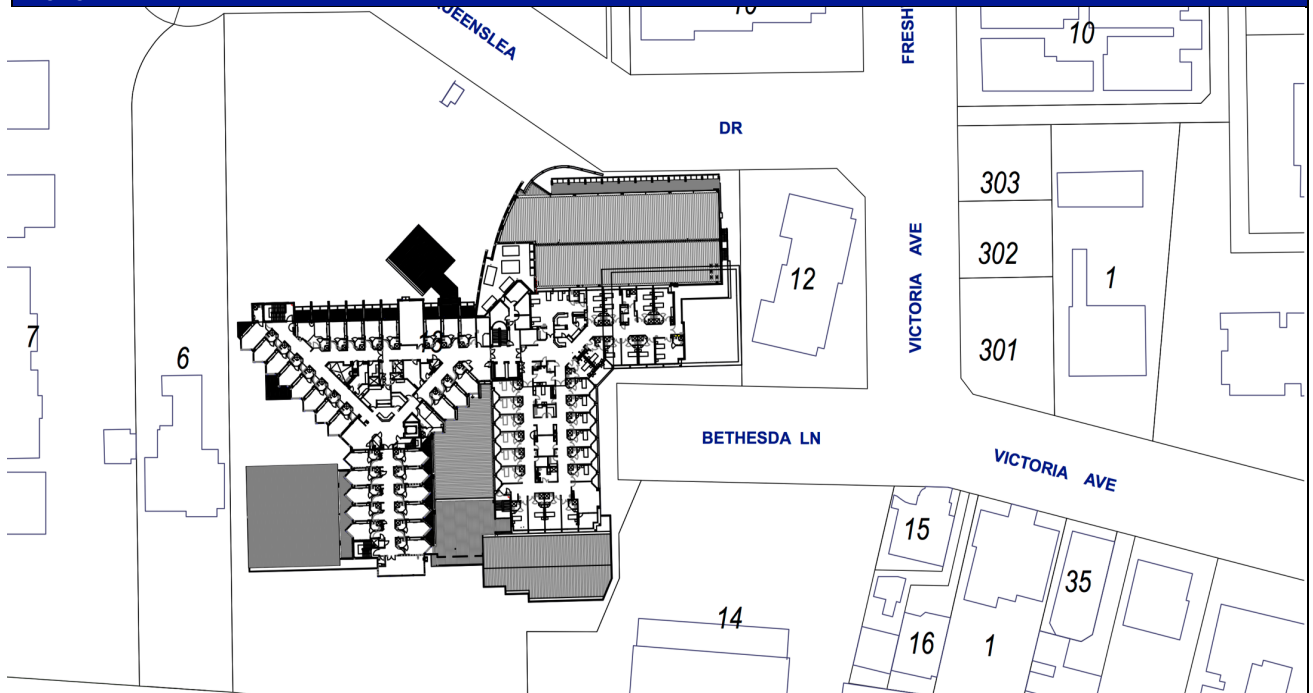
Uses:

Administration, Doctors' Rooms, Operating Theatres, Recovery Rooms, Waiting Rooms, Reception Areas, Lobbies and Restaurant, Day Rooms (20 Day Beds) Stairs and Lifts

Approx. Building Footprint:
Approx. Plot Ratio Area:

97 (at grade) Parking Bays
5,270m²
5,140m²

Level 1



Uses:

In-patient Rooms (68 Overnight Beds) Stairs and Lifts

Approx. Building Footprint:
Approx. Plot Ratio Area:

3,128m²
2,976m²



The Approximate Plot Ratio Area for this existing hospital is 10,350m², which equates to a Plot Ratio of 0.85 for Lot 13.

The main entry to the hospital is set back from Queenslea Drive and separated from the street by the car park. This entry therefore appears less prominent in the streetscape. However, the main building wall of the eastern wing is set back approximately 4.8m from the Queenslea Drive boundary to offer a more prominent street address in a two-storey built form. This front setback area is well landscaped to establish and soften the street address.

The back of house area orientates onto Bethesda Lane. Although the hospital presents as a three-storey building. The significant floor to ceiling height of the lower ground service areas accentuates this building height into a more prominent feature. This façade lacks any activation, permeability and building articulation to present poorly at the termination of western view corridor from Victoria Avenue and Bethesda Lane.

The planning scheme has a density coding of R25 over both Lots 12 and 13. This density coding over Lot 13 appears to be in error, as residential development is not permitted within this Restricted Use.

The development controls of the R-Codes therefore do not apply to Lot 13 and should be removed from the scheme maps.

5.2 Traffic and Parking

5.2.1 Strategic Connectivity

There is currently no activity centre plan for Claremont Secondary Centre and the strategic context for mixed land uses and the required infrastructure is lacking. Notwithstanding this, Bethesda Hospital represents significant sub-regional infrastructure close to this mixed-use centre. Connections to the centre should therefore be considered of strategic importance to meet State objectives and development thresholds for mixed-use activity centres.

The hospital is within 600m walking distance to the Claremont Activity Centre via Queenslea Drive and Freshwater Parade. The pedestrian experience along Freshwater Parade is poor and offers no formal pedestrian crossing in Stirling Highway, whereas the shared paths on both sides of Queenslea Drive offer good pedestrian links to pedestrian crossings at its intersection with Stirling Highway. However, the pedestrian amenity and safety at the roundabout in Queenslea Drive is poor and the video observations during the traffic study (Transcore; 2016) highlighted several pedestrian risk incidents. Queenslea Drive also functions poorly for traffic movement during school peak hours and traffic is often blocked because of cars queuing for children pick up at the southern end of Queenslea Drive and inadequate bus parking facilities.

Figure 8 illustrates good access to several public transport options. The site is well connected to several High Frequency Bus routes, with stops along Bay View Terrace and Stirling Highway, less than 400m walking distance from the site. These connect the site to various destinations in and around Claremont and the Perth CBD.

The hospital is also within a 1km walking distance from the Claremont Station via Bayview Terrace. A shorter pedestrian route exists through the shopping centre, thus placing the hospital within a reasonable walking distance (10-15 minute walk) to the train station.

5.2.2 Traffic Study

Bethesda Health Care appointed Transcore as the traffic engineers to inform the recent master planning process for the hospital – refer to Attachment B. The traffic study undertook 7-day traffic counts on the surrounding road network including Victoria Avenue, Queenslea Drive and Bayview Terrace to establish the quantum and pattern of existing traffic. Transcore also undertook video surveys within the same period at the Hospital's vehicular entry and exit points (Queenslea Drive access and Bethesda Lane) to clarify the Hospital's traffic pattern during a typical week outside the school holidays.

The video surveys indicate different peak times for the school (15:00-16:00) and the hospital (12:00–13:00). During the afternoon peak (4:30-5pm), Queenslea Drive reaches capacity and Victoria Avenue



exceeds capacity. The school's afternoon peak significantly impacts on the operation of the roundabout in Queenslea Drive. The traffic counts and video surveys provided evidence that the blockage in this road section is not to be attributed to traffic volume, but rather poor traffic management, subsequently also leading to poor driver behaviour.

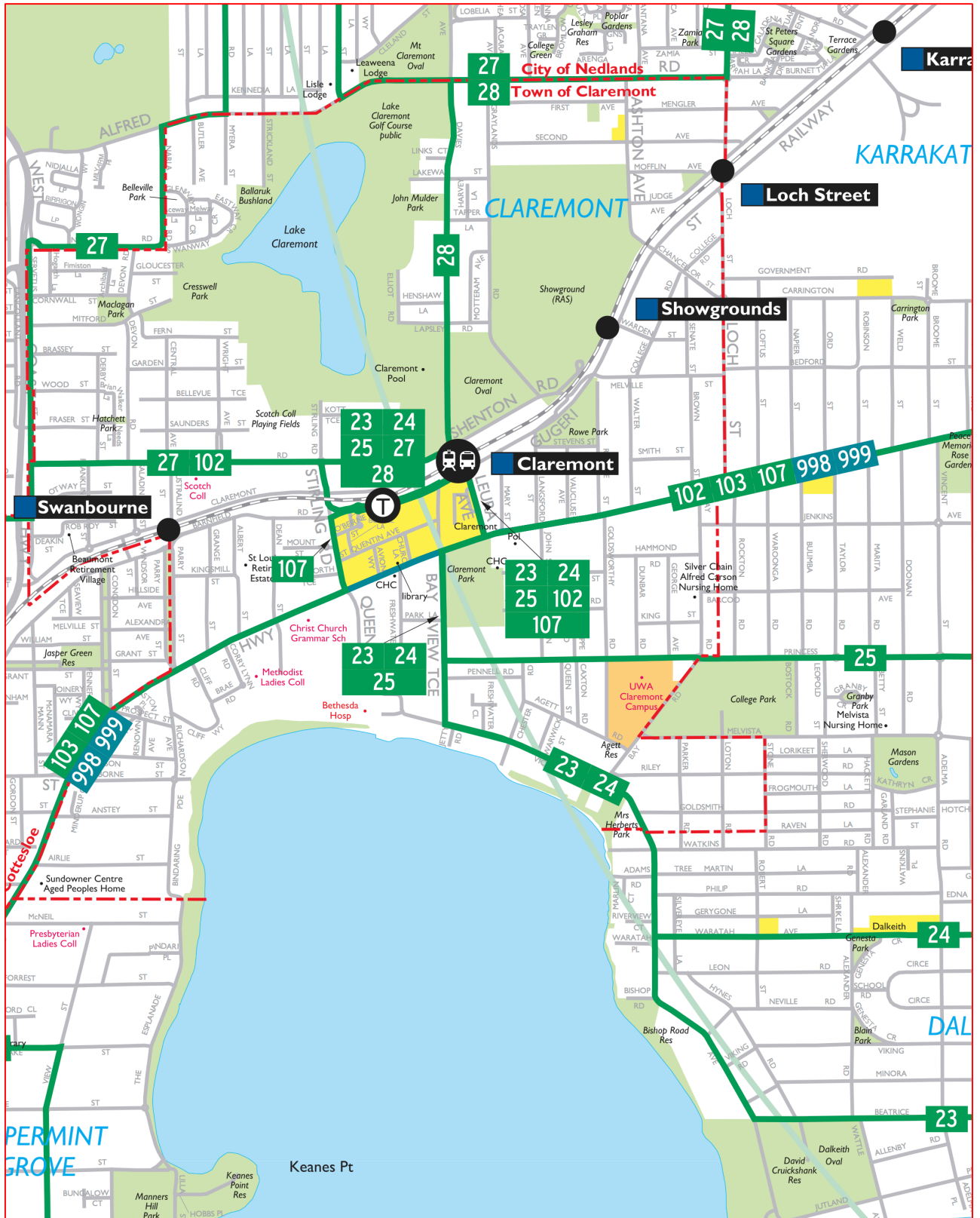
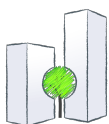


FIGURE 8: TransPerth Public Transport Routes



The traffic report concludes the following traffic capacities for the adjoining roads:

Traffic Event	Time	Existing Spare Capacity	
		Queenslea Drive	Victoria Avenue
Morning road network peak	7:00–8:00	180vph	310vph
Hospital peak hour	12:00-13:00	280vph	400vph
School peak hour	15:00-16:00	200vph	270vph
Afternoon road network peak	17:00–18:00	0vph	0vph

The above demonstrates that spare capacity in the road networks is more evident in Victoria Avenue and Bethesda Lane. Additional parking could be considered on these roads.

A review of the video evidence suggests that the hospital main car park is highly utilised (60%) between 10:00 and 15:00, with the peak time of 11:00 to 12:00. There is a spike in the parking utilisation around 15:00, due to the use of the hospital car park for school pick-ups.

When applying the minimum spare capacity in the road network, the traffic report indicates that an additional 133 parking bays could be accommodated in the future growth of the medical facilities in this locality.

5.2.3 Current Parking Management

The planning scheme defines the parking standard for the “Hospital” use as follows:

- 1 Parking Bay per Bed - implying an overnight bed for purposes of longer term care of patients under the definition of a “Hospital”
- 1 Parking Bay per Staff – calculated as the maximum staff present on site at any given moment.

The application of the parking standard and current provision are summarised in the following table:

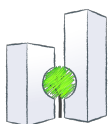
Parking Demand		Existing Parking Supply	
Item	Numbers	Location	Numbers
Staff Parking		On-Site Parking	
Bethesda Hospital	142	Front/ Main Car Park	97
Surgeons/ Assistants	20	Basement Parking	70
Other Staff	44	Foreshore Parking	39
Total Staff	206	Total On-Site Parking	206
Beds		Off-Site Parking	
In-Patient Beds	68	Bethesda Lane (dedicated bays)	8
Other Beds (Day Beds)*	20	Foreshore (by agreement with CYC)	12
		Bowling Club (by agreement)	60
Total Parking Demand	274	Total Parking Supply	286

**Note: The in-patient day beds are not captured in the parking requirements under TPS3.*

The total staff represents the maximum staff present in a 12 month period and includes staff duplication during shift changes.

The Town of Claremont approved the above parking supply and demand in a Traffic Management Plan for the Bethesda Hospital to clear condition 4 of DA 201.00103. It includes an oversupply of 12 bays.

The above parking arrangements contribute to an oversupply of parking at the Bethesda Hospital. However, Transcore’s traffic study concluded that the main parking area has up to 40% spare capacity, indicating that the current parking standard results in a significant oversupply of parking especially for visitors.



5.2.4 Parking Standards

A review of parking standards for hospitals highlights inconsistencies in the parking standards for hospitals in Perth Metropolitan Area. The following provides a comparison of parking standards applicable to hospitals in other local government areas:

Armadale	1 space for every 4 beds provided plus 4 spaces for every 100 square metres of out-patient treatment area including waiting rooms.
Bayswater	1 parking space to every 4 patients' beds plus 1 space for each employee <i>Please note that the parking policy offers a 25% dispensation if the use is located in a centre and 10% if located on high frequency public transport route.</i>
East Fremantle:	1 parking space for every 5 patients' beds, plus 1 parking space for each staff member on duty at any one time
Nedlands:	12 or 1 parking space per every 4 beds, whichever is greater; plus 1 bicycle parking per 10 beds
Joondalup:	1 parking space per 3 patients accommodated plus 1 parking space for each staff member on duty
South Perth	1 parking space per bed; plus 1 bicycle parking per 10 beds for staff and / or visitors
Swan	1 parking space to every 4 patients' beds plus 1 space for each employee

From the above, there appears to be consistency in the standards to indicate that:

- Visitor bays are calculated as a single space per 3-4 overnight beds
- Staff parking is calculated as 1 space per staff member on duty

It is noted that the City of South Perth also adopts a parking standard of 1 parking for every beds, but does not require additional staff parking.

The Health Department of WA issued Private Hospital Guidelines, which contains several rules of thumbs that could be considered in planning parking demand for hospitals:

- 1 space per 2 beds, except for maternity beds where a standard of 1 space per bed could be considered.
- 1 space per employee on the largest weekly shift

These guidelines recommend parking reductions where public transport options are available and in due consideration of other management arrangements, i.e. staff car ownership, carpooling, etc. Section 5.2.1 indicates that Bethesda Hospital is near public transport and several travel options exist to this locality. It is also in near of the Claremont Activity Centre and should benefit from multi-purpose travel destinations. These factors indicate that parking standards for this facility should be lower than generic parking standards where these locational benefits may not exist.

The TPS3 parking standard for visitors (per bed) appears to be higher than that required in other local government areas and contributes to the 40% vacancy of the main parking area. Staff parking consistently accommodates 1 space per staff member and other local government areas and in the Department of Health Guidelines consistently refers to "staff on duty or largest shift".

Transcore was re-appointed to refine the survey results of the above traffic study and conduct parking surveys during the afternoon peak period of the hospital. The findings from this study is presented in a technical note, Parking Ratio for Bethesda Hospital use in Attachment B. This parking survey confirms an oversupply for both staff and visitor parking bays when measured against current usage during the afternoon peak period. The day beds generate most of the visitor parking demand and is not currently captured in the parking requirement under the planning scheme. The report recommends that the following parking standards be adopted for this hospital use:

- 1 Visitor Parking Bay / 2 Beds (day and overnight beds)
- 1 Staff Parking Bay / 1 Staff (on duty)



6 FUTURE PLANNING

6.1 Growth Aspirations

Bethesda Health Care considers the Claremont hospital as a growing business within the Claremont community and in a manner that will successfully co-exist within the surrounding residential community and other community and business infrastructure in the Claremont area.

Local demographic data suggests that the Claremont population is ageing with people living longer and the proportional Aged Persons group, above 55 years of age, is increasing. This places a higher demand for health services and an increasing expectation for more and better health services, to include.

1. Increased space for associated clinical services including Cardiology, General Physician, Respiratory Physician and a High Dependency Unit to support the increasing patient acuity.
2. Increased space for multi-disciplinary teams providing services to both in-patient, pre-op and post-op patients. e.g. breast cancer nursing, physiotherapy, hand therapy, etc.

With increasingly diverse and complex patient mix, there is a need to have access to a range of services to facilitate timely care as and when needed. This implies that some specialised medical services will be required on site, but that some outpatient facility may be required to sustain access to these services in the hospital. In the long term, more overnight beds may also be required, to correspond with improved service delivery.

6.2 Master Planning

6.2.1 Expansion Options

Recent master planning for Bethesda Hospital (Claremont) concluded that any additional expansion of the building footprint is constrained by the functional layout and structural integrity of the hospital. Although the site offers some expansion opportunities, future growth is best pursued on neighbouring lots. Urbanism prepared several master plan options to respond to the influences of statutory planning provisions and known constraints associated with the land, including traffic management and structural elements.

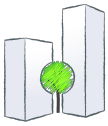
These planning options recognise that the primary hospital site is nearing full capacity, with limited opportunities for future expansion. Any significant expansion to the hospital will require land packaging to expand the hospital use onto neighbouring sites for growth of medical facilities and parking supply. Some of the outcomes/ options of the master planning are summarised below.

Expand Basement Parking

The continuous improvement of medical services at the hospital is likely to trigger optimisation of parking management and availability for both staff and visitor parking. This option proposes the expansion of the underground car park into a larger basement car park. It does not require an additional vehicle access point, as it would be accessed via the existing basement car park entry on Bethesda Lane.

The proposal could establish an additional 60 parking bays and will require reconstruction of ground level car park and upgrading of the existing underground parking area.



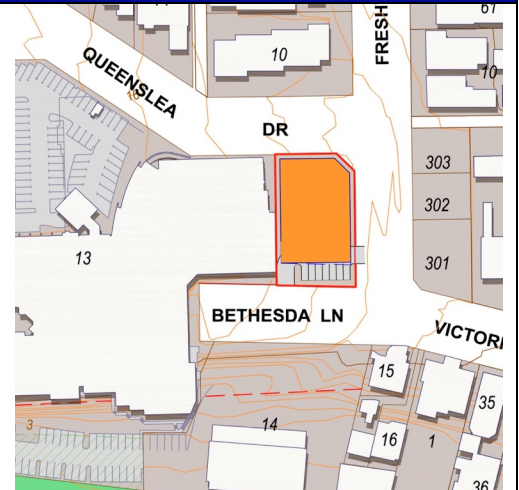


Establish Hospital on Lot 12

This proposal establishes a discreet hospital, as a discretionary use in the Residential zone, over the neighbouring Lot 12.

The proposal requires the demolition of the existing apartment building. Parking to be provided as two levels of basement parking, which could be accessed from the existing basement access and/ or from Bethesda Lane.

The building could offer a 3-4 storey built form to yield a potential floor area of 2,500m² and 50 parking bays in two basement levels.



Realign Victoria Avenue and Establish Hospital on Lot 12

This option presents a variation to the above and proposes to realign Victoria Avenue in a land swap arrangement, which could increase the development site to 2,032m².

To achieve this, Bethesda Health Care would be required to close 809m² of the current road reserve and realign the road over Lots 301 – 302, converting these lots to road reserve and ceding it back to the Crown.

The built form outcome presents basement parking and a four storey building to yield a potential floor area of 4,500m² and 72 parking bays.



Close Portion of Bethesda Lane and Expand Hospital

This option proposes to close and acquire portion of Bethesda Lane. The area to be closed constitutes the area dedicated to the hospital parking and measures approximately 536m².

The proposal allows for expansion of services and theatre rooms on ground floor of the existing hospital. The road closure will trigger amalgamation and rezoning of the Reserve to the Special Zone (Restricted Use).

This option could add an additional 600-700m² of floor area.

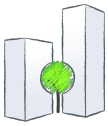


Expand Hospital on Lot 13

The structural engineering report suggested that the south-western wing will require significant maintenance, which is likely to become cost prohibitive in the medium to long term.

This option considers the demolition of 1,152m² of floor area of this wing. This space could be redeveloped through replacement works of the existing facilities and building infill between this wing and the north-western wing to add an additional 694m² of floor area per floor, which could be applied over several storeys.





6.2.2 Lot 12: Concept Master Plan

Some of the above options have been refined into a more detailed master plan for Lot 12. It requires the demolition of the existing apartment building and the construction of a new hospital on the land. The planning scheme considers a Hospital as a discretionary use on a Residential site, but limits the bed capacity to 20 beds and the height to 6.6m. Figure 7 provides building height context and an analysis of view corridors to the river. The residential development to the north of Queenslea Drive is primarily two storey building massing, whereas the development along the northern alignment to the immediate east of the site is 3 - 5 storeys, which could be assumed appropriate for the redevelopment of Lot 12 and would tie in to the height of the existing hospital along the Bethesda Lane facade.

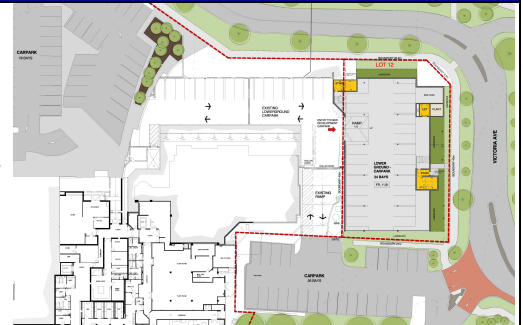
An integrated approach would allow for a more efficient building design and create the ability to replace some of the older infrastructure in the existing hospital. The Concept Master Plan below offers an integrated approach with the existing Bethesda Hospital, to achieve a more functional and flexible layout.

Basement Parking (2 Levels)

Basement parking could be accommodated in two levels:

- Access to the lower basement is via the existing basement of the main hospital. This parking will be reserved for staff parking.
- The second basement level parking is serviced from Bethesda Lane to accommodate visitor and staff parking bays.

(48 Basement Parking Bays)



Ground Level (3 NewTheatres)

The introduction of basement parking allows for an elevated ground level to align with the existing hospital ground floor level. This level could accommodate 5 theatres, replacing 2 existing theatres to accommodate support services.

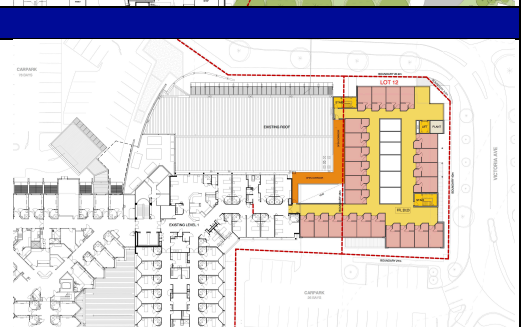
(18 Staff for the three new Theatres)



Level 1 (New 24Bed Ward)

A new 24 bed ward could be located on Level 1 to link with the existing wards in the main hospital.

(7 Staff to service new Ward)

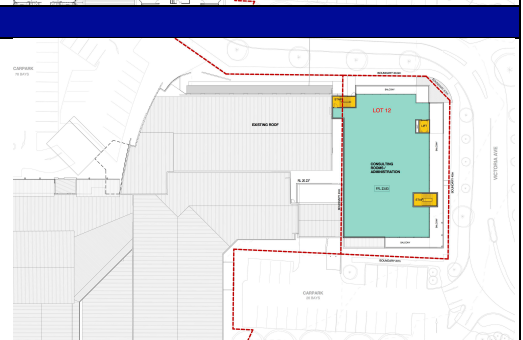


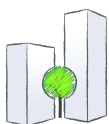
Level 2 (Administration and Staff)

The top floor would be reserved for administration, doctors' rooms and staff facilities.

The building footprint is set back to accommodate a perimeter balcony area and screening. This will block overlooking towards surrounding residential properties.

(The maximum building footprint on this level is 820m². Approximately 75% of this footprint is defined as Nett Leasable Area to accommodate up to 41 staff).



**FIGURE 9: Concept Elevations**

Applying the revised parking standard proposed in Section 5.2.4 of this scheme amendment report, the visitor parking requirement for the existing Bethesda Hospital would reduce from 68 bays to 44 bays {1 bay per 2 overnight beds (68) plus 1 bay per 2 day beds (20)}. This results in a surplus of 24 visitor bays plus 12 staff parking bays under the Parking Management Plan, refer to section 5.2.3.

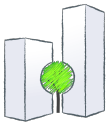
Applying the revised parking standard to the above Concept Master Plan will require 12 visitor bays and 66 staff bays. The required 78 parking bays are accommodated in 48 basement parking bays, 24 surplus visitor bays in the front car park and 12 surplus staff parking bays.

the proposed building massing presented in the Concept Master Plan related to the existing building massing of the hospital and improves the street address. The concept addresses building transparency (light and overlooking impacts on surrounding residential development) through placement of internal uses, window location and building setbacks. It offers an articulated building to continue the fine grain approach along Queenslea Drive.

6.3 Other Planning Considerations

The positioning and function of the Bethesda Hospital in context with the Town of Claremont require a more strategic vision. Population changes between 2006 and 2011 indicate that the Town of Claremont had a higher proportion of persons at post retirement age than the greater Perth area and this group is expected to grow by 21% by 2021. This growth, along with increasing life expectancy commands improved medical services in local areas. This conclusion is supported in the Town of Claremont's Local Planning Strategy. The strategy also highlights the need to accommodate more professional services in local areas to retain existing population and attract future growth. Retention and growth of the medical services at this hospital is therefore a critical strategic initiative.

Bethesda Hospital is not integrated into the Secondary Centre of Claremont. The town has no holistic activity centre plan to address how strategic uses, i.e., the schools and hospital, could be integrated into this mixed-use centre. Activity centres are aimed to provide a variety of local and regional services within reach of local populations, reducing the need for travel, as a key performance indicator for state planning. A sustainable hospital use in this locality is therefore of regional importance and will add to the mixed-use definition of the activity centre. It is also likely to attract a wider range of medical services into the area, improving the local service offering and within proximity to public transport networks, but does not remove the focus on safe traffic movements.



Some of the contextual influences presented in this report constrain future growth options for the hospital. The key areas of statutory control are imbedded in traffic management and parking accommodation and any development would be required to address these under the provisions of the 'Special Zone (Restricted Use)' for purposes of a 'Hospital' under Appendix VII of the Town of Claremont Town Planning Scheme No. 3. The outcomes of this report present a more holistic approach to reduce the planning risks and uncertainties and establish a more relevant statutory planning framework.

This report does not commit to future growth options for Bethesda Hospital, but seeks to reduce planning risk and establish opportunities to plan future growth with more certainty. The approach is therefore focused on rationalising the current scheme provisions and alignment thereof to current standards. The long-term objective is to establish a feasible growth path through the improvement of the medical service offering and in response to changing needs, ensuring its retention in this neighbourhood as critical and sustainable local and sub-regional community infrastructure.

Other considerations are addressed under the following headings.

6.3.1 Planning Inconsistencies

The Town of Claremont Town Planning Scheme No.3 is unclear on some of the planning standards that apply to the site, resulting in planning uncertainty and risk in addressing future growth options. The following planning uncertainties have been identified for amendment:

The statutory zone definition for the main hospital site is a 'Special Zone (Restricted Use)' for purposes of a 'Hospital' and specifies some additional medical uses (operating theatre, radiology and physiotherapy facilities), which are already included in the definition of a hospital. However, it is silent on other uses typically associated with hospitals, i.e. pharmacies, convenience shops, etc. This creates uncertainty on the support medical and administrative services that may be considered under the provisions of the scheme.

The removal of the specified uses in the zone definition of this restricted use will allow the use to revert to a 'Hospital', as defined in the planning scheme, to include all uses typically associated with the primary purpose of servicing patients that are lodged for medical treatment.

The Town of Claremont Town Planning Scheme Maps indicate an R25 Density Coding over Lot 13. This coding applies to a residential use, which is not currently a permitted use on this 'Special Zone (Restricted Use)'.

It is therefore proposed that the R25 density coding over Lot 13 be deleted from the town planning scheme maps.

6.3.2 Future Growth Impacts

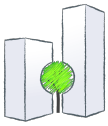
Recent master planning concluded that the main hospital site offers limited future growth options without significant capital investment. This is not a preferred asset management strategy and future growth is therefore more likely to be accommodated on neighbouring land.

The master planning scenarios in section 6.2 of this report identify an integrated expansion of the existing hospital onto Lot 12. A similar, but less efficient option could also be developed as an independent facility within the existing Residential zone to achieve up to 20 beds in a 3-4 storey building. Development of a hospital on Lot 12 is already a discretionary use (SA), but requires notification to invite public comment. Expanding the Restricted Use for a Hospital onto Lot 12 could promote a more efficient land use outcome.

It is therefore proposed to extend the 'Special Zone (Restricted Use)' for purposes of a 'Hospital' to Lot 12, increasing the maximum overnight bed capacity for this zone by 20 beds, increasing from 77 to 97 beds.

This approach could also allow more flexibility to group core functions in convenient locations and maintain operational efficiency. New medical services or beds could be established in the existing hospital footprint, while non-essential functions, i.e. administrative and maintenance functions could be relocated to Lot 12.

The scheme mainly addresses the land use impacts of additional growth within the context of Appendix VII of TPS 3, i.e., beds, parking and traffic impacts. Other impacts to be considered include built form and other physical impacts to include noise, solar access, parking and traffic. These are interpreted under the following headings in respect of this proposed scheme amendment:



Built Form

The hospital has been in this locality since 1946 and the built form was traditionally perched along the topographical ridgeline to exploit the views across the Swan River. The resulting hospital development form blocks view opportunities from the north and appears out of scale with the residential development to the east. However, this context established organically over time and the surrounding building designs and orientations responded to this context.

The analysis of view corridors (Figure 7) indicates that the building massing of the hospital and other surrounding residential and institutional development generally blocks views towards the Swan River. In addition, the existing trees in the public domain area, especially along Victoria Avenue and Bethesda Lane significantly contributes to the blocking of view corridors from existing public streets. The only view opportunities are achieved from Victoria Avenue and the driveway to the Claremont Yacht Club. Extending the development footprint and intensity from Lot 13 onto Lot 12 will therefore have no additional impacts on the surrounding view corridors.

Apart from three single dwellings and an apartment building to the north of Queenslea Drive, none of the surrounding development orientate to the hospital. Any future expansions are unlikely to have a significant visual impact on the surrounding residential properties.



FIGURE 10: Concept Design (Queenslea Dr./ Victoria Ave.)

Lot 12 uniquely defines two street corners, but the current development footprint does not address the street or the view aspects of this site. Future redevelopment of Lot 12 should be designed to establish a corner building that defines a precinct, rather than an individual development. This corner address should be required to both Queenslea Drive and Victoria Avenue. A key element of any future redevelopment should therefore focus on establishing architectural merit to add value to the streetscapes. A positive street address would not only define the street corners.

Furthermore, Bethesda Hospital orientates its back of house facilities onto Bethesda Lane, creating large expanses of blank walls. The level changes over Lot 13 in this locality and the large floor to ceiling heights of the service areas accentuates the blank walls with excessive heights that fronts directly onto Bethesda Lane. A more considerate design response in the redevelopment of Lot 12 should focus on building activation and articulated facades. Such an approach could improve the streetscape along Bethesda Lane and the western view corridor along Victoria Avenue.



Solar Access

Although WA planning framework does not consistently address solar access, it is reasonable to assume that development should not cause significant losses to solar access on surrounding properties in mid-winter, typically in the winter solstice and between 9am and 3pm.

Overshadowing during mid-winter typically affects a band east-south-east through south to west-south-west of the site, potentially affecting the residential properties at 4a, b and c Victoria Avenue. The closest point of these residential lots to Lot 12's boundary exceeds a distance of 21m. This implies that any building up to a building height of 13m and constructed up to the Lot 12 street boundary is unlikely to have any solar impact on these residential properties during the winter solstice.

Noise

A hospital use is not generally considered a noise generating use and the hospital footprint is unlikely to accommodate emergency services in future growth options. Any additional noise is therefore only likely to be from an increase in traffic movements. Given the limited land available for growth, current master planning suggests that future parking will mainly be accommodated in basement parking, off-site parking arrangements and/ or instituting alternative parking management arrangements. It is therefore unlikely for future growth to significantly increase noise levels and other disturbances in this area.

6.3.3 Parking

Section 5.2.4 of this report concludes that the visitor parking standard for a "Hospital" appears generous, considering the standards applied by other local governments and the WA Department of Health guidelines and contributes to an oversupply of parking (Transcore, 2017). In addition, most parking standards applied in WA for hospital uses qualify staff parking as a calculation based staff "on duty".

The parking survey conducted during this planning process indicates that most of daytime parking is connected to the day beds. These are not currently captured in the planning scheme, nor is it accommodated in the Department of Health guidelines. Although the technical note for the parking survey suggests the reduction of the parking standard applicable to overnight beds, the planning report proposes that the parking standard be adjusted to also accommodate needs associated with the day beds.

It is proposed that the parking requirement for a "Hospital" be amended in the planning scheme as follows (refer to Section 5.2.4 of this report):

- 1 Visitor Parking Bay / 2 (Day and Overnight) Beds
- 1 Staff Parking Bay / Staff on duty

This proposed standard reduces the parking calculation, but captures the day beds, not currently captured in the parking calculation of parking need. The staff parking standard remains consistent to the current scheme provisions and the calculation is based on the number of staff present on site during the largest shift, consistent to other local government areas. It is noted that several strategies could be employed to reduce peak staff parking demand by staggered shift changes, flexible working hours, carpooling, shuttle services, public transport, end of trip facilities, etc.

6.3.4 Traffic Capacity

The Traffic Report in Attachment B conservatively estimates that an additional 133 parking bays could be accommodated in the area before the road network reaches full capacity, implying some growth capacity for the hospital.

The hospital currently accommodates 68 overnight beds and this report suggests that this could be increased to 97 beds, requiring an additional 15 parking spaces. The Concept Master Plan in Section 6.2.2 suggests that the staff complement could increase by 66 staff, requiring an additional 66 parking bays. This planning scenario suggests that this projected growth may require as much as 81 additional parking bays, which is well below the growth capacity of 133 additional bays in the traffic study.

The master planning process in section 6.2 of this report suggests that future parking is likely to be accessed from Bethesda Lane, away from the congestion and traffic hazards at the roundabout and in the general vicinity of Queenslea Drive. This establishes alternative routes via Bayview Terrace and Victoria



Avenue for visitors and staff to avoid the current traffic management issues associated with school traffic in Queenslea Drive.

Consulting Rooms

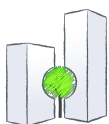
Consulting Rooms is not currently permitted within the definition of a “Hospital; refer to Section 4.2.2 of this report. Notwithstanding this, previous planning approvals include notations for ‘Consulting Rooms’ on the approved plans. These rooms are designed to service the hospital in an integrated manner and as such are considered to serve in-patients of the hospital in preparation for medical treatments or as after care during the recovery process. As such, these doctors’ rooms are not considered “Consulting Rooms’ under the definition of the scheme.

Bethesda Hospital is responding to changing needs of an ageing population and requires the hospital to expand the range of medical services and specialist consulting services, as defined in the stated growth aspirations in Section 2 of this report. The hospital would be unlikely to sustain some of these specialist medical services based on in-patient care alone and it is likely that some of these will require outpatient services in Consulting Rooms.

Consulting Rooms trigger higher visitation and therefore command a design approach that accommodates higher traffic volumes and parking turnover, public waiting areas, dedicated reception staff and a more commercial frontage to accommodate outpatients. This is reflected in a higher parking standard for Consulting Rooms and TPS3 requires 1 parking space per 30m² of floor area to this floor area in addition to the parking bay per staff.

The master planning options proved that Lot 12 lends itself to a more activated use, optimised floor space solution and substantial basement parking options. It is a high-profile site that could attract specialist medical services on an outpatient basis. Consulting Rooms present an attractive land use option for Lot 12 to compliment Bethesda Hospital’s existing infrastructure. Alternatively, non-essential services could be relocated from the main hospital building to a new built form on Lot 12, releasing floor space in the main hospital building for Consulting Rooms. The application of these options provides future proofing for this institution, but remain subject to the ability to meet parking standards and traffic safety, as required under the scheme.

Consulting Rooms is considered an appropriate and complimentary use to the ‘Hospital’ use and it is proposed that the land use definition for the ‘Special Zone (Restricted Use)’ for purposes of a ‘Hospital’ be expanded to include “Consulting Rooms”.



7 CONCLUSION

This report concludes that an amendment to TPS 3 is required in response to changing needs and to retain the Bethesda Hospital as a sustainable community asset. Improvements to the statutory planning framework will facilitate future planning and development of the hospital by adopting the following principles through an amendment of the planning scheme:

1. *Redefine the 'Special Zone (Restricted Use)' as a "Hospital", as per the standard definition of a "Hospital" under the scheme provisions. This removes the specification of some medical uses (operating theatre, radiology and physiotherapy facilities) to include all medical uses and other incidental non-medical uses typically associated with a hospital and required to service the inpatient care beds.*
2. *Include "Consulting Rooms" as a permitted use in the Special Zone (Restricted Use). This potentially introduces additional medical services to the hospital in a more sustainable manner through outpatient treatment.*
3. *Expand the Special Zone (Restricted Use) to Lot 12 to facilitate growth of the hospital services onto adjacent land in a more integrated manner.*
4. *Increase the maximum number of overnight beds to 97 on the basis that a separate hospital with a bed capacity of up to 20 beds could be established on Lot 12, as a discretionary use.*
5. *Amend the Parking standard for a 'Hospital' use to more closely reflect the standards applied in other local government areas, i.e. 1 parking space per 2 beds plus 1 parking space for each staff member on duty. In addition, the parking standard is to be adjusted to also accommodate Day Beds in the minimum requirement for parking.*
6. *Amend the scheme maps by the deletion of the R25 density coding over Lots 12 and 13.*

It is proposed that the Town of Claremont initiate the following amendment to Town Planning Scheme No.3:

1. The amendment of Appendix VII as follows:

Location	Particulars of Land	Permitted Use	Standards/ Conditions
No. 5 Queenslea Drive	Lots 2, 3, 4, Pt 5, 12, 53 and 54 of Swan Location 718 on Certificate of Title 1558, 1050 Folio 232 and 508.	Hospital not exceeding 77 beds, operating theatre, radiology and physiotherapy facilities.	Prior to applying for planning approval, the applicant is to undertake a traffic study to determine the effect that the proposed development will have on the nearby school and residents in the locality. Should the traffic study, in Council's opinion, indicate that the development will create a traffic hazard, the applicant is to suitably modify the development to satisfy Council's requirements with respect to traffic.
No. 25 Queenslea Drive and 2 Victoria Avenue	Lot 12 on DP38812 and Lot 13 on DP78374	Hospital not exceeding 97 beds and Consulting Rooms	

2. Amend Table 2 – Development Table, as follows:

USE	BUILDING SETBACKS	LANDSCAPE OPEN SPACE	CARPARKING SPACE REQUIREMENT
Hospital	As for the R15 Code	30% of site	One per patient bed plus one for each employee. One per 2 patient (day and overnight) beds plus one for each employee on duty.

3. Amend Town of Claremont Town Planning Scheme Maps by the deletion of the R25 density coding over Lot 12 on DP38812 and Lot 13 on DP78374.



7.1 Assessment Level

Regulation 34 of the Planning and Development (Local Planning Schemes) Regulations 2015 defines a “Standard Amendment” as, among others:

- a) An amendment relating to a zone or reserve that is consistent with the objectives identified in the scheme for that zone or reserve;
- b) an amendment that is consistent with a local planning strategy for the scheme that has been endorsed by the Commission;
- e) an amendment that would have minimal impact on land in the scheme area that is not the subject of the amendment;
- f) an amendment that does not result in any significant environmental, social, economic or governance impacts on land in the scheme area;

The proposed clarification of the land use definition (Hospital) and removal of the R25 density coding in this proposed scheme amendment are addressing anomalies and clarifies interpretation under the scheme. These could be considered a Minor Amendment of the planning scheme under the Regulations. However, the adjustment of the parking standard and the inclusion of Consulting Rooms affects the impact of the potential end use on the surrounding area.

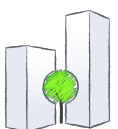
This proposed scheme amendment is therefore considered a Standard Amendment to the Town of Claremont Town Planning Scheme No.3 under the Planning and Development (Local Planning Schemes) Regulations 2015.

Attachment A

Property Information

Certificate of Titles

Power of Attorney



WESTERN



AUSTRALIA

REGISTER NUMBER 13/D78374	
DUPLICATE EDITION 4	DATE DUPLICATE ISSUED 12/4/2012

RECORD OF CERTIFICATE OF TITLE
UNDER THE TRANSFER OF LAND ACT 1893

VOLUME
1937FOLIO
321

The person described in the first schedule is the registered proprietor of an estate in fee simple in the land described below subject to the reservations, conditions and depth limit contained in the original grant (if a grant issued) and to the limitations, interests, encumbrances and notifications shown in the second schedule.

REGISTRAR OF TITLES

**LAND DESCRIPTION:**

LOT 13 ON DIAGRAM 78374

REGISTERED PROPRIETOR:
(FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE, CLAREMONT
(T L896923) REGISTERED 30 MARCH 2012

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
(SECOND SCHEDULE)

1. L896922 MORTGAGE TO BANK OF WESTERN AUSTRALIA LTD REGISTERED 30.3.2012.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.

* Any entries preceded by an asterisk may not appear on the current edition of the duplicate certificate of title.

Lot as described in the land description may be a lot or location.

-----END OF CERTIFICATE OF TITLE-----

STATEMENTS:

The statements set out below are not intended to be nor should they be relied on as substitutes for inspection of the land and the relevant documents or for local government, legal, surveying or other professional advice.

SKETCH OF LAND: 1937-321 (13/D78374).
PREVIOUS TITLE: 1862-319, 1628-63.
PROPERTY STREET ADDRESS: 25 QUEENSLEA DR, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

NOTE 1: K913273 SECTION 138D TLA APPLIES TO CAVEAT G682151
NOTE 2: K913274 SECTION 138D TLA APPLIES TO CAVEAT G682152
NOTE 3: K913275 SECTION 138D TLA APPLIES TO CAVEAT G682153

REGISTER BOOK
VOL. _____ FOL. _____

CERTIFICATE OF TITLE

UNDER THE "TRANSFER OF LAND ACT, 1893" AS AMENDED

CT 1937 321



J. Mulcahy

REGISTRAR OF TITLES



Estate in fee simple in portion of each of Swan Locations 718 and 1281 and being Lot 13 the subject of Diagram 78374, delineated on the map in the Third Schedule hereto.

Bethesda Hospital (Inc.) of 25 Queenslea Drive, Claremont.

1. MORTGAGE E954980 to The Honourable Carmen Mary Lawrence, Treasurer of the State of Western Australia. Registered 5.8.92 at 11.56 hrs. (4)
Discharged H285344 19.11.99

2. MORTGAGE E954981 to R&I Bank of Western Australia Ltd. Registered 5.8.92 at 11.57 hrs.

QUEENSLEA DRIVE

616 12521 31.48 60.35 29.45 1281 38812 12 45.12 DIA

13
1.2152 ha

6 141.63 DIA

27.05 718 20.13 5 12.7 9.29 12.2 15.12 20.09 DIA

VICTORIA AVE

78375 14

0.72 orig 63.41

SCALE 1:1250 K.

▲ 24523

NOTE: ENTRIES MAY BE AFFECTED BY SUBSEQUENT ENDORSEMENTS.

E67590/3/89-20M-L/4664

PERSONS ARE CAUTIONED AGAINST ALTERING OR ADDING TO THIS CERTIFICATE OR ANY NOTIFICATION HEREON

321

1937

Page 1 (of 2 pages)

FOL.

VOL.

NOTE: ENTRIES MAY BE AFFECTED BY SUBSEQUENT ENDORSEMENTS

INSTRUMENT	
NATURE	NUMBER

REGISTERED PROPRIETOR	INSTRUMENT		REGISTERED	TIME	SEAL	CERT. OFFICER
	NATURE	NUMBER				

NOTE: ENTRIES MAY BE AFFECTED BY SUBSEQUENT ENDORSEMENTS

[illegible]

CERTIFICATE OF TITLE VOL.1937 FOL.321

WESTERN



AUSTRALIA

REGISTER NUMBER	
1/SP121	
DUPLICATE EDITION	DATE DUPLICATE ISSUED
3	12/4/2012

RECORD OF CERTIFICATE OF TITLE
UNDER THE TRANSFER OF LAND ACT 1893 AND THE
STRATA TITLES ACT 1985

VOLUME
316

FOLIO
85A

The person described in the first schedule is the registered proprietor of an estate in fee simple in the land described below subject to the reservations, conditions and depth limit contained in the original grant (if a grant issued) and to the limitations, interests, encumbrances and notifications shown in the second schedule.

REGISTRAR OF TITLES



LAND DESCRIPTION:

LOT 1 ON STRATA PLAN 121
TOGETHER WITH A SHARE IN ANY COMMON PROPERTY AS SET OUT ON THE STRATA PLAN

REGISTERED PROPRIETOR:
(FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE, CLAREMONT
(T L896923) REGISTERED 30 MARCH 2012

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
(SECOND SCHEDULE)

1. INTERESTS NOTIFIED ON THE STRATA PLAN AND ANY AMENDMENTS TO LOTS OR COMMON PROPERTY NOTIFIED THEREON BY VIRTUE OF THE PROVISIONS OF THE STRATA TITLES ACT NO.33 OF 1985 AS AMENDED.
2. L896922 MORTGAGE TO BANK OF WESTERN AUSTRALIA LTD REGISTERED 30.3.2012.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
* Any entries preceded by an asterisk may not appear on the current edition of the duplicate certificate of title.

-----END OF CERTIFICATE OF TITLE-----

STATEMENTS:

The statements set out below are not intended to be nor should they be relied on as substitutes for inspection of the land and the relevant documents or for local government, legal, surveying or other professional advice.

SKETCH OF LAND: SP121.
PREVIOUS TITLE: SP121.
PROPERTY STREET ADDRESS: UNIT 1, LEVEL 1, 39 FRESHWATER PDE, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

WESTERN



AUSTRALIA

REGISTER NUMBER	
2/SP121	
DUPLICATE EDITION	DATE DUPLICATE ISSUED
5	12/4/2012

RECORD OF CERTIFICATE OF TITLE
UNDER THE TRANSFER OF LAND ACT 1893 AND THE
STRATA TITLES ACT 1985

VOLUME
316

FOLIO
86A

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REGISTRAR OF TITLES



LAND DESCRIPTION:

LOT 2 ON STRATA PLAN 121
TOGETHER WITH A SHARE IN ANY COMMON PROPERTY AS SET OUT ON THE STRATA PLAN

REGISTERED PROPRIETOR:
(FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE, CLAREMONT
(T L896923) REGISTERED 30 MARCH 2012

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
(SECOND SCHEDULE)

1. INTERESTS NOTIFIED ON THE STRATA PLAN AND ANY AMENDMENTS TO LOTS OR COMMON PROPERTY NOTIFIED THEREON BY VIRTUE OF THE PROVISIONS OF THE STRATA TITLES ACT NO.33 OF 1985 AS AMENDED.
2. L896922 MORTGAGE TO BANK OF WESTERN AUSTRALIA LTD REGISTERED 30.3.2012.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
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-----END OF CERTIFICATE OF TITLE-----

STATEMENTS:

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SKETCH OF LAND: SP121.
PREVIOUS TITLE: SP121.
PROPERTY STREET ADDRESS: UNIT 2, GROUND FLOOR, 39 FRESHWATER PDE, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

WESTERN



AUSTRALIA

REGISTER NUMBER	
3/SP121	
DUPLICATE EDITION	DATE DUPLICATE ISSUED
5	12/4/2012

RECORD OF CERTIFICATE OF TITLE
UNDER THE TRANSFER OF LAND ACT 1893 AND THE
STRATA TITLES ACT 1985

VOLUME
316

FOLIO
87A

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REGISTRAR OF TITLES



LAND DESCRIPTION:

LOT 3 ON STRATA PLAN 121
TOGETHER WITH A SHARE IN ANY COMMON PROPERTY AS SET OUT ON THE STRATA PLAN

REGISTERED PROPRIETOR:
(FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE, CLAREMONT
(T L896923) REGISTERED 30 MARCH 2012

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
(SECOND SCHEDULE)

1. INTERESTS NOTIFIED ON THE STRATA PLAN AND ANY AMENDMENTS TO LOTS OR COMMON PROPERTY NOTIFIED THEREON BY VIRTUE OF THE PROVISIONS OF THE STRATA TITLES ACT NO.33 OF 1985 AS AMENDED.
2. L896922 MORTGAGE TO BANK OF WESTERN AUSTRALIA LTD REGISTERED 30.3.2012.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
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-----END OF CERTIFICATE OF TITLE-----

STATEMENTS:

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SKETCH OF LAND: SP121.
PREVIOUS TITLE: SP121.
PROPERTY STREET ADDRESS: UNIT 3, LEVEL 1, 39 FRESHWATER PDE, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

WESTERN



AUSTRALIA

REGISTER NUMBER 4/SP121	
DUPLICATE EDITION 4	DATE DUPLICATE ISSUED 12/4/2012

RECORD OF CERTIFICATE OF TITLE
 UNDER THE TRANSFER OF LAND ACT 1893 AND THE
STRATA TITLES ACT 1985

VOLUME
316FOLIO
88A

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REGISTRAR OF TITLES

**LAND DESCRIPTION:**

LOT 4 ON STRATA PLAN 121
 TOGETHER WITH A SHARE IN ANY COMMON PROPERTY AS SET OUT ON THE STRATA PLAN

REGISTERED PROPRIETOR:
 (FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE, CLAREMONT
 (T L896923) REGISTERED 30 MARCH 2012

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
 (SECOND SCHEDULE)

- INTERESTS NOTIFIED ON THE STRATA PLAN AND ANY AMENDMENTS TO LOTS OR COMMON PROPERTY NOTIFIED THEREON BY VIRTUE OF THE PROVISIONS OF THE STRATA TITLES ACT NO.33 OF 1985 AS AMENDED.
- L896922 MORTGAGE TO BANK OF WESTERN AUSTRALIA LTD REGISTERED 30.3.2012.

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STATEMENTS:

The statements set out below are not intended to be nor should they be relied on as substitutes for inspection of the land and the relevant documents or for local government, legal, surveying or other professional advice.

SKETCH OF LAND: SP121.
 PREVIOUS TITLE: SP121.
 PROPERTY STREET ADDRESS: UNIT 4, GROUND FLOOR, 39 FRESHWATER PDE, CLAREMONT.
 LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

WESTERN



AUSTRALIA

RECORD OF CERTIFICATE OF TITLE
UNDER THE TRANSFER OF LAND ACT 1893

REGISTER NUMBER	
301/DP65377	
DUPLICATE EDITION	DATE DUPLICATE ISSUED
3	10/7/2015

VOLUME
2781FOLIO
84

The person described in the first schedule is the registered proprietor of an estate in fee simple in the land described below subject to the reservations, conditions and depth limit contained in the original grant (if a grant issued) and to the limitations, interests, encumbrances and notifications shown in the second schedule.

REGISTRAR OF TITLES

**LAND DESCRIPTION:**

LOT 301 ON DEPOSITED PLAN 65377

REGISTERED PROPRIETOR:
(FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE CLAREMONT
(T M821769) REGISTERED 10 NOVEMBER 2014

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS:
(SECOND SCHEDULE)

1. EASEMENT BENEFIT - SEE PLAN 2180 AND SECTION 167A OF TLA.
2. *N257733 MORTGAGE TO NATIONAL AUSTRALIA BANK LTD REGISTERED 22.2.2016.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
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Lot as described in the land description may be a lot or location.

-----END OF CERTIFICATE OF TITLE-----

STATEMENTS:

The statements set out below are not intended to be nor should they be relied on as substitutes for inspection of the land and the relevant documents or for local government, legal, surveying or other professional advice.

SKETCH OF LAND: DP65377.
PREVIOUS TITLE: 1837-898.
PROPERTY STREET ADDRESS: 5 VICTORIA AV, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

NOTE 1: DUPLICATE CERTIFICATE OF TITLE NOT ISSUED AS REQUESTED BY DEALING
N257733

WESTERN



AUSTRALIA

REGISTER NUMBER 302/DP65377	
DUPLICATE EDITION 4	DATE DUPLICATE ISSUED 10/7/2015

RECORD OF CERTIFICATE OF TITLE UNDER THE TRANSFER OF LAND ACT 1893

VOLUME
2781FOLIO
85

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REGISTRAR OF TITLES



LAND DESCRIPTION:

LOT 302 ON DEPOSITED PLAN 65377

REGISTERED PROPRIETOR: (FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE CLAREMONT
(T M821760) REGISTERED 10 NOVEMBER 2014

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS: (SECOND SCHEDULE)

- EASEMENT BENEFIT - SEE PLAN 2180 AND SECTION 167A OF TLA.
- *N257733 MORTGAGE TO NATIONAL AUSTRALIA BANK LTD REGISTERED 22.2.2016.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
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Lot as described in the land description may be a lot or location.

-----END OF CERTIFICATE OF TITLE-----

STATEMENTS:

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SKETCH OF LAND: DP65377.
PREVIOUS TITLE: 1837-898.
PROPERTY STREET ADDRESS: 3 VICTORIA AV, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

NOTE 1: DUPLICATE CERTIFICATE OF TITLE NOT ISSUED AS REQUESTED BY DEALING
N257733

WESTERN



AUSTRALIA

REGISTER NUMBER 303/DP65377	
DUPLICATE EDITION 3	DATE DUPLICATE ISSUED 10/7/2015

RECORD OF CERTIFICATE OF TITLE UNDER THE TRANSFER OF LAND ACT 1893

VOLUME
2781FOLIO
86

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REGISTRAR OF TITLES



LAND DESCRIPTION:

LOT 303 ON DEPOSITED PLAN 65377

REGISTERED PROPRIETOR: (FIRST SCHEDULE)

BETHESDA HOSPITAL INC OF 25 QUEENSLEA DRIVE CLAREMONT
(T M821769) REGISTERED 10 NOVEMBER 2014

LIMITATIONS, INTERESTS, ENCUMBRANCES AND NOTIFICATIONS: (SECOND SCHEDULE)

- EASEMENT BENEFIT - SEE PLAN 2180 AND SECTION 167A OF TLA.
- L773500 RESTRICTIVE COVENANT TO TOWN OF CLAREMONT - SEE DEPOSITED PLAN 65377 REGISTERED 2.11.2011.
- *N257733 MORTGAGE TO NATIONAL AUSTRALIA BANK LTD REGISTERED 22.2.2016.

Warning: A current search of the sketch of the land should be obtained where detail of position, dimensions or area of the lot is required.
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SKETCH OF LAND: DP65377.
PREVIOUS TITLE: 1837-898.
PROPERTY STREET ADDRESS: 1 VICTORIA AV, CLAREMONT.
LOCAL GOVERNMENT AREA: TOWN OF CLAREMONT.

NOTE 1: DUPLICATE CERTIFICATE OF TITLE NOT ISSUED AS REQUESTED BY DEALING N257733

Metropolitan Region Scheme

Form 5

Scheme Certificate

[In accordance with the provisions of clause 42 of the Metropolitan Region Scheme text]

The following information is furnished in respect of:

Lot: 13

Street: Queenslea Drive

Diagram: 78374

Locality: Claremont

Certificate of title

Vol: 1937

Folio: 321

Request

38864554

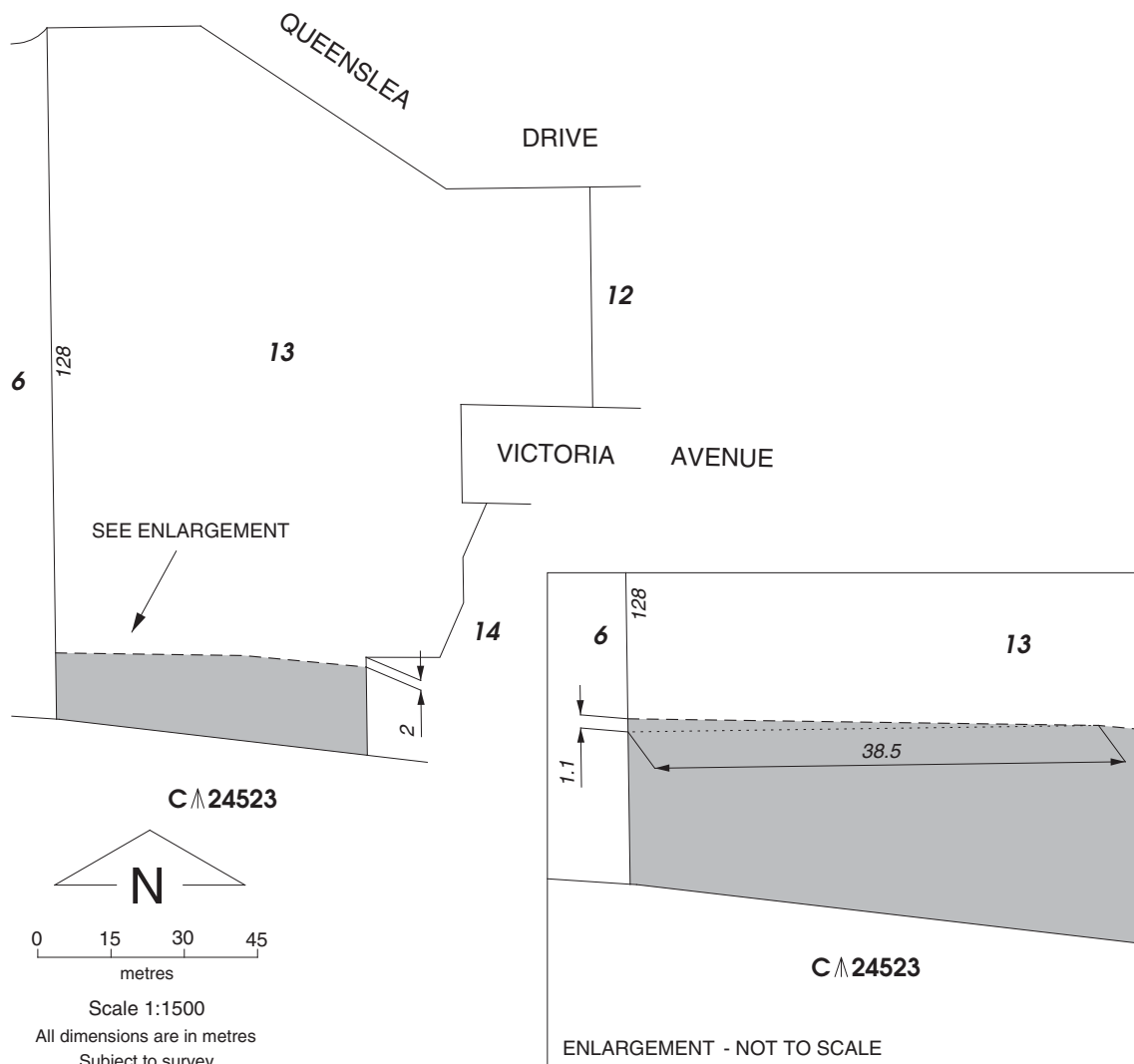
Date

10-APR-2012

The land shaded on the sketch below is reserved **parks and recreation**

The remainder of the land is zoned **urban**

***** parks and recreation reservation subject to review**



This certificate relates only to the provisions of the approved Metropolitan Region Scheme and does not purport to indicate the land use allocation under any local government provision.

Produced by Mapping & GeoSpatial Data Branch,
Department of Planning, Perth WA

Base information supplied by:
Western Australian Land Information Authority LI 430-2009-4

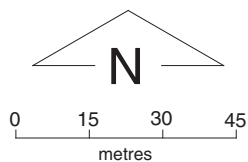
Tony Evans
Interim Secretary
Western Australian Planning Commission

Attachment A

Request
38864554

Date
10-APR-2012

The land shaded on the sketch below may be required for
parks and recreation reservation



Scale 1:1500
All dimensions are in metres
Subject to survey

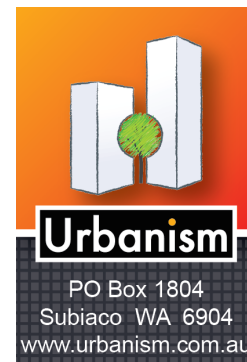
This certificate relates only to the provisions
of the approved Metropolitan Region Scheme
and does not purport to indicate the land use allocation
under any local government provision.

Produced by Mapping & GeoSpatial Data Branch,
Department of Planning, Perth WA

Base information supplied by:
Western Australian Land Information Authority LI 430-2009-4

Tony Evans
Interim Secretary
Western Australian Planning Commission

Power of Attorney



Bethesda Hospital Inc. of 25 Queenslea Drive Claremont

Property Definition:

The properties affected by this Power of Attorney are defined as:

- 25 Queenslea Drive (Lot 13 on DP78374)
- 1, 3 and 5 Victoria Avenue (Lots 301-303 on DP65377)
- 2 Victoria Avenue (Lot 12 on DP38812 and also defined as Lots 1-4 on Strata Plan 121)

Authority

This letter serves as a notification that Urbanism is acting on behalf of the Landowner(s) of the above property as the "Applicant" for any planning application to be submitted to the relevant Authority.

Name of Applicant: CJC VERWEY t/a URBANISM (ABN 38 453 177 980)
[Name of the "Applicant"]

All correspondence in respect of the above Planning and Development Application will be delivered to the following contact:

Company: URBANISM
Address: PO BOX 1804, SUBIACO State WA Postcode 6904
Client Representative: COREY VERWEY E-mail: corey@urbanism.com.au
Telephone: (08) 9325 8925 Mobile: 0420 961 581

SIGNED by the Landowner or its legal representative:

Signature: 

Company Name: Bethesda Hospital Incorporated

ABN/ ACN: 22 500 997 716

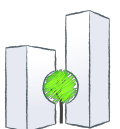
Authorised Person: Yasmin Naglazas

Address: 25 Queenslea Drive, Claremont

Date: 22/11/2016

Attachment B

Traffic Studies



Technical Note: No 1
Project No: t16.012
Project: Bethesda Hospital
Subject: Road Network Capacity Analysis

Date: 30/05/2016

Introduction

Transcore has been commissioned by JOHNSTAFF on behalf of Bethesda Hospital to undertake high-level traffic modelling and analysis to evaluate capacity of the existing road network surrounding the Hospital and establish the available spare capacity to accommodate the potential traffic increase from the expansion/ alterations to the existing Hospital.

Bethesda Hospital is investigating the feasibility of a Master Plan for the Hospital incorporating expansion/ alterations to the existing Hospital. As part of this investigation, Transcore has been requested to review the existing standard and traffic volumes on the surrounding roads and establish the available spare capacity on these roads.

The spare capacity on the surrounding road network is one of the important factors which would influence the level of expansion of the Hospital. It should be noted that this investigation does not include any analysis of intersections and simply focusses on the capacity of the roads.

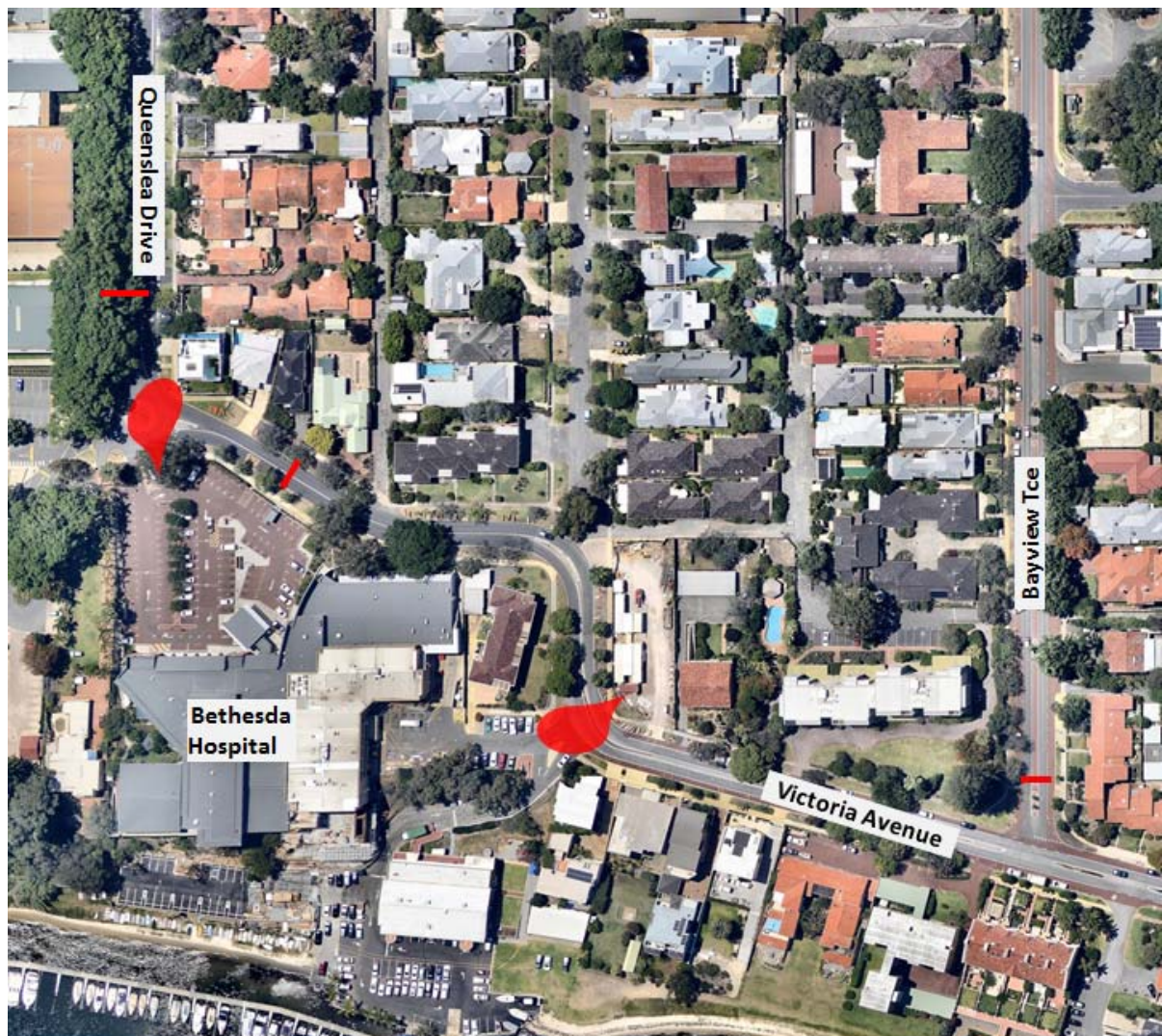
Existing Traffic Counts

In order to provide a robust and independent assessment of the existing road network, Transcore undertook 7-day traffic counts on the surrounding road network including Victoria Avenue, Queenslea Drive and Bay View Terrace to accurately establish the quantum and pattern of existing traffic. The traffic counts were conducted between Monday 2nd of May to Sunday 8th of May 2016.

Transcore also undertook video surveys within the same period at the Hospital's vehicular entry and exit points (Queenslea Dr access and Bethesda Lane) to establish the Hospital's traffic pattern during different days of a typical week outside the school holidays. The video surveys were conducted for three days from Tuesday 3rd of May to Thursday 5th of May 2016.

Figure 1 shows the locations that traffic counts and video surveys were undertaken. **Appendix A** of this technical note contains the results of the seven day daily traffic counts.

Reviewing the daily traffic counts indicate that traffic volumes are slightly higher during the Wednesday in particular for Queenslea Drive. Therefore, the analysis undertaken uses the Wednesday traffic counts.





-  Tube Counts (dates: Monday 2 May to Sunday 8 May 2016)
-  Video Survey (dates: Tuesday 3 May to Thursday 5 May 2016)

Figure 1: Location of the traffic counts and video surveys

Appendix B of this technical note contains the hourly traffic volumes for Wednesday 4th May 2016. The reported traffic counts in Appendix B indicate that AM and PM road network peak hours were recorded between 7:00-8:00 and 17:00-18:00 respectively.

Video Survey Observation and Analysis

Video surveys were conducted from 7:00 AM in the morning till 6:00 PM in the evening during the survey days. **Figures 2a** and **2b** illustrate the total traffic movements in and out of the Hospital for every 15 minutes and one-hour intervals respectively.

Analysis of the video surveys for the main Hospital entry indicates that:

- Hospital main entry peak hour is between 12:00 to 13:00;
- During the peak hour about 135 vehicles were recorded to enter and exit the main hospital entry;
- There is another peak hour occurring between 15:00 to 16:00 which is mainly related to the school traffic using the Hospital's main car park on Queenslea Drive. This peak is not considered to be hospital peak as the graph shows a gradual reduction in traffic after 12:00 PM.
- During the 7:00 to 10:00 the inbound traffic is higher than outbound traffic which reflects the visitor arrivals to the Hospital; and,
- During the 15:00 to 18:00 the outbound traffic is higher than inbound traffic which reflects the departure of visitors.

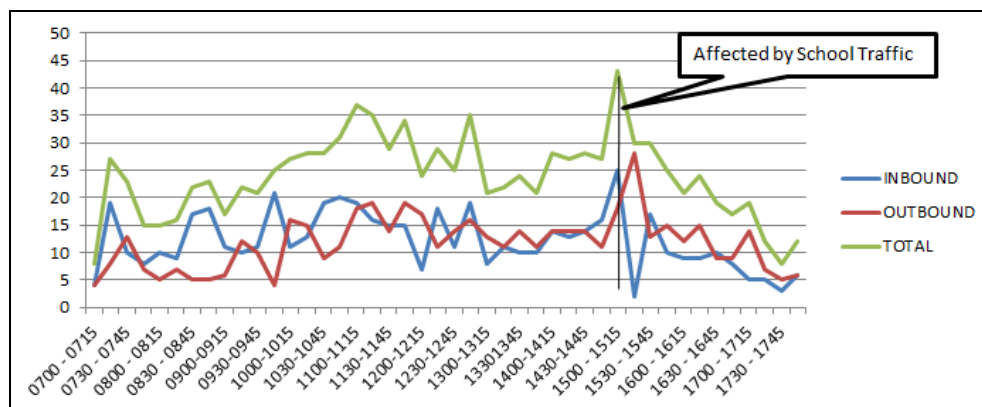


Figure 2a: Hospital main entry traffic every 15 minutes

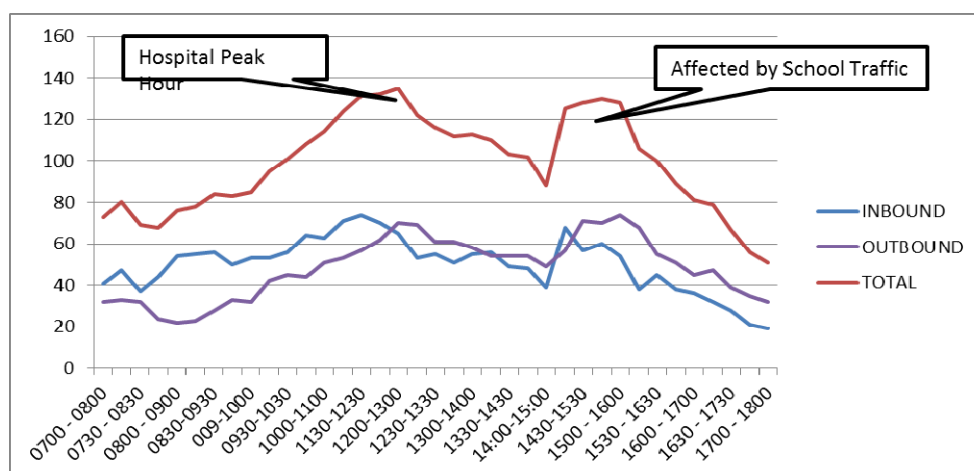


Figure 2b: Hospital main entry traffic every hour

Figure 3 shows the snapshot of the traffic situation during the AM and PM road network Peak hours and also hospital peak hour (12:00- 13:00) from the video surveys.

8:00-9:00

- Queue back from the School entry into the Roundabout ;
- Long queues on Queenslea Drive Southbound.



12:00-13:00

- Very Quiet;
- Ample Spare Capacity available;

16:00-17:00

- Queue back from the School entry into the Roundabout ;
- Long queues on Queenslea Drive Southbound;
- Poor traffic management;
- School Bus issues;
- School internal traffic circulation issues.



Figure 3: Video Survey Observations

Observations of the video surveys indicate that school traffic during the PM peak hour significantly impacts the operation of the roundabout intersection at Queenslea Drive/ Victoria Avenue. This is due to the issues related to the internal traffic circulation of the school and queue back from the school entry point at the roundabout which block the traffic circulation at the roundabout and cause long queues and delays at the roundabout and on the surrounding roads.

It must be noted that the blockage of the roundabout during the school peak periods is not due to the capacity issue of the roundabout and is related to the queue back from the school traffic at the roundabout.

Observations also indicates that school buses sometimes park in the middle of the roundabout for a long time and totally block the roundabout during the school PM peak period. Therefore, it is prudent that internal traffic circulation of the school, including school bus movements is reviewed and addressed with the objective of reducing the impact of the school traffic on the roundabout and surrounding roads. This matter will need to be addressed between the school and Town of Claremont.

In order to establish the parking utilisation of the main hospital car park during the day the accumulated inbound and outbound traffic has been calculated for 15 minutes intervals during the day (refer **Figure 4**). The difference between the total inbound and outbound traffic is estimated to be the number of cars parked in the main hospital car park (Refer **Figure 5**); assuming that car park was empty before 7:00 AM.

Analysis undertaken indicates that car park is highly utilised (more than 60%) from 10:00 to 15:00 with the peak time of 11:00 to 12:00. Reviewing Figures 4 and 5 indicates that at 15:00 PM there is a sudden spike in the graph. This spike is related to the school traffic utilising the hospital main car park. If the school traffic does not enter the hospital main car park around 15:00 PM then it is expected that the parking utilisation of the main hospital car park continues to drop after 15:00 PM as shown by a red dotted line in Figure 5.

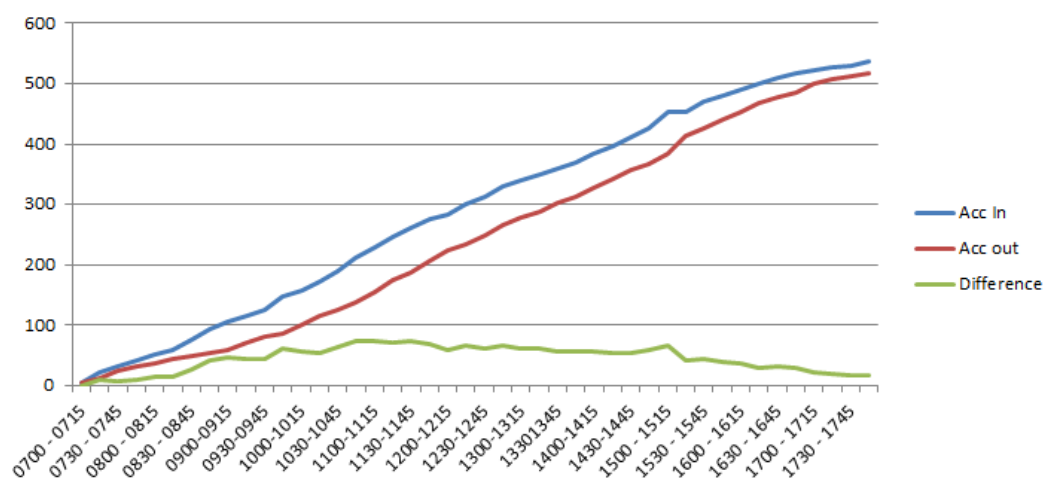


Figure 4: Accumulated hospital traffic every 15 minutes

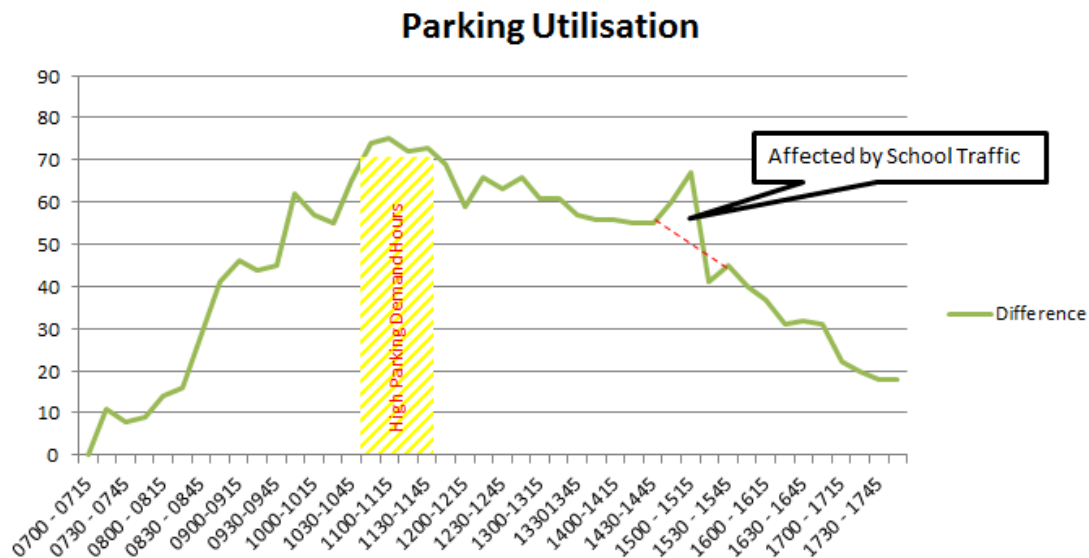


Figure 5: Hospital main car park - parking utilisation

Figures 6a and 6b illustrate the total traffic in and out of Bethesda Lane for 15 minutes and one-hour intervals respectively. Video survey analysis for Bethesda Lane entry indicates that:

- During 7:00 to 10:00 period inbound traffic is higher which reflects staff arrivals;
- During 15:00 to 18:00 period outbound traffic is higher which reflects the departures of staff;
- Total traffic movements in and out of Bethesda Lane is estimated to be about 70vph during the peak period (about 15:00 PM);
- The heavy vehicle component of the total traffic in and out of the Bethesda Lane is estimated to be about 15% during the survey hours. This is due to construction work at Foreshore car park; and
- The heavy vehicle movements are expected to reduce after the completion of construction but when Foreshore car park starts operation, there would more traffic movements for light vehicles.

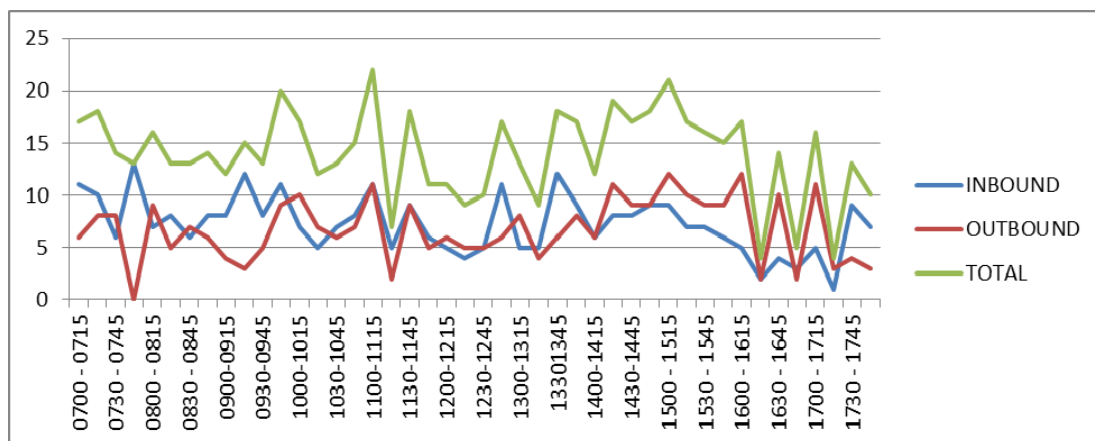


Figure 6a: Bethesda Lane traffic every 15 minutes

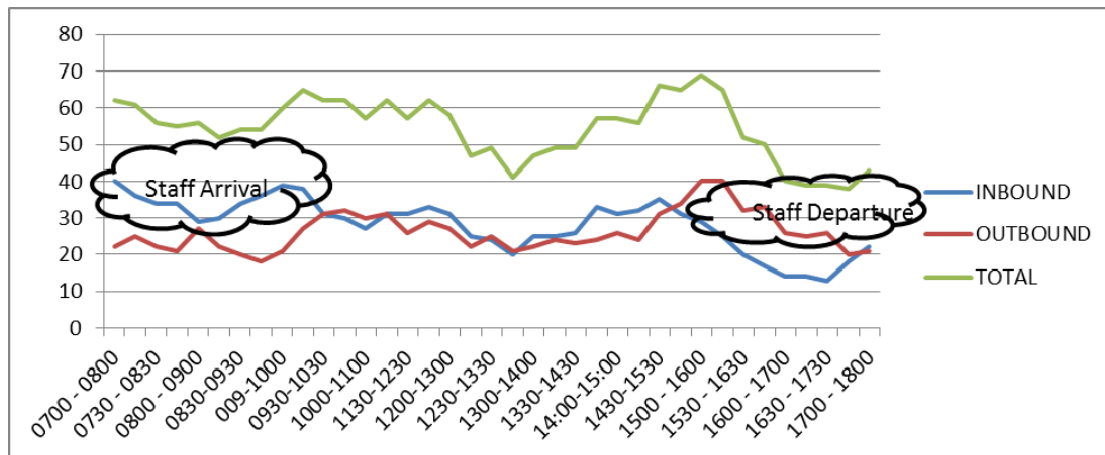


Figure 6b: Bethesda Lane traffic every hour

Road Network Capacity

According to Main Roads WA “Perth Metropolitan Area Functional Road Hierarchy” document all the roads surrounding the Hospital including Victoria Avenue and Queenslea Drive are classified as District Distributor B Roads (refer Figure 7) with the capacity of about 8,000 vpd or 800 vph.

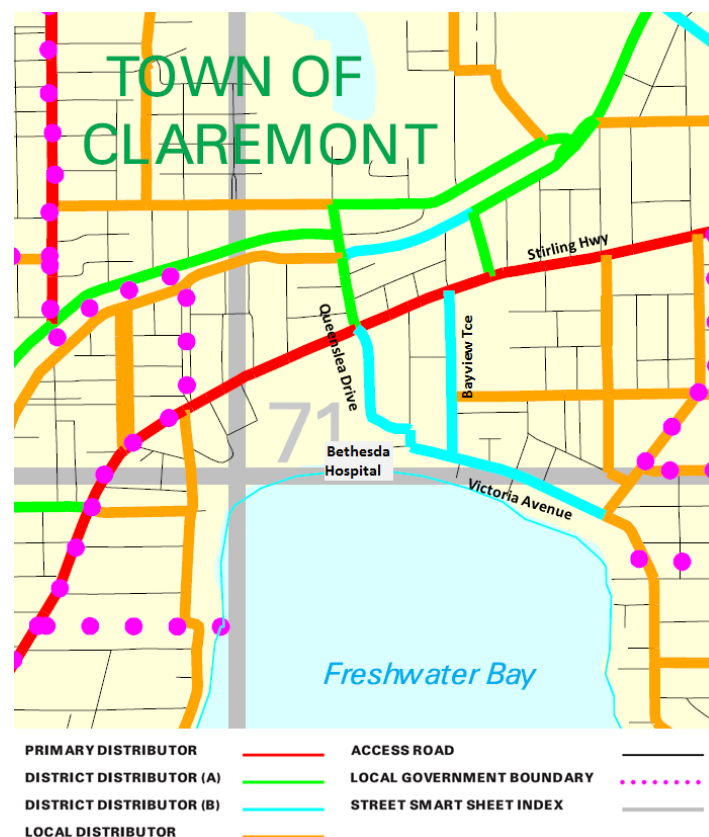


Figure 7: Extract from Main Roads WA Perth Metropolitan Area Functional Road Hierarchy

Spare Capacity Analysis

Figures 8 and 9 illustrate the spare capacities on Queenslea Drive and Victoria Avenue during Wednesday 4th May 2016.

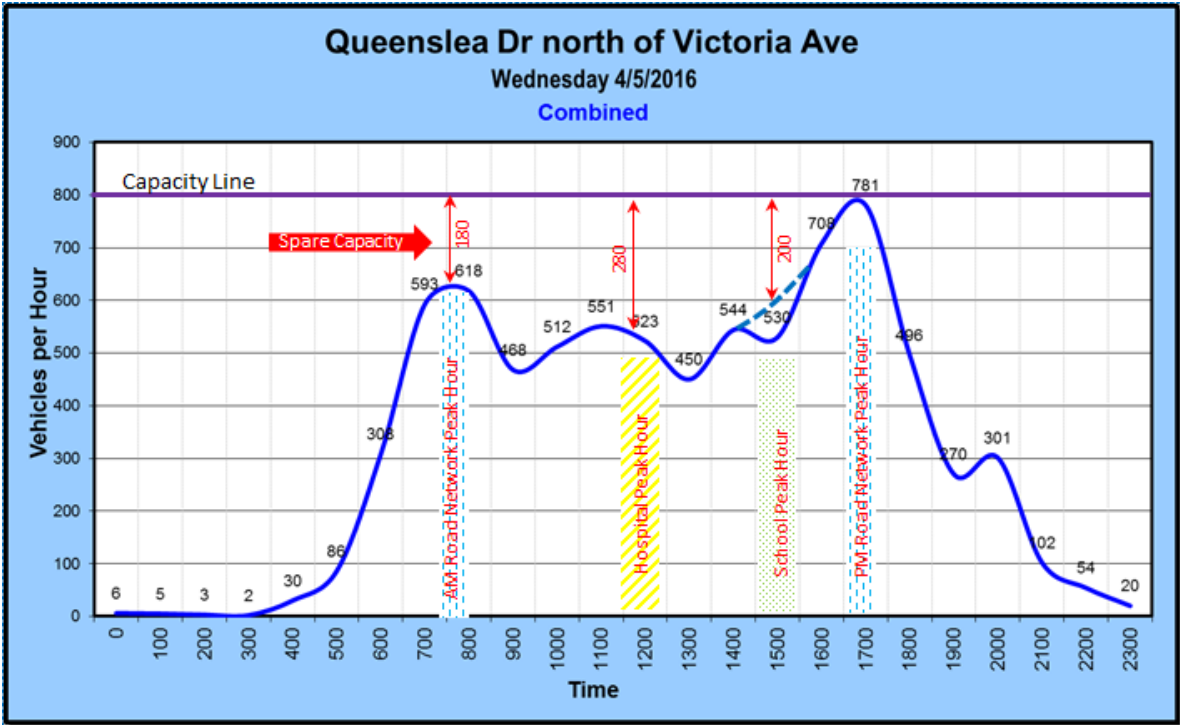


Figure 8: Queenslea Drive Spare Capacity

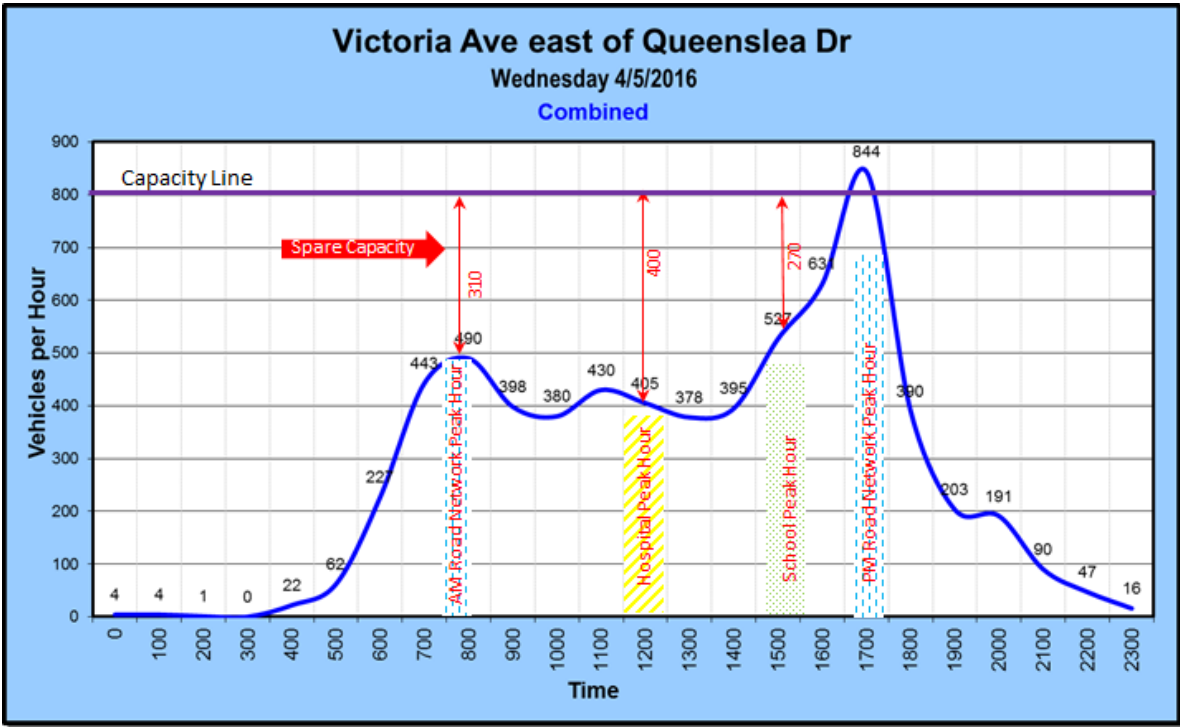


Figure 9: Victoria Avenue Spare Capacity

Analysis undertaken indicates that:

- During PM road network peak hour (17:00-18:00) theoretically there is no spare capacity available on Queenslea Drive and Victoria Avenue. However, during the rest of the day there is spare capacity available on these roads;
- During the AM road network peak hour (7:00-8:00) spare capacity on Queenslea Drive is about 180 vph and about 310 vph for Victoria Avenue;
- During the Hospital peak hour (12:00-13:00) spare capacity available on Queenslea Drive is about 280 vph and about 400 vph for Victor Avenue;
- During the School peak hour (15:00-16:00) available spare capacity on Queenslea Drive and Victoria Avenue is about 200 vph and 270 vph respectively; and,
- Queenslea Drive graph indicates a sudden drop in traffic volumes during the school peak hour which is due to the gridlock on the road network during this period. However for the purpose of spare capacity analysis, it is assumed that the graph would continue upwards after 15:00 and conservatively the spare capacity of Queenslea Drive is estimated to be about 200 vph.

Parking Assessment

Analysis undertaken indicates that there are ample spare capacities on Queenslea Drive and Victoria Avenue outside road network peak hours. Considering that Hospital peak hour does not coincide with road network peak hours or School peak hours therefore, the available spare capacity outside the road network and school peak periods can be utilised for the potential Hospital expansion/ alterations.

In order to estimate the number of additional parking bays that can be provided for the hospital expansion (in addition to the existing parking bays) without exceeding the spare capacity of the road network during the hospital peak hour, the existing parking trip rates for the main hospital car park was reviewed and established.

This parking trip rates conservatively are expected to be applied for the additional total future parking supply due to the expansion of the Hospital. It must be noted that the existing parking trip rates of the main hospital car park are related to the visitors as this car park mainly serves the visitors (by providing about 90 visitor bays). The staffs parking trip rates are expected to be less than visitor parking rates.

Table 1 summarises the existing parking trip rates for the main hospital car park during the day. Accordingly, the highest trip rate associate with the main car park would occur during 12:00 -13:00 which is the hospital peak hour. The corresponding trip rate calculated for the hospital peak hour is 1.5.

The minimum spare capacity on Queenslea Drive (which is the bottleneck) is about 280 vph and 200 vph during the hospital peak hour and school peak hour respectively. In order to provide a robust assessment, the minimum spare capacity during the school peak hour is used for the estimation of the additional parking supply for the hospital expansion/ alteration. Therefore, the total additional parking supply that can be provided is about 133 ($200 / 1.5 = 133$) bays.

Table 1: Parking trip rates for the hospital main car park

TIME	Total Movements	Trip rate
0700 - 0800	73	0.8
0800 - 0900	76	0.8
0900-1000	85	0.9
1000-1100	114	1.3
1200-1300	135	1.5
1300-1400	113	1.3
14:00-15:00	88	1.0
1500 - 1600	128	1.4
1600 - 1700	81	0.9
1700 - 1800	51	0.6

It must be noted that the estimated additional parking supply for the hospital expansion is based on the available spare capacity of the road network and without considering the capacity of the existing intersections (i.e. the roundabout or the intersection of Stirling Hwy/ Queenslea Drive).

Transcore recommends that when the Master Plan for the Hospital expansion is finalised, a Transport Assessment (TA) report in accordance with WAPC Guidelines should be prepared. As part of the TA report, the existing and future operation of the surrounding intersections will need to be assessed to ensure satisfactory operation of the road network and intersections after expansion of the Hospital.

Conclusions

The results and analysis of the traffic surveys undertaken indicate that there are ample spare capacities available on Queenslea Drive and Victoria Avenue in the vicinity of the Bethesda Hospital outside road network and school peak hours. During PM road network peak hour these roads are at capacity.

Considering that hospital car park peak hour does not coincide with road network or school peak hours the available road network spare capacity during the hospital car park peak hour can be utilised to accommodate the additional hospital traffic resulting from any hospital expansion/ alteration.

The section of Queenslea Drive to the north of Bethesda Hospital entails the highest traffic volumes and therefore has the minimum spare capacity of road sections surrounding the Hospital.

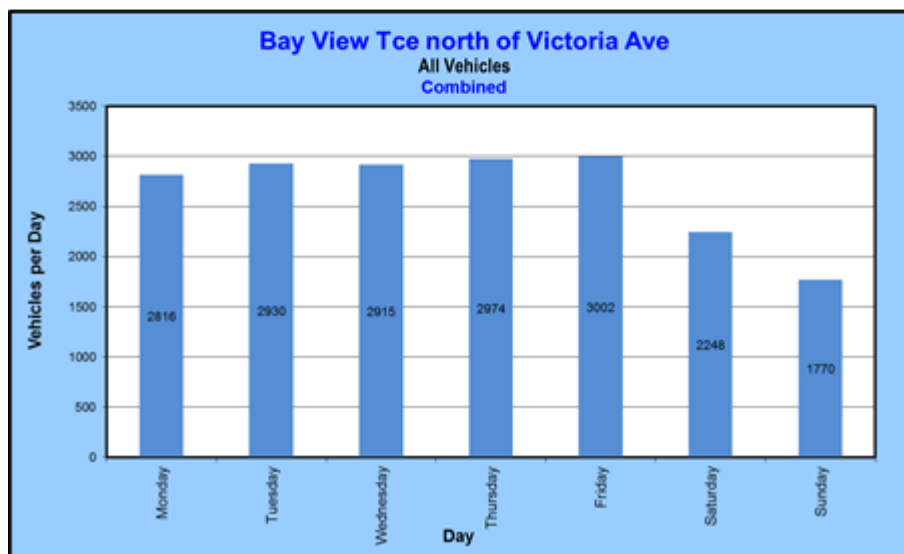
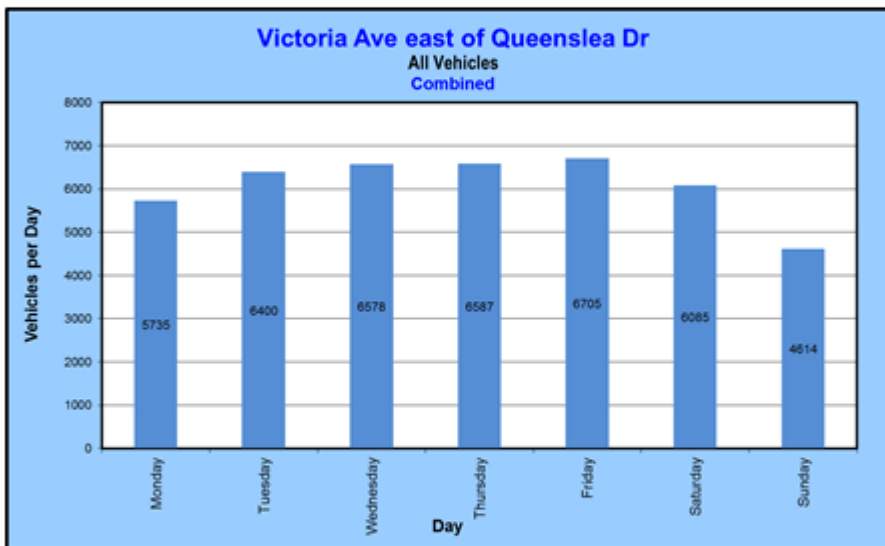
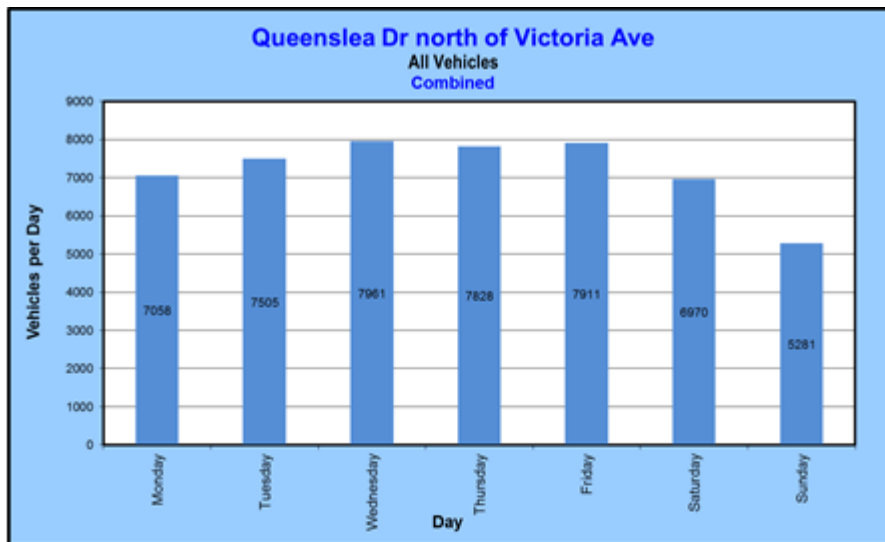
The minimum available spare capacity on Queenslea Drive (outside road network peak hour) is about 200 vph which translates to traffic movements associated with about 133 additional parking bays (in and out of the parking area) for the expansion/ alterations of the Hospital.

It must be noted that this assessment is based on the available spare capacity of the road network outside the road network peak hours and no capacity analysis of the intersections (i.e. the roundabout in front of the Hospital or the intersection of Stirling Hwy/ Queenslea Drive) has been undertaken for this period.

Transcore recommends that when the Master Plan for the Hospital expansion is finalised, a Transport Assessment (TA) report in accordance with WAPC Guidelines should be prepared. As part of the TA report, the existing and future operation of the surrounding intersections will need to be assessed to ensure satisfactory operation of the road network and intersections after expansion of the Hospital.

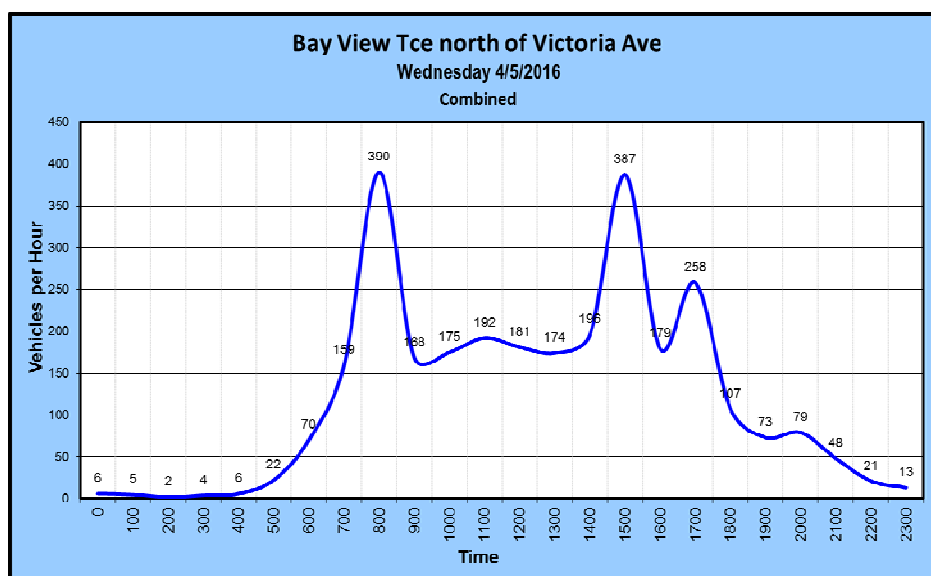
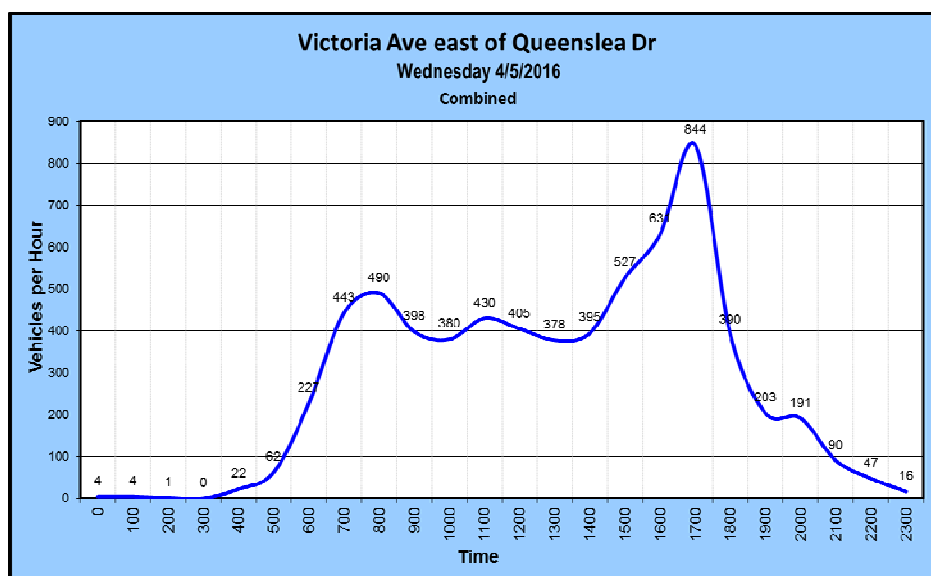
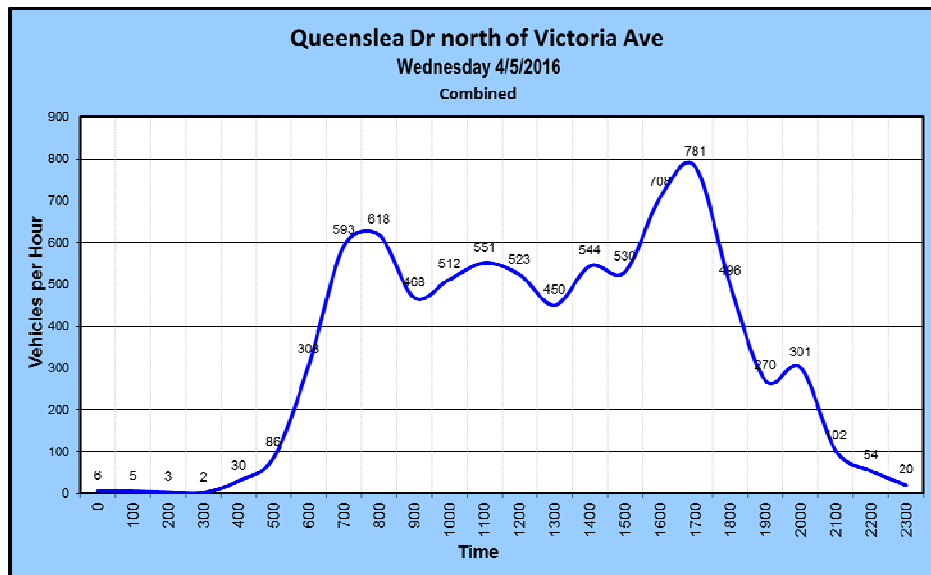
Appendix A

DAILY TRAFFIC COUNTS



Appendix B

HOURLY TRAFFIC COUNTS
(WEDNESDAY 4/05/2016)



Technical Note:	No 1c	Date: 24/05/2017
Project No:	t17.102	
Project:	Bethesda Hospital	
Subject:	Parking Ratio for Bethesda Hospital	

Introduction

Transcore has been commissioned by Bethesda Hospital to undertake Parking utilisation and interview surveys for the Bethesda Hospital parking bays to evaluate the existing parking purpose and utilisation of the Bethesda Hospital and establish the appropriate parking ratio for the staff and visitors.

Bethesda Hospital recently master planned future development options for the Hospital site and is now seeking a scheme amendment to rationalise planning and land use controls for the site. As part of this investigation, Transcore has been requested to review the existing parking standard of the Hospital, undertake parking interview and utilisation surveys to clarify the existing parking pattern of the Hospital and establish the appropriate parking ratios for the staff and visitors to be used for the preparation of the Bethesda Hospital Master Plan.

Existing Parking Supply

Table 1 summarises the current car parking associated with the Bethesda Hospital.

Table 1: Existing Hospital Parking Areas

Parking Supply	Front Main Car Park	Basement Car Park	Foreshore Car Park	Bethesda Lane	Bowling Club	Total
Visitor	90	-	-	-	-	90
Staff	-	58	51*	8	60	177
Doctor	5	12	-	-	-	17
Set-down	2	-	-	-	-	2
Total	97	70	51	8	60	286

Note: The Foreshore carpark includes the new Foreshore parking area and 12 bays under lease of the CYC.

Table 1 indicates that currently there are about 92 visitors parking bays and about 194 staff parking bays available on and off site.

Parking Assessment

In order to assess the existing parking pattern for the Bethesda Hospital carpark, Transcore undertook the following parking surveys on Wednesday 5th of April 2017 from 13:00 to 15:00 which covers the Hospital peak times and is consistent with the previous survey periods documented in the previous report and technical note prepared by Transcore (t13.273 mr01d, February 2015, and t16.012.mr.tn01, May 2016).

- Parking utilisation survey for Foreshore carpark and Bowling Club carpark;
- Parking interview survey for the main car park at the front of the Hospital.

The objective of the parking interview survey was to investigate the purpose of the visitor's trip to the Hospital. The trip purposes have been classified as:

- Overnight bed visitors;
- Day bed visitors; and
- Others

The parking interview survey found several visitations for doctor consultations. These consultations were regarded as pre- and post-procedure consultations. The visitors to the Hospital for the purposes of attending doctors' consultations were therefore distributed proportionally to the overnight and day beds.

Transcore has also previously undertaken the following parking surveys for the main hospital car park in the front of the Hospital and the Bethesda Lane car park:

- Video surveys from 7:00 AM to 6:00 PM at Wednesday 4th May 2016 for the traffic entering and exiting the car parks; and,
- Parking utilisation survey on 11th and 24th of February 2015 for 13:00 to 15:00 period.

The outcome of both parking surveys indicated that the Hospital main carpark was utilised about 60% during the 13:00-15:00 period (refer **Figure 1**). The Bethesda Lane carpark was almost 100% utilised during the 13:00-15:00 period.

Figures 2 and 3 show the parking utilisation of the Foreshore and Bowling Club carpark during the survey period (13:00-15:00) based on the current parking utilisation survey (Wednesday 5th of April). The observations and parking analysis undertaken indicates that the Foreshore car park is about 90% utilised on average during the peak hours. Similar analysis indicates that the Bowling Club car park is about 55% utilised during the survey period (13:00-15:00).

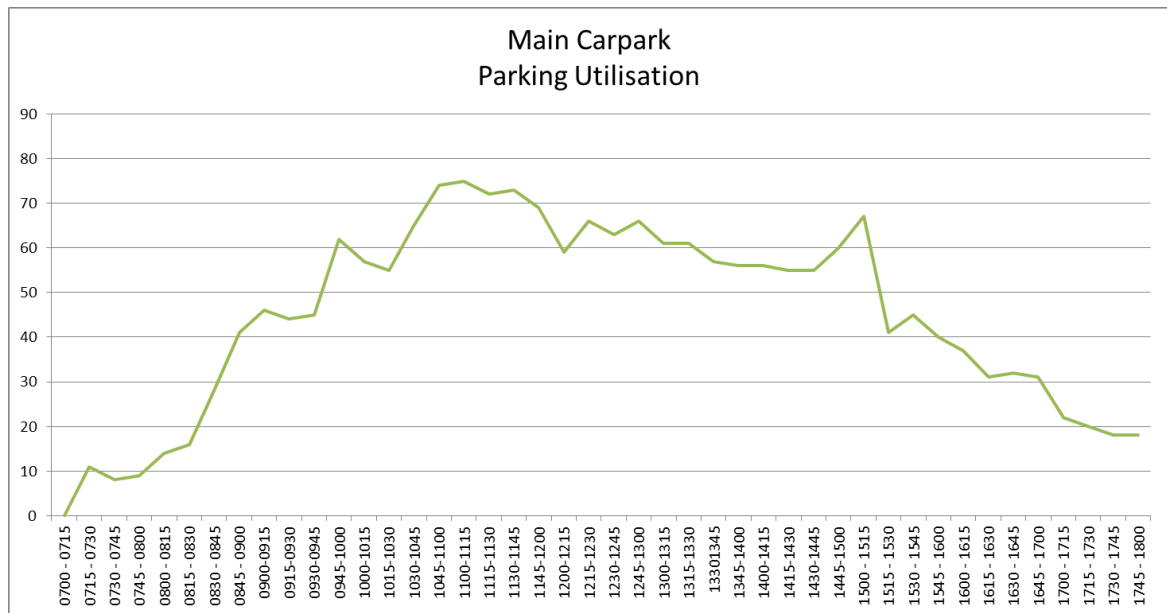


Figure 1: Parking utilisation of the Hospital main car park

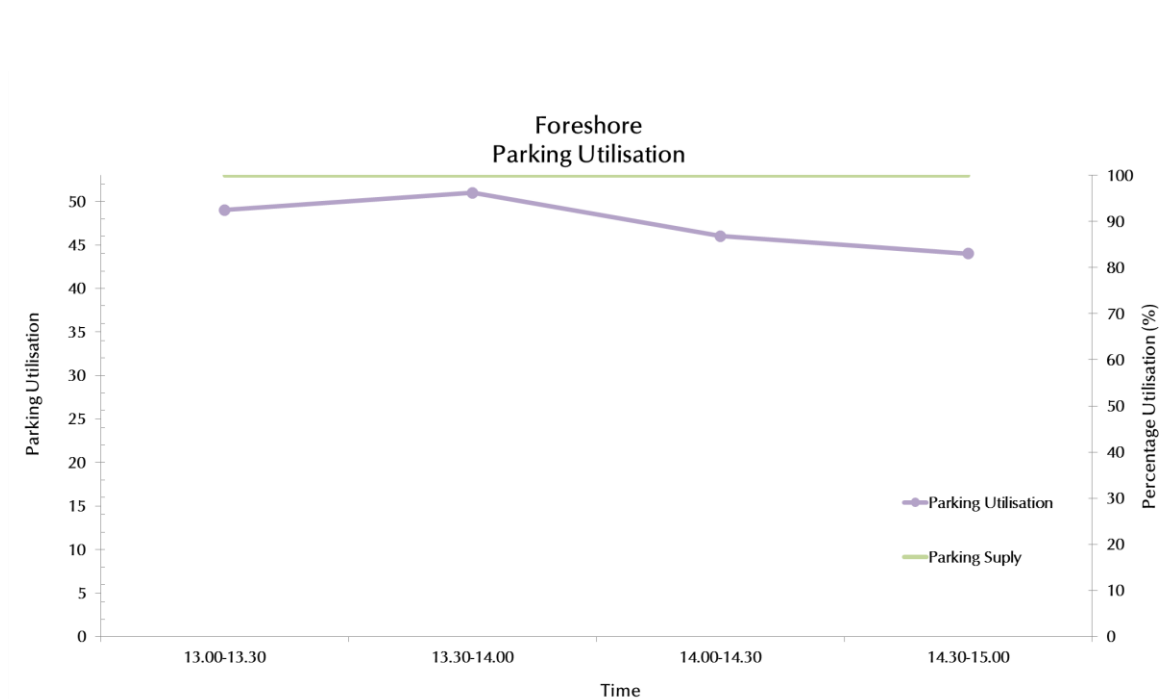


Figure 2: Parking utilisation of the Foreshore car park

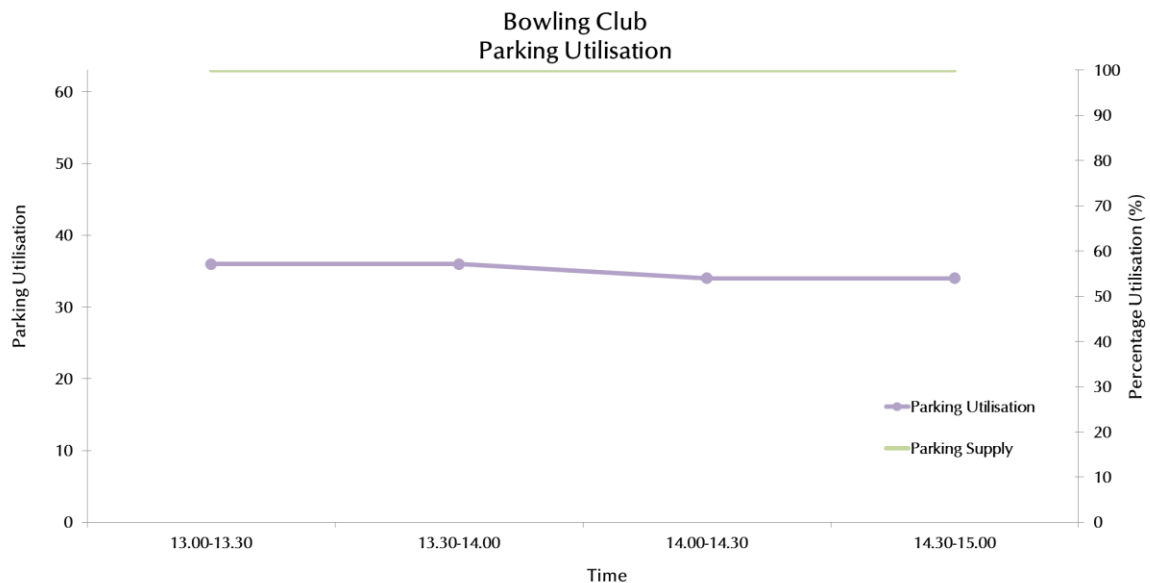


Figure 3: Parking utilisation of the Bowling Club car park

Table 2 summarises the occupied staff parking bays in each car park during the survey period (13:00 to 15:00). In total 155 parking bays were occupied during the survey period. The calculated occupancy rate for the Bowling Club car park is about 55% compared with the high occupancy ratio (more than 90%) for the other car park areas. On average an occupancy ratio of about 79% is estimated for the total staff parking bays which translates to about 39 unoccupied staff bays during the survey period.

Table 2: Staff parking occupancy

Parking Supply	Front Main Car Park	Basement Car Park	Foreshore Car Park	Rear Carpark	Bowling Club	Total
Staff	-	58	51	8	60	180
Doctor	5	12	-	-	0	17
utilisation	100%	90%	90%	100%	55%	~79%
Occupied Bays	5	63	46	8	33	155

It should be noted that the total staff at any one time varies due to the nature of rosters and employment (i.e. shift workers, casuals and permanent part-time and part-day). Staff numbers are generally higher during the normal weekday hours with peak time generally around 2:00pm. The estimated 39 unoccupied staff bays indicates that staff either use other forms of transport or are not always present on site. Therefore the parking standard should relate to staff on duty not all employed staff.

According to the information obtained from Bethesda Hospital, the total staff present on site at any given moment is expected to be about 206 staff. Therefore the staff parking ratio based on the utilised parking bays would be about 1 parking bay per 1.3 staff on duty.

Figure 4 shows the outcome of the analysis of the parking interview survey.

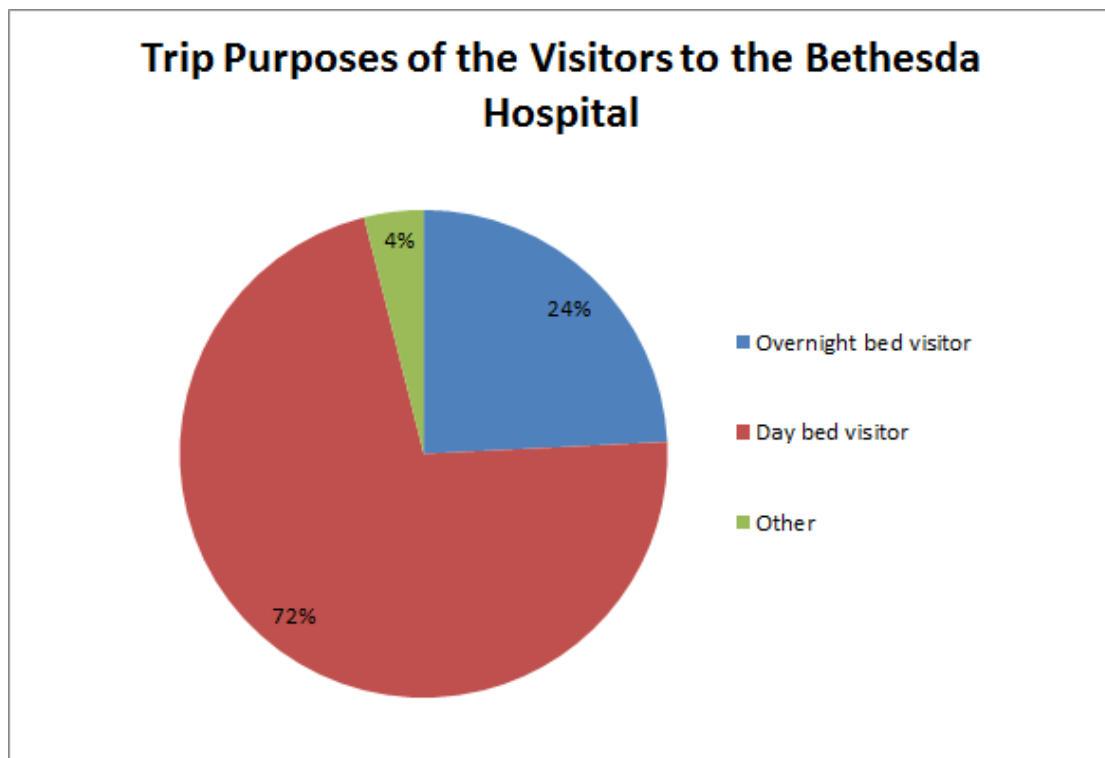


Figure 4: Outcome of the parking interview survey

This figure shows that approximately 72% of the visitors are attributed to day beds and 24% to the overnight beds. The remaining 4% would be attributed to deliveries and school pick-ups from the adjoining school. It must be noted that the visitors for the day procedure beds are not currently captured in the relevant parking standards.

According to the parking survey and analysis undertaken about 60% of the total 90 visitor bays of the main car park were utilised during the parking survey. Therefore about 54 bays are estimated to be occupied during the peak hours by visitors of which 72% or 39 bays are related to the day beds and 24% or 13 are related to overnight beds.

Currently, there are 68 overnight beds and 29 day beds within the Hospital. Therefore the visitor parking ratio is estimated to be about 1.3 bays per day bed and 0.2 bays per overnight beds (or 1 bay for 5 overnight beds) during the PM peak hours.

The interview survey and the analysis undertaken indicate that during the survey period (PM peak) the majority of the visitors are day bed visitors. The overnight bed visitors generally occur after 4:00 PM.

Overall the total numbers of beds (day and night) are 97 beds. The total parking bays utilised during the PM peak hours are 54 beds. Therefore the estimated parking ratio of 1 bay per 2 beds seems appropriate for the Hospital visitors.

Review the Current Parking Policy

Currently, the City of Claremont Planning Scheme (TPS) defines the parking standard for the “Hospital” use as follows:

- 1 parking bay per overnight bed; and
- 1 parking bay per Staff.

The Hospital currently comprises 68 overnight beds and about 206 staff during the peak time (2pm weekdays). Therefore the total number of existing car bays required would be 274 bays (206 staff + 68 visitor), so the existing 286 parking bays represent an oversupply of 12 bays.

With regards to the number of staff, it should be noted that the total staff at any one time varies due to the nature of rosters and employment (i.e. shift workers, casuals and permanent part-time and part-day). Staff numbers are generally higher during the normal weekday hours with peak time generally around 2:00pm.

The total staff parking supply is 194 bays which is 12 bays short based on the current Planning Scheme. The total visitor car park supply is 92 which represent oversupply of 24 bays.

According to the parking survey and analysis undertaken in this technical note it would appear that the current parking requirements would result in a substantial oversupply of parking at the Bethesda Hospital. Therefore the parking allocation and parking ratio for staff and visitors would need to be reviewed and clarified for the expansion of the Bethesda Hospital to avoid parking oversupply.

Suggested Parking Ratios

The parking interview survey and the analysis undertaken indicate that during the Hospital PM peak hours the majority of the visitors are day bed visitors. However, the visitors for the day procedure beds are not currently captured in the current parking standard. Therefore it is suggested that the visitor parking ratio should be based on total number of beds to capture the day bed visitors.

Table 3 summarises the existing parking ratios for the staff and visitors of the Bethesda Hospital. This table also shows the suggested parking ratios for the visitor and staff of the Hospital based on the parking survey undertaken for the existing hospital.

Table 3: Suggested Parking Ratio for the Bethesda Hospital

Total Staff	Employees				Patients/ Visitors				
	staff car parking supply	total staff parking demand	Existing ratio (staff parking per staff)	Suggested ratio (staff parking/ staff)	Total beds	visitor parking supply	maximum visitor parking demand	existing ratio visitor parking / over night bed	Suggested ratio visitor parking / bed
206	194	157	1	1	94 (68 +29)	92	54	1	0.5

Accordingly, it is suggested that parking calculation for the future expansion of the Hospital should consider the following parking ratios to avoid parking oversupply:

- 0.5 bay/bed or 1 bay for two beds for visitors; and,
- 1 bay/ staff on duty.

Conclusions

According to the parking survey and analysis undertaken it would appear that the current parking requirements for the Bethesda Hospital would result in a substantial oversupply of parking at the Hospital. Therefore the parking allocation and parking ratio for staff and visitors would need to be reviewed and clarified for the expansion of the Bethesda Hospital.

The parking interview survey and the analysis undertaken indicated that during the survey period (PM peak hours) the majority of the visitors are day bed visitors. However, the visitors for the day procedure beds are not currently captured in the current parking standard. Therefore it is suggested that the visitor parking ratio should be based on total number of beds to capture the day bed visitors.

It is suggested that parking calculation for the future expansion of the Hospital should consider the following parking ratios for staff and visitors to avoid parking oversupply:

- 0.5 bay/bed for visitors or 1 bay for two bed for visitors; and,
- 1 bay/ staff on duty.