



TaylorThomsonWhitting

10th July 2012

101547UT

Health Infrastructure
 PO BOX 1060
 NORTH SYDNEY NSW 2059

CAMPBELLTOWN HOSPITAL STAGE 1 REDEVELOPMENT

Response to Submissions

Dear Sir/Madam,

We have reviewed relevant submissions to traffic and parking issues associated with the above development and the following comments are therefore provided:

Response to RMS's Comments (relevant sections):

2. It is noted that the proposed development application is only for stage 1 development of Campbelltown Hospital. The transport requirements, including public transport, and car parking heed to be understood in the context of the broader campus. With this in mind, a master plan should be developed to address the overall longer term development of Campbelltown Hospital including identification of the likely future transport infrastructure and service upgrades to support it.

Structural

Civil

Traffic

Facade

Engineers

The Stage 1 Redevelopment of the Hospital is mainly related to upgrade of its current facilities with some increase in level of staff and activities. These additional activities have a minimal impact in terms of traffic and parking requirements. Appropriate transport and access strategies will be considered as part of its future overall redevelopment program and its need in terms of public transport and infrastructure facilities.

TTW Group

Directors

RT Green BE(Hons) MEng Sc FIE Aust
 D Carolan BE(Hons) MEng Sc MIE Aust
 R Vankatwyk BE(Hons) DipEng MIE Aust
 R Mackellar BE(Hons) MIE Aust
 B Young BE(Hons) MIE Aust
 M Eddy BE(Hons)
 R McDougall BE MIE Aust

Technical Directors

P Yannoulatos BE Hons Dip LGE MIEAust
 D Genner BE Hons MIEAust
 S Brain BE Hons MIEAust
 D Jeffree BE MIEAust
 A Scroggie BE Hons LLB MIEAust
 G Hetherington BE Hons MIEAust
 F Maniquis BSc Arch & Enviro Design

Associate Directors

S Schuetze BE Hons MIEAust
 M Rogers BSc Hons MIEAust
 H Nguyen BScEng MIEAust
 D Taylor BE Hons MIEAust
 J Tropiano BE MIEAust
 P Lambley BE MIEAust
 R Pratikna BE MConstMgt MIEAust
 J Haling BE Hons MIEAust
 D Mayne MEng Hons MIEAust
 K Berry BE Hons MIEAust

Associates

G. Petschack JP
 M. Raddatz

3. The feasibility and possible implementation of a shuttle bus service from the train station and or town centre would be strongly supported. It is also recommended that the proponent consult with Transport for NSW to determine if additional bus services and facilities are required to facilitate mode shift to public transport.

The above measure has been included as part of the Transport Management Strategy and will be followed by Health Infrastructure and the Hospital once Stage 1 of the redevelopment is completed. As mentioned earlier, (and detailed in Traffic and Parking Report) as part of the Stage 1 Redevelopment, only a limited impact of increased activities could be experienced.

Response to COUNCIL's Comments:

Access:

1)The road layout within the hospital should be designed in a way that would encourage staff and the majority of visitors to leave the site via the internal road network exiting the precinct through Central Road, rather than via Parkside Crescent. This issue was discussed and agreed to in principle at pre-lodgement meetings held with Council staff. One-way aisles should be implemented in certain locations to prevent the majority of vehicles from egressing the site via Parkside Crescent.

The main access to the Hospital is and will be via Central Road. The access arrangement off Parkside Crescent is mainly for staff with limited activity for other uses similar to the existing situation. This has already been approved as part of the REF process to form the internal road layout of the Hospital. Appropriate directional signs will be installed at approach routes to the Hospital and within the Hospital Campus to direct the patrons to the designated areas.

2)The traffic and parking report submitted with the application indicates that Parkside Crescent has sufficient vehicle movement capacity to absorb predicted impacts (based on RTA guidelines). However, due to the narrow width of the road, high parking demand and road geometry, the driveability of the road is reduced and should not (as described in the report) be regarded as an alternate access point to the hospital, unless widening of the carriageway is undertaken as well as improvements to the parking configuration within the road.

The current land uses along Parkside Crescent between Central Road and Hyde Parade are mainly associated with hospital activities (east side) and a park along its western side. Such characteristics in essence form a hospital precinct for this area. However its use would be as a supplementary access to Hospital per its current function.

The narrow nature of Parkside Crescent encourages a low speed vehicular environment as well as making it less attractive for higher level of vehicular use. Introduction of a low speed zone will further promote such features. The current traffic planning practices support such design elements instead of installation of traffic management measures along wider streets. Any widening of Parkside Crescent would therefore be Council's responsibility.

3) Any consideration of the use of Parkside Crescent as an alternative point of access/egress to and from the hospital site must provide for substantial upgrade works to Parkside Crescent including road widening and the provision of additional car parking.

Please see item above items 1 and 2.

4) The traffic and parking report does not consider the accessibility of car parking spaces and areas in relation to each building or area of the hospital site. Rather, the report only describes calculations of aggregate car parking demand and supply. Without determining the car parking demand and supply for each building and outlining where staff and visitors for each building are expected to park, there is no way for Council to be certain that car parking is adequately catered for in terms of supply and accessibility. Parts of the hospital with high car parking demand may be inadequately served by nearby car parking areas, leading to spill over into nearby streets. Conversely, car parking areas in relatively inaccessible parts of the site may be underutilised due to their isolation from areas that generate high car parking demand.

The hospital site functions as a campus similar to other hospitals within NSW or as matter of fact nationally and internationally. Appropriate assessment of parking provision has been carried out and while allocated parking spaces for certain activities has been considered, a more centralised parking area for staff (similar to other institutional campuses) has been planned. This provides a more coherent facility planning within the campus while discouraging vehicular circulation within the hospital ground. Appropriate parking areas for public within close proximity have also been allocated as part of the proposal. Parking spaces have been provided based on Hospital's population during a peak period.

5) The traffic and parking report does not mention nor considers access for plant and maintenance.

Access analysis and turning paths have been carried out and included as part of the development application documents including loading areas. Section 4.2.2 of Traffic and Parking Report has also addressed the service vehicles access.

The use of new service access for plant room and maintenance to the site is limited (i.e. less than 10 vehicles per month) and appropriate turning paths and access arrangements are shown in Exhibition 1, attached document.

Car parking:

6) Council notes that the traffic and parking report indicates that the Hospital's car parking demand is generally satisfied by on-site parking facilities. The report's estimation of existing car parking demand (1070 spaces overall) is considered to be unacceptably low, for the following reasons:

6a) A car mode share assumption of 79% has been used, with the reason being that cars have a mode share of 79% of all trips within south-western Sydney. However, Council considers it most unlikely that 79% of all trips to Campbelltown Hospital would be made by car. Comparisons with other hospitals in the traffic and parking report suggest to Council that a higher mode share would provide a more realistic reflection of existing parking demand.

6b) Based on the three hospitals listed, average mode share for Visiting Medical Officers is 100%, for staff 81% and for outpatients/visitors 82%. The use of a 79% mode share for cars is too low, which is supported by current observations at the site, clearly

demonstrating that demand for car parking exceeds on-site supply, with significant spill over into Parkside Crescent.

The ABS data/community profile for Campbelltown LGA (council's website) shows a car use of 65% (58% car driver+ 7%car passenger) for journey to work trips. Therefore, the use of 79% car use is much more conservative figure. It also aims to promote a gradual active and public transport as part of the current State's planning and environmental objectives. The parking estimates however mainly are based on 79% and 80% use among hospital's patrons with minimal levels of shift work and absentees.

Please refer to Chapter 5 of the Traffic and Parking Report where all current State and Regional strategies have been outlined to achieve less dependent car use. It is understood that Council have also similar strategies on promotion of public and active transport within its local government area such as Environmental Education Strategy 2009-2012, aiming to *"work to minimise car dependency in favour of cycling, walking and public transport usage."*

6c) Although limited detail is provided in the traffic and parking report explaining the logic in support of the assumptions that have been adopted for existing visitor parking demand, it is noted that the demand for visitor parking is assumed to be spread across the day on a relatively even basis. However in all reality, parking demand is and will continue to be expressed in 'peaks' (the 10% of total visitors used is too low for a peak period). Claiming that the visitor car parking demand is spread relatively evenly, reduces the estimated demand for visitor car parking.

The Traffic and Parking Report allocates some 18 car parking spaces for visitors during peak hospital's activities. This is equivalent to 20% of total allocated beds. However, not all beds are occupied and have an occupancy rate of 80% (results to some 72 beds) which a parking provision of 25% results. Considering visiting hours during a day are short and very limited a higher parking turnover also occurs. Therefore, based on activities of similar hospitals, such data has been utilised to reflect a realistic parking demand.

6d) Further, the traffic and parking report fails to address the periods of heightened car parking demand that would occur at times of staff shift changeovers.

The assessment of parking demand has been based on car parking occupancy associated with the Hospital. The proposed parking provision has been based on this notion. Similar to other Hospitals, during the change over time some spaces are allocated per current arrangement and also managed by staggered shift hours. In practical operation of the site, it is simply not practical to provide a surplus of car parking for a very short period of day, if such an issue occurs. The current and future car parking management for the site includes avenues to promote car sharing and public transport among staff.

6e) There does not appear to have been a traffic and parking occupancy survey undertaken after 5pm, when road traffic in the precinct would be heaviest and visitation to the hospital would be at its peak.

The traffic and parking occupancy surveys are out-dated, having been undertaken 14 months ago and 20 months ago respectively.

6f) Council believes that the results of these surveys are unlikely to reflect the current Situation.

The car parking occupancy within the campus reduces after 5pm as most staff leave the Hospital. A high level of available car parking spaces has been observed after 3.00pm within the Hospital campus.

During the parking survey period (as well as the current hospital operation), there were no change of activities as part of the Hospital operation, therefore the survey results are true indication of hospital's activities. It is important to note that during construction period some level of car parking issues and additional demand will be experienced. However this is only for a short period during construction time similar to any other development.

7) Council is convinced that the traffic and parking report's estimation of **future** car parking demand (1220 once the expanded hospital is operational) is excessively low, for the following reasons:

7a) A car mode share of 79% has been used, with the reason being that cars have a mode share of 79% of all trips within south-western Sydney. However, it is unlikely that 79% of all trips to Campbelltown Hospital would be made by car. Comparisons with other hospitals in the traffic and parking report suggest a higher mode share should be used. Based on the three hospitals listed, average mode share for Visiting Medical Officers is 100%, for staff 81% and for outpatients/visitors 82%. The use of a 79% mode share for cars is too low, which is supported by observations of the site, which suggest that current demand for car parking exceeds supply, with significant spill over into Parkside Crescent. This 'reality' is not likely to change into the future. Indeed, it is likely that mode share to private vehicles will increase, especially given that the hospital (as Council has been informed by senior hospital management representatives) will service increasing numbers of residents from the South West Growth centre precincts and other new residential areas in the Camden area, which are not serviced by rail or other effective public transport options.

Please see the above response to items 6a and 6c.

7b) Although limited detail is provided in the traffic and parking report explaining the logic in support of the assumptions that have been adopted for future visitor parking demand, it is noted that the demand for visitor parking is assumed to be spread across the day on a relatively even basis. However in all reality, future parking demand would occur in certain 'peaks' (the 10% of total visitors used is too low for a peak period). Claiming that the visitor car parking demand is spread relatively evenly, has the effect of reducing the estimated demand for visitor car parking. Using a more realistic figure of 50%, it is considered that there would be a more likely shortfall of in the order of 400 car parking spaces.

Please refer to item 6c above. It should be clearly understood that the Hospital Redevelopment mainly relates to upgrading facilities to provide an improved and more efficient facility for the community. Therefore, its redevelopment will not result in a high number of activities rather more efficient and less time-consuming services. As part of the redevelopment plan a total of 1220 parking spaces will be provided on site to meet its current and future parking demand with minimal

impact on street parking. This is based on current parking activities of the site and characteristics of the Hospital. Such provision exceeds the current car parking provision strategy where minimal car parking would be provided. It is important to note that if the current Council's community profile data for travel mode were employed (a 58% car use among staff), a much lower car parking provision would have been estimated.

*7c) Surprisingly to Council, the 'average stay length' differs between the calculations for existing outpatient parking demand and **future** parking demand. No explanation has been offered in the traffic and parking report to address this inconsistency. A figure of 120 minutes has been used as the 'average stay length' in calculating existing car parking demand but 90 minutes has been used as the 'average stay length' in calculating future car parking demand. This means that parking space 'turnover' would theoretically be faster and therefore peak build-up would be lower for the proposed building than is the case for the existing hospital. An average stay length of 120 minutes must be used to calculate future car parking demand, consistent with that used to calculate existing car parking demand. At present, this anomaly results in a likely shortfall in the order of 30-35 car parking spaces.*

As mentioned earlier as part of the hospital's redevelopment program, one of the objectives is to provide a more efficient service and shorter length of stay among outpatients. Accordingly, as the Traffic and Parking Report clearly indicates "Note: new outpatients' visits will be shorter so 90min instead of 120min is used" a lower and more realistic outpatient service time has been utilised. A similar result was experienced some years ago as part of the Concord Hospital redevelopment program when a shorter outpatients service time was observed.

7d) The traffic and parking report envisages that parking demand would be contained by the introduction of strategies to promote less car dependency among staff. However, the implementation and/or success of such strategies cannot be relied upon in forecasting future car parking demand. Council would not ordinarily contemplate such information in determining parking demand associated with other development proposals.

It should be noted that Hospitals have a distinct characteristics and provide service to the community and are not comparable with other developments. Further, they form part of community facilities where current State and Regional strategies are applicable and should therefore be adhered to. Please note Director's General Planning Requirements that sufficient measures should be taken to promote sustainable transport among users of the site. These measures are detailed as part of the Chapter 5 of Traffic and Parking Report and include number of strategies such as provision of bicycle parking; incentive scheme to promote active/public transport among staff; introduction of parking fees for new staff to discourage car use. Nevertheless, the parking provision for the site has aimed to address the parking demand for the proposed redevelopment as stated in item 7b.

7e) The traffic and parking report fails to address the periods of heightened car parking demand that would occur at times of staff shift changeovers.

Please see 6d

7f) *The traffic and parking report states that the on-street parking in the study catchment area for the hospital contains 105 parking spaces on Parkside Crescent. The report fails to highlight that these car parking spaces are also used by the surrounding businesses and their customers, and by users of the*

large public park (Marsden Park) across from the hospital.

As mentioned earlier, a section of Parkside Crescent, south of Hyde Parade has Hospital Precinct characteristics. The observation of car parking use along a section of Parkside Crescent, south of Private Hospital on a number of occasions during the study period showed car parking vacancies; please see Table 3.2 of Traffic and Parking Report. This indicates the localised use of these parking areas.

7g) *It is noted that the report does not use these spaces to offset the required parking for the development but it implies that parking is available within Parkside Crescent. Currently there is a very high demand for car parking within Parkside Crescent, some of which is the result of an existing undersupply of available designated car parking within the hospital. Unless the calculations for existing and future car parking demand are revised to reflect a more realistic scenario and on-site parking is provided' commensurate with this demand, spill over of parking into Parkside Crescent will continue to occur and intensify, which Council and the community cannot accept.*

Please see response to item 7f. The car parking activities associated with the Hospital are detailed as part of the Traffic and Parking report. It should be noted that the Hospital cannot cater for parking demand of other land use activities within the area. Also, in effect Hospital is an integral part of the community and consideration to its function should be appreciated and possibly accommodated.

7h) *Provision for car parking should be made sufficient to cater for the proposed future expansion of the inpatient facility to 120 beds.*

The car parking provision as part of the Hospital redevelopment plan has been based on its existing and future car parking demand with minimal impact on surrounding streets.

7i) *The traffic and parking report does not provide a breakdown of internal parking distribution with regard to the parking demand for each centre/facility within the hospital.*

Please see response to item 4. Parking demand for various users has been identified as part of the Traffic and Parking Report.

Maureen Byrant of 34 Parkside Crescent

I wish to register my objection to this and any other proposal.

While I can see the benefits for this proposal to the community I strongly object to any more developments in this Health Precinct until the car parking problem in Park Central has been satisfactorily addressed.

This Health Precinct includes the Campbelltown Public Hospital, Macarthur Private Hospital and nearby medical /business Offices.

As a resident for many years I have been subjected to the development of this precinct without sufficient consideration given to carparking. The local residential parking has deteriorated to nil while the demand by employees, patients, visitors and supporting business is forever increasing.

Living on Parkside Cres I find I am unable to park anywhere near my residence due to the demands placed on parking by persons living outside this residential area but working in the precinct. Anyone who comes to visit me has to park blocks away from my home. On occasions, when I need to be picked up, they have to double park on this now busy street.

I submit my objection in the hope that this area will be improved by adequate parking provisions before any consideration be given to further development. The needs of Park Central residents, in regards to parking, can no longer be ignored.

The hospital redevelopment plan provides appropriate level of parking for its current and future parking demand with minimal impact on Parkside Crescent. The car parking activities associated with the Hospital is mainly localised and could only impact a section of Parkside Crescent, south of the Private Hospital where car parking spaces are generally available.

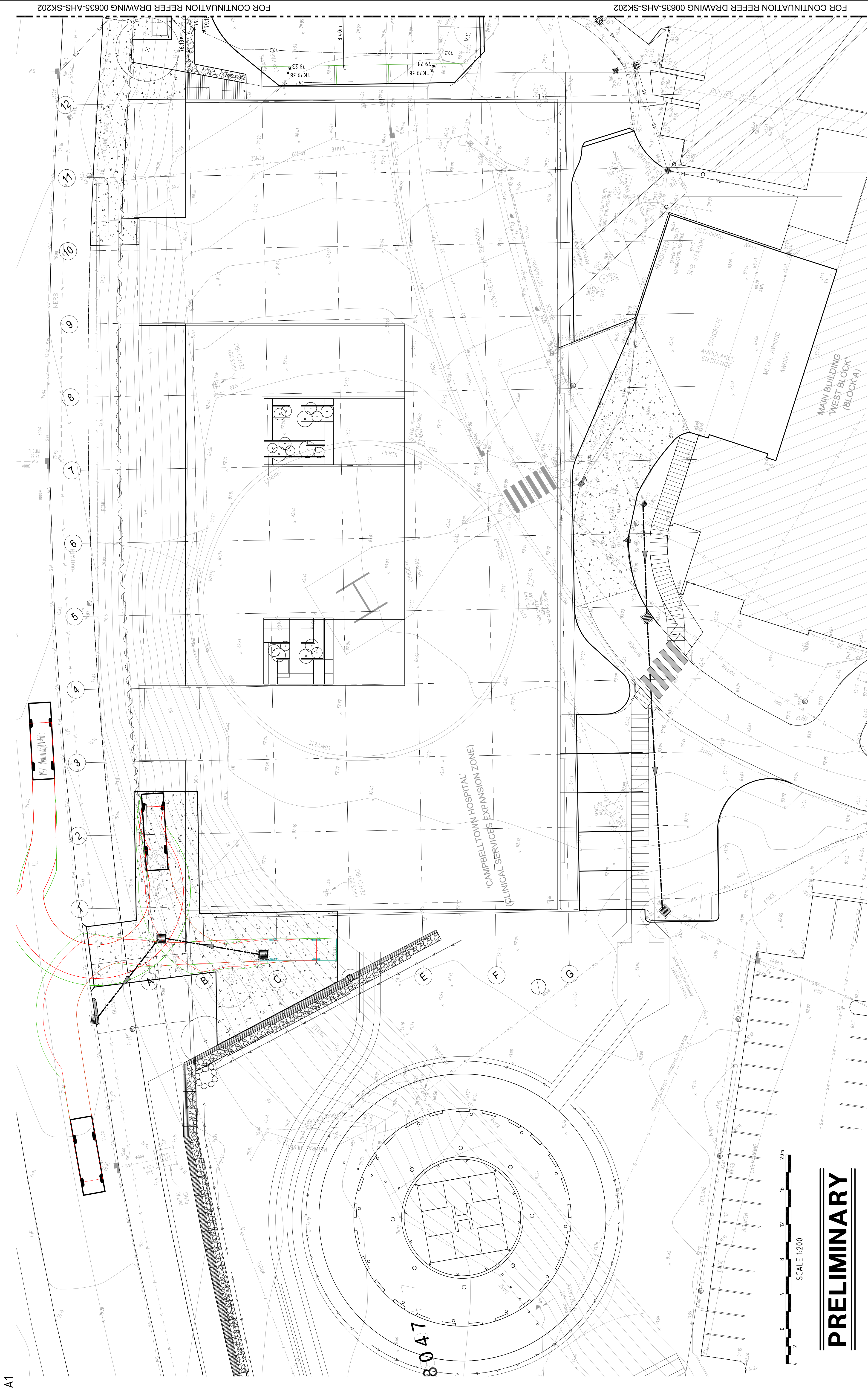
It should also be noted that House No 34 Parkside Crescent is located west of Centennial Drive at some 300 to 400m away from the Hospital. As mentioned earlier, car parking spaces are available along south eastern section of Parkside Crescent within 100 m from the Hospital site that could be used by Hospital patrons. However, the proposal will reduce the impact of on street parking.

Please do not hesitate to contact us for any clarification that you might require.

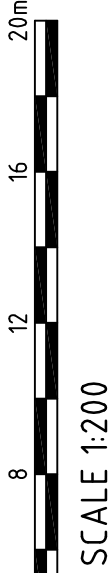
Yours faithfully,



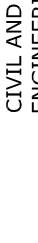
Dr Kam Tara
Director,
URaP-TTW Pty Ltd



PRELIMINARY



SCALE 1:200

										 Health Infrastructure																				 CAPITAL INSIGHT Feasibility & Planning - Property Advisory Project Strategy - Delivery										 CAM CONSULTING ENGINEERS CIVIL AND HYDRAULIC ENGINEERING AND PROJECT MANAGEMENT SUITE 2, 12 FERNMANT HILLS ROAD CARLINGFORD NSW 2118 PHONE: (02) 9299 3846 FAX: (02) 9607 2935 ABN 21 118 134 240										DESIGNED W MARTIN DATE 27/06/12										CAMPBELLTOWN HOSPITAL 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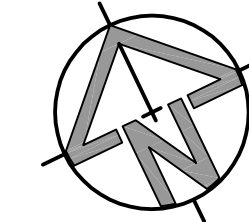
CAPITAL INSIGHT
Feasibility & Planning - Property Advisory
Project Strategy - Delivery



CIVIL AND HYDRAULIC
ENGINEERING DESIGN AND
PROJECT MANAGEMENT
SUITE 2
241-245 PENNANT HILLS ROAD
CARLINGFORD NSW 2118
PHONE: (02) 9687 9393
FAX: (02) 9687 9393
ABN 21 118 134 240



Health Infrastructure



REV.	DES.	DATE	VER.	DATE	DESCRIPTION
P1	W.M.	28/06/12	A.M.	28/06/12	ISSUED FOR 40% DESIGN DEVELOPMENT