

Consultation Summary

Date	Personnel	Comments
City of Wagga Wagga Council		
13 February, 2018	Paul O'Brien Cameron Collins Sandy Butler Bill Harvey Peter Ross Jamie Hardwood	<ul style="list-style-type: none"> • TMP tabled, capturing previously agreed (20 September 2017) principals. • Stage 3 hoarding and access to site via Docker Street will be in place from now until Stage 3 Completion (May 2020). • As part of the Enabling Works, it was noted that the tree along Docker Street will be removed and the power pole within the Project Compound will be relocated. This is included for within the REF. • It was noted there will be additional car spaces provided to the public once the OHB awning is removed. • BH noted <ul style="list-style-type: none"> - The curfew for trucks is between 7:30A.M and 9:30A.M. - Vehicles must give way to pedestrian. - RCC to consider not allowing other vehicles to use Lane 1 whilst trucks are entering the site. - Driveways are not to be over 2 off drainage pits • RCC to consider swapping the entry and exit points cutting the median on Docker Street to allow vehicles to turn right out of the site. • Car spaces along Docker Street may be affected by Construction Entry and Exit points. RCC to apply for Section 138 for any Signage Requirements through WWCC David Moore (Activities Officer). • WWCC to provide possible truck routes. • RCC Waste Management Plan tabled • RCC noted the possible destinations of materials <ul style="list-style-type: none"> - Bonded Asbestos: Gregadoo WMC - Friable Asbestos: Wangaratta - Concrete / Masonry: ACT Recycling, Canberra Concrete Recycling or Windellama (NSW) - Steel: Local - Non-recyclable: Gregadoo WMC, ACT Recycling, - Canberra Concrete Recycling or Windellama (NSW) - Contaminated top soil: Gregadoo • RCC to include the following in the WMP and submit for review: <ul style="list-style-type: none"> - Audit trail process - in line with EPA guidelines with regards to Waste Management Reduction Plan • SR to circulate documents as appropriate.
19 March, 2018	Cameron Collins	<ul style="list-style-type: none"> • Traffic counts undertaken in the area by Council and were recently provided to consultants working on the health precinct project. • Provided the boundaries of the health precinct and the location of the counts. <ul style="list-style-type: none"> - Murray Street: 1904 (5 day), 1664 (7 day), 2% HV's, Year 2010 - Brookong Avenue: 1081 (5 day), 955 (7 day), 3% HV's, Year 2010 - Brookong Avenue: 3426 (5 day), 3037 (7day), 2% HV's, Year 2010 - Docker Street: SB 6373 (5 day), 5634 (7 day), 4% HV's, Year 2010, NB 8253 (5 day), 7066 (7 day), 5% HV's, Year 2010 - Meurant Street: 1669 (5 day), 1926 (7 day), 7% HV's, Year 2013 - Gormly Avenue: 265 (5 day), 239 (7 day), 17% HV's, Year 2013.
19 March 2018	Cameron Collins	<ul style="list-style-type: none"> • Reviewed surrounding developments and they do not warrant consideration with regards to the Hospital development. • Traffic assessment should be based on the Wagga Integrated Transport Study and relevant traffic studies that have informed this study • There was some focus on the health precinct around the hospital as part of this work.

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14 March 2018	Cameron Collins	<ul style="list-style-type: none"> • There are currently no approved developments that are relevant to the traffic impact assessment around the hospital. • There is a medical suite development on the corner of Docker Street/Chaston Street. • There were some redevelopments that has occurred within the Calvary Hospital site. • To confirm the release of the above traffic studies and if not, the process to obtain these studies. • To confirm the works completed by Council's strategic section on applicable traffic studies.
5 March 2018	Bill Harvey	<ul style="list-style-type: none"> • To include the following intersections in the traffic assessment with multistorey car park proposal: <ul style="list-style-type: none"> – Doris Roy Lane/ Murray Street – Yabtree Street / Murray Street – Yathong Street/ Murray Street. • To include the following intersections in the traffic assessment for SEARs submission: <ul style="list-style-type: none"> – Brookong/ Murray Street. • No traffic survey was carried out for Brookong Avenue/ Docker Street. • Peck Street would be converted to two-way street. • Given the tight SEARs deadline, it is acceptable to mention the applicant's intention to carry out further assessment on the above intersections in the SEARs report and to provide an updated report once the additional assessments are completed.
Roads and Maritime Services (RMS)		
16 February, 2018	Maurice Morgan	<ul style="list-style-type: none"> • Roads and Maritime has no plans for the upgrade of the intersections of Brookong Avenue/ Edward Street and Murray Street/ Edward Street. • The intersection of Murray and Edwards Street was raised as an issue as part of the original proposal for the redevelopment of the hospital site and has been a point of discussion with Council in recent years. • Roads and Maritime would not object to works at the intersections of Brookong Avenue/ Edward Street and Murray Street/ Edward Street, if proven to be required however an appropriate traffic study and assessment of the various options is needed to support the necessity for any works. • To provide for a robust assessment it would be appropriate to undertake a traffic assessment of the precinct surrounding the hospital site. • As a minimum the precinct should include the intersections with Edward Street from and including Docker Street to Brookong Avenue and the intersections with Docker Street from and including Edwards Street to Chaston Street.
5 March 2018	Maurice Morgan	<ul style="list-style-type: none"> • To include the following intersections in the traffic assessment: <ul style="list-style-type: none"> – Chaston Street/ Docker Street – Brookong Avenue/ Docker Street – Rawson Lane/ Docker Street – Hardy Avenue/ Docker Street – Brookong Avenue/ Edward Street. • Given the tight SEARs deadline, it is acceptable to mention the applicant's intention to carry out further assessment on the above intersections in the SEARs report and to provide an updated report once the additional assessments are completed.
Wagga Wagga Hospital Control Group		
7 February 2018	Darren Green Peter Lloyd Kate Kennett	<ul style="list-style-type: none"> • CM provided overview of the delivery of projects based on the Health Infrastructure, (HI) model as well as process to date, Master Planning phase and Concept Design Phase. It was noted that these phases of the project had been through executive reviews and been endorsed

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		<ul style="list-style-type: none"> • CM noted that the Schedule of Accommodation, (SoA) and the functional brief have been endorsed and signed off and costed. It was noted that these are the documents that define to the design team the brief/level of service to be included and the relative size of the project. • CM noted status of project and outlined future programme. • Links to ASB were noted as being on Ground and Level 4 only. • Technical workspace and clean workshop were requested during functional briefing. • Currently no allocation for these areas. • Savills Clinical Planner to review and provide direction. • Concern with materiality of Stages 1 and 2 were discussed, in particular the high maintenance requirements of the FC panels and ACP façade. • It was noted by M&O that security assessment will need to occur during the schematic design process, i.e. use of swipe cards for all rooms or swipe cards for departments/zones. • It was stated that the services consultants will attend the next meeting to present the services strategy for the development. • It was noted that the Functional Brief that was asked to be endorsed was not provided to the PUG attendees for final review. Concern was raised that what was briefed may not therefore be in line with PUG expectations. • Kate Kennett to issue the Functional Briefing document to all for further discussions.
7 February 2018	Paul Morrow Maria Lo Bortolo	<ul style="list-style-type: none"> • Jacobs Presented the overview of the services design for the Stage 3 works. • CM noted status of project and outlined future programme • Elec : LHD requested that the Team look at providing 100% redundancy. • The LHD suggested that the additional money for this would be paid by LHD funds. There would be spatial implications if this was accepted. HI / Savills to comment • Elec : Services located in the Basement would be above the 1 in 100 flood levels as required by the HI Brief • Elec : Lifts would be procured by open tender, with sizing based upon Schindler Lifts • Mech : Noise from the mechanical plant on the roof may be an issue for neighbours. Acoustic monitoring is being carried out and the design will accommodate any acoustic issues required. • ICT : The floor distributor and Building distributor have been sized as efficiently as possible, with the rack against a wall. LHD suggested that this was acceptable. • Hydraulic /Fire: the drainage will be via symphonic drainage • Hydraulic /Fire: There will be no re-use of rainwater as this is not seen as value for money • Hydraulic /Fire: A discussions was taken on whether the RO plant should be leased or not. Discussion with LHD required • Hydraulic /Fire: There will be a central Water riser at Ground Floor • Hydraulic /Fire: There will be a sub soil drainage system in the basement to pump out - linked to essential services • Hydraulic /Fire: There will be a grease arrestor outside the building envelope • Hydraulic /Fire: Fixtures and fittings – guidance is required on specifications to align with LHD standards and Stage 2 • It was noted that the Functional Brief that was asked to be endorsed was not provided to the PUG attendees for final review. Concern was raised that what was briefed may not therefore be in line with PUG expectations. • Kate Kennett to issue the Functional Briefing document to all for all further discussions
22 March 2018	Rod Scott Peter Lloyd Maria lo Bartolo Paul Morrow	<ul style="list-style-type: none"> • CM gave an overview of the new floor stacking and Lecture Theatre location, noting that Yathong House refurbishment into Education, will no longer be a part of this project. • CM noted status of project and outlined future programme

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		<ul style="list-style-type: none"> • CCTV is to be on its own network, Jacobs to alter their presentation and re-issue • It was noted that the standardisation of the locks is the key to the success of the security strategy for Stage 3 • Access devises specified for Stage 3 to match those currently being used across the campus, and will be further developed at DD Stage • It was noted that duress equipment will be to the police requirements, however will also match that in the remainder of the campus. • The intercom specifications will also be chosen to match the remainder of the campus • CCTV will be developed further at DD Stage but will follow the principles of Stage 2. The key is the location and coverage. • Discussion took place regarding size of files and lens types, but will be concluded at DD Stage • Basement Car Park was assessed as a key risk and the following need to be developed – Crime prevention, Access control, Signage • There was debate about the LHD request to make allowance for 100% redundancy as opposed to the 30% required, with the comment that the LHD would cover the cost difference between the two. • It was agreed that Jacobs would complete a study that will confirm exactly what redundancy is required – if 100% redundancy is given then this would include every GPO most of which are not used. • Special provision should be allowed for any future generator in any case. • Jacobs to provide commentary and costs to allow LHD to commit funds if this is what is required. • The presentation and schematics for stage 3 were discussed and agreed.
APA (Gas providers)		
5 March 2018	Cliff Priest Phil Jenkins	<ul style="list-style-type: none"> • Update provided on project status and scope • PJ tabled Gas mains supply site plan indicating no changes to gas network mains since installation of the stage 2 project gas meter and regulator assembly • RRG advised gas loading calculations provided previously are being upgraded to suit new building design and function. • RRG to submit loading calculations with estimates maximum hourly (MHQ), maximum daily (MDQ) and annual consumption (ACQ) • CP advised accurate estimates of MHQ is critical to determine adequacy of existing gas meter assembly. • CP advised that historical hourly consumption data is available via a request to the hospital gas supply retailer. • RRG advised that additional gas loads are not expected, and that new ambulatory care building is proposed to be connected via the internal 100kpa reticulated supply. • Yathong street site redevelopment has not been determined, however can be connected to gas main in Yathong street. • CP advised there are no application or headworks charges. • Charges would apply if existing gas meter and regulator assembly requires upgrading. • All applications must go via the gas retailer • Retailer submits “Shipper Request” for B to B form which is used for retailer/APA correspondence. • CP advised application processing will take at least 8 weeks form receipt of application. • CP advised that the hospital is a fixed rate “Tariff D” customer (Over 10 Terajoules per annum) however overrun charges apply if the maximum daily consumption is higher than the calculated and agreed amount • PJ advised:-

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		<ul style="list-style-type: none">- No issues with main capacity- No issues with reliability- Area not programmed for any major works, upgrades or programmed shutdowns.• PJ advised that the hospital is connected to a designated “critical main” with equivalent Grade 2 redundancy.• During mains failure APA would implement emergency repairs and temporary measures to allow normal hospital operation as soon as possible.