

Item	Issue	Comment/Action
	Office of Environment and Heritage	
1	<p>Biodiversity OEH has reviewed the Biodiversity Development Assessment Report provided with the EIS.</p> <p>We note that no PCTs (ecosystem credits) or threatened species credit species were recorded within the Development Site.</p> <p>We concur with the assessment that no offsets are required for the proposed development under the Biodiversity Conservation Act 2016.</p>	Noted.
2	<p>Aboriginal cultural heritage Based on assessment of the information provided in the EIS and Wagga Wagga Base Hospital Baseline Archaeological Assessment Report (Amended 2012), consideration of potential impacts to ACH as a result of the proposed development activities has been demonstrated and is largely consistent with the requirements identified by the SEARs issued for SSD 9033.</p> <p>Mitigation Measures (Unanticipated Finds Protocol) We note and support mitigation measures described in EIS Section 6.6 (Aboriginal Heritage) but consider this has not completely translated to Table 8 (Mitigation Measures) and is not inclusive of a protocol for the chance encounter of skeletal remains.</p> <p>We recommend the following as a condition of consent: <i>Update Mitigation Measures identified in the EIS to include a process for the management of skeletal remains - In the event that skeletal remains are unexpectedly encountered during the activity, work must stop immediately, the area secured to prevent unauthorised access and NSW Police and OEH contacted.</i></p>	Noted. The condition is accepted.
3	<p>Aboriginal Heritage Information Management System (AHIMS) It is important to note that information in AHIMS may not be up-to-date and results from AHIMS searches only remain valid for a period of up to 12 months.</p> <p>We recommend the following as a condition of consent: Undertake a full AHIMS Search for the site. OEH keeps a register of notified Aboriginal objects and declared Aboriginal places in NSW (AHIMS). You can search AHIMS to discover if an Aboriginal object has been recorded, or an Aboriginal place declared, on any parcel of land. More information about accessing AHIMS, is available on the OEH website at: www.environment.nsw.gov.au/licences/WhatInformationCanYouObtainFromAHIMS.htm</p>	Noted. The condition is accepted.

Item	Issue	Comment/Action
Environment Protection Authority		
4	<p>The EPA has reviewed the Environmental Impact Statement (EIS) for the State Significant Development Application 9033 and notes that the works are a high priority. We also note that the development is not a scheduled activity under Schedule 1 of the Protection of the Environment Operations Act 1997 and therefore the proposal does not require an environment protection licence.</p> <p>Please note that under the Protection of the Environment Operations Act 1997 the EPA is the Appropriate Regulatory Authority (ARA) for activities carried on by the State or a public authority, whether at a premises occupied by the State or public authority or otherwise.</p>	Noted.
5	<p>The EIS proposes that construction works be carried out on Monday to Friday from 7am to 6pm, Saturdays from 7:30am to 5pm with no works to be undertaken on Sundays or public holidays. We note the construction hours on Saturday's are beyond the standard construction hours recommended in the Interim Construction Noise Guideline.</p> <p>Should these construction times be approved, the proponent should ensure noisy works that are likely to exceed the noise affected target levels are scheduled during periods when people are less likely to be impacted. Identifying sensitive land uses that may be affected and applying the best work practices to minimise noise will assist in managing noise impacts.</p>	<p>The extended construction hours will reduce the overall construction program and reduce the overall impact on the community. Noise mitigation management measures are outlined in the PCMP including undertaking noisy works flexibly to minimize noise impacts.</p>
6	<p>We also encourage the proponents to engage openly with the potentially impacted community, as proposed, to ensure they are kept informed of potential noise impacts and have an opportunity to discuss performance. This will assist in establishing a good working relationship with the community and provide an opportunity for the resolution of any complaints.</p>	<p>The Project Team will ensure that Complaints Mechanism and Neighbour Management section of the PCMP is implemented.</p>

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Roads And Maritime Services		
7	<p>The TIA focuses on the need for works at the intersection of Edward and Murrays Streets. The TIA includes repetitive claims that improvements to the intersection of Edward and Murrays Streets such as signalling the intersection are based on forecast growth in traffic in the area and not as a result of the stage 3 development. However the study fails to acknowledge the hospital as a significant traffic generator in the surrounding precinct or the impacts of the cumulative redevelopment of the hospital on that intersection. Reference is made to the Wagga Wagga Base Hospital Redevelopment – Traffic Summary Report dated September 2013 prepared by Mott MacDonald prepared in respect to stage 2 of the redevelopment of the hospital site. This report acknowledged that the redevelopment of the hospital site would generate additional traffic through the intersection of Edward and Murray Streets.</p> <p>The TIA claims that the current intersection configuration of Edward Street and Murray Street would operate beyond its capacity under 2027 traffic conditions even without the additional traffic generated by the proposed development. To address this issue the TIA identified the need for the intersection of Edward Street and Murray Street to be signalised in the future by Council/Roads and Maritime due to general growth. What the report fails to do is acknowledge that the past and proposed redevelopment of the site contributes to the traffic loading through the surrounding road network and that the proposed development will accelerate the need for works at the intersection to accommodate the expected growth plus the additional loading due to the redevelopment of the hospital.</p> <p>Notwithstanding the above claim the TIA acknowledges the need to undertake interim works by the construction of median treatments in Murray Street and Brookong Avenue at their intersection with Edward Street to deny right turn to Edward Street. The report claims that the proposed turn restrictions will serve as an interim access management strategy to improve the safety of these intersections prior to signalising the intersection of Murray and Edward Streets. The TIA does not appear to consider the downstream effects of such treatments on the road network or movement within the surrounding precinct particularly to head to the east towards the Central Business District from the site. The TIA, in its Executive Summary, acknowledges that such a change would need further assessment to be completed in response to the Request for Information (RFI), to be submitted to Roads and Maritime and Council for approval.</p> <p>In this case the TIA appears to suggest a solution but states that the assessment of the impact of such a change on the broader road network is still to be undertaken.</p> <p>In summary the recommendations of the TIA for stage 3 of the hospital redevelopment are; Northbound right-turn restriction at the intersections Murray Street/ Edward Street and Brookong Avenue/ Edward Street. Southbound right-turn restriction at the intersection Murray Street/ Edward Street. Reconfiguration of the signalised treatment at the intersection of Docker Street and Edward Street. Whilst the assessment of the traffic implications for the individual stages of a development may not be considered to represent significant traffic impacts when compared to existing traffic levels within the nearby road network, it is the cumulative impact of the whole redevelopment and the anticipated traffic generated by the finished hospital establishment that needs to be considered, not a single stage in isolation.</p>	<p>The additional assessment of a wider surrounding road network has now been completed and is provided in the updated Transport Report (Appendix C).</p> <p>Traffic generated from previous stages of the hospital development have already been assessed and the required improvements implemented. These changes and traffic associated with Stages 1 and 2 are included within the surveyed traffic volumes for the existing conditions. The SSD assessment considers the additional traffic impact from Stage 3.</p> <p>A traffic workshop was held with HI, RMS and Council on Thursday 27 September 2018. The outcome of this workshop was shared acknowledgement that improvements are required at the intersection of Murray Street / Edward Street. It was resolved that RMS and Council would be unlikely to approve the interim recommendation of installing left turn only arrangements at Murray Street / Edward Street and Brookong Street / Edward Street, even if additional analysis was undertaken. HI, RMS and Council committed to undertaking ongoing meetings and collaboration regarding an intersection arrangement for Murray Street / Edward Street that would provide a LOS C operation for 2031.</p>

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8	<p>Given the scale of the redevelopment of the hospital facility and its potential impacts on the road network a Traffic Impact Assessment to address the implications of the generated traffic and its impacts on the surrounding road network within the precinct, not just nearby intersections, would be appropriate. Roads and Maritime had advised of this requirement at the outset of the redevelopment project. The Traffic Impact Assessment submitted with the current proposal appears to be limited to the impacts of stage 3 only and undertakes traffic modelling to year 2027. It is understood that the proposed stage 3 works are anticipated to be completed in 2020/21.</p>	<p>GTA has expanded the assessment area as identified in the amended Traffic Assessment (Appendix C).</p> <p>The year 2027 was modelled to include the full operation of Stage 3 and also to consider expected background growth outlined in the planning documents such as the Integrated Movement Study for the City of Wagga (2008) which identified growth forecasts to 2027.</p>
9	<p>The traffic impact assessment and any required mitigation measures should not simply focus on providing a satisfactory level of service (LOS) at intersections at commencement of operation and shortly thereafter, but should have regard for the anticipated growth in the traffic generation due the development and the expected growth within the surrounding road network for a period consistent with the life of the development. Documents such as the Austroads Guide to Traffic Management Part 12: Traffic Impacts of Development identify that a design life of 10 and 20 years after the completion of a development is often adopted for larger developments.</p>	<p>As outlined at Table 9.1 of the Traffic Report, Council advised on 14 March 2018 that there are currently no approved developments that are relevant to the traffic impact assessment around the hospital. Notwithstanding this, Section 7.3 of the Traffic Report outlines projected growth factors that have been included to accommodate potential developments and planned growth in the area. Council also advised on the 5 March 2018 the additional intersections to be included in the traffic assessment.</p> <p>These intersections have all now been assessed and are included in the amended Traffic Report. A future year horizon of 2027 has been modelled using the growth factors outlined in Section 7.3 of the Traffic Report.</p>
10	<p>Parking requirements for such a facility are variable across the state depending on the ancillary services provided at the site and the availability and utilisation rates of public transport. The proponent may be the best authority to quantify realistic parking requirements for such facilities given their involvement in the development and operation of other regional hospital facilities. On-site parking has been an issue for the current hospital facility and parking demands of the current hospital have overflowed into the surrounding residential area and road network. The current hospital facility has a history of complaint due to insufficient parking provision.</p>	<p>The focus of the application is for the Stage 3 development, and the ability to accommodate the on-site parking demand from Stage 3 has been demonstrated by the application.</p> <p>On street parking is recognised in the Traffic Report, and additional onsite parking provisions to lessen the existing demand for on-street parking is outside the scope of the SSD application.</p> <p>Notwithstanding, a feasibility assessment is currently being undertaken by HI for a multi storey car park. Whilst not part of this application, additional parking would alleviate current parking demands from the surrounding residential area. This activity is outside the scope of Stage 3.</p>
11	<p>It is apparent from the submitted information that the redevelopment relies on on-street parking within the surrounding road network. As a result pedestrian access and pathways from the external road network for staff and the general public needs to provide for convenient and safe access for all levels of mobility. Consideration for night time access is required as the hospital operates 24 hours. As development relies on available on-street parking on the northern side of Edward Street and in Murray Street north of Edward Street safe pedestrian access to the hospital site across Edward Street needs to be addressed.</p>	<p>The Traffic Report addresses the parking requirements of Stage 3. All parking generated by the Stage 3 works are accommodated on-site, close to Stage 3. The upgrade of footpaths to the car parks subject to the application are included in the design to provide safe access for all levels of mobility.</p> <p>A feasibility assessment is currently being undertaken by HI for a multi storey car park, this would alleviate current parking demands from the surrounding residential area. This activity is outside the scope of Stage 3.</p>

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12	The need for additional parking is also supported by the masterplan submitted as part of the EIS for the stage 3 redevelopment which identified an area at the northern end of the site for a decked carpark. It is understood that the feasibility and design for the decked carpark is currently being prepared. The construction of this facility will also cause an incremental impact on the traffic generation of the hospital site as it will further concentrate traffic to the hospital site.	<p>This SSDA does not propose a decked carpark.</p> <p>A feasibility assessment is currently being undertaken by HI for a multi storey car park, this would alleviate current parking demands from the surrounding residential area. This activity is outside the scope of Stage 3.</p>
13	Results of a survey of travel patterns of hospital staff undertaken in 2007 revealed that greater than 85% of staff travelled to work by car and 11% either walked or cycled. A high proportion of the car travel was by single occupancy vehicle. These figures are generally consistent with the 2006 ABS data for travel patterns within Wagga Wagga. This usage pattern impacts on traffic generation and parking demands resulting from the development. It is noted from applications for previous stages that the hospital intends to promote alternative modes of transport to the site for its staff.	<p>Noted.</p> <p>These travel patterns align with the JTW data and give validity to the traffic generation methodology. The Work Place Travel Plan would help to reduce vehicular trips; therefore, the provided traffic assessment is more conservative than the actual future scenario if the uptake of sustainable modes of transport increase.</p>
14	<p>The TIA states that the hospital site provided for a number of spaces as at the time of survey in December 2017. Due to the time period and number of parking surveys undertaken it does not appear to provide a comprehensive view of the parking utilisation or availability within the site or the surrounding road network.</p> <p>The current proposal claims the creation of 107 additional parking spaces to be provided on site. The documentation fails to acknowledge that some of the transportable buildings that have been placed on the site to accommodate the construction works of the various stages of the redevelopment have occupied areas that were previously parking. On a minor note it appears that the vehicle wash bay proposed in the small carpark fronting Docker Street is included as a carspace in the total number of additional spaces created by the development.</p>	<p>Parking surveys were undertaken on 5 December 2017, this is considered a typical day and is not within school holiday periods. The parking surveys determined the parking demand profile over the day and the assessment then focused on the peak demand.</p> <p>It is confirmed that the 36 car parking spaces were not included as part of the previous Stage 2 SSDA which required 440 spaces. Accordingly, the 36 spaces under the demountable buildings are in addition to the requirements of the previous status of the hospital and are appropriate to count as additional for the purposes of the Stage 3 SSDA.</p>
15	Ease of pedestrian access and circulation to, and within, the site needs to be addressed as part of the proposal. Pedestrian movement paths and desire lines to the building need to be obvious and safe with minimal potential for conflict with vehicles. Pedestrians accessing the site may be regular users of the facility or may have little knowledge of the site. A strategy needs to be developed to provide for pedestrian access to and within the site.	At the location of the proposed new buildings, existing infrastructure will be replaced with new pedestrian links, including a path from the new development to the existing buildings.
16	Further to consideration of vehicular and pedestrian traffic the changes to the intersection of Murray and Edward Street proposed by the TIA should also consider its impacts on other traffic movement issues such as Council's bikeway plans which identifies Murray Street and its intersection with Edward Street as a major cycling avenue to the central parts of Wagga Wagga.	<p>The existing arrangement of the intersection of Edward / Murray is not suitable for cyclists to cross Edward Street, there are insufficient gaps in traffic and sight distances are restricted by parked cars.</p> <p>At such time that Council implements this proposed on road cycle route, the intersection of Murray / Edward would need to be investigated further to ensure safe crossing opportunities. The bikeway plan could be adopted upon future signalisation, which would improve the safety and accessibility for cyclists.</p> <p>The SSD does not prevent implementation of Council's bikeway plans.</p>

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17	<p>Roads and Maritime encourages the adoption of practices relating to the use of alternative modes of transport to the private vehicle. The concept plan indicated the intention to provide quality and connected pedestrian and cycle facilities. The following matters should be addressed and included as conditions of consent:</p> <ol style="list-style-type: none"> 1. Develop in consultation with local council a scheme restricting parking on residential streets in the walking catchment of the hospital; 2. Develop a pedestrian access and circulation plan for access to the building entrances from the identified parking including that within the local streets; 3. Develop a cycle access and circulation plan including the connections to the surrounding cycle network (existing and planned) and the access points aligned with the proposed location of the end-of-trip facilities; 	<p>A Work Place Travel Plan has been prepared for the hospital that outlines alternative methods of transport for staff. The Work Place Travel Plan provides an alternative approach which aims to reduce the staff parking demand and the use of on-street residential parking spaces.</p>
18	<p>Due to the proposed access routes to the hospital site and the anticipated traffic generation it is considered that the road network within the surrounding precinct, particularly Murray Streets, and its intersection with Edward Street, need to be assessed with acknowledgement of the traffic loadings resulting from the whole redevelopment and appropriately treated to safely manage the increased traffic levels. To further increase the volume of traffic (both vehicular and pedestrian) through this intersection without appropriate intersection treatment will increase the potential for serious incidences at this intersection. The intersection of Murray and Edward Street currently has a crash history. The proposed treatment to deny right turn from Murray Street as proposed does not address the potential traffic issues.</p>	<p>An updated assessment of the surrounding street network has been prepared by GTA and is provided at Appendix C.</p> <p>A traffic workshop was held with HI, RMS and Council on Thursday 27 September 2018. The outcome of this workshop was shared acknowledgement that improvements are required at the intersection of Murray Street / Edward Street. It was resolved that RMS and Council would be unlikely to approve the interim recommendation of installing left turn only arrangements at Murray Street / Edward Street and Brookong Street / Edward Street, even if additional analysis was undertaken. HI, RMS and Council committed to undertaking ongoing meetings and collaboration regarding an intersection arrangement for Murray Street / Edward Street that would provide a LOS C operation for 2031.</p>
19	<p>The development should be conditioned to upgrade the intersection of Edward and Murray Streets with consideration for both vehicular and pedestrian traffic however the selection of the appropriate treatment and the level of contribution towards such works will require further investigation and discussion between the proponent, Roads and Maritime Services and the Wagga Wagga City Council.</p>	<p>A traffic workshop was held with HI, RMS and Council on Thursday 27 September 2018. The outcome of this workshop was shared acknowledgement that improvements are required at the intersection of Murray Street / Edward Street. It was resolved that RMS and Council would be unlikely to approve the interim recommendation of installing left turn only arrangements at Murray Street / Edward Street and Brookong Street / Edward Street, even if additional analysis was undertaken. HI, RMS and Council committed to undertaking ongoing meetings and collaboration regarding an intersection arrangement for Murray Street / Edward Street that would provide a LOS C operation for 2031.</p>

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20	Roads and Maritime Services acknowledges the importance of the redevelopment of the Wagga Wagga Base Hospital given the benefits to the wider community and supports the proposal however requests that the issues outlined above be considered and addressed with the objective being to recognise the impacts of the development and provide a network within the surrounding precinct to appropriately accommodate the traffic (vehicular and pedestrian) demands placed on it as a result of the expansion of the hospital for the life time of the facility.	GTA has prepared an expanded traffic assessment (Appendix C). A traffic workshop was held with HI, RMS and Council on Thursday 27 September 2018. The outcome of this workshop was shared acknowledgement that improvements are required at the intersection of Murray Street / Edward Street. It was resolved that RMS and Council would be unlikely to approve the interim recommendation of installing left turn only arrangements at Murray Street / Edward Street and Brookong Street / Edward Street, even if additional analysis was undertaken. HI, RMS and Council committed to undertaking ongoing meetings and collaboration regarding an intersection arrangement for Murray Street / Edward Street that would provide a LOS C operation for 2031.
21	The hospital site and its redevelopment is a major contributor to the traffic volumes and flows within the surrounding network. Notwithstanding this Roads and Maritime acknowledges that this site and its redevelopment is not the only influence on traffic in the precinct. Roads and Maritime Services is in the process of preparing and undertaking consultation with the community regarding the intersection of Edward and Murray Streets. This consultation and preliminary analysis of the results is anticipated to be completed within about 6 weeks from the date of this letter	It was agreed at the traffic workshop that another meeting will be held once RMS have completed the consultation regarding the intersection of Murray and Edward Streets. This will form the initial discussions for the potential intersection improvements.
22	Given the timeline for the community consultation proposed to be undertaken by Roads and Maritime and the acknowledgement of the TIA that further assess the traffic implications is required it may be appropriate to allow for the completion of the community consultation period when other influences such as public expectation regarding the intersection of Murray and Edward Street can be considered with greater certainty. This approach may be appropriate for such a development given its scale and importance to Wagga Wagga subject to an undertaking by the proponent to undertake further assessment of the road network within the surrounding precinct and provide appropriate works to address the impacts on the road network within the immediate precinct required as a result of the finished development to the satisfaction of Wagga Wagga City Council and Roads and Maritime Services.	It was agreed at the traffic workshop that another meeting will be held once RMS have completed the consultation regarding the intersection of Murray and Edward Streets. This will form the initial discussions for the potential intersection improvements. HI would be willing to accept a condition requiring the funding and upgrade of intersection works to be resolved in consultation with RMS and Council.
Transport for NSW		
23	Further consultation with Roads and Maritime Service is required to determine the appropriate mitigation and funding measures for Edward Street / Docker Street and Edward / Murray Street intersections	It was agreed at the traffic workshop that regular meetings with HI, RMS and Council will occur to develop the appropriate mitigation and funding measures for these intersections.
24	There are 2 bus stops in the vicinity of the hospital. Access to these bus stops may be impacted by improvements to the Edward Street / Docker Street intersection, both during operation and the construction period. Access to the bus stops should be maintained at all times during construction, which should be specifically addressed as part of the Construction Pedestrian Traffic Management Plan.	The existing locations of bus stops would not be impacted by proposed changes to Edward / Docker, they are not within the area of proposed changes. This can be addressed further at the detailed design stage and during the preparation of the Construction Traffic Management Plan by the contractor if required. For Docker Street, the increased length of the kerbside lane from the northern approach does not encroach into the bus zone and all proposed permitted lane movement modifications require minimal (if any) modifications to the road geometry.

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25	Further consultation with the local bus operators and TfNSW regarding the aforementioned intersection improvements is recommended.	Noted. Should the nearby bus services or stops be affected (which currently, is not expected), HI would liaise with local bus operators and TfNSW.
	Riverina Water County Council	
26	RWCC has no issues with the proposed development or any impact the proposed development will/may have on RWCC's water supply network .	Noted.
	Airservices Australia	
27	Airspace Procedures With respect to procedures designed by Airservices in accordance with ICAO PANS-OPS and Document 9905, at a maximum height of 213.145m (700ft) AHD, the development will not affect any sector or circling altitude, nor any instrument approach or departure procedure at Wagga Wagga Airport.	Noted.
28	Communications/Navigation/Surveillance (CNS) Facilities This property development to a maximum height of 213.145m (700ft) AHD will not adversely impact the performance of Precision/Non-Precision Nav Aids, HF/VHF Comms, A-SMGCS, Radar, PRM, ADS-B, WAM or Satellite/Links.	Noted.
	City of Wagga Wagga	
	Traffic Comments	
29	Of particular concern is the traffic impact requirements identified for stage 3 in Table E1 of the Traffic Impact Assessment (TIA). Upgrades to the Edward Street intersections at Docker Street, Murray Street and Brookong Avenue will have wider implications impacting on the local road network which have not been considered within the TIA. Council would object to any determination that may require these works if they have not been the subject of detailed consultation with both Council and RMS.	An expanded assessment of the surrounding street network has been undertaken by GTA to assess the proposed mitigation measures on the identified wider area. It was agreed at the traffic workshop that regular meetings with HI, RMS and Council will occur to develop the appropriate mitigation measures for the intersections of Edward Street / Murray Street and Edward Street / Docker Street.

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30	<p>Council notes the proponents conclusion that general traffic growth will instigate the need for the intersection upgrades by Council/RMS irrespective of any impact generated by the Stage 3 development. This assessment fails to consider the cumulative impact of the overall hospital development and its contribution to the baseline traffic volumes/conditions contributing to this issue. It is not reasonable to conclude that the community should be fully responsible for future required upgrades without having regard to the overall impacts of the hospital operation.</p> <p>Please note the following extract from Council’s submission to Stage 2/3 (Ref - SSD 5237-2012, dated 31 May 2013) where this specific issue was highlighted. A full copy of this submission has been attached, including expanded comments in relation to this matter.</p> <p><i>“Council has previously provided comments with regard to the original Concept Plan (CP) proposal (now withdrawn) for the hospital redevelopment and its potential to impact on the surrounding road network. Council requested that careful consideration be given to the timing of the delivery of road infrastructure to ensure that it is able to meet the needs of the staged development and to ensure that impacts on the surrounding road network and neighbourhoods are minimised. The proponent has now moved away from the development of a CP for the site and has instead taken an approach of seeking approval on a piecemeal basis (including the Phase 1 approval, a number of developments under the Infrastructure SEPP and the current application for Phases 2 and 3). This has lead to a situation which makes it very difficult for Council to understand and comment on the impact of the overall (including any future) redevelopment of the site particularly with regard to issues surrounding traffic management and the impact of the development on the surrounding road network.”</i></p> <p>The staged assessment of the hospital redevelopment should not continue to distract from this issue. The cumulative traffic impacts of the hospital must be considered with respect to the underlying traffic issues that exist within the precinct.</p>	<p>The current SSDA submission addresses the Stage 3 Hospital works scope. The provided commentary is related to a different SSDA (5327).</p> <p>The assessment shows that the proposed development is not anticipated to have any notable impacts on the surrounding road network, with the implementation of appropriate mitigation measures.</p> <p>It was agreed at the traffic workshop that regular meetings with HI, RMS and Council will occur to develop the appropriate mitigation measures for the intersections of Edward Street / Murray Street and Edward Street / Docker Street.</p> <p>The previous stages of the hospital have provided the mitigation measures required for those stages. The traffic from previous stages is included within the existing conditions assessment for Stage 3. Future potential stages of the hospital redevelopment are outside the scope of Stage 3.</p>
31	<p>Although there are no supporting recommendations contained within the Traffic Report, the document also references a proposal to convert Doris Roy Lane from its current two-way operation to a one-way eastbound operation (the report also references changing a section of Yabtree Street to two-way operation even though this arrangements are already in place). Council would object to any determination permitting alterations to the configuration or operation of local streets without detailed consultation with Council. This extends to references in the report regarding the introduction of on road bicycle lanes and shared zones.</p>	<p>We confirm that there is no intention to convert Doris Roy Lane to one-way operation and the reference to Yabtree Street has been updated to reflect the two-way operation in the amended Traffic Report (Appendix C).</p>
32	<p>Attention is also drawn to the very limited survey results that underpin the conclusions proposed within the TIA. An analysis of parking demand based on a single 1 hour period and traffic counts undertaken across a single day can not be relied upon to establish sound conclusions.</p>	<p>Parking surveys were undertaken on the 5 December 2017, this is considered a typical day and is not within school holiday periods. The parking surveys determined the parking demand profile over the day and the assessment then focused on the peak demand. Traffic movement surveys were also taken on a typical day for several hours over both the AM and PM peak periods to determine the AM and PM peak hours. Traffic surveys were undertaken in December 2017 and also March 2018 as part of the additional assessment. This additional assessment provides validation of the data used.</p>

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33	<p>With respect to any decision affecting the road network, Council would expect that regard be given to the strategic intentions for the area including the work being undertaken for the Health Precinct as well as the recommendations of the Wagga Wagga Integrated Transport Strategy and Implementation Plan 2040.</p>	<p>The recommendations in the Stage 3 assessment do not conflict with the strategic direction of the Integrated Transport Strategy and Implementation Plan 2040. For the ILU 5 – Health Precinct a key project is to: Improve intersections with Sturt Highway between Dobney Avenue and Brookong Avenue.</p> <p>It was agreed at the traffic workshop that regular meetings with HI, RMS and Council will occur to develop the appropriate mitigation measures for the intersection of Edward Street / Murray Street and Edward Street / Docker Street.</p>
Car Parking		
34	<p>Carparking remains a critical concern within the hospital precinct. It is noted that the submission claims that parking is satisfied for the proposed Stage 3 development as it meets the minimum requirements set out in the Wagga Wagga Development Control Plan 2010. Again, this conclusion does not consider the cumulative impact of the hospital operation on parking within this precinct. There remains heavy reliance on off-site parking spaces to cater for the demands of the hospital site (in excess of 400 on street parking spaces as identified in the TIA) which is unlikely to be substantially alleviated through parking proposed in Stage 3.</p>	<p>The focus of the application is the Stage 3 development, and the ability to accommodate the on-site parking demand from Stage 3 has been demonstrated by the application.</p> <p>A feasibility assessment is currently being undertaken by HI for a multi storey car park, this would alleviate current parking demands from the surrounding residential area. This activity is outside the scope of Stage 3.</p>
35	<p>The report also mentions an overall masterplan for the hospital redevelopment which includes a proposal to construct a multi-storey carparking facility on the site. It is understood that Health Infrastructure are currently developing a business case for this facility and further emphasises the proponents awareness of the parking pressures imposed by the hospital on the surrounding areas.</p> <p>Whilst there may be intentions of delivering longer term parking solutions, every opportunity to maximise on-site parking as part of this stage of the redevelopment should be explored. For example, the basement level of the new building contains a substantial underfloor void. Whilst this area may not be suitable for an expanded under-croft parking area, it may potentially accommodate some or all of the utility spaces that exist within the under croft carpark area thereby freeing up room for additional parking. This reconfiguration could accommodate between 10 to 12 additional carparking spaces.</p> <p>Further to this, a minor reconfiguration of the existing external carparking area along the northern elevation of the stage 3 building is proposed to accommodate the development and will yield an additional 9 carparking spaces. These works should also extend to the final elimination of the former decommissioned driveway to Edward Street and its replacement with parking. This area could accommodate between 6 to 8 carparking spaces in addition to the 9 spaces proposed to be gained.</p>	<p>The car parking requirements for Stage 3 are met by the design and have been shown to be successfully accommodated on-site.</p> <p>A feasibility assessment is currently being undertaken by HI for a multi storey car park, this would alleviate current parking demands from the surrounding residential area. This activity is outside the scope of Stage 3.</p>
36	<p>With respect to the statement regarding DCP compliance, the applicant's claim that the reinstatement of 36 existing spaces (under the demountable buildings) contribute to this compliance should be examined. These are spaces that were originally available to the hospital that were temporarily removed to allow for earlier stages of construction. It is unclear from information provided within the application as to whether these spaces were ever replaced elsewhere on site as part of the placement of the demountable buildings. If they were not, it is questioned as to whether they should be credited towards that required for the Stage 3 project.</p>	<p>We confirm that the 36 car parking spaces were not included as part of the previous SSD DA, which required 440 spaces. Accordingly, the 36 spaces under the demountable buildings are in addition to the requirements of the previous status of the Hospital and are appropriate to count as additional for the purposes of the Stage 3 SSD DA.</p>

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Green Space		
37	<p>Maximising green space for use by patients, staff and visitors is critical. The forecourt areas at the entry to the building along with the green spaces adjoining will be heavily utilised given their accessibility and aspect. Consideration should be given to pedestrian access and pathfinding to other areas of open space along the northern side of the building and beyond. Pedestrian movement paths from the main entry to the northern and western elevations seem complex with varying path widths, level changes, ramps, steps and vehicle conflict points to negotiate. The success of these limited greenspaces is reliant on good access.</p>	<p>The revised design has been developed to address many of these issues.</p> <p>The project is providing approximately 2,775m² of new green space. Of this only around 500m² is located to the south of the proposed building, the remainder having excellent solar access. The revised design includes doors in the glazed façade to the ground floor providing public access between the retail café and external seating areas and associated green space to the east, north and west. The ground floor external canopy will now extend all the way from the ASB around the north side of the proposed building to the theatre entrance either as a canopy or a shading pergola. As part of the next design phase, HI will be assessing the feasibility of constructing a deck to the north of the retail café that will provide continuous level external pedestrian access around the north west corner of the building to the northern terrace. This will remove the need to pass through the northern carpark when walking between the east and west sides of the campus, avoiding possible conflicts between pedestrians and vehicles entering and exiting the basement car park.</p> <p>A plan diagram showing proposed circulation routes, pedestrian and vehicular access is attached (Appendix B).</p>
38	<p>It is also noted that there will be a green space provided at the rear of the Stage 3 building and adjacent to the SSB building. Solar access to this space will be severely limited (as detailed in shadow diagrams) and will likely restrict its use to the summer months. Access to this area also appears limited with the only direct access being provided via a basement level corridor to the SSB building only. Access to the Stage 3 building appears to be limited to the external terrace pathways leading from the front of that building.</p> <p>Consideration could be given to the redesign of this area by transferring the adjacent “patient transfer” carparking spaces into this area and relocating the open space adjacent to the northern side of the Harvey House building. The open space would have a far improved aspect with regards to solar access during winter months, would provide an improved presentation and setting for Harvey House to Docker Street and would potentially be more readily accessible from the Stage 3 building (whilst also remaining accessible to staff facilities in the SSB building).</p> <p>This relocated open space will compliment and integrate with the corridor of open space provided along Docker Street which is critical to the future streetscape and public domain in this area. It is noted that the current drawings are already identifying this area as being required for utility and other infrastructure (substations, generator stations and fuel tanks). The redesign of this area should respect this open space corridor as being critical and should ensure alternate areas are earmarked and maintained to accommodate this infrastructure elsewhere. It is unfortunate when planned setback areas and green space are gradually whittled away by utility provisions and other required infrastructure provisions as developments progress to detailed design and construction.</p>	<p>An access ramp has been added as part of the revised design to provide access from the lift lobby to the green space to the south of the west wing, which will be an attractive outdoor space in summer and will be accessible to patients, their relatives and staff. Access is also provided from the theatre entrance at the western end of the building. However, the main purpose of the green space in this location is to provide an attractive natural outlook from the inpatient bedrooms on the levels above in both wings of the proposed building.</p> <p>This outlook would not be available if carparking were located in this courtyard. It should also be noted that relocating parking further from Docker Street would increase the area of roadway required to access that parking, thereby reducing green space.</p> <p>The location of utility infrastructure to the west of the proposed building is necessary for technical, cost and access reasons, and no suitable alternate area is available. It should be noted that until recently this site was occupied by a building far larger than the proposed utility infrastructure, and that the majority of the footprint of the former building will become new green space.</p>

Item	Issue	Comment/Action
39	Council notes the required floor levels of the Stage 3 building and the resulting requirement to address the changes in grades for access external to the building. The resulting steps, ramps and walls produce visual and physical barriers around the approaches to the building and limit accessibility to not only the building but the limited areas of green space that surround. These structures can be visually obtrusive and can also contribute to crime and safety issues. Careful consideration should be given to how these elements can be minimised and, when necessary, how they are designed to minimise the issues identified above.	As part of the next design phase, the project team will be assessing the feasibility of constructing a deck to the north of the retail café that will provide continuous level external pedestrian access around the north west corner of the building to the northern terrace. The ground floor external canopy will now extend all the way from the ASB around the north side of the proposed building to the theatre entrance either as a canopy or a shading pergola. The revised design includes doors in the glazed façade providing public access between the retail café and external seating areas and associated green space to the east, north and west, with consideration given to CPTED issues.
40	Finally, a large proportion of the green space is located in areas of the site exposed to high levels of traffic and pedestrian movement (i.e. adjoining the main parking and entry areas of the development). Opportunities for patients, staff and visitors to find quieter and more private settings appear limited.	The revised landscape design has developed areas screened from vehicles with trees and vegetation including the Northern Lineal Landscape and Terrace, the North East Pocket Park, the North West Park, the Western Park outside the theatre entrance, the Southern Courtyard (which is now accessible) and the Cultural Courtyard, which provide a level of privacy while remaining in accordance with CPTED principles.
Retail Floor Space		
41	Occupation of “retail” space within the stage 3 building should be limited to retail activities that are ancillary to the hospital operation (i.e. that provide necessary support to the operation of the hospital). Any alternate retail activities would be deemed prohibited within the zone. Consideration must be given to how any consent will control this issue ensuring impacts on existing business zones within the central Wagga area are minimised.	All retail activities are ancillary to the Hospital use.
DEPARTMENT OF PLANNING AND ENVIRONMENT		
42	<p>Contamination and Remediation</p> <p>The EIS states that the required remediation works formed part of an REF for demolition of the Old Hospital Building. However, the submitted remediation action plan (RAP) provides that the remediation works are 'Category 2' under State Environmental Planning Policy No.55 - Remediation of Land (SEPP 55) on the basis that the heritage listed 'Old Hospital Building' is to be demolished under separate approval and as such, the remediation works do not require consent.</p> <p>As the site remains listed as a heritage item under Wagga Wagga LEP 2010, the remediation works are Category 1 and require consent. Please advise if approval is sought for the remediation of the site as part of this SSD application. Please also provide the supporting contamination and geotechnical reports that guided the RAP.</p>	<p>We confirm that the SSD application does not seek approval for remediation of the site as this has been undertaken under a separate application under Part 5 of the EP&A Act.</p> <p>Notwithstanding, the geotechnical report (Appendix E) and site investigation reports that have informed the RAP are provided at Appendix F and G to allow the Department to consider SEPP55.</p>

Item	Issue	Comment/Action
43	<p>Operational Jobs</p> <p>The EIS states that the Stage 3 redevelopment will create 1,490 operational jobs, however the Transport Impact Assessment Report states that only 115 operational jobs will be created. Please confirm the number of full-time equivalent operational jobs will be created by the Stage 3 development.</p>	<p>To clarify, a number of the (Stage 3) services are currently being delivered by the Wagga Wagga Health Service in either onsite or offsite accommodation. These services currently generate 1,338 operational jobs. Upon completion of the Stage 3 development and when the building is fully operational in 2026/27 this will increase to 1,490 operational jobs. This is an increase of 152 FTE operational jobs as a result of the Stage 3 development.</p> <p>Not all 152 FTE employees will work on-site full time as the Hospital supports roles in the community and at off-site accommodation. Accordingly, GTA has identified the nett number of increased FTE jobs, being 122, that will be based at the Stage 3 building (on-site) to undertake their traffic assessment. The Traffic Report has been amended to be consistent with this clarification (Appendix C). There is no change to the findings of the traffic assessment as a result.</p>
GOVERNMENT ARCHITECT NSW		
44	<p>Overall, we support the proposed building as a rational and efficient addition to the existing hospital. The proposal is based on good, clearly presented design principles. We recommend that the design team present their revised submission to GA NSW during the Response to Submissions period, with an independent health design expert present selected from the State Design Review Panel pool.</p>	<p>Noted. HI and Jacobs presented the revised design to GANSW on 17 September 2018.</p>
45	<p>Site strategies and public domain</p> <p>The hospital site is bounded to the west and north by main roads and served by bus routes on Edward St and the nearby train station. The proposed building is well sited for visibility from these main approaches but as it is set back from Edward Street behind the existing northern car park there are potential issues in arrival sequence and wayfinding.</p>	<p>The revised design simplifies wayfinding by better integrating the new and proposed buildings to provide a more unified architectural expression. A double height glazed entry foyer forms a link or 'hinge' between the ASB and the proposed building. Its height makes it clearly visible from Edward Street and firmly indicates its status as the main entry to the hospital. The tilted up canopy and extensive glazing provides a gesture of welcome and openness. The drop-off area is now closer to the front door, and the configuration of the foyer works in conjunction with the existing angled geometry of the ASB public area, focusing attention on the existing reception counter. Internal wayfinding is simplified with a simple choice of left to the ASB, right to the new building. The glazed entry foyer is continuous both with the existing ASB atrium and the new double height 'Hospital Street' leading to the new retail area and Ambulatory Care clinics. That is, the double height foyer extends into both buildings, uniting them as a single facility. The revised forecourt design is focussed on the entry foyer, and also reduces vehicular congestion and provides additional green space.</p>

Item	Issue	Comment/Action
46	Landscape pockets to the west, north and northeast of the new building appear to be effectively softening the massing at ground level and are supported. Possible conflicts between pedestrian movements and vehicles entering and exiting the basement car park should be addressed to ensure accessibility and ease of pedestrian movement.	<p>Vehicular and pedestrian flows have been further considered in the revised design. Refer to the attached plan diagram showing proposed circulation routes.</p> <p>As part of the next design phase HI will assess the feasibility of constructing a deck to the north of the retail café that will provide continuous level external pedestrian access around the north west corner of the building to the northern terrace. This will remove the need to pass through the northern carpark when walking between the east and west sides of the campus, avoiding possible conflicts between pedestrians and vehicles entering and exiting the basement car park.</p>
47	The retail space to the northeastern corner of the ground level does not appear to offer exterior seating areas or any meaningful permeability to the eastern forecourt. This would be desirable and is recommended.	<p>The revised design provides more internal space for the retail café and associated seating areas and, most importantly, provides a connection with access and views west from the café to the external terrace on the north side of the west wing. This enhanced connectivity will promote better activation of both internal and external public spaces. The revised design includes doors in the glazed façade providing public access between the retail café and external seating areas and associated green space to the east, north and west. The ground floor external canopy will now extend all the way from the ASB around the north side of the proposed building to the theatre entrance either as a canopy or a shading pergola, both with associated seating areas. The ceiling and external canopy of the retail café is canted upwards to provide a welcoming gesture to the hospital approach and to allow in winter sun.</p>
48	There appears to be a lack of shelter and shade in the northern car parking area. At a minimum, a proposal for additional shade trees should be provided to offer some relief from the sun in the hottest months.	<p>The revised design also adds new trees to the northern carpark for shading and general enhancement of that environment. A new row of deciduous trees immediately north of the basement carpark will provide summer shading to the public terrace above the basement.</p>
49	<p>Main entry and wayfinding</p> <p>The entry canopy is likely to offer a pleasant partially sheltered approach to the public entry, however, there is little definition or demarcation of the main entrance in the more than 60 metre length of the eastern façade. This entry, which is set back 70 metres from Edward St and approximately 40 metres from Lewis St will not be clearly visible to people arriving from the north and east and options for better delineation must be explored.</p>	<p>The design has been updated with the revised design providing a clearer hierarchy of entry points. It retains a dedicated entry to the proposed building in the middle of the eastern façade, but the articulation of the façade and entry canopy indicates this as having a secondary status to the main hospital entry which is further south along the approach route. Signs will support wayfinding by directing Ambulatory Care patients to use the secondary entry as the shorter route. In addition, the transparency of the façade and the ability to see the retail café, the entry door to the clinics and the bank of lifts from outside the building, will greatly assist intuitive wayfinding as well as helping to activate the public realm.</p>

Item	Issue	Comment/Action
50	<p>Built form and articulation.</p> <p>The form and articulation of the proposed building façade is generally supported for its simple expression and use of contextual materials paired with lightweight cladding and glazing. An opportunity exists to more clearly express the balconies on the 2nd and fourth floors and the void on the third floor between gridlines K and M.</p> <p>The northern façade between gridlines B and J would benefit from some horizontal sunshading elements to assist with passive solar design and to break up the large expanse of wall by introducing contrasting areas of light and shadow.</p>	<p>The revised facade design has an increased level of articulation. Each wing is articulated with a white 'frame structure', with the main east wing appearing to be elevated above that of the west wing, emphasising its importance as the building's public entry point. The 'frame' incorporates the external terraces at the front of the building and extends as canopies over the external public space at the foot of the building. It 'wraps' around the theatre and other built elements and ties in the roof to the new glazed entry foyer, providing the building with a lighter, more informal appearance.</p> <p>The white 'frame' elements project 50mm beyond the surrounding cladding, and together with the random modulation of the windows and coloured cladding panels, this provides additional 'grain' to the long elevations, breaking up the expanse of the facade and communicating the identity of the hospital directly to Edwards Street. Cladding to the east and north elevations is set back at the base to express grey circular concrete columns, the resulting colonnade relating better to the pedestrian activity anticipated at the front of the building and the overhang shading the glazed façade below from the midday summer sun.</p>
51	<p>Internal amenity</p> <p>Further to the practical requirements of clinical healthcare, the interior design should allow for a comfortable, relaxed experience for visitors, staff and patients alike. Detailed strategies to achieve high levels of internal amenity for all building users should be provided. Consideration should be given to the height of windows, especially in the café, and to the permeability of the northern 'gallery' spaces at ground floor level.</p>	<p>The interiors for Stage 3 are intended to reflect the building architecture and the overall inspiration of the site location within the Riverina region. The wider region and the natural landscape becomes the stimulus for the base palette for the materials. Evidence based design suggests that when buildings connect people and nature in health facilities, people heal faster and office workers are more productive. Stage 3 will be different to Stage 2 in terms of the introduction of materials that have a natural appearance and a warm palette that reflects the surrounding landscape that is periodically covered by golden canola fields.</p> <p>The configuration of the proposed building's core has been changed to promote better access between each wing and to locate the passenger lifts directly facing the entry to the building, facilitating intuitive wayfinding. To enhance connection and amenity, the revised design provides more space for the retail café and associated seating areas and, most importantly, provides a connection with access and views west from the café to the external terrace on the north side of the west wing. This enhanced connectivity will promote better activation of both internal and external public spaces. The retail café has a full height glazed façade with doors providing public access to external seating areas and associated green space to the east, north and west.</p>

Item	Issue	Comment/Action
52	An external sunshading structure [pergola] should be considered for the length of the ground floor façade between gridlines D and K to protect the glazing from excessive heat gain and to provide inviting and useable outdoor space to the north of the building all year round.	The revised ground floor external canopy now extends all the way from the ASB around the north side of the proposed building to the theatre entrance. Cladding to the principal elevations of the east and north is set back at the base to express grey circular concrete columns, the resulting colonnade relating better to the pedestrian activity anticipated at the front of the building and the overhang shading the glazed façade below from the midday summer sun. A higher performance glass has been selected to protect against excessive heat gain when the sun is at a lower angle.
53	<p>Connection Between Old and New</p> <p>The new building is sited immediately adjacent to existing blocks and clearly aims to achieve an efficient and functional relationship with them; the risk of this close proximity is for poorly lit, 'left over' external spaces to result. Special care must be taken to ensure the courtyard between gridlines 1 and 2 is appropriately landscaped given limited solar access to the ground plane to ensure a healthy garden is achieved.</p> <p>The new building employs compatible scale and sympathetic materials, allowing it to sit comfortably alongside the older buildings on the campus.</p>	The Cultural Courtyard will be used by patients and relatives, especially during the summer months, and will be carefully designed to include sculpture, natural seating elements, suitable planting to the perimeter, a barbeque and with water and play elements. In terms of artworks there will be a mural wall and a feature paving pattern that is continuous into the main entry foyer. The cladding around the courtyard on the floors above will be multi-coloured and of a high quality. So the courtyard space, although intimate, will have a unique character, quite distinct from other green spaces, and a high level of finish and amenity, focused to indigenous needs right in the heart of the hospital.
54	<p>ESD Strategy</p> <p>Sustainability should be a fundamental aspect of every new public building. We commend the proposal for aiming to achieve a 4 Green Star rating, considered best practice in Australia, and to exceed the requirements of NCC Section J by 10% minimum.</p>	Noted.
55	<p>Public art, cultural heritage and community consultation</p> <p>The proposed expansion should support the specific needs and reflect the cultural heritage of the diverse community which the building will serve; this includes significant indigenous and migrant populations. Consultation and engagement is crucial to identify specific cultural needs and to verify the proposal is welcoming, accommodating and supportive. A public art strategy should be prepared to ensure any proposed art is integral to the architecture and landscape and to mitigate the risk of omission altogether.</p>	A Stage 3 Art Strategy has been developed (Appendix D) and includes the integration of public art works as well as art and creativity programs that are to continue beyond the commissioning of the building. The project team will ensure that the Art Strategy is implemented.
56	<p>A summary of our recommendations follows:</p> <p>Car park planting proposal – a tree planting strategy for the northern car park to offer relief from sun in warmer months for people approaching the entry on foot</p>	Addressed above in detail
57	Main entry definition – demarcation of the main entry should be explored to differentiate the entrance from the rest of the 60 metre long eastern façade at ground level. Possibilities include a locally enhanced canopy design, ground surface treatment and/or realignment of the pedestrian crossing through the eastern parking area to align with the main entrance.	Addressed above in detail
58	Retail/Café exterior connection and outdoor planning – a high degree of physical permeability between the interior of the retail space and the loggia/outdoor space to the east should be included to facilitate outdoor dining and flexibility throughout the year.	Addressed above in detail

Item	Issue	Comment/Action
59	Resolution of pedestrian and traffic conflicts – we suggest further work be done to resolve apparent conflicts between vehicle movements to and from the basement car park and pedestrians using the east west pathway that crosses the driveways.	Addressed above in detail
60	Open up façade around balconies to L2 and L4 – the current scheme shows a consistent treatment of glazing to both the enclosed spaces and the adjacent balcony spaces at levels 2 and 4. We recommend a stronger visual differentiation from the public domain between these uses. Deeper shadows on the facade and more open balconies will help to mitigate the visual bulk of the new building while also allowing for improved outlooks from the balconies.	Addressed above in detail
61	Sunshading – we recommend the introduction of horizontal sunshading devices to the northern façade to combat overheating to the glazing and to improve visual articulation of the building surface through contrasting areas of light and shade.	Addressed above in detail
62	Pergola to Ground Floor – the northern terrace adjacent to the northern ambulatory wards currently has no shade or shelter provided; we recommend a pergola or similar be included to improve the amenity of both the terrace and the internal spaces adjacent to it.	Addressed above in detail
63	Public Art and community engagement strategy – a plan for the integrated use of art in the public areas of the hospital should be submitted, demonstrating an understanding of the various local communities and their connections to the locality. Opportunities to work with local artists should be explored where possible.	Addressed above in detail

RESPONSE TO PUBLIC SUBMISSIONS

1	Confidential Submission Request for Hydrotherapy Pool	The provision of a hydrotherapy pool has not been possible for this stage of the hospital. The provision of services will continually be reviewed by HI into the future, including consideration of a hydrotherapy pool.
2	Confidential Submission Request for a Cycle Centre.	The provision of a Cycle centre has not been possible for this stage of the hospital. The provision of services will continually be reviewed by HI into the future, including consideration of a cycle centre.