

Ref. No: 260-280 Edward Street
Contact: Cameron Collins

17 August 2018

David Gibson
Social Infrastructure Assessment
Department of Planning and Environment
GPO Box 39
SYDNEY NSW 2001

Attention: Teresa Gizzi

Dear David,

Re: Wagga Wagga Rural Referral Hospital Redevelopment Stage 3
Your Ref: SSD 9033

I refer to your letter dated 16 July 2018 and thank you for the opportunity to comment on the above Development Application for the redevelopment of the Wagga Wagga Base Hospital - Stage 3.

Wagga Wagga is the largest retail, commercial, administrative and population centre in the Riverina Region. In 2040, the population of the city will exceed 80,000 people. Council aspires for Wagga Wagga to be a leading regional capital with potential to grow beyond 100,000 people. It currently provides a central hub of services to a catchment of over 185,000 people.

The ongoing review of facilities and expansion of service provision at the Wagga Wagga Base Hospital is therefore supported to address the anticipated growth and demand for health services in the city and the region. This is reinforced through various Strategic Planning Documents, including:

Riverina Murray Regional Plan 2036

- The Riverina Murray Regional Plan provides a number of strategic directions in order to achieve the vision for the region and has specific references to the NSW Government's investment in infrastructure in the Riverina Murray, including the \$270 million investment in the Wagga Wagga Base Hospital redevelopment.
- One of the priority actions of the plan is to support the establishment of a health precinct around the Wagga Wagga Base Hospital, helping to support the growth of health and aged care sectors. The proposed development is supported as it contributes directly to vision of the region.

Wagga Wagga Spatial Plan 2013/2043

- Professional employment continues to be an integral component of the Wagga Wagga economy with a significant increase in education assets led by the redevelopment of health assets with the base Hospital representing the largest proportion of this investment.
- The Base Hospital will improve Wagga Wagga's stature as the health care provider of the area and result in additional investment in the growing health precinct. This is already evident with investment in medical facilities in the surrounding area.

Wagga Wagga Integrated Transport Strategy and Implementation Plan 2040 and Draft Activation Strategy 2040

- The activation strategy provides a blue print to cater for a growing economy and population of the city and surrounding areas. Wagga Wagga Base Hospital is the key service location for medical services in the region and we need to plan for continued migration of older people to the city seeking access to medical services and facilities. The transport strategy reinforces that a master plan be developed for the precinct to address the land use opportunities as well as traffic and road network implications.

Health Precinct Master Plan

- The site is located in an area that is emerging as a health precinct with the conversion of dwellings into medical practices and further opportunities for redevelopment. The precinct contains magnet infrastructure in its teaching and learning, research and health functions that act as a catalyst for new investment, driving further knowledge, information exchange and innovation that is crucial for maintaining Wagga Wagga's regional competitiveness.
- Council in partnership with the Department of Planning and Environment are currently developing a master plan for the area. The vision is to create a health precinct that facilitates the reuse of buildings for health / allied health practices, renews industrial sites and maximise opportunities for complimentary activities including hospitality and accommodation. The health precinct will provide for the health needs and provide specialist health services to the region whilst also providing employment opportunities.

General comments in relation to the proposal

Whilst Council is supportive of the proposal, the following comments are provided with respect to certain elements of the development that require careful consideration during the assessment process.



Traffic

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.

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.

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.

"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."

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.

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.

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.

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.

Carparking

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.

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.

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 accommodated between 10 to 12 additional carparking spaces.

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.

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.

Green Space

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.

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.

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).

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.

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.

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.

Retail floor space

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.

Yours sincerely,



Cameron Collins
Development Assessment Coordinator



