



Planning &
Infrastructure

**STATE SIGNIFICANT DEVELOPMENT
ASSESSMENT REPORT:
Wagga Wagga Base Hospital
Redevelopment Phases 2 and 3, Corner
Edward Street and Docker Street, Wagga
Wagga (SSD 5237-2012)**



Director-General's
Environmental Assessment Report
Section 89H of the
Environmental Planning and Assessment Act 1979

November 2013

ABBREVIATIONS

Applicant	NSW Health Infrastructure
CIV	Capital Investment Value
Consent	Development Consent
Council	Wagga Wagga City Council
Department	Department of Planning and Infrastructure
DGRs	Director-General's Requirements
Director-General	Director-General of the Department of Planning and Infrastructure
EIS	Environmental Impact Statement
EPA	Environmental Protection Authority
EP&A Act	<i>Environmental Planning and Assessment Act 1979</i>
EP&A Regulation	Environmental Planning and Assessment Regulation 2000
EPI	Environmental Planning Instrument
LEP	Wagga Wagga Local Environmental Plan 2010
Minister	Minister for Planning and Infrastructure
OEH	Office of Environment and Heritage
RMS	Roads and Maritime Services
RtS	Response to Submissions
SRD SEPP	State Environmental Planning Policy (State and Regional Development) 2011
SEPP	State Environmental Planning Policy
SSD	State Significant Development

Cover Photograph: Southern aerial photomontage view of proposed new hospital building.

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EXECUTIVE SUMMARY

This report is an assessment of a State significant development application (SSD 5237-2012) lodged by NSW Health Infrastructure (the applicant) seeking approval for the Phase 2 and 3 redevelopment of Wagga Wagga Base Hospital. The proposal is State significant development because it is development for the purpose of a hospital with a capital investment value (CIV) in excess of \$30 million, under clause 14 of Schedule 1 of State Environmental Planning Policy (State and Regional Development) 2011.

The site is located at Wagga Wagga Base Hospital Campus, the corner of Edward Street and Docker Street, Wagga Wagga, within the Wagga Wagga Local Government Area (LGA).

The proposal involves the construction of a new 25,031 sqm, eight storey hospital building including rooftop plant and helipad, demolition of the existing eight storey Ward Block hospital building, modified vehicle access arrangements from Edward Street, new car parking and entry forecourt and integrated landscaping. The construction of the new hospital building is intended to be completed prior to the demolition of the existing Ward Block building to facilitate the replacement of the acute hospital functions and minimise disruption to on-going health service delivery.

The CIV of the application is \$171,062,465 and the proposal would generate 250 construction jobs and 174 full time equivalent operational jobs.

The site is zoned SP2 Infrastructure (Hospital) under the Wagga Wagga Local Environmental Plan 2010 (Wagga Wagga LEP). The proposed development is permissible with consent.

In accordance with section 89F of the EP&A Act and clause 83 of the EP&A Regulation, the application was exhibited from 11 April 2013 until 27 May 2013, and relevant public authorities and surrounding landowners were notified. The department received seven submissions from public authorities and one submission from the general public. The key issues raised in submissions related to traffic and construction traffic impacts, intersection upgrades, car parking and improvements to the pedestrian network.

The applicant provided a Response to Submissions report (RtS) which addressed the issues raised by the department and in submissions. No design amendments to the development were proposed in the RtS.

The department has assessed the merits of the proposal and considers the key issues associated with the proposal to be: built form and urban design; traffic and car parking; amenity impacts; and developer contributions. These issues have been assessed in detail and the department is satisfied that any impacts can be adequately mitigated and managed to achieve acceptable levels of environmental performance. The department has recommended a range of conditions to ensure this occurs.

The department therefore considers the proposal to be in the public interest and that the application should be approved, subject to conditions.

In accordance with the Ministerial delegations issued on 27 February 2013, as the council has not made an objection, a political disclosure statement has not been made, and there were less than 25 public submissions on the proposal in the nature of objections, the application can be determined by the Executive Director, Development Assessment Systems and Approvals.

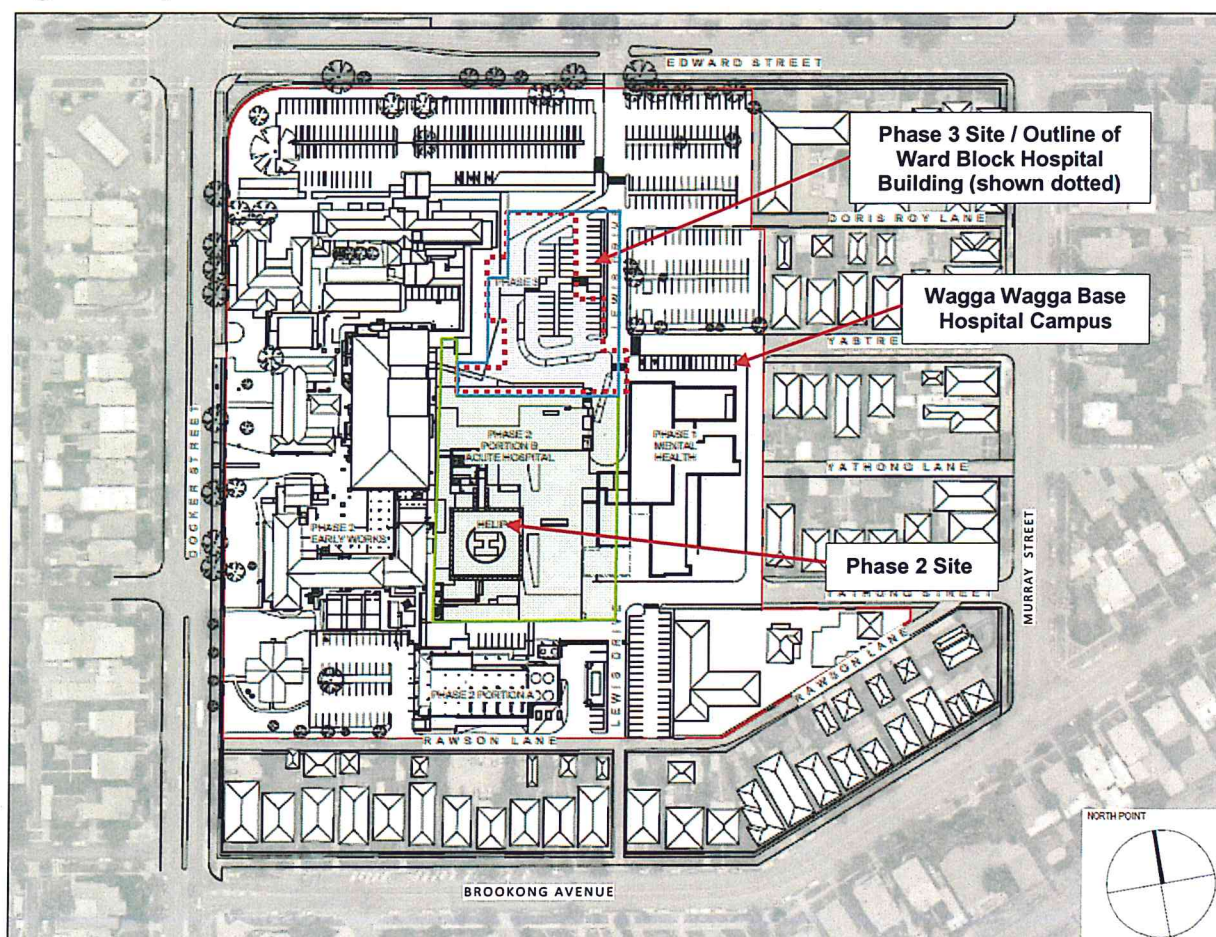
1. PROPOSED DEVELOPMENT AND SITE DESCRIPTION

1.1 The Proposal

This report is an assessment of a State significant development application (SSD 5237-2012) lodged by NSW Health Infrastructure (the applicant) seeking approval for the Phase 2 and 3 redevelopment of Wagga Wagga Base Hospital. The proposal involves the construction of a new eight storey hospital building, rooftop helipad, demolition of the existing eight storey Ward Block hospital building, modified vehicle access from Edward Street, new car parking and entry forecourt and integrated landscaping.

The hospital campus is shown in **Figure 1**, which details the existing Ward Block building (proposed for demolition – shown dotted red) and an outline of the proposed development.

Figure 1: Project Location



1.2 Site Description and Surrounding Development

Wagga Wagga Base Hospital is located approximately 2 km south west of the Wagga Wagga CBD, within the Wagga Wagga Local Government Area (LGA). The hospital campus is bound by Edward Street to the north, Docker Street to the west, Rawson Lane to the south and low density residential dwellings to the east.

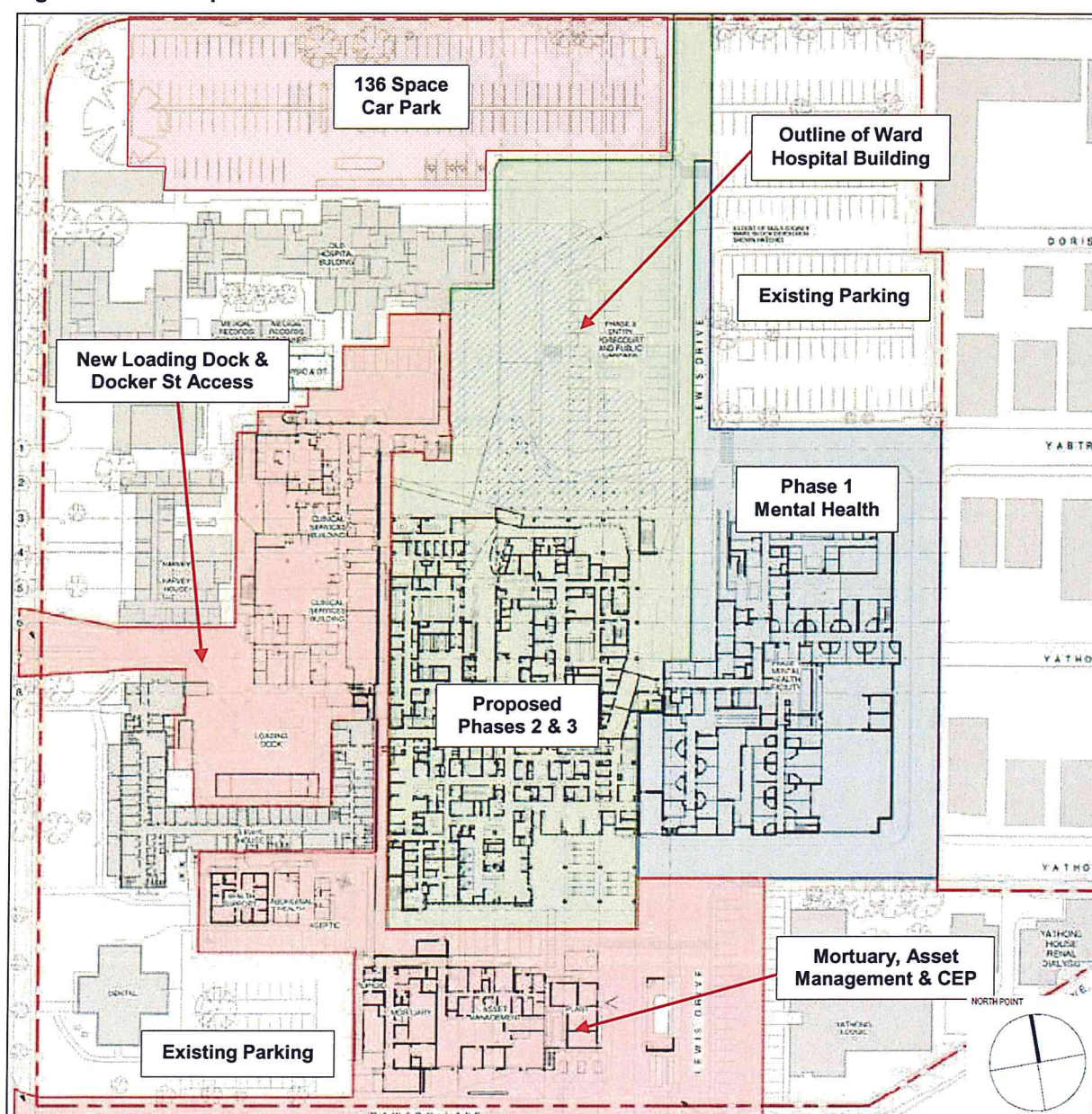
The hospital campus comprises an area of 5.7 ha and is relatively level and clear of native vegetation. The campus has been developed progressively on an ad-hoc basis over a number of decades and has no consistent development pattern, with at-grade car parking provided generally at the periphery of the site. The hospital buildings exhibit differing architectural styles, with variable built form and scale, with the existing eight storey Ward Block building the most dominant structure on site, approximately five storeys taller than surrounding existing development.

The hospital campus is generally surrounded by low density, one to two storey residential development, with a number of the adjoining residential dwellings accommodating specialist medical consulting facilities. The campus comprises a number of separate allotments, of which the proposed development relates to three allotments, being Lot 1 – 2 DP456951 and DP659184. The land on which the proposed development is sited is owned by Wagga Wagga Base Hospital and NSW Health Administration.

1.3 Wagga Wagga Base Hospital Background

Wagga Wagga Base Hospital forms part of the Murrumbidgee Local Health District and is one of three primary medical facilities within the region, servicing 28 LGAs. As a primary medical facility, Wagga Wagga Base Hospital is one of the busiest rural referral hospitals, providing a full range of medical, surgical, maternity, paediatric, community health and rehabilitation services for the region as well as comprising a University of NSW rural clinical school campus for teaching.

Figure 2: Redevelopment Works Schedule



A concept plan application under Part 3A (MP10_0026) was previously lodged for the departments consideration, proposing the redevelopment of Wagga Wagga Hospital, including: 41,500 sqm of floor space for the staged redevelopment of the hospital, demolition

and decanting of services; footprints of buildings; maximum heights; access and car parking; and siting of helipad. The concept plan application was withdrawn by the Health Infrastructure on 17 September 2012.

A previous Part 3A Major Project (MP11_0087) for the development of the 'Phase 1' Mental Health Facility was approved on 15 May 2012 (amended 2 November 2012), prior to the withdrawal of the aforementioned concept plan. The approved works are currently under construction, and shown blue in **Figure 2**, which details the extent of redevelopment works. The subject SSD application forms 'Phases 2 and 3' of the hospital's staged redevelopment (shown green in **Figure 2** which details the extent of redevelopment works).

A number of early works projects have also been separately approved under Part 5 of the Act through a review of environmental factors (REF) under the provisions of State Environmental Planning Policy (Infrastructure) 2007 (shown red). This includes works associated with new and replacement at-grade car parking, demolition of existing buildings, construction of a new loading dock off Docker Street, relocation of some hospital functions and construction of a new Opioid Clinic, Mortuary, Asset Management and Care Energy Plant (CEP) along the southern boundary.

1.4 Key Development Components and Features

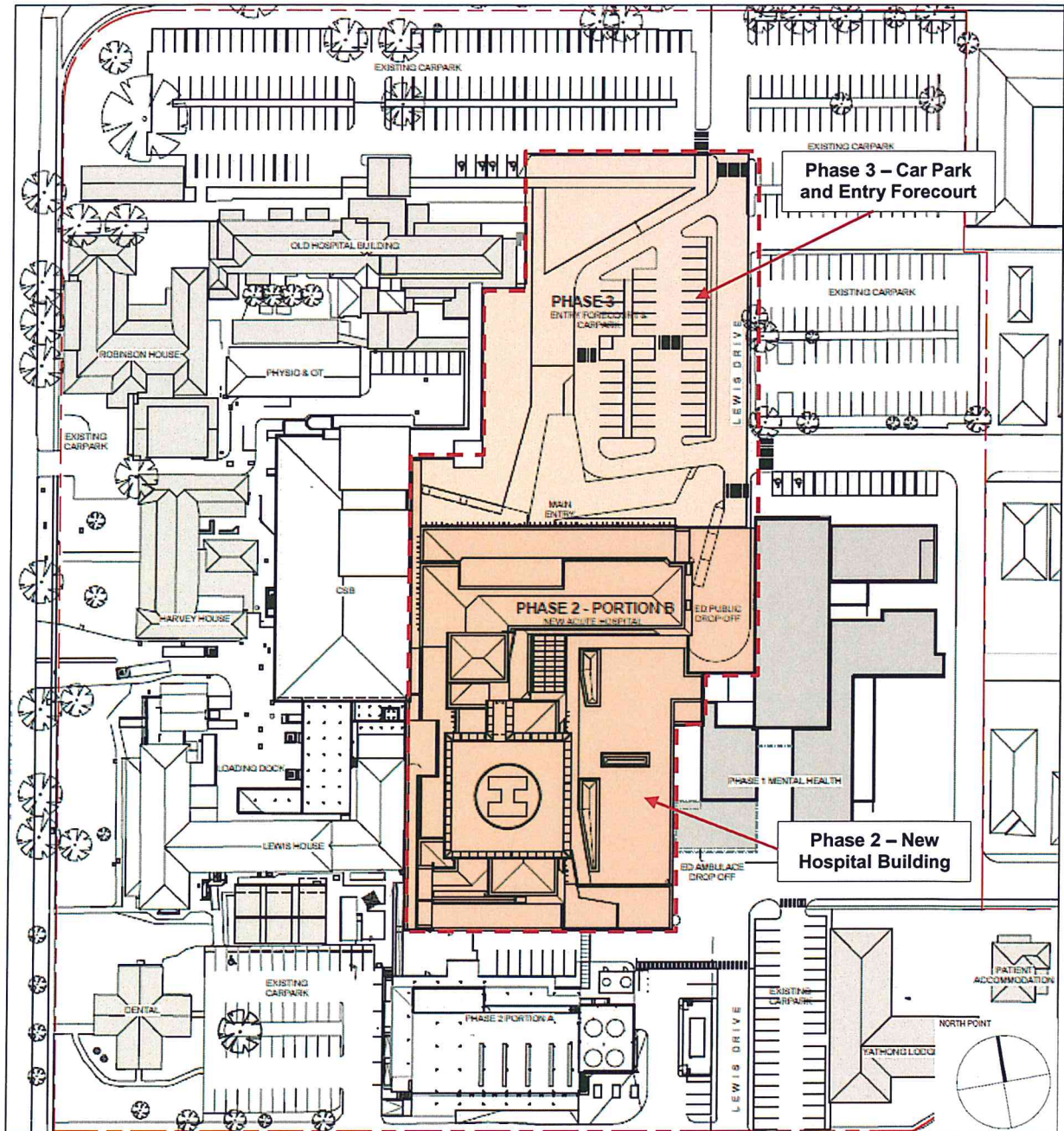
Table 1 provides a summary of the proposal's key components and features and **Figure 3** details the proposed development layout (shown dashed red). Phase 2 construction works are projected to commence early 2014 and finish mid-2016. Phase 3 works are projected to commence after the completion of Phase 2 construction works in mid-2016 and be completed mid to late 2017.

Table 1: Key Development Components

Development Summary	<ul style="list-style-type: none"> • construction of a new eight storey acute hospital building • demolition of eight storey Ward Block hospital building • construction of a rooftop helipad • new car parking and entry forecourt • integrated landscaping
<i>Acute Hospital Building</i>	<ul style="list-style-type: none"> • "Phase 2" – construction of a new 25,031 sqm, eight storey hospital building, including rooftop plant and rooftop helipad, comprising: <ul style="list-style-type: none"> ○ new and expanded emergency department ○ imaging suite ○ operating theatres ○ sterile services ○ inpatient units ○ new procedure centre ○ critical care facilities ○ angiography and cardiac catheter suite ○ diagnostic services ○ increased support services ○ pharmacy and new main entrance (including café and retail area) • The maximum height of the building will be RL 220.745 (or 37.2 m above existing ground level), while the new helipad will be at RL 215.345 (or 31.8 m above existing ground level).
<i>Demolition</i>	<ul style="list-style-type: none"> • "Phase 3" – demolition of the existing eight storey Ward Block hospital building (local heritage item).
<i>Car Park and Entry Forecourt</i>	<ul style="list-style-type: none"> • Phase 2 construction of a new looped drop off zone between the Phase 1 Mental Health Facility and proposed Acute Hospital Building.

	<ul style="list-style-type: none"> • Phase 3 construction of a new main entry forecourt. • Phase 3 construction of 50 new car parking spaces, providing a total of 440 spaces upon completion of Phases 2 and 3 (including ISEPP car parking works).
<i>Landscaping</i>	<ul style="list-style-type: none"> • Phase 3 integrated landscaping works to forecourt and car park, emergency drop off areas, rooftop garden on level 2, and staff courtyard area.
<i>Value / Jobs</i>	<ul style="list-style-type: none"> • \$171,062,465 capital investment value. • Creation of 250 construction jobs and 174 operational jobs.
<i>Site Description</i>	<ul style="list-style-type: none"> • DP 659184 • Lots 1 – 2 DP 456751 • Lot 1 DP 668972 • Lots 27 – 31 DP 7850 • Lots 1 – 4 DP 13345 Section A • Lots 2 – 3 and 12 – 15 DP 13345 Section B • Lots 1 – 6 DP 13345 Section C <p>Note: The proposed Phases 2 and 3 development is located in DP 659184 and Lots 1 – 2 DP 456751.</p>

Figure 3: Proposed Development Layout



2. STATUTORY AND STRATEGIC CONTEXT

2.1 SEPP (State and Regional Development) 2011

The proposal is State significant development because it is development for the purpose of a hospital with a capital investment value (CIV) in excess of \$30 million, under clause 14 of Schedule 1 of State Environmental Planning Policy (State and Regional Development) 2011. Therefore the Minister for Planning and Infrastructure is the consent authority.

2.2 Delegation

On 27 February 2013, the Minister for Planning and Infrastructure delegated responsibility for the determination of State significant development under Division 4.1 of Part 4 of the EP&A Act to the Executive Director, Development Assessment Systems and Approvals. The proposal complies with the terms of that delegation as Wagga Wagga City Council (council) has not made an objection, a political disclosure statement has not been made and there are less than 25 public submissions on the proposal in the nature of objections.

2.3 Permissibility and Zoning

The site is zoned SP2 Infrastructure (Hospital) under the Wagga Wagga Local Environmental Plan 2010 (Wagga Wagga LEP). The proposed development is permissible with consent, and no specific development standards or controls apply to the site, including setbacks, floor space ratio or height.

Under Wagga Wagga LEP, the Ward Block hospital building (Item No.1261) is listed as a local heritage and a heritage conservation area abuts the southern boundary of the hospital site. Consideration of the relevant clause of the Wagga Wagga LEP, including heritage, is provided in Appendix B.

2.4 Environmental Planning Instruments

The department's consideration of relevant EPIs (including SEPPs) is provided in Appendix B. The proposal is generally consistent with the relevant requirements of the EPIs.

2.5 Objects of the EP&A Act

Decisions made under the EP&A Act must have regard to the objects of the EP&A Act, as set out in Section 5 of the Act. The proposal complies with the objects of the EP&A Act because the proposal would promote the orderly and economic use and development of previously disturbed land for community purposes. The proposal would protect the land for public purposes and promote the social and economic welfare of the community through the provision of improved health services.

2.6 Ecologically Sustainable Development

The EP&A Act adopts the definition of Ecologically Sustainable Development (ESD) found in the *Protection of the Environment Administration Act 1991*. Section 6(2) of that Act states that ESD requires the effective integration of economic and environmental considerations in decision-making processes.

The department has considered the development in relation to the ESD principles. The Precautionary and Inter-generational Equity Principles have been applied in the decision making process via a thorough and rigorous assessment of the environmental impacts of the proposal. The proposal is considered to be consistent with ESD principles as described in Section 6.7 of the applicant's EIS, which has been prepared in accordance with the requirements of Schedule 2 of the Regulation.

2.7 Environmental Planning and Assessment Regulation 2000

Subject to any other references to compliance with the EP&A Regulation cited in this report, the requirements for Notification (Part 6, Division 6) and Fees (Part 15, Division 1AA) have been complied with.

2.8 Strategic Context

The proposal is consistent with and/or supports local/state/regional strategies as:

- it is consistent with the key policy commitments and priorities of NSW 2021, the State's 10 year plan, to increase investment in infrastructure and rebuild hospitals and health infrastructure, which will support improved healthcare;
- it will support the department's strategies for Western NSW in helping to encourage jobs and services and build stronger rural and regional communities; and
- it will provide direct investment in the region of approximately \$171 million, which would support 250 new construction jobs and 174 new operational jobs.

2.9 Director-General's Requirements

The EIS is compliant with the Director-General's Requirements and is sufficient to enable an adequate consideration and assessment of the proposal for determination purposes.

3. EXHIBITION CONSULTATION AND SUBMISSIONS

3.1 Exhibition

In accordance with section 89F of the EP&A Act and clause 83 of the EP&A Regulation, the Director General has made the application and accompanying information publicly available for at least 30 days following the date of first publication, in accordance with the EP&A Regulation. The application was publically exhibited:

- on the department's website from 11 April 2013 until 27 May 2013 (47 days); and
- at the department's Information Centre and council's offices from 11 April 2013 until 27 May 2013 (47 days).

The department received seven submissions from public authorities, including Wagga Wagga City Council (council), the Environmental Protection Authority (EPA), the Office of Environment and Heritage (OEH), Roads and Maritime Services (RMS), the NSW Heritage Council, Murrumbidgee Local Health District and Air Services Australia. Additionally, the department received one submission from the general public.

The key issues raised in submissions related to traffic and construction traffic impacts, required intersection upgrades, car parking and improvements to the pedestrian network. A summary of the issues raised in submissions is provided in Section 3.2 and 3.3 below.

3.2 Public Authority Submissions

A summary of submissions received from public authorities is provided below:

Wagga Wagga City Council

Council did not object to the proposed development, however commented on traffic and pedestrian impacts for the department's consideration. A summary of council's comments and recommendations are provided as follows:

- The redevelopment of Wagga Wagga Base Hospital is critical to provide the necessary infrastructure to meet the current and future medical and economic needs of the region and council is supportive of a conditional consent being granted for the redevelopment.
- The approach of seeking piecemeal approvals (including the Phase 1 and ISEPP approvals) makes it difficult to understand the traffic management impacts of the overall redevelopment.
- The application does not include road upgrades previously committed to under the former hospital concept plan, particularly the new signalised Docker Street intersection.
- The department's assessment of Phase 1 set aside the potential traffic impacts of the development as being temporary and capable of being catered for as part of later development. Council contends that the traffic assessment should be based on the impacts of the overall development and not just Phases 2 and 3.
- Consideration of the impacts on the surrounding road network, particularly the Murray Street/Edward Street and Brookong Avenue/Docker Street intersections.
- The application provides little information on the provision of pedestrian access within the surrounding medical precinct.
- Council recommends that the following critical areas be addressed as conditions:
 - the provision of an appropriate pedestrian crossing point in Docker Street to allow for safe and convenient crossing;
 - a legible, safe and continuous travel path for pedestrians in Docker Street providing access to the main public entry to the building;
 - a legible, safe and continuous travel path for pedestrians in Brookong Avenue and along Lewis Drive providing access to the main public entry to the building; and
 - a review of the existing standard of footpath infrastructure surrounding the precinct to ensure that it is of an appropriate standard to allow for the safe travel of pedestrians.

- Council notes the applicant's commitment to pay the remaining balance of Phase 1 Section 64 contributions prior to the commencement of works for Phases 2 and 3 and that there is no commitment to pay any contributions relating to the impacts of Phases 2 and 3.

The department has given consideration to the comments provided by council and is satisfied the applicant's Response to Submissions (RtS) report and additional information has satisfactorily addressed the matters raised by council. Further consideration of traffic and car parking issues raised by council is provided in Section 4.2 of this report.

Roads and Maritime Services

RMS did not object to the proposed development, however provided detailed comments in relation to potential traffic impacts of the proposed development and its relationship to the Phase 1 Mental Health Facility. A summary of RMS's comments and its recommendations are provided as follows:

- Facilities for convenient and safe movement of people and vehicles through the site, ease of circulation and navigation within the site and appropriate parking provisions need to be provided.
- The concept plan withdrawal part way through the Phase 1 project application assessment and submission of separate applications for the hospital's redevelopment, has not allowed all impacts associated with the completed hospital redevelopment to be considered.
- The current proposal represents significant changes to that proposed under the former concept plan.
- A traffic impact assessment should be prepared that assesses impacts on the surrounding road network, not just nearby intersections.
- The traffic impact assessment and any mitigation measures should have regard to the anticipated and expected growth in traffic in the surrounding road network for the life of the development.
- The orientation of the proposed building and the public access area towards the north and east will focus increased traffic volumes through Brookong Avenue, Murray and Yabtree Streets, which are residential streets.
- The road network within the surrounding precinct needs to be assessed using the traffic loadings resulting from the whole redevelopment and appropriately treated to safely manage the increased traffic levels.
- The proposed site access road works treatment in Edward Street is to be restricted to deny right turn movements from the hospital to Edward Street for safety reasons.
- On-site parking has been an issue and it is apparent from the submitted information that the applicant does not intend on providing on-site parking to address the peak demands for staff and the public.
- Pedestrian access and pathways from the external road network need to be provided for all levels of mobility and have regard to the 24 hour operation of the hospital.
- RMS encourages the adoption and use of alternative modes of transport to the private vehicle.
- The hospital generates significant pedestrian across Docker Street between the site, Calvary Health Care Riverina private hospital and surrounding medical practices and should be catered for through conditioning the provision of a signalised pedestrian facility.

The department has given consideration to the comments provided by RMS and is satisfied that the applicant's RtS report and additional information has satisfactorily addressed the matters raised by RMS. Further detailed consideration of traffic issues is provided in Section 4.2 of this report.

Environmental Protection Authority

The EPA did not raise any objections to the proposed development, noting that the proposed works are not scheduled works under the *Protection of the Environment Operations Act 1997*

and therefore did not require an environment protection licence from the EPA and had no further comments on the development.

Office of Environment and Heritage

OEH advised that as the site is already highly developed, they have no further interest in the development.

Heritage Council of NSW

Heritage NSW did not object to the proposed development, noting that the subject property was not listed on the State heritage register and was therefore not the consent authority. Heritage NSW also commented that although demolition of the Ward Block building, a local heritage item, is not a desirable outcome, it is considered that if demolition is unavoidable, thorough archival recording should be carried out to document as much information about the heritage item as possible.

The department has given consideration to Heritage NSW's comments and notes that the applicant has recommended mitigation measures in its EIS in response to the proposed demolition of the Ward Block hospital building, including archival recording, protection of moveable heritage items for potential interpretive use on site and the development of an interpretation strategy. Further consideration of heritage is provided in Section 4.2 of this report.

Murrumbidgee Local Health District

MLHD did not object to the proposal and advised it has been actively consulted with, and have provided feedback during the development phases of Wagga Wagga Base Hospital.

Air Services Australia

Air Services Australia did not object to the proposal and advised that based on the proposed maximum height of the development, Wagga Wagga Airport instrument procedures would not be impacted on.

3.3 Public Submissions

During exhibition, the department received one public submission from a local resident commenting on the development. A summary of the resident's comments is provided in **Table 2**.

Table 2: Public Submission Comments

Submission	Objection?	Comments
1.	No	<ul style="list-style-type: none">• seeks additional information about the temporary road closures during the construction period; and• commented that further details and explanation should be required in relation to proposed road closures such as Docker Street, between Edward Street and Brookong Avenue.

During this period, the department also received a telephone call from a local resident who noted that the varied façade had too many elements and made recommendations on the proposed building's external and internal finishes.

The department has given consideration to the comments provided in public submissions and is satisfied the applicant's RtS report and additional information has satisfactorily addressed the matters raised in submissions. Detailed consideration of built form, car parking, traffic, amenity and noise impacts of the proposal is provided in Section 4.2 of this report.

3.4 Applicant's Response to Submissions

The applicant provided a Response to Submissions report (RtS), which included a detailed response to the issues raised in submissions received, including additional information relating to traffic and car parking, an updated acoustic report, additional photomontages and information on previous REF approvals.

No amendments were proposed within the RtS, however, the report was referred to council and RMS for further review due to their previous traffic concerns. A summary of their comments is provided below.

Wagga Wagga City Council

Council provided the following comments in response to the applicant's RtS report, with particular attention given to matters surrounding traffic impacts and pedestrian connectivity and access:

- the traffic impacts have not been considered with regard to the impacts of the overall development (i.e. Phase 1 and Phases 2/3);
- the development must respond to the environment within which it exists, and its relationship to the surrounding precinct and the importance of pedestrian movement between these areas remains critical; and
- the hospital will continue to rely heavily on on-street parking and the importance of connectivity and pedestrian access should be considered for both staff and visitors who will park within the surrounding precinct.

Further discussion of the applicant's response to recommended conditions was also provided.

Roads and Maritime Services

RMS provided the following response to the applicant's RtS report:

- general comments in relation to the timing of the approval of the Phase 1 project application, withdrawal of the former concept plan application that included an indicative proposed extension of Yathong Street through the hospital site to Docker Street;
- clarified its comment that the removal of the Yathong Street extension from the campus redevelopment will deny vehicular access for the general public from Docker Street to the public parking area located in the northern part of the site and hospital 'front door';
- the commitment to provide a pedestrian facility across Docker Street is noted, with the final design and location of the signalised pedestrian crossing to be further discussed with, and agreed to by both council and RMS;
- RMS supports a clear wayfinding strategy for vehicle and pedestrian navigation and the need for the development to cater for ease of pedestrian access to the hospital 'front door'; and
- The cumulative impact of the independent applications (REF approvals) and redevelopment of the hospital needs to be considered due to their potential to dictate how the site is developed and the impacts of the hospital's operation on the surrounding road network.

Further discussion of the applicant's response to recommended conditions was also provided.

In response to the additional comments from council and RMS, the applicant's traffic consultant prepared a summary report that provides further consideration of the key issues raised, including an account of the cumulative traffic and parking impact of Phase 1 and Phases 2/3, as well as the relevant REF approvals.

The department is satisfied that the Response to Submissions report and additional information submitted satisfactorily addresses the issues raised in submissions. Key issues raised have been further considered in section 4.2 of this report.

4. ASSESSMENT

4.1 Section 79C Evaluation

Table 3 identifies the matters for consideration under section 79C of the EP&A Act that apply to State significant development, in accordance with section 89H of the EP&A Act. The table also represents a summary for which additional information and consideration is provided for in Section 4 (Key and Other Issues) and relevant appendices or other sections of this report and the EIS, referenced in the table. The EIS has been prepared by the applicant to consider these matters and those required to be considered in the DGRs and in accordance with the requirements of section 78(8A) of the EP&A Act and Schedule 2 of the Regulation.

Table 3: Section 79C(1) Matters for Consideration

s. 79C(1) Evaluation	Consideration
(a)(i) any environmental planning instrument	Complies. Consideration of relevant EPI's has been undertaken in Appendix B, including consideration of the proposed demolition of the Ward Block building under council's LEP.
(a)(ii) any proposed instrument	Complies. Consideration of the Wagga Wagga LEP 2012 has been undertaken in Appendix B.
(a)(iii) any development control plan	Clause 11 of State Environmental Planning Policy (State and Regional Development) 2011 provides that development control plans do not apply to State significant development. Notwithstanding, consideration of relevant DCPs has been undertaken in Appendix B.
(a)(iia) any planning agreement	Not applicable.
(a)(iv) the Regulations	The development application satisfactorily meets the relevant requirements of the EP&A Regulation, including the procedures relating to development applications (Part 6 of the EP&A Regulations), public participation procedures for SSD's and Schedule 2 of the EP&A Regulation relating to environmental impact statements. Refer to Section 2.7 of this report.
(a)(v) any coastal zone management plan	Not applicable.
(b) the likely impacts of that development	Impacts of the development have been considered in Section 4.2 of this report.
(c) the suitability of the site for the development	The proposed development is appropriately located within the existing wagga Wagga Base Hospital campus, making best use of existing medical and health infrastructure. Suitability of the site is further considered in Section 4.2.6 of this report
(d) any submissions	Consideration has been given to submissions received during the exhibition of the development application in Section 3. Key issues raised in submissions have been considered further in Section 4.2 of this report.
(e) the public interest.	The public interest of the development has been considered in Section 4.2.7 of this report
Biodiversity values exempt if: (a) On biodiversity certified land?	Not applicable.
(b) Biobanking Statement exists?	Not applicable.

4.2 Key and Other Issues

The department considers the key environmental issues for the application to be:

- built form and urban design;
- traffic and transport;
- noise and vibration;
- developer contributions;
- overshadowing;

- heritage;
- suitability of the site; and
- the public interest.

4.2.1 Built Form and Urban Design

The proposed development involves the construction of a new eight storey acute hospital building (see **Figures 5 and 6**), sited immediately south of the existing eight storey Ward Block building (see **Figures 4 and 7**), and construction of a new main entry forecourt and car park. The new hospital building is proposed to be constructed during Phase 2 works, following which, the existing Ward Block building is proposed to be demolished (once the new hospital building is operational) and the new main entry forecourt and car park area constructed during Phase 3 works.

Figure 4: Existing Ward Block Hospital Building (to be demolished in Phase 3)



Figure 5: North Eastern Aerial View

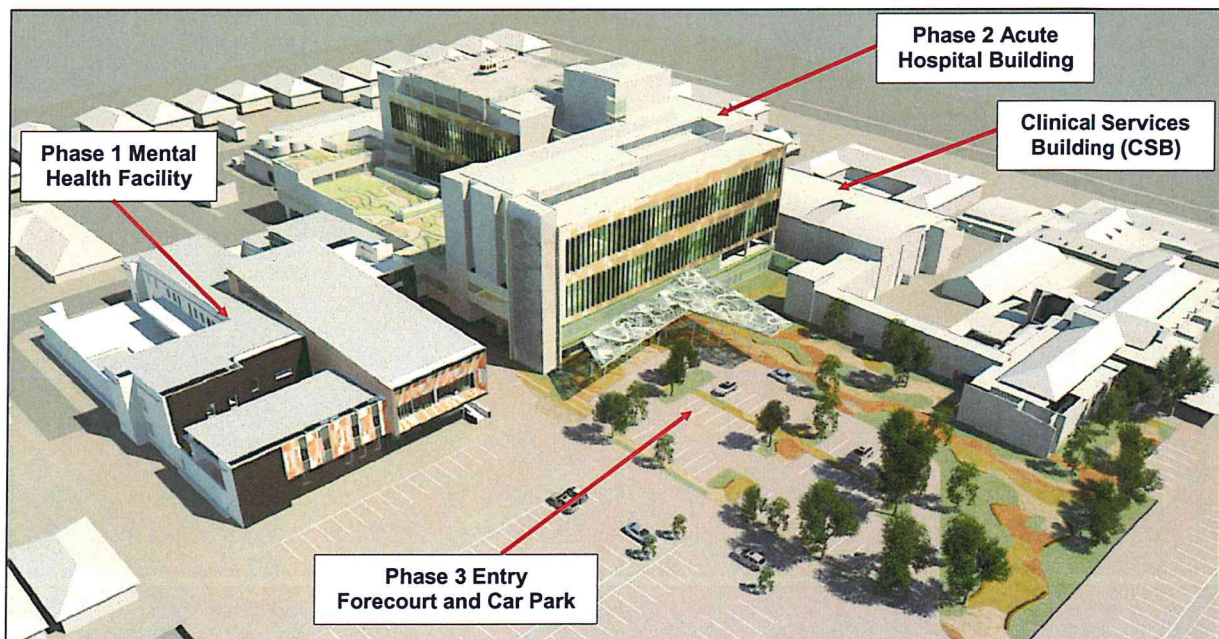


Figure 6: South Eastern Aerial View

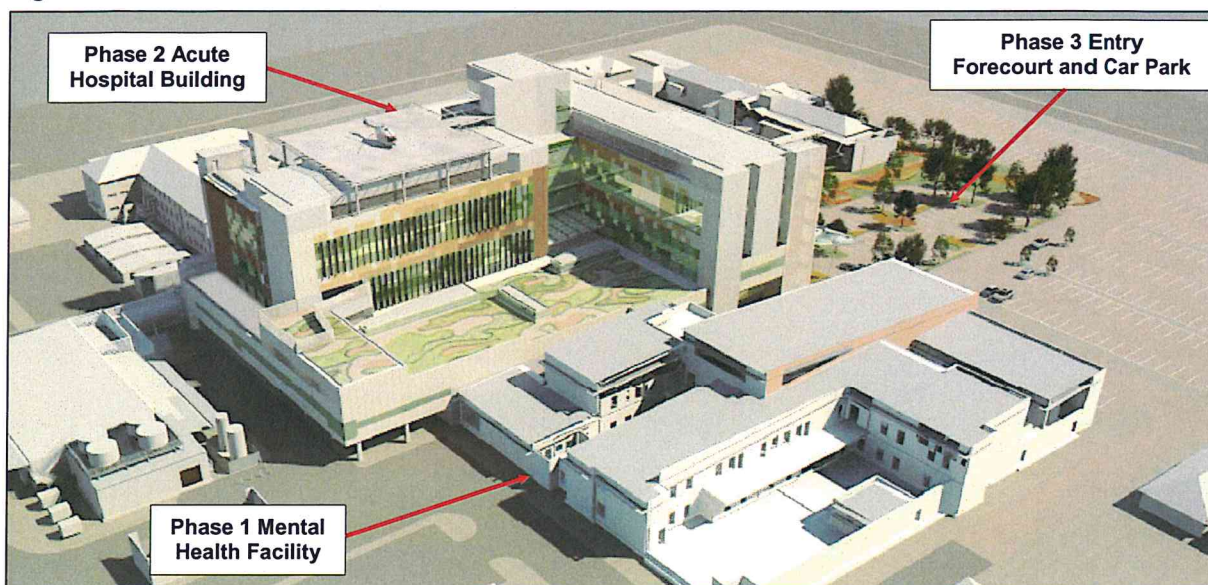


Figure 7: Lewis Drive Existing Southern View



Figure 8: Lewis Drive - Proposed Southern View (including Mental Health Building)



Built Form

The new eight storey building has a gross floor area of 25,031 sqm and is proposed to accommodate a new and expanded emergency department, imaging suite, operating theatres, sterile services, inpatient units, new procedure centre, critical care facilities,

angiography and cardiac catheter suite, diagnostic services, increased support services, pharmacy and new main hospital entrance (including café and retail area).

The proposed new hospital building is designed around a two storey podium level (as illustrated in **Figures 5 and 6**), providing linkages to the ground and first floor levels of the Mental Health facility and existing clinical services building. A proposed six storey "L" shaped tower above will extend out in two wings from a central core, providing maximum access to natural light and views for inpatient units on each level. The upper levels of the new hospital building will also comprise the hospital plant equipment at Level 6 and a new helipad at Level 7.

The department acknowledges that the scale of the proposed development is much larger than the surrounding development both within and outside the hospital campus. However, as detailed by **Figures 7 and 8**, the scale will not be dissimilar to the existing eight storey Ward Block building, which has existed as a prominent feature of the Wagga Wagga skyline for a number of years.

The proposed central location of the new hospital building within the campus will assist in minimising the bulk and scale impacts on the surrounding built environment. The central location allows for the adjacent one to three storey hospital buildings to provide a transition in scale to the surrounding low scale residential development.

The use of different materials and finishes to create horizontal and vertical expressions within the façade of the proposed new hospital building help to break down the scale of the building's bulk and provide a modern appearance. The applicant notes that the materials selected were also chosen to provide a reference to the local environment of Wagga Wagga, including the use of coloured terracotta claddings, colour matched aluminium and terracotta sun shading screens and colour matched tinted glass and anodized aluminium panels.

The department considers that the design and siting of the proposed new hospital building satisfactorily respond to the existing built environment, providing a modern hospital building in place of the existing outdated Ward Block building, which is proposed for demolition. The materials and finishes selected would also provide a varied and interesting façade that will assist in reducing apparent bulk, complimenting the newly constructed Mental Health facility adjacent.

Public Domain and Landscaping

The proposed development also includes construction of a new main entry and forecourt area in place of the existing Ward Block building. The new main entry and forecourt area will provide a new car parking and patient drop off area as well as a new landscaped entry and entry canopy, which will form the main public domain of the campus, offering spaces for patient and staff respite (see **Figures 5, 9 and 10**).

Similar to the materials and finishes selected for the new hospital building, the design (and selected plant species) of the forecourt area is derived from the local environment of Wagga Wagga, with the aim of providing:

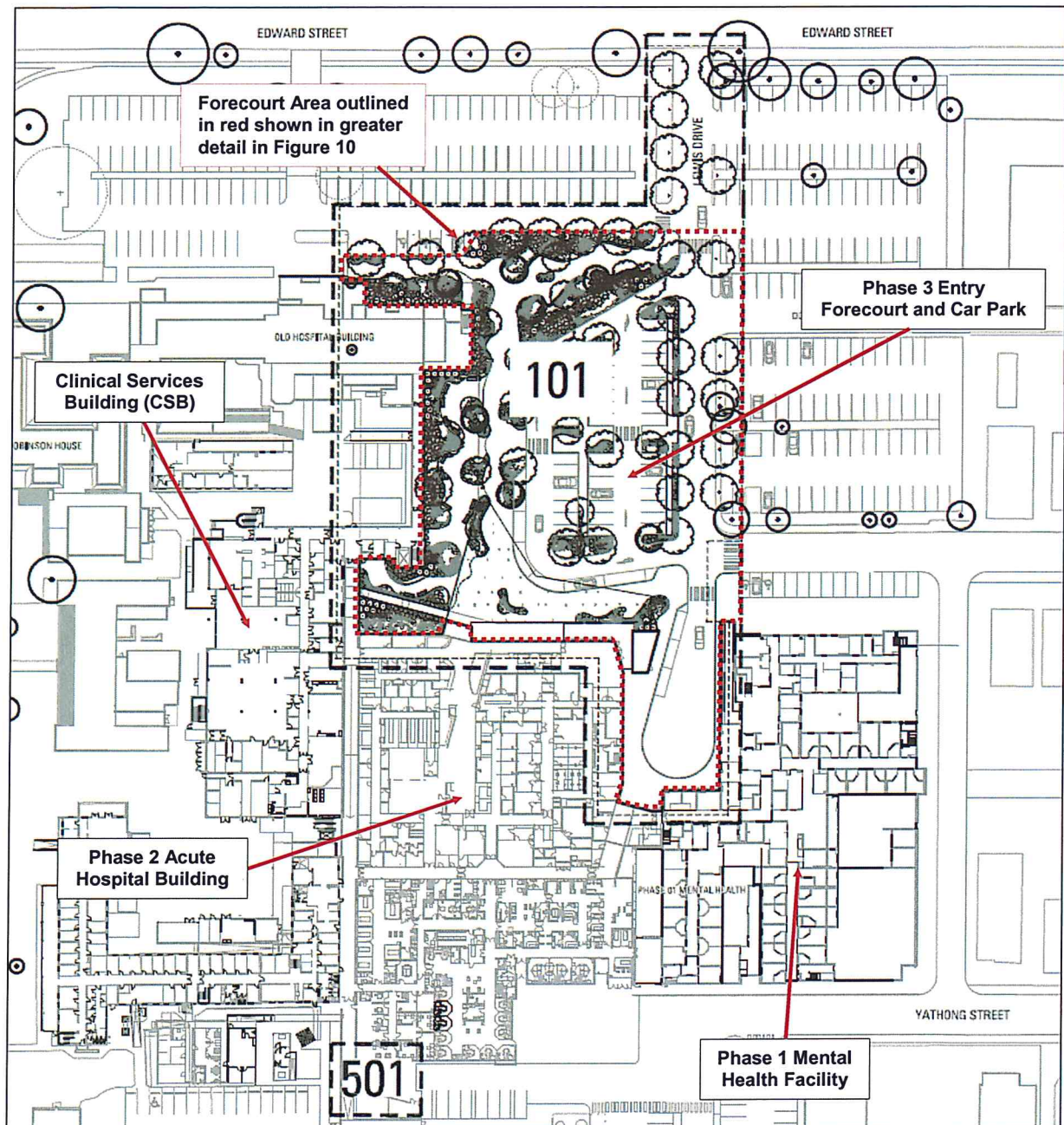
- an arrival experience for visitors through the use of soft and hard landscape treatments that assist with wayfinding;
- provision of a series of breakout spaces for passive recreation;
- a landscaped environment of human scale that assists its functionality and use; and
- a selection of plant species endemic to the Wagga Wagga district.

As indicated previously, the development of the forecourt area is proposed to occur following the demolition of the existing Ward Block building during Phase 3 of the campus' redevelopment. The incorporation of the new drop off bay, car parking and landscaped forecourt area within the design of the Phase 3 works will assist in integrating the existing

adjacent hospital buildings with the new development occurring at the campus, whilst also providing a sympathetic response to the character of the proposed new hospital building.

The department considers the proposed public domain and landscape design is satisfactory as it would positively reinforce the public entry to the hospital, acting as a focal point upon arrival for visitors and patients and also a space for passive recreation and respite.

Figure 9: Phases 2 and 3 Landscape Plan



SSD 5237 2012

Figure 10: Detailed Forecourt Landscape Plan



4.2.2 Traffic and Transport

Car Parking

Concerns were raised by the RMS that the proposed parking provision appeared to be deficient and that existing car parking demand has overflowed onto the surrounding road network.

The submitted Transport and Accessibility Study (traffic report) notes that upon completion of Phases 2 and 3, a total of 912 full time equivalent staff will be employed and provision made for a total of 299 beds, an increase of 174 staff and 26 beds respectively beyond the approved Phase 1 Mental Health development. Based on the additional staff and hospital beds, the applicant proposes to provide a total of 70 additional car parking spaces to cater for parking demand generated by Phases 2 and 3.

The traffic report submitted with the project application for Phase 1 stated that it generated the need for an additional 20 car parking spaces, based on the additional staff and beds of the Mental Health facility. However, a total of 50 additional spaces were provided within a new at-grade car park (approved separately under the ISEPP) which provided the required spaces as well as car parking spaces that were displaced by the approved Mental Health development. **Table 4** details the increases in staff/bed compared to parking spaces.

Table 4: Wagga Wagga Based Hospital Staff / Hospital Bed / Parking Details

Phase	Full Time Equivalent Staff	Hospital Beds	Parking Spaces
Existing	654	243	320
Phase 1 (Approved)	738 (+84)	273 (+30)	370 (+50)
Phases 2 & 3	912 (+174)	299 (+26)	440 (+70)

The traffic report states that due to the lack of specific parking guidelines for public hospitals, parking rates and requirements from a number of different sources were considered, which are summarised in **Table 5**. Applying these different car parking calculation methods results in varied parking requirements, however, the department concurs with the traffic report that the parking requirements for the development should be based on regional examples, similar to that applied at Bathurst and Gosford Councils and consistent with the approach applied during the assessment of the Phase 1 Mental Health Facility application.

Table 5: Hospital Parking Requirements – Extract from Traffic Report

Source	Criteria	Parking Requirement #
Austroads Traffic Part 11 Parking 2009	Victoria <ul style="list-style-type: none"> 1.3 parking spaces/bed 	34
RTA Traffic Generating Developments 2002	Private Hospital (not public hospitals) <ul style="list-style-type: none"> Formulae based on no. beds & average staff per weekday shift. Assume average staff per weekday shift is equivalent to ¾ of total staff. 	38
SKM Report Section 8.3.3.1	Bathurst Council <ul style="list-style-type: none"> 1 additional space per additional five beds and per three staff. 	63
SKM Report Section 8.3.3.1	Gosford Council <ul style="list-style-type: none"> 1 additional space per additional three beds and per three staff. 	67
ACT Parking & Vehicular Access Code 2012	<ul style="list-style-type: none"> 0.8 spaces/peak shift employee plus 0.5 spaces per bed. Assume staff peak is equivalent to ¾ of total staff 	117

parking requirement based on additional 174 new staff and 26 new hospital beds

Of the proposed additional 70 car parking spaces provided in Phases 2 and 3 of the hospital redevelopment, 50 spaces are proposed within the new forecourt area (see **Figure 9**) as part of this application, while a further 20 spaces are proposed to be provided under separate approvals obtained under the ISEPP by Health Infrastructure.

With respect to the concerns raised by RMS, the department considers that the application of regionally based car parking rates provides an acceptable parking rate to meet the demand generated by the proposed additional staff and hospital beds. In this regard, the projected total parking requirement of approximately 400 spaces is satisfactorily achieved, with a total of 440 car parking spaces proposed to be provided at the completion of Phases 2 and 3. The department also notes that Wagga Wagga hospital is surrounded by a number of medical and health consultancy practices and is within proximity to Calvary Health Care Riverina private hospital, which contributes to the demand and use of on-street car parking within the local road network. In this regard, the department considers the car parking provisions provided will satisfactorily address the parking demands generated by the proposed development and assist in alleviating on-street parking pressures.

Traffic

During the assessment of the proposed development, concerns were raised by both council and RMS that the withdrawal of the original concept plan proposal for the hospital campus, and road works envisaged under that former proposal, have contributed to a failure of the application to consider the cumulative impact of the hospital's redevelopment.

RMS initially recommended that the Edward Street and Murray Street intersection be upgraded to a signalised intersection to improve both its operational capacity and its safety. The applicant responded that it should not be required to resolve a pre-existing necessity to upgrade the intersection. RMS has since acknowledged that the applicant should not be burdened with the full extent of any design and construction works relating to the upgrades, but should acknowledge that due to the hospital redevelopment and resulting vehicular movements, the Edward Street and Murray Street intersection would be impacted on.

The department notes that the traffic report submitted with the project application for Phase 1 stated that based on the proposed additional traffic generated by Phase 1, increased traffic volumes within the surrounding road network would have a negligible effect on intersection performances.

The development proposed in Phases 2 and 3 is predicted to generate an additional 630 vehicle movements per day, including 60 vehicle trips per hour (vph) during peak periods (being 8:00 am to 9:00 am and 5:00 pm to 6:00 pm). The applicant's traffic report states that the additional vehicle movements would translate to a minor increase in traffic volumes on surrounding streets, equating to an approximate increase of one additional vehicle movement per minute when spread across the different campus access points, including the main entrance from Edward Street, as well as Yabtree Street, Yathong Lane and Rawson Lane (see **Figure 11**).

When considered together, the proposed redevelopment works (i.e. Phase 1 and Phases 2/3) are predicted to generate an additional 100 vph during the peak periods, translating to approximately two additional vehicle movements per minute when spread across the campus access points, and a minor increase in traffic volume across the existing road network. Specifically, the projected additional vehicle movements through the Edward Street and Murray Street intersection are estimated to be less than an additional 20 vph and will not adversely impact on the intersection's performance, and therefore not cause a significant increase in delays for vehicles on the Murray Street approach.

Acknowledging the redevelopment will result in increased traffic movements through the main hospital entrance at Edward Street, site access improvements at the Edward Street/Lewis Drive main hospital entrance are also proposed. In addition to the existing main entrance left turn entry from Edward Street, the proposed site access improvements will introduce a left turn exit from Lewis Drive into Edward Street and a dedicated protected right turn bay within an extension to the existing median in Edward Street to permit right turns for east bound Edward Street vehicles into Lewis Drive (see **Figure 12**).

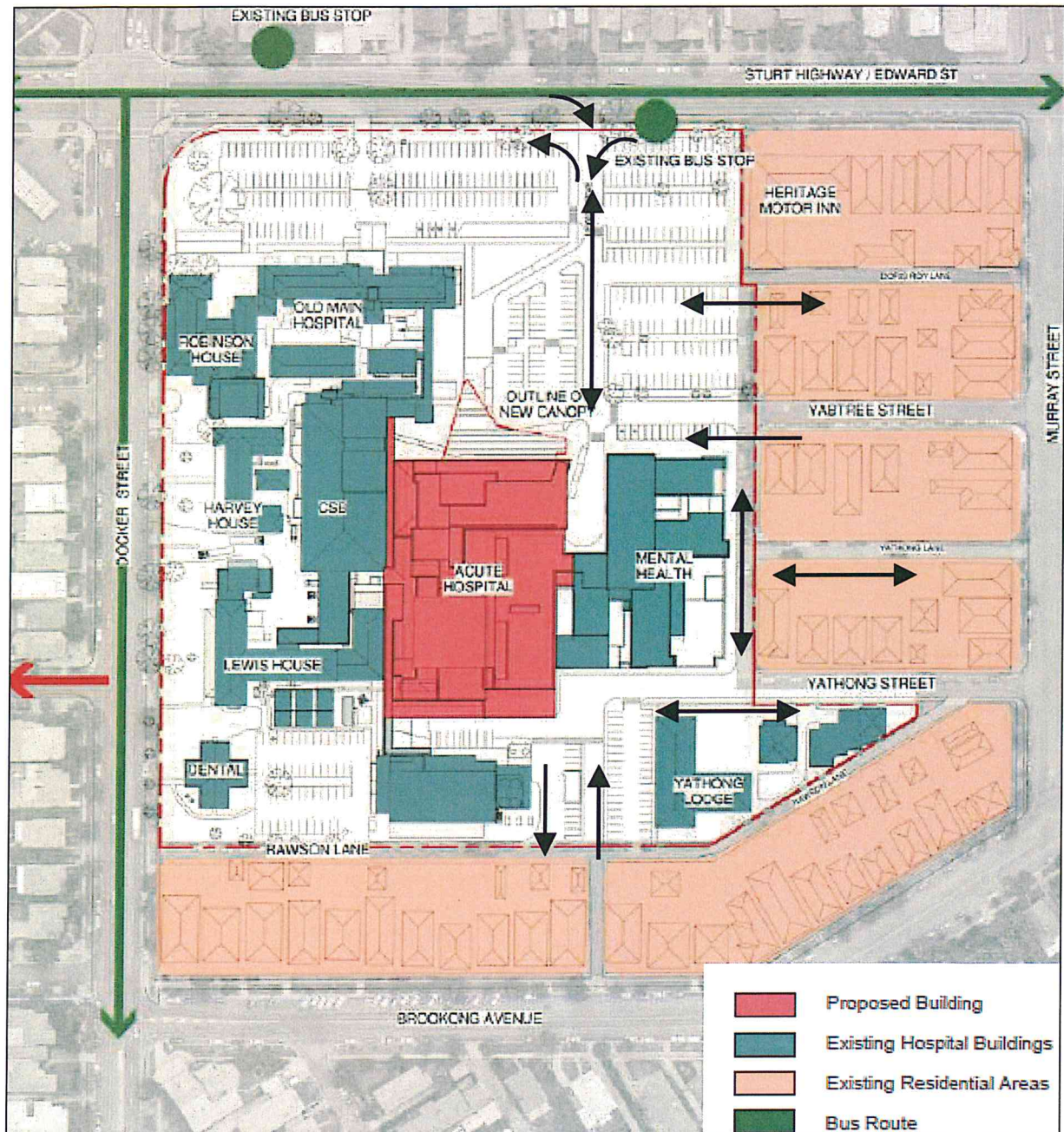
Furthermore, it is proposed to provide the existing west bound bus service with a layback indented bus bay that will ensure two clear lanes of traffic flow are maintained on Edward Street, which is supported by RMS. The indented bus bay will provide improved safety for staff, visitors and patients using the existing 10 – 12 bus services along Edward Street to access the hospital. No other upgrades are proposed by the applicant.

The traffic modelling also considers the hospital's operational impact up to the 2021 scenario, indicating the following:

- the proposed length of the protected right turn bay in Edward Street into Lewis Drive is adequate and will operate at a very good level of service and will not impact on the performance of the adjacent Edward Street and Docker Street intersection;

- the Edward Street and Murray Street intersection does not require signalisation to allow sufficient time gaps for vehicles to perform a right turn from Edward Street into Lewis Drive; and
- queuing from adjacent intersections are not expected to regularly extend past the Edward Street and Lewis Drive intersection during peak periods.

Figure 11: Road Network and Site Access Arrangements



The diagram illustrates the proposed layout for the Edward Street roundabout, highlighting key features and changes:

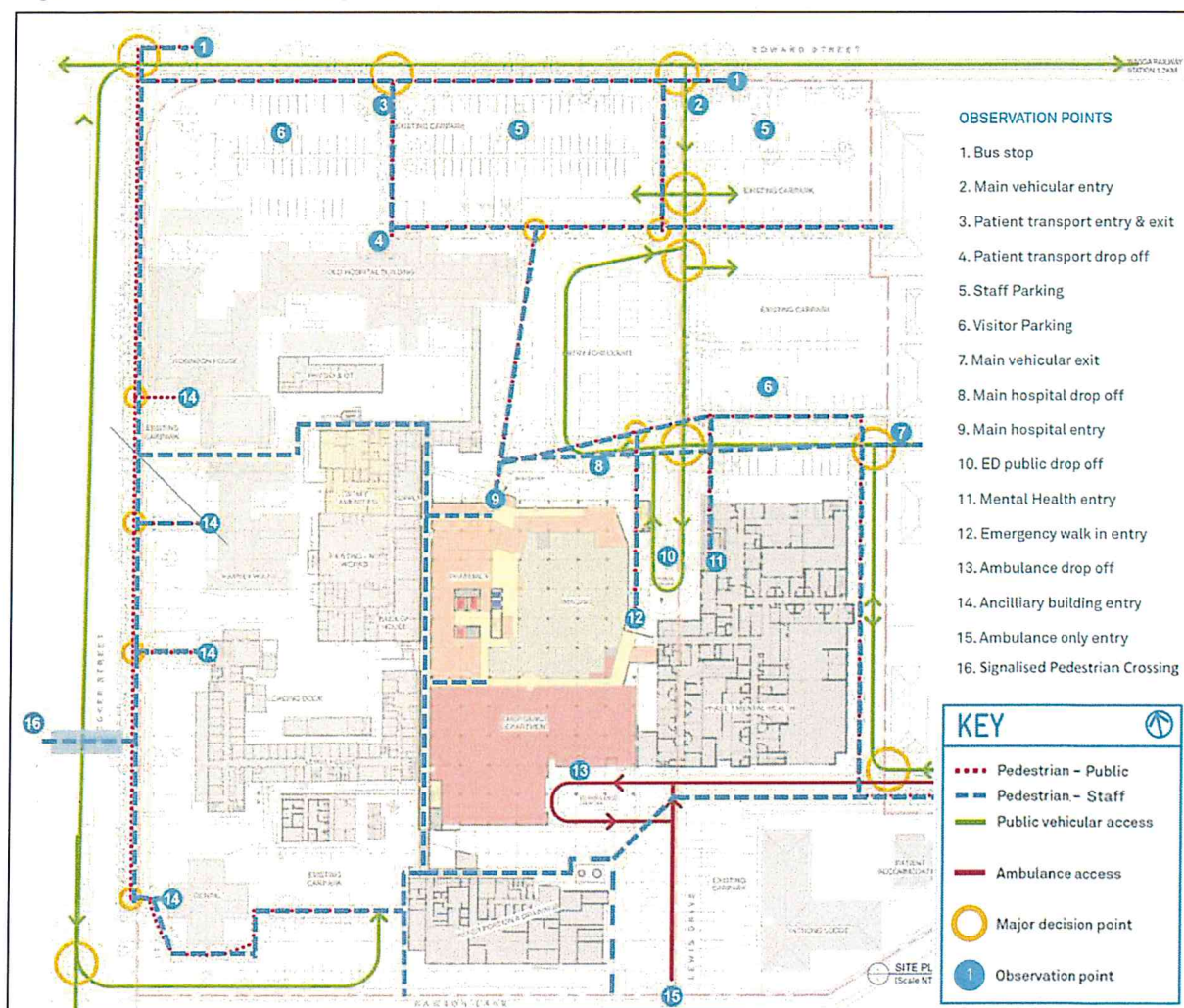
- North Approach:**
 - Protected Right Turn Bay:** A new bay for right-turning vehicles.
 - New Indented West Bound Bus Bay:** A new bay for west-bound buses.
 - Relocate Existing Sign:** A sign for 'NO STOPPING' is to be relocated.
 - Proposed Signs:** 'NO STOPPING' and 'ONLY' signs are proposed.
 - Dimensions:** 3.5m, 3.0m, 3.0m, 3.0m, 3.0m, 3.0m.
- East Approach:**
 - New Left Only Exit:** A new exit for left-turning vehicles.
 - Lewis Drive Access:** Access to Lewis Drive.
 - Proposed Signs:** 'ONLY' and 'NO STOPPING' signs are proposed.
 - Dimensions:** 3.5m, 3.0m, 3.0m, 3.0m, 3.0m, 3.0m.
- South Approach:**
 - New Bus Stop Layback:** A new bus stop location.
 - New Path:** A new path for pedestrians or cyclists.
 - Proposed Signs:** 'ONLY' and 'NO STOPPING' signs are proposed.
 - Dimensions:** 3.5m, 3.0m, 3.0m, 3.0m, 3.0m, 3.0m.
- West Approach:**
 - Relocate Existing Sign:** A sign for 'NO STOPPING' is to be relocated.
 - Proposed Signs:** 'NO STOPPING' and 'ONLY' signs are proposed.
 - Dimensions:** 3.5m, 3.0m, 3.0m, 3.0m, 3.0m, 3.0m.

23

Notwithstanding, both RMS and council still provided comments in relation to the need for the proposed development to address the provision of safe and clear pedestrian paths of travel, particularly from adjoining streets.

In response, the applicant prepared a Wayfinding Strategy, including journey plans (see **Figure 13**) for visitors/patients and staff, that provides a strategy for pedestrian movements from the surrounding streets. The strategy seeks to ensure safe and clear pedestrian movements by directing pedestrians to the new main forecourt entry of the hospital via Edward Street, reinforcing this as the main access for pedestrians. Further, internal pedestrian facilities will cater for desire lines to and from car parks to the new hospital entrance through the use of marked and/or raised crossings that will similarly assist in the provision of a safer pedestrian environment.

Figure 13: Pedestrian Journey Plan



The layout of the existing hospital buildings fronting Docker Street and Rawson Lane present difficulties to providing clear and unobstructed paths of travel for patients and visitors and would be potentially exposed to the back-of-house and loading dock functions located within these areas. However, provision will still be made for controlled access for hospital related staff.

Whilst opportunities exist to enter the site from other locations surrounding the campus, they do not provide direct access to the new main hospital entry, associated hospital reception and emergency department, but rather to service and back-of-house areas.

The department considers that the provision and reinforcement of pedestrian access from Edward Street, via Lewis Drive, to the new main entry forecourt area is preferable in terms of creating a safe and legible environment for pedestrians to navigate. Accordingly, the department recommends that appropriate pedestrian and vehicular signage be installed, reinforcing the Wayfinding Strategy development for the hospital to ensure a safe environment is created for both pedestrian and vehicle movements.

4.2.3 Noise and Vibration

Construction Noise and Vibration

The EIS was accompanied by a Noise and Vibration Impact Assessment (acoustic report) which addresses the noise and vibration impacts of the demolition and construction works and the operation of the proposed new hospital building.

The nearest sensitive receivers to the subject site include the residential land uses to the south of the site that back onto Rawson Lane (approximately 50 m) and to the east beyond the site of the new Mental Health facility and existing at-grade car parks (approximately 60 m) (see **Figure 14**).

The Interim Construction Noise Guideline (Department of Environment and Climate Change, 2009) (ICN Guideline) establishes construction noise management levels for surrounding sensitive residential receivers, and for surrounding non-residential sensitive receivers. Based on the measured background noise levels, a daytime noise management level of 47 dB(A) would apply (see **Table 6**).

Figure 14: Location of Sensitive Receivers

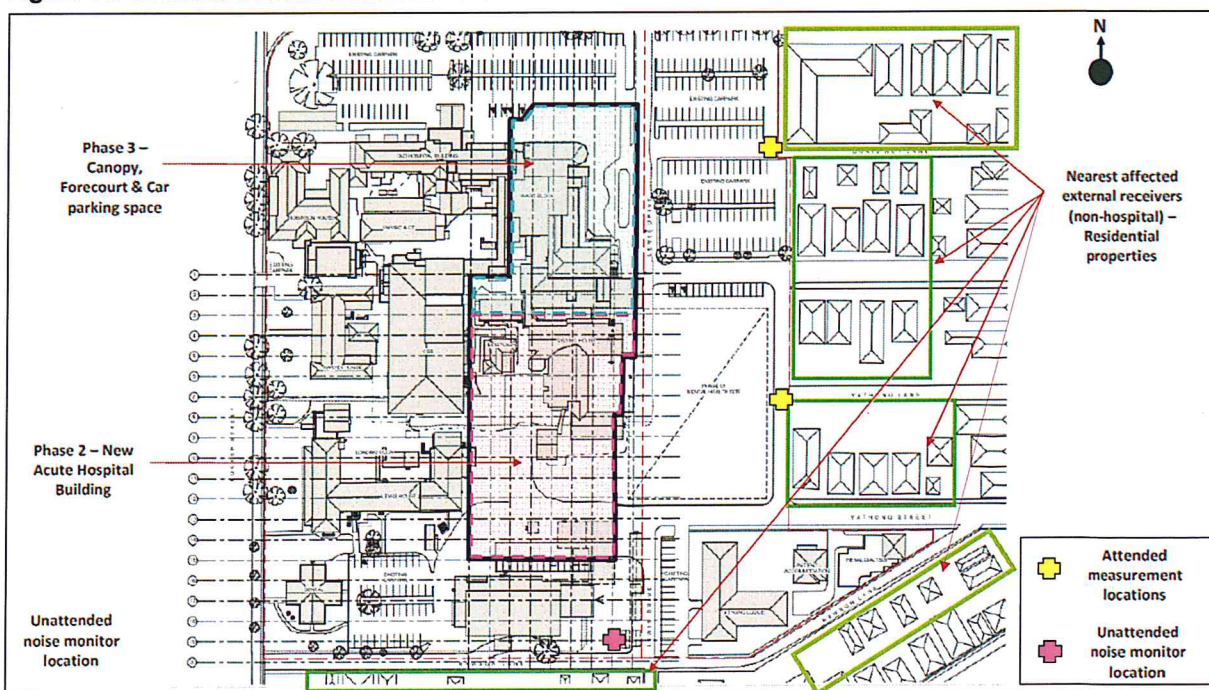


Table 6: ICN Construction Noise Management Levels for Adjoining Residential Land uses

Type of Receiver	Residential		
	Daytime (7 am to 6 pm)		
	Measured RBL ($L_{A90}(15 \text{ min})$ dB(A))	Noise Management Level dB(A) L_{eq} (RBL +10 dB(A))	Highly Noise Affected dB(A) L_{eq} (dB(A))
Residential	37 dB(A)	47 dB(A)	75 dB(A)

The acoustic report notes that in the absence of a detailed construction program only an initial analysis can be undertaken using emission details of typical equipment used during construction phases. Estimated noise emissions generated on site during excavation would

be approximately 115 dB(A), with noise levels of between 67 – 71 dB(A) expected at the boundary of the nearest sensitive receivers and last for approximately three months, based on the applicant's preliminary construction program.

During the construction of the hospital building, the loudest noise activities generated are estimated to reach approximately 105 dB(A), resulting in noise levels of between 55 – 60 dB(A) at the nearest sensitive receivers. Exposure is projected to last for approximately nine to 12 months based on the preliminary construction program at which point, noise levels generated would progressively reduce as the building shell is completed and the use of large noise emitting equipment is reduced.

Over the projected six to nine month demolition works program, noise emissions to be generated during the Ward Building demolition are estimated to reach 105 dB(A), resulting in noise levels of between 55 – 57 dB(A) at the nearest sensitive receivers, with the completed new hospital building acting as a noise barrier to properties to the south of the site.

Having regard to the emissions predicted to be generated during the different stages of the hospital's redevelopment, the department notes that noise and vibration levels would exceed the identified noise management level of 47 dB(A), though are not expected reach a highly noise affected level (i.e. above 75 dB(A)).

Vibration generated by excavation and earth retention activities are not predicted to cause significant vibration impacts due to the 50 – 70 metre separation between the proposed development site and sensitive receivers.

The department notes that no concerns were raised by the EPA with respect to noise and vibration emission impacts. Notwithstanding, to address the potential construction noise and vibration impacts, the acoustic report recommends that a Noise and Vibration Management Plan be prepared when the construction program is finalised in accordance with the ICN Guideline, which is similarly proposed as a mitigation measure in the EIS.

The department has also recommended conditions requiring the applicant to prepare a Construction Environmental Management Plan, which would include a section on construction noise and vibration management, and relevant noise management and vibration criteria during construction. As part of the implementation of the management plan, consultation with nearby residents would be required, notifying them of construction activities that are likely to affect their amenity, and include management methods and procedures to control noise and vibration during the hospital's redevelopment.

It is noted that the louder site preparatory and excavation works are projected to be completed within approximately three months, with the main building construction activities and demolition to take a further 18 to 21 months. The applicant notes that scheduling of works will take into consideration sensitive receivers and all equipment will be fitted with noise suppression apparatus to ensure relevant EPA guidelines are met. The department is satisfied that, subject to the recommended conditions and applicant's mitigation measures, any noise and vibration impacts associated with the proposed development can be adequately mitigated and managed.

Operational Noise – Helipad

The development also proposes the construction of a new helipad located on level seven of the new hospital building, which will provide for improved operational services compared to those currently in place where patients are transferred between Duke of Kent Oval and the hospital, approximately one kilometre away. The proposed new helipad is predicted to cater for an increase in flights from 47 to 78 transfers per year, equating to between six to seven flights per month. Flights are proposed to approach from both the east and west. The majority of operational flights are predicted to occur between 8 am and 6 pm, with flights that

operate between 6 pm and 8 for emergency purposes only, with no more than two per month predicted.

The 90 dB(A) L_{max} maximum noise level predicted during operation of the new helipad is below the guideline identified by Air Services Australia of 95 dB(A) L_{max} . While the predicted noise level is considered high, the small number of flights predicted across the month and the short duration of the associated noise exposure, will limit amenity impacts.

Operational Noise – Hospital

The new hospital building will also generate noise from the operation of mechanical plant equipment, associated traffic and loading dock and car parking activities. The acoustic report establishes operational noise goals for the amenity criterion of the surrounding residences based on the NSW Industrial Noise Policy (Environmental Protection Authority, 2000) (INP), which are identified in the **Table 7**.

Table 7: Operational Noise Goals for Surrounding Land uses

Residential			
Type of Receiver	Noise Level (RBL +5 dB(A))		
	Day	Evening	Night
Residential (Amenity)	55	45	40
Residential (Intrusive)	42	42	37
Residential (Sleep Disturbance)	N/A	N/A	47
Residential			
Type of Receiver	Noise Level (RBL +15 dB(A))		
	Day	Evening	Night
Sleep Disturbance	N/A	N/A	47

Consideration was also given to the likelihood of sleep disturbance during the night (i.e. 10 pm to 7 am) from a vehicle (the loudest typical event being a door closing or car being started) in the new car park to be constructed during Phase 3. It was assessed that based on typical noise levels associated with the use of the car park, that a predicted noise level of 51 dB(A) $L_{1(1min)}$ would be recorded at the nearest residential boundary, marginally exceeding the identified sleep disturbance amenity level of 47 dB(A).

Notwithstanding the minor exceedence, the department notes that existing car parking areas are sited between the proposed car park and nearest residential boundary and as such would experience noise levels greater than those likely to be generated by the new car park. Furthermore, noise generated by motor vehicles on adjoining roads is also likely to be a more constant source of noise than noises generated within the proposed car park.

The acoustic report recommends that a detailed review of mechanical plant equipment associated with operation be undertaken at the construction certification stage when detailed information of plant equipment is known. The acoustic report also notes that variable speed drives and line of sight noise screens will be required to ensure that the identified operational noise goals for the surrounding sensitive receivers are met.

The applicant has committed to incorporating all recommendations of the acoustic report to achieve the operational noise goals including the mitigation measures contained within the EIS. The department also recommends that post occupation conditions are imposed requiring plant and machinery to comply with relevant background noise levels, and that a report be prepared and submitted to the department following commencement of the operation of the new acute hospital building, demonstrating compliance with the development specific noise levels.

The department is satisfied that, subject to the recommended conditions, any noise impacts associated with the operation of the proposed development can be adequately mitigated and managed.

Traffic Noise – Operational

The acoustic report also notes that based on a worst case scenario involving an increase of 70 vehicle movements per hour over a 24 hour period, the operation of the new hospital building would result in a 1 dB increase in noise. Accordingly, the expected increase in vehicle movements associated with the proposed development would not lead to an unacceptable increase in the existing noise levels at the boundary of the nearest residential sensitive receiver and would satisfactorily comply with the traffic noise criteria set out within the EPA's Road Noise Policy.

4.2.4 Developer Contributions

During consultation with the applicant, council identified that the existing drainage networks and adjacent roads would be impacted on by the proposed development. Council sought \$200,346.01 in section 64 contributions for Phases 1, 2 and 3 of the hospital redevelopment. Council acknowledges that an initial payment of \$170,000 was made for the approved Phase 1 development (MP11_0087).

Accordingly, the applicant has committed to paying the balance of section 64 contributions prior to the commencement of works for Phases 2 and 3. An appropriate condition is recommended to be imposed to ensure the balance is paid in full.

4.2.5 Overshadowing

The proposed new hospital building is centrally located within the site, helping to ensure overshadowing impacts generated by the development are predominantly contained within the site. The adjoining motel and residential properties to the east will not be impacted upon by the proposal, during either the summer or winter solstice. However, the proposed new eight storey building will result in additional overshadowing of the rear of three properties adjacent to the south at 9 am during the winter solstice. Notwithstanding, the impact of the overshadowing is considered to be minor as shadows will have cleared the rear of these properties before 12 noon.

This is further detailed in **Figures 15 – 20**, which also provide a comparison between the existing and proposed overshadowing impacts from the proposed development during the winter solstice. The department acknowledges that overshadowing has increased compared to the shadows cast from the existing buildings, however, the shadows cast outside of the hospital campus are considered to be minimal and acceptable.

Figure 15: Existing Winter 9 AM

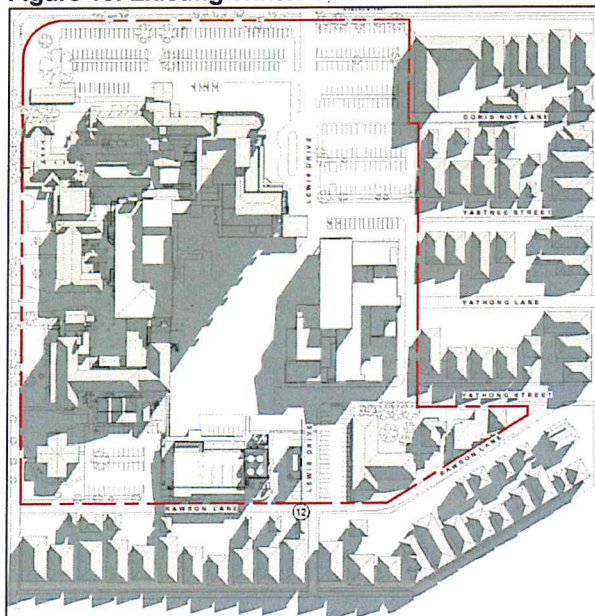


Figure 16: Proposed Winter 9 AM

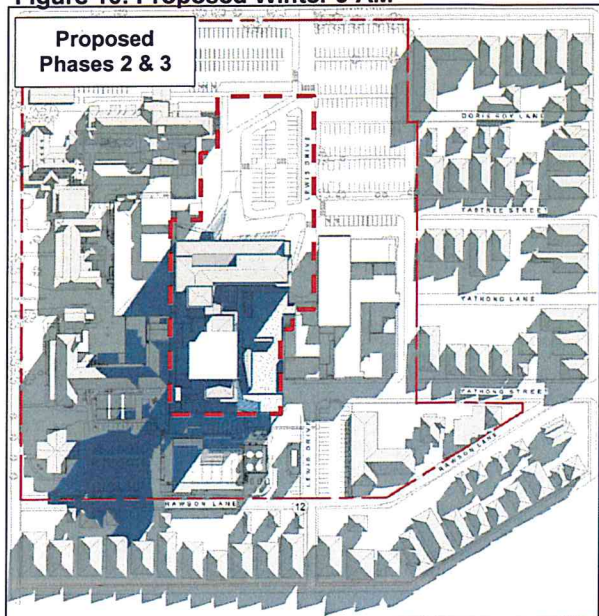


Figure 17: Existing Winter 12 NOON

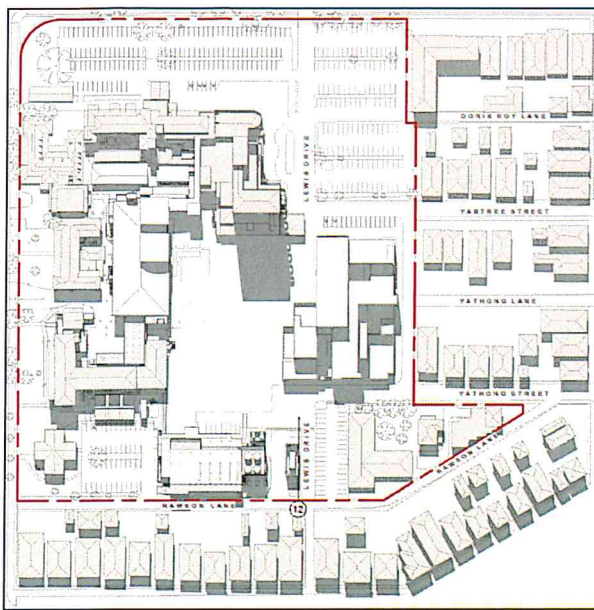


Figure 18: Proposed Winter 12 NOON

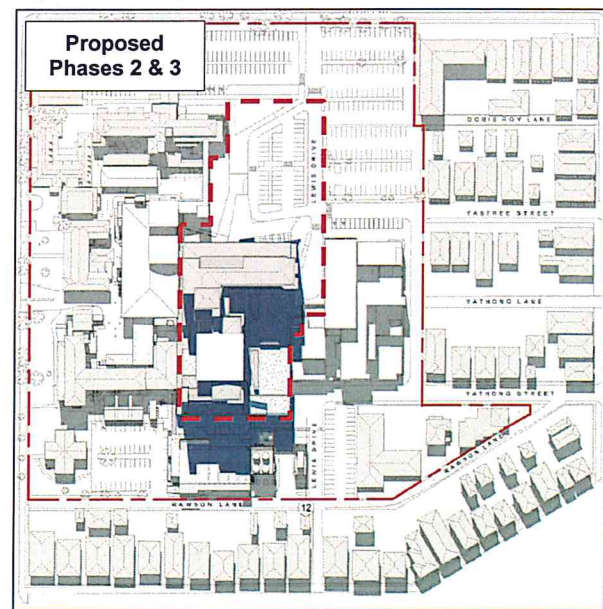


Figure 19: Existing Winter 3 PM

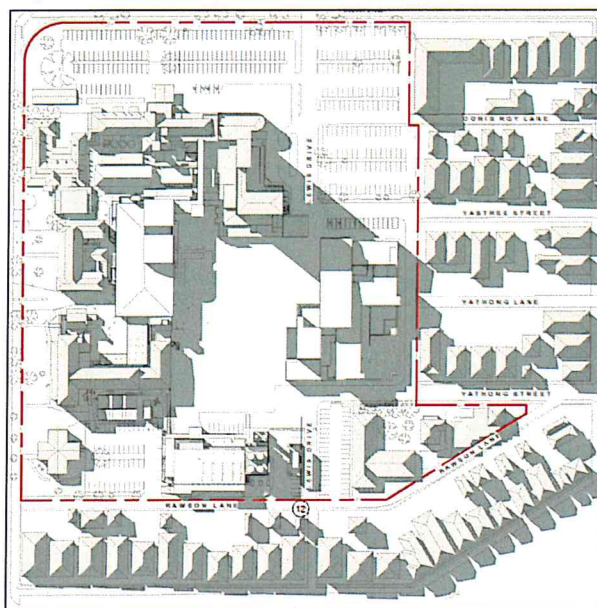
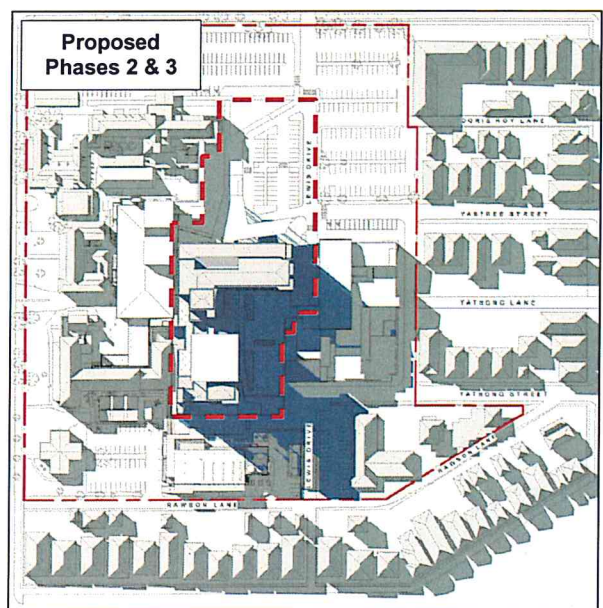


Figure 20: Proposed Winter 3 PM



4.2.6 Heritage

The proposed development seeks approval for the demolition of the existing Ward Block hospital building, a local heritage item, listed under the Wagga Wagga LEP. This was completed in 1963 and is an example of the Functionalist Style that dominated hospital design between the 1940s and 1960s. The building itself represents the site's function which has continuously provided medical services from 1910, though its landmark status within the locality is attributed more to its size rather than its architectural merit. The building is identified as a fair example of its type and one of a number of examples across the state.

With respect to the building's demolition, no objections were raised by either council or Heritage NSW. The applicant's heritage impact statement notes that its demolition is unavoidable if the best acute health care is to be provided for Wagga Wagga, such that the existing design of the Ward Block building does not lend itself to adaptive re-use to accommodate the changes to medical practices and health services of today.

The proposed new acute hospital building will both physically and visually substitute the existing Ward Block building following the demolition and is not expected to have any additional impact on the nearby Wagga Wagga Conservation Area considering the similarities between the scale of the existing and proposed hospital buildings. The applicant has recommended mitigation measures in its EIS in response to the proposed demolition of the Ward Block hospital building, including archival recording, protection of moveable heritage items for potential interpretive use on-site and the development of an interpretation strategy.

The department accepts that in order for the provision of improved health services to Wagga Wagga and the surrounding district, the demolition of the existing Ward Block building is unavoidable. The existing building has reached its operational capacity and its augmentation to be able to provide the necessary health and medical services to the Wagga Wagga community would be unfeasible.

However, the proposed archival recording, protection of moveable heritage items for potential future use within the site are considered to be appropriate measures to provide an appropriate representation of the heritage significance of the building.

4.2.7 Suitability of the Site

The site is considered suitable for the proposed development as:

- redevelopment within the existing Wagga Wagga Base Hospital campus will allow for improved departmental functional relationships to be created and provide greater flexibility for use and future site expansions beyond 2021;
- the existing Wagga Wagga Base Hospital campus is located in proximity to existing health services;
- the siting of the proposed building centrally within the campus assists in minimising potential amenity and overshadowing impacts;
- the site has previously been disturbed and is clear of native vegetation;
- the siting and design of the proposed building and provision of landscaping will minimise visual or amenity impacts to surrounding low density residential development; and
- the site is satisfactorily serviced by infrastructure and public transport.

4.2.8 Public Interest

Phases 2 and 3 of the campus redevelopment will cater for the current and future demands of the local health district through the provision of a new acute hospital building and associated infrastructure. The development will provide the existing Wagga Wagga Base Hospital campus with contemporary hospital facilities and enhance the delivery of health services in the Murrumbidgee Local Health District. The proposal forms part of the larger campus redevelopment, which will see improvements not only to the quality and range of health services provided, but also provide for improvements to campus public domain and pedestrian and vehicular connections through the site.

Considering the minor impacts associated with the development and proposed mitigation measures, the department considers the provision of improved health services for the local health district to be in the public interest.

5. CONCLUSION AND RECOMMENDATION

5.1 Conclusion

The proposal seeks approval to the construction of a new eight storey acute hospital building and demolition of the existing Ward Block building and associated entry forecourt and car parking at Wagga Wagga Base Hospital.

The department has reviewed the EIS and considered advice from public authorities and the general public. Issues raised in submissions have been duly considered and all relevant environmental issues associated with the proposal have been thoroughly assessed. The proposal is consistent with the strategic objectives for the area.

The department is of the view that the recommended conditions and implementation of measures detailed in the applicant's EIS and appendices, and the Response to Submissions report and appendices, will adequately mitigate the environmental impacts of the proposal.

On balance, the department considers the site to be suitable for the proposed development and the proposal to be in the public interest given the significant social and economic benefits associated with the hospital redevelopment works. The current Ward Block hospital building has reached its operational capacity and would be unfeasible to pursue building augmentations to provide the necessary medical improvements to meet the needs of the growing Wagga Wagga community and surrounding district. Accordingly the department recommends that the State significant development be approved, subject to conditions.

5.2 Recommendation

In accordance with section 89E of the Environmental Planning and Assessment Act, 1979, it is recommended that the Executive Director, Development Assessment Systems and Approvals, as delegate of the Minister for Planning and Infrastructure:

- (a) **consider** the finding and recommendations of this report;
- (b) **approve** the development by granting consent for Wagga Wagga Hospital Phase 2 and 3 Redevelopment, subject to the recommended conditions
- (c) **sign** the attached 'Instrument of Consent', attached at **Tag A**

Endorsed by:



7/11/13.

Chris Ritchie
A/Director
Industry, Social Projects and Key Sites



7.11.13

Chris Wilson
Executive Director
Development Assessment Systems and
Approvals

APPENDIX A RELEVANT SUPPORTING INFORMATION

The following supporting documents and supporting information to this assessment report can be found on the Department of Planning and Infrastructure's website as follows.

1. Environmental Assessment

http://majorprojects.planning.nsw.gov.au/index.pl?action=view_job&job_id=5237

2. Submissions

http://majorprojects.planning.nsw.gov.au/index.pl?action=view_job&job_id=5237

3. Applicant's Response to Submissions

http://majorprojects.planning.nsw.gov.au/index.pl?action=view_job&job_id=5237

APPENDIX B CONSIDERATION OF ENVIRONMENTAL PLANNING INSTRUMENT(S) AND DCP(S)

The primary controls guiding the assessment of the proposal are:

- a) State Environmental Planning Policy (State and Regional Development) 2011
- b) State Environmental Planning Policy No.55 – Remediation of Land
- c) State Environmental Planning Policy No.33 – Hazardous and Offensive Development
- d) State Environmental Planning Policy (Infrastructure) 2007
- e) Wagga Wagga Local Environmental Plan 2010

State Environmental Planning Policy (State and Regional Development) 2011 (SRD SEPP)

The aims of the SRD SEPP are to identify State significant development and State significant infrastructure and provide the necessary functions to joint regional planning panels to determine development applications.

The proposal is for SSD in accordance with s. 89C of the *Environmental Planning and Assessment Act*

1979 (EP&A Act) because it is development for the purpose of a hospital with a capital investment value (CIV) in excess of \$30 million, under clause 14 (Hospitals, medical centres and health research facilities) of Schedule 1 of State Environmental Planning Policy (State and Regional Development) 2011.

State Environmental Planning Policy No. 55 – Remediation of Land

State Environmental Planning Policy No 55 – Remediation of Land (SEPP 55) is the primary environmental planning instrument guiding the remediation of contaminated land in NSW. SEPP 55 aims to:

- provide a state-wide planning approach to the remediation of contaminated land
- identify when consent is required or not required for a remediation work
- specify certain considerations that are relevant to applications for consent to carry out a remediation work
- require that remediation work meet certain standards and notification requirement.

Clause 7 of SEPP 55 identifies that a consent authority must not consent to the carrying out of any development on land unless:

- it has considered whether the land is contaminated

- if the land is contaminated, it is satisfied that the land is suitable in its contaminated state (or will be suitable, after remediation) for the purpose for which the development is proposed to be carried out
- if the land requires remediation to be made suitable for the purpose for which the development is proposed to be carried out, it is satisfied that the land will be remediated before the land is used for that purpose.

A preliminary contamination assessment report accompanied the EIS and incorporated a desktop assessment of existing and historical information on the site and some limited site sampling and analysis. The site area is currently occupied by a number of existing buildings, including the eight storey Ward Block hospital building (proposed to be demolished during Phases 3), therefore soil sampling undertaken as part of the phase 1 report was limited to the open accessible areas around the existing buildings.

The laboratory results of soil sampling undertaken indicated that there are no significant areas of fill on the site and that no contaminants exceeding adopted site criteria were identified. In addition, sampling and analysis of ground water did not identify any significant contamination. On this basis, the applicant's report considered that the proposed Phase 2/3 development site was suitable for continuing the existing hospital use.

Notwithstanding, as the proposal involves the demolition of the existing Ward Block building following the construction of the proposed acute hospital building, the report recommended the following:

- a hazardous materials assessment of the structures to be demolished be undertaken prior to demolition to identify any materials that may require management/disposal in order to prevent contamination; and
- an Unexpected Finds Protocol be developed for use by contractors during any excavation works for the redevelopment, addressing issues such as buried asbestos or further abandoned underground storage tanks

The department is satisfied that, subject to the recommendations, the proposed development satisfactorily addresses the requirements of SEPP 55, and that the site will be suitable for hospital use prior to commencement of operation.

State Environmental Planning Policy No.33 – Hazardous and Offensive Development

SEPP 33 provides clear definitions of hazardous and offensive industries and aims to facilitate development defined as such and to ensure that in determining developments of this nature, appropriate measures are employed to reduce the impact of the development and require advertisement of applications proposed to carry out such development.

The applicant has confirmed that quantities of goods proposed to be stored within the proposed development are below the risk screening thresholds quantities in Applying SEPP 33 (Department of Planning, July 2008), therefore the proposal does not constitute a potentially hazardous development and there is no requirement to prepare a preliminary hazard analysis.

The department is satisfied that the proposed development is not a hazardous or offensive development under SEPP 33, and that the proposal will not result in any additional hazardous activities being undertaken on the site.

State Environmental Planning Policy (Infrastructure) 2007

The Infrastructure SEPP aims to facilitate the effective delivery of public infrastructure across the State.

Schedule 3 of the Infrastructure SEPP applies to traffic generating developments and requires that the RMS is consulted on certain traffic generating applications before a consent authority makes a determination on the development. The proposal was referred to the RMS, who whilst raising no objections to the proposal, did raise concerns regarding the traffic generation of the proposed development, its impact on the existing network and the difficulty in assessing the proposal following the withdrawal of the former Wagga Wagga Hospital concept plan. RMS's comments are discussed in Section 3 and 4.2 of this report.

Additionally, separate to the application, the applicant has undertaken work on the site under provisions of the Infrastructure SEPP (including at-grade car parking and a new loading dock).

Wagga Wagga Local Environmental Plan 2010

The site is zoned SP2 Infrastructure (Hospital) under Wagga Wagga Local Environmental Plan 2010 (Wagga Wagga LEP). The proposed development is permissible with consent, and no specific development standards or controls apply to the site, including setbacks, floor space ratio or height.

The proposed development is considered to satisfy the zone objectives, through the provision of hospital and medical related infrastructure that is compatible with the site's function.

Clause 5.10 Heritage Conservation

Under the Wagga Wagga LEP, the existing Ward Block hospital building is listed as a local heritage item (Item No.1261). A heritage conservation area also abuts the southern boundary of the hospital site. During the assessment of the proposed development, council or Heritage NSW raised objections to the proposed development and demolition of the Ward Block building.

Whilst the proposed development will result in the loss of an existing item, the proposed new acute hospital building will act as a modern replacement to the Ward Block, continuing to provide the medical and health services associated with the building following its demolition, but in a more efficient manner to provide the surrounding district with the best acute health care.

The applicant has recommended mitigation measures in their EIS in response to the proposed demolition of the Ward Block hospital building, including archival recording, protection of moveable heritage items for potential interpretive use on site and the development of an interpretation strategy.

Wagga Wagga Development Control Plan 2010

Consideration of the relevant controls contained within council's DCP is provided below.

Table 2: Wagga Wagga DCP Compliance Table

Wagga Wagga DCP 2010	Objectives	Department Comment/Assessment	Yes/No
2.1 Site analysis plan	- prepare a site analysis plan for applications that propose substantial new work or construction.	A detailed site analysis is contained within the submitted EIS at section 2. The analysis satisfactorily considers the constraints and opportunities for the site.	Yes
2.2 Vehicle access and movements	- ensure the safety and efficiency of urban and rural roads; and - limit new access points to	The proposed development seeks approval for augmentations to the main site	Yes

	arterial roads or ensure alternative access is utilised where practical.	access from Edward Street, including the construction of a protected right turn bay for east bound Edward Street traffic. While the proposal seeks to introduce a new left hand exiting manoeuvre onto Edward Street, traffic modelling undertaken suggest that adequate time gaps are provided within the traffic to accommodate its introduction. Further, alternative access routes are available streets to the side and rear of the hospital campus.	
2.3 Off-street parking	<ul style="list-style-type: none"> - ensure adequate provision is made for safe and efficient movement of vehicles; - ensure the provision of safe and efficient parking to meet anticipated demands; - minimise disruptions to existing levels of service and safety as a result of insufficient parking being provided on site; - soften the impacts of larger car parking areas through the use of landscaping; and - provide shade and solar access to car park users by means of purpose designed tree planting. 	<p>The proposed Phases 2 and 3 redevelopment of the hospital makes provision for an additional 70 car parking spaces, which will satisfactorily cater for the increased demand generated by the proposal.</p> <p>New car parking and landscaping proposed within the new entry forecourt area (to be constructed during Phase 3) will adequately soften the hardscape area and provide suitable shading for users.</p>	Yes
2.4 Landscaping	<ul style="list-style-type: none"> - promote designed landscapes as part of a fully integrated approach to site development; - retain and protect existing vegetation and conserve significant natural features of the site; - encourage landscape that responds to existing site conditions, local character and creates and enhances living and working environments whilst discouraging the opportunities for crime and vandalism; - ensure the landscape adequately complements the proposed built forms and minimises the impacts of scale, mass and bulk of the development on the existing area and surrounding streetscapes, view sheds and neighbourhood amenity; - promote the use of indigenous and other low maintenance plant material suitable to the climatic extremes of the local area; - encourage landscape that can be effectively maintained to a high standard for the life of the 	<p>The proposed landscape design for the new acute hospital responds to the local character and environment and has been designed to make use of locally endemic plant species.</p> <p>The proposed landscape design has been integrated into the new forecourt entry, appropriately responding to the new hospital building and framing the new entrance.</p> <p>The design of the space also provides areas for passive recreation for staff, visitors and patients.</p>	Yes

	development; and - enhance and define entry areas and to frame views from and into the development via the use of landscaping.		
2.6 Safety and security	- incorporate crime prevention strategies in new developments; - encourage active, pedestrian orientated environments where developments are designed to integrate into the public domain; and - maximise opportunities for natural surveillance of public spaces and building entrances.	CPTED principles have been incorporated into the design of the proposed development, including the consideration of the co-location of hospital functions within the campus to maximise surveillance, particularly around 24-hours activities. The new main hospital entrance of the proposed development is directed towards Edward Street, promoting this as the main pedestrian desire line for visitors and patients, which is also integrated into the new forecourt area and patient drop off zone.	Yes

APPENDIX C GLOSSARY

Accredited Assessment under the EPBC Act.

If the development involves a "controlled action" under the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act), the development can be assessed as an accredited assessment under the EPBC Act. This means that separate assessment processes are not required under both the EPBC Act and the EP&A Act, and the NSW assessment process has been accredited by the Commonwealth. However, the Commonwealth Minister for the Environment maintains an independent approval role, and the Commonwealth provides input to certain stages of the assessment process

Where a controlled action is involved the department has consulted with the Commonwealth Department of Sustainability, Environment, Water, Population and Communities (SEWPaC) throughout the assessment process.

Delegated Authority

On 27 February 2013, the Minister for Planning and Infrastructure delegated his functions under s. 89E of the *Environmental Planning and Assessment Act 1979*, to the Executive Director, Development Assessment Systems and Approvals, to determine applications where:

- (a) the relevant council has not made an objection, and
- (b) a political disclosure statement has not been made, and
- (c) there are less than 10 public submissions in the nature of objections.

Ecologically Sustainable Development can be achieved through the implementation of:

- (a) *the precautionary principle - namely, that if there are threats of serious or irreversible environmental damage, lack of full scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation. In the application of the precautionary principle, public and private decisions should be guided by:*
 - (i) *careful evaluation to avoid, wherever practicable, serious or irreversible damage to the environment, and*
 - (ii) *an assessment of the risk-weighted consequences of various options,*

- (b) *inter-generational equity—namely, that the present generation should ensure that the health, diversity and productivity of the environment are maintained or enhanced for the benefit of future generations,*
- (c) *conservation of biological diversity and ecological integrity—namely, that conservation of biological diversity and ecological integrity should be a fundamental consideration,*
- (d) *improved valuation, pricing and incentive mechanisms—namely, that environmental factors should be included in the valuation of assets and services, such as:*
 - (i) *polluter pays—that is, those who generate pollution and waste should bear the cost of containment, avoidance or abatement,*
 - (ii) *the users of goods and services should pay prices based on the full life cycle of costs of providing goods and services, including the use of natural resources and assets and the ultimate disposal of any waste,*
 - (iii) *environmental goals, having been established, should be pursued in the most cost effective way, by establishing incentive structures, including market mechanisms, that enable those best placed to maximise benefits or minimise costs to develop their own solutions and responses to environmental problems.(Cl.7(4) Schedule 2 of the Regulation)*

Objects of the Act

- (a) *to encourage:*
 - (i) *the proper management, development and conservation of natural and artificial resources, including agricultural land, natural areas, forests, minerals, water, cities, towns and villages for the purpose of promoting the social and economic welfare of the community and a better environment,*
 - (ii) *the promotion and co-ordination of the orderly and economic use and development of land,*
 - (iii) *the protection, provision and co-ordination of communication and utility services,*
 - (iv) *the provision of land for public purposes,*
 - (v) *the provision and co-ordination of community services and facilities, and*
 - (vi) *the protection of the environment, including the protection and conservation of native animals and plants, including threatened species, populations and ecological communities, and their habitats, and*
 - (vii) *ecologically sustainable development, and*
 - (viii) *the provision and maintenance of affordable housing, and*
- (b) *to promote the sharing of the responsibility for environmental planning between the different levels of government in the State, and*
- (c) *to provide increased opportunity for public involvement and participation in environmental planning and assessment.*

Relevant Environmental Planning Instruments.

These are EPIs that are required to be taken into consideration in the assessment of the development under s. 79C. A detailed evaluation of each is provided at Appendix B.

Section 79C Evaluation

(1) Matters for consideration—general

In determining a development application, a consent authority is to take into consideration such of the following matters as are of relevance to the development the subject of the development application:

- (a) *the provisions of:*
 - (i) *any environmental planning instrument, and*
 - (ii) *any proposed instrument that is or has been the subject of public consultation under this Act and that has been notified to the consent authority (unless the Director-General has notified the consent authority that the making of the proposed instrument has been deferred indefinitely or has not been approved), and*

- (iii) any development control plan, and
 - (iiia) any planning agreement that has been entered into under section 93F, or any draft planning agreement that a developer has offered to enter into under section 93F, and
 - (iv) the regulations (to the extent that they prescribe matters for the purposes of this paragraph), and
 - (v) any coastal zone management plan (within the meaning of the Coastal Protection Act 1979),
- that apply to the land to which the development application relates,
- (b) the likely impacts of that development, including environmental impacts on both the natural and built environments, and social and economic impacts in the locality,
 - (c) the suitability of the site for the development,
 - (d) any submissions made in accordance with this Act or the regulations,
 - (e) the public interest.

Note. See section 75P (2) (a) for circumstances in which determination of development application to be generally consistent with approved concept plan for a project under Part 3A.

Note. The consent authority is not required to take into consideration the likely impact of the development on biodiversity values if:

- (a) the development is to be carried out on biodiversity certified land (within the meaning of Part 7AA of the Threatened Species Conservation Act 1995), or
- (b) a biobanking statement has been issued in respect of the development under Part 7A of the Threatened Species Conservation Act 1995.