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Hobart City Council

Report on Calvary Healthcare Tasmania Hospitals - Provisions for the New City of Hobart Planning Scheme

Document Familiarisation,
Evaluation of Options and
Recommended Approach

November 2008



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1. Introduction

1.1 Project Background

GHD Pty Ltd (GHD) has been commissioned by Hobart City Council (Council) to identify and prepare planning scheme provisions that can adequately provide for the continuation of the Lenah Valley and South Hobart hospital campuses of Calvary Healthcare Tasmania in a manner which is consistent with the realisation of the Objectives of LUPAA having regard to the nature of surrounding uses.

The provisions will be inserted into a draft City of Hobart Planning Scheme. They will be drafted in the format provided for under the template in Planning Directive No.1, prepared by the Resource Planning and Development Commission.

1.2 Scope of Report

The report is structured to respond to the stages identified in the 'New City of Hobart Planning Scheme: Calvary Healthcare Tasmania Hospitals – Brief' prepared by Hobart City Council in March 2007. This includes:

- » A summarised documentation of the situation and issues associated with the current provisions of the City of Hobart Planning Scheme 1982 in relation to Calvary Healthcare Tasmania in respect of its current hospital facilities at its Lenah Valley (Calvary) and South Hobart (St John's) campuses; and
- » The identification and evaluation of zoning and overlay options and associated planning controls for the campuses having regard to the provisions of the 'Common Key Elements' template established by Planning Directive Number 1.



2. Statutory References

The new City of Hobart Planning Scheme will need to make appropriate provision for a number of institutional and other major land uses provided for by Special Use zoning under the current planning scheme. In determining the preferred statutory framework for the Calvary Healthcare Tasmania Hospital sites in Lenah Valley and South Hobart it is important that a proper understanding of the current provisions is obtained and with it an awareness of the key issues that will need to be considered in any revised planning framework.

2.1 City of Hobart Planning Scheme 1982 (Planning Scheme)

The City of Hobart Planning Scheme 1982 (Planning Scheme) controls the use and development of land at both the Calvary Healthcare Tasmania hospital sites located at 49 Augusta Road, Lenah Valley and St John's Hospital, South Hobart.

An overview of the zoning and precinct structure of the Planning Scheme is provided immediately below. This provides the necessary background to the overview of the use controls, Statements of Desired Future Character and other relevant provisions including development standards for each site provided in Sections 2.1.1 and 2.1.2.

Although the Calvary Hospital Master Plan (MP2) is incorporated into the Planning Scheme under the zone and precinct controls relating to the Lenah Valley site, it is discussed separately under Section 2.2 of this report in order for the appropriate level of detail to be covered.

Zoning Use Controls and Statements of Desired Future Character

The planning area is divided into zones and further subdivided into precincts under the Planning Scheme. The objective of this structure is described as follows under Clause 5.1.1:

The Objective of the Zone and Precinct Structure is to provide a basis for managing and co-ordinating the process of change from the existing situation towards a desired state, which is expressed in the Objectives for each Zone and the Desired Future Character for its constituent Precincts.

The objectives of each zone and Statement of Desired Future Character for each corresponding precinct are provided in Part 5 of the Planning Scheme.

The uses under the Planning Scheme are defined in Schedule A. Categories of uses defined in Schedule A of the Planning Scheme are divided into Use Groups under Table A.2. The various use groups are classified as permitted, discretionary and prohibited within each zone under the table.



Standards

The standards for use and development, which seek to further the more general objectives Part 4 – Principles of Development Control (Principles), are largely contained within the Schedules of the Planning Scheme. A description of the schedules relevant to future use and development of land at both sites is provided in Table 2-1. In most instances, the schedules provide standards relating to individual or groups of zonings or precincts.

Clause P.1 of the Planning Scheme, which is the first Principle relating to Use under Part 4, states:

The use and development of land throughout the Planning Area shall be controlled by mandatory provisions of the Parts and Schedules that constitute the Planning Scheme, and may be further or differently controlled by the exercise of the Council's discretion to refuse or permit development in accordance with the relevant Objectives and Desired Future Character relating to particular Zones and Precincts respectively.

This establishes that the use and development standards within the Planning Scheme can be varied at Council's discretion, subject to a consideration against the relevant Objectives and Desired Future Character relating to the relevant Zones and Precincts.

Further in considering a variation to any of the standards in the Schedules, the corresponding Principle under Part 4 is taken into account as appropriate. This discretion is provided in a number of the schedules.

Table 2-1 Overview of Relevant Planning Scheme Schedules

Schedule	Title	Description
B	Density	<p>Precincts are grouped into Density Rating Reference Numbers in Table B1 – Precincts and Density Controls, for which standard density controls, including Basic Plot Ratio, Maximum Plot Ratio, Dwelling Unit Factor, Minimum Lot Area, Minimum Frontage and Minimum Inscribed Circle, are prescribed.</p> <p>The discretion to vary the permitted standard density controls, in consideration of Principle 8 in particular is provided under Clause C.2.1.</p>
C	Height	<p>Contains the permitted height for new buildings within four groups encompassing all Precincts in Table C1 – Permitted Height of New Buildings.</p> <p>The discretion to vary the permitted height requirements, in consideration of Principle 11 in particular is provided under Clause C.2.1.</p>
D	Siting and Land-scaping	<p>Setback standards are provided under Clause D.3 for common groups of zones.</p> <p>The discretion to vary the setback standards requirements is provided under Clause D.4.1. This requires consideration of a number of specific matters and Part 4 (Principles) and Part 5 (Zone Objectives and Statements of Desired Future Character) of the Planning Scheme.</p>



Schedule	Title	Description
E	Traffic Access and Parking	<p>Applies to development, which will materially increase vehicular or pedestrian traffic. Minimum access widths are contained under Clause E.3.</p> <p>Clause E.4.2 requires compliance with the relevant Australian Standard (i.e. AS2890.1 'Parking Facilities Part 1: Off-Street Car Parking') with respect to car parking areas and aisle widths, unless otherwise determined by Council.</p> <p>Standards relating to the quantum of parking spaces are contained under Table E1 – Car Parking Requirements.</p> <p>Traffic, Access and Parking Policies for Each Zone are provided under Clause E.9.</p> <p>The discretion to vary the parking standards requirements is provided under Clause E.7 and E.11. This requires a consideration of Principles 14 and 15 in particular.</p>
F	Heritage	<p>The Schedule applies to 'areas' within the planning area and specific buildings and sites ('places') of special significance.</p> <p>Heritage Areas are depicted in maps F2-F12, which form part of the Schedule. Listed places, which are adopted in whole or in part from the Register of the National Estate, or as compiled by the National Trust or other such bodies providing authoritative statements on cultural significance, are set out in Appendix 1 – Heritage Register of the Schedule.</p> <p>The framework of control over development relating to areas and places is set out under Principle 20. This requires conservation and enhancement of their significant characteristics to maximum degree that Council considers to be practicable.</p> <p>New development within or adjacent to a Heritage Area or listed place is discretionary and is required to be in keeping with and to not detract from the characteristics of the area or place which contribute to its cultural heritage significance.</p> <p>'Adjacent' is defined as follows in Clause F.1.1 of the Schedule: <i>...in relation to proposed development means sites alongside, behind, diagonally behind or directly opposite on the other side of the road from a place listed on the Heritage Register or in a Heritage Area.</i></p>



Schedule	Title	Description
K	Rescode	<p>Contains requirements for development involving Use Groups I-IV within the Residential 1-4 Zones and subdivision within the Residential 1-4 Zones unless otherwise specified.</p> <p>One of the key aims is to ensure that new development respects and enhances the character of neighbourhoods, without necessarily replicating existing built form.</p> <p>The Schedule contains a number of design elements. These are listed below. The intent of each of the design elements is also reproduced.</p> <p><i>Residential Density – To achieve a number and size of dwelling units in an area that are compatible with the existing building and natural environment.</i></p> <p><i>Private Open Space – To ensure that private open space provided for dwelling units is clearly defined, useable and meets user requirements for privacy, access, outdoor activities and landscaping.</i></p> <p><i>Parking and Access – To ensure adequate provision of secure and accessible on-site parking for residents and visitors without unreasonably diminishing the residential amenity of the area.</i></p> <p><i>Building Setback and Bulk – To ensure that the height and setback of a building from a boundary maintains appropriate residential scale and limits the impact on the amenity of neighbours caused by overbearing appearance or unreasonable loss of daylight or sunlight.</i></p> <p><i>Streetscape and Street Setback – To contribute towards attractive streetscapes and security for occupants and passers-by, ensure adequate open space in front of dwellings and provide an attractive setting for buildings.</i></p> <p><i>Privacy – To ensure that dwellings are sited and designed to provide visual and acoustic privacy for residents and their neighbours in their dwellings.</i></p> <p>The standards under each of design element intent follow the format of performance-based planning instruments. There are acceptable solutions, which are used in the first instance to test compliance with the relevant design element.</p> <p>In the event that one or more acceptable solutions are not met, an assessment against the corresponding performance criteria is required. In this instance, Council has the discretion to either permit or refuse the proposed development.</p> <p>Schedule K takes precedence over other parts of the Planning Scheme, including the above Schedules, for Use Groups I-IV within the Residential 1-4 Zones.</p>

2.1.1 Lenah Valley

Zoning Use Controls

The Lenah Valley campus falls within Special Use Zone 7. The zone applies to the entire street block bounded by Augusta Road, Raluana Lane, Joynton Street and Honora Avenue in Lenah Valley. It therefore also includes 61 Augusta Road, which is effectively now part of the hospital, and 22 Joynton Street, which contains a private residence in the north-western corner of the street block.

The Objective for Special Use Zones generally is contained under Clause 5.15 of the Planning



Scheme, as follows:

The Objective of the Special Use Zones is to make provision for groups of uses and development unique to their respective Precincts under conditions unlikely to be appropriate elsewhere in the Planning Area.

An extract from Table A1 – Zones and Use Groups in Schedule A of the Planning Scheme for the Special Use Zone 7 is provided in Table 2 below. This gives an overview of the kinds of uses allowed within the zone. The zone provides for both hospital (Use Group VI) and a house (Use Group I) as permitted uses in the zone, although significantly there is a note to the Table that was designed specifically to prevent circumvention or nullification of the MP2 intent through ‘consulting room creep’. The relevant note to the Table states:

(i) The development of land for Use Group V within 200 metres of Precinct 46 shall be prohibited.

Table 2-2 Status of Uses Within the Special Use 7 Zone

Use Group	Description (“the development of land for a”)	Status
I	House, ancillary flat, home occupation.	P
II	Flat, elderly persons unit.	P
III	Multiple dwelling.	D
IV	Domestic business.	D
V	Consulting rooms, a community centre, place of worship.	P
VI	Hospital, a welfare institution.	P
VII	Educational establishment.	D
VIII	Office.	X
IX	Shop, supermarket, take-away food shop, a bank.	D
X	Self contained visitor accommodation, a hotel, a motel, a club, a cinema, a theatre, a restaurant, drive-through take-away, a discotheque, bed and breakfast accommodation, backpacker accommodation.	X
XI	Active recreation.	X
XII	Amusement machine centre, a health studio.	X
XIII	Service industry, a showroom, car hire premises.	X
XIV	Light industry, a warehouse, a saleyard.	X
XV	Transport depot, a timber yard, an industry.	X
XVI	Local shop.	X
XVII	Passive recreation.	P

Notes:

P = permitted, d = discretionary, X = prohibited

It is noted that Clause 1.6.1(m) states that planning approval is not required for the following development:



The extension of or addition to any building occupied by a use within Use Groups IV - XVII, including part demolition or replacement so long as:

- (i) The use is not located within Precincts 1, 2, 3 or 4,
- (ii) The use so accommodated is a use indicated by the sign "P" under the relevant Zone in Table A.1 of Schedule A,
- (iii) The floor area of the building is not increased by more than 10% of the original building or 50 square metres, whichever is the lesser,
- (iv) The provisions of any relevant Schedules are complied with,
- (v) No building or place described in Schedule F is affected.

Statement of Desired Future Character

Special Use Zone 7 has its own precinct, The Calvary Hospital Precinct – No. 46. The Statement of Desired Future Character for the precinct, listed under Clause 5.22.1, is:

The Precinct should continue to function primarily as a general hospital with associated health services. Further development of the hospital and its associated uses shall only occur in accordance with the "Calvary Hospital Master Plan", Number MP2 as finally approved by the Commissioner for Town and Country Planning on 13th November 1992 and as amended by the Land Use Planning Review Panel pursuant to Section 42 of the Land Use Planning and Approvals Act 1993 and as further amended by the Resource Planning and Development Commission on 19th November 2003.

Accepting the ability to develop in accordance with and subject to the restrictions of the "Calvary Hospital Master Plan", any development shall ensure that the amenity of adjacent residential areas is maintained.

Residential uses may continue and development may be undertaken in accordance with the residential provisions for the adjacent Precinct 21A.

The Resource Planning and Development Commission has interpreted this statement of desired future character to mean that hospital related uses carried out by Calvary cannot be allowed in the Precinct outside the parameters or boundaries of the Master Plan. The provisions of the Calvary Hospital Master Plan Number MP2 are discussed in Section below.

Standards

The key development standards for the Calvary Hospital Precinct – No. 46 in relation to the site are set out in Table 2-3 below. Reference should be made to Table 2-1 for a background description of each of the schedules.



Table 2-3 Key Development Standards for the Calvary Hospital Precinct - No. 46

Schedule	Title	Description
B	Density	The Calvary Hospital Precinct - No. 46 is not listed within Table B1.
C	Height	The permitted height for new buildings relating to the subject site under Table C1 is 4.8 metres.
D	Siting and Land-scaping	<p>The relevant provisions, which relate to all Special Use zones among a number of others, are contained under Clause D.3.2, which states:</p> <p><i>D.3.2.1 In these zones no specific boundary setbacks are required other than to satisfy Principle 16 or the Statement of Desired Future Character for individual Precincts in respect of front boundary setbacks.</i></p> <p><i>D.3.2.2 However, the provision in respect of boundaries between Precincts as referred to in Section 5.1.2 of the Planning Scheme are particularly important where these Zones meet the Residential Zones. To protect residential or visual amenity the standards set out in D.3.4 below [relating to Residential (except Low Density Residential) and Rural Zones] will be applied to those developments which abut a residential site in an adjoining Residential Zone, and buffer landscaping will be required.</i></p>
E	Traffic Access and Parking	<p>Table E1 – Car Parking Requirements requires the following in relation to Use Group VI:</p> <p><i>Hospital: 1 space per two beds, plus 1 space per 2 employees and 1 space per doctor</i></p> <p><i>Hospital with out-patient facilities: As determined by Council</i></p> <p><i>Welfare institution: 1 space per 200 m² floor area</i></p> <p>In relation to consulting rooms (part of Use Group V) the requirement is 1 space per 30m² floor area.</p> <p>The requirements relating to a house are set out in Schedule K – Rescode.</p>
F	Heritage	<p>There are no Heritage Areas, as depicted on maps F2-F12 of the Schedule, which are within or adjacent to the site.</p> <p>Likewise there are no places listed in Appendix 1 – Heritage Register of the Schedule that are located within or adjacent to the site, according to the definition of ‘adjacent’ reproduced in Table 2-1 above.</p> <p>There are a number of listed places in the wider area. In particular, this includes 46 Augusta Road, which is diagonally opposite on the other side of Augusta Road from the Lenah Valley site.</p>
K	Rescode	This Schedule does not apply. Although 22 Joynton Street contains existing development involving Use Group I, the site is not within the Residential 1-4 zones.



A number of observations can be made in relation to the effect or relevance of these development standards in the light of the provisions of MP2.

- » Density – In the context of the existing development and the identified building envelopes it is not realistic to specify an appropriate density for development of the site. The critical issues that will determine overall density relate principally to the ability to accommodate sufficient car parking on the site to cater for the existing and anticipated range of uses, the set backs of buildings, the reinstatement of a domestic scale of buildings at street level, the ability to implement significant landscaping, and the opportunities to screen car parking and buildings from immediate neighbours;
- » The permissible height of buildings has little relevance to the urban design philosophy and more detailed building envelopes articulated in MP2;
- » Site specific landscaping solutions are identified in MP2 and should take preference over the more generic provisions defined in Schedule D;
- » MP2 constrains access whereas there are no access constraints in Precinct 46; and
- » The Scheme provides for variation of the standards whereas the MP2 has no provision to vary parking standards and this appears to be a significant shortcoming when Calvary anticipated an ever changing balance of uses inside the building envelope, and the consequent associated parking demands this potentially will generate.

2.1.2 South Hobart

The South Hobart campus is located within the Residential 2 Zone. The land immediately surrounding the site is within the same zone, except the land to the north on the opposite side of Cascade Road, which is zoned Residential 1.

The Objective for the Residential 2 Zone is contained under Clause 5.8 of the Planning Scheme, as follows:

The Objective of the Residential 2 Zone is to sustain and enhance the character and amenity of areas of predominantly detached houses, with limited development of complementary dwelling-types and minimum intrusion or further development of non-residential uses not necessary to serve local residents.

The existing hospital use ('Use Group VI') is discretionary in the zone under Table A1 – Zones and Use Groups at Schedule A of the Planning Scheme. Houses are permitted in the zone, whilst Multiple Dwellings are prohibited. An extract from Table A1 giving an overview of the status of use within the zone is provided in Table 2-4.



Table 2-4 Status of Uses Within the Residential 2 Zone

Use Group	Description (“the development of land for a...”)	Status
I	House, ancillary flat, home occupation.	P
II	Flat, elderly persons unit.	d
III	Multiple dwelling.	X
IV	Domestic business.	d
V	Consulting rooms, a community centre, place of worship.	d
VI	Hospital, a welfare institution.	d
VII	Educational establishment.	d
VIII	Office.	X
IX	Shop, supermarket, take-away food shop, a bank.	X
X	Self contained visitor accommodation, a hotel, a motel, a club, a cinema, a theatre, a restaurant, drive-through take-away, a discotheque, bed and breakfast accommodation, backpacker accommodation.	X _{(j)(u)(v)}
XI	Active recreation.	d
XII	Amusement machine centre, a health studio.	X
XIII	Service industry, a showroom, car hire premises.	X
XIV	Light industry, a warehouse, a saleyard.	X
XV	Transport depot, a timber yard, an industry.	X
XVI	Local shop.	d
XVII	Passive recreation.	P

Notes:

P = permitted, d = discretionary, X = prohibited

(j) – except for ‘bed and breakfast accommodation’ which is ‘d’

(u) – except for ‘self contained visitor accommodation’ which is ‘d’

(v) - Except for ‘backpacker accommodation’ which is ‘d’ where the floor area does not exceed 160m²



Statement of Desired Future Character

The South Hobart campus is subdivided within The South Hobart Precinct – No. 26C. The Statement of Desired Future Character is provided at 5.8.5 as follows:

The Precinct should continue its function as a residential area of predominantly detached dwellings. Two storeys should generally be the maximum, although on the higher slopes three storeys may also be appropriate. The siting and design of new development should preserve the important vista to the central area and the Derwent. The reserved residential area shall be reserved for residential subdivision pending the availability of services.

Standards

The key development standards for the South Hobart Precinct – No. 26C are set out in Table 2-5 below:

Table 2-5 Key Development Standards for the South Hobart Precinct - No. 26C

Schedule	Title	Description
B	Density	Table B1 includes the following standards: Basic Plot Ratio – 0.4, Maximum Plot Ratio - none, Dwelling Unit Factor - 360, Minimum Lot Area - 550, Minimum Frontage - 6 and Minimum Inscribed Circle – 18. These standards reflect the residential focus of the zoning and Statement of Desired Future Character of the precinct.
C	Height	The permitted height for new buildings relating to the subject site under Table C1 is 4.8 metres.
D	Siting and Land-scaping	The relevant provisions are contained under Clause D.3.4, as follows There are no specific front boundary setbacks, although it must be demonstrated that Principle 16 or the Statement of Desired Future Character for the Precinct will be achieved. There are numeric standards relating to the required side and rear boundary setbacks contained in the table under Clause D3.4.2 of the Planning Scheme.
E	Traffic Access and Parking	The requirements under Table E1 are the same as for the Calvary Hospital Precinct – No. 46 (see Table 2-3 above).



Schedule	Title	Description
F	Heritage	<p>There are no Heritage Areas, as depicted on maps F2-F12 of the Schedule, which area within or adjacent to the site.</p> <p>There are a number of places listed in Appendix 1 - Heritage Register of the Schedule that is either located within or adjacent to the site.</p> <p>The following places are within the subject site:</p> <p>30 Cascade Road – St John’s Hospital: Wellington Grange;</p> <p>30 Cascade Road – St John’s Hospital: Marathon (Falconer House) and Sequoia tree; and</p> <p>44 Cascade Road.</p> <p>The following place is adjacent to the subject site according to the definition of ‘adjacent’ reproduced in Table 2-1 above:</p> <p>34-41 Cascade Road</p> <p>9-19 Cascade Road is diagonally opposite, rather than directly opposite, on the other side of Cascade Road. It is therefore not considered to be adjacent the South Hobart site.</p>
K	Rescode	This applies to development associated with Use Groups I-IV within Precinct.

2.2 Calvary Hospital Master Plan (MP2)

The Calvary Hospital Master Plan MP2 (Master Plan) is incorporated into the City of Hobart Planning Scheme 1982 under the Statement of Desired Future Character for The Calvary Hospital Precinct – No. 46. It was given effect on 13th November 1992 following approval of a scheme amendment by the Commissioner for Town and Country Planning pursuant to the *Local Government Act* 1962.

The Master Plan applies all land within the boundaries of Precinct No. 46, excluding 61 Augusta Road and 22 Joynton Street. The Statement of Desired Future Character for the Precinct, reproduced in Section 2.1.1, states that all future development of the hospital and its associated uses shall only occur in accordance with the Master Plan.

Rationale

The Master Plan is intended to cater for the future needs of the hospital whilst addressing character and amenity issues relating to its past development and impact on the surrounding area. The rationale is summarised in Section 1.6 below. As explained in Section 3.5 ‘Building Strategy’, the Master Plan allows for the development to be undertaken in two stages.



The proposal [covered by the Master Plan] is intended to meet the demands that Calvary Hospital is likely to face over the next ten years, yet have sufficient flexibility for internal re-organisation to meet unforeseen circumstances and the situation beyond that date.

It is based on the following principles:

- » *The essential operations of the hospital should be contained within the current street block and not spill into the surrounding neighbourhood;*
- » *Only residential uses should be entertained outside the street block;*
- » *Hospital traffic should use only Augusta Road and Honara Avenue, service and emergency vehicles should be able to circulate within the site and on site parking should be provided for all likely hospital generated demands;*
- » *An overall development envelope defining the extent of building change should be established as the planning guide to future development;*
- » *This envelope should described the scale, massing and general architectural character of the buildings;*
- » *The buildings should reinstate the domestic character of the original hospital, re-establish the traditional streetscape and be used to screen on-site parking and service activities; and*
- » *The landscape treatment should integrate the hospital and the new building works into the residential character of the surrounding streetscapes, hide service areas and carparking within the site and screen the buildings from immediate neighbours.*

The end result should be a site, which is simple to enter, park or deliver and leave with minimal impact on the neighbourhood. The building envelope should scale down the buildings with the surrounding housing and fit the hospital and its landscaping with the residential streetscape.

Outline

In order to provide background to the further discussion in this report, an outline of the structure of the Master Plan document is provided below:

- » **Development Objectives** – There are fourteen (14) development objectives, which are appended at the front of the Master Plan. These are intended to ensure that the requirements of the Council when it approved MP2 are achieved;
- » **Section 1.0: Overview** – Provides an overview of the key social, demographic and health care related trends and their impact on master planning for the hospital. It also provides a brief rationale of the Master Plan and a summary of its key principles, as outlined above;
- » **Section 2.0: History of the Hospital and the Site** – Provides an overview of the development at the site since 1946, accompanied by a series of aerial photographs, highlighting the key character and amenity issues which are arisen;
- » **Section 3.0 – Planning and Urban Design Strategy** – Sets out the key strategies for the Master Plan in terms of responding to the health care trends and needs identified in Section 1.0 and responding to the existing issues associated with the site. Accompanied by drawings CMP-1 to CMP-5 showing the extent of new development in plan view;
- » **Section 4.0 – The Development Envelope** – Graphically defines the extent of future buildings and development as a guide, including plans, elevations, sections and montage over photographs, based on the Planning and Urban Design Strategy. This is accompanied



by drawings CMP-6 to CMP-14 streetscape views SS-1 to SS-15;

- » **Appendix 1: Description of Uses** – Describes the use of the new floor areas shown within the building envelope, addressing facilities for existing uses and facilities for new uses;
- » **Appendix 2: Extent and Intensity of Uses** – Provides numerical information as to the extent of additional site and floor areas and the intensity of uses, for both Stage 1 and completion of the Master Plan;
- » **Appendix 3: Car Parking Requirements** – Determines the parking requirement car parking requirements for the Master Plan in the present, for Stage 1 and at completion based on Schedule E – Traffic, Access and Parking of the Planning Scheme; and
- » **Appendix 4: 22 Joynton Street: Site Line Details** – As presented in the Commissioner’s hearings in relation to the Master Plan proposal.

Key Issues

The key issues that are addressed in the Master Plan include:

- » Description, Nature and Extent of Uses, based largely on the trends identified in Section 1.0 and used to demonstrate the maximum building floor and site areas required as part of the proposal;
- » Urban Design, relating to the impact of the hospital site on the residential character of the surrounding area incorporating such matters as height, form and scale, materials and finishes, acoustic performance and landscaping; and
- » Car parking, largely relating to pre-existing supply and safety issues.

The following discussion addresses each of these issues separately. This involves a review of the relevant background contained in Sections 1.0 and 2.0 of the Master Plan and an overview of the all of the provisions contained in the Planning and Urban Design Strategy (Section 3.0), Building Envelope (Section 4.0) and the appendices as they relate to each issue.

2.2.1 Description, Nature and Extent of Uses

Background

Section 1.0 explains the complex nature of health care industry including the rapid changes in medical technology and procedures. This requires hospitals to be in an almost constant state of internal modification.

Relevant Planning and Urban Design Strategy Elements

Further to the trends identified in Section 1.0 of the Master Plan, the Hospital Planning Strategy under Section 3.4 states:



The plan provides for the following main needs:

- » *Maintenance of the number of traditional patient beds (completion of the existing north wing);*
- » *Additions to facilities for theatre activities and associated functions;*
- » *Provision of special facilities for day care and short-term services;*
- » *Allocation of space for changes and developments in medical technology;*
- » *Provision for on-site consultant services including relocation of some existing suites;*
- » *Options for resident medical staff including utilisation of existing housing; and*
- » *Creation of facilities for positive health programmes such as community health services and a women's centre".*

The new building areas shown in drawings CPM-1 to CMP-5 are in plan view over five building levels, and reflect the above requirements. The drawings also include a description of the use associated with each area envisaged under the Master Plan, which is elaborated upon in Appendix 1 of the document. The approach was to provide for the maximum areas required within a five to ten year timeframe, determined on the basis of the trends identified in Section 1 of the document.

Relevant Development Objective

The development objective, which is relevant to this issue, is provided below:

13. *The activities contained within the buildings shall be determined in accordance with notation on the plans and the "Description of Uses" contained in Appendix 1. Any variations in the balance of uses must be contained within the envelope and an increase in the area given to one use must be at the expense of the area for another.*

2.2.2 Urban Design

Background

In summary, Section 2.0 of the Master Plan describes:

- » The disruption to the grain and character of the site as it relates to the wider area. This is largely the result of new building elements that have not respected the streetscape, particularly in relation to Augusta Road and Honara Avenue, due to reduced setback and building design, form and materials;
- » The above trend was accompanied by the removal of the typical exotic suburban gardens within the street frontage and replacement with mass plantings of native species around the perimeter, reinforcing the commercial nature of the hospital; and
- » Increased provision of off-street car parking as a result of higher car dependencies. This has contributed to the disruption to the streetscape, particularly in Honara Avenue. As stated elsewhere in the document, the access to and layout of the internal parking provision was described as inefficient.



The conclusion of the analysis is summarised as follows:

“It is clearly desirable to return to the original character of the hospital, recreate the traditional streetscape and provide for full on site parking” (p. 4).

Planning and Urban Design Strategy Elements

The Urban Design Approach under Section 3.3 of the Master Plan document states:

- » *The original scale and setback of the residential streetscape is re-established;*
- » *The planned additions are scaled down to match residential building widths and the forms reduce at the edges to match into the neighbourhood;*
- » *The building forms are also broken up to avoid long straight facades and present house scale elements with varied shapes blending into the domestic roof scape;*
- » *Traditional domestic materials are used with red brick walls, simple residential window arrangements and tiled roofs;*
- » *The articulated plan allows the central delivery and service area to be screened from the Montague Street area to the west;*
- » *Car parking is terraced and landscaped into the slope of the site with approximately half of the vehicles under cover;*
- » *All car parking is screened from view from the surrounding streets with the longer views from Montague Street giving the impression of a terraced garden;*
- » *Opportunity is taken to create a new residential-like elevation for the unsympathetic theatre block and to use tiled roofs to hide the existing flat metal roof from normal views; and*
- » *Traditional domestic gardens are re-established to all street frontages with appropriate traditional evergreen hedges to hide service areas and car parking and screen building from immediate neighbours” (p. 18).*

The Town Planning Considerations under Section 3.2 are summarised below:

This section provides background and rationale to the detailed site planning and building envelope approach under the Master Plan, and is further elaborated upon in Section 4 ‘The Development Envelope’. This approach is contrasted with the more traditional plot ratio, which was set at 0.4 (same as for a suburban house) prior to the Master Plan.

The Plot Ratio approach is criticised since it is a crude measure, which often allows for building heights that are non-responsive to the surrounding context and character. The Master Plan is seen as more beneficial given that it shows, in some detail, the scale and form of future sympathetic development. It also seeks to improve the existing problems in relation to the impact of the site on the amenity and character of the surrounding area.

The Development Envelope

The development envelope is shown in drawings CMP-6 to CMP-14 and the streetscape views SS-1 to SS-15. It incorporates the matters described under the urban design and town planning strategy elements, explained more accurately in a graphic sense. Of particular note, the plans include:

- » Boundary hedging adjacent to the road frontages and other property boundaries (nominally 5.5 metres in height) is shown on both the Stage 1 and completed development site plans; and



- » Levels for the building extensions and development are given on the site plans and in elevation.

Relevant Development Objectives

The development objectives relevant to this issue are provided below. These largely reflect the strategies and other provisions contained in the Master Plan document although additional requirements have been added with respect to acoustic performance and landscaping, particularly Objectives 11 and 12.

Height, Form and Scale

1. Future building and engineering works shall be contained within the areas delineated on the master plan.
2. The extent and height of buildings shall not exceed the building envelopes identified in the master plan.
3. The form and external architectural treatment of buildings shall be as indicated in the master plan. Buildings and additions adjacent to public streets shall be domestic in scale and detail.

Materials and Finishes

1. The external finishes of new building works shall generally be red brick, red/orange roof tiles, consistent with the predominant existing architectural character.

Acoustic Performance

2. Any electrical or mechanical plant and equipment on the site shall be designed and housed to ensure it produces noise levels or other emissions or interference, which are acceptable under the provisions of the Environment Protection Act or any relevant Australian Standard.

Landscaping

3. Landscape treatment will be used to integrate new building works into the residential character of surrounding streetscapes.
4. Calvary Hospital administration shall undertake to the satisfaction of the Corporation, maintenance of all planting and associated landscape works.
5. A detailed landscape plan shall be submitted and approved by the Corporation prior to further developments.

The plan shall incorporate the following elements:

- The provision of planting (to the satisfaction of the Corporation's Landscape Architect), sufficient to obscure the proposed extension to the north wing of the Hospital when viewed from the front of the house located at 27 Joynton Street prior to the demolition of the Convent;
- The emergency gateway on Joynton Street will be designed to be in keeping with a residential street and to block any view from Joynton Street of cars within the Hospital site; and
- The provision of planting (to the satisfaction of the Corporation's Landscape Architect) in the places and to the heights indicated in the master plan around all car parking areas and fringes of the site.



2.2.3 Car Parking

Background

Section 1.0 of the Master Plan explains that, although off-street parking provision has been increased gradually over time, there was still considerable use of kerbside parking spaces.

Planning and Urban Design Strategy Elements

The Urban Design Approach under Section 3.1 of the Master Plan document states:

- » *A new two-way internal access roadway is proposed in order to simplify access and contain internal movement;*
- » *There will be only one entry and exit on Augusta Road and one to Honora Avenue;*
- » *Emergency vehicles have full access and circulation. An emergency outlet to Joynton Street is to be used only in the case of a serious emergency situation such as a fire;*
- » *Consulting suites are accessed from within the site; and*
- » *Sufficient on-site parking is provided for all needs with a clear central zone for visitors and undercover access to a new northern entrance to the enlarged entry foyer (See Appendix 3 for car parking calculations).*

Appendix 3

In contrast to dealing with the character of buildings and their fit within the streetscape, traffic, access, circulation and parking issues are described in the Master Plan as matters requiring technical resolution. The basis for determining the parking requirement is Schedule E – Traffic, Access and Parking of the Planning Scheme (see Table 2-1 of this report), which is based on the Special Commissioner’s decision of 14 October 1991.

The Planning Scheme ratio utilises a mixture of bed spaces, employees and doctors, rather than floor area. Appendix 3 of MP2 determines the car parking requirement as it relates to the current situation (i.e. when MP2 was prepared), at the completion of Stage 1 and time of full implementation. These figures are contrasted with actual provision.

The findings are presented in Section 5 of the Appendix, and are summarised in Table 2-6 below. The required number of spaces is shown on drawing CMP-2 for the full implementation of the master plan and CMP-11 for Stage 1. The surplus of 22 spaces at the time of full implementation was intended as a contingency to meet any increase in demand as a result of unexpected changes in the balance of uses.

Table 2-6 Summary of MP2 Car Parking Requirements

	<i>Current</i>	<i>Phase 1</i>	<i>MP2 Implementation</i>
Planning Scheme Requirement	212	231	272
Actual Provision	154	225	294
Difference	-58	-6	+22

The Planning Scheme, under Schedule E, provides for the requirement for hospital outpatient facilities to be as determined by the Planning Authority. The requirement relating to the master



plan was determined in accordance with the Special Commissioner's decision on 14 October 1991 in relation a hearing dealing with an amendment to the Planning Scheme at the Lenah Valley campus. Measurement of the requirement for outpatient parking is outlined in Section 3 of Appendix 3 of MP2.

MP2 intends that actual staffing and outpatient utilisation data be submitted with individual development applications, relating to its implementation or other internal alterations and variations to the balance of uses, to determine the requirement more accurately.

Relevant Development Objectives

The development objectives relevant to this issue are provided below.

1. *Major vehicular access points to and from the Calvary Hospital site shall be restricted to locations in Augusta Road and Honara Avenue shown in the master plan, to ensure that the effects of traffic generated by the hospital will be restricted and discouraged from using Joynton Street and Raluana Lane.*
2. *Parking provisions and on-site access and manoeuvrability shall meet the appropriate Australian design standards and at all times, comply with the Traffic, Access and Parking Schedule of this Scheme for the additional floor space provided, but shall not be less than 225 car spaces in phase 1 and 294 car spaces in the completed development.*
3. *On site management measures including the sign posting of car parks and access points, and pedestrian access through the site, shall be undertaken to ensure, as far as possible, that kerbside parking is not utilised in preference to on-site parking.*
4. *There shall be no direct vehicular or pedestrian access to the Hospital complex from Joynton Street or Raluana Land and any such access shall only be for residential purposes.*
5. *Steps shall be taken, as car parking areas are completed, to identify with signs a number of on-site car parking spaces to be available for visitor parking only; such number to be determined by the City Engineer, and with such signage to be to the City Engineer's satisfaction.*

2.3 Other Relevant Planning Scheme Provisions

Clause 5.1.2 of the Planning Scheme states:

Where development is in close proximity to the boundary between two dissimilar Precincts, consideration may be given to adjusting relevant controls to create a gradual transition of use and building form from one Precinct to the other. However, such development must still not detract from the attainment of the Desired Future Character of either Precinct.

Lenah Valley (Calvary) Hospital

The adjacent property at 22 Joynton Street is zoned Special Use Zone 7. The site is co-located with the Lenah Valley hospital on a block bounded by Augusta Road, Raluana Lane, Joynton Street and Honara Avenue, all within the same zone. The area immediately surrounding is within the Residential 1 Zone, and The Lenah Valley Precinct – No. 21A.

The Objective of the Residential 1 Zone is contained under Clause 5.15 as follows:

The Objective of the Residential 1 Zone is to sustain and enhance the character and



amenity of established residential areas with diverse dwelling-types with minimal intrusion or further development of non-residential uses not necessary to serve local residents.

The Statement of Desired Future Character for Precinct 21A is provided at Clause 5.7.3 as follows:

The Precinct should continue to be characterised by predominantly single housing of one or two storeys and medium density residential development, particularly in the vicinity of Augusta Road.

Supporting activities, including local shops and businesses along Augusta Road should be confined to their existing locations, with only minor expansion allowable.

It is considered that MP2 generally supports the achievement of the above Objective and Statement of Desired Future Character. In particular, as discussed under Section 2.2 of this report, MP2 seeks to return the original domestic character of the hospital site and recreate the traditional streetscape. The Statement of Desired Future Character also expressly requires that the residential amenity of the surrounding area be maintained.

South Hobart (St John's) Hospital

The land immediately surrounding, except to the north, is all within the same zone as the hospital site (i.e. Residential 2). The land to the north on the opposite side of Cascade Road is zoned Residential 1. The Statement of Desired Future Character for Precincts 26A and 26B is provided at Clause 5.7.5 as follows:

These Precincts should enhance their primarily residential function along the ridge slopes of the valley formed by the Hobart Rivulet, Macquarie Street, and to a lesser extent Davey Street, should continue to accommodate local services and already established community activities. Non-conforming uses on the Rivulet side of Macquarie Street will generally be restricted to their present land and buildings. A slightly higher density of development is encouraged in Precinct 26A in comparison to Precinct 26B.

The important vista to the central area and the Derwent should be preserved particularly between Macquarie Street and the Rivulet.

The separation distance between the zone containing the hospital (Residential 2) and the adjacent Residential 1 zone across Cascade Road is such that an adjustment of controls is unlikely to be relevant.



3. Document Review and Consultation

This section provides an overview of the key issues that are associated with the provision of new planning provisions relating to both the Lenah Valley and South Hobart hospital sites. The overview takes into account a review of the recent major draft planning scheme amendments and traffic reports dealing with the quantum of parking spaces at the Lenah Valley site required by the Hobart Planning Scheme Traffic, Access and Parking Schedule, and their compliance with AS2890.1 'Parking Facilities Part 1: Off-Street Car Parking'. Consideration is also given to whether the standards set out in the above parking schedule currently meets 'best practice', particularly in situations where applied to hospitals and like institutional uses, and whether alternative approaches are being incorporated into the new generation of planning schemes both here in Tasmania and elsewhere. Finally the views and opinions of key stakeholders was sought.

3.1 Calvary Hospital Lenah Valley Campus

3.1.1 Major Draft Planning Scheme Amendments

The following sets out some key issues identified following hearings in relation to major draft amendments that have been refused by the Resource Planning and Development Commission.

Amendment 1/98

The draft amendment involved the incorporation of a new Calvary Hospital Master Plan MP3. The primary aim was to enable the hospital to more quickly respond to changing medical technology and procedures by changing the mix of uses subject to obtaining development approval, without the need to amend the Planning Scheme. This was in order to overcome the key interpretation issues associated with the existing Master Plan, as described in Section 3.1.2 of this report. It was proposed that development in accordance with the MP3 was able to occur as permitted (with permit).

The draft MP3 defined a fixed physical building envelope in terms of size and height although, in contrast to the Master Plan, did not include detailed plans. The implication of this was that the intensity of use on the site was to be controlled by the minimum amount of car parking available, which could not be varied except by way of Planning Scheme amendment. Design changes, however, could be dealt with subject to discretionary approval.

The development associated with the draft MP3 involved moderate building extensions including a minor increase in site coverage and incorporation of 61 Augusta Road. The eleven (11) key physical changes are outlined on pages 9 and 10 of the RPDC decision. They are summarised as follows:

- » Extension to the operating suites;
- » Additional day beds;
- » Additional diagnostic technology;
- » Consulting suites at 61 Augusta Road and large consultants suites at 18 Joynton Street; and
- » Additional storey at the west wing allowing for existing multi-bed wards to become private rooms.



The development did not involve an increase in staff numbers, although the number of beds was proposed to increase from 180 to 190.

The draft MP3 involved the provision of 390 parking spaces on the site and a further 165 spaces in a new car park on the western side of Raluana Lane. The draft amendment included a rezoning of the properties at 35 Joynton Street, 63, 63A and 65 Augusta Road from Residential 1 to Special Use 7 and inclusion within the Calvary Hospital Precinct No. 46, in order to allow the car parking development.

This latter aspect of the amendment was opposed by surrounding residents and Council due to impacts on amenity, and was subsequently withdrawn during the hearing. The intention was to remove all parking associated with Calvary Hospital from surrounding streets. The level of parking proposed in the amendment exceeded the requirements under the Planning Scheme and the Master Plan, although would have allowed for easier swapping of spaces during shift change. On the other hand, the provision of additional spaces may have also encouraged more people to drive to work, meaning that the same problem would have arisen again at some future time.

The decision of the Resource Planning and Development Commission was to reject the draft amendment. With respect to the draft MP3, the key conclusion on page 21 of the decision is that there were insufficient performance criteria capable of ensuring the achievement of the Planning Scheme objectives, particularly in relation to protection of residential amenity. The decision read as follows:

"...in our opinion in order to meet the objectives of the City of Hobart Planning Scheme in ensuring the maintenance of residential amenity and the objectives of the Land Use Planning and Development Act [sic] are met, better performance criteria need articulating. The hospital is located in a residential area and its activities have a major impact on the surrounding residential amenity. The residents have a reasonable expectation that the remaining residential amenity will not be further eroded by the proposal".

As an example, planning evidence presented for the representors highlighted difficulties in the balance of uses, particularly the growth in consulting suites over and above that envisaged under the Master Plan. The use has the potential to have higher turnover in patients and therefore higher parking demand. As consulting rooms is a permitted use, there were insufficient provisions to protect surrounding residential amenity due to this increase in intensity of use and additional parking demand.

It is noted that Council approved the consulting rooms at 61 Augusta Road on 3 October 1996 (permit no. 960730). The consulting rooms included car parking for 18 vehicles. Further extension to the consulting rooms at 61 Augusta road were refused by the Resource Management and Planning Appeals Tribunal in 1998 on the basis that the application was in conflict with Clause 5.22.1 of the planning scheme, relating to the Statement of Desired Future Character for Precinct No. 46 (reproduced in Section 2.1.1 of this report).

Amendment 4/2002

The draft amendment involved a modification to the Statement of Desired Future Character for The Calvary Hospital Precinct – No. 46 at Clause 5.22.1 of the Planning Scheme to remove 'use' as a matter subject to the Master Plan. The proposed change relates to the first paragraph of Clause 5.22.1, which was proposed to read as follows:

"The Precinct should continue to function primarily as a general hospital with associated health services. Notwithstanding anything in the "Calvary Hospital Master Plan" Number



MP2 as finally approved by the Commissioner for Town and Country Planning on 13th November 1992 and as amended the Land Use Planning Review Panel pursuant to Section 42 of the Land Use Planning and Approvals Act 1993, within the precinct existing buildings and their surrounds may be used for the purpose of the hospital and associated uses, but further building development for these purposes shall only occur in accordance with that master plan”.

The RPDC rejected the draft amendment. The key concern was that, despite the interpretation issues outlined in Section 3.1.2, there is flexibility within Appendix 1 of the Master Plan with respect to the balance of uses. If use were excluded from the bounds of MP2 most changes of use or activity would be to established and permitted use classes V consulting rooms, or VI hospital. A change within either of these use classes would not be deemed a change of use and not require a permit in respect of use. The Resource Planning and Development Commission accepted that this could allow for a low traffic generating activity to be replaced by a high traffic generating activity without the need to observe the car parking, access, landscaping and other requirements of the Master Plan. Other key observations made by the Resource Planning and Development Commission in relation to this draft amendment include:

- » It would enable 61 Augusta Road to be incorporated within the ambit of the master plan, which is logical, although it involves the removal of ‘use’ from the Master Plan in order to fulfil this purpose; and
- » Even though some of the parking standards in the Master Plan are similar to the Traffic, Access and Parking Schedule E of the Planning Scheme, the latter provides for variation of the standards whereas the Master Plan has no provision to vary parking standards.

3.1.2 Key Interpretation Issues Associated with the Master Plan

The Planning Scheme does not contain a definition of a master plan, or provide an outline of their required contents and operation. Therefore, although there are other master plans in operation throughout the planning area, no consistent approach exists.

There are differences of opinion in relation to the contents and operation of Master Plans generally, as highlighted in the Resource Planning and Development Commission hearing for Amendment 1/98 (see Section 3.1 below) and various hearings of the Resource Management and Planning Appeal Tribunal and Supreme Court of Tasmania in relation to the enforcement of the Master Plan.

In particular is *Calvary Health Care Tasmania Inc v Hobart City Council* [2005] TASSC 49, where the Solicitor for Calvary submitted that the drawings within the Master Plan show what may be developed, subject to the attainment of specific development approvals. This submission was in the context of car parking specifically, although the interpretation can be widened to relate to all development components generally.

On the contrary however, Justice Blow ruled as follows at paragraph 38 of the decision in relation to this matter:

“...the master plan at all material times regulated the development on the land in question, and the scope of activities on the subject land incidental to the hospital use...”

That is, the drawings are not just illustrative but regulate and impose restrictions on development. The ruling casts doubt on the flexibility with regard to the range of uses allowed within Appendix 1 of the Master Plan, particularly given that its provisions take precedence over



the more general provisions of the Planning Scheme.

This issue is further made difficult given that the Master Plan does not allow for discretionary consideration to vary the development elements shown on the plans, including the extent and height of buildings and the number of car parking spaces. For this reason, the Master Plan is arguably more restrictive than a 'permit' issued in respect of any approved use and development in other areas of the Planning Area. Flexibility under Section 56 of LUPAA is provided in these circumstances, allowing for minor amendments to planning permits.

The existing arrangements require a planning scheme amendment pursuant to Section 36 of LUPAA to vary the provisions of the Master Plan, such as Amendment 2/2003 (approved 19 November 2003), which allowed for extension of the building area over a delivery area.

3.1.3 Car Parking Investigations

A number of traffic reports have been prepared in recent years by or on behalf of the major parties involved, including Calvary, the Council and Mr FL Davies. These have sought to assess the performance of the on-site parking provision in terms of numbers and layout, or both, against the requirements.

There have been some variances between the reports in terms of what the requirements are and the level of performance.

The Calvary report was provided to Council on 27 May 2002. It was based on investigations undertaken by Pitt and Sherry, which determined that the required number of spaces under the Master Plan was 273 which was the same number provided (as shown on Plan No. H01169 – C2, prepared by Pitt and Sherry), excluding 61 Augusta Road.

The Pitt and Sherry Plan No. H01169 – C2, issued around September 2001, shows the installation of an additional 35 car parking spaces within the main site. As four spaces were to be lost in order to make the additional provision, a total of 304 spaces remain. There are 18 spaces shown at the rear of 61 Augusta Road, with an additional provision of 4 at the front adjacent to the building.

The report by Mr FL Davies was provided on 21 August 2002 in response to the Calvary assessment. The required number of spaces according to this assessment was 344, compared to a provision of 249 on the site.

Since the preparation of these reports, Council has engaged three consultants to provide advice on car parking, including demand, layout and technical compliance with AS2890.1. These are discussed below.

Ms Kate Loveday

The report is set out in a letter to Council dated 14 November 2002. It was prepared in response to the above reports prepared by Mr FL Davies and on behalf of Calvary, particularly in relation to the quantum of car parking spaces.

The Loveday report notes that Mr Davies' assessment is based on a 'strict' interpretation of the requirements of the applicable parking standards and AS2890.1. In particular, this includes the exclusion of all jockey car spaces, reducing the calculation of the existing provision, and 'overlapping' of the Master Plan and other planning scheme standards, which increases the calculation of the number of spaces required.

The report concluded that there were outstanding issues that required resolution, including investigations on site, prior to Council determining the car parking compliance at the site.



Council sought to address these outstanding issues in the further reports outlined below.

In particular, the Loveday report queries whether the car parking spaces calculated in the investigations and plan produced on behalf of Calvary were considered in terms of compliance with Australian Standard 2890.1. It was noted that the number of spaces required and provided was both 273, which is very close and allowed no margin for error. It was noted that Council's Engineer did not consider that all of these spaces identified by Pitt and Sherry met AS2890.1.

Mr Tony Peters

The report was prepared in 2003, and assessed the compliance of the existing car parking spaces in the western portion of the Calvary Hospital site, as shown on Pitt and Sherry Plan No. H01169 – C2 against Australian Standard AS2890.1 – 1993 'Parking Facilities Part 1: Off-Street Car Parking'. Comments were also made in relation to the proposed car park additions.

The following points were made in relation to the AS2890.1 generally:

- » The standard is not to be taken at face value. The services of a qualified person should be engaged in the design of car parks; and
- » AS2890.1 is silent on the issue of jockey parking, although it does not state that it is inappropriate. It is the opinion of Mr Peters that it would be reasonable to include jockey parking in special cases (p. 4).

The review of the parking situation on site, which involved a site investigation, identified several deficiencies and included recommendations to allow them to be rectified, resulting in a net loss of two car parking spaces. The report did not agree with the majority of the deficiencies in the report prepared by Mr FL Davies.

In relation to the additional parking provision shown on Plan No. H01169 – C2, it was recommended that seven of the additional spaces within the main site be deleted due to lack of practicality and traffic safety issues.

The report also recommended that the main visitor parking area on the Northern Upper Level Car Park be relocated to the lower level to address manoeuvrability issues, allowing this area to be used as a staff parking area. It was noted that this change would involve the loss of some jockey parking supply at the lower level car park. However, the impact was assessed as minimal since jockey parking is under utilised.

The conclusion of the report also made comment that the Calvary Hospital site is likely to always compete for on-street car parking supply in the area. This should be considered to be a legitimate demand, likely due to user preferences. It was also noted that it was not common practice to design car parking areas to service the peak demand. A more cost effective approach is to service the 85th percentile demand.

Mr Milan Prodanovic

The report was prepared in December 2006, as an update of the previous report by Tony Peters. It involved an assessment of the compliance of all car parking spaces at the Calvary Hospital site, rather than just the western portion, as was the case in the previous report.

The assessment was based on an updated parking layout plan prepared by Pitt and Sherry in 2003, No. H01169 – C10. This plan shows 292 car parking spaces on the main site including 20 jockey spaces, five (5) short-term (5 minute) bays, three (3) emergency bays. In addition, 4 spaces were shown in the front portion of 61 Augusta Road and 18 to the rear of the building,



which is used as consulting suites.

The site assessment revealed that there are a number of locations within the parking areas on the site where the layout does not comply with AS2890.1. This largely relates to bays and aisles that are of insufficient width and lack of turn around areas at the ends of blind aisles. The majority of the non-compliance issues can be addressed by way of re-linemarking in relevant areas, including the conversion of existing bays to no standing areas in order to provide adequate turn around areas. Implementing these measures is likely to result in the loss of between 15-18 bays.

This includes changes to the parking at 61 Augusta Road, involving the deletion of one bay in the front area and modifications at the rear. Taking these changes into account, the maximum number of spaces in the main Lenah Valley campus as a result of implementation of the Prodanovic recommendations is in the order of 275.

The report also provides an overview of changes to AS2890.1 since it was originally published in 1986. The key point is that the relevant revision of the standards that is relevant in its practical application is the most up to date at time of implementation of a parking scheme or a change to existing car parking. Given that this is the case, any modifications to the existing layout, as recommended in the report, will need to comply with AS2890.1 – 2004.

Further to the issue of jockey parking, the report by Prodanovic is in agreement that this type of parking is not disallowed by AS2890.1. It is considered to be an additional feature of parking practice, something that does not need to be controlled by technical standards (p. 7). On the other hand, it should only be used by employees or within a private car park, rather than for visitors, so long as adequate arrangements can be put in place to allow the moving of vehicles.

3.1.4 Car Parking Compliance Summary

Car parking compliance is the most contentious issue relating to the existing and future planning scheme provisions relating to the site. The available evidence is that the level of car parking provision associated with the hospital site within the Master Plan is only just capable of catering for the required number of spaces.

In particular, according to detailed information provided by Calvary Healthcare Tasmania, the parking requirement generated through the bed, employee and doctor calculation at 26 August 2005 was 287. The available parking supply is 292 according to Pitt and Sherry in 2003 Plan No. H01169 – C10 (see Section 3.1 for further details). On the other hand, the findings in the parking assessment by Milan Prodanovic indicate that modifications to ensure compliance with AS2890.1 would result in a maximum of 275 parking bays within the main site, 8 of which would be short-term bays.

To further complicate the car parking issue and as discussed in section 3.4 below, a Council initiated Section 64 Proceeding before the Resource Management and Planning Appeal Tribunal contends that the effective supply of legal and Australian Standard compliant car parks would be 267-272 as opposed to a demand of 276 spaces. In an Affidavit filed by a neighbour Mr F Davies it is asserted that there are a significantly greater number of illegal spaces (car parking spaces that are not shown on MP2).

However, it is noted that there are additional parking bays within 61 Augusta Road that effectively form part of the hospital site, although are outside the ambit of the Master Plan. In addition, the implementation of permit 981063 would involve additional car parking provision. This highlights the need to include 61 Augusta Road as part of any future planning provisions



relating to the site.

Regardless, the traffic investigations indicate that no further development involving a significant increase in either bed numbers or employee and doctor numbers can occur without the need to provide additional car parking. This is consistent with Councils determination on 25th November 2002, which reads as follows:

“Calvary Hospital be advised that Council considers the future for Precinct 46 should focus on the provision of adequate and well designed car parking and reducing car parking demand rather than any new building development”.

3.2 Comparative Review of Car Parking

These previous assessments into car parking on the Calvary site have been measured against the requirements of a parking schedule that has been in existence for more than 25 years. Given this passing of time it was considered appropriate to examine whether these standards are still relevant to the ever-changing health delivery model. The following section examines parking rates published by some transport and local authorities in relation to hospitals to compare the unit basis for the parking rate required.

3.2.1 Car Parking Analysis

The City of Hobart Planning Scheme 1982 refers to a ratio of parking spaces to beds, employees, and doctors to predict hospital-parking requirements. This parking ratio has remained unchanged since the endorsement of the scheme. The parking requirements for other hospitals in Tasmania and interstate are analysed below to consider the relevance of the Hobart planning scheme standards. In addition the requirements in recently approved planning schemes is also considered.

The alternative parking ratios considered are outlined below in Table 3-1. They have been applied to the current Calvary Hospital operation in Table 3-2. All alternate parking ratios in Table 3-1 have been modified in Table 3-2 to provide a direct comparison to the City of Hobart Planning Scheme 1982 (i.e. per 2 beds, 2 employees etc.).

The alternate car parking ratios under the *Burnie Planning Scheme 1989*, *Latrobe s46 Planning Scheme No. 1 1994* and the *Ku-ring-gai Town Centres Development Control Plan* are relevant to North West Regional Hospital, Mersey Community Hospital and the Sydney Adventist Hospital (the San) respectively. The San is included as an interstate example of a private hospital located in a built up residential area. In terms of scale, the San employs approximately 2,000 staff and has 500 accredited medical practitioners, and cares for more than 40,000 in-patients and 150,000 outpatients annually.

Table 3-1 Alternative Car Parking Ratios for Hospitals

Planning Scheme	Parking Ratio for 'Hospital' (or similar)
<i>City of Hobart Planning Scheme 1982</i>	'1 space per 2 beds + 1 space per 2 employees + 1 space per doctor' Hospital out-patient facilities are '[as] determined by the Council'; Consulting rooms are '1 space per 30 square metres floor area'
<i>Latrobe s46 Planning Scheme No. 1 of 1994</i>	'1 space per 2 beds available to patients plus 1 space per 2 persons employed'
<i>Burnie Planning Scheme 1989</i>	'1 space for every 4 staff and 1 space for every 4 patients the building is designed to accommodate'
<i>Kingborough Planning Scheme 2000</i>	'1.3 spaces per bed available'



Planning Scheme	Parking Ratio for 'Hospital' (or similar)
<i>Clarence Planning Scheme 2007</i>	'Car spaces to each bed – 0.3'
<i>Central Coast Planning Scheme 2005</i>	'1 [space] per employee plus 1 [space] per 2 beds'
<i>Ipswich Planning Scheme 2005</i>	'1 space for doctor or staff member (FTE); plus 1 space per 3 hospital beds for visitors For clinics and outpatients – 1 space per 4 seats; or 1 space per 5m ² GFA of public waiting area'.
Ku-ring-gai Council (Development Control Plan No. 43 – 'Car Parking')	'1 space per 3 beds plus 1 space per 2 day-shift staff or practitioners plus 1 ambulance space 1 space per 1 full time night-shift employee'; Attached medical centres require '1 space per 25sqm gross floor area'.
Roads and Traffic Authority NSW - Guide to Traffic Generating Developments, 2002	$-19.56 + 0.85 B + 0.27 ASDS$
Brisbane Planning Scheme (<i>City Plan 2000</i>)	'50 spaces plus 1 space per 65m ² GFA'

The parking ratio under the City of Launceston Planning Scheme for the Launceston General Hospital (LGH) has not been included in Table 3-2 because it is 'as determined by Council'. The LGH is nonetheless comparable to Calvary in terms of scale, built up urban location, parking arrangements, and existing parking problems. The LGH currently provides limited onsite staff parking together with 'pay and display' visitor parking. There is also on street parking in the surrounding streets. There is currently a significant parking shortfall. It is understood that LGH is currently developing a master plan including a multilevel car park solution for the site.

The car parking requirements under the Central Coast, Clarence and Kingborough Planning Schemes are also evaluated in Table 3-2 by way of comparison to more recently endorsed Tasmanian planning schemes than those applicable to existing hospitals.

In addition to the planning schemes, the Road Traffic Authority of NSW provides parking requirements by land use in their Guide to Traffic Generating Developments, 2002. For a 'private hospital' the peak parking demand is determined by the following calculation: $-19.56 + 0.85 B + 0.27 ASDS$. Parking is to be provided in accordance with the parking accumulation with due consideration being given to reducing the parking required if convenient and safe on-street parking is available provided that the use of such parking does not adversely affect the amenity of the surrounding area.

The '-19.56' provided as part of the above ratio for hospitals is unusual, and no specific reasoning is given for it in the RTA document. A similar measure does not appear as part of the other ratios considered. However, it is noted that the ratio overall is based on traffic surveys undertaken during the preparation of the guide. Hospitals surveyed had between 30-99 beds (B) and between 10-102 average staff per weekday shift (ASDS).

The Brisbane City Plan 2000 is also included by way of alternate parking ratio, based on gross floor area. Under the Plan a minimum of 50 spaces must be provided with an additional car park space per 65m² gross floor area. As shown in Table 3-2 a gross floor area calculation has been applied to the Calvary context. However, in the absence of fully scaled floor area plans of the existing hospital the calculation has been based on scanned images to scale and converted to an Autocad program. The error factor could be +/-10%.

Table 3-2 Application of Alternate Car Parking Ratios to the Calvary Hospital Operation

Use	Planning Scheme Parking Ratios									
	Hobart	Latrobe	Burnie	Kingborough	Clarence	Central Coast	Ipswich	Ku-ring-gai	RTA	Brisbane
Hospital (or similar)	Spaces per 2 beds (or patients)									
	1	1	0.5	2.6	0.6	1	0.66 ⁱ	0.66 ⁱ	1.7	N/A
	Spaces per 2 employees									
	1	1	0.5	N/A	N/A	2	N/A	2 (night shift) + 1 (day-shift)	0.54	N/A
	Space per doctor									
1	N/A	N/A	N/A	N/A	N/A	1	As per employees	N/A	N/A	
Spaces for Outpatient / Consulting areas										
As determined by Council (1 space per 30m ² for Consulting rooms)	N/A	N/A	N/A	N/A	N/A	N/A	1 per 4 seats or 1 per 5sqm of public waiting space ⁱ	1 per 25m ² of gross floor area.	N/A	N/A
Total spaces required for Calvary Hospitalⁱⁱ	309 ⁱⁱⁱ	176	88	229 ^{iv}	53	264	235 ^v	294 ^{vi}	178	404

ⁱ Whichever is the greater

ⁱⁱ Based on 176 beds, 176 employees, 10 visiting medical officers and 3670m² outpatient facilities / consulting gross areas.

ⁱⁱⁱ As discussed elsewhere, there is debate around the current car-parking requirement under the planning scheme.

^{iv} Bicycle spaces for staff and visitors are also required under the *Kingborough Planning Scheme 2000*

^v Excludes requirement for parking spaces associated with outpatient / clinic / consulting areas

^{vi} Excludes requirement for parking spaces determined using the 'night-shift ratio', and the requirement for 1 ambulance space



Table 3-1 shows that the majority of hospital parking is calculated on the basis of a ratio of parking spaces to beds, employees and/or doctors. However, the actual parking ratio rates vary considerably. The closest correlation with the parking requirement calculated using the Hobart planning scheme ratio is that generated under the Ku-ring-gai Council Development Control Plan No. 43.

The Ku-ring-gai and Ipswich ratios include a requirement for outpatient / consulting areas associated with the hospital. Under the Hobart Planning Scheme, this requirement is to be determined by Council, however the ratio for Consulting Rooms has been used. The classification/s of Hospital (or similar) under the other Tasmanian planning schemes are considered to be sufficiently broad so as to encompass associated outpatient / consulting areas. This is discussed further in Section 3.2.2, in the context of the Planning Directive No. 1.

The Brisbane City Council model assumes that any consulting suites are an integral component of the hospital operations, and results in a higher figure than that required by the Hobart planning scheme (and others). Clearly this suggests a current shortfall in car parking on the site, although interestingly plans provided in a Development Application currently before Council for decision, outlining expansion of Calvary Hospital to its now proposed maximum planned extent, show that 363 spaces are planned against a requirement of 415 spaces using the gross floor area method for calculating demand. While clearly higher than the parking figures generated by the Traffic Access and Parking Schedule under the Hobart Planning Scheme, it has been previously noted that there is potential margin for error of +/- 10% in the gross floor area calculation.

In this circumstance it is considered that there is a reasonably close correlation between the requirement generated by the Traffic Access and Parking Schedule in the Hobart Planning Scheme and one that relies on a gross floor area calculation. This suggests that use of an alternative and simpler method for calculating the car parking should be considered by Council. This would enable greater flexibility in catering for the ever-changing mix of uses on the site, while ensuring that any increased floor area capable of supporting additional uses would generate a corresponding requirement for car parking.

The application of this alternate methodology is consistent with commentators such as Burns (National Parking Association, March 2005, 'Challenges in Healthcare Parking and the Role of Parking Master Planning' pp19-25), who argues that parking ratios have not kept pace with changes in the health care industry:

The shift toward reducing inpatient length of stay and the explosive increase in outpatient services has drastically changed parking dynamics on medical centre and hospital campuses. This has created a more intensive use of parking resources during peak demand periods while generating ever-increasing vehicular volumes. To complicate issues for planners, parking planning criteria have not kept pace with changes in the industry (for example, many traditional planning texts still refer to a ratio of parking spaces to beds to project hospital parking demand).

Ellwood (Parking Today, December 2005, 'Parking is No. 1 in Patient Satisfaction' pp.16-18) shares this opinion:

Three decades ago, the standard for determining required parking at hospitals generally was based on the number of beds in a facility. Two-and-a-half to three spaces per bed was a safe calculation. Now, because of dramatic changes in how healthcare facilities operate (and based on several other factors, such as government and insurance reimbursement issues), a large majority of the people working at a hospital are basically



office workers.

In fact, healthcare facilities are becoming more and more like office buildings, especially with the increasing preference for outpatient procedures. Hospitals are no longer just places where doctors and nurses take care of patients in beds for long periods of time.

In this context it is suggested that a parking criteria based on gross floor area would be easier to enforce than current criteria. Application of a gross floor area calculation would also recognise the changing nature of hospitals, which are no longer institutional but much more akin to commercial uses such as offices and consulting rooms.

These studies also recommend that parking requirements clearly delineate between the users. Employee parking, for instance, should be long-term and located at the greatest distance from the hospital, whereas patients and visitor parking should be short term and located close to the hospital.

Further to the above it may be appropriate to combine a gross floor area calculation with a detailed study or Traffic Impact Assessment that specifically model's the parking accumulation and turn-over rates at the hospital, particularly during the key peak periods. All the previous studies have focussed on the technical aspects of compliance with the Traffic Access and Parking Schedule and AS2890.1, while a more strategic examination of the capabilities of the site to provide for its parking needs and the potential impacts on the surrounding street network, may be an appropriate reality check.

3.2.2 Changes of Use

Linked to the above issue regarding the changing nature of how hospitals operate is the categorisation of use. Specifically, whether the classification of a hospital under the Planning Scheme Template is broad enough to encompass consulting rooms.

Under the Planning Scheme Template Consulting Rooms and Hospitals are separately categorised.

'Hospital Services' is defined as follows under the template:

"...means use of land to provide health services (including preventative care, diagnosis, medical and surgical treatment, and counseling) to persons admitted as inpatients. It may include the care or treatment of outpatients".

Consulting Rooms are included in the definition of 'Business and Professional Services':

"means use of land for administration, clerical, technical, professional or other similar activities. Examples are a bank, call center, child health clinic, consulting rooms, funeral parlour, office, real estate agency, veterinary surgery, travel agency."

The Template relevantly states under Sections 4.6 and 4.7 in relation to multiple use and use categorisation:

4.6 Multiple Use

4.6.1 A use or development that is directly associated with and a subservient part of another use on the same site must be categorised as that other use.

4.6.2 Each use that is not directly associated with and a subservient part of another use on the same site must be separately categorised.

4.7 Categorising Use



4.7.1 Each use must be categorised into one of the definitions listed and described in clause 3.2.1.

4.7.2 If a use fits a description of more than one defined use, the most specific defined use applies.

4.7.3 If a use does not readily fit any defined use, it must be categorised as the most similar defined use.

The inclusion of 'outpatients' within the definition of Hospital Services suggests scope exists to encompass consulting rooms. The test under Clause 4.6.1 will be whether the consulting rooms comprise a use that is 'directly associated with and a subservient part ' of the hospital use. This will need to be determined on the facts. Relevant considerations include, but are not limited to, whether the consulting rooms are co-located as part of the hospital campus, their overall percentage of the gross floor area, whether the services provided make use of equipment or other services provided by the hospital, and the like.

The Calvary complex has the following characteristics:

- » A number of consultancies are located in separate buildings, but co-located within the originally identified Calvary hospital site, and within the main hospital building.
- » Pedestrian access paths, signage and car parking effectively linking the various consultant suites.
- » Consultancies comprise approximately 19% of the overall floor area.
- » A majority of clients are likely to be in patients or out patients of Calvary.

Based on the above, it is considered appropriate to categorise the site as a single Hospital Services use. This is consistent with the Brisbane City Council model, which assumes that any consulting suites are an integral component of the hospital operations.

3.2.3 Car Parking Investigations Summary

From the above research it is found that:

- » Parking ratios under the Hobart City Planning Scheme and those used in other Tasmanian planning schemes result in significant variation. The closest correlation is with the Central Coast Planning Scheme 2007, which is based on the Template.
- » Although health care facilities have evolved in terms of nature of patient care, and the complex multiple services that hospitals can provide there has not been a corresponding change to parking standards, which remain predominately based on patient beds, although with some variation
- » The changing nature of hospitals and changes to patient care practices, such as day surgery, allows for treatment of a greater number of patients within a shorter period of time. Such changes will often amount to a change of use and associated parking requirements, but are difficult to enforce.
- » Car-parking ratio based on gross floor area, as per Brisbane City Planning Scheme, removes the enforcement difficulties associated with changing employee numbers and patient care practices. Although changes of use within the existing built envelope would not attract additional car parking requirements if linked using the gross floor area method for calculating car parking, this is countered by the higher number of parking spaces than that required by the Hobart Planning Scheme.



- » A site specific traffic, parking accumulation and turn-over study would provide a greater degree of certainty to the task of calculation on-site car parking, and consideration should be given to requiring such a study as an integral component of any hospital use.
- » There is scope to consider consulting rooms as similarly categorised as 'Hospital Services' under the Template provided that on the facts there is sufficient 'direct link' between the operations of the consulting suite and the activities of the hospital.

3.3 St John's Hospital South Hobart Campus

3.3.1 Draft Amendment 2/98

The draft amendment sought to incorporate a master plan for the St John's Hospital into the Planning Scheme. It was rejected by the Resource Planning and Development Commission in March 2001 following a submission by Calvary Healthcare Tasmania, supported by Council, that the master plan would not meet its requirements and that it wanted to review plans for the St John's campus as part an overall strategic review of its plans for Hospital services delivery in the Hobart area.

Council had asked Calvary Healthcare Tasmania for an update on the progress of planning for the St John's campus, and to date this has not been received. In 1995, Council advised the then owners of the site that it was unwilling to consider further development without a master plan.

3.4 Consultation with Key Stakeholders

3.4.1 Calvary Healthcare Tasmania

- » Over time there has been significant change in the way that health services are delivered at the site. This follows a national trend for the provision of health services on the basis of out patient and HACC. For example there are fewer "lengthy" stays and in-patient care at the site;
- » Currently bed occupancy runs at little more than 70% as opposed to historical trends of approximately 85%;
- » Most surgery is now performed at the St John campus of the hospital (South Hobart) and the view is held that the area presently allowed for bed spaces under the current master plan will not be needed into the future as a direct result of this change in the method of service provision;
- » As a result of this the prescription within the Master Plan for use of particular spaces and buildings can create difficulty in managing the operation of the site. The trends for the provision of services will lead to an increase in the need for flexibility within the site as the service continues to shift to that of day surgery and the consequent need for the provision of space for specialists at the site;
- » Nevertheless the hospital recognises that there are problems at the site and that history of development has led to concerns on the part of some residents as to the scale and impact of development;
- » The importance of flexibility on the site (applying reasonable and agreed standards) is considered paramount in order that the levels of service delivery can be maintained;



- » The property at 61 Augusta Road must be brought within the site as it provides essential parking and hence ongoing flexibility for Calvary;
- » At this stage the hospital has not settled upon a master plan for the site;
- » Ratios for the provision of car parking must be addressed but in a realistic sense. A ratio of 1:1 is considered impractical and unnecessary given the changes evident in the provision of health services at the site. Again, flexibility is desirable given that clinical services provided at the site do not necessitate parking for specialist services and administrative support staff 24 hours per day, but will depend upon the scheduling of procedures and ultimate service provision;
- » There appears to be a suspicion that the vacant “gardens” area in Raluana Lane (owned by the hospital) will be developed as a part of the expansion of service provision associated with the hospital. However the owners have no strategic plan for the development of the site. (This should be clarified with the community longer term, as it is understood that the Lenah Valley Progress Association recognize the historic use of this area as a “community garden” by residents in the locality - even though of course there is no right of access to this area by the public). Calvary have made no attempt to stop use of the area, perhaps in recognition of its value in buffering the main site from the residential properties in the vicinity;
- » Shift changes are small compared to historic levels resulting in a reduction in vehicle movements to and from the site as a result of work patterns. In the main only patients requiring acute care impact on bed space;
- » The hospital does not wish to unduly restrict the opportunity for development at the site. In terms of onsite service provision, note that presently radio therapy services are provided at St Johns and that there is no oncology service at the Augusta Road site; and
- » Service provision continues to change based upon the Federal model for health care services. This has meant that there is greater emphasis upon the provision of “in-home” community care supplemented by day service and specialist services provided at the Calvary site.

3.4.2 Mr FL and Mrs SD Davies

- » The Master Plan introduced in 1992 was developed to set the standards and ratios for development densities including the requirements for parking, building footprints etc. This document provides the guidelines and established the parameters for development of the site, and yet development has occurred which is contrary to its provisions;
- » In introducing the master plan the Council had recognised the concerns of the community to ensure that the amenity of the adjacent residential areas was appropriately addressed and that the upper limits for development of the site could be met;
- » Historically there is disappointment that development on the site has occurred and with perceived intensification of use in the absence of net gains in on-site car parking. This has led to a heightened suspicion of development at the site and a belief that the relationship between the parties has soured to a point where there can be little achieved in attempts at constructive discussion. This is evidenced by the need for actions under section 64 of the Act;
- » In discussions, a very literal approach to the interpretation of the provisions of the master plan has therefore been adopted in all cases when dealing with development on the site - the view being that the provisions were written for a purpose and that any attempt at employing



a more “liberal” interpretation to these would simply erode the objectives of that document;

- » Specifically, car-parking provisions have been ignored to the extent that there is a deficiency of spaces on the site at the present time, and the need to ensure that the amenity of the residents is protected. It does appear that the main concern is the issue of on site car parking and available numbers impacting upon the further development within the Calvary site;
- » Whilst the important role and function performed by the hospital is recognised the impact upon residents has been ignored (at times) by the hospital administrators and developments occurred at the site which are contrary to the intent of the present scheme provisions;
- » The various decisions of then Town and Country Planning Commission and the courts have added weight to the view that the resident position was correct and that attempts to circumvent the scheme's requirement would be met with resistance;
- » Examples of this include the proposed alterations to the west wing of the hospital building and the conversion of bed space to administrative and clinical/ consultant service accommodation. The other major area of concern related to the redevelopment of the boiler facility and the introduction of car parking spaces at this location. The area was to be landscaped. Note, in the absence of this and the introduction of an additional (6) car spaces at the rear of the property adjoining 22 Joynton Street has created on going tension between the parties;
- » There has also been considerable argument as to the standards (ratio and dimensions) applied to the development of the car parking spaces within the site, the view being that these facilities have been developed to a lesser standard than that which is appropriate. The preferred ratio staff to vehicles is 1:1 as opposed to 1:2; and
- » As to proposals to alter the scheme provisions for the site, these are largely viewed with suspicion on the basis that the standards will be further eroded leading to diminution of residential amenity.

3.4.3 New Town Community Association – Brian Sampson (Public Officer), Peter Tierney (Secretary).

- » No philosophical objection to the Hospital providing residential amenity is not affected.
- » Agree with the underlying objectives of MP2 to protect residential amenity, screen parking and service areas from view, provide all parking on site and for new buildings at the fringe of the site to be of a residential form, scale and materials,
- » Main concerns are that the intent of MP2 has not been enforced;
- » Previous Commission decisions confirm that the ‘greater public good’ of the Hospital does not justify a detrimental impact on residential amenity. Any planning provisions should state unequivocally that maintenance of residential amenity is mandatory and that no detrimental impact on residential amenity will be accepted;
- » Critical issues are that the intent to protect residential amenity must be quantifiable and enforceable;
- » Existing enforcement relies on Calvary to produce accurate figures of the number of employees, which should include contractors and consultants etc, rather than just direct employees as all create a parking demand. Also relies on information from Calvary as to the areas used for consultants;



- » Staff numbers and the uses of various parts of the site should be able to be independently audited;
- » MP2 intends all parking to be provided on site. The residents seek a system that gives that result rather than purely compliance with existing standards of the Planning Scheme. Supporting information from Barry McNeill on MP2 hearings suggested 95% of all employees drove to the site. A more appropriate parking requirement for this site should therefore be 1:1 employee rather than 1:2 employees as required broadly under Schedule E of the Planning Scheme; and
- » Nearby streets, particularly Joynton Street, are narrow and people searching for on street car parking spaces experience difficulties turning resulting in greater impacts on residential amenity.

3.5 Legal/Interpretation Issues

Council's legal Counsel has identified car parking as the single most significant issue relating to the operation of Calvary. The recent Section 64 proceedings commenced by Council against Calvary and joined by Mr and Mrs Davies highlights a number of difficulties with the operation of MP2. A view is expressed that the Master Plan can no longer be regarded as responsive and is lacking in flexibility in its interpretation when applying reasonable regulation.

The latest round of proceedings involve the consideration of the number of car spaces that Calvary should be providing on the Lenah Valley Campus according with the Master Plan (demand) and the actual car spaces that are being legally provided. Council has identified a significant shortfall, and in the Affidavit that Mr. Davies has filed it is claimed that there are greater numbers of illegal spaces again. If Mr Davies' contentions were to be made out on the evidence, then the car-parking shortfall at Calvary would be significant.

Of particular relevance to this interpretation is determining whether the drawings comprising MP2 are illustrative only or intended to be strictly interpreted to impose restrictions on development. Given previous decisions of the Supreme Court there is a real risk that a car parking space not shown on MP2, if constructed subsequent to the commencement of MP2, will be found to be illegal. Calvary in response has been granted an adjournment to the Section 64 proceedings to allow for an application under Section 43A of LUPAA to be prepared and submitted to amend the planning scheme and to apply for a permit for future development of the site in a manner which addresses the extent of development, provides for additional car parking and better access arrangements, and will include the removal of restrictions on the use of 61 Augusta Road for the purposes associated with the Hospital use. The intended outcome is to remove from the planning scheme MP2 and replace it with a permit for specific development, which would govern the future use and development of the precinct.

The issues that have been raised by litigation in recent years are complex and require careful consideration when making decisions about the operation of MP2 and its appropriateness in any new planning scheme.

3.6 Summary of Issues- Lenah Valley Campus

The following provides a brief summary of the issues highlighted in the discussions above. In particular, it sets out the matters that should be considered when determining the mix of controls appropriate to each of the Lenah Valley and South Hobart hospital sites in the new planning scheme.



3.6.1 Lenah Valley Campus

The City of Hobart Planning Scheme 1982 commenced on 9th December 1991 and the Master Plan (MP2) for the Lenah Valley campus came into operation as the first 'A' series of amendments on 13th November 1992. It involved the creation of a Special Use Zone 7 and its own Precinct. The Master Plan relates to the majority but not the entire Zone. The Master Plan timeline for completion of building works was between five and ten years. This has not been realised. Implementation of the Master Plan has proved to be problematic for Calvary with its limited flexibility in interpretation, while the residents argue that it has not properly protected their amenity, a key objective of the plan. Several minor amendments have been approved without contention but there have been two draft amendments 1/98 and 4/2002 that have been rejected by the Resource Planning and Development Commission, the former a 'major proposal' for changes to the Master Plan.

These differences of opinion in relation to the contents and operation of the Master Plan are highlighted in various decisions by the Resource Planning and Development Commission, the Resource Management and Planning Appeal Tribunal and Supreme Court of Tasmania in relation to the enforcement of the Master Plan.

This is not an outcome desired by Council, Calvary or the residents in any new planning scheme.

The key issues relating to the Calvary Hospital Lenah Valley site are outlined under the relevant headings below.

3.6.2 Residential Amenity

The Lenah Valley hospital is a major institution located within an established residential area of Hobart. A Special Use Zone, which recognises the surrounding residential area, currently covers the site and it is intended that future development be required to maintain the existing residential amenity. These requirements are reflected in the Master Plan and its associated objectives, reinforced by a number of provisions including limiting consulting rooms within proximity of the residential zone, and inevitably will underpin future controls in the new planning scheme. These should include consideration of matters such as the provision of sufficient on-site car parking required for the proper operation of the hospital and its associated consulting suites, traffic circulation and management, its servicing requirements, the visual impacts of development and its relationship to the streetscape, landscaping, lighting and the like that potentially impact on residential amenity.

3.6.3 Extent of the Special Area controls

The property at 61 Augusta Road was incorporated into the hospital as consulting rooms after the preparation of the Master Plan. It should logically be included as part of any future provisions relating to the site. The Resource Planning and Development Commission observed this in its decision on Amendment 4/2002, and without this property and its related car parking, the hospital is significantly short in meeting its car parking obligation on the site as prescribed by MP2.

3.6.4 Development Envelope

It is unlikely that significant extension to the floor area of existing buildings can occur in the future. This is largely due to the existing issues surrounding the quantum of parking at the site, which will need to be addressed. This is discussed further under 'Car Parking Issues' below,



however, any changes in the balance of uses, let alone an increase in useable floor area, will have to address the current shortfall and provide sufficient car parking for any additional demand.

3.6.5 Urban Design Considerations

The design principles articulated in Section 3.3 'Urban Design Approach' of the Master Plan is considered to still be relevant. They identify improvement to a number of pre-existing problems relating to the impact of buildings and related developments on the amenity and character of the surrounding area. With significant extension to the existing buildings unlikely, the design principles would most likely apply to minor building alterations and additions.

3.6.6 Mix of Uses

The types of uses associated with the hospital, and their nature and extent, will change over time. The management of Calvary Hospital naturally seeks maximum flexibility in how this process is managed within defined building envelopes, while the adjacent residents have concerns with any changes involving greater traffic movements or where additional car parking demand is generated that cannot be provided for on site. The trigger for managing this process is not entirely clear in MP2 and was a major concern of the Resource Planning and Development Commission in its previous decisions.

3.6.7 Car Parking Issues

The parking investigations undertaken by Milan Prodanovic conclude that there are 275 parking bays within the main site compliant with the relevant Australian Standard, including eight (8) short-term bays. According to detailed information provided by Calvary Healthcare Tasmania, the parking requirement generated through the bed, employee and doctor balance at 26 August 2005 was 287. Current Section 64 proceedings before the Resource Management and Planning Appeal Tribunal highlight differences between how the car parking numbers have been calculated by Council and other parties to the proceedings, but both are in agreement that a current shortfall exists when assessed against the requirements of MP2.

However, research conducted as part of this study reviewed changes in the method for calculating car parking for hospitals in the light of the changing model for healthcare and found that:

- » There is significant variation in how planning schemes calculate car parking requirements for hospitals located in other regions of the State.
- » The Central Coast Planning Scheme has the closest correlation in terms of recently approved Tasmanian planning schemes.
- » The requirements embodied in the Ku-ring-gai Towns Centres Development Control Plan (NSW), if applied to the Calvary Hospital, would result in a very close correlation to that generated by the Hobart Planning Scheme.
- » The standards for determining required parking at hospitals has historically been based on the number of beds in a facility. Two-and-a-half to three spaces per bed was a safe calculation. Now, because of dramatic changes in how healthcare facilities operate (and based on several other factors, such as government and insurance reimbursement issues), a large percentage of people working at hospitals could be classed as office workers.
- » This changing nature of how hospitals operate, including changes in employee numbers and



patient care practices, such as day surgery allowing for treatment of a greater number of patients within a shorter period of time, will generally affect parking demands. Sufficient flexibility to cater for these anticipated future changes suggests that car parking standards based on gross floor area may be a more appropriate method, and removes the enforcement difficulties associated with changing employee numbers and patient care practices. Such criteria is used under the Brisbane Planning Scheme.

- » There is scope to consider consulting rooms as similarly categorised as 'Hospital Services' under the Template provided that on the facts there is sufficient 'direct link' to the operation of the hospital. In relation to Calvary, it is evident that such links exist in terms of their location within the hospital site and main buildings, the percentage of floor area used, the linking pedestrian paths, signage and the like, and nature of the consultancy service offered.

3.7 Summary of Issues - South Hobart Campus

Located in the Residential 2 Zone the existing Hospital is a Discretionary use in the zone, and a range of use and development controls apply in the form of the planning scheme schedules. Council had previously supported the rejection of a draft amendment 2/98, at Calvary's request, for implementation of a master plan. It was understood by Council that further revisions to the master plan were in process. The impetus for preparation of a master plan had its origins with Council's previous advice from the then owners of the hospital back in 1995 that it was unwilling to consider accommodating further development of the site without a Master Plan. The status of any revisions and indications of what Calvary has in mind for future development of the St John's Hospital site is unclear. Resident concerns about the operation of the South Hobart campus are less evident than for the Lenah Valley site.

It is considered that the overall intent contained in the Objective for the Residential 2 Zone and the Statement of Desired Future Character of Precinct No. 26 should be continue to be considered in any future planning scheme controls. In particular, these seek to limit the intrusion of non-residential use and development and provide for the maintenance and protection of residential amenity.

As for the Calvary Campus further development of the South Hobart site will be constrained by its proximity to residential properties and in particular is likely to require provisions or a mechanism that adequately deals with:

- » Height of buildings and their scaling down towards the boundaries of the site;
- » Density of development;
- » Provision of car parking and location of access points,
- » Location of service equipment and servicing hours;
- » Landscaping and placement of lighting; and
- » Signage.



4. Common Key Elements Template

4.1 Commission Directive

Planning Directive Number 1, which commenced on 17 December 2003, incorporates the Common Key Elements Template (the template), which sets out a common framework, structure and elements to be applied to all Planning Schemes throughout Tasmania.

New planning schemes are required to be drafted in accordance with the template without variation unless the Resource Planning and Development Commission approve such variation. The new City of Hobart Planning Scheme is being prepared in accordance with the template. A guide for preparing a planning scheme in accordance with the Common Key Elements Template (the template guide) was issued in June 2007.

The key matters that need to be addressed in preparing planning provisions for both the Lenah Valley and South Hobart campuses for the new City of Hobart Planning Scheme has been outlined under Clause 3.5 of this report.

4.2 Overview of Planning Directive No. 1

In accordance with Sub-Clause 4.1 of the template, the entire area covered by a planning scheme is divided into zones. A zone will therefore need to be applied to both of the hospital sites. There are 15 separate zones under the template.

4.2.1 Zones

Sub-Clause 4.1 of the template states:

4.1.1 The planning scheme area is divided into zones. Zones are based on:

- (a) the existing and allowable future use of land within a zone; and*
- (b) broadly similar natural, economic or community values.*

4.1.1 The plans show how land is zoned.

In relation to the use classification, 'Hospital Services' is defined as follows under the template:

"...means use of land to provide health services (including preventative care, diagnosis, medical and surgical treatment, and counseling) to persons admitted as inpatients. It may include the care or treatment of outpatients".

As previously noted consulting rooms is also included in the definition of 'Business and professional services':

"means use of land for administration, clerical, technical, professional or other similar activities. Examples are a bank, call center, child health clinic, consulting rooms, funeral parlour, office, real estate agency, veterinary surgery, travel agency."

Traditionally consulting rooms have located within business areas or their equivalent zones, and no doubt provisions for such uses will continue within these areas. However, the trend to locating consulting rooms within or adjacent to hospitals is well recognised and offers distinct advantages to people seeking medical assistance, and more generally in the delivery of an efficient health care system.

This is clearly recognised by the inclusion of 'outpatient' services in the 'Hospital Services' definition, and the expectation of patients that when they visit consultants working from a hospital, that they are able to access, or be referred to, a range of facilities and other services within the hospital, such as x-ray, rehabilitation services, specialist procedures such as



endoscopy, and the like.

It is considered that existing retailing, administration and professional consulting room activities associated with both of the hospitals are capable of being included within the 'Hospital Services' use classification pursuant to Clause 4.6.1 of the template, provided such uses are an activity ancillary to the provision of 'Hospital Services'.

4.2.2 Zone Selection

A preliminary assessment determined that the Business Zone, under the template guide, provides the closest fit to the uses described above with the zone intending to provide areas for "*retailing, offices and community services in a concentrated area*" to occur.

However, as discussed below there are some difficulties with applying a business zoning, not least of which is the range of other uses able to be considered in the zone. Appropriate qualifications would need to be included in the Table of Uses given its residential setting and amenity issues. It is understood Council is also considering including a number of other 'institutional' type uses in the Business Zone, including the University and Wrest Point Casino. For this reason it is worth considering in more detail the merits or otherwise of applying a Business zoning to the two hospital sites.

The primary concern is the number of qualifications required in order to address the varying site specific and off-site impacts associated with each of the use and development forms normally expected in the Business zone, but considered inappropriate on either of the hospital sites. This may lead to unnecessarily complex zone provisions. By way of example, the following draft table for use and development in the Business zone, prepared in-house by Council for consideration in the proposed draft Hobart Planning Scheme, has been modified to include reference to the Calvary and South Hobart Hospital sites. The purpose of this modification is to demonstrate the types of qualifications and exclusions necessary if a Business zoning were to apply to the sites.



X.2 Table of Use (Example Only)

X.2.1 The following table shows permitted, discretionary and prohibited use in the Business zone.

Table 4-1 Permitted, Discretionary and Prohibited Use in the Business Zone

Permitted		
Defined Use	Qualification	Explanation
Business and professional	For sites with frontage to Macquarie and Davey Street and call centres and offices with a maximum ground floor frontage of 4 metres. In other areas and where the frontage is greater than 4 metres these uses are discretionary.	<p>To meet the spatial characteristics of the zone purpose.</p> <p>Offices, consulting rooms and banks are permitted in the Central Commercial and Administrative zone under the CHPS. Offices are qualified with a ground floor frontage of 6 metres.</p> <p>The 4m frontage is a recommendation from CASP which found that 6 m didn't achieve the intended outcome of retaining activity at street level.</p>
	For Calvary Healthcare sites in Lenah Valley and South Hobart consulting rooms are discretionary and only within the area defined in Overlay XX (or Schedule), otherwise prohibited.	The qualification for consulting rooms within the Calvary Healthcare sites is an acknowledgement that these Hospital support uses have the capacity to generate additional car parking that must be accounted for on site and within the capacity of the local street network if they are to be allowed. They also have the potential to impact on the amenity of adjacent residents with the comings and goings of patients, doctors and staff, and out of hours use. The aerial separation recognises the current prohibition of consulting rooms within 200m of the boundary of Precinct 46.
Community services		Consistent with the zone intent and with the existing status under the CHPS 1982 The permitted status of these uses that support the Business zone is consistent with the zone purpose.
Educational and occasional care	Where the site has frontage to Campbell, Collins, Liverpool and Argyle Streets or is located on the University of Tasmania campus. In other areas discretionary.	Encourages development and redevelopment of existing uses in areas consistent with the zone purpose.



Permitted

Defined Use	Qualification	Explanation
Food services	Except drive through take-away premises, which are discretionary, or if on the Calvary Healthcare Lenah Valley and South Hobart Campuses are prohibited.	Consistent with existing use status under the CHPS 1982. These uses provide a support role to the zone purpose. For the Calvary Hospital sites such use is inappropriate.
General retail and hire	Except an amusement centre, supermarket and adult product shop which are discretionary. On the University of Tasmania campus or Wrest Point Hotel site must be primarily to provide for student or visitor needs, otherwise discretionary. On the Calvary Healthcare Lenah Valley and South Hobart Campuses, and Royal Hobart Hospital site must be primarily to provide for patients and visitor needs, otherwise prohibited.	This defined use includes the preferred general retail uses for the area. The qualified uses are not necessarily appropriate due to their size or use characteristics. Therefore, a proposal needs to be considered on its merits. The status and qualifications are consistent with the existing CHPS 1982. General retail on the UTAS or Wrest Point site may not be consistent with the zone purpose and should only be very limited and ancillary to student or visitor needs. General retail on the various hospital sites should be limited to providing services and products required by patients and visitors to satisfy immediate needs. These may include kiosk, gift shop, patient equipment hire and sales, to name a few examples.
Hospital services	Where the site has frontage to Campbell, Collins, Liverpool and Argyle Streets, and for the Calvary Healthcare Campuses in Lenah Valley and South Hobart as shown in Overlay (or Schedule) XX. In other areas discretionary.	Encourages development and redevelopment of important existing uses in areas consistent with the zone purpose. Consideration will need to be given to whether other hospital sites within the City are similarly defined and zoned for Business.
Hotel Industry	Except on the Calvary Healthcare Lenah Valley and South Hobart Campuses where such uses is prohibited.	Consistent with existing use status under CHPS 1982. These uses assist to provided vitality and a support role to the Business zone. For the Calvary Hospital sites such use is inappropriate.
Natural and Cultural Values Management		This use is unlikely to impact on the amenity of the surrounding area or be obtrusive or intrusive.



Permitted

Defined Use	Qualification	Explanation
Residential	Except on the Calvary Healthcare Lenah Valley and South Hobart Campuses where such use is discretionary and primarily to provide for staff or patient care providers needs, otherwise prohibited.	Consistent with status of residential uses in the CHPS 1982 and the purpose of the zone. See also the Home Occupation Schedule. A 'Ronald McDonald' type accommodation facility could be considered, as well as possible staff accommodation.
Storage	Where storing non-dangerous goods within buildings, otherwise discretionary.	Consistent with existing use status under CHPS 1982. Allows a support role for the central area. Also, storage is an integral component of the operation of a hospital.
Tourist accommodation	Except on the Calvary Healthcare Lenah Valley and South Hobart Campuses where such use is prohibited.	Consistent with the purpose of the zone and the existing use status under the CHPS 1982. Note the current use definitions contain criteria that should become standards for the Residential (and other) zones. These criteria are not as critical in the Business zone. There is a need to cover these use standards elsewhere in the Scheme. Such use is not appropriate on the Calvary Hospital sites.
Utilities	Only if located below the ground, otherwise discretionary.	To acknowledge that these works are appropriate if they are not likely to cause a visual intrusion. Note: maintenance and emergency works will be exempt – clause 5.6 of the Template.



Discretionary

Defined Use	Qualification	
Bulky Goods Sales	Prohibited in the area between Macquarie and Liverpool Streets, on the University of Tasmania campus or Wrest Point Hotel site, and Calvary Hospital Lenah Valley and South Hobart Campuses.	Showroom is permitted in the CHPS 1982 but has a slightly different meaning. The land extensive needs along with access, loading and manoeuvring requirements mean these uses are unsuited to the area between Macquarie and Liverpool Streets and on the University of Tasmania or Wrest Point Hotel sites. This includes the Calvary Hospital sites.
Manufacturing and processing	Where the requirements of Use Standard X.X are met, otherwise prohibited. Prohibited on the University of Tasmania campus, Wrest Point Hotel site, and Calvary Hospital Lenah Valley and South Hobart Campuses.	Consistent with existing use status under CHPS. Use standard applies the criteria for the definition of light industry. The discretionary status allows these uses to be considered on their merits. The use is inconsistent with the zone purpose on the University of Tasmania campus, Wrest Point Hotel site, and Calvary Hospital sites.
Research and Development		New use. Appropriate to consider it on its merits, as it is not likely to cause impacts and can be consistent with the zone purpose.
Service industry	If an extension to an existing use, otherwise prohibited.	This represents a change from the existing permitted status in the Central Commercial and Administrative zone for use Group XIII under CHPS. These uses are not necessarily acceptable in this Business zone due to possible conflicts with streetscape and amenity. Better suited to the Commercial zone. Indicates that existing uses can expand and allows the impact on adjoining preferred uses to be considered.
Sports and recreation	Except on the Calvary Healthcare Lenah Valley and South Hobart Campuses where such use is prohibited.	Practical use and area requirements mean that most uses are unsuited except on the UTAS site. Any proposal needs to be considered on its merits. Such use is not appropriate on the Calvary Hospital sites.



Discretionary

Defined Use	Qualification
Tourist operation	<p>Except on the Calvary Healthcare Lenah Valley and South Hobart Campuses where such use is prohibited.</p> <p>Unlisted use in the CHPS 1982. With the exception of a visitor centre, the tourist operation use group suggests a more land extensive activity than would be expected in the Commercial zone. Discretionary status enables the use to be considered on its merits.</p> <p>Such use is not appropriate on the Calvary Hospital sites.</p>

In addition other concerns held include:

- » Public perception that the Business Zone relates to City based retail and business activities, and its application to sites outside the city centre is an encroachment issue potentially impacting on their amenity;
- » The number of purpose statements (or qualification) required to cater for the different areas to which the Business Zone will apply has the potential to detract from the primary zone intent;
- » The significantly different subdivision requirements, and development standards applicable to each of the Business Zone areas identified;
- » Further to the above, the nature of development or the built form in the city and its fringe is quite different to that found on the University site, Wrest Point, Calvary and so on, and cannot adequately be catered for by generic standards, even where qualification in the zone provisions are provided;
- » Site-specific issues cannot as easily be dealt with, or have the potential to be buried within the body of the zone controls; and
- » The provisions relevant to a site are not as easily identified in the scheme as when a site-specific approach is taken.

It could be argued that this is a failing of the Commission's Template, which does not easily cater for developed sites having characteristics not easily catered for by standard zones.



4.2.3 An Alternative Zoning Approach

An alternative approach to the zoning of the Calvary and South Hobart Campuses as Business under this scenario would be their retention as Residential zoned land, in recognition of their suburban setting, with a combination of overlay and schedule controls providing the detailed planning framework guiding future use and development decisions.

In the event of the relocation or closure of both facilities the underlying residential zoning would prevail, and signals the strategic intent that residential use in the long term is preferable to a spot Business zone, notwithstanding the limitations placed on use and development. In essence a Business zoning may send the wrong message about its suitability for alternative commercial uses, and has the potential to generate unnecessary fear in the community.

Conversely, a Residential zone applied to the sites recognises the residential nature of the hospital use and the importance of maintaining a high level of amenity for patient health and wellbeing. Put simply it is considered that the introduction of overlay and schedule controls is fairer to all and this site-specific approach provides the answers to use and amenity conflicts.

4.2.4 Schedules/Overlays

Overlays allow for specific standards to be applied to particular types of use or development or to a local area. As there is no specific provision made for special use zones or master plans under the template, Schedules and Overlays are an alternative allowing Council to introduce controls relating to specific sites. Sub-Clause 4.2 of the template states:

4.2.1 Schedules set out standards for:

- (a) particular types of use or development; and*
- (b) matters that affect land that cannot be described by zone boundaries.*

In addition, the template guide provides that:

“Overlays may be used on the plans to show the areas affected by a local area provision or other schedule provisions with spatial implications such as land subject to inundation”.

Furthermore the assessment report on the draft Planning Directive states:

“Overlays provide additional spatially defined matters relevant to a permit assessment. Spatially defined may be in the form of mapping inundation or other hazards or defining an area for a specific response through the planning scheme...”

These references to schedules being a mechanism for articulating standards for particular types of use or development and other matters not easily dealt with by zone boundaries is considered significant. When read in the context that overlays can be used to show the areas affected by 'local area provisions' strongly suggest that site specific or area specific controls can be applied under the template. Such provisions are already a feature of the Hobart Planning Scheme 1982 and anecdotal evidence suggests that it will be acceptable to the RPDC under the template approach.

The use of an overlay and accompanying schedule for either site therefore appears to have merit and is discussed in more detail in the following section of the report.



4.2.5 Standards

Under Section 4.3.1 of the template, standards are set out in both the zones and schedules to a planning scheme. They comprise of objectives, acceptable solutions and performance criteria, which are described as follows:

- » Objectives are outcomes to be achieved by each set of performance criteria and/or acceptable solution. It is intended that they will relate to the purpose of the zone or schedule that they are associated with. As objectives are a determining factor as to whether a particular standard applies to a use or development, they should be as explicit as possible to limit any doubt as to whether or not they apply;
- » Acceptable solutions are one way of meeting an objective. Where a use or development meets all acceptable solutions it is deemed to satisfy the relevant objective. They should be expressed in measurable terms so in order to allow objective verification. The template guide recognises that there may be range of ways to comply with a standard. This could be achieved by including alternatives as subclauses; and
- » Performance criteria are another way of satisfying an objective, and usually take the form of qualitative criteria. They are used as the basis for assessment of an application where the corresponding acceptable solution has not been met, or where there is no corresponding acceptable solution. Performance criteria should set clear parameters for use and development, and open-ended criteria should be avoided.

The use of objectives, acceptable solutions and performance criteria necessarily follows any decision by Council to make provision for the Calvary and South Hobart hospital sites in the planning scheme.



5. Implementing the Template

5.1 Calvary Hospital Lenah Valley Campus

5.1.1 Master Plan Vs. Overlay and Schedule Controls

Under the Template approach it is evident that the existing Master Plan does not meet the implementation guidelines. Indeed the preparation of the original master plan for the site predates the introduction of the suite of legislation forming the *Resource Management and Planning System*, and has been written in a language that is no longer consistent with the move towards the flexibility of 'performance based planning' and its strong focus on articulating clear objectives to be achieved, defining standards that are deemed acceptable, and providing scope for the applicant to demonstrate compliance by alternative means through meeting clearly stated performance criteria. Its reliance on plans showing car parking layouts, elevations, building envelopes, landscaping and the like has been open to both differing interpretations and has not provided the flexibility Calvary were originally anticipating, while being the source of contention, challenge and uncertainty for residents.

It is acknowledged that hospital planning is fraught with difficulty, and many factors outside the hospital administrator's control impact on the provision of health care services. The Master Plan was an attempt to recognise a number of the more predictable long-term trends, and sought to calculate the areas and uses that would need to be accommodated into the future. It could be argued that some of the guiding principals and provisions that underpinned preparation of the master plan have been lost in translation, and the past breaches and more recent litigation and allegations of non-compliance with MP2 bear testimony to the problems facing Calvary, Council and the residents.

Given this the process for devising an alternate combination of overlay and schedule controls as required by the Template, and related use and development standards applicable to operation of the hospital at a particular point in time, will always be challenging in the context of an ever changing health care environment, and may have limited application in these circumstances.

5.1.2 An Alternative Approach

An alternative approach is worthy of consideration, where apart from minor extensions or changes of use necessary for the hospital to remain compliant with legislation, safety or other regulatory requirements, future building extensions or significant changes of use should be subject to the full planning scheme amendment processes, in preference to compliance with predetermined use and development standards. This is the case with the current Master Plan where the Resource Planning and Development Commission has on a number of occasions determined whether changes to the plan can be supported for their planning merit.

Any consideration of an amendment or amendment combined with a permit pursuant to Section 43A of LUPAA could still be guided by a number of the key objectives and principles articulated in MP2. Experience gained in the implementation of MP2, and from subsequent assessment and research, suggests that the key guiding principals are:

- » Defined Areas - The areas within which Calvary Hospital will operate should be clearly delineated in a plan;
- » Residential amenity – Recognising that the hospital is situated in a residential area and the



operation of Calvary and any related use and development changes must not impact adversely on the amenity of the surrounding neighbourhood. This is to be achieved by managing and controlling the impacts of traffic access and its circulation, car parking, signage, external lighting, delivery services, and operation of equipment necessary for the operation of the hospital, to within the site;

- » Character - The character and appearance of buildings should also have regard to the residential context and landscaping should be used to assist in its integration with surrounding streetscapes. This should include reference to the height, scale and form of buildings, materials used, and orientation to the surrounding streets.
- » Car Parking – Sufficient car parking should be provided on site to cater for the activities of the hospital and its related consultant suites, with a clear distinction between visitor and staff parking. Such car parking and on site manoeuvring should meet appropriate Australian design standards, and comply with the relevant car parking schedule. Consideration should be given to using a car parking formula based on the gross floor area of the hospital and its related consulting suites.
- » Car Parking Management - On site management measures including the sign posting of car parking and access points, and pedestrian access through the site, should be undertaken to ensure, as far as possible, that kerbside parking is not utilised in preference to on-site parking.
- » Access - The major access point should be off Augusta Road, with a secondary access of Honora Avenue. There should be no direct vehicular or pedestrian access to the Hospital from Joynton Street or Raluanna Lane.
- » Traffic Impacts - Ensuring the effects of traffic generated by the hospital use does not significantly impact detrimentally on residents in Joynton Street and Raluanna Lane.
- » Uses – The Hospital should primarily cater for health services (including preventative care, diagnosis, medical and surgical treatment, and counselling) to persons admitted as inpatients. Ancillary treatment of outpatients by consultants, required or in associated with the operation of the Hospital, is appropriate.
- » Changes of Use – In recognition of the dynamic nature of hospital and health care services some flexibility in the allocation of spaces should be provided. Any variations in the balance between uses should be contained within the existing building envelope. Further to this, and as identified above, car parking demand should be linked to a gross floor area calculation method rather than on staff, bed and doctor numbers, which on the evidence are in a constant state of change. This would simplify the jurisdictional issues facing Council, simplify the administration or allocation of uses by the hospital administrators, and provides a degree of certainty for residents about the extent of development allowed on the site.
- » Amenity – Electrical and mechanical plant should be sited or designed to ensure noise produced does not cause nuisance or environmental harm under the provisions of EMPCA or any relevant Australian Standard; and
- » Appearance – Landscape treatment should be used to integrate and help soften the visual impact of existing and new building works into the residential character of surrounding streetscape at street level.



5.1.3 Application of a Zone

If the argument were accepted that an alternative response to dealing with new buildings or extensions to existing buildings, and major changes in the balance of uses, is by amendment, the intent would be to include the site in the Residential rather than the Business zone, with relevant controls.

5.1.4 Applying Overlay(s) Based Standards

As discussed in the Template guide the use of overlays is particularly advantageous when defining the extent of the area to which particular controls apply, and any aerial differentiation required e.g. where uses may locate, identifying heritage areas, inundation areas, attenuation buffers and the like.

For Calvary this would translate into the following key guiding principles from the existing MP2 being dealt with in an Overlay:

- » Defining the area able to be used for Hospital Services, including the property 61 Augusta Road, and other related hospital Business and Professional Services including professional consulting suites; and
- » Location of the approved access points to the site off Augusta Road and Honora Ave, and other access arrangements; and
- » The location and nature of landscaping required.

5.1.5 Applying Schedule Based Standards

Continuing with an amendment approach to dealing with major changes means the formulation of detailed site-specific schedule based development controls for Calvary Hospital site will be limited in their scope, although importantly can still be used to set the strategic direction for consideration of any further scheme amendment. In this context any schedule prepared would seek to include:

- » A clear statement of intent;
- » Use and Development Objectives that:
 - Highlight the important economic and social role played by Calvary and the critical health care benefits to the community in having a strong functioning hospital within easy reach of the majority of the population;
 - Describe the residential context within which the hospital is situated and the need to ensure the scale of buildings at street frontage is respectful of adjacent houses;
 - Ensure that the operation of the hospital does not adversely impact on the amenity of the surrounding residential area by reason of traffic generation, off-site car parking, excessive noise, odour or light spill; and so on;
 - Emphasise the importance of landscaping when used to assist in the integration of buildings and related structures into the surrounding streetscape;
 - Encourage use of traditional building forms and materials consistent with the character of adjacent areas;
 - Requires sufficient car parking to be provided on site to cater for all the needs generated as determined by compliance with the relevant car parking schedule, with a preference for moving to a gross floor area calculation for simplicity of application and enforcement.



- Ensures the facility is primarily used as a hospital with ancillary hospital outpatient facilities operating in such a manner that any variations in balance between the two should be contained within the existing building envelope.
- » Standards for Use and Development including:
 - A Table of Uses with appropriate qualifications;
 - Development Standards that allow for minor development works that allow the hospital to remain compliant with legislative, safety and regulatory requirements;
 - Allowing for minor increases in floor area commensurate with meeting the above requirements;
 - Provisions dealing with car parking, access and traffic management;
 - Provisions that deal with amenity concerns and impacts of development; and
 - Provisions that deal with the appearance of development.
- » Administration and processes for considering major increases in floor area or other major operational changes.

5.2 Calvary Hospital South Hobart Campus

5.2.1 Consistency of Approach

For the reasons articulated in relation to the Calvary Hospital Campus a similar approach is advocated for the South Hobart site. In the absence of a master plan, and with less concern expressed by the local community in relation to its operation and off-site impacts, implementing changes to in relation to future planning controls is likely to be less contentious. That said the overall intent contained in the Objective for the Residential 2 Zone and Statement of Desired Future Character of Precinct No. 26C should be respected and particularly in limiting the intrusion of non-residential use and development and protection of residential amenity.



6. Recommended Approach

6.1 Position Summary

A range of options for the provision of planning controls consistent with the “Common Key Elements” template provided by the State Government under Planning Directive No. 1 to the two Calvary Healthcare Hospital sites in a new City of Hobart Planning Scheme have been identified. It is clear that the provision of ‘special zone’ status for the sites is inconsistent with the basic thrust of the ‘template’ approach. Consideration has been given to which of the template zones would most appropriately be applied, and while the Business Zone is the closest in terms of its stated intent, there are problems associated with its application. Those concerns relate principally to the standards and zone controls that are usually applied to retail, commercial and other developments found in the City and fringe commercial areas are not necessarily suited to the uses and forms of development associated with operation of hospital sites such as Lenah Valley and South Hobart. There is also a concern that expectations may be raised about alternative uses for the sites in the event that either of the hospitals relocated.

An alternative approach is for their inclusion in the Residential Zone with appropriate site-specific controls as discussed below.

Overlays and Schedules are recommended in those situations where specific additional controls are proposed for a site, or type of use or development. In this instance both techniques appear to have merit in their application to both the Lenah Valley and South Hobart sites, and particularly in articulating the key issues or matters that must be considered in any assessment of an application submitted for Council consideration.

The Template preferred structure of stated objectives, measurable acceptable solutions and alternative performance criteria is not one that can readily be used in converting the provisions of MP2 into the new planning scheme. While it was a stated intent of the master plan to provide flexibility in its administration, this has not been the experience in practice. While it would be possible to establish appropriate standards against which applications are considered, it is also fraught with difficulty, particularly in the context of an ever-changing health care environment. These changes are characterised by reduced inpatient length of stay and a corresponding shift to outpatient services. This is one of the key failings of the current Master Plan, and the stated need for flexibility to accommodate these changes is notably absent in the Master Plan.

An alternative and preferred option envisages the following framework of controls:

1. Zoning - Both the Lenah Valley and South Hobart Campuses are zoned Residential;
2. Zone controls - Use classes Hospital Services, Business and Professional Services (subject to qualification), and General Retail and Hire (subject to qualification) are noted as uses able to be considered;
3. Overlay provisions – That define the subject sites and aerial extent of any ‘special controls’ that apply;
4. Schedule provisions that provide:
 - Intent Statement
 - Use and Development Objectives
 - Table of Use – Specifying those uses able to be considered over and above;
 - Development Standards - Provisions that allow for minor extensions or changes of use



necessary (to be defined but allowing some flexibility) for the hospital to remain compliant with legislation, safety or other regulatory requirements;

- A number of specific scheme standards, including potential to use 'gross floor area' as a preferred method for calculating the car parking requirement;
- A process outlined that requires major extensions to be subject to the full planning scheme amendment processes, and any application be assessed against objectives specific to the site and its relationship to the surrounding area.

This planning framework is considered to be more flexible and allows the applicant to respond to changes based upon the Federal model for healthcare current at the time. It will require the applicant to carefully consider, assess and document the use and development requirements relevant to the application, provides scope for public involvement in the decision making process, and the involvement of the Resource Planning and Development Commission in its assessment assuming Council's support of the application.



7. Draft Scheme Provisions

7.1 Introduction

It is recommended that both the Lenah Valley and South Hobart sites are included in the Residential Zone. The following scheme provisions have been developed for the Calvary Hospital site and it is intended they will also form the basis for similar controls applied to the South Hobart campus.

7.2 Zone Provisions

Clause X.1.1 - Table of Use – Additions to the Residential Zone Table of Use

Permitted

Defined Use	Qualification
Hospital Services	Subject to the provisions of the Calvary Healthcare Hospital Campus Overlay and Schedule.
General Retail and Hire	Subject to the provisions of the Calvary Healthcare Hospital Campus Overlay and Schedule.
Business and Professional Services	Subject to the provisions of the Calvary Healthcare Hospital Campus Overlay and Schedule.

Clause X.2.1. Development – Non-Residential Development (Hospital sites)

Development is subject to the provisions of the Calvary Healthcare Hospital Campus Overlay and Schedule.

7.3 Overlay Provisions

O.1 - Calvary Healthcare Hospital Campus Overlay

- O 1.1 Purpose of Overlay.
- O1.1.1 The purpose of this Overlay is to identify the area of land that may be used for Hospital Services as the primary use and development.
- O 1.2 Application of Overlay.
- O 1.2.1 Proposals for Hospital Services and their related ancillary uses are:
- Limited to areas shown on the attached map for the Lenah Valley Hospital Campus.
 - Limited to using access locations off Augusta Road and Honora Ave, and elsewhere those access points noted as emergency access only; and
 - To ensure existing landscaping is maintained and reinforced.
 - Excluded from areas within 200 metres of Precinct 46 if involving Consulting Suites.



7.4 Schedule Provisions

S.1 - Calvary Healthcare Hospital Campus Schedule

- S 1.1 Purpose of Schedule.
- S1.1.1 The purpose of this Schedule is to specify the standards that apply to applications for Hospital Services and their associated ancillary use and development.
- S 1.2 Objectives of Schedule.
- S1.2.1 The objectives of this Schedule are to:
- a) Recognise the important economic and social role played by Calvary and the critical health care benefits to the community in having a strong functioning hospital within easy reach of the majority of the population;
 - b) Ensure the essential operations of the hospital and its ancillary uses are contained within the relevant Overlay Area;
 - c) Require that the operation of the hospital and any associated ancillary activities does not impact on the amenity of the surrounding residential area by reason of traffic generation, off-site car parking, excessive noise, odour or light spill, visual impacts, and disturbance resulting from servicing requirements, and staff and visitor movements;
 - d) Recognise the residential context within which the hospital is situated and the need to ensure that the scale of buildings at street level is respectful of adjacent houses, and encourages use of traditional building forms and materials consistent with the character of adjacent areas;
 - e) Require the use of landscaping to assist in the integration of buildings and related structures into the surrounding streetscape at street level;
 - f) Ensure sufficient car parking is provided on site to cater for the hospital activities and associated services, with a clear delineation between visitor and staff parking, subject to compliance with the relevant car parking and access standards;
 - g) Require that access to the site and related car parking is confined to specific locations as identified in the relevant Overlay Area;
 - h) Ensure the facility is primarily used as a hospital with ancillary hospital outpatient facilities; and
 - i) Ensure that in terms of design and function; there is ease of ingress, parking and egress from the site; there is minimal impact on the neighbourhood; that its built form is of a scale, form, and materials used, is sympathetic to the character of the surrounding residential area; and its visual impact is further mitigated with strategically located and maintained landscaping at street level.



S 1.3 Application of Schedule.

S 1.3.1 Proposals for use or development to which this Schedule applies must demonstrate compliance with the standards set out in clauses S.1 5.1 to S.1.6.4.

S.1.4 Definition of Terms used in this Schedule.

S.1.4.1 In this schedule, unless the contrary intention appears:

Building Envelope	Means the three dimensional space within which existing buildings are located.
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S.1.5 Table of Use

S.1.5.1 Despite the table in clause XXX for the Residential Zone, the following table shows the permitted, discretionary and prohibited use on the land identified on the plans as the Calvary Healthcare Hospital Campus Overlay.

Table of Uses

Permitted	
Defined Use	Qualification
Hospital Services	
General Retail and Hire	Only as an activity ancillary to 'Hospital Services'.
Business and Professional Services	Only for administration or professional consulting rooms required as part of 'Hospital Services'.
Discretionary	
Community Services	
Educational and occasional care	
Research and development	Only where related to the delivery of improved health care facilities and services.
Utilities	
Prohibited	
All other uses not listed.	



S.1.6 Standards for Use and Development

S.1.6.1 Subdivision

Objective: To ensure that the area and dimensions are appropriate for the intended use, and that lots created further the objectives of this schedule.	
Performance Criteria	Acceptable solution
<ul style="list-style-type: none"> (a) Subdivision for minor boundary adjustment only; or (b) A lot is required for the provision of a Council utility; and (c) Such lot has the area and dimensions necessary to contain the infrastructure and any required public access for its repair and maintenance 	No acceptable solution.

S.1.6.2 Minor Development

Objective: To ensure that development of the hospital is contained within the approved building envelope.	
Performance Criteria	Acceptable solution
<p>Any new development and works:</p> <ul style="list-style-type: none"> (a) shall be to facilitate activity that is essential to the hospital's continued effective delivery of its services as a major community health facility; (b) is not to create any impacts on the visual amenity and privacy of adjacent residential development; (c) does not exceed 200m² in total area; and (d) provides additional car parking in accordance with the Traffic Access and Parking Schedule. 	<p>Development and works that:</p> <ul style="list-style-type: none"> (a) are essential to enable the hospital to comply with legislative, safety and regulatory requirements pertaining to hospital services, including minor extensions where those requirements cannot be met within the building envelope existing at the commencement of this planning scheme, and (b) does not require an increase in floor area of more than 100m² to facilitate that compliance; and (c) does not involve building extensions beyond the existing building envelope.



S.1.6.3 Amenity

Objective: To ensure that the ongoing operation of the hospital does not adversely impact on the amenity of the surrounding residential area.	
Lighting	
<p>Performance Criteria</p> <p>Where new external lighting is not hooded it must be demonstrated that such light spill does not create a nuisance or safety issue for adjacent uses or for the wider community</p>	<p>Acceptable solution</p> <p>New lighting must:</p> <ul style="list-style-type: none"> (a) Comply with AS 1158 and AS 4282; (b) Not result in light spill onto windows of adjacent habitable rooms; and (c) Not result in a safety hazard for users of adjacent Council roads or other public space.
Landscaping	
<p>Performance Criteria</p> <p>New landscaping not in accordance with areas shown in the Calvary Healthcare Hospital Campus Overlay is to demonstrate how it assists in screening buildings and other structures from view, or otherwise assists in integrating new buildings into the residential character of surrounding streetscapes.</p>	<p>Acceptable solution</p> <p>The location of new landscaping is to be consistent with the areas shown in the Calvary Healthcare Hospital Campus Overlay.</p>
Nuisance	
<p>Performance criteria</p> <p>Any activity of the following type, or where compliance with the Acceptable Solution cannot be achieved, must demonstrate in a Environmental Assessment Report that the use and development will not result in a detrimental impact on the occupiers of residential property in the vicinity:</p> <ul style="list-style-type: none"> (a) The location and use of outside storage of refuse generated on site; (b) The location and use of outside storage of medical waste generated on site; or (c) The operation of any furnace or boiler. 	<p>Acceptable solution</p> <p>Activity associated with operation of electrical or mechanical plant and equipment or other functions required by or in support of the hospital is not to cause disturbance to occupiers of residential property in the vicinity through:</p> <ul style="list-style-type: none"> (a) Noise emissions when measured at the boundary of an adjoining residence shall not exceed 5d B(A) above background levels; (b) Smoke, dust or odorous emissions; or (c) The operation of any display system or sign.



S.1.6.4 Screening

Objective : To ensure that adequate provision is made for the screening of storage areas and plant and equipment such that it does not detract from the streetscape and when viewed from adjoining residential properties in the vicinity.	
Performance Criteria No performance criteria.	Acceptable solution Provision must be made for on-site storage of refuse and the location of plant and equipment which is: (a) Accessible for collection; (b) Accessible for maintenance, repair and replacement; and (c) Not visible from public areas or from the living areas of adjoining residential properties

S.1.6.4 Access and Car Parking

Objective: To ensure sufficient car parking and manoeuvring space is provided on site to cater for all the needs generated, with a clear distinction between visitor and staff parking, and service areas.

Car Parking

Performance Criteria Sufficient car parking shall be provided on site to cater for the hospital and related ancillary uses, and supported by a site-specific TIA.	Acceptable Solution On site manoeuvring and parking space for employee, visitors and service vehicles is to be provided on site in accordance with the acceptable solutions set out in the Traffic Access and Parking Schedule.
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Delivery Areas

Performance criteria All buildings in which hospital and related ancillary uses operate must have adequate and convenient facilities for the safe loading and unloading of goods and supplies.	Acceptable solution An area for the loading and unloading of goods must: (a) Be provided on site; (b) Separated from public access areas; and (c) Accessible to all hospital and related tenancies on the site.
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S 1.7 Matters to be considered in a scheme amendment

In addition to the matters the Resource Planning and Development Commission require to be addressed Council will in assessing any application for an amendment to the planning scheme consider whether the objectives of this Schedule have been satisfied.



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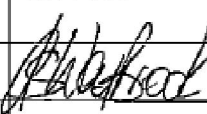
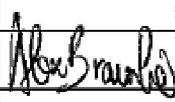
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