

HEALTH INFRASTRUCTURE

Review of Environmental Factors

World Class End of Life (WCEoL) Project – Wyong Hospital

Prepared by _planning Pty Ltd

May 2024

Version Number 02



REF Template Version: December 2023.

Declaration

This Review of Environmental Factors (REF) has been prepared for NSW Health Infrastructure (HI) and assesses the potential environmental impacts which could arise from proposed alterations and additions to part of Block C at Wyong Hospital to accommodate the new 12-bed palliative care unit as part of the World Class End of Life (WCEoL) Project.

This REF has been prepared in accordance with the relevant provisions of the *Environmental Planning and Assessment Act 1979* (EP&A Act), the *Environmental Planning and Assessment Regulation 2021* (EP&A Regulation) and *State Environmental Planning Policy (Transport and Infrastructure) 2021* (TI SEPP).

This REF provides a true and fair review of the activity in relation to its likely impact on the environment and the information it contains is neither false nor misleading. It addresses to the fullest extent possible all the factors listed in Section 3 of the *Guidelines for Division 5.1 Assessments* (DPE June 2022), the *Environmental Planning and Assessment Regulation 2021* and the *Commonwealth Environmental Protection and Biodiversity Conservation Act 1999* (EPBC Act).

Based upon the information presented in this REF, it is concluded that, subject to adopting the recommended mitigation measures, it is unlikely there would be any significant environmental impacts associated with the activity. Consequently, an *Environmental Impact Statement* (EIS) is not required.

Declaration	
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Date:	22 May 2024

Document Management, Tracking and Revision History

Version	Date	Author	Description	Reviewed by	Approved by
Draft v1	11 April 2024	Oliver Klein	Review of Environmental Factors	Rina Rodriguez Erik Maasepp (Capital Insight)	Narelle Bromilow (HI)
Final	26 April 2024	Oliver Klein	Review of Environmental Factors	Erik Maasepp (Capital Insight)	Narelle Bromilow (HI)
Revised Final	22 May 2024	Oliver Klein	Review of Environmental Factors	Erik Maasepp (Capital Insight)	Narelle Bromilow (HI)

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Appendices

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A	Survey	RPS	Detailed Survey Plan Sheet 1 of 2 Dated 6/11/2023 Rev B
			Detailed Survey Plan Sheet 2 of 2 Dated 6/11/2023 Rev B
B	Planning Certificate	Central Coast Council	Dated 12/9/2023 Certificate No. 66299
C	Architectural Design Statement	BVN	Dated 22/3/2024 Rev 1
D	Landscape Design Statement	Context	Dated 5/4/2024 Rev D
E	ESD Report	Stantec	Dated 14/3/2024 Ref 301351421 Version 3
F	Architectural plans and drawings	BVN	Cover Sheet - WCP-BVN-DRW-ARC-WYO- 00A-NL00001 Rev C dated 15/3/2024
			Campus Site Plan - WCP-BVN-DRW-ARC-WYO- 01A-NL00001 Rev C dated 15/3/2024
			3D Views – Building Massing - WCP-BVN-DRW-ARC-WYO- 01A-NL00003 Rev C dated 15/3/2024
			General Arrangement – Level 00 - WCP-BVN-DRW-ARC-WYO- 11B-0000001 Rev C dated 15/3/2024
			General Arrangement – Level Roof - WCP-BVN-DRW-ARC-WYO- 11B-0000002 Rev C dated 15/3/2024
			Façade Elevations - WCP-BVN-DRW-ARC-WYO- 11C-NL00001 Rev C dated 15/3/2024
			Elevations Existing - WCP-BVN-DRW-ARC-WYO- 11C-NL00003 Rev C dated 15/3/2024
			General Arrangement – Level 00 - WCP-BVN-DRW-ARC-WYO- 12B-0000001 Rev C dated 15/3/2024
			Demolition Plan - WCP-BVN-DRW-ARC-WYO- 21B-0000001 Rev A dated 15/3/2024
			G
H	Landscape plans and drawings	Context	Overall Landscape Plan Rev D dated 5/4/2024
			Central Courtyard Landscape Plan Rev D dated 5/4/2024
			Central Courtyard Section Drawing A Rev D dated 5/4/2024
			Central Courtyard Detailed Section Drawing B Rev D dated 5/4/2024
			Central Courtyard Detailed Section Drawing C Rev D dated 5/4/2024
			Communal Areas Landscape Plan Rev D dated 5/4/2024
			Communal Area Section Drawing A Rev D dated 5/4/2024
			Communal Area Detailed Section Drawing B Rev D dated 5/4/2024
			Communal Area Detailed Section Drawing C Rev D dated 5/4/2024
			Staff Retreat Landscape Plan Rev D dated 5/4/2024
Staff Retreat Detailed Section Drawing A Rev D dated 5/4/2024			
The Verandah Landscape Plan Rev D dated 5/4/2024			
The Verandah Section Drawing A Rev D dated 5/4/2024			

Review of Environmental Factors: World Class End of Life (WCEoL) Project – Wyong Hospital

			The Verandah Detailed Section Drawing B Rev D dated 5/4/2024
			Materials Palette Rev D dated 5/4/2024
			Planning Palette Rev D dated 5/4/2024
I	Preliminary Construction Management Plan	HI / Capital Insight	Dated March 2024
J	Notification letters and drawings	HI / BVN	Dated 11 March 2024
	Central Coast Council response letter	Central Coast Council	Dated 5 April 2024
K	Community Focus Group Report	HI	February 2024
L	Traffic and Transport Assessment	TTW	Dated 27/2/2024 Rev 1
M	Noise and Vibration Assessment	Acor	Dated 16/2/2024 Ref: NA230258
N	Air Quality Assessment	JBS&G	Dated 14/3/2024 Ref: 66192 158,183 Revision 1
O	Geotechnical Investigation	JK Geotechnics	Dated 1/12/2023 Ref: 36355PDprt
P	Civil Engineering drawings	Acor	C01-001 COVER SHEET, LEGENDS AND DRAWING INDEX Rev C Dated 20/2/2024
			C01-101 NOTES SHEET 1 Rev C Dated 20/2/2024
			C01-102 NOTES SHEET 2 Rev A Dated 20/2/2024
			C03-001 SOIL EROSION AND SEDIMENT CONTROL PLAN Rev C Dated 20/2/2024
			C03-101 SOIL EROSION AND SEDIMENT CONTROL NOTES AND DETAILS Rev C Dated 20/2/2024
			C05-001 GENERAL ARRANGEMENT PLAN Rev C Dated 20/2/2024
			C06-601 TYPICAL DETAILS Rev C Dated 20/2/2024
			C09-001 PAVEMENT AND JOINTING PLAN Rev A Dated 20/2/2024
Q	Flood Assessment	Acor	Dated 21/2/2024 Ref NA230258 Version R01.
R	Aboriginal Due Diligence Report	Artefact	Dated 20/3/2024
S	AHIMS Search	NSW Government	Dated 12/3/2024
T	Ecological Assessment	Abel Ecology	Dated 13/3/2024 AE24-2647-PEAR -ISS-1 Issue 1
U	Bushfire Protection Assessment	Travers Bushfire & Ecology	Dated 13/3/2024 REF:23CAPIN02 Version 2.0
V	Waste Management Plan	HI	Dated March 2024 Ref: Version 2 Draft – 15/2/2024
W	HAZMAT Survey and Register	EHO Consulting	Dated 11 April 2024 Rev 0
X	Preliminary Site Investigation	JK Environments	Dated 8/12/2023 Ref: E36355PLprt
Y	BCA Assessment Report	BM+G	Dated 26/3/2024 Revision 2 Reference: 230224
Z	Structural Adequacy Certification	Acor	Letter dated 6/3/2024 reference NA230258
AA	Summary of Mitigation Measures	HI / _planning	22 May 2024

Abbreviations

Abbreviation	Description
AEC	Area of Environmental Concern
AHD	Australian Height Datum
AHIP	Aboriginal Heritage Impact Permit
AHIMS	Aboriginal Heritage Information Management System BC Regulation
AMG	Australian Map Grid
BC Act 2016	<i>Biodiversity Conservation Act 2016</i>
BC Act 2017	<i>Biodiversity Conservation Act 2017</i>
BC Regulation	Biodiversity Conservation Regulation 2017
BAM	Biodiversity Assessment Method
CA	Certifying Authority
CE	Chief Executive
CM Act	<i>Coastal Management Act 2016</i>
CMP	Construction Management Plan
CWC	Connecting with Country
CRA	Conservation Risk Assessment
DPC	Department of Premier and Cabinet
DPE	Department of Planning and Environment
DPHI	Department of Planning, Housing & Infrastructure
EIS	Environmental Impact Statement
EMP	Environmental Management Plan
EES	Environment, Energy and Science
EPA	Environment Protection Authority
EP&A Act	<i>Environmental Planning and Assessment Act 1979</i>
EP&A Regulation	Environmental Planning and Assessment Regulation 2021
EPBC Act (Cwth)	<i>Environment Protection and Biodiversity Conservation Act 1999</i>
EPI	Environmental Planning Instrument
EPL	Environment Protection License
FM Act	<i>Fisheries Management Act 1994</i>
Ha	Hectares
HHIMS	Historic Heritage Information Management System
HI	Health Infrastructure
LEP	Local Environmental Plan
LGA	Local Government Area
MPS	Multipurpose Service

Abbreviation	Description
MNES	Matters of National Environmental Significance
NCC	National Construction Code
NorBE	Neutral or Beneficial Effect on Water Quality Assessment Guideline (2022)
NPW Act	<i>National Parks and Wildlife Act 1974</i>
NPW Regulation	National Parks and Wildlife Regulation 2009
NPWS	National Parks and Wildlife Service (part of EES)
NT Act (Cth)	<i>Commonwealth Native Title Act 1993</i>
OEH	(Former) Office of Environment and Heritage
PCMP	Preliminary Construction Management Plan
Planning Systems SEPP	State Environmental Planning Policy (Planning Systems) 2021
POEO Act	<i>Protection of the Environment Operations Act 1997</i>
Proponent	NSW Health Infrastructure
REF	Review of Environmental Factors
RF Act	<i>Rural Fires Act 1997</i>
RFS	Rural Fire Service
Resilience and Hazards SEPP	State Environmental Planning Policy (Resilience and Hazards) 2021
SEPP	State Environmental Planning Policy
SIS	Species Impact Statement
TI SEPP	State Environmental Planning Policy (Transport and Infrastructure) 2021
WM Act	<i>Water Management Act 2000</i>

Executive Summary

The Proposal

The Wyong Hospital WCEoL Project proposes the development of a new 12-bed palliative care facility in part of the existing Block C at the Wyong Hospital site. The works are within the general footprint and 1-storey envelope of existing and original building stock of Block C.

The proposal involves 12 new beds (with an additional 27 FTE staff) along with other associated meeting room, office and lounge accommodation and spaces within a redesigned and refurbished building footprint. Improved external courtyard access and outlook, and ancillary landscaping is also proposed. The proposal retains the existing single-storey nature of the development and brings the palliative care unit closer to other supporting departments within the hospital.

The project also involves the decanting of existing services and accommodation presently within this part of Block C to other buildings within the campus. This includes the existing bed storage and repair workshop, and staff overnight beds and kitchenette to alternative locations. This decanting scope is however proposed separately from this REF via Complying Development in order to facilitate an approval and relocation ahead the approval of the works subject of this REF. The estimated value of the works is some \$14.1 million.

Need for the Proposal

The project forms part of the NSW Health End of Life Palliative Care Framework 2019-2024; Clinical Principles for End of Life and Palliative Care (NSWH, GL2021_016); and the Palliative Care Blueprint (Agency for Clinical Innovation). In the 2022-23 NSW State Budget, the Government announced \$93 million for a WCEoL program, as part of a larger \$743 million commitment to ensuring NSW has the best palliative care services and support in Australia, if not the world. As part of the program, new units have been announced for Westmead Hospital, Nepean Hospital, Wyong Hospital, Orange Health Service and Tamworth Hospital.

A 12-bed palliative care inpatient unit is currently located at Gosford Hospital. This is the only dedicated palliative care inpatient unit for the Central Coast (14 bed built capacity, currently operating 12 beds). Patients requiring inpatient palliative care from the northern region of the Central Coast are currently required to travel to Gosford Hospital or are cared for at Wyong Hospital in an acute bed. Patients may be accommodated in a range of acute inpatient units, depending on their other care/specialty needs and bed availability.

In 2021/22, Wyong Hospital provided inpatient palliative care services to 355 patients in acute beds with support from the Central Coast consulting palliative care team over a total of 2,627 bed days, which is equivalent to approximately 8 inpatient beds (assuming 90% occupancy).

To address the above, as well as the area's growing population catchment, HI proposes to provide a new 12-bed palliative care unit at the Wyong Hospital as part of their delivery of infrastructure solutions and services to support the healthcare needs of the NSW communities consistent with the overall WCEoL program.

Proposal Objectives

HI's Design Principles applicable to all NSW projects have been applied. These generally set out the objectives of the development along with the specific need to provide additional palliative care spaces in a growing population catchment. The HI Design Principles are:

- Design for dignity.
- Design for wellbeing.
- Design of efficient and flexible delivery of care.
- Design for longevity and resilience.
- Safety and security.
- Design with Country.
- Design for the neighbourhood and surrounding environment.
- Design for connection.

- Design for sustainability.

These principles were tailored by BVN (the project's architect) to suit the needs for palliative and supportive care to form the benchmark for the project.

Options Considered

A master plan was developed for the WCEoL program at Wyong Hospital. The master plan developed a set of principles which were established as part of a collaborative engagement process with the stakeholder group and responded directly to the shared aspiration to create a people-centred, healing environment. The master plan considered future visions for location and operation of the site. Three (3) options were studied and the Building C location was selected as the preferred location.

During the concept design, several key aspects were studied. These included site investigations (topography, existing structures, and services), functional requirement of the space, and alignment with HI design principles. At that stage, three options were presented and reviewed in series of workshops. Ultimately Option 3 (subject of this REF) was selected as the preferred option.

Site Details

Wyong Hospital is part of the Central Coast Local Health District (CCLHD) and is located at 664 Pacific Highway, Hamlyn Terrace (within the former Wyong Shire Council LGA, now Central Coast Council LGA).

The hospital's real property description is Lot 4 in DP 1248441 – see **Figure 1** further over. It is understood that the NSW Health Administration Corporation owns the site.

Wyong Hospital was established in 1980 and has periodically undergone substantial redevelopment, including during the early 1990s and 2000s. The most recent redevelopment (Block H) is the recently completed expansion under the State Significant Development DA (SSD 9536 – as modified) as approved in August 2019 for the construction of a new six-storey Clinical Services Building (CSB), including: an undercroft carpark; Emergency Department; Psychiatric Emergency Centre; Intensive Care Unit; Paediatrics; In Patient Units; and an Acute Medical Unit. Minor alterations to existing Block A to accommodate a pedestrian bridge link, formalisation of the east to west road connection to Louisiana Road and associated works including landscaping, earthworks, and servicing upgrades also formed part of this SSD.

Wyong Hospital provides specialised consultative healthcare, advanced medical investigation and treatment of complex or life-threatening conditions. The main public Wyong Hospital building (known as Block A) is located centrally within the campus, access off an internal loop road known as Henry Moore Drive. The main entrance to Wyong Hospital (including emergency) is located on Henry Moore Drive, which intersects with the Pacific Highway at the south-eastern frontage to the campus.

The campus also accommodates multiple staff and visitor car parks located throughout (totalling some 1,220 car parking spaces). The main hospital car park is located immediately south of Block A. Alternative parking locations are accessed off Henry Moore Drive and positioned to the north-western, northern and eastern parts of the campus.

Block C, the subject of this development, is one of the original 1980 buildings within the campus.

Planning Approval Pathway

Section 4.1 of the EP&A Act states that if an Environmental Planning Instrument (EPI) provides that development may be carried out without the need for development consent, a person may carry the development out, in accordance with the EPI, on land to which the provision applies. However, the environmental assessment of the development is required under Part 5 of the Act.

State Environmental Planning Policy (Transport and Infrastructure) 2021 (TISEPP) aims, amongst other things, to facilitate the effective delivery of infrastructure across the State. Chapter 2 Division 10 of TISEPP outlines the approval requirements for health service facilities. A “hospital” is defined as a health service facility under this division.

The site is zoned ‘SP2 – Infrastructure (Health Services Facility)’ zone under *Central Coast Local Environmental Plan 2022*. The SP2 zone is a prescribed zone under the TISEPP.

The proposal involves the erection, or the alterations of, or additions to, a building that is a health services facility; demolition of a building carried out for the purposes of a health services facility; and ancillary and associated works, all of which are classified as development without consent as the proposed activity is consistent with section 2.61(1)(a) and (c), as well as section 2.61(2) of TISEPP. The ancillary works are able to be carried out in the same manner through section 2.3(3) of the TISEPP.

Therefore, the proposal is considered an 'activity' for the purposes of Part 5 of the EP&A Act and is subject to an environmental assessment via the REF process.

Consultation and Engagement

The REF scope of works was notified for 21 calendar days to Central Coast Council (by email) and occupiers of adjoining land (via a letterbox drop) as required by section 2.62 of the TISEPP. The notification commenced on 11 March 2024 and concluded on 1 April 2024. A two-day grace was applied to address Good Friday and Easter Monday falling within the notification period. Late submissions were accepted to 3 April 2024. In total, 36 letters were placed in letterboxes of adjoining occupiers of land or otherwise hand delivered.

No public submissions were received. Central Coast Council responded by letter dated 5 April 2024 on 8 April 2024 indicating that *Council raises no concerns regarding the proposed development subject to the development satisfying with the provisions of Section 2.61 of State Environmental Planning Policy (Transport and Infrastructure) 2021. Council's Water and Sewer Section requires the lodgement of a Section 305 Application under the Water Management Act 2000 and a Section 307 Certificate prior to issue of the Occupation Certificate for the development.*

Extensive non-statutory community and stakeholder engagement has occurred with respect to this project since its inception with a range internal and external stakeholders.

Environmental Impacts

The environmental impacts of the works are limited given the modestly-scaled nature of the works. The most significant impacts identified to arise relate to construction noise and vibration, and other general construction impacts.

Construction noise is likely to impact a range of internal hospital uses and to a limited extent other external neighbouring land uses, including residential uses. Management and mitigation will be applied to limit likely impacts. Construction vibration will be localised to within the subject hospital building and management and mitigation will again need to be applied to reduce adverse impacts upon sensitive activities and patients within the hospital.

Impacts upon vegetation, biodiversity, heritage, Aboriginal cultural heritage, natural systems including stormwater, and traffic and parking have generally been identified as negligible, low, or neutral. Only modest tree removal arises from the works, with eight (8) trees proposed to be removed.

Justification and Conclusion.

The proposed alterations and additions to part of Block C at Wyong Hospital to provide for the WCEoL Project and its 12-bed new palliative care accommodation is subject to assessment under Part 5 of the EP&A Act. The REF has examined and taken into account to the fullest extent possible all matters affecting, or likely to affect, the environment by reason of the proposed activity.

As discussed in detail in this report, the proposal will not result in any significant or long-term impact. The potential impacts identified can be reasonably mitigated and where necessary managed through the adoption of suitable site practices and adherence to accepted industry standards.

As outlined in this REF, the proposed activity can be justified on the following grounds:

- It responds to an existing need within the community;
- It generally complies with, or is consistent with all relevant legislation, plans and policies;
- It has minimal environmental impacts; and
- Adequate mitigation measures have been proposed to address these impacts.

The activity is not likely to significantly affect threatened species, populations, ecological communities or their habitats, and therefore it is not necessary for a Species Impact Statement (SIS) and/or a Biodiversity Development Assessment Report (BDAR) to be prepared. The environmental impacts of the proposal are not likely to be significant and therefore

it is not necessary for an EIS to be prepared and approval to be sought for the proposal from the Minister for Planning under Part 5 of the EP&A Act. On this basis, it is recommended that HI determine the proposed activity in accordance with Part 5 of the EP&A Act and subject to the adoption and implementation of mitigation measures identified within this report.

1. Introduction

NSW Health Infrastructure (HI) proposes the development of a new 12-bed palliative care facility in part of the existing Block C (the proposal) at the Wyong Hospital site at 664 Pacific Highway, Hamlyn Terrace (the site) as part of their delivery of infrastructure solutions and services to support the healthcare needs of the NSW communities.

This Review of Environmental Factors (REF) has been prepared by _planning Pty Ltd on behalf of HI to determine the environmental impacts of the proposed additions and alterations to part of Block C for the new palliative care unit at Wyong Hospital. For the purposes of these works, HI is the proponent and the determining authority under Part 5 of the *Environmental Planning and Assessment Act 1979* (EP&A Act).

The purpose of this REF is to describe the proposal, to document the likely impacts of the proposal on the environment and to detail protective measures to be implemented to mitigate impacts.

The description of the proposed works and associated environmental impacts have been undertaken in the context of the *Commonwealth Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act), the *Environmental Planning and Assessment Regulation 2021*, and the *Guidelines for Division 5.1 Assessments* (DPE June 2022).

The assessment contained within the REF has been prepared having regard to:

- Whether the proposed activity is likely to have a significant impact on the environment and therefore the necessity for an EIS to be prepared and approval to be sought from the Minister for Planning and Homes under Part 5 of the EP&A Act; and
- The potential for the proposal to significantly impact *Matters of National Environmental Significance* (MNES) on Commonwealth land and the need to make a referral to the Australian Government Department of Environment and Energy for a decision by the Commonwealth Minister for the Environment on whether assessment and approval is required under the EPBC Act.

The REF helps to fulfil the requirements of Section 5.5 of the EP&A Act, which requires that HI examine, and take into account to the fullest extent possible, all matters affecting, or likely to affect, the environment by reason of the proposed activity.

1.1 Proposal need and Alternatives

Need for the Proposal

The project forms part of the NSW Health End of Life Palliative Care Framework 2019-2024; Clinical Principles for End of Life and Palliative Care (NSWH, GL2021_016); and the Palliative Care Blueprint (Agency for Clinical Innovation). In the 2022-23 NSW State Budget, the Government announced \$93 million for a WCEoL program, as part of a larger \$743 million commitment to ensuring NSW has the best palliative care services and support in Australia, if not the world. As part of the program, new units have been announced for Westmead Hospital, Nepean Hospital, Wyong Hospital, Orange Health Service and Tamworth Hospital.

A 12-bed palliative care inpatient unit is currently located at Gosford Hospital. This is the only dedicated palliative care inpatient unit for the Central Coast (14 bed built capacity, currently operating 12 beds). Patients requiring inpatient palliative care from the northern region of the Central Coast are currently required to travel to Gosford Hospital or are cared for at Wyong Hospital in an acute bed. Patients may be accommodated in a range of acute inpatient units, depending on their other care/specialty needs and bed availability.

In 2021/22, Wyong Hospital provided inpatient palliative care services to 355 patients in acute beds with support from the Central Coast consulting palliative care team over a total of 2,627 bed days, which is equivalent to approximately 8 inpatient beds (assuming 90% occupancy).

To address the above, as well as the area's growing population catchment, HI proposes to provide a new 12-bed palliative care unit at the Wyong Hospital as part of their delivery of infrastructure solutions and services to support the healthcare needs of the NSW communities consistent with the WCEoL program.

Options Considered

A master plan was developed for WCEoL program at Wyong Hospital. The master plan developed a set of principles which were established as part of a collaborative engagement process with the stakeholder group and responded directly to the shared aspiration to create a people-centred, healing environment. The master plan considered future visions for location and operation of the site. Three (3) options were studied and the Block C location (Option 2) was selected as the preferred location, compared to the University of Newcastle Podiatry Clinic site (Option 1) and clod shell space within the Acute Services Building on Level 5 (Option 3).

During the concept design, several key aspects were studied. These included site investigations (topography, existing structures, and services), functional requirement of the space, and alignment with HI design principles. At that stage, three options were presented and reviewed in series of workshops. Ultimately Option 3 (subject of this REF) was selected as the preferred option.

2. Site Analysis and Description

2.1 The Site and Locality

Wyong Hospital is part of the Central Coast Local Health District (CCLHD) and is located at 664 Pacific Highway, Hamlyn Terrace (within the former Wyong Shire Council LGA, now Central Coast Council LGA).

The hospital forms the fulcrum of a range health and affiliated activities addressing the Pacific Highway in the general locality. Health-related activities near the hospital also include the Tuggarah Lakes Private Hospital (now closed) and the Kanwal Medical Complex and its wider cluster of associated medical practices, specialists and affiliated uses. The suburb of Hamlyn Terrace to the north of the hospital is otherwise a residential area developed during the 1990s and 2000s.

The hospital's real property description is Lot 4 in DP 1248441 – see **Figure 1**.

It is understood that the NSW Health Administration Corporation owns the site.



Figure 1 – Wyong Hospital – Lot 4 in DP 1248441 (SixMaps)

2.1.1 Existing Development

Wyong Hospital was established in 1980 and has periodically undergone substantial redevelopment, including during the early 1990s and 2000s. The most recent redevelopment (Block H) is the recently completed expansion under the State Significant Development DA (SSD 9536 – as modified) as approved in August 2019 for the construction of a new six-storey Clinical Services Building (CSB), including: an undercroft carpark; Emergency Department; Psychiatric Emergency Centre; Intensive Care Unit; Paediatrics; In Patient Units; and an Acute Medical Unit. Minor alterations to existing Block A to accommodate a pedestrian bridge link, formalisation of the east to west road connection to Louisiana Road and associated works including landscaping, earthworks, and servicing upgrades also formed part of this SSD.

Wyong Hospital provides specialised consultative healthcare, advanced medical investigation and treatment of complex or life-threatening conditions. The main public Wyong Hospital building (known as Block A) is located centrally within the campus, access off an internal loop road known as Henry Moore Drive. The main entrance to Wyong Hospital (including emergency) is located on Henry Moore Drive, which intersects with the Pacific Highway at the south-eastern frontage to the campus. A map of the hospital is provided at **Figure 2**. A survey is found at **Appendix A**.

The campus also accommodates multiple staff and visitor car parks located throughout (accommodating some 1,220 car parking spaces). The main hospital car park is located immediately south of Block A. Alternative parking locations are accessed off Henry Moore Drive and positioned to the north-western, northern and eastern parts of the campus.

Block C, the subject of this development, is one of the original 1980 buildings within the campus. **Figures 3 to 7** provide a range of photographs of Block C and that part of the building subject to these works.



Figure 2 – Wyong Hospital Map with that part of Block C the subject of this REF outlined (CCLHD)



Figure 3 – Block C - Wyong Hospital looking into the central courtyard area



Figure 4 – Block C - Wyong Hospital looking into the central courtyard area



Figure 5 – Block C - Wyong Hospital looking along the southern elevation



Figure 6 – Block C - Wyong Hospital looking along the northern elevation



Figure 7 – Block C - Wyong Hospital looking along the northern elevation and two existing car parking spaces to be removed

2.1.2 Other Site Elements

Topography

The site's topography is relatively flat within the upper north-eastern part of the hospital campus where it plateaus at about RL 28, however the land falls sharply away to the south-west from RL 28 in the vicinity of the works, to RL12 at the southern boundary of the hospital – see **Figure 8**. An unnamed creek is located outside of the hospital land at RL10 within a densely wooded area of what appears to be remnant bushland.

Vegetation

As seen from aerial photography, the hospital campus is generally open and disturbed land. Trees and vegetation occur in pockets of varying densities to the north-east (along the Pacific Highway frontage), along the northern boundary, in the west of the site, and most vividly to the south-west of the site.

Figure 9 shows the NSW Government mapping of Biodiversity Values at and around the site. It is these south-western and western areas of trees and vegetation that have mapped and recognised biodiversity value. The older built-up areas of the hospital, including Block C are not mapped.

Access

The hospital's main access points are from the Pacific Highway. Once inside the site, a ring road (Henry Moore Drive) provides access to hospital buildings and multiple car parks within the site. A secondary emergency and services vehicles entrance is located at Louisiana Road to the west of the hospital.

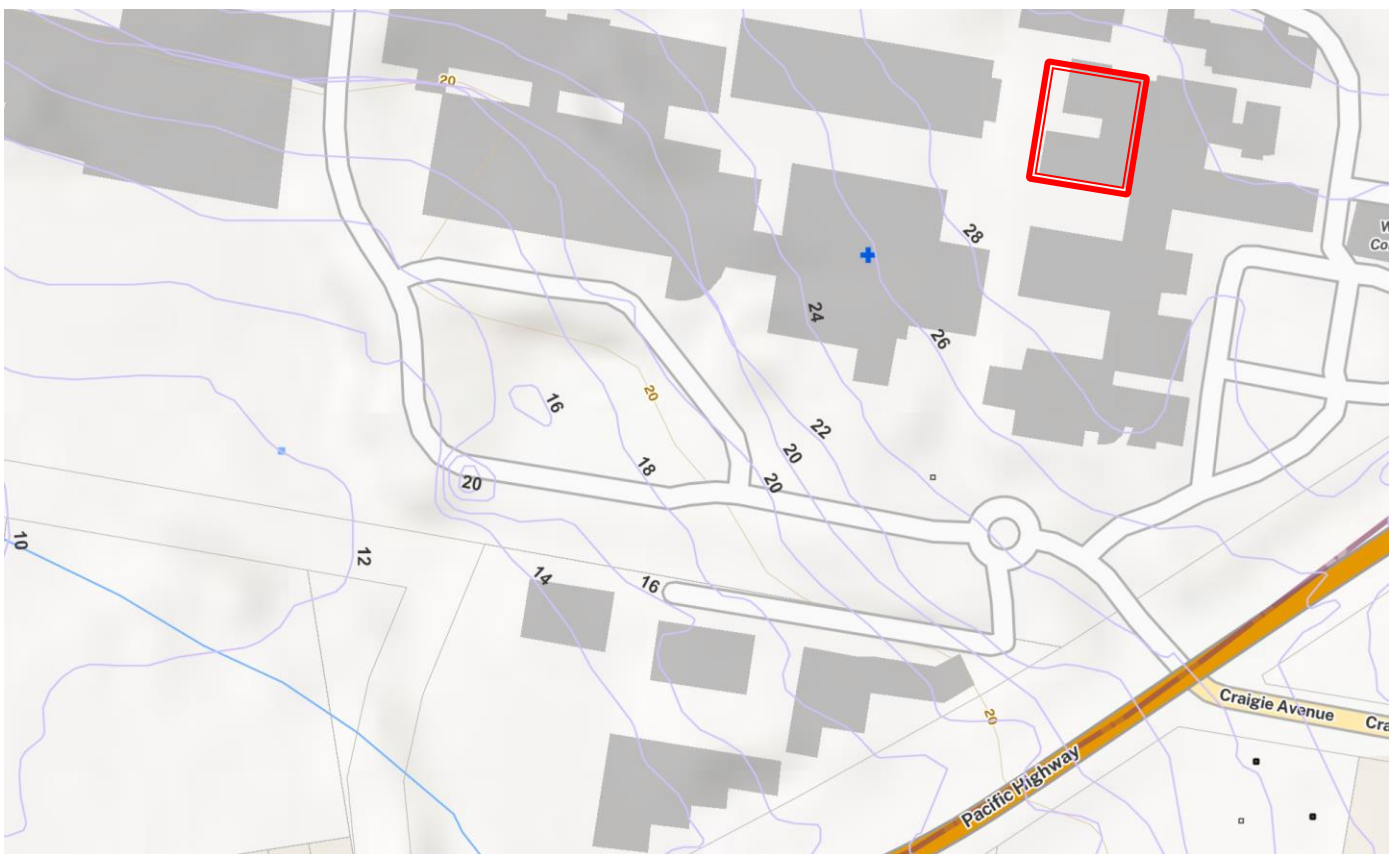


Figure 8 – Topography map showing height contours through the hospital (NSW Government)



Figure 9 – Biodiversity Values Mapping (NSW Government)

Traffic/transport

Based on SSD 9536, the campus’ existing parking supply is 1,220 spaces as required by the consent. This provides spaces for both visitors and staff in a number of at-grade car parking areas.

Warnervale station is located approximately 3km north-west of the site. Several bus routes service the site, stopping at a bus bays directly across from the main entrance of the hospital.

Bushfire

The hospital campus is partly affected by bush fire prone land. This generally coincides with the mapped vegetation having biodiversity values – see **Figure 10**.

As noted, the site of the WCEoL works is not bush fire prone land.

Whilst the works would be a Special Fire Protection Purpose under section 100B of the *Rural Fires Act 1997*, the works do not need a Bush Fire Safety Authority as they are not on bush fire prone land. A bushfire assessment would nonetheless be required to confirm the matter and otherwise provide any relevant guidance. The provisions of section 2.16 - Consideration of Planning for Bush Fire Protection of *State Environmental Planning Policy (Transport and Infrastructure) 2021* may also otherwise become a relevant matter.

Flooding

Central Coast Council provides access to flooding maps on its webpage. Based on these maps the hospital is generally unaffected by flooding under a 1:100 year (1% AEP) event, with only the far north-eastern extremity at the Pacific Highway affected (see **Figure 11**) and during a Probable Maximum Flood (PMF) event the eastern part of the hospital being affected (see **Figure 12**). This crude mapping does not suitably express the depth or velocity of flooding, but on face value the hospital is significantly less affected than other surrounding land. Again, the area around the Education Centre the subject of the substantive works generally appears unaffected.

Review of Environmental Factors: World Class End of Life (WCEoL) Project – Wyong Hospital



Figure 10 – Bush Fire Prone Land Mapping (NSW Government)

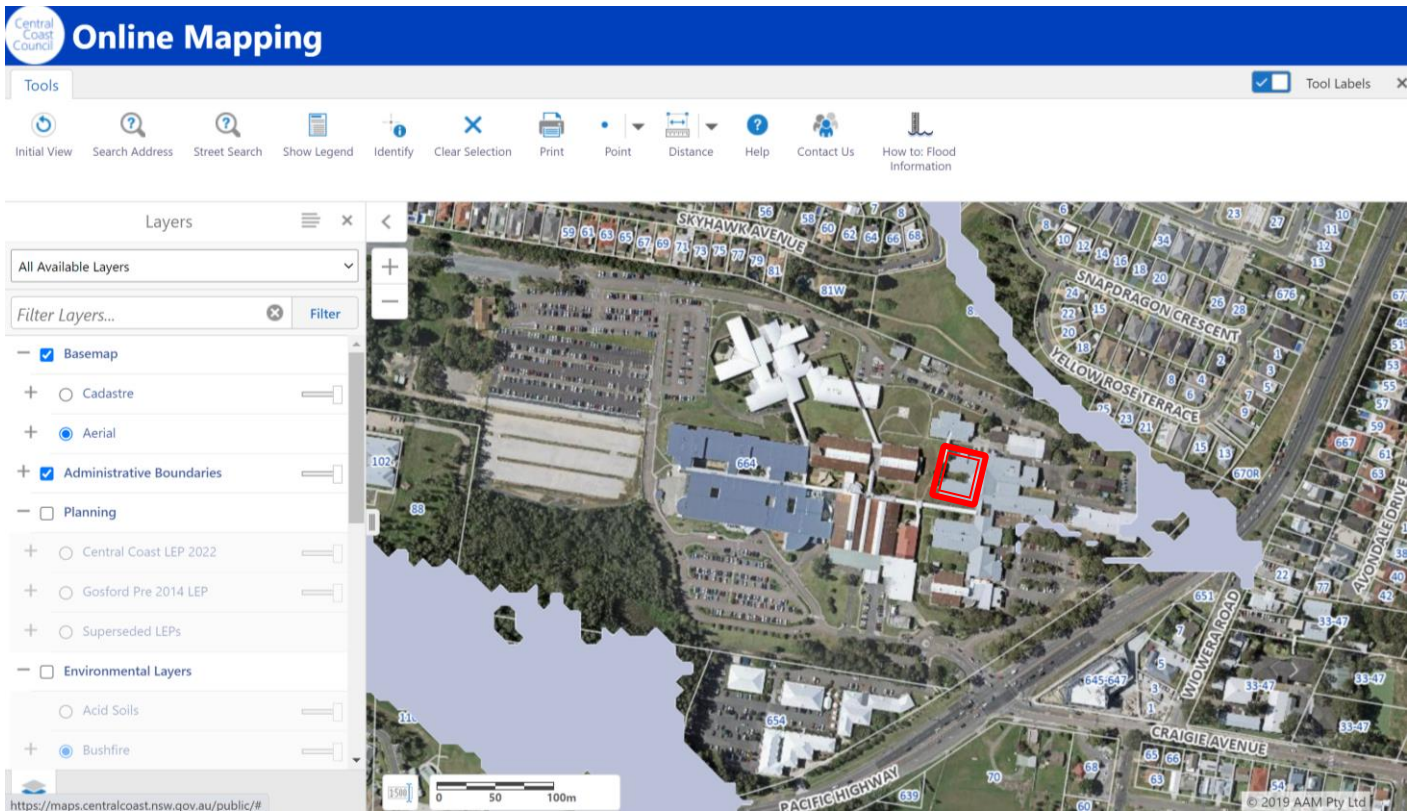


Figure 11 – Council-based flood mapping - 1:100 year event (Central Coast Council)

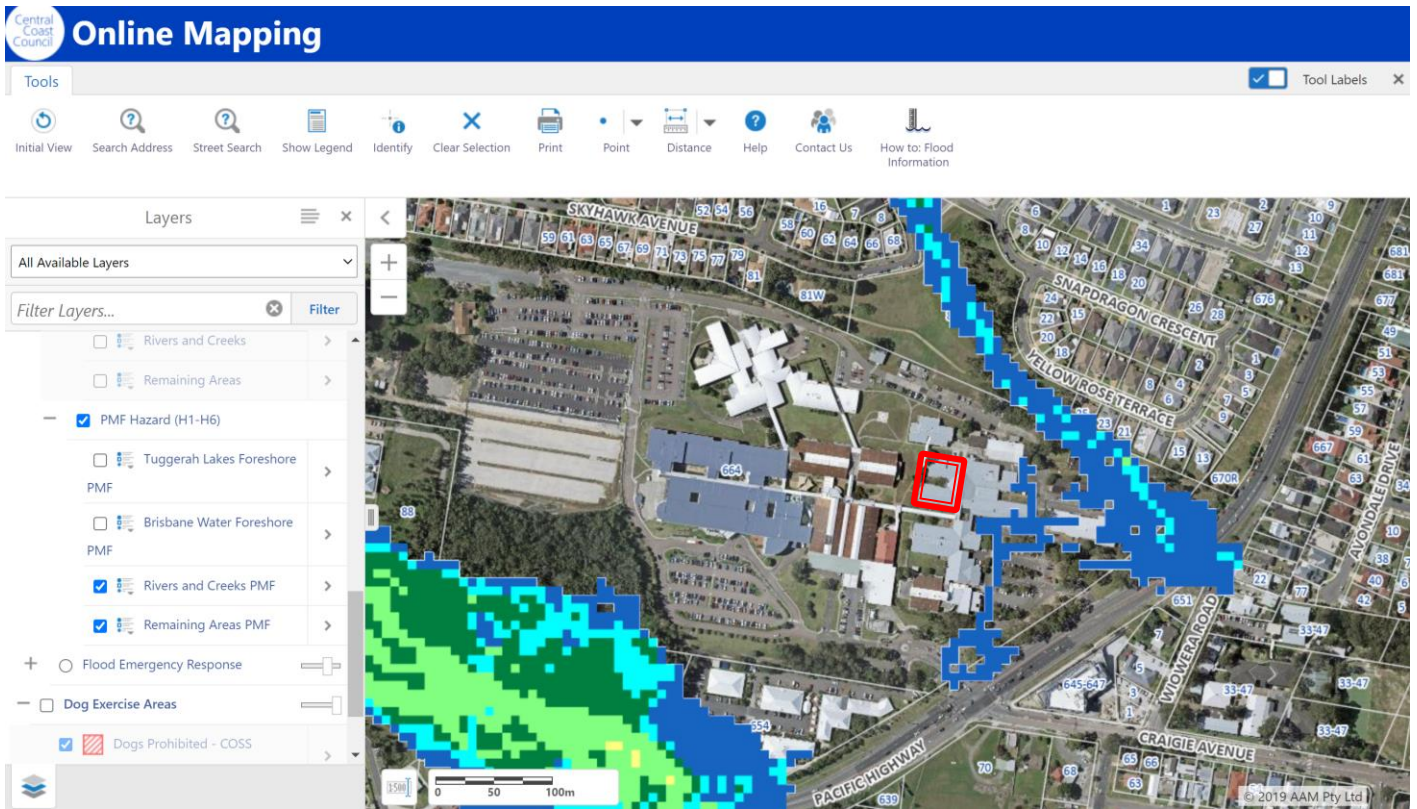


Figure 12 – Council-based flood mapping - PMF event (Central Coast Council)

2.1.3 Site Considerations and Constraints

Section 10.7 Planning Certificate No. 66299 dated 12 September 2023 identifies that the site is located within the SP2 Infrastructure (Health Services Facility) zone under *Central Coast Local Environmental Plan 2022*, and is provided at **Appendix B**.

Table 1: Section 10.7 Planning Certificate

Affection	Yes	No
Critical habitat		✓
Conservation area		✓
Item of environmental heritage		✓
Affected by coastal hazards		✓
Proclaimed to be in a mine subsidence district		✓
Affected by a road widening or road realignment		✓
Affected by a planning agreement		✓
Affected by a policy that restricts development of land due to the likelihood of landslip		✓
Affected by bushfire, tidal inundation, subsidence, acid sulfate or any other risk	✓ Bushfire only Some land	
Affected by any acquisition of land provision		✓
Biodiversity certified land or subject to any biobanking agreement or property vegetation plan		✓
Significantly contaminated		✓
Subject to flood related development controls	✓	

2.2 Surrounding Development

The hospital sits within the suburb of Hamlyn Terrace, an area which has been an urban release area for about 20 years. The hospital's development in 1980 would have been amongst the first urbanised land uses on the western fringe of the Pacific Highway at that time with early land release for the establishment of the suburb of Kanwal to the east of the highway having preceded the hospital's development.

The locality is dominated by the hospital and a clustering of nearby ancillary and supporting medical centres and specialists' rooms. The area has been progressively redeveloped since the 1990s with newer residential subdivisions and developments now bordering the hospital, particularly to the north and west.

2.3 Concurrent Projects

The proposal also involves the decanting of existing services and accommodation presently within this part of Block C to other buildings within the campus. This includes the existing bed storage and repair workshop, and staff overnight beds and kitchenette to alternative locations. This decanting scope is however proposed separately from this REF via Complying Development in order to facilitate an approval and relocation ahead the approval of the works subject of this REF. This is understood to be the only (near) concurrent project at the site.

3. Proposed Activity

3.1 Proposal Overview

The Wyong Hospital WCEoL project proposes the development of a new 12-bed palliative care facility in part of the existing Block C at the Wyong Hospital site. The works are within the general footprint and 1-storey envelope of existing original building stock of Block C – see location plan at **Figure 13**.

The proposal involves 12 new beds (with an additional 27 FTE staff) along with other associated meeting room, office and lounge accommodation and spaces within a redesigned and refurbished building footprint. Improved external courtyard access and outlook, and ancillary landscaping is also proposed. The proposal retains the existing single-storey nature of the development and brings the palliative care unit closer to other supporting departments within the hospital.

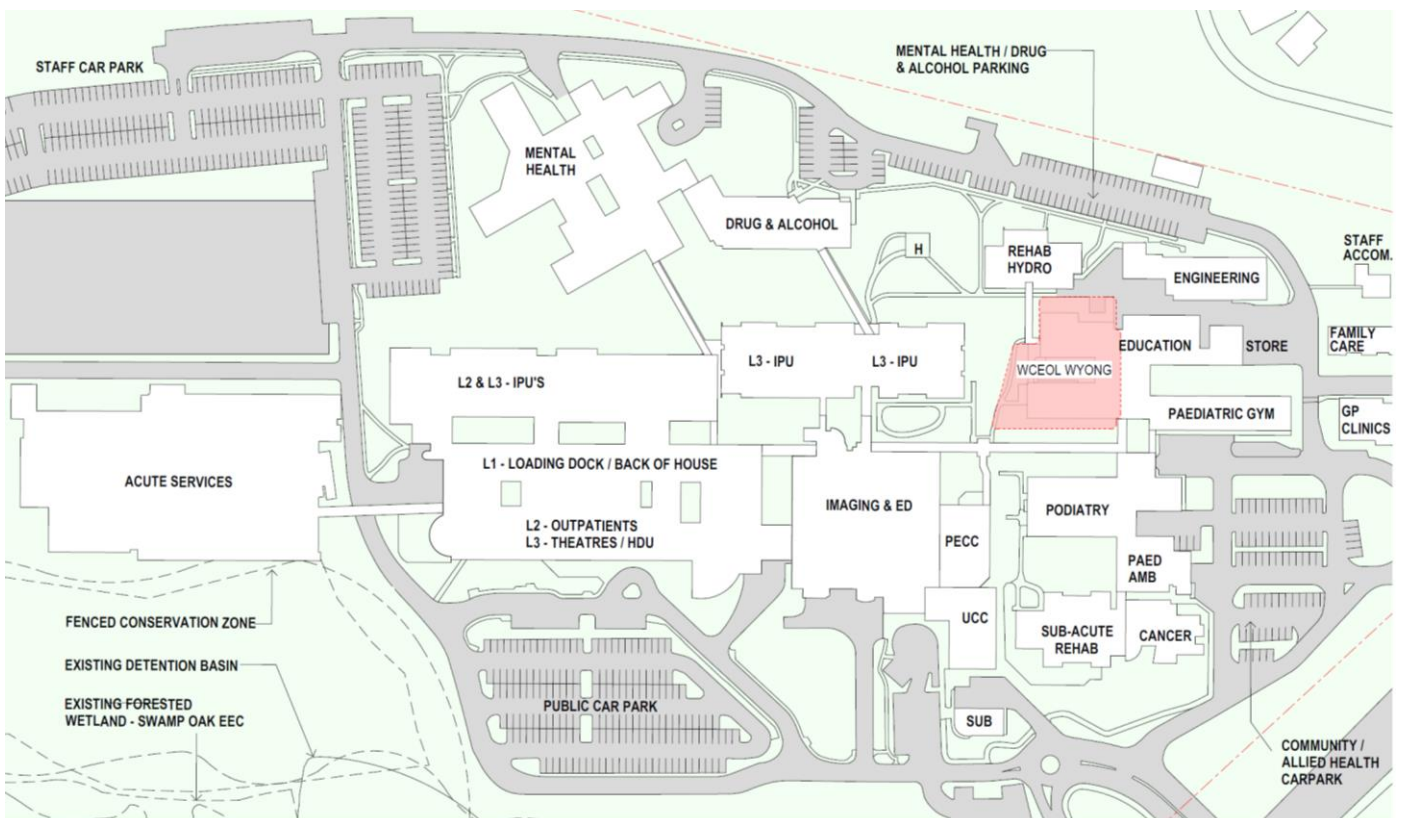


Figure 13 – Location Plan (BVN)

The proposal also involves the decanting of existing services and accommodation presently within this part of Block C to other buildings within the campus. This includes the existing bed storage and repair workshop, and staff overnight beds and kitchenette to alternative locations. This decanting scope is however proposed separately from this REF via Complying Development in order to facilitate an approval and relocation ahead the approval of the works subject of this REF.

The estimated value of the works is some \$14.1 million.

3.1.1 Design Approach

Placemaking and Design

An Architectural Design Statement has been prepared by BVN to articulate the project and design objectives, the key design principles adopted throughout the design process, and the basis for these principles.

In summary, BVN advises as follows with respect to the design outcomes achieved:

The WCEoL project at Wyong will provide a role delineation Level 5 facility with a 12-bed built capacity on the Wyong Hospital Campus. The new facility will be provided to the east of the campus by refurbishing an existing single storey brick building, 'Building C'. Building C is the optimum location given the surrounding buildings are low level, brick buildings with a more residential feel than the more acute services provided in the centre and to the west of the campus.

The building is U shaped enclosing a central courtyard, provides a calm and soothing environment in support of patients, families and carers. The footprint provides opportunity for perimeter bedrooms to maximise outlook and views. These bedrooms, with their large sliding windows provide maximum daylight within the room and provide direct access to an outdoor space enabling the patient to be taken by bed or by chair to their balcony space.

Staff support areas have been located centrally and the staff station has direct oversight of the more acute patient bedrooms in the north wing and oversight of the main entry to the unit. Less acute bedrooms are provided in the south wing next to an overnight bedroom for family to stay overnight. All bedrooms include a carer bed for families to stay overnight with the patient. Each bedroom is designed to fit a carer bed for families to stay overnight, and includes space for cuddle beds so families can remain close to their loved ones.

Proposed modifications to the existing roof include the addition of a dormer-style rooflight, aimed at creating a bright and inviting entry for patients, visitors, carers, and staff, fostering a sense of calm and warmth.

Office spaces for staff are located south, with direct access to a separate staff courtyard, providing a serene environment for relaxation and respite.

Communal areas are positioned for easy access to a central courtyard. The lounge, dining, and recreation area have been carefully crafted to accommodate patients, carers, and visitors of all ages, ensuring inclusivity and comfort for everyone.

A render of the proposed design outcomes for the communal external areas is shown in **Figure 14**.

BVN has applied the principles of the Design Guide for Health: Spaces, Places & Precincts (GANSW, April 2023), as well as the other GANSW documents Better Placed, Greener Places and Connecting with Country Framework (2023). CPTED Principles have also been considered as far as this can be applied to an existing built envelope and the use proposed within the building.

The fundamental design objectives consistent with the above have been to provide for:

- Design for dignity.
- Design for wellbeing.
- Design of efficient and flexible delivery of care.
- Design for longevity and resilience.
- Safety and security.
- Design with Country.
- Design for the neighbourhood and surrounding environment.
- Design for connection.
- Design for sustainability.

The Architectural Design Statement prepared by BVN is included at **Appendix C**.

Additionally, a Landscape Design Statement by Context has been provided (see **Appendix D**) which sets out the landscape design rationale. This has also generally incorporated the above principles. As Context states:

The landscape approach to the palliative care unit upgrade at Wyong Hospital was developed through a series of founding principles, establishing a strong connection to landscape context.

This was achieved in several ways, firstly by the use of endemic plant species, which in turn responds to the geology, soils and climate.

The unique cloistered aspect of the building also guided the careful selection of appropriate plants and responds to the facilities need to provide both private and communal spaces.

The spatial arrangement facilitates a variety of landscape settings and is sensitive to the varied cultural groups that will encounter the space on their journey through life.

Aspects of seasonality have also been threaded through the spaces and will provide unique settings throughout the year, breathing nostalgia and a sense of home to the facility.

The landscape is embedded with the principles of biophilia, allowing views and proximity to green to be maximised.

Private patient rooms frame the garden outside, while dappled light penetrates the internal spaces.

Variations in plants textures, smells and colour allow visitors to experience the landscape.

Comfort for users has been considered, with a variety of landscape rooms that serve the different needs of the users. These rooms include private contemplation spaces for family to gather.

Spaces have been carved out of mass planted areas to provide the opportunity for gathering and spiritual reflection.

Protection and enclosure are provided through a high garden wall achieving the appropriate level of security and refuge from the surrounding building uses.

A special area for staff is designated for quiet breaks while immersed in the garden.

With respect to CPTED, the following principles have been considered during the design and ongoing into operation of the new unit:

- Surveillance
- Territorial reinforcement
- Activity and Space Management
- Access control

The new unit will enhance surveillance within this part of the hospital where it effectively replaces some typical business hour operations and dormitory functions with 24 hours per day and 7 days per week activity. CCTV is also proposed to further augment passive surveillance with electronic surveillance.

Territorial reinforcement of ownership, care, use and management of space and property will result for the same reasons through changed and enhanced usage of the building and its environs.

Similarly, activity will result over longer periods for the course of the year and space management will be refined to suit the new levels of activity.

As with any hospital function within a hospital campus, access is limited and demarcated to prevent free access and passage to any, or all, parts of a hospital campus. Secure and limited access is proposed to areas requiring this through electronic means (locks and the like) and through the design which will discourage free access where it should not be desired. This includes physical measures like fencing, and less direct measures such as landscaping features to direct or limit access.

The landscape design has adopted best practiced CPTED principles with the planting design and species being curated to allow for vertical and horizontal sight lines to the programmed landscape zone and veranda spaces to allow the hospital staff to monitor patients in the outdoor spaces.



Figure 14 – Indicative render of proposed communal courtyard area (BVN)

Connecting with Country/Engagement

The site sits within the area covered by the Darkinjung Local Aboriginal Land Council. Consistent with HI's *Implementing the Connecting with Country Framework – A Guideline for Health Infrastructure Project Teams and Partners* dedicated workshops were held with key Aboriginal Elders and community representatives with HI and BVN to hear about the key challenges faced when using Palliative Care.

The design has incorporated culturally appropriate spaces for patients and their families. The design provides spaces within the palliative and supportive care unit for large indigenous groups to gather. These outdoor spaces connect to surrounding green space, where a ground level is available or alternatively an outdoor balcony space on a rooftop setting. The outdoor space supports cultural rituals and ceremonies and where required enable smoking ceremonies in bedrooms. The design maximises opportunities to connect to landscape and outlook providing connection and shelter. See these principles as set out in **Figure 15**.

With respect to landscaping, a Design with Country process has been undertaken, with consultations with indigenous user groups. A spiritual space has been designed into the landscape programming that will be further developed in the detail design which will have consultations with indigenous and First Nation user groups.

2.1 Design Principles

DESIGN WITH COUNTRY

Engage with local Indigenous community to understand the local history of the site and to enable culturally appropriate spaces be provided for patients and family

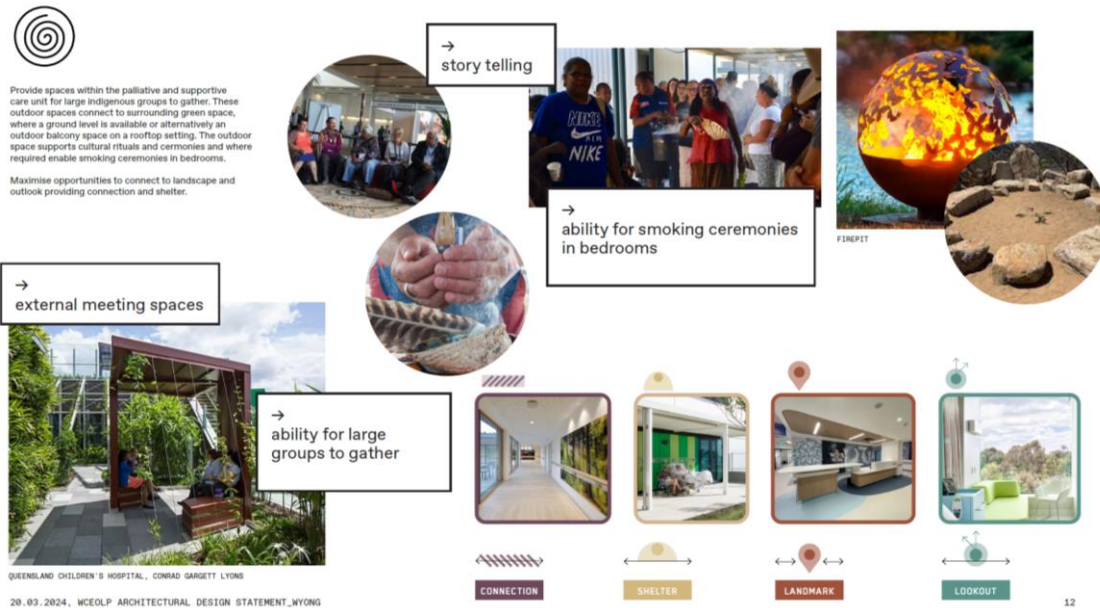


Figure 15 – Designing with Country (BVN)

Sustainability and Climate Resilience

The project's design has incorporated sustainability principles consistent with the requirements of DGN 58 and HI's Sustainability Strategy. An ESD Report has been prepared to support the development – see **Appendix E**.

According to the principles outlined within the NSW HI Engineering Service Guidelines (DGN 058), the project is to demonstrate the following outcomes:

- A minimum of 60 points (+5 point buffer) * to be achieved by the design in accordance with HI's ESD Evaluation Tool; and
- A mandatory requirement of demonstrating a 10% improvement in energy performance on NCC Section J.

*As the facility is a refurbishment which has inherent limitations on spatial and scope aspects, the facility is currently targeting 59 points under HI's ESD Evaluation Tool. Credits which investigate aspects such as transport have been deemed not applicable to this development as there is no current scope of works or modification to the existing transport infrastructure/accessibility to the site. This pathway, as shown in Appendix A of the ESD Report, has been approved and coordinated with HI. During the following design stages, achievable points will be investigated further to ensure the project achieves the ESD intent through all applicable aspects.

The project will implement several sustainable design principles which include initiatives designed to mitigate the development's environmental impact across the following areas:

- The development is currently targeting 59 points in accordance with HI's ESD Evaluation Tool and the concession made with respect to the nature and scope of work in part of Block C.
- The development will demonstrate a 10% improvement in energy performance on NCC Section J.
- Building Management – including reviews of commissioning and tuning, building information and other operational processes.
- Indoor Environment Quality – including high air quality, acoustic/lighting comfort and reduction of indoor pollutants.
- Energy & Carbon – including improved energy efficiency of the building operations through design and technology and consideration to Embodied Carbon.
- Water Efficiency – reduce potable water demand and utilising the use of rainwater.

- Materiality & Waste – Considering the whole of life of materials and their selection to minimise harm to the environment, including efficiency and construction while minimising resources sent to landfill from construction and demolition works.

Additionally, the EP&A Regulation lists four principles of ESD required to be considered in assessing a project:

- The Precautionary Principle
- Intergenerational equity
- Conservation of biological biodiversity and ecological integrity
- Improved valuation and pricing of environmental resources

The precautionary principle is utilised when uncertainty exists about potential environmental impacts. It provides that if there are threats of serious or irreversible environmental damage, lack of scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation. The precautionary principle requires careful consideration and evaluation of potential environmental impacts in order to avoid, wherever practicable, serious or irreversible damage to the environment.

This REF has not identified any serious threat or irreversible damage to the environment and therefore the precautionary principle is not relevant in this case.

Intergenerational equity is concerned with ensuring the health, diversity and productivity of the environment can be maintained or enhanced for the benefit of future generations. The proposal satisfies this by providing a means to providing enhanced and much needed health services for generations to come.

The principle of biological diversity upholds that the conservation of biological diversity and ecological integrity should be a fundamental consideration for any development. The proposal will have no detrimental effect upon this, given the general lack of biodiversity values present on the site and the largely internalised nature of the works themselves.

The principles of improved valuation and pricing of environmental resources requires consideration of all environmental resources that may be affected by a proposal, including air, water, land and living things. Mitigation measures are included in this REF for avoiding waste and ensuring where possible reuse, recycling and managing waste occurs, as relevant to this relatively minor scope of works.

3.1.2 Proposed Activity

Built Form

The proposed built form seeks to largely replace and replicate the existing Block C's single-story U-shaped built form and continue to integrate with the existing building's scale and orientation – see **Figure 16** below. The courtyard area between the two arms of the building will be enhanced with new landscaping. Renders of the proposed development are included in figures over. As noted, the scale of the development is intentionally domestic in nature to provide for a non-clinical feel within and around the building.

The development's maximum height will be in the order of 5.5m to the ridgeline of the roof. This is the same as the existing height. Architectural Plans are included at **Appendix F**.

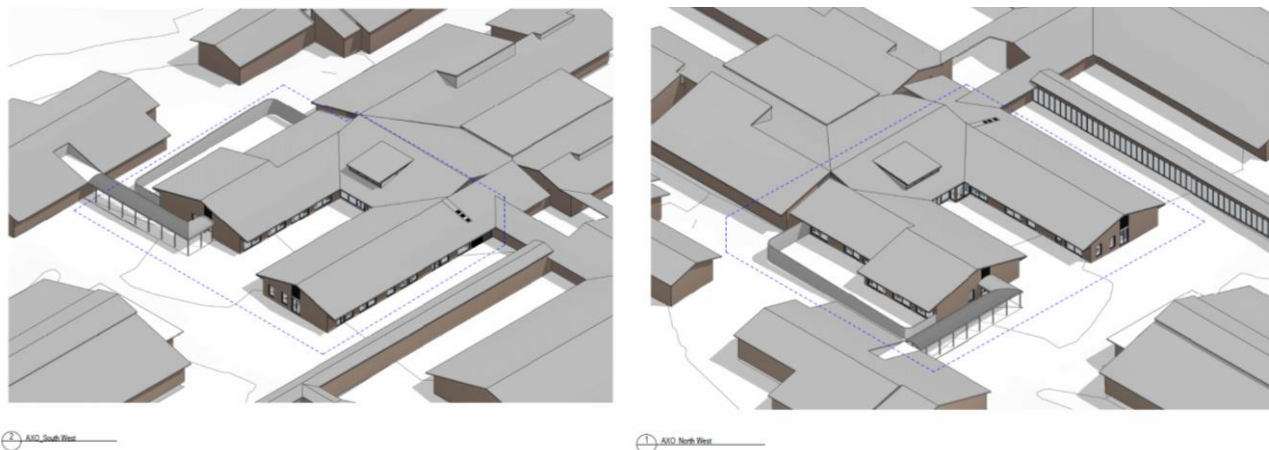


Figure 16 – 3D views of the proposed form and scale of the works as outlined by a broken blue line (BVN)



Figure 17 – Render of proposed staff retreat area (BVN / Context)



Figure 18 – Render of Central Courtyard area (BVN / Context)



Figure 19 – Render of Communal Courtyard area (BVN / Context)

Demolition

The demolition works will be extensive within the existing building in order to provide for the new internal spaces. Few parts of this section of the building are unaffected in this regard – see **Figure 20**. The existing base materials will be retained and the roof is proposed to be fitted with new skylights to enhance internal amenity.



Figure 20 – Demolition Plan (BVN)

New works

The proposed works primarily provide for the 12 new palliative care bedrooms, each with an accompanying ensuite. Ten (10) of the 12 rooms are set to the north of the building to provide for the highest possible amenity from a solar access perspective. Similarly, the two rooms in the southern arm of the building also enjoy a northerly aspect. The rooms are shown in pale blue in **Figure 21** below.

A series of clinical and support spaces are also provided along with internal communal spaces for family and visitors of the patients within the facility. These communal spaces are shown in the darker blue. Ancillary and staff-related spaces are shown in yellow and brown.



Figure 21 – General Arrangement Ground Level (BVN)

No new car parking is proposed. See discussion around this further below.

Associated upgrades to the electrical and utilities systems is proposed in a limited sense as tied to these works within the built form.

Figure 22 shows the proposed elevations of the palliative care unit and demonstrates the general retention of the existing form and in particular height of the development / Block C.



Figure 23 – Tree retention / tree removal (Abel Ecology)

Utilities

Acor has advised that it is of the understanding that the existing hospital campus water supply provision comes from the authority watermain located in the Pacific Highway via a 150mm connection, backflow prevention valve and water meter. Acor has not performed any overall reviews on the capacities for the site as the project is seeking to connect to the existing systems within the proposed refurbished building. The site-wide sewer system also connects to an authority point located adjacent the water connection point in Pacific highway.

The power supply is proposed to connect to existing distribution boards which are to be upgraded to current codes and standards.

There will be no augmentation, relocation, extension or capping of any services supplies. There is no additional demand on the various systems and the proposed project should not exceed any existing capacities given there are no additional fixtures, appliances, and the like proposed. In general the utilities works require only a reorientation of areas within the refurbished spaces.

Generally there will be no authority approvals required for the refurbishment. However, the plumbing and electrical contractors as part of their licensing arrangement with NSW Fair Trading, will require to book inspections during the course of the installation.

There are no anticipated new infrastructure upgrades for site water, sewer drainage or power supplies based on Acor's advice.

3.2 Proposal Need, Options and Alternatives

3.2.1 Strategic Justification

The project forms part of the NSW Health End of Life Palliative Care Framework 2019-2024; Clinical Principles for End of Life and Palliative Care (NSWH, GL2021_016); and the Palliative Care Blueprint (Agency for Clinical Innovation). In the 2022-23 NSW State Budget, the Government announced \$93 million for a WCEoL program, as part of a larger \$743 million commitment to ensuring NSW has the best palliative care services and support in Australia, if not the world. As part of the program, new units have been announced for Westmead Hospital, Nepean Hospital, Wyong Hospital, Orange Health Service and Tamworth Hospital.

A 12-bed palliative care inpatient unit is currently located at Gosford Hospital. This is the only dedicated palliative care inpatient unit for the Central Coast (14 bed built capacity, currently operating 12 beds). Patients requiring inpatient palliative care from the northern region of the central coast are currently required to travel to Gosford Hospital or are cared for at Wyong Hospital in an acute bed. Patients may be accommodated in a range of acute inpatient units, depending on their other care/specialty needs and bed availability.

In 2021/22, Wyong Hospital provided inpatient palliative care services to 355 patients in acute beds with support from the Central Coast consulting palliative care team over a total of 2,627 bed days, which is equivalent to approximately 8 inpatient beds (assuming 90% occupancy).

To address the above, as well as the area's growing population catchment, HI proposes to provide a new 12-bed palliative care unit at the Wyong Hospital as part of their delivery of infrastructure solutions and services to support the healthcare needs of the NSW communities consistent with the WCEoL program.

3.2.2 Alternatives and Options

A master plan was developed for WCEoL program at Wyong Hospital. The master plan developed a set of principles which were established as part of a collaborative engagement process with the stakeholder group and responded directly to the shared aspiration to create a people-centred, healing environment. The master plan considered future visions for location and operation of the site. Three (3) options were studied and the Block C location (Option 2) was selected as the preferred location, compared to the University of Newcastle Podiatry Clinic site (Option 1) and clod shell space within the Acute Services Building on Level 5 (Option 3).

During the concept design, several key aspects were studied. These included site investigations (topography, existing structures, and services), functional requirement of the space, and alignment with HI design principles. At that stage, three options were presented and reviewed in series of workshops. Ultimately Block C (subject of this REF) was selected as the preferred option.

See the review of the three options during the Master Plan phase over.

An overview of the alternatives, and an identification of the preferred alternative, for the Proposal are provided within Table 2.

Master plan Options
WYONG

THRESHOLD QUESTIONS

THRESHOLD QUESTIONS	OPTION 1	OPTION 2	OPTION 3
THE OPTION PROVIDES THE PLANNED CAPACITY	●	●	●
THE OPTION SUPPORTS THE ENDORSED MODEL OF CARE	●	●	●
THE OPTION PROVIDES SAFE AND HIGH-QUALITY CARE	●	●	●
THE OPTION PROVIDES CULTURALLY SENSITIVE CARE	●	●	●
COMPLIES WITH THE CAMPUS' ENDORSED MASTERPLAN	●	●	●
THE OPTION SUPPORTS SUSTAINABILITY INITIATIVES, MAXIMISING GREEN SPACES, AND THE NSW HEALTH SUSTAINABILITY PROGRAM (NET-ZERO TARGET)	●	●	●
AFFORDABLE WITHIN THE AVAILABLE BUDGET (NOTING THAT SOME SITES ARE HIGHLY CONSTRAINED)	●	●	●

QUALITATIVE CRITERIA

QUALITATIVE CRITERIA	OPTION 1	OPTION 2	OPTION 3
1. THE OPTION SUPPORTS EQUITABLE LOCAL ACCESS TO PALLIATIVE AND END OF LIFE CARE		●	
2. THE OPTION FACILITATES A POSITIVE AND CALMING PATIENT AND CARER EXPERIENCE - ABILITY TO ACCESS OUTDOOR SPACES - OPPORTUNITIES FOR OUTLOOK TO GREEN SPACES		●	
3. THE OPTION CONTINUALLY SUPPORTS CONTEMPORARY MODELS OF CARE (INCL. SINGLE BEDROOMS? HOME-LIKE ENVIRONMENT?)		●	
4. THE OPTION SUPPORTS EFFICIENT FUNCTIONAL ADJACENCIES AND WORKFLOW FOR FAMILY, PATIENTS AND AMBULANCE - PROXIMITY TO LOGISTICS KITCHEN AND OTHERS - PROXIMITY TO MORTUARY - PROXIMITY TO OTHER ACUTE SERVICES - SUITABLE CONNECTION BACK TO OTHER ACUTE SERVICES		●	
5. THE OPTION SUPPORTS POSITIVE STAFF EXPERIENCE AND PROFESSIONAL DEVELOPMENT		●	
6. THE OPTION REPRESENTS A LOW RISK TO BUDGET, TIMEFRAMES AND DELIVERABILITY		●	



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Table 2: Alternatives considered for the proposal

Alternative description	Advantages and disadvantages	Preferred alternative
Option 1 - University of Newcastle Podiatry Clinic site	<p>Option 1's advantages were limited to supporting sustainability initiatives, green spaces and the NSW Government Net Zero Target.</p> <p>The disadvantages of this option were numerous including not satisfying the required footprint to meet the function brief for the project.</p> <p>It was the first of the three options ruled out.</p> <p>Its main disadvantages included not providing for:</p> <ul style="list-style-type: none"> The planned capacity Safe and quality care Culturally sensitive care Affordability within the available budget 	<p>X 3rd</p>
Option 2 – Part Block C	<p>Option 2 satisfied (or better satisfied) all criteria, in providing for:</p> <ul style="list-style-type: none"> The planned capacity Endorsed models of care Safe and quality care Culturally sensitive care Compliance with the hospital's master plan Sustainability initiatives, green spaces and the NSW Government Net Zero Target. Affordability within the available budget <p>Option 2 then further satisfied all of the project's qualitative criteria.</p>	<p>✓ 1st</p>
Option 3 - Acute Services Building on Level 5	<p>Option 3 advanced into the 2nd best option. It's advantages were that it provided for:</p> <ul style="list-style-type: none"> The planned capacity Endorsed models of care Safe and quality care <p>It did not however satisfy requirements for:</p> <ul style="list-style-type: none"> Culturally sensitive care Compliance with the hospital's master plan Sustainability initiatives, green spaces and the NSW Government Net Zero Target. Affordability within the available budget 	<p>X 2nd</p>

3.3 Construction Activities

The works are long term (12 months). The works are however modest in scale and isolated from any key and critical clinical functions that may be disrupted within the wider hospital campus. Existing uses within or near the area of works will have vacated the building ahead of the commencement of works so no direct conflicts are likely to arise.

See the project's Preliminary Construction Management Plan at **Appendix I**.

Table 3: Project Timeframes and Construction Activities

Construction activity	Description
Commencement Date	November 2024 to November 2025
Work Duration/Methodology	One stage of works over 12 months
Work Hours and Duration/Construction	<p>The following hours of operation are proposed for the Works:</p> <ul style="list-style-type: none"> Monday to Friday 7.00AM to 6.00PM Saturdays 8:00AM to 1:00PM Sundays and Public Holidays No Work <p>No work will occur outside of the hours nominated unless approval has been given by Wyong Hospital.</p> <p>Deliveries of heavy machinery may be required out of the proposed hours of operation to conform to the overriding requirements of the Roads & Maritime Services (RMS).</p>
Workforce/Employment	For a construction site of around 1000m2 as it the case here, it is estimated to expect between 20 to 50 workers, including supervisors, skilled and general labourers. This will be determined with the builder once appointed.
Ancillary Facilities	It is presently proposed that construction worker car parking utilise public car parking areas within and around the hospital. No dedicated spaces are proposed to be made available at his point. A small construction compound may be located to the south west of the area of works to accommodate a site shed and toilets and the like. This will be determined with the builder once appointed.
Plant Equipment	<p>During construction, the following equipment may be used:</p> <ul style="list-style-type: none"> bulldozers, backhoes and excavators; articulated and fixed trucks; mobile cranes; concrete delivery trucks; concrete pumps; man and material hoists; scissor and boom lifts, and fork lifts
Earthworks	No significant cut and fill arises from what is largely confined to the envelope of the existing building and reshaping of existing landscaping.
Source and Quantity of Materials	This is not able to confirmed at this stage but it is likely the building materials will be sourced locally and from locations within the eastern seaboard of NSW and adjacent states.
Traffic Management and Access	<p>As part of the Construction Management Plan (CMP), the Head Contractor is required to submit a Construction Traffic Management Plan (CTMP) for approval prior to commencement of the Wyong Palliative Care Works. The CTMP will detail site access, pedestrian protection measures and all associated vehicle movements which will be restricted to the permitted working hours of the site.</p> <p>Vehicular access/egress gates will be erected internally as required. These gates will be manned by qualified traffic supervisors at the times of vehicular access and egress to the Site.</p> <p>Preliminary Site Access diagrams have been drafted to depict how the development site may be contained, serviced and accessed, including designated parking for construction staff so that Wyong Hospital and visitors are not unduly inconvenienced. The site plan will be further developed in consideration of the appointed Head Contractor's methodologies prior to commencement on site.</p>

3.4 Operational Activities

Use

The proposed use at this part of Block C replaces a bed store and maintenance area as well as a Doctors' overnight accommodation and lounge area. All existing and proposed uses are however still a part of typical hospital-related functions. In essence no change in use is proposed to occur.

Operation Hours

The proposed use at this part of Block C will be 24 hours per and 7 days per week. This replaces some usage of this building where business hours activities occur or other dormitory functions. The proposed use however is consistent with other hospital activities and the existing palliative care activities carried out elsewhere within the hospital presently.

Staff/Patients

The proposal involves 12 new beds (with an additional 27 FTE staff), noting however that existing palliative care arrangements exist at Wyong Hospital in a mix of locations in inpatient beds.

Traffic and Parking

The proposed works result in the displacement / loss of two (2) existing parking spaces from the overall on-site provision of 1,220 spaces. These are proposed to be separately replaced outside of this REF process. See discussion in Section 6.

4. Statutory Framework

4.1 Planning Approval Pathway

Section 4.1 of the EP&A Act states that if an EPI provides that development may be carried out without the need for development consent, a person may carry the development out, in accordance with the EPI, on land to which the provision applies. However, the environmental assessment of the development is required under Part 5 of the Act.

State Environmental Planning Policy (Transport and Infrastructure) 2021 (TI SEPP) aims to facilitate the effective delivery of infrastructure across the State. Division 10 of the TI SEPP outlines the approval requirements for health service facilities. A hospital is defined as a health service facility under this division.

The site is zoned SP2 – Infrastructure (Health Services Facility) under the *Central Coast Local Environmental Plan 2022*. The SP2 zone is a prescribed zone under the TI SEPP – see **Figure 24**.



Figure 24 – Land use zoning under Central Coast LEP 2022 (eplanning Spatial viewer)

Therefore, the proposal is considered an ‘activity’ for the purposes of Part 5 of the EP&A Act and is subject to an environmental assessment (REF). The proposal is considered an ‘activity’ in accordance with Section 5.1 of the EP&A Act because it involves the carrying out of a work, the demolition of a building or a work, and the use of land, that is not Exempt Development or prohibited under an environmental planning instrument.

TI SEPP consultation is discussed within Section 6 of this REF.

Table 4: Description of proposed activities

Division and Section within TI SEPP	Description of Works
Section 2.61(1)(a) and (c)	Demolition works within the existing 1-storey Block C building, and alterations and additions to Block C to construct the new 12-bed palliative care unit within the same building footprint and 1-storey envelope less than 15m in height and more than 5m from any property boundary.
Section 2.3(3)	Civil engineering works, services relocation and other works, and selected tree removal as ancillary works to the construction works.

4.2 Environmental Protection and Biodiversity Conservation Act 1999

The provisions of the EPBC Act do not affect the proposal as it is not development that takes place on or affects Commonwealth land or waters. Further, it is not development carried out by a Commonwealth agency or development on Commonwealth land, nor does the proposed development affect any matters of national significance. An assessment against the EPBC Act checklist is provided at Table 5.

Table 5: EPBC Checklist

Consideration	Yes/No
Will the activity have, or likely to have, a significant impact on a declared World Heritage Property?	No
Will the activity have, or likely to have, a significant impact on a National Heritage place?	No
Will the activity have, or likely to have, a significant impact on a declared Ramsar wetland?	No
Will the activity have, or likely to have, a significant impact on Commonwealth listed threatened species or endangered community?	No
Will the activity have, or likely to have, a significant impact on listed migratory species?	No
Will the activity involve any nuclear actions?	No
Will the activity have, or likely to have, a significant impact on Commonwealth marine areas?	No
Will the activity have any significant impact on Commonwealth land?	No
Would the activity affect a water resource, with respect to a coal seam gas development or large coal mining development?	No

4.3 Environmental Planning and Assessment Act 1979

The proposed activity is consistent with the objectives of the EP&A Act as outlined in the table below.

Table 6: Consideration of the Objects of the EP&A Act

Object	Comment
(a) to promote the social and economic welfare of the community and a better environment by the proper management, development and conservation of the State's natural and other resources,	The works support the efficient and effective operation of Wyong Hospital with new and enhanced facilities. This in turn supports and promotes the general welfare of the community.
(b) to facilitate ecologically sustainable development by integrating relevant economic, environmental and social considerations in decision-making about environmental planning and assessment,	The development's ESD credentials have been considered as part of the design and ongoing operation of the development. See further detailed ESD considerations within this REF.
(c) to promote the orderly and economic use and development of land,	The new palliative care unit promotes an orderly and economic use of the site by reusing existing accommodation and built-form and revitalising the building stock in this part of the campus.
(d) to promote the delivery and maintenance of affordable housing,	N/A
(e) to protect the environment, including the conservation of threatened and other species of native animals and plants, ecological communities and their habitats,	The development / activity does not affect the environment, including threatened and other species of native animals and plants, ecological communities and their habitats in any way.
(f) to promote the sustainable management of built and cultural heritage (including Aboriginal cultural heritage),	N/A – the hospital does not contain any built and cultural heritage (including Aboriginal cultural heritage). The works are within an existing building footprint where assessment of such impacts has previously been carried and found acceptable.
(g) to promote good design and amenity of the built environment,	The design of the palliative care unit is one limited by the scope of the project. In essence the proposed works operate to maintain the existing bulk and scale of the building but promotes good and contemporary design internally and at its interfaces externally.

Object	Comment
(h) to promote the proper construction and maintenance of buildings, including the protection of the health and safety of their occupants,	The project is in itself concerned with the proper construction and maintenance of buildings, including the protection of the health and safety of their occupants.
(i) to promote the sharing of the responsibility for environmental planning and assessment between the different levels of government in the State,	N/A.
(j) to provide increased opportunity for community participation in environmental planning and assessment.	The proposal has been notified, garnering no commentary / submissions from either Council or neighbours of the hospital, as set out in Section 5 of this REF. A Community / Consumer Focus Group Session was also carried out in early February 2024 which generated high levels of interest and engagement with the project and garnered valuable insights into community aspirations for the palliative care unit. By any measure, ample opportunity for community participation in environmental planning and assessment process has occurred.

Duty to Consider Environmental Impact

Part 5 of the EP&A Act applies to activities that are permissible without consent and are generally carried out by a public authority. Activities under Part 5 of the EP&A Act are assessed and determined by a public authority, referred to as the determining authority. Health Infrastructure is a public authority and is the proponent and determining authority for the proposed works.

For the purpose of satisfying the objects of the EP&A Act relating to the protection and enhancement of the environment, a determining authority, in its consideration of an activity shall, notwithstanding any other provisions of the Act or the provisions of any other Act or of any instrument made under the EP&A Act or any other Act, examine and take into account to the fullest extent possible all matters affecting or likely to affect the environment by reason of that activity (refer to Subsection 1 of Section 5.5 of the EP&A Act).

Section 171 of the EP&A Regulation defines the factors which must be considered when assessing the likely impact of an activity on the environment under Part 5 of the EP&A Act. Section 6 of this REF specifically responds to the factors for consideration for the activity.

Table 7 below demonstrates the effect of the proposed development activity on the matters listed for consideration in Subsection 3 of Section 5.5 of the EP&A Act.

Table 7: Matters for consideration under Subsection 3, Section 5.5 of the EP&A Act

Matter for Consideration	Impacts of Activity
Subsection 3: Without limiting subsection 1, a determining authority shall consider the effect of any activity on any wilderness area (within the meaning of the <i>Wilderness Act 1987</i>) in the locality in which the activity is intended to be carried on.	No effect, as there is no wilderness area (within the meaning of the <i>Wilderness Act 1987</i>) in the locality in which the activity is intended to be carried out on.

Note: If a biobanking statement has been issued in respect of a development under Part 7A of the *Threatened Species Conservation Act 1995*, the determining authority is not required to consider the impact of the activity on biodiversity values.

4.4 Environmental Planning and Assessment Regulation 2021

Section 171(1) of the Environmental Planning and Assessment Regulation (2021) notes that when considering the likely impact of an activity on the environment, the determining authority must take into account the environmental factors specified in the guidelines that apply to the activity.

The *Guidelines for Division 5.1 Assessments* (DPE June 2022) provides a list of environmental factors that must be taken into account for an environmental assessment of the activity under Part 5 of the EP&A Act. These factors are considered at Section 6 of this REF.

In addition, Section 171A of the Environmental Planning and Assessment Regulation (2021) requires the consideration of the impact an activity in a defined catchment. This is considered further below under Section 4.5 of this REF.

4.5 Other NSW Legislation

The following table lists any additional legislation that is required to be considered if it is applicable to the proposed activity.

Table 8: Other Possible Legislative Requirements

Legislation	Comment	Relevant? Yes/No
State Legislation		
<i>Rural Fires Act 1997</i>	The area subject to the development is not identified on the Bushfire Prone Land Map. Parts of the hospital campus are however Bushfire Prone Land. The relevance of this to the proposed decanting works will need to be further determined.	No – not in relation to the location of the works.
<i>Biodiversity Conservation Act 2016</i>	The area subject of the works does not contain any critical habitat, threatened species or ecological population or community.	No – not in relation to the location of the works.
<i>Water Management Act 2000</i>	The works are not within 40 metres of a mapped watercourse.	No.
<i>Contaminated Land Management Act 1997</i>	The site is not listed on the register of contaminated sites	No.
<i>Heritage Act 1977</i>	There are no impacts on Local, State or National heritage	No.
<i>Roads Act 1993</i>	No works are proposed to a public road, nor the pumping of water onto a public road, nor the connection of a road to a classified road	No.
<i>Local Government Act 1993</i>	Whether any water or sewer supply head works that require contribution payment as per Section 64 of the Act apply will need to be determined. At the Master Plan stage it was identified that the existing infrastructure has adequate capacity for sewage and potable water within the site	No.
<i>National Parks and Wildlife Act 1974</i>	An Aboriginal Cultural Heritage Assessment Report (ACHAR), in support of an Aboriginal Heritage Impact Permit (AHIP), is not required due to the existing highly disturbed nature of the site and the modest and internalised nature of the scope of works.	No.
<i>Crown Land Management Act 2016</i>	Not relevant to this REF.	No.
<i>Protection of the Environment Operations Act 1997</i>	An environment protection licence is unlikely to be triggered or required due to the relatively minor scope and duration of the works.	No.
<i>NSW Reconstruction Authority Act 2022</i>	The works respond to the broad requirements of the State Disaster Mitigation Plan (SDMP) under section 38 of the NSW Reconstruction Authority Act, in that the development is designed in response to any disaster event that may occur at the site including flooding, earthquake and the like, noting that the subject building is not on or near bushfire prone land.	No.
Section 171A of the Environmental Planning and Assessment Regulation 2021	There are no direct impacts to any catchments, as defined for consideration under Section 171A of the EP&A Regulation.	No.
State Legislation Planning Policies		
State Environmental Planning Policy (Biodiversity and Conservation) 2021	Chapters 3 and 4 of the Biodiversity and Conservation SEPP aims to encourage the 'proper conservation and management of areas of natural vegetation that provide habitat for Koalas to ensure a permanent free-living population over their present range and reverse the current trend of Koala population decline'. As the proposal is likely to be assessed as a Part 5 development (i.e. via a REF), the Koala SEPP does not apply in this case. Potential impacts to Koalas will be separately assessed under the Biodiversity Conservation Act and the EPBC Act, as relevant. Note the trees in the vicinity of the Education Centre / Block C do not appear to be koala feed trees.	No.
State Environmental Planning Policy (Sustainable Buildings) 2022	This SEPP, and Chapter 3 in particular, does not apply to Part 5 / REF assessments.	No.

Legislation	Comment	Relevant? Yes/No
State Environmental Planning Policy (Resilience and Hazards) 2021	This hospital is not mapped as 'Coastal Use Area' nor 'Coastal Environment Area' under Chapter 2 of this SEPP. The campus is also not mapped as a Coastal Wetlands or Littoral Rainforest.	No.
State Environmental Planning Policy (Transport and Infrastructure) 2021	In the event the development relies upon permissibility, Chapter 2 of this SEPP (section 2.60(1) and section 2.59) operates to confirm the development as permissible within the SP2 zone in the event Central Coast LEP does not permit the works with consent. The SEPP otherwise provides for alternative planning approval pathways to a DA under Division 10 in relation to Health Services Facilities. Traffic-generating development requires referral to TfNSW. The modest scale of this development does not relate to the traffic-generating development thresholds.	Yes, as set out here.
Central Coast Local Environmental Plan 2022		
Zone	SP2 – Infrastructure (Health Services Facility) The proposed land uses (<i>health services facility</i> and <i>hospital</i>) are permissible within the zone.	Yes.
Height of Buildings	N/A	No.
Floor Space Ratio	N/A	No.
Heritage	N/A	No.
Flood Planning	N/A	No.
Coastal Planning	N/A	No.

4.6 Strategic Plans

The following table lists any strategic plan that is required to be considered if it is applicable to the proposed activity.

Table 9: Consideration of the Objects of the EP&A Act

Strategic Plan	Assessment
NSW State and Premier's Priorities	<ul style="list-style-type: none"> The Minns Labor Government has not adopted the former Government's NSW State and Premier's Priorities format. In any case, the project would not be at odds, or inconsistent with, any policies in relation to improving health services within NSW or within the region, noting also the WCEoL program has committed State funding.
Future Transport Strategy	<ul style="list-style-type: none"> The proposed development is modest in scale and is not a type to be inconsistent with any of the objectives and actions associated with the Future Transport Strategy.
Movement & Place	<ul style="list-style-type: none"> Movement and Place is a cross-government framework for planning and managing roads and streets across NSW. The framework delivers on NSW policy and strategy directions to create successful streets and roads by balancing the movement of people and goods with the amenity and quality of places. The development does not affect or impact upon the Movement & Place framework given the internalised location and modest scale of the development within the Wyong Hospital campus.
Central Coast Regional Plan 2041	<ul style="list-style-type: none"> The proposed development is not inconsistent with the few objectives and planning priorities that relate to the Wyong Hospital site. Tuggerah District - Planning Priority 2 - Plan for the development of a health precinct at Wyong Hospital indicates Wyong Hospital provides care and support across the district. It is a key employer and service centre for the Tuggerah and Central Lakes districts. Its redevelopment will increase health capacity on the Central Coast and meet the growing healthcare needs of the community. Local strategic planning will leverage significant NSW Government investment to establish a broader health precinct, offering specialised medical services and complementary and supporting services. This will be done in collaboration with Health Infrastructure NSW and the Central Coast Local Health District. The development is entirely consistent with this priority.

Strategic Plan	Assessment
Central Coast Local Strategic Planning Statement 2020	<p>The Central Coast LSPS includes:</p> <ul style="list-style-type: none">• Support the growth and consolidation of Wyong Hospital and Medical Precinct. Support development of adjoining Seniors Living Precinct to complement existing facilities to medical services.• Prepare a Health Precinct Plan to capitalise on the redevelopment of Wyong Hospital and promote health and wellness industries.• The proposed development is not inconsistent with Council's achievement of these objectives and actions.

5. Consultation

5.1 Statutory Consultation

The REF scope of works was notified for 21 calendar days to Central Coast Council (by email) and occupiers of adjoining land (via a letterbox drop) as required by section 2.62 of the TISEPP – see Table 10.

The notification commenced on 11 March 2024 and concluded on 1 April 2024. A two-day grace period was applied to address Good Friday and Easter Monday falling within the notification period. Late submissions were accepted to 3 April 2024. In total, 36 letters were placed in letterboxes of adjoining occupiers of land or otherwise hand delivered.

The following addresses were notified by letterbox drop – as per **Figure 25**:

- Tuggarah Lakes Private Hospital
- 5 & 7 Wiowera Road, Kanwal (adjacent and north of the private hospital)
- The Kanwal Medical Complex - Block A only as the closest of these premises.
- 13-25 Yellow Rose Terrace, Hamlyn Terrace.
- 16-24 Yellow Rose Terrace, Hamlyn Terrace.
- 1-4 Tulip Way, Hamlyn Terrace.
- 58-68 Skyhawk Avenue, Hamlyn Terrace

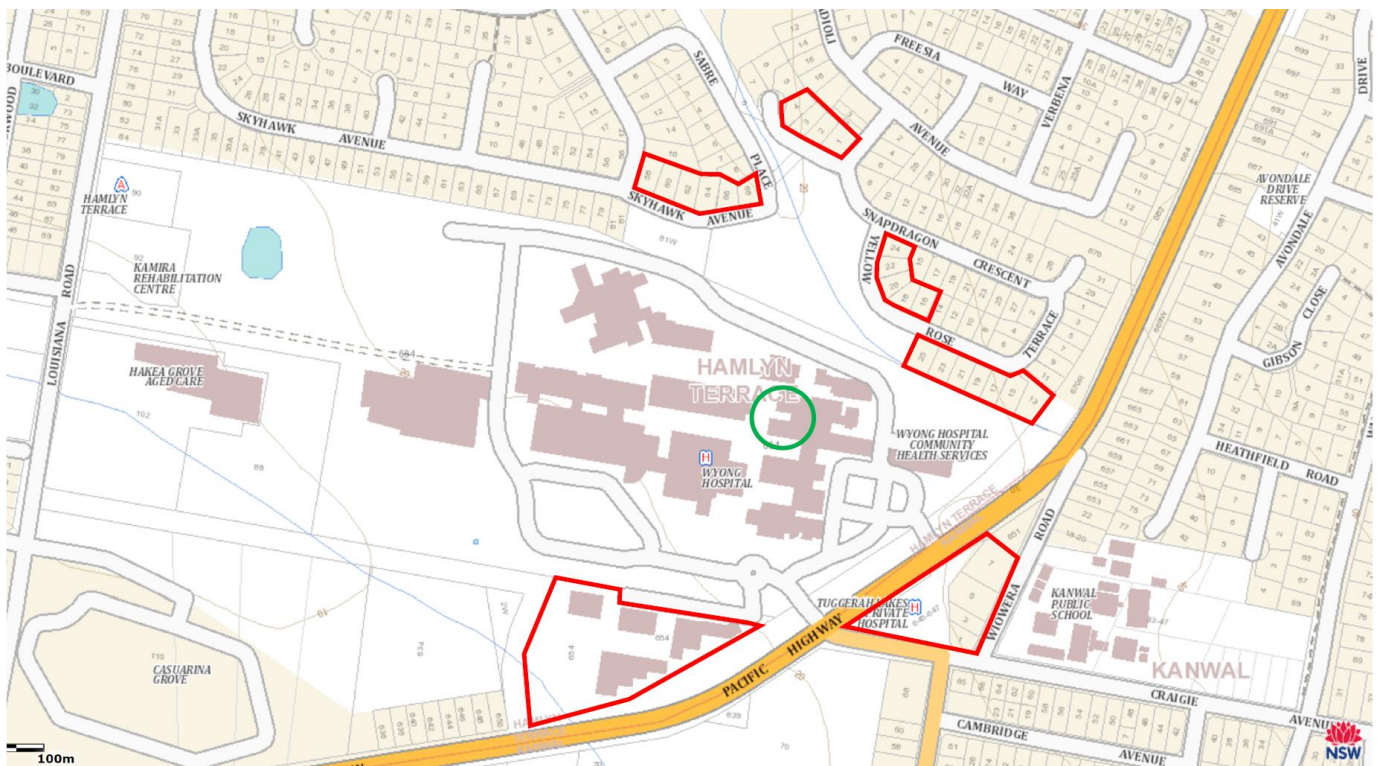


Figure 25 – Extent of notification to adjoining occupiers of land (SixMaps)

No further notification requirements arose with respect to the site conditions or the scope of works.

Table 10: Stakeholders required to be notified

Stakeholder	Relevant Section
Central Coast Council	Section 2.62
Occupiers of adjoining land	Section 2.62

No public submissions were received. Central Coast Council responded by letter dated 5 April 2024 on 8 April 2024 indicating that *Council raises no concerns regarding the proposed development subject to the development satisfying with the provisions of Section 2.61 of State Environmental Planning Policy (Transport and Infrastructure) 2021. Council’s Water and Sewer Section requires the lodgement of a Section 305 Application under the Water Management Act 2000 and a Section 307 Certificate prior to issue of the Occupation Certificate for the development.*

As noted elsewhere within this REF, the works satisfy section 2.61 of the TISEPP, and there are no anticipated new infrastructure upgrades required for site water and sewer drainage based on Acor’s advice. To that end no water and sewer application is likely to be required. In any case, a mitigation measure is applied in the remote circumstance the legislation cited by Council is triggered.

Copies of the notification letters and Council’s response are found at **Appendix J**.

Rural Fire Services

No notification or consultation is triggered with the Rural Fire Service in this instance. Travers Bushfire and Ecology has carefully considered any requirement to do so and advised that although the proposed development is consistent with being a Special Fire Protection Purpose (SFPP) development under s100B of the *Rural Fires Act 1997 (RF Act)* the proposal is an activity under Part 5 of the *Environmental Planning & Assessment Act 1979 (EP&A Act)*. This classification does not require the NSW Rural Fire Service (RFS) to consider whether to issue a bushfire safety authority (BSA). The proposal has however, been assessed in accordance with *Planning for Bush Fire Protection 2019 (PBP)* as if it were a SFPP development. Further, the building is not sited within an area identified as being mapped as bush fire prone land under section 10.3 of the *EP&A Act*.

5.2 Community and Stakeholder Engagement

Non-statutory community and stakeholder engagement has occurred with respect to this project since its inception with a range internal and external stakeholders. Some engagement remains as part of the detailed design and implementation process. Details of the WCEoL project’s Wyong Hospital-specific Community Focus Group Report is set out below and found at **Appendix K**.

An overview of the comments received are outlined and responded to in the table below.

Table 11: Other consultation (non-statutory)

List of community engagement activities	Date	Feedback	Project response
Community / Consumer Focus Group Session	7 February 2024	<p>Review of case studies with following discussion on four key areas of design:</p> <ul style="list-style-type: none"> In-patient rooms Communal spaces Outdoor spaces Miscellaneous matters <p>A summary of key points discussed within each these four design areas was provided. This predominantly resulted in commentary around high levels of amenity, a home-like atmosphere, and home comforts being adopted. Room sizes, accessibility, and comfort.</p>	<p>The project has sought to adopt these as far as is possible through the project’s design principles where a high degree of alignment already exists.</p> <p>The relevant health design standards too must be applied and some aspects of bringing the home into what nonetheless remains a clinical environment will moderate some outcomes.</p>

6. Environmental Impact Assessment

6.1 Environmental Planning and Assessment Regulation 2021 – Assessment Considerations

Section 171(1) of the *Environmental Planning and Assessment Regulation 2021* notes that when considering the likely impact of an activity on the environment, the determining authority must take into account the environmental factors specified in the environmental factors guidelines that apply to the activity.

The *Guidelines for Division 5.1 Assessments (June 2022)* apply to the activity. The relevant assessment considerations under Section 3 of these Guidelines are provided below:

Table 12: Summary of Environmental Factors Reviewed in Relation to the Activity

Relevant Consideration	Response/Assessment		
(a) Any environmental impact on a community	The proposal will have a generally positive ongoing impact on the health services provided by the hospital for the community of Wyong and the broader Central Coast Region.	-ve	Short term traffic and noise impacts during construction
	From an environmental standpoint the project enables the reuse of part of Block C and therefore makes renewed best use of the hospital campus' capacity to provide enhanced services without significant and longer-term or extensive impacts upon neighbours through construction of new buildings.	Nil	
	During construction, a minor increase in trucks and construction operations may have a noise impact, however this will be managed and mitigated through appropriate measures during works.	+ve	Long term once operational
(b) Any transformation of a locality	As the works will sit within the footprint and envelope of the existing Block C there will not be a change to the nature of the locality. The hospital's scale, function, and appearance will generally remain the same.	-ve	
		Nil	X
		+ve	
(c) Any environmental impact on the ecosystems of the locality	The proposal will result in the loss of 8 modest trees, with the proposed replacement of these with 9 new trees able to provide enhanced shading and amenity and biodiversity value at the site. The works have no environmental impact on the ecosystem of the locality.	-ve	
		Nil	X
		+ve	
(d) Any reduction of the aesthetic, recreational, scientific or other environmental quality or value of a locality	There will be no reduction of the aesthetic, recreational, scientific or other environmental quality or value of a locality. The works are confined to existing developed and disturbed areas of the hospital campus and in areas set back from other adjoining land uses.	-ve	
		Nil	X
		+ve	
(e) Any effect on locality, place or building having aesthetic, anthropological, archaeological, architectural, cultural, historical, scientific or social significance or other special value for present or future generations	The proposal will not have any adverse effect on locality, place or building having aesthetic, anthropological, archaeological, architectural, cultural, historical, scientific, or social significance or other special value for present or future generations.	-ve	
		Nil	X
		+ve	
(f) Any impact on the habitat of protected animals (within the meaning of the <i>Biodiversity Conservation Act 2016</i>)	No protected fauna (within the meaning of the <i>Biodiversity Conservation Act 2016</i>) will be impacted by the proposal given the urban and disturbed context of the hospital campus and the nature of the works, particularly at Block C.	-ve	
		Nil	X
		+ve	
(g) Any endangering of any species of animal, plant or other form of life, whether living on land, in water or in the air	The proposal will not endanger any species or animal or plant as no works occur outside of the developed areas of the campus, noting Block C sits in any originally developed part of the campus within an already disturbed and turfed area of the campus.	-ve	
		Nil	X
		+ve	

Relevant Consideration	Response/Assessment		
(h) Any long-term effects on the environment	There will be no long-term or permanent adverse or negative impact on the natural or man-made environment as a result of the construction or operation of the development.	-ve	
		Nil	X
		+ve	
(i) Any degradation of the quality of the environment	The proposal will not reduce the quality of the natural environment, noting no vegetation or trees are impacted or lost.	-ve	
		Nil	X
		+ve	
(j) Any risk to the safety of the environment	There will be no risk to the safety of the environment as a result of the proposal.	-ve	
		Nil	X
		+ve	
(k) Any reduction in the range of beneficial uses of the environment	There will be no reduction in the range of beneficial uses of the environment as a result of the proposal.	-ve	
		Nil	X
		+ve	
(l) Any pollution of the environment	Indirectly, under the DGN 058, the new building will in part improve the campus' existing ESD credentials and result in (a near) Green Star equivalent development and which also improves upon the BCA's Section J ESD requirements by at least 10% and any concomitant pollution-generating activities related to energy production and usage, transportation, and other production of building materials.	-ve	
		Nil	
		+ve	X
(m) Any environmental problems associated with the disposal of waste	The works generally result in demolition-related waste (of which only a small portion is standard hazardous or contaminated materials for which routine waste classification and removal and disposal methods is expected to be employed). Ongoing clinical and hospital waste will be addressed through currently employed contemporary waste handling methods.	-ve	
		Nil	X
		+ve	
(n) Any increased demands on resources (natural or otherwise) that are, or are likely to become, in short supply	The proposal will not result in increased demand on resources (natural or otherwise) that are, or are likely to become, in short supply, noting that under DGN 058 the new part of Block C will in part improve the campus' existing ESD credentials and result in a Green Star equivalent development which also improves upon the BCA's Section J ESD requirements by at least 10%.	-ve	
		Nil	
		+ve	X
(o) Any cumulative environmental effects with other existing or likely future activities	See further detailed discussion below. Only modest forms of development have been approved in the immediate vicinity of the hospital with the timing and scale of development unlikely to impact the environment should these works be carried out concurrently.	-ve	
		Nil	X
		+ve	
(p) Any impact on coastal processes and coastal hazards, including those under projected climate change conditions	N/A – the site is well removed from coastal areas of NSW.	-ve	
		Nil	X
		+ve	
(q) Applicable local strategic planning statement, regional strategic plan or district strategic plan made under Division 3.1 of the Act	Central Coast Regional Plan 2041 The proposed development is not inconsistent with the few objectives and planning priorities that relate to the Wyong Hospital site. <ul style="list-style-type: none"> Tuggerah District - Planning Priority 2 - Plan for the development of a health precinct at Wyong Hospital indicates Wyong Hospital provides care and support across the district. It is a key employer and service centre for the Tuggerah and Central Lakes districts. Its redevelopment will increase health capacity on the Central Coast and meet the growing healthcare needs of the community. Local strategic planning will leverage significant NSW Government investment to establish a broader health precinct, offering specialised medical services and complementary and supporting services. This will be done in collaboration with Health Infrastructure NSW and the Central Coast Local Health District. The development is entirely consistent with this priority.	-ve	
		Nil	
		+ve	X

Relevant Consideration	Response/Assessment		
	<p>Given the nature of the works it is unlikely to affect the community in a way that is contrary to any of the higher level vision, objectives or actions of the plan.</p> <p>The works reinforce and support the provision of health services in the LGA and the health of the LGA.</p> <p>Central Coast Local Strategic Planning Statement 2020</p> <p>LSPS show how Councils' visions give effect to the regional or district plan, based on local characteristics and opportunities, and the councils' own priorities in the community strategic plans they prepare under local government legislation.</p> <p>The Central Coast LSPS includes:</p> <ul style="list-style-type: none"> • Support the growth and consolidation of Wyong Hospital and Medical Precinct. Support development of adjoining Seniors Living Precinct to complement existing facilities to medical services. • Prepare a Health Precinct Plan to capitalise on the redevelopment of Wyong Hospital and promote health and wellness industries. <p>The proposed development is not inconsistent with Council's achievement of these objectives and actions.</p> <p>Again, given the nature of the works it is unlikely to affect the community in a way that is contrary to any of the higher level vision, objectives or actions of the plan.</p> <p>The works reinforce and support the provision of health services in the LGA and the health of the LGA.</p>		
(r) Any other relevant environmental factors	None identified.	-ve	
		Nil	X
		+ve	

6.2 Identification of Issues

6.2.1 Traffic, Access and Parking

Questions to consider	Yes	No
Will the works affect traffic or access on any local or regional roads?		X
Will the works disrupt access to private properties?		X
Are there likely to be any difficulties associated with site access?		X
Are the works located in an area that may be highly sensitive to movement of vehicles or machinery to and from the work site (i.e. schools, quiet streets)?		X
Will full or partial road closures be required?		X
Will the proposal result in a change to onsite car parking?	X 2 spaces lost	
Is there onsite parking for construction workers?	X Public spaces	

TTW has undertaken a traffic impact assessment of the proposed works, particularly in relation to parking supply and demand, as well as construction-related matters – see **Appendix L**.

Parking

As noted, the hospital presently has some 8-9 palliative care beds in various locations of the hospital. The new 12-bed unit will increase the number of beds at the hospital by 3-4 beds. The existing palliative care beds would however be reused as clinical beds within the hospital so the net gain in beds is more reasonably 12 beds.

The increase in beds, and new palliative care unit, involves some 27-28 full time equivalent (FTE) staff, or 17 on site at any one time. Minor numbers of additional visitors would also be expected.

Based on Council's DCP, 15 additional parking spaces will be required based on six (6) spaces for the additional 12 beds, and nine (9) spaces for the additional 17 peak on-site staff.

Whilst acknowledging the DCP requirements, it is noted that the new palliative care unit is not a standalone development, but rather a minor component of the broader Wyong Hospital campus. Therefore, direct application of the DCP parking rates in this way is not entirely reflective of the new unit's needs and parking requirements. For example, some services such as administration or maintenance, would already be in place as part of the broader hospital's operation (noting also palliative care services exist). So, applying the DCP rates to the proposal as a standalone development may duplicate parking requirements already accounted for across the broader hospital.

Furthermore, a site-specific assessment would provide a more accurate measure of the expected parking demand, rather than implementing a standard parking rate as per the DCP. A site-specific parking study has been conducted by TTW which concludes that a peak parking demand of approximately 23 spaces arises.

A review of the number of existing parking spaces on the campus and the general availability of parking has revealed that of the campus' 1,220 spaces the on-site parking supply adequately supports the current hospital operations, with surplus vacancies on both weekends and weekdays. During the busiest period in the week, when there is peak on-site staff, there is a minimum of 154 vacant parking spaces. Thus, the existing parking provision accommodates for the increase in parking demand of 23 spaces since there are ample vacancies in the busiest periods.

When considering the two (2) spaces lost as a result of the proposed works, these too would be adequately accommodated within the existing supply of spaces, noting however that there is a commitment to provide these later, following this REF, in another location on the campus, in order to directly offset their loss.

Construction Traffic

TTW advises that construction trucks will have good access to the site via the signalised intersection to the south-east of the hospital campus, which provides direct access to the Pacific Highway. The internal road network on the hospital site provides access to the south-east and northern sides of the facility. The majority of the hospital's on-site traffic activity occurs at the main car parks to the west of the proposed palliative care unit, meaning that minimal interaction is expected to occur between construction traffic and members of the public accessing the hospital. Detailed access arrangements will be confirmed when a contractor is appointed.

It is expected that the refurbishment works will not generate large volumes of construction vehicles, and that the internal roads and signalised intersection can suitably accommodate these volumes.

Construction traffic will have no impact to ambulance movements, as ambulance access to the hospital is via Louisiana Road on the western side of the campus, and construction vehicles will be accessing the campus via the Pacific Highway to the east.

Mitigation measures related to parking and traffic are generally limited to reinforcing the commitment to the provision of two (2) additional spaces at a future time, as well the development of a detailed Construction Traffic Management Plan as part of the detailed Construction Management Plan. See the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

6.2.2 Noise and Vibration

Questions to consider	Yes	No
Are there residential properties or other sensitive land uses or areas that may be affected by noise from the proposal during construction (i.e. schools, nursing homes, residential areas or native fauna populations)?	X Hospital and distant residences	
Will any receivers be affected by noise for greater than three weeks?	X	
Are there sensitive land uses or areas that may be affected by noise from the proposal during operation?		X Hospital only

Questions to consider	Yes	No
Will the works be undertaken outside of standard working hours? That is: <ul style="list-style-type: none"> Monday - Friday: 7am to 6pm; Saturday: 8am to 1pm; Sunday and public holidays: no work. 		X
Will the works result in vibration being experienced by any surrounding properties or infrastructure?		X
Are there any impacts to the operation of helipads on the activity site?		X

Acor has prepared a Noise and Vibration Impact Assessment – see **Appendix M**. The objectives of this assessment were to broadly:

- Identify noise sensitive receivers that will potentially be affected by the construction activities associated with the project.
- Determine existing ambient and background noise levels at the nearest noise sensitive receivers in the vicinity of the project.
- Establish the appropriate noise assessment criteria in accordance with the relevant standards and guidelines.
- Carry out an assessment to determine whether the relevant criteria can be achieved based on the proposed construction activities.
- Where applicable, provide recommendations are made for reasonable and feasible measures to be incorporated into the project in order to ensure compliance with the assessment criteria.

Acor determined that the nearest noise sensitive receivers to the activity (both construction works and operation) would be both the hospital itself and residential receivers primarily to the north of the hospital. External areas to the north of the hospital would generally be shielded by a cluster of hospital buildings and by distance, whilst other areas within the hospital (particularly key clinical functions) to the west and south-west would be in part shielded by the existing main hospital buildings.

Acor undertook surveys of the existing noise environment at and around Block C and the hospital through attended monitoring and unattended long-term noise monitoring. These results informed the project’s Rating Background Noise Levels and the consequential Noise Management Levels (NML) in relation to construction works. A summary of Acor’s findings and assessment is set out below.

Construction Noise and Vibration

Proposed base construction hours are as follows, which are consistent with the ICNG Standard Construction Hours:

- Monday to Friday - 7:00am to 6:00pm.
- Saturday - 8:00am to 1:00pm.
- Sunday and Public Holidays – No works.

Based on the likely types of plant and equipment to be used during construction and its associated activities, Acor has predicted that:

- There are some exceedances to the 70 dB(A) Construction Noise Management Level during standard construction hours for commercial receivers (surrounding buildings within the hospital). The noise levels would further reduce by 10 to 20 dB(A) at the nearby residential receivers due to noise barrier effect from nearby buildings.
- Where the predicted LAeq (15 minute) noise level is greater than the noise affected level all feasible and reasonable work practices should be applied, however, it is unlikely that mitigation measures would reduce the predicted noise levels below the management levels. The magnitudes of construction noise levels are dependent on the duration of construction, the type of equipment, location of activities, the surrounding environment’s background noise levels and the weather conditions during construction. The predicted noise levels are generally conservative as the

construction noise model predicts the worse-case 15 minute scenario and these levels may not represent the actual noise emission experienced by the community throughout the entire construction period.

- The residential noise management level of 60 dBA during standard construction hours is predicted to be exceeded at residences located within 100 m of the construction works at some stage during construction.
- The highly noise affected level of 75 dBA is not predicted to be exceeded at any residential receiver as no residential receiver would be located within 25 m of the works.
- All construction activity is expected to occur during recommended standard hours therefore sleep disturbance impacts at the neighbouring residential receivers are not expected.

With respect to construction traffic noise, the notes to the Road Noise Policy state that “for existing residences and other sensitive land uses affected by additional traffic on existing roads generated by land use developments, any increase in the total traffic noise level as a result of the development should be limited to 2 dB above that of the noise level without the development. This limit applies wherever the noise level without the development is within 2 dB of, or exceeds, the relevant day or night noise assessment criterion.”

This is also considered to be applicable for construction noise therefore if road traffic noise increases from construction is within 2 dB(A) of current levels then the objectives on the Road Noise Policy are achieved.

Acor states that a significant increase in traffic volumes would be needed in order to increase road traffic noise by 2 dB(A) (a doubling in traffic corresponds to an approximate 3 dB(A) increase). Construction work would generate light and heavy vehicle movements associated with employees, deliveries, transportation of machinery, materials and equipment to work sites. The increase in vehicle movements would be limited to the period of construction. Noise level increases due to construction traffic would not be significant when compared with the existing vehicle numbers in the study area.

Notwithstanding, to address the range of construction noise matters arising, Acor has recommended a range of general control elements as noise mitigation measures or strategies, which include Management, Source Control, and Path Control measures, as set out from page 21 of the Acor report:

- Implement community consultation or notification measures.
- Site inductions.
- Behavioural practices.
- Attended vibration measurements.
- Construction hours and scheduling.
- Construction respite period during normal hours and out-of-hours work.
- Equipment selection.
- Plant noise levels.
- Use and siting of plant.
- Plan worksites and activities to minimise noise and vibration.
- Reduced equipment power.
- Non-tonal and ambient sensitive reversing alarms.
- Minimise disturbance arising from delivery of goods to construction sites.
- Shield stationary noise sources such as pumps, compressors, fans etc.
- Shield sensitive receivers from noisy activities.

Vibration

Based on the likely types of plant and equipment to be used during construction and its associated activities, it is not expected that these will generate vibration levels exceeding relevant criteria at any external receiver. Ground borne noise from the likely construction activities is not anticipated to be audible above airborne noise inside residential receivers, and will not require specific controls.

In areas adjacent to the existing hospital, structure-borne noise will have the greatest impact from sources such as hammer drills, jackhammers and saws where there is contact with the structure. It is not possible to confirm the extent of impact without detailed assessment understanding of the structure (construction joints etc) and / or pilot testing.

It will be critical to consult with users and stakeholders to practically schedule noisy and vibration intensive works around nearby areas (including concrete saws and jackhammers). Vibration usually has the greatest impact on medical imaging areas and/or operating theatres and the like, however these area a generally remote from Block C within the hospital campus.

To address these impacts and recommended management tools beyond the planning stage it is proposed (through the Mitigation Measures at **Appendix AA**) to require a Construction Noise and Vibration Management Plan (CNVMP) to be prepared by the contractor. Implementation of all reasonable and feasible mitigation measures for all works will ensure that any adverse noise impacts to surrounding residential and hospital receivers are minimised.

Operational Noise

Mechanical plant and equipment associated with the operation of the development is not yet known, notwithstanding, to achieve appropriate acoustic outcomes, mechanical plant and equipment is to be controlled to ensure external noise emissions are not intrusive and do not impact on the amenity of neighbouring receivers in accordance with the relevant criteria.

Recommendations are provided for noise controls to key plant. During the detailed design stage, the acoustic consultant shall provide detailed design advice to the architect and mechanical engineer to ensure that noise emissions from mechanical plant are effectively controlled to meet the relevant criteria of NSW EPA Noise Policy for Industry 2017 at the nearest receiver boundaries.

The project’s Mitigation Measures at **Appendix AA** have incorporated the Acor recommendations to ensure appropriate treatment of the noise and vibration environment at and around the hospital results during both construction and operation.

The nearby helipad will be generally unaffected as no cranes or other construction-related plant or machinery has the potential to affect the flightpath due to new temporary obstacles. It is noted in the Acor report that the nearby helipad may have up to 6 retrieval-related movements per month and about 23-27 retrievals per annum. In general terms this is a relatively low frequency helipad compared to other hospitals, chiefly due to no emergency drop-offs programmed for this hospital / helipad. In 2022, there were approximately 0.48 helicopter movements per week, and in 2023, there were approximately 0.38 helicopter movements per week.

See the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

6.2.3 Air Quality and Energy

Questions to consider	Yes	No
Could the works result in dust generation?	X	
Could the works generate odours (during construction or operation)?	X	
Will the works involve the use of fuel-driven heavy machinery or equipment?	X	
Are the works located in an area or adjacent to land uses (e.g. schools, nursing homes) that may be highly sensitive to dust, odours or emissions?	X	Hospital and distant residences

An Air Quality Impact Assessment has been prepared by JBS&G to address the potential for air impacts to arise during the works, particularly in relation to dust and odours generated by the activities tied to construction – see **Appendix N**.

Potential sources of air and odour emissions were identified by JBS&G, principally associated with movement of plant/vehicles and construction materials (gravel/sands/concrete) and the use of fuels (for equipment/plant etc.).

Accordingly, a qualitative assessment of potential health and nuisance impacts associated with emissions to air, specifically dust, and odours was performed in accordance with relevant NSW Environment Protection Authority (EPA) guidelines and also industry best practice guidance.

JBS&G consider potential sources of air emissions can be adequately managed via implementation of appropriate controls and monitoring of air quality impacts (if any) for the duration of the refurbishment works program.

These management measures (as included in Section 6 of the Air Quality Impact Assessment) include:

- Development of an Air Quality Management Strategy, including the matters numbered 01-36 as set out in Table 6.1 of the assessment.
- Diesel Particulate Matter Exposure Monitoring.
- Real - Time Respirable Particulate (Dust) Monitoring.
- Visual Monitoring.
- Dust Management.
- Odour Management (as may be required).

See the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

6.2.4 Soils and Geology

Questions to consider	Yes	No
Will the works require land disturbance?	X Minor only	
Are the works within a landslip area?		X
Are the works within an area of high erosion potential?		X
Could the works disturb any natural cliff features, rock outcrops or rock shelves?		X
Will the works result in permanent changes to surface slope or topography?		X
Are there acid sulfate soils within or immediately adjacent to the boundaries of the work area? And could the works result in the disturbance of acid sulfate soils?		X
Are the works within an area affected by salinity?		X
Is there potential for the works to encounter any contaminated material?		X

A Geotechnical Investigation has been carried out by JK Geotechnics in relation to the land the subject of the works – see **Appendix O**. The investigation assumed excavation to a maximum depth of about 0.5m for the proposed ground floor extensions.

The investigation indicates that the sub-surface condition at the site is underlain by the Tuggerah Formation comprising laminate, claystone, siltstone, and interbedded sandstone. Boreholes disclosed a generalised subsurface profile comprising shallow fill and residual soils underlain by weathered sandstone bedrock at shallow to moderate depths. Groundwater was not noted in the boreholes during or on completion of drilling. Any such seepage during excavation is expected to be satisfactorily controlled by conventional sump pumping or gravity drainage. See also discussion on structural matters later in this REF.

Additionally, with respect to management of movement of soils and sediment creation during works, Acor has prepared a Soil Erosion and Sediment Control Plan to address any run-off related impacts that may occur during rain events during works. This drawing is included as part of the Civil Engineering drawing set at **Appendix P**.

Generally, due to the relatively flat topography at the site of the works and the modest scale of excavation, water quality should be able to be adequately addressed and controlled through the measures Acor proposes.

Contamination is addressed further below in Section 6.2.13 of this REF.

See the Mitigation Measures arising from the assessment of this project at **Appendix AA**. This includes the need to provide for the sediment and erosion control measures as set out in Acor’s material.

6.2.4 Coastal risks

Questions to consider	Yes	No
Are the works affected by any coastal risk/hazard provisions?		X
Is any coastal engineering advice required, proportionate to the proposed activity?		X

6.2.5 Hydrology, Flooding and Water Quality

Questions to consider	Yes	No
Are the works located near a natural watercourse?	X	
Are the works within a Sydney Drinking Water Catchment?		X
Are the works located within or near a floodplain?		X
Will the works intercept groundwater?		X
Will a licence under the <i>Water Act 1912</i> or the <i>Water Management Act 2000</i> be required?		X
Has stormwater management been adequately addressed?	X	

Water Management

The closest watercourse to the works is an unnamed creek to the north of the hospital some 100m from Block C. No works are proposed within this creek’s riparian zone and to Controlled Action scenarios arise with respect to the *Water Management Act 2000*.

As above, with respect to management of movement of soils and sediment creation during works, Acor has prepared a Soil Erosion and Sediment Control Plan to address any run-off related impacts that may occur during rain events during works. This drawing is included as part of the Civil Engineering drawing set at **Appendix P**.

Generally, due to the relatively flat topography at the site of the works and the modest scale of excavation, water quality should be able to be adequately addressed and controlled through the measures Acor proposes.

Flooding

Acor has prepared a Flood Impact Assessment Report to address any flooding arising from a 1:100 year event and a Probable Maximum Flood (PMF) scenario – see **Appendix Q**. The assessment has considered the requirements of Section 3.1 (Floodplain Management and Water Cycle Management) of the Central Coast DCP 2022 and the Central Coast Local Environmental Plan (LEP) 2022, as well as ‘Flood Risk Management Manual 2023: the policy and management of flood liable land’ published by NSW Department of Planning and Environment (NSW DPE), dated 2023.

The hospital and the site of the works is located within the Porters Creek catchment area. Flooding of this area is the subject of the ‘Porters Creek Flood Study’ prepared by Cardno Ltd dated July 2009. The site is also included in the catchment area of the ‘Wyong River Catchment Floodplain Risk Management Study & Plan,’ prepared by Catchment Simulation Solutions dated January 2020, although, this study lacks specificity for the hospital site. These studies have been used to create the Central Coast Council’s online mapping tool, which was used to ascertain the flooding extent. The site is shown not to be flood effected by any storm up to and including the 1% AEP / 1:100 year flooding event.

Similarly, the site is not inundated by a Probable Maximum Flood (PMF), nor is it identified by Council as a High Hazard, required for Flood Storage, or a Flood Planning Area. See **Figures 11** and **12** earlier in this REF with respect to the location of the extents of the 1% AEP / 1:100 year flooding event and the PMF.

In terms of Flood Risk Management, Acor has considered Floor Levels, Building Components, Flood Affectation, and Evacuation measures.

The flood planning level (FPL) for habitable floor levels on the site would be determined based on the 1% AEP flood level plus a nominal freeboard of 0.5m. As the site is **not** impacted by the 1% AEP flood level, nor the PMF flood level, the FPL is not applicable to the proposed works. All proposed buildings are located outside of the PMF flood extents. There is therefore no requirement to consider flood compatible building components for the proposed development. As the site is not flood affected, the development will have no impact on the existing 1% AEP flood storage or extents.

The State Emergency Service of New South Wales (SES) is responsible for providing flood updates and issuing Flood Evacuation Warnings and Flood Evacuation Orders. Flood information issued by the SES may be received by local radio and television news, SMS messaging, Facebook, and doorknocking in effected communities. The timing for evacuation of persons is to be established in consultation with the SES. As the site is located outside the PMF floodwater extents and the development will not impact the flood characteristics on site, an evacuation plan is not considered necessary for the proposed palliative care works based on Acor’s advice.

Section 64 Contributions

Section 64 contributions per the NSW *Local Government Act 1993* for water / sewer infrastructure are not relevant based on Acor’s advice that no new or different authority connections arise, and no new demand is created to would generate the need for augmented hydraulic services.

Council has indicated in its submission / response to notification that its *Water and Sewer Section requires the lodgement of a Section 305 Application under the Water Management Act 2000 and a Section 307 Certificate prior to issue of the Occupation Certificate for the development.* This may be because fuller details of the proposal were not made available and Council may see this as works increasing demand upon those services.

See the Mitigation Measures arising from the assessment of this project at **Appendix AA**. This includes the need to provide for the sediment and erosion control measures as set out in Acor’s material. Additional, only if required, an application shall be made to Council’s Water and Sewer Section under Section 305 Application under the *Water Management Act 2000* and Section 307 Certificate prior to the final occupation of the development. No further mitigation measures are required in relation to flooding.

6.2.6 Visual Amenity

Questions to consider	Yes	No
Are the works visible from residential properties or other land uses that may be sensitive to visual impacts?	X	
	Distant views	
Will the works be visible from the public domain?		X
Are the works located in areas of high scenic value?		X
Will the works involve night work requiring lighting?		X

The proposed works effectively refurbish the existing western edge of Block C and provide for a higher degree of landscaping peripherally around the building. So whilst the building and works will be visible (at a significant distance) to nearby residences, the outlook or appearance will generally be of improved landscaping.

To that end visual impacts are negligible at worst. The works have the potential to improve the visual amenity of the hospital’s grounds to those residence able to secure a view of Block C from the north and north-west.

No mitigation measures are considered relevant or necessary in this regard.

6.2.7 Aboriginal Heritage

Questions to consider	Yes	No
Will the activity disturb the ground surface or any culturally modified trees?	X	
	To only a shallow depth	
Are there any known items of Aboriginal heritage located in the works area or in the vicinity of the works area (e.g. previous studies or reports from related projects)?		X

Questions to consider	Yes	No
Are there any other sources of information that indicate Aboriginal objects are likely to be present in the area (e.g. previous studies or reports from related projects)?		X
Will the works occur in the location of one or more of these landscape features and is on land not previously disturbed? <ul style="list-style-type: none"> • Within 200m of waters; • Located within a sand dune system; • Located on a ridge top, ridge line or headland; • Located within 200m below or above a cliff face; • Within 20m of, or in a cave, rock shelter or a cave mouth. 	X Only within 200m of a water course.	
If Aboriginal objects or landscape features are present, can impacts be avoided?		X
If the above steps indicate that there remains a risk of harm or disturbance, has a desktop assessment and visual inspection been undertaken?	X	
Is the activity likely to affect wild resources or access to these resources, which are used or valued by the Aboriginal community?		X
Is the activity likely to affect the cultural value or significance of the site?		X

An Aboriginal Heritage Due Diligence assessment to assess the likelihood of Aboriginal heritage impacts has been prepared by Artefact (see **Appendix R**) which includes both a ‘clean’ version for assessment and a redacted version for later publication of this REF. A separate basic AHIMS search is also included at **Appendix S**. This basic AHIMS search indicates that no Aboriginal sites are recorded in or near the hospital campus, and that no Aboriginal places have been declared in or near the hospital campus. Artefact’s assessment has provided a more detailed consideration of this matter.

The assessment has been carried out consistent with the *Due Diligence Code of Practice for the Protection of Aboriginal Objects in NSW (OEH 2010)*. It has assessed whether the proposed works will harm, or have the likelihood of harming, Aboriginal objects. It considers whether activities that would or are likely to harm Aboriginal objects require an Aboriginal Heritage Impact Permit (AHIP), which would need to be supported by additional Aboriginal cultural heritage assessment actions.

It also makes recommendations regarding whether an Aboriginal Cultural Heritage Assessment Report (ACHAR) is required.

Artefact’s assessment indicates that a total of six Aboriginal sites are recorded within the AHIMS search area (a 16km² radius around the hospital site) undertaken by Artefact. No Aboriginal sites are recorded on the AHIMS site register within that study area. The closest recorded Aboriginal site is located approximately 900m east of the study area boundary.

Artefact also undertook a visual inspection of the site of the proposed works and no Aboriginal objects or areas of subsurface archaeological potential were identified. It further concluded that construction of Block C in the 1980s appears to have included ground levelling and service installation. Those actions are likely to have resulted in the removal of any Aboriginal objects that may have been present. The land has been disturbed via clearing of vegetation, construction of buildings and the erection of other structures, and the construction or installation of utilities and other similar services. Therefore, the study area is considered to be disturbed, and unlikely that the study area contains Aboriginal objects.

Artefact has concluded that the proposed works are unlikely to harm Aboriginal objects these are unlikely to be present in the study area. No further assessment is required.

Based on the above, Artefact makes the following recommendations:

- The study area does not contain and is not likely to contain any Aboriginal objects. It is recommended that no further Aboriginal heritage assessment or investigation is required, and the proposed works can proceed with caution.
- This Due Diligence assessment does not constitute consent to harm Aboriginal objects, nor it is a ‘site clearance’ mechanism to allow activities to occur in an area where Aboriginal objects are likely or known to be present.

- If Aboriginal objects are discovered during the proposed works, works must stop immediately and an assessment must be undertaken in accordance with Part 6 of the *National Parks and Wildlife Act 1974*. If the activity cannot avoid harm to Aboriginal objects, works cannot proceed until an Aboriginal Heritage Impact Permit has been issued. To supplement these, the Mitigation Measures will also include the typical and accepted Unexpected Finds Protocol – see **Appendix AA**.

An ACHAR and an AHIP is not required based on the findings of Artefact.

6.2.8 Non-Aboriginal Heritage

Questions to consider	Yes	No
Are there any heritage items listed on the following registers within or in the vicinity of the work area? <ul style="list-style-type: none"> • NSW heritage database (includes Section 170 and local items); • Commonwealth EPBC heritage list. 		X
Will works occur in areas that may have archaeological remains?		X
Is the demolition of any heritage occurring?		X

Central Coast LEP 2022 does not map any part of the hospital campus (or its environs) as being, or containing, a mapped or listed heritage item. The site is also not in a heritage conservation area – see **Figure 26**. There are no items located within the immediate proximity of the hospital campus.

The hospital campus is also not a State heritage item, nor a National Heritage item.

No additional mitigation measures are considered relevant in the circumstances.

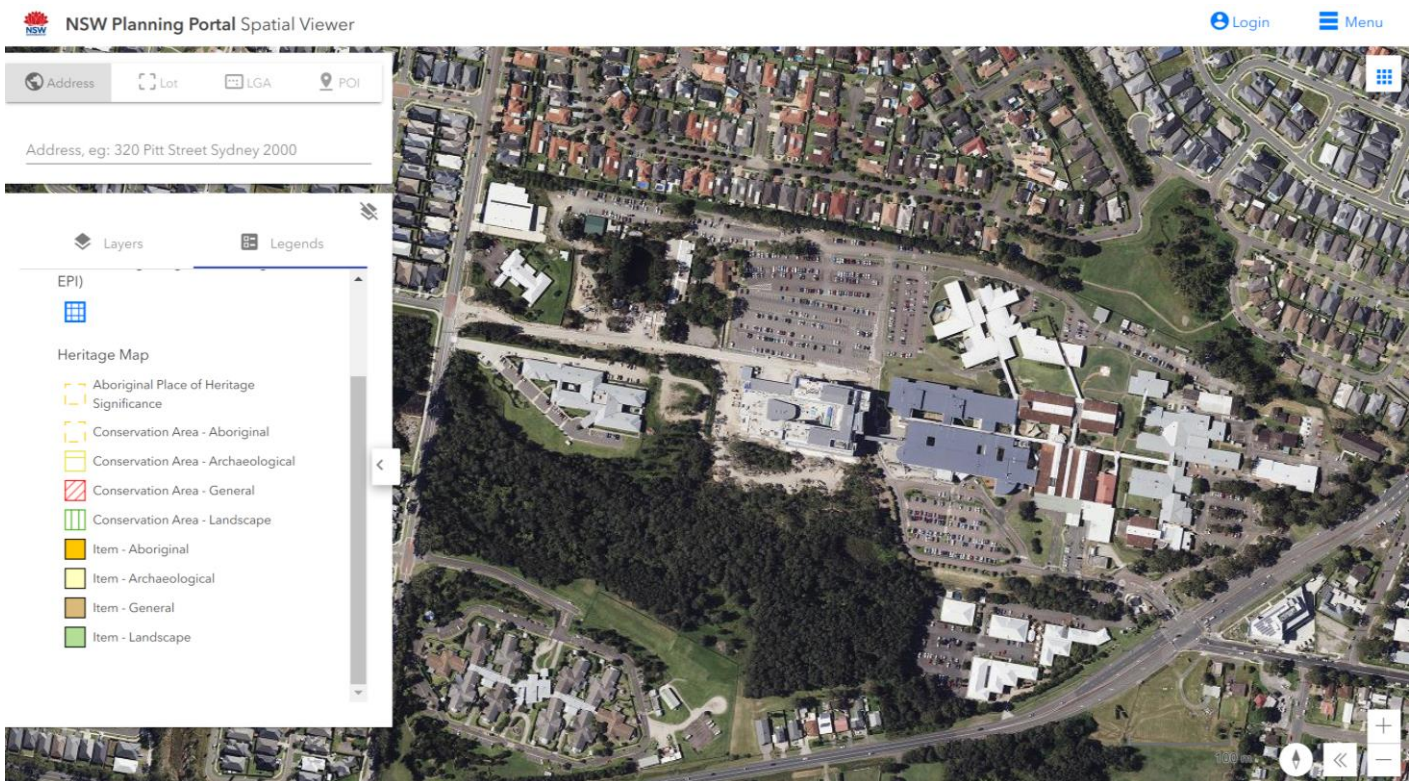


Figure 26 – Heritage mapping of the site (NSW Planning Portal Spatial Viewer)

6.2.9 Ecology

Questions to consider	Yes	No
Could the works affect any <i>Environmental Protection and Biodiversity Conservation Act 1999 (Cth)</i> listed threatened species, ecological community or migratory species?		X
Is it likely that the activity will have a significant impact in accordance with the <i>Biodiversity Conservation Act 2016</i> (BC Act)? In order to determine if there is a significant impact, the REF report must address the relevant requirements of Section 7.2 of the BC Act: <ul style="list-style-type: none"> Section 7.2(a) – Test for significant impact in accordance with Section 7.3 of the BC Act; Section 7.2(c) – It is carried out in a declared area of outstanding biodiversity value. 		X
Could the works affect a National Park or reserve administered by EES?		X
Is there any important vegetation or habitat (i.e. Biodiversity and Conservation SEPP) within or adjacent to the work area?		X
Could the works impact on any aquatic flora or habitat (i.e. seagrasses, mangroves)?		X
Are there any noxious or environmental weeds present within the work area?		X
Will clearing of native vegetation be required?		X

Abel Ecology has prepared a Prescribed Ecological Actions Report (PEAR) with respect to the site and the works – see **Appendix T**.

The PEAR assesses the likely impacts of the proposal on species and ecological communities present on the site, and whether the proposal requires a Species Impact Statement (SIS) and/or a Biodiversity Assessment Development Report (BDAR) because it is a likely trigger to entry into the Biodiversity Offsets Scheme identified in section 7.4 of the *Biodiversity Conservation Act 2016*.

It also describes whether there is likely to be any significant effect on any endangered ecological community, endangered population, threatened species or their habitats, as per the listings in the *Environment Protection and Biodiversity Conservation Act 1999* (EPBC Act 1999) (Commonwealth legislation).

The following three considerations are triggers for entry into the Biodiversity Assessment Method under the Biodiversity Offsets Scheme.

- Threshold 1:** The proposal does not exceed the clearing threshold area as described in clause 7.2 of the *Biodiversity Conservation Regulation 2017* (noting it is also not relevant to Division 5.1 activities, that is this REF).
- Threshold 2:** The proposal does not undertake clearing of native vegetation or any prescribed activities (clause 6.1 of the *Biodiversity Conservation Regulation 2017*) on land shaded in the Biodiversity Values Land Map (again not relevant to Division 5.1 activities and noting the earlier **Figure 9** of this REF).
- Threshold 3:** The proposal is not likely to significantly affect any threatened species or Endangered or Critically Endangered Species.

Abel Ecology advises that there is no impediment to this proposal. None of the three thresholds for entry into the Biodiversity Offsets Scheme are triggered by the proposal.

A report prepared using the Biodiversity Assessment Method is not recommended.

The provisions of the EPBC Act 1999 do not apply to this proposal and it does not require referral to the Commonwealth.

Importantly and relevantly, Abel Ecology has concluded that a Species Impact Statement (SIS) and/or Biodiversity Assessment Development Report (BDAR) is not required. It is however recommended to install construction fencing at the perimeter of proposed works. This is included as part of the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

6.2.10 Bushfire

Questions to consider	Yes	No
Are the works located on bushfire prone land?		X
Do the works include bushfire hazard reduction work?		X
Is the work consistent with a bush fire risk management plan within the meaning of the <i>Rural Fires Act 1997</i> (RF Act) that applies to the area or locality in which the activity is proposed to be carried out?		N/A

Travers Bushfire & Ecology has prepared a Bushfire Protection Assessment, notwithstanding the fact that the site of the works is not bushfire prone land, and noting the westernmost part of the same lot is mapped as bushfire prone. The purpose of the report was to otherwise confirm this, recommend actions in addressing Planning for Bush Fire Protection 2019 as the land use is otherwise a Special Fire Protection Purpose (SFPP), and whether any consultation with the NSW Rural Fire Service (RFS) would be triggered in this regard. The Bushfire Protection Assessment is included at **Appendix U**.

Travers Bushfire & Ecology has advised that although the proposed development is consistent with being a SFPP development under *s100B* of the *Rural Fires Act 1997 (RF Act)* the proposal is an activity under Part 5 of the *Environmental Planning & Assessment Act 1979 (EP&A Act)*. This classification does not require the RFS to consider whether to issue a bushfire safety authority (BSA). The proposal has however, been assessed in accordance with *Planning for Bush Fire Protection 2019 (PBP)* as if it were a SFPP development. Further, the building is not sited within an area identified as being mapped as bush fire prone land under section 10.3 of the *EP&A Act*.

PBP dictates that the subsequent extent of bushfire attack that can potentially impact a SFPP building must not exceed a radiant heat flux of 10kW/m². This rating assists in determining the size of the asset protection zone (APZ) to provide the necessary defensible space between hazardous vegetation and a building.

This assessment has found that bushfire can potentially affect the proposed development from Forested Wetland vegetation to the north and east of the development. This has the potential to result in future buildings being exposed to potential radiant heat and ember attack. In recognition of the bushfire risk posed to the site by the surrounding bushland, Travers Bushfire & Ecology proposes the following combination of bushfire measures:

- APZs in accordance with the minimum setbacks outlined within *PBP* for the northern and eastern aspects as indicated in section 2.3 of the report and generally depicted in Schedule 1 of the report (and as replicated below in **Figure 27** with an inset provided for clarity at **Figure 28**).
- Provision of access in accordance with the acceptable solutions outlined in *PBP*.
- Water, electricity and gas supply in compliance with the acceptable solutions outlined in *PBP*.
- Future building construction in compliance with the appropriate construction sections of *AS3959-2009*, and *PBP*.
- Updating the existing Bushfire Emergency & Evacuation Plan (BEEP) for Wyong Hospital to incorporate future patients and staff of the Wyong Palliative Unit development.

The detailed recommendations are:

- **Recommendation 1** - The proposal is as generally indicated on the attached SCHEDULE 1 - Plan of Bushfire Protection Measures. Vegetation is to be maintained in perpetuity as outlined in Appendix 4 of *Planning for Bush Fire Protection 2019*.
- **Recommendation 2** - Building construction standards for the proposed refurbishment of Building C is to be in accordance with Sections 3.6 of *AS3959 Construction of buildings in bushfire prone areas (2018)*. Sarking to walls and roofs shall be non-combustible if subject to replacement/refurbishment.
- **Recommendation 3** - The existing Bushfire Emergency Management and Evacuation Plan (BEEP) is to be updated to incorporate future patients and staff of the Wyong Palliative Unit in accordance with Section 6.8.4 of *PBP*. Staff of the Unit should have training in the procedures for the BEEP once revised.

These are included as part of the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

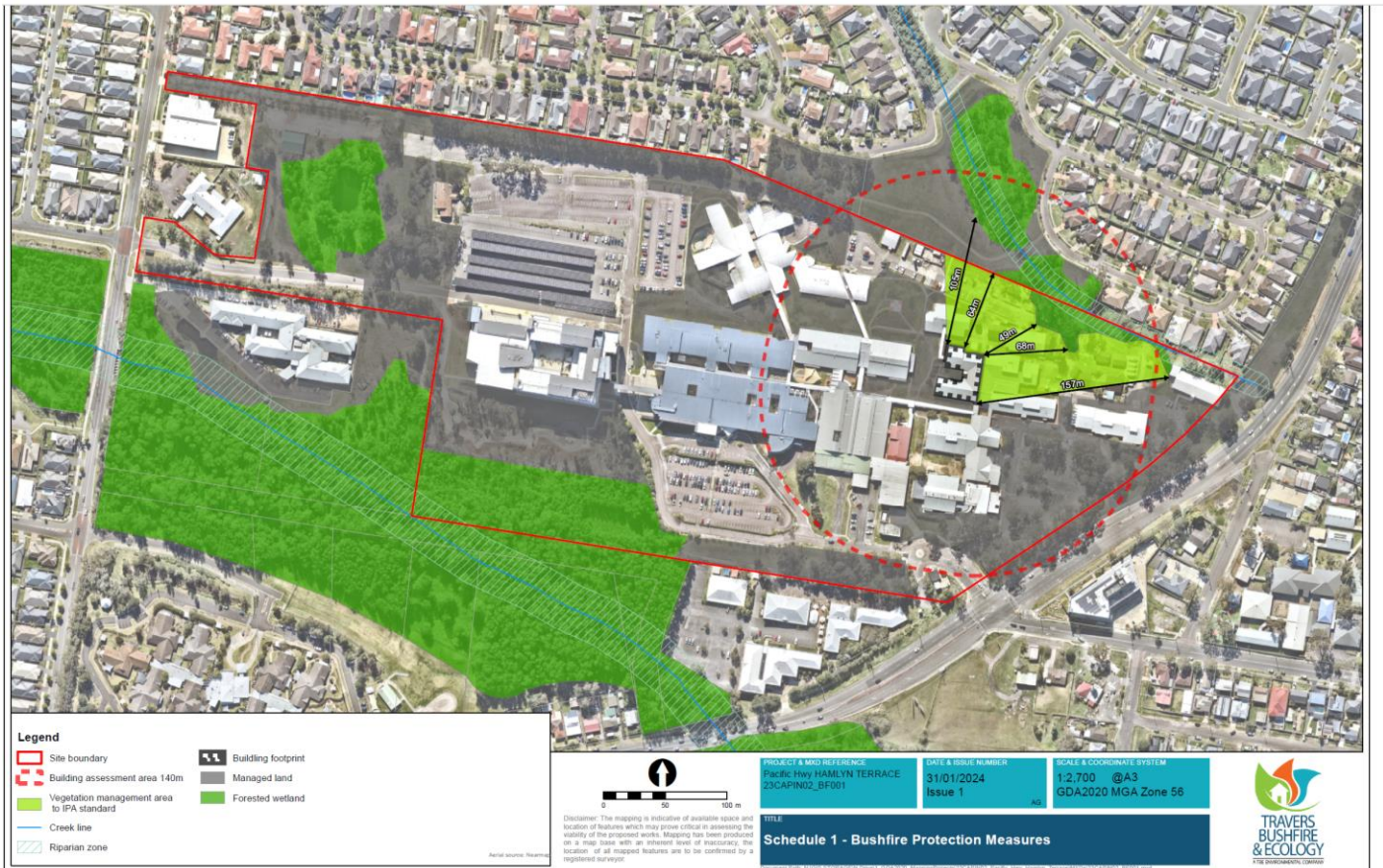


Figure 27 – Bushfire Protection Measures (Travers Bushfire & Ecology)

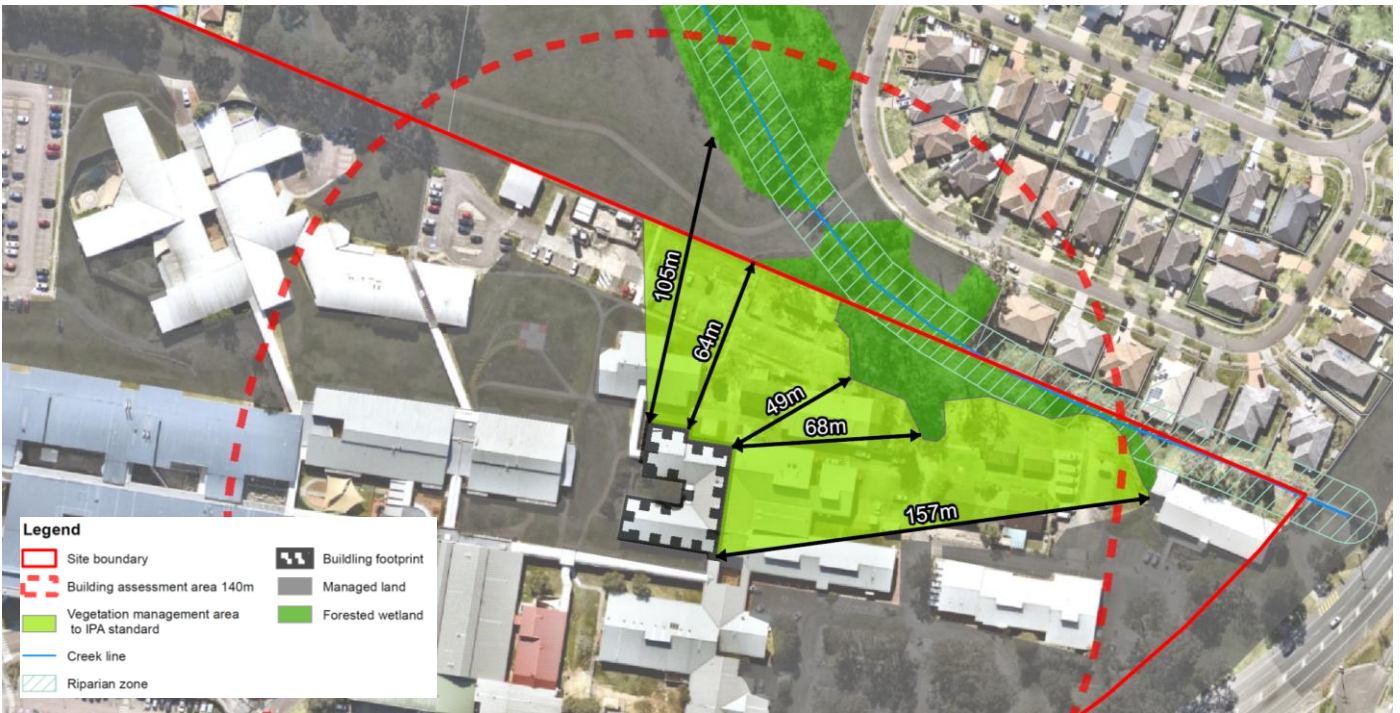


Figure 28 - Bushfire Protection Measures Inset (Travers Bushfire & Ecology)

6.2.11 Land Uses and Services

Questions to consider	Yes	No
Will the works result in a loss of or permanent disruption of an existing land use?		X
Will the works involve the installation of structures or services that may be perceived as objectionable or nuisance?		X
Will the works impact on or be in the vicinity of other services?		X

6.2.12 Waste Generation

Questions to consider	Yes	No
Will the works result in the generation of non-hazardous waste?	X	
Will the works result in the generation of hazardous waste?	X	
Will the works result in the generation of wastewater requiring off-site disposal?		X
Will the works require augmentation to existing operational waste management measures?		X

A preliminary Waste Management Plan has been prepared for the purposes of the REF – see **Appendix V**. The purpose of this report is to provide an estimate, and details, of waste generated throughout the construction and provide a preliminary description of measures to be implemented to handle waste during facility operation, noting details of the amounts, handling methods and destinations of waste generated during construction will be provided by the construction contractor appointed to the project.

The project applies relevant State legislation and State and Local Government policies related to waste and its handling including reducing and avoiding waste, reducing waste to landfill, and diverting waste from landfill. This includes, where possible reuse and recycling or resources to avoid these being classified as waste materials.

The Waste Management Plan sets out anticipated waste streams, of which the vast majority are expected to be recycled. Only general waste and spoil has the potential to go to landfill under the plan.

See below with respect a Hazardous Materials Assessment and hazardous waste likely to be generated.

Operational waste generated by the palliative care unit will apply the pre-existing hospital’s general operational waste management plan(s). Further, the CCLHD has set waste reduction targets, which include:

- Achieve 90% accuracy in waste segregation.
- Increase waste diversion from landfills to 70%.
- Minimise the risk of clinical waste contamination in other waste stream.

This will be measured and monitored consistent with the plan.

See the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

6.2.13 Hazardous Materials and Contamination

Questions to consider	Yes	No
Is there potential for the works to encounter any contaminated material?	X Building-related	X In-ground
Is there potential for the works to disturb or require removal of asbestos?	X As above	
Is the work site located on land that is known to be or is potentially contaminated?		X
Will the works require a Hazardous Materials Assessment?	X	
Is a Remediation Action Plan (RAP) required to establish the proposed activity?		X

If the project includes ancillary remediation works, has the ancillary remediation been considered in accordance with the Resilience and Hazards SEPP?

N/A

HAZMAT

EHO Consulting has prepared a Hazardous Materials Management Survey and Register in relation to Block C to identify accessible or presumed hazardous materials as far as reasonably practicable and to prepare a material register, provide a qualitative risk assessment, and provide recommendation and procedures to allow the client to manage their risk at their premises - see **Appendix W**.

Representative samples were collected from materials as specified.

- Asbestos containing materials (ACM)
- Lead containing paint.

Further, visual identification of the following was also undertaken:

- Synthetic mineral fibres (SMF)
- Poly-chlorinated biphenyl (PCB) - containing capacitors in fluorescent light and fan fittings.

A risk assessment carried by EHO Consulting then categorised the identified (and where relevant sampled and tested) materials High, Medium, or Low Risk. EHO has provided the following table as a summary of its investigation, noting some areas remained inaccessible for various reasons and therefore in part the results are presentative of the likely risks only and full investigations were not possible.

Table 1 – Summary of High to Low Risk findings

Hazardous material	General Location	Risk	Summary Recommendation
N/A	N/A	High	N/A
Lead Paint	External, central courtyard, handrail External, Southern Wing, south east side, fire hydrant	Medium	This material it should be removed prior to the commencement of refurbishment works by competent person(s) under localised dust control conditions. Lead contaminated waste should be disposed of in accordance with EPA requirements.
Lead Paint	All areas, walls, white paint Bed Store, northern store rooms, walls, beige paint External, central courtyard, handrail, cream paint External, central courtyard, fire hydrants white and red paints	Low	This material it should be removed prior to the commencement of refurbishment works by competent person(s) under localised dust control conditions. Lead contaminated waste should be disposed of in accordance with EPA requirements.
Asbestos	Fire door cores throughout	Low	The item should be removed prior to commencement of refurbishment works by a Class A asbestos removalist as intact units. Air monitoring should be undertaken during
			removal works. An asbestos clearance certificate should be gained following the completion of removal works.
Asbestos	Fibre cement sheeting throughout	Low	The item should be removed prior to commencement of refurbishment works by a Class A or B asbestos removalist. An asbestos clearance certificate should be gained following the completion of removal works. Consideration should be given to air monitoring during removal works.
SMF	Bed Store, ceiling cavity, remanent pieces, Batts insulation All areas, ceiling cavity, ductwork, Insulation	Low	Remove under controlled conditions prior to refurbishment/demolition.

As can be seen, no High risk hazardous materials were discovered. Lead paint poses a Medium rated risk in some external areas of the site, and Low risk in some internal and external areas. Asbestos, whilst likely to occur throughout the building is rated as a Low risk, as are SMFs, where they occur. No PCBs appear to occur at the site. In all circumstances these materials require removal, subject to the Risk Management and Corrective Actions identified by EHO Consulting in its Survey Findings Table at Section 4 of its assessment.

Accordingly, these are included at **Appendix AA** as mitigation measures for consideration ahead of works commencing and the subject of the Hazard Material Management and Removal Plan.

Contamination

JK Environments has undertaken a Preliminary Site Investigation (PSI) in relation to the western portion of Block C and its immediate environments – see **Appendix X**.

The purpose of the investigation was to undertake a preliminary assessment of site contamination. The investigation included a review of historical information and sampling from six borehole locations. The site has historically been used as a poultry farm and for agricultural purposes before being redeveloped into Wyong Hospital in the early 1980’s.

The soil laboratory results did not identify any elevated concentrations of Contaminant(s) of Potential Concern (CoPC) above the Site Assessment Criteria (SAC). The proposed development includes retention of the existing building and minor alterations to the central courtyard and northern and southern boundaries of the building. In the context of the existing site configuration and proposed development, JK Environment’s considers there to be a low risk to site receptors in the context of land contamination as there were no complete Source, Pathway, Receptor (SPR) linkages identified.

On this basis, JK Environment’s is of the opinion that the site is suitable for the proposed development without the need for remediation, subject to the development and implementation of a suitable unexpected finds procedure during construction.

To that end JK Environment’s recommends the following:

- Preparation of a robust unexpected finds procedure and implementation of the procedure during construction. The procedure must include a framework for managing potential asbestos-related finds associated with Fibre Cement Fragment(s) (FCF) and Asbestos Containing Materials (ACM), as well as for other unexpected finds such as odorous or stained soils, and underground infrastructure such as tank etc.;
- Completion of a hazardous building materials survey prior to any demolition works [noting based on the above this now completed]; and
- Confirmation of the soil waste classification prior to off-site disposal of soil waste during construction.

JKE consider that the report objectives outlined in Section 1.2 have been addressed.

The Mitigation Measures at **Appendix AA** have adopted these recommendations.

6.2.14 Sustainability and Climate Resilience

Questions to consider	Yes	No
Does the activity ensure the effective and efficient use of resources (natural or other)?	X	
Does the activity use any sustainable design measures?	X	
Are climate resilient design measures to be incorporated in the activity?	X	

As noted in Section 3 of this REF, the project’s design has incorporated sustainability principles consistent with the requirements of DGN 58 and HI’s Sustainability Strategy. An ESD Report has been prepared to support the development – see **Appendix E**.

According to the principles outlined within the NSW HI Engineering Service Guidelines (DGN 058), the project is to demonstrate the following outcomes:

- A minimum of 60 points (+5 point buffer) * to be achieved by the design in accordance with HI's ESD Evaluation Tool; and
- A mandatory requirement of demonstrating a 10% improvement in energy performance on NCC Section J.

*As the facility is a refurbishment which has inherent limitations on spatial and scope aspects, the facility is currently targeting 59 points under HI's ESD Evaluation Tool. Credits which investigate aspects such as transport have been deemed not applicable to this development as there is no current scope of works or modification to the existing transport infrastructure/accessibility to the site. This pathway, as shown in Appendix A of the ESD Report, has been approved and coordinated with HI. During the following design stages, achievable points will be investigated further to ensure the project achieves the ESD intent through all applicable aspects.

The project will implement several sustainable design principles which include initiatives designed to mitigate the development's environmental impact across the following areas:

- The development is currently targeting 59 points in accordance with HI's ESD Evaluation Tool and the concession made with respect to the nature and scope of work in part of Block C.
- The development will demonstrate a 10% improvement in energy performance on NCC Section J.
- Building Management – including reviews of commissioning and tuning, building information and other operational processes.
- Indoor Environment Quality – including high air quality, acoustic/lighting comfort and reduction of indoor pollutants.
- Energy & Carbon – including improved energy efficiency of the building operations through design and technology and consideration to Embodied Carbon.
- Water Efficiency – reduce potable water demand and utilising the use of rainwater.
- Materiality & Waste – Considering the whole of life of materials and their selection to minimise harm to the environment, including efficiency and construction while minimising resources sent to landfill from construction and demolition works.

Additionally, the EP&A Regulation lists four principles of ESD required to be considered in assessing a project:

- The Precautionary Principle
- Intergenerational equity
- Conservation of biological biodiversity and ecological integrity
- Improved valuation and pricing of environmental resources

The precautionary principle is utilised when uncertainty exists about potential environmental impacts. It provides that if there are threats of serious or irreversible environmental damage, lack of scientific certainty should not be used as a reason for postponing measures to prevent environmental degradation. The precautionary principle requires careful consideration and evaluation of potential environmental impacts in order to avoid, wherever practicable, serious or irreversible damage to the environment.

This REF has not identified any serious threat or irreversible damage to the environment and therefore the precautionary principle is not relevant in this case.

Intergenerational equity is concerned with ensuring the health, diversity and productivity of the environment can be maintained or enhanced for the benefit of future generations. The proposal satisfies this by providing a means to providing enhanced and much needed health services for generations to come.

The principle of biological diversity upholds that the conservation of biological diversity and ecological integrity should be a fundamental consideration for any development. The proposal will have no detrimental effect upon this, given the general lack of biodiversity values present on the site and the largely internalised nature of the works themselves.

The principles of improved valuation and pricing of environmental resources requires consideration of all environmental resources that may be affected by a proposal, including air, water, land and living things. Mitigation measures are included in this REF for avoiding waste and ensuring where possible reuse, recycling and managing waste occurs, as relevant to this relatively minor scope of works.

See the Mitigation Measures arising from the assessment of this project at **Appendix AA**.

6.2.15 Community Impact/Social Impact

Questions to consider	Yes	No
Is the activity likely to affect community services or infrastructure?		X
Does the activity affect sites of importance to local or the broader community for their recreational or other values or access to these sites?		X
Is the activity likely to affect economic factors, including employment numbers or industry value?		X
Is the activity likely to have an impact on the safety of the community?		X
Will the activity affect the visual or scenic landscape?		X
Is the activity likely to cause noise, pollution, visual impact, loss of privacy, glare or overshadowing to members of the community, particularly adjoining landowners?		X Only modest construction impacts

Whilst a Social Impact Statement has not been prepared in support of this REF, the obvious and palpable social benefits arising from the proposed works are as expressed in the vision, objectives and scope of the project in supporting the Clinical Services Plan for the hospital, and WCEoL Program more generally.

There are not likely to be any adverse impacts of the works from a social impacts perspective given the general location of the works and its scale. The intensity of the overall use of the hospital use will largely be the same, albeit in contemporary accommodation as would be expected with Government investment in improved health services. Construction-related impacts are otherwise addressed elsewhere within this section of the REF.

The visual impacts of the redevelopment are as described above and are considered to be suitable in the context of the modest scope of works to provide appropriate accommodation and levels of care.

Notwithstanding, predicted social impacts of the works and operation of the palliative care unit, and relevant mitigation measures are generally considered below.

Social impacts may be classified as follows, based on the Department of Planning and Environment’s ‘Social Impact Assessment Guideline’ (2021):

- **Way of life:** how people live, get around, work, play and interact with one another on a day-to-day basis
- **Community:** its composition, cohesion, character, how it functions, and sense of place
- **Accessibility:** how people access and use infrastructure, services and facilities
- **Culture:** people’s shared beliefs, customs, values and stories, and connections to Country, land, water, places and buildings
- **Health and wellbeing:** people’s physical, mental, social and spiritual wellbeing
- **Surroundings:** access to and use of natural and built environment, including ecosystem services, public safety and security, as well as aesthetic value and amenity
- **Livelihoods:** including impacts on employment or business, experience of personal breach or disadvantage, and the distributive equity of impacts and benefits
- **Decision-making systems:** the extent to which people are able to participate in decisions that affect their lives, procedural fairness, and the resources provided for this purpose.

Each of these is addressed in turn further below.

The **affected communities** with respect to social impacts are likely to be:

- Hospital communities (staff, volunteers, suppliers etc).
- Patients attending the health facilities within the hospital precinct, their carers and visitors.
- Neighbouring residents, including aged care living residents.
- Neighbouring businesses.
- Neighbouring preschool parents and students.
- Local area workers.
- Visitors to other institutions and businesses within walking distance of the area.

The **magnitude and likelihood of impacts** to arise are fundamental to determining individual and aggregated impacts over time. This includes impacts during construction and those arising from the operational phase of the development.

A Social Impacts significance matrix is applied to assist in determining impacts – see below as derived from the Department’s guideline’s Technical Supplement (Table 7).

		Magnitude level				
		1	2	3	4	5
Likelihood level		Minimal	Minor	Moderate	Major	Transformational
A	Almost certain	Low	Medium	High	Very High	Very High
B	Likely	Low	Medium	High	High	Very High
C	Possible	Low	Medium	Medium	High	High
D	Unlikely	Low	Low	Medium	Medium	High
E	Very unlikely	Low	Low	Low	Medium	Medium

Way of life: how people live, get around, work, play and interact with one another on a day-to-day basis

Construction

Disruptions to the way of life related to the construction works are likely to be focussed on amenity impacts, whether noise, air quality, accessibility and the like. The works are temporary and so the impacts themselves are not life-changing or transformational.

Impacts are almost certain in the context and are moderate in magnitude due to the short timeframes and the ability to mitigate and manage impacts. The adverse impacts may accordingly be considered **High**.

Operation

The impacts of the operation of the new palliative care unit upon the way of life are likely to be positive and profound based on the project’s objectives and need. These impacts are likely to be long-standing commensurate with the future-proofing embedded within the hospital’s CSP and the WCEoL Program.

Impacts are almost certain and moderate in nature given the modest scale of the works. These positive impacts may accordingly be considered **High**.

Community: its composition, cohesion, character, how it functions, and sense of place

Construction

The impacts of construction upon 'community' can be considered unlikely and minor, given this a rating of **Low**. Construction works across 12 months of 2024-25 are unlikely to be adversely impactful in this regard. In fact there is the potential for the construction works to contribute localised economic multipliers within this part of the Central Coast within the services industries through additional construction workers in the area, and their day-to-day needs.

Operation

As above, once operational, the new palliative care unit's impacts are almost certain to be moderate in nature given the modest scale of the works. These positive impacts may accordingly be considered **High** in the context.

Accessibility: how people access and use infrastructure, services and facilities

Construction

During construction, accessibility (including parking) within the hospital is likely to be affected. Notwithstanding, this will be able to be managed within the site and at its interface with the Pacific Highway. The impacts in this regard are likely but minor to moderate. The impacts upon accessibility during construction would be **Medium-High**.

Operation

Following construction, accessibility and car parking will be reduced by a negligible level, through the loss of two (2) existing parking spaces. These spaces are adequately compensated for through a existing supply of 1,220 spaces across the whole of the hospital.

The likelihood of improved accessibility within and to the hospital and its services is almost certain and of a moderate magnitude, making the project's impact upon accessibility positively **High**.

Culture: people's shared beliefs, customs, values and stories, and connections to Country, land, water, places and buildings

Construction

Generally, the project's construction will have no impact upon culture, other than the overall process of inclusion under the Connecting with Country Framework in the design and execution of the project. An Unexpected Finds Protocol will be in place for any cultural heritage finds (Aboriginal or otherwise).

The impacts of this may be considered possible with a magnitude of moderate, making this impact **Medium** in the context.

Operation

As above, the project's design has sought to employ and embody the Connecting with Country Framework. This will be ongoing into the detailed design and execution of the project. The design measures with respect to Connecting with Country will be available to the community at large. In this respect the operational impacts may be considered to be likely and moderate in nature, presenting as a positive impact rated as **High**.

Health and wellbeing: people's physical, mental, social and spiritual wellbeing

Construction

The construction impacts related to health and wellbeing are likely to mirror those of 'way of life', particularly in how the community may react to impacts from noise, dust, traffic and like during the works. To that end, impacts are almost certain in the context and are moderate in magnitude due to the short timeframes and ability to mitigate and manage impacts. The adverse impacts may accordingly be considered **High**.

Operation

Again, as per 'way of life', the impacts of the operation of the new palliative care unit upon the health and wellbeing of the community are likely to be positive and profound based on the project's objectives and need. These impacts are

likely to be long-standing commensurate with the future-proofing embedded within the hospital's CSP and the WCEoL Program itself.

Impacts are almost certain and moderate in nature given the modest scale of the works. These positive impacts may accordingly be considered **High**.

Surroundings: access to and use of natural and built environment, including ecosystem services, public safety and security, as well as aesthetic value and amenity

Construction

The construction of the project involves both the removal and replacement of trees, albeit the replacement at a greater rate than the removal. Over time, as the trees grow, the benefits will be enhanced over the existing environment, particularly through the delivery of the improved health services and through the additional biodiversity capability at the site through removal of weeds and introduction of appropriate local tree specimens. Construction will temporarily change the face of the hospital at this interface. The impacts are almost certain but moderate in magnitude, leading to a **High** impact.

Operation

Once operational, improved safety and security and legibility and ownership arises within this part of the campus along with concurrent improvements to aesthetics and amenity. Impacts in relation to the operation of the development and its surroundings is almost certain with a major magnitude over time. Accordingly, a positive impact of **Very High** is likely to arise.

Livelihoods: including impacts on employment or business, experience of personal breach or disadvantage, and the distributive equity of impacts and benefits

Construction

It is unlikely adjacent businesses will be significantly adversely affected by the works. In fact, nearby cafés, allied health functions (and other similar businesses within the area) may benefit from additional patronage and income for the duration of the works due to additional construction workers from outside of the area, and potentially beyond in a modest way.

Accordingly, the positive economic multipliers are possible or likely to arise and have a moderate magnitude, realising a positively **Medium to High** social impact.

Operation

Once construction is complete, the growth in palliative care beds (and modest growth in beds more generally within the hospital) and staff will likely mean a net neutral social impact from livelihoods perspective. Accordingly, it is unlikely any significant adverse or positive impacts arise and the magnitude is minimal. The social impact arising may be considered to be **Low**.

Decision-making systems: the extent to which people are able to participate in decisions that affect their lives, procedural fairness, and the resources provided for this purpose.

Construction / Operation

Decision-making around the project need, its design, and in part its execution has involved primarily internal and some external stakeholders to the hospital (see the Communications and Engagement Report for the breadth of this including Connecting with Country actions). This engagement has resulted in a development meeting a range of community expectations.

Statutory engagement in the decision-making process of this REF has sought wider neighbour inputs, generally from those perceived to be directly impacted by aspects of the construction and the operation. No submissions were received from those parties. Council, as a general custodian on behalf of the wider community, made a positive submission, raising no concern subject to satisfying the relevant requirements of the TISEPP, which the project does.

In this sense the inclusivity of the decision-making process has been 'major' and with an 'almost certain' likelihood, to generate a positive social impact of **Very High**.

Summary

In summary, construction activities are more likely to have adverse social impacts than operational impacts. These impacts range from low to high, dependent upon the type of impact. These are temporary in nature and are generally manageable and can be classed as expected outcomes from the construction process. The greatest likely impacts will be from noise and air quality (dust / odour), however mitigation measures embedded within supporting reports under the REF, and as replicated in **Appendix AA**, seek to reduce those impacts to appropriate levels.

Operational impacts conversely (due to the obvious positive nature of the project compared to the ‘Do-Nothing’ option), are more likely to arise in positive social impacts. These are likely to be longer-term, profound, and to a minor degree transformative to limited sections of the community. To the wider community they are collectively a range of positive impacts of varying degrees, that above all improve the community’s health and wellbeing, way of life, and livelihoods. The works also have the positive impact of improvement to the Wyong Hospital campus through investment in improved surroundings and general amenity.

To seek to avoid the manageable temporary construction impacts would be to forego the opportunity to provide myriad positive social impacts arising from the operational development.

See **Appendix AA** for the suite of mitigation measures to address, principally, construction-related impacts.

6.2.16 Cumulative Impact

Questions to consider	Yes	No
Has there been any other development approved within 500m of the site?		X
Is there any transformation planned within 500m of the site?		X
Will there be significant impacts (for example, including but not limited to, construction traffic impacts) from other development approved or currently under construction within 500m of the site?		X
Is the activity likely to result in further significant impacts together with other development planned, approved or under construction within 500m of the site?		X
Has a cumulative impact statement, proportionate to the activity, been included in REF documentation? If no – why not?		N/A See below

To address any possible cumulative impacts arising from the subject works being carried out concurrently with other construction works, a review has been undertaken of recent or well-progressed DAs using each of the following:

- Department of Planning and Environment – major project register;
- Sydney and Regional Planning Panels Development and Planning Register;
- Relevant LGA Council development application (DA) register; and
- Relevant LGA Council Land Use Planning Frameworks.

There are no current approved or submitted SSD DAs on or within 500m of the Wyong Hospital site.

There are no current approved or submitted Regionally Significant Development DAs on or within 500m of the Wyong Hospital site.

Hamlyn Terrace is a locality with previously high levels of construction activity, however the area has generally been completed from a release area to a dormitory suburb. Wyong Hospital, whilst within Hamlyn Terrace is segregated from the residential area by an unnamed creek and bushland. There is no current direct access between the hospital and the wider area. Any development ongoing in the hospital would not rely upon any access through Hamlyn Terrace nor impact upon construction activity in that location. A review of Council’s DA tracker reveals only small-scaled residentially focussed development within 500m of the hospital campus.

The Central Coast Land Use Planning Frameworks applicable to development of the general Kanwal and Hamlyn Terrace areas do not focus any additional change or growth towards the hospital in the short term that would impact upon the modestly-scaled works the subject of this REF.

BCA and Structural-related considerations

BM+G has undertaken a BCA / Access-related assessment of the project. The aim of its report is to:

- Undertake an assessment of the proposed Schematic Architectural Documentation for the REF Submission development against the deemed-to-satisfy provisions of the BCA.
- Identify matters that require plan amendments in order to achieve compliance with the BCA.
- Identify matters that are to be required to be addressed by Performance Solutions.
- Enable the Public Authority to satisfy its statutory obligations under Section 6.28 of the Environmental Planning and Assessment Act, 1979.
- Identify matters relating to the existing building that are required to be addressed as an upgrade strategy to accommodate the new works and / or to deal with significant fire safety issues within the building.

At present a range of matters need further clarification, however, broadly, compliance will be sought to be achieved as the Schematic Design progresses through Detailed Design.

Acor has provided a Structural Adequacy Certificate which has calculated the increase in loadings onto the existing structure.

Acor advises that the new works will consist of the hard refurbishment of the existing Education Centre Building (Block C). The works include the demolition of existing brick walls, the creation of openings in existing brick walls, installation of in ground services and modifications to the existing roof framing. The increased loads onto the existing foundation strata, footings and walls from the new works will be within accepted limits.

Acor has certified that the existing structure has been inspected and is capable of supporting the extra loads due to the proposed alterations and additions indicated on the BVN drawings.

It should be noted that as some parts of the existing building will have varying load intensities following the completed works, there may be a risk of differential settlement. There is a possibility that the additional loads may cause some opening of existing cracks and perhaps the formation of new cracks. In Acor's view, these will be minor, not structural, and within accepted limits stated in relevant Australian standards and would be treated by patching and/or painting.

The BCA and Access assessment is found at **Appendix Y**, whilst a Structural Adequacy Certificate is found at **Appendix Z**.

7. Summary of Mitigation Measures

Mitigation measures are to be implemented for the proposal to reduce impacts on the environment. The mitigation measures are provided at **Appendix AA**.

7.1 Summary of Impacts

Based on the identification of potential issues, and an assessment of the nature and extent of the impacts of the proposed development, it is determined that:

- The extent and nature of potential impacts are considered to be low to moderate, and will not have significant adverse effects on the locality, community and the environment;
- Potential impacts can be appropriately mitigated or managed to ensure that there is minimal effect on the locality, community; and
- Given the above, it is determined that an EIS is not required for the proposed development activity.

8. Justification and Conclusion

The proposed alterations and additions to part of Block C at Wyong Hospital to provide for the WCEoL Project and its 12-bed new palliative care accommodation is subject to assessment under Part 5 of the EP&A Act. The REF has examined and taken into account to the fullest extent possible all matters affecting, or likely to affect, the environment by reason of the proposed activity.

As discussed in detail in this report, the proposal will not result in any significant or long-term impact. The potential impacts identified can be reasonably mitigated and where necessary managed through the adoption of suitable site practices and adherence to accepted industry standards.

As outlined in this REF, the proposed activity can be justified on the following grounds:

- It responds to an existing need within the community;
- It generally complies with, or is consistent with all relevant legislation, plans and policies;
- It has minimal environmental impacts; and
- Adequate mitigation measures have been proposed to address these impacts.

The activity is not likely to significantly affect threatened species, populations, ecological communities or their habitats, and therefore it is not necessary for a Species Impact Statement (SIS) and/or a Biodiversity Development Assessment Report (BDAR) to be prepared. The environmental impacts of the proposal are not likely to be significant and therefore it is not necessary for an EIS to be prepared and approval to be sought for the proposal from the Minister for Planning under Part 5 of the EP&A Act. On this basis, it is recommended that HI determine the proposed activity in accordance with Part 5 of the EP&A Act and subject to the adoption and implementation of mitigation measures identified within this report.