Health Infrastructure

Review of Environmental Factors

World Class End of Life (WCEoL) Project – Tamworth Health Service

Version 3 – Final

19 June 2025

Contents

REF Template Version: November 2024.

NSW GOVERNMENT

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 the ground level of the existing Acute Services Building at Tamworth Health Service to accommodate the new 6-bed palliative care space as an extension to the existing 6-bed Nioka 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 *Guidelines for Division 5.1 Assessments – Consideration of environmental factors for health services facilities and schools* (DPHI, October 2024), the EP&A Regulation 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	
Author:	Oliver Klein
Qualification:	BA MURP MPIA Reg. Planner and REAP (No.10696)
REAP Number:	Registered Environmental Assessment Practitioner Number 10696 (PIA)
Position:	Director
Company:	_planning Pty Ltd (ABN 25 620 516 583)
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Document Management, Tracking and Revision History

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Final Draft	9 June 2025	Oliver Klein	Review of Environmental Factors	Erik Maasepp (Capital Insight)	Sukhjeet Kaur (HI)
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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
BC Act 2016	*Biodiversity Conservation Act 2016*
BC Regulation	Biodiversity Conservation Regulation 2017
BAM	Biodiversity Assessment Method
CA	Certifying Authority
CE	Chief Executive
CM Act	*Coastal Management Act 2016*
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	*Environmental Planning and Assessment Act 1979*
EP&A Regulation	*Environmental Planning and Assessment Regulation 2021*
EPBC Act (Cwth)	*Environment Protection and Biodiversity Conservation Act 1999*
EPI	Environmental Planning Instrument
EPL	Environment Protection License

Abbreviation	Description
FM Act	*Fisheries Management Act 1994*
Ha	Hectares
HHIMS	Historic Heritage Information Management System
HI	Health Infrastructure
LEP	Local Environmental Plan
LGA	Local Government Area
MNES	Matters of National Environmental Significance
NCC	National Construction Code
NorBE	Neutral or Beneficial Effect on Water Quality Assessment Guideline (2022)
NPW Act	*National Parks and Wildlife Act 1974*
NPW Regulation	*National Parks and Wildlife Regulation 2009*
NPWS	National Parks and Wildlife Service (part of EES)
PCMP	Preliminary Construction Management Plan
Planning Systems SEPP	*State Environmental Planning Policy (Planning Systems) 2021*
POEO Act	*Protection of the Environment Operations Act 1997*
Proponent	NSW Health Infrastructure
REF	Review of Environmental Factors
RF Act	*Rural Fires Act 1997*
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	*Water Management Act 2000*

Executive Summary

The Proposal

The Tamworth Health Service World Class End of Life (WCEoL) Project proposes alterations and additions to the ground level of the existing Acute Services Building at Tamworth Health Service to accommodate a new 6-bed palliative care space as an extension to the existing 6-bed Nioka palliative care unit as part of the wider WCEoL project.

The proposal involves 6 new bedrooms with ensuites to support the existing 6 bedrooms within the ground floor level of the same building, as well as new courtyard spaces, a new entry into the unit, and a covered walkway which also connects to a relocated and extended enclosed and open linkway into the Acute Services Building. Overall, the project will expand the existing provision of palliative care beds at Tamworth Health Service to 12 beds.

Need for the Proposal

There is increasing demand for end of life and palliative care beds. 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 Health Service.

Generally, the project objective is to provide new dedicated beds for modern contemporary models of palliative care, rather than rely upon patients being admitted into other acute beds within the hospital due to a shortfall in current provision of palliative care beds.

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 or otherwise address existing shortfalls in provision.

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 initial architect) and now further adopted by Architectus (the project's current 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 Tamworth Health Service which developed a set of principles which were established as part of a collaborative engagement process with the stakeholder group. This responded directly to the shared aspiration to create a people-centred, healing environment. The master plan considered future visions for location and operation within the site. For the

Tamworth Health Service campus, ten (10) locations across the campus were considered, with the preferred location being the construction the new unit as an extension of the existing Nioka unit on the ground floor of the Acute Services Building, thereby providing a total of 12 beds at completion.

During concept design, three (3) options were explored. Option 3.1 (a variation on Option 3) was preferred given all bedrooms had access to external spaces. This layout was refined following user input from the Concept Design Project User Group meeting and Option 3.1 as then updated was selected as the preferred concept option for the schematic design phase.

The schematic design developed the clinical planning, facade, landscape and interior design over a series of workshops to refine the design of Option 3.1, the option the subject of this REF. This option provides the optimal and preferred patient, visitor and staffing outcomes in palliative care based on functional requirements of the space, and alignment with HI design principles.

Site Details

Tamworth Health Service sits some 2km north of Tamworth CBD and approximately 300km north of Sydney. The new Acute Services Building was completed in 2015 and operates as the new focus of the hospital, including its emergency department. Future developments at the hospital include an extension to the Acute Services Building's north to provide for new pathology services, as well as a new Mental Health Building currently under construction and due for completion later in 2025.

The hospital is otherwise comprised of a mix of smaller lower-rise buildings dated from 1883, 1942 and the 1960s and 1970s. The site generally has an undulating topography and rises from the south to the north.

Tamworth Health Service is located at 31-35 Dean Street, North Tamworth, NSW 2340. The site is legally described as Lot 1 DP 1181268. Council's Planning Certificate identifies the site as being in the ownership of the Hunter New England Local Health District (HNELHD). Accordingly, it does not appear that the site is formally owned by the Health Administration Corporation (HAC).

The site is some 21 hectares in area with the cluster of buildings and activity focussed to the south and central parts of the lot. The northern portion of the lot rises to form part of the foothills of the slopes of North Tamworth. The site is located within the Tamworth Regional Council local government area and within the HNELHD.

As noted, Tamworth Health Service consists of a mix of buildings from various periods of construction. The new 4-5-storey main Acute Services Building is the focus of the hospital's activities coupled with the adjacent Bruderlin Building.

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 (TI SEPP) aims, amongst other things, to facilitate the effective delivery of infrastructure across the State. Chapter 2 Division 10 of 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 'R1 – General Residential' under *Tamworth Regional Local Environmental Plan 2010*. The R1 zone is a prescribed zone under the TISEPP.

The proposal involves the alterations of, or additions to, a building that is a health services facility, which is classified as development without consent as the proposed activity is consistent with section 2.61(1)(a), as well as section 2.61(2) of TI SEPP. Ancillary works are able to be carried out in the same manner through section 2.3(3) of the TI SEPP.

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 on 4 November 2024 for 21 calendar days concluding on 25 November 2024. Notification of the works was provided to Tamworth Regional Council, Siding Spring Observatory, and adjoining occupiers of land.

No public submissions were received and Tamworth Regional Council did not respond to the notification process.

Siding Spring Observatory responded seeking consideration be given to minimising light pollution by following the good lighting design principles outlined in section 4.1 of the NSW Department of Planning and Environment's Dark Sky Planning Guideline. In particular, the observatory sought use of the principles related to using shielded light fittings to reduce upward light spill and warm colours for the lighting. The design team addressed this request.

The project has achieved the minimum statutory notification requirements as set out in section 2.61(2)(a) of the TI SEPP. This includes that appropriate consultation has been undertaken having regard to the *Stakeholder and Community Participation Plan* published by the Department of Education in October 2024 (SCPP)—new health services facilities and schools, and the *Community Participation Plan* (CPP) published by Health Infrastructure in October 2024.

Further, extensive non-statutory community and stakeholder engagement has occurred with respect to this project since its inception with a range internal and external stakeholders, including Aboriginal community representatives.

Environmental Impacts

The environmental impacts of the works are limited given the relatively 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. Given the location and orientation of the works, shielding of the works site by the larger and taller Acute Services Building, and the significant distances to external neighbouring land uses, including residential uses, it is highly unlikely any noise or other construction impacts will be discernible outside of the hospital. Management and mitigation will be applied to limit any 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. Limited removal of previously planted trees and vegetation arises from the works. Removed trees will be replaced as part of these works at a ratio of >1:1.

Justification and Conclusion

The proposed alterations and additions to the ground level of the existing Acute Services Building at Tamworth Health Service to accommodate a new 6-bed palliative care space as an extension to the existing 6-bed Nioka palliative care unit 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 6-bed palliative care space as an extension of the existing 6-bed Nioka palliative care unit as a alterations and additions to the ground level of the Acute Services Building (the proposal) at the Tamworth Health Service site at 31-35 Dean Street, North Tamworth, NSW 2340 (the site). This forms part of HI's 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 the ground level of the existing Aute Services Building for the new palliative care space at Tamworth Health Service. 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, in order to examine and take into account to the fullest extent possible all matters affecting or likely to affect the environment by reason of the proposal.

The description of the proposed works and associated environmental impacts have been undertaken in the context of the EPBC Act, the EP&A Regulation, the *Guidelines for Division 5.1 Assessments* (DPE June 2022) and the *Guidelines for Division 5.1 Assessments: Consideration of environmental factors for health services facilities and schools (DPHI, October 2024).*

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

- Whether the proposed activity is likely to significantly affect the environment and therefore the necessity for an EIS to be prepared and State Significant Infrastructure approval to be sought from the Minister for Planning and Public Spaces 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 is required under the EP&A Regulation, and is prepared 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 Health Service.

There is increasing demand for end of life and palliative care beds. Over the five years between 2015-16 and 2020-21, palliative-related hospitalisations have increased by 23% to 90,750. The rate of palliative care hospitalisations has grown from 17.5 to 19.5 per 10,000 population, and other end of life hospitalisations have grown from 13.2 to 15.9 per 100,000 population. This indicates that along with natural population growth impacts, the proportion of the population requiring palliative-related hospitalisations is also contributing to demand. Additionally, increased life expectancy through the development of multiple new therapies and novel medications over the decades has led to the need for

specialist supportive and palliative care services (SPCS) to better manage complex co-morbidities, understand and manage the challenges associated with polypharmacy, and have a focus on maintaining or extending quality of life (without necessarily having a curative intent).

Further, there are inequities in access to dedicated palliative care beds. Within the HNELHD, end of life and palliative care services are focussed toward Tamworth Health Service, with six (6) dedicated palliative care beds in the Nioka unit which is co-located with the adjacent medical ward. Access to the beds by palliative care patients can be impacted by non-palliative patients, and at any one time between 8 and 10 patients may require admission to a palliative care bed. When the beds are occupied there could be another 4 or 5 patients on other wards across the hospital that are palliating, sometimes resulting in patients dying with no direct involvement with the end of life and palliative care service team. Additionally, if someone is on a ward under a GP's / VMO's / medical specialist's care there can be a lack of recognition that end of life and palliative care services may be required. Sometimes a patient is retained in an acute ward as either the patient has a connection with the ward staff or the family did not want to move their loved one in their last moments of life. Additionally, the current palliative care ward does not allow for Aboriginal and Torres Strait Islander families to gather and attend important cultural practices (e.g. smoking ceremonies). There is also no easy access for bedbound palliative care patients (and their families) to outdoor areas.

Generally, the project objective is to provide new dedicated beds for modern contemporary models of palliative care, rather than rely upon patients being admitted into other acute beds within the hospital due to a shortfall in current provision of palliative care beds.

To address the above, HI proposes to provide a new 6-bed palliative care space at Tamworth Health Service 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

Master plan

A master plan was developed for the World Class End of Life program at Tamworth Health Service which developed a set of principles which were established as part of a collaborative engagement process with the stakeholder group. This responded directly to the shared aspiration to create a people-centred, healing environment. The master plan considered future visions for location and operation within the site. For the Tamworth Health Service campus, ten (10) locations across the campus were considered, with the preferred location being the construction the new unit as an extension of the existing Nioka unit on the ground floor of the Acute Services Building, thereby providing a total of 12 beds at completion.

Concept Design

During concept design, three (3) options were explored. Option 3.1 (a variation on Option 3) was preferred given all bedrooms had access to external spaces. This layout was refined following user input from the Concept Design Project User Group meeting and Option 3.1 as then updated was selected as the preferred concept option for the schematic design phase.

Schematic Design

During schematic design a series of workshops took place to establish the requirement for:

- The functional requirement to patient and common areas.
- Spatial planning of selected rooms.
- View and access to outdoor space.
- Facade and built form of the palliative care extension.
- New dedicated palliative entry and lobby experience.
- Materiality and interior design.
- Furniture and joinery arrangement.

- Link corridor access to the existing acute services building.
- Maintenance and security of the unit.
- Engineering requirement for the new PCU and integration with the existing Nioka unit.

In accordance with HNELHD Emotional Design Brief and the WCEoL Design Principles, the schematic design continued the theme of providing a homelike environment and patient centred considerations:

- Providing large windows in patient areas with outlook and maximising daylight within the room.
- Natural ventilation and individual climate control within the room.
- Direct access to outdoor space to enable the patient to be taken by bed or by chair to their dedicated external balcony area.
- Landscaped areas including external bedroom balconies, community courtyard and staff courtyard.
- Communal spaces both indoor and outdoor to provide gathering spaces for multiple groups to gather for celebrations and ceremonies.

The schematic design developed the clinical planning, facade, landscape and interior design over a series of workshops to refine the design of Option 3.1, the option the subject of this REF. This option provides the optimal and preferred patient, visitor and staffing outcomes in palliative care based on functional requirements of the space, and alignment with HI design principles.

2 Site Analysis and Description

2.1 The Site and Locality

Tamworth Health Service sits some 2km north of Tamworth CBD and approximately 300km north of Sydney. The new Acute Services Building was completed in 2015 and operates as the new focus of the hospital, including its emergency department. Future developments at the hospital include an extension to the Acute Services Building's north to provide for new pathology services, as well as a new Mental Health Building currently under construction and due for completion later in 2025.

The hospital is otherwise comprised of a mix of smaller lower-rise buildings dated from 1883, 1942 and the 1960s and 1970s. The site generally has an undulating topography and rises from the south to the north.

Tamworth Health Service is located at 31-35 Dean Street, North Tamworth, NSW 2340. The site is legally described as Lot 1 DP 1181268 – see **Figure 1**. Council's Planning Certificate identifies the site as being in the ownership of the Hunter New England Local Health District (HNELHD). Accordingly, it does not appear that the site is formally owned by the Health Administration Corporation (HAC).

The site is some 21 hectares in area with the cluster of buildings and activity focussed to the south and central parts of the lot. The northern portion of the lot rises to form part of the foothills of the slopes of North Tamworth. The site is located within the Tamworth Regional Council local government area and within the HNELHD.

Figure 1 – Tamworth Health Service – Lot 1 DP 1181268 (SixMaps)

The areas around the hospital's north are generally undeveloped, with the hospital sitting as part of an extension of the existing urban areas north of the Tamworth CBD. The areas to the east of the hospital are characterised by residential development and to the south a mix of residential and other health services (medical centres, specialists, pathology, medi-hotel, and a private hospital) supporting the use of the hospital which dominates in its context. Immediately to the west of the hospital is the Tamworth Correctional Centre.

2.1.1 Existing Development

Tamworth Health Service is a 288-bed hospital which consists of a mix of buildings from various periods of construction. The new 4-5-storey main Acute Services Building is the focus of the hospital's activities coupled with the adjacent Bruderlin Building. See **Figure 2** which provides a map of the Tamworth Health Services as produced by the HNELHD.

Figure 2 – Tamworth Health Service map with the proposed WCEoL project location indicatively bounded in red (HNELHD)

The following sets out the functionality across the hospital campus.

The **Acute Services Building** provides the following services and units:

- Lower Ground level: Mortuary.
- Ground level: Pharmacy; Nioka Palliative Care; Medical 1 Ward; Sterilising Services; Food Service; and loading docks.
- Level 1: Emergency Department; Surgical 1 Ward; and Medical Imaging.

- Level 2: Surgery Admissions; Day Surgery Unit; Operating Suite; Cardiac Catheterisation Lab; Coronary Care Unit; Intensive Care Unit; and High Dependency Unit.
- Level 3: Maternity Unit; Birthing Unit; Special Care Nursery; and Children's Ward.

The **Bruderlin Building** accommodates the following over four levels:

- Nuclear Medicine
- Cardiorespiratory
- Physio Clinic
- Orthopaedic Clinic
- Hospital in the Home
- Podiatry
- Medical Records
- Renal Dialysis Unit
- Outpatients
- Chapel
- Surgical 2 Ward
- Fracture Clinic
- Escalation Unit

The **1883 Building** accommodates Executive Offices; Allied Health; Population Health; and IT services amongst other things.

The campus otherwise includes the Banksia Mental Health Unit; Ronald McDonald House; Dental Clinic Building; Breast Screen NSW building; Rehabilitation Ward Building; North West Cancer Centre; and the Dean House Community Mental Health Building. A series of contemporary staff accommodation clusters also sit within the campus.

The Tamworth Health Service is major rural teaching hospital with ties to the University of Newcastle and University of New England.

A recent aerial photograph is provided at **Figure 3**. Photographs of hospital buildings and locations follow thereafter.

2.1.2 Other Site Elements

Topography

The site's topography is undulating and variable. Generally the land within Lot 1 of DP 1181268 slopes from down north to south from approximately RL445m AHD to RL395m AHD. The location of the works itself is also of a variable topography ranging from RL415m AHD at the roadway immediately to the north of the site of the works down to RL412m AHD within the existing Nioka courtyard. The site is generally a modified environment within the built-up and developed parts of the hospital. See a survey at **Appendix A**.

Vegetation

As seen from aerial and other photography, the hospital campus is generally a cluster of newer and older buildings on disturbed land. Trees and vegetation occur in pockets of varying densities. Vegetation is generally planted and relates primarily to the development of various buildings and establishment of associated landscaping. The works will impact vegetation within the existing Nioka courtyard as well as landscaping on the embankment and berm established between the Acute Services Building and the roadway to its immediate north.

Figure 10 further over shows the NSW Government mapping of Biodiversity Values around the site. The hospital itself is devoid of any biodiversity mapped areas of vegetation. Mapped areas generally follow distant watercourses remote from the hospital.

Figure 3 – Aerial view of Tamworth Health Service with the location of the works outlined in red (BVN)

Access

Tamworth Health Service is situated at the termination of Dean Street in North Tamworth. This serves as the main vehicular access point to the hospital from other areas within Tamworth. Access points into the hospital also include Johnston Street to the south of the hospital and an extension of Smith Street to the east.

Traffic/transport

The Acute Services Building provided new or relocated parking for 162 cars. Overall, based on the 2012 assessment report for the Acute Services Building it is understood the campus accommodates some 1,081 at-grade car parking spaces, with a further 70 on-street spaces around the hospital's perimeter. Overflow parking was also witnessed on adjacent Crown Land to the east of the hospital. See further discussion on contemporary parking supply later in this REF.

The hospital is also serviced by bus via the 431 route operated by Tamworth Buslines. With seven (7) services per day Monday to Friday and three (3) services Saturdays. The services operate via Dean and Smith Streets.

Figure 4 – Tamworth Health Service Acute Services Building main entrance courtyard from the south

Figure 5 – Tamworth Health Service Acute Services Building viewed from the north-west

Figure 6 – Tamworth Health Service 1883 Building at the main entrance courtyard viewed from the north

Figure 7 – Acute Services Building (right) viewed from the west with the new Mental Health Building under construction (left)

Figure 8 – Location of existing Nioka Palliative Care Unit at ground level of the Acute Services Building, note the covered walkway

Figure 9 – Existing Nioka Palliative Care Unit courtyard subject to the proposed expansion works

Bushfire

Whilst the northern parts of the hospital campus are generally bushfire affected and mapped as bushfire prone land, the location of the works and the Acute Services Building itself is not affected by mapped bush fire prone land – see **Figure 11**.

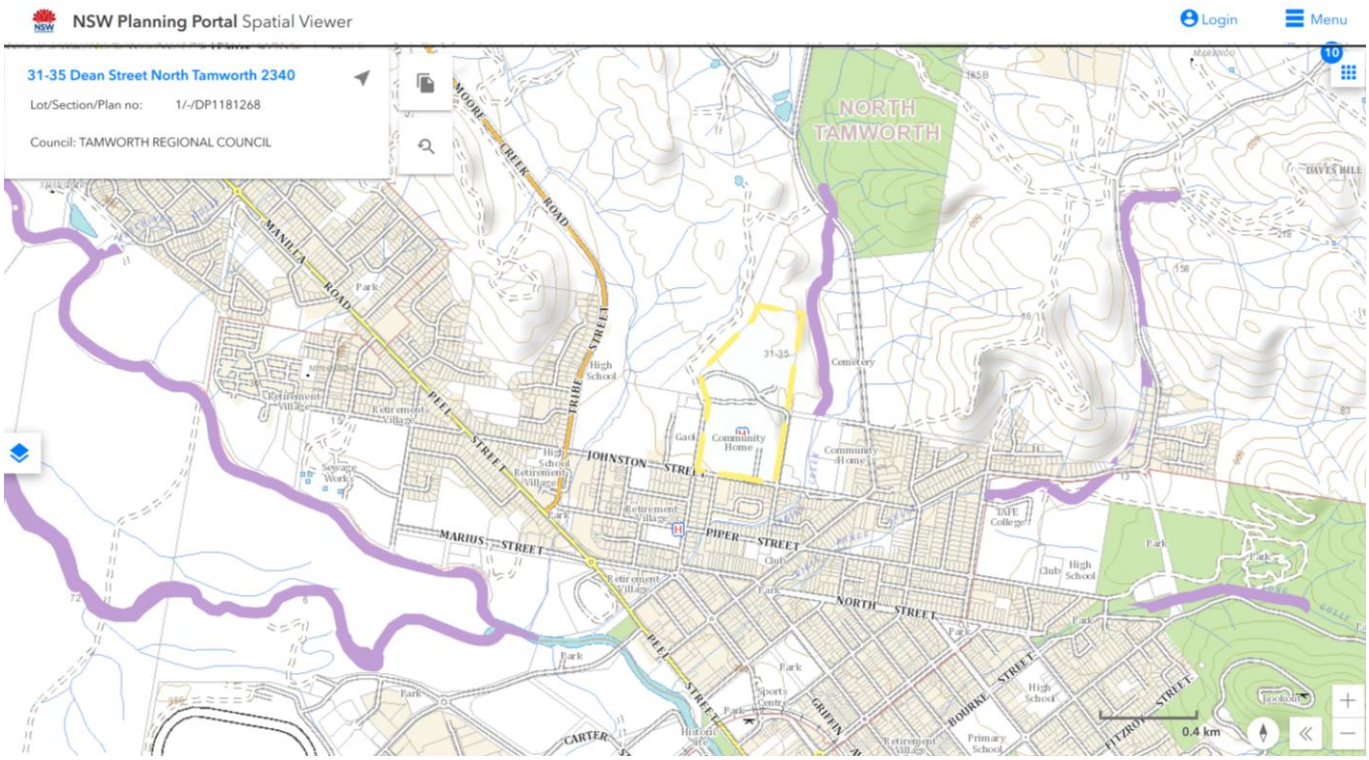

Figure 10 – Biodiversity Values Mapping with the hospital bounded in yellow (NSW Government)

Figure 11 – Bushfire Prone Land Mapping with the location of the works shown bounded in red (NSW Government)

Flooding

Tamworth Regional Council flooding mapping from 2021 reveals that the hospital, other than its southern boundary to Johnston Street, is excluded from flood risk consideration. The Acute Services Building and subject site of works is not an identified location of flood risk.

In the worst case scenario of the Probable Maximum Flood with the flood gates open (as seen in **Figure 12**) the whole of the hospital is unaffected.

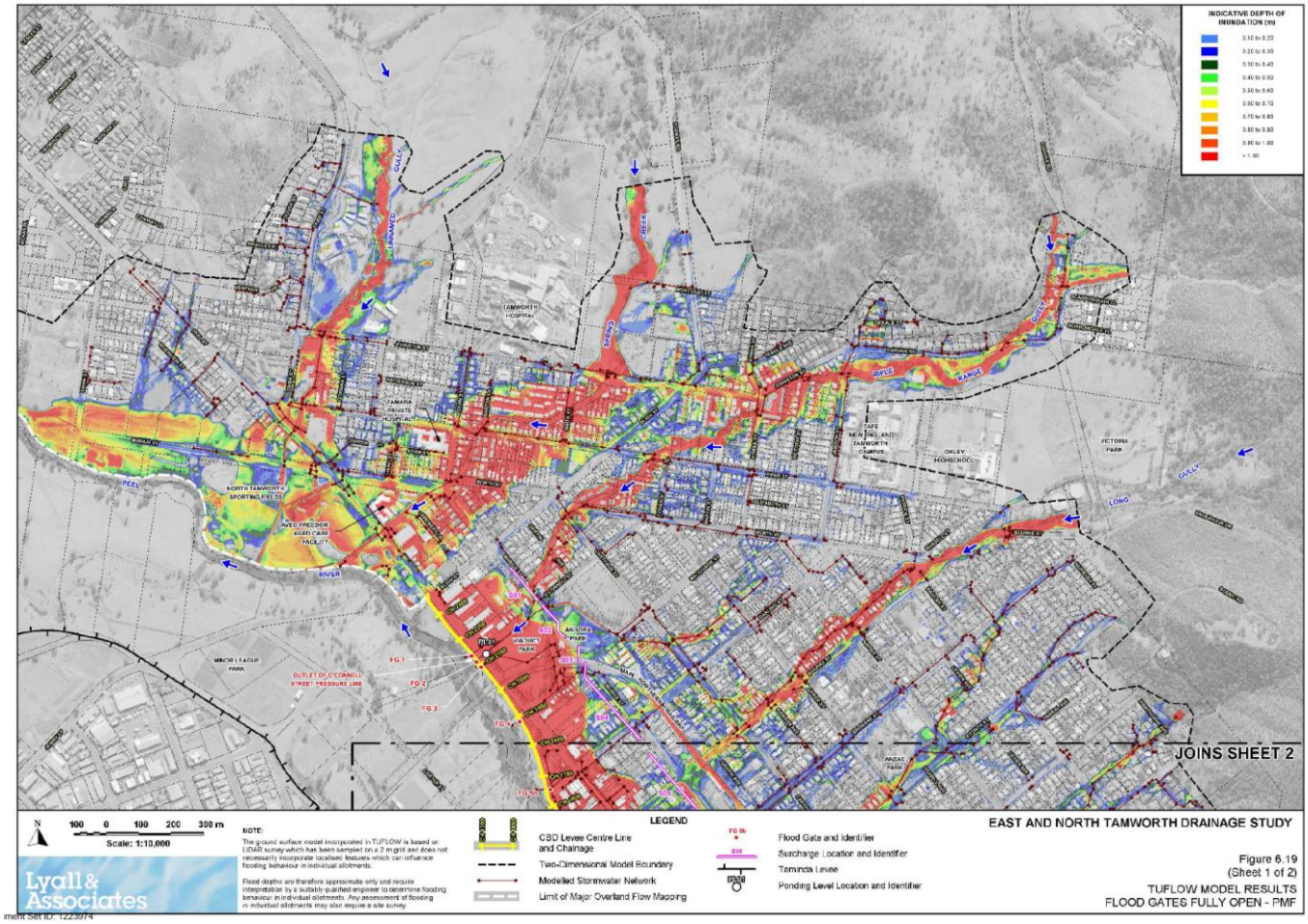

Figure 12 – Council-based flood mapping with the hospital to centre top outside of the affected area (Tamworth Regional Council)

2.1.3 Site Considerations and Constraints

Section 10.7 Planning Certificate No PC2025-2361 dated 28 March 2025 identifies that the site is located within the 'R1 – General Residential' zone under *Tamworth Local Environmental Plan 2010*, and is provided at **Appendix B**.

Table 1: Section 10.7 Planning Certificate

Affection	Yes	No
Critical habitat		✓
Threatened Species and Biodiversity Values mapping		✓
Conservation area		✓
Item of environmental heritage	✓ (local item)	
Affected by coastal hazards		✓
Proclaimed to be in a mine subsidence district		✓
Affected by a road widening or road realignment		✓

Affection	Yes	No
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		✓
Affected by any acquisition of land provision		✓
Biodiversity certified land or subject to any biobanking agreement or property vegetation plan		✓
Significantly contaminated		✓ (not stated)
Subject to flood related development controls		✓ (LEP mapping)
Bush Fire Prone Land	✓ (perimeter away from building cluster via mapping)	

2.2 Surrounding Development

As noted, the hospital forms the fulcrum of a range health and affiliated activities in the general locality addressing Johnston Street to the south. The developed areas around the hospital are otherwise primarily low-rise, low-density residential uses, with the exception of Tamworth Correctional Centre to the hospital's immediate west across Dean Street. Photographs of a selection of adjacent land uses are shown from **Figure 13** over.

2.3 Concurrent Projects

The new Mental Health Building (also known as Banksia) recently secured REF approval and is under construction at the hospital with an expected end of 2025 completion. There are no other known current or concurrent projects on or off the hospital site.

The WCEoL works are due to commence in September 2025, resulting in an overlap of less than 6 months. Given the substantive works to Banksia will be completed and landscaping and internal fit out works would be underway, it is unlikely that there would be a significant degree of cumulative impacts arising due to the range of concurrent works.

There are no current approved or submitted SSD DAs, Regionally Significant Development DAs or local DAs of any significant scale on or within 500m of the Tamworth Health Service site that are subject to contemporary or current works.

Figure 13 – Professional Consulting Suite on Johnston Street south of the hospital

Figure 14 – Tamwell Medical centre, medi-hotel, and ancillary allied health uses on Johnston Street south of the hospital

Figure 15 – Professional Consulting Suite on Johnston Street south of the hospital

Figure 16 – Professional Consulting Suite on Dean Street south of the hospital

Figure 17 – Tamworth Correctional Centre on Dean Street west of the hospital

Figure 18 – Typical residential dwellings on Johnston Street south of the hospital

3 Proposed Activity

3.1 Proposal Overview

The Tamworth Health Service WCEoL Project proposes the development of a new 6-bed palliative care space as an extension to the existing Nioka palliative care unit situated on the ground level of the recently completed Acute Services Building. This will take the number of palliative care beds at the hospital from six (6) beds to 12 beds. The location of the extension / works is shown in **Figures 19** and **20**, below and over.

Figure 19 – Location site plan of the proposed works relative to the Acute Services Building and other hospital buildings (Architectus)

Generally, the new footprint provides opportunity for six (6) perimeter single 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 a new staff station has direct oversight of a new palliative care entry to give the Nioka unit a dedicated entry.

A communal lounge is located to the north-west with access to the western courtyard.

The dining/beverage area is located centrally at the entry and heart of the unit for ease of access to existing patients within Nioka and the additional bedrooms of the new extension. The communal areas are crafted to accommodate patients, carers, and visitors of all ages, ensuring inclusivity and comfort for everyone.

Courtyards surround the new unit to provide green space for relaxation and respite. A dedicated staff courtyard has been provided for palliative care staff to enable privacy to unwind, relax and recharge given their highly stressful and emotionally demanding environment.

The single-story palliative care development will encompass the following areas below:

- Six (6) Bedrooms with ensuites and patio access to the adjoining courtyards.
- Dining/Recreation area, lounge, and toilet.
- Laundry and ablution room.
- Overnight room.
- Two (2) staff stations, and a clinical office.
- Staff room and meeting room.
- Medication, clean and dirty utility rooms.
- Two (2) storage rooms.
- Bay Areas: beverage, handwashing, linen, equipment, and trolleys.

Further a new entry to the palliative care unit will be provided from the existing walkway to the site's west. Minor internal works to reconfigure existing spaces within Nioka palliative care unit are also proposed.

The palliative care extension also includes a relocated enclosed link corridor back into the Acute Services Building lift lobby, for discreet mortuary transfer, and for use by HealthShare staff.

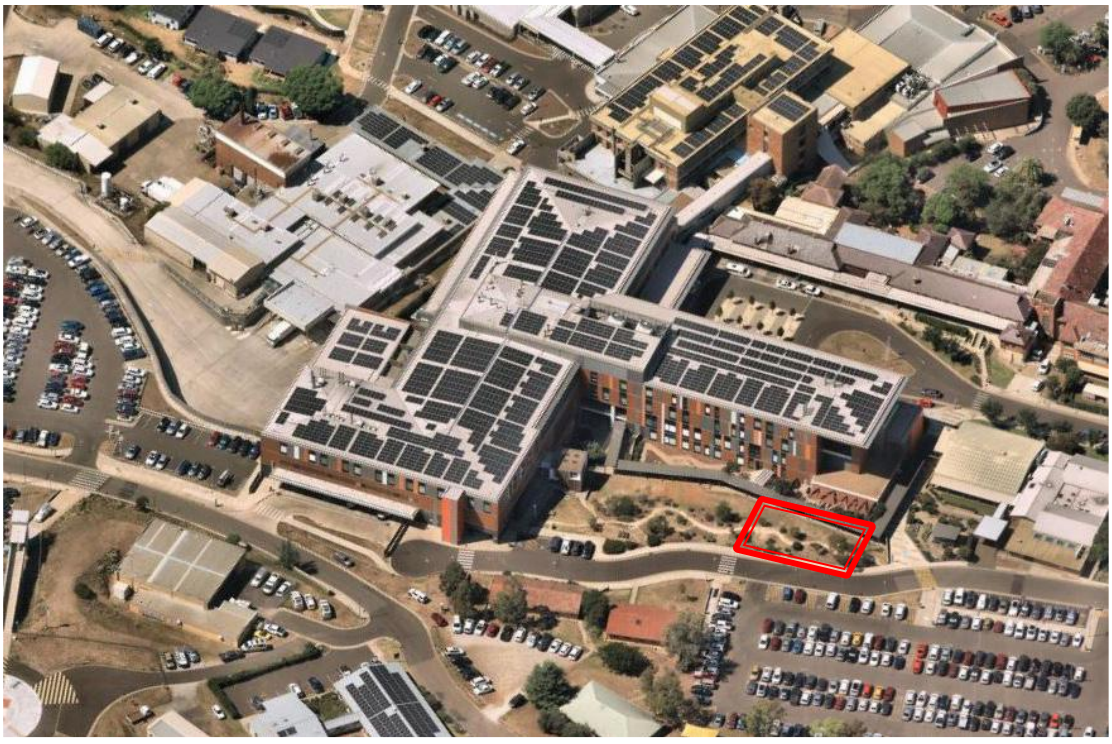

Figure 20 – Aerial photograph of the Acute Services Building from the north-west with the location of the works marked (BVN)

The proposal also involves civil works to cut into the existing landscaped berm / embankment between the Acute Services Building and adjacent roadway to the north in this location. These earthworks allow for the ground level extension of the Acute Services Building, with minor fill proposed, to ensure appropriate levels for both the building and the new courtyards. The depth of cutting is generally in the order of up to 1.0m with fill to 0.2m. The cut volume is some -1,245m^3 and fill 135m^3. The cut/fill balance is -1,110m^3. A new retaining wall structure and gabion wall is also proposed.

The proposed extension will be single-storey in rise up to 6.5m at its highest. The proposed gross floor area of the extension is in the order of 595m^2. A General Arrangement Plan is provided at **Figure 21**.

The works will be built in a single stage.

The architectural drawing set is provided at **Appendix C**.

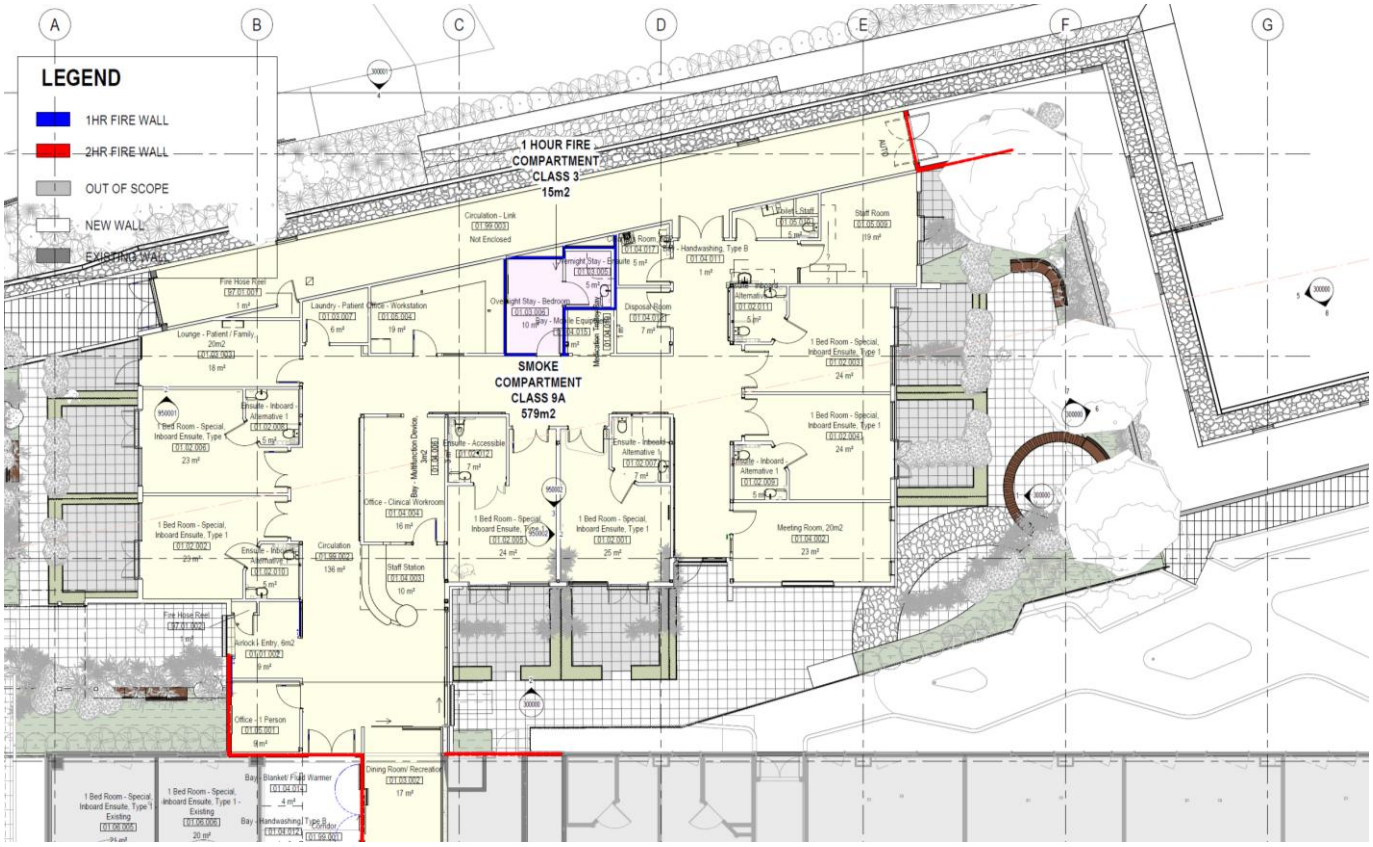

Figure 21 – General Arrangement Plan (BVN)

3.1.1 Design Approach

Placemaking and Design

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

In summary, Architectus 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, Connecting with Country Framework (2023) and CPTED Principles.

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.
- Design with Country.
- Design for the neighbourhood and surrounding environment.
- Design for connection.
- Design for sustainability.

From an architectural design perspective, Architectus advises:

The Tamworth Palliative Care unit expansion is a single storey structure that connects into the Nioka Pallative Care unit on the ground floor of the Acute Services Building. A new, dedicated external entry through a landscaped courtyard is provided to the unit with easy access from the carpark. The building design is inward looking, focussing on the bedroom courtyards and intimate shared landscaped areas to provide privacy to the patients and their carers. Large windows and double doors look out from each bedroom to landscaping and a clerestory window in the main corridor brings natural light and a sense of space with high ceilings. The volume of the unit is wrapped to the north and east with a bed corridor providing discreet, direct access to other units and the mortuary. The cladding references the existing facade with a muted timber look plank with random spacings. The building sits low in the landscape which banks up to the north to the Emergency drop off road. Gabion walls soften the level change to the north and a re-modelled staff courtyard is located to the east.

The Architectural Design Statement prepared by Architectus is included at **Appendix D**.

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

The landscape design for the WCEoLP facility at Tamworth end-of-life is envisioned as a peaceful and welcoming space, using nature to create a private, calming environment for patients, visitors and staff. The design is deeply connected to the local context and Country through First Nations engagement and consultation on the spatial characteristics, materials and planting.

The proposed works require the removal of 12 semi mature trees identified to be in good condition. The project will replace 6 trees within the courtyard spaces associated with the projects and the remainder (7 trees) *will be planted within close vicinity as shown in the proposed plan of additional trees.*

Native plants are utilised, creating a sense of connection to the local character, Country and First Nations culture. Planting is designed to provide life and colour in the outdoor spaces with plants flowering throughout the seasons and selected to attract small birds and butterflies. The plant selections also reflect local cultural practices and provide species for cultural use.

The spatial arrangement provides for a variety of uses and types of use from private nooks to social gathering space with consideration of varying cultural needs.

Private patios off every patient room face into their own patio with privacy and a garden outlook. These gardens use built and planted screens for privacy and allow for movable furniture including patient beds to be utilised outdoors.

The communal areas allow for gathering of groups of various scales, with a BBQ facility providing amenity. The circular seating space is a focal point for gathering and reflection within the garden. All areas are fully accessible for people with limited mobility and in wheel chairs.

Landscape drawings are provided at **Appendix F**.

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

Architectus advises as follows with respect to the design response to these principles:

The new addition to the Palliative Care Nioka Unit seamlessly extends the secure perimeter of the existing unit and separates the staff only access corridors from visitor access areas with access security cards. The new external public entry is highly visible from the public access path with a direct view into the reception area. A new main staff station is located opposite the new entry to

monitor arrivals and assist with intuitive wayfinding. Intercom access and after hours lockdown contribute to the security of the unit. The new central staff station and clinical workroom also assists to oversight the visitor corridors and access from 2 sides ensures staff safety. Visual access to the courtyard areas are enhanced with large glazed windows. There are no hidden corners or recesses in the landscape design, or in the visitor access areas internally. The potential risks of a retaining wall adjacent to the unit is mitigated with a more open gabion arrangement and secure balustrade separation at the public footpath on the higher level.

The landscape design considered the principals of CPTED with clear and intuitive wayfinding, visually prominent entrances and planting designed to allow sight lines for passive surveillance by hospital staff to monitor patients in the outdoor spaces.

Connecting with Country/Engagement

The site sits within the area covered by the Tamworth Aboriginal Local Land Council (TLALC). 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, initially BVN, and later Architectus to hear about the key challenges faced when using Palliative Care.

Indigenous groups were consulted throughout the design to ensure a design with Country dialogue translated into the end result. Connection to external spaces was a priority and free access between bedrooms and communal spaces to the natural environment creates a safe, comfortable place. Elders and stakeholders advised on preferred plant species to align with local cultural protocol. A dedicated area for a yarning circle is located in the courtyard landscape. The existing indigenous garden on site which is impacted by the development is proposed to be relocated in the hospital campus. This design will be developed in close consultation with indigenous user groups and Elders. See relevant design principles as set out in **Figure 22**.

With respect to landscaping, a Design with Country process has been undertaken, with consultations with indigenous user groups. This dialogue was opened by Context Landscape Design in the project's initial stages, with indigenous user groups and has been ongoing in the transition to the design development by Architectus.

The feedback of Elders and stakeholders has been integrated including the provision of plant species and spaces, the reason or purpose of which is, in some cased not shared due to cultural protocol. The Connection with Country process is ongoing and will continue to inform the refinement of the design.

The existing Indigenous Garden which will be partially disturbed by the proposed expansion of the palliative care facility is to be reinstated in a new location on the hospital campus. This will be developed in close consultation with indigenous user groups and Elders. This will be relocated separately to this REF planning process, and will likely be able to be implemented as Exempt Development.

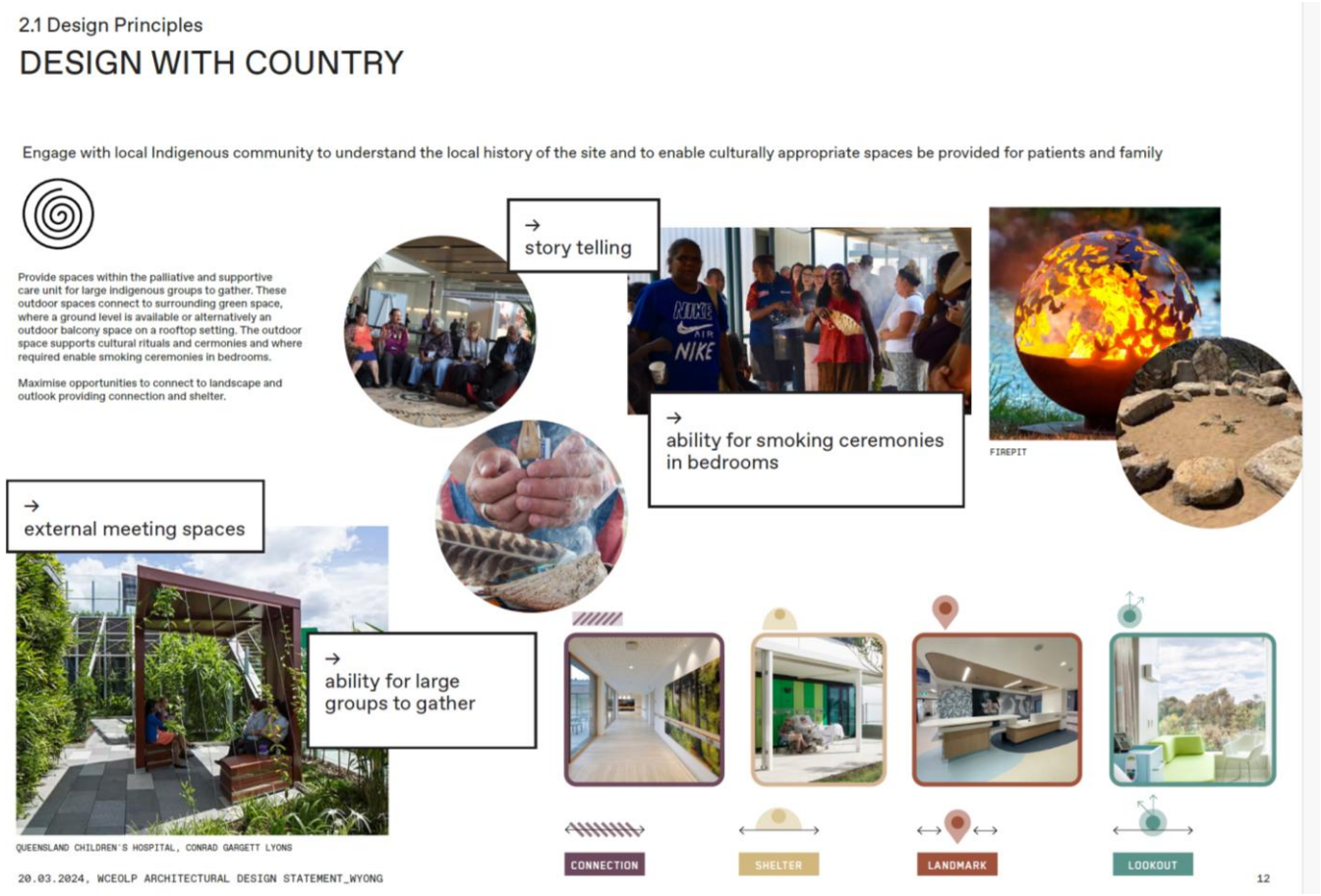

Figure 22 – Designing with Country (BVN)

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 G**.

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.

This is a stand alone unit for Palliative Care to expand the Nioka Palliative Care unit from six (6) to twelve (12) beds. The size and scope of the project create inherent limitations on spatial and scope aspects, the facility is currently targeting **63 points** under HI's ESD Evaluation Tool. As this is in an existing hospital site, credits which investigate aspects such as transport will be applied to the extent of scope / allowable design flexibility to this development. This pathway has been approved and coordinated with Health Infrastructure NSW.

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 63 points in accordance with HI's ESD Evaluation Tool.
- 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 of the development is a single storey ground floor extension to part of the northern elevation of the Acute Services Building. The maximum height of this extension is some 6.5m above the proposed ground level.

The works do not otherwise alter the primary building's existing height, footprint or envelope. **Figure 23** over shows a site plan of the works and the proposed northern elevation arising from the project is shown at **Figure 24**. A render of the proposal and its built form is shown at **Figure 25**. **Figure 26** provides a render of the internal courtyard spaces.

Architectural drawings are included at **Appendix C**.

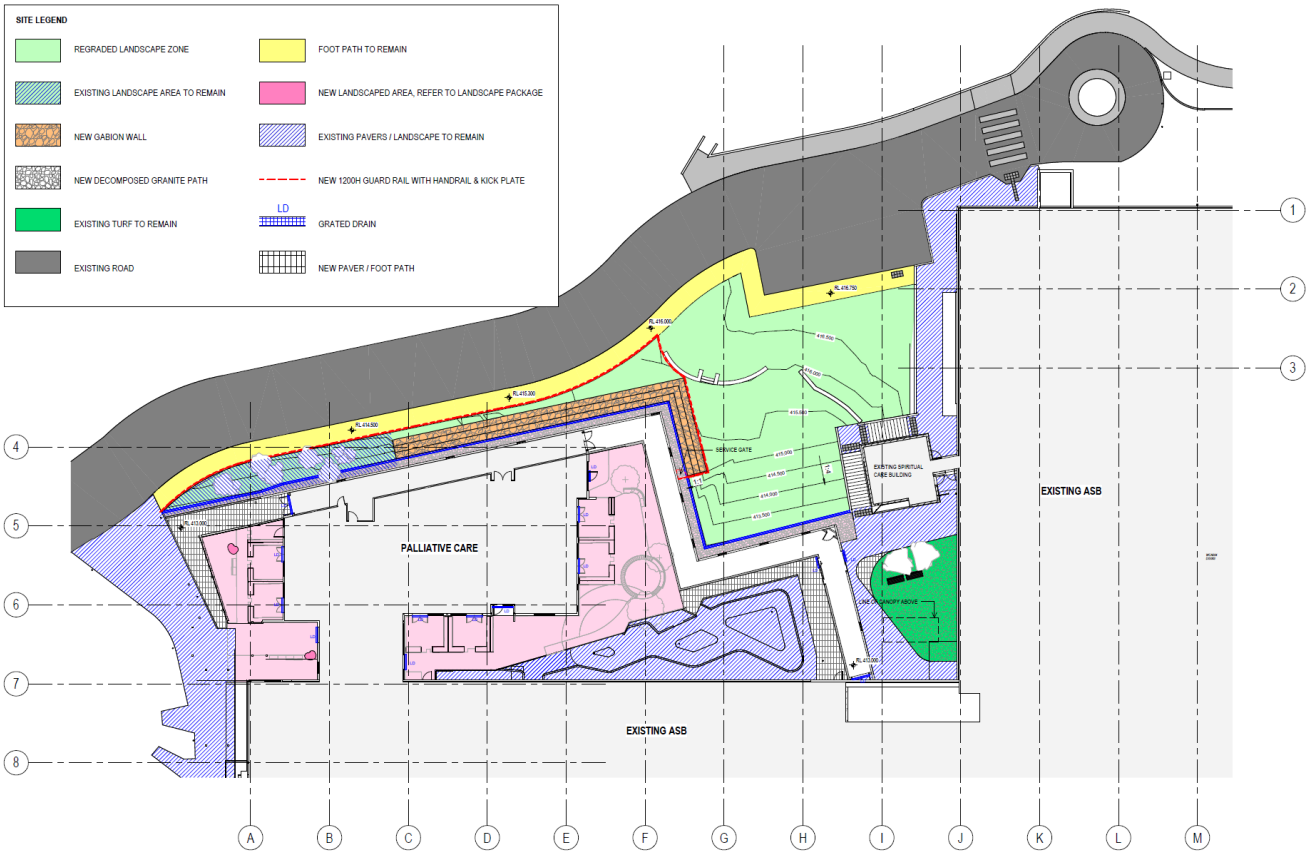

Figure 23 – Site plan of the works (Architectus)

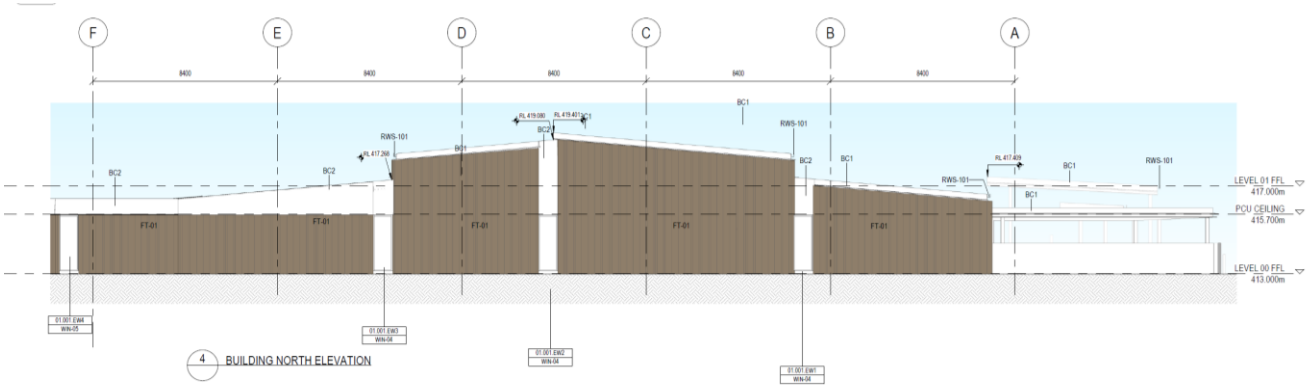

Figure 24 – North Elevation (Architectus)

Figure 25 – Architectural render of the proposed built form (Architectus)

Figure 26 – Architectural render of the proposed internal courtyards (Architectus)

Demolition

The demolition works required in relation to the project are relatively minor and modest. These works largely entail a mix of minor internal and external works. The internal works within the existing Nioka palliative care unit involve removal and stripping of floor and ceiling finishes and demolition of internal walls. The external works involve removal of existing façade cladding and internal lining; demolition of

walls and retaining walls; removal of existing awning and shade sails; removal of fencing; demolition of pavement and stairs; and demolition of the existing courtyard spaces. This scope is shown in **Figure 27**.

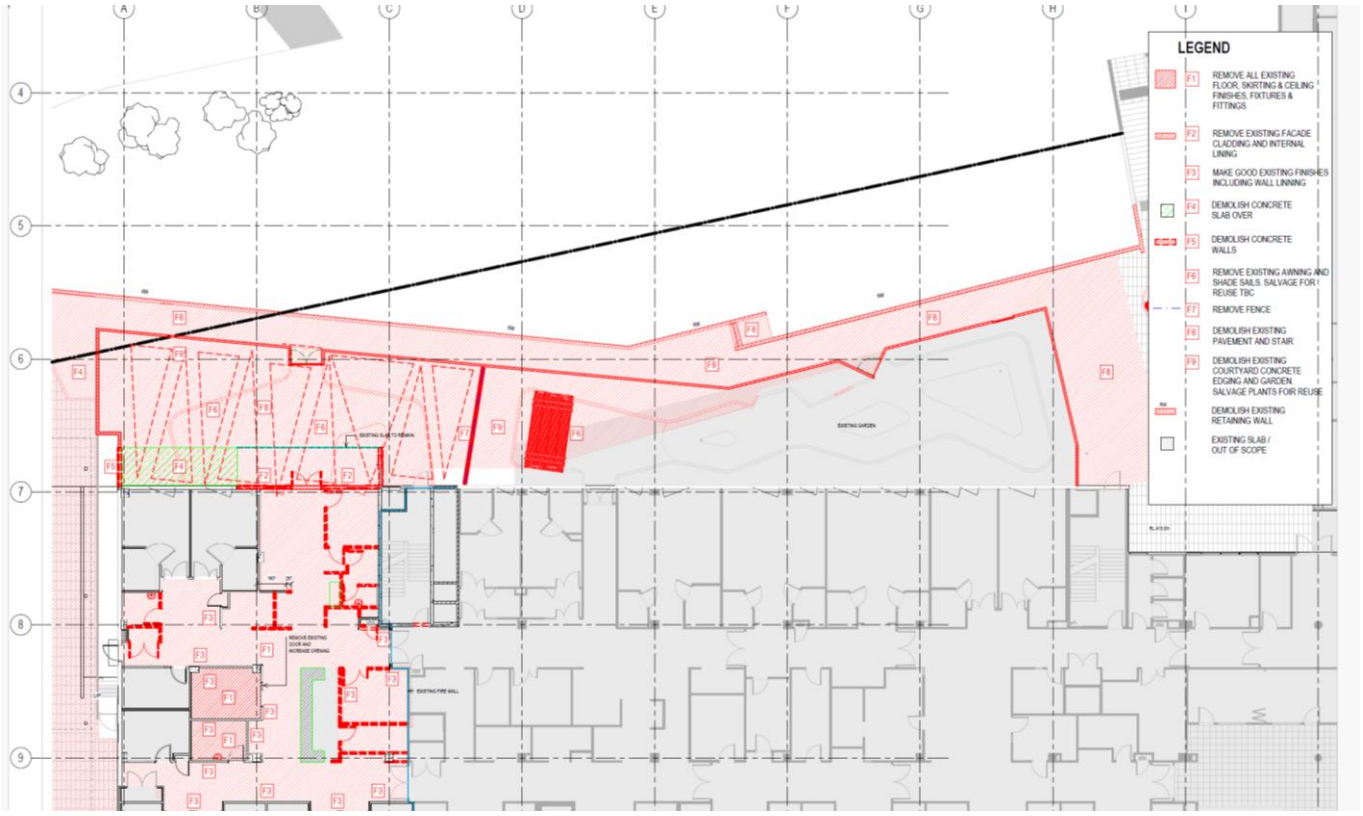

Figure 27 – Demolition plan (Architectus)

Roadworks and Parking

No roadworks are necessitated as a result of this scope of works. No new or additional car parking is proposed or to be provided on the basis of the negligible additional demand created by the additional 6 beds and its staffing and visitation.

Tree Removal and Landscaping

Of the twenty-two (22) trees surveyed by the project's arborist, twelve (12) trees are identified for removal due to the impact from the proposed construction. This primarily relates to the footprint of the new building and civil engineering works. The 12 trees are relatively recently planted specimens at the site having been planted in landscaping as part of the 2015 development of the Acute Services Building. Based on the HI policy of offset or replacement planting at a rate of better than 1:1, at least 13 new trees are required.

The proposed landscaping addresses this tree loss along with providing a high-amenity outdoor environment for the occupants and staff of, and visitors to, the palliative care unit.

The Concept Plan for the new landscaping is shown in **Figure 28** along with indicative 3D views of the respective courtyard spaces to serve the 6 new rooms at **Figure 29**. As noted, the project will replace 6 trees within the courtyard spaces associated with the rooms and the remainder (7 trees) will be planted within close vicinity of the expanded unit along the road to the north of the development site as shown in red circles in **Figure 30**.

Landscape drawings are included at **Appendix F**. The project's Arboricultural Assessment is included at **Appendix H**.

Figure 28 – Landscape concept plan (Architectus)

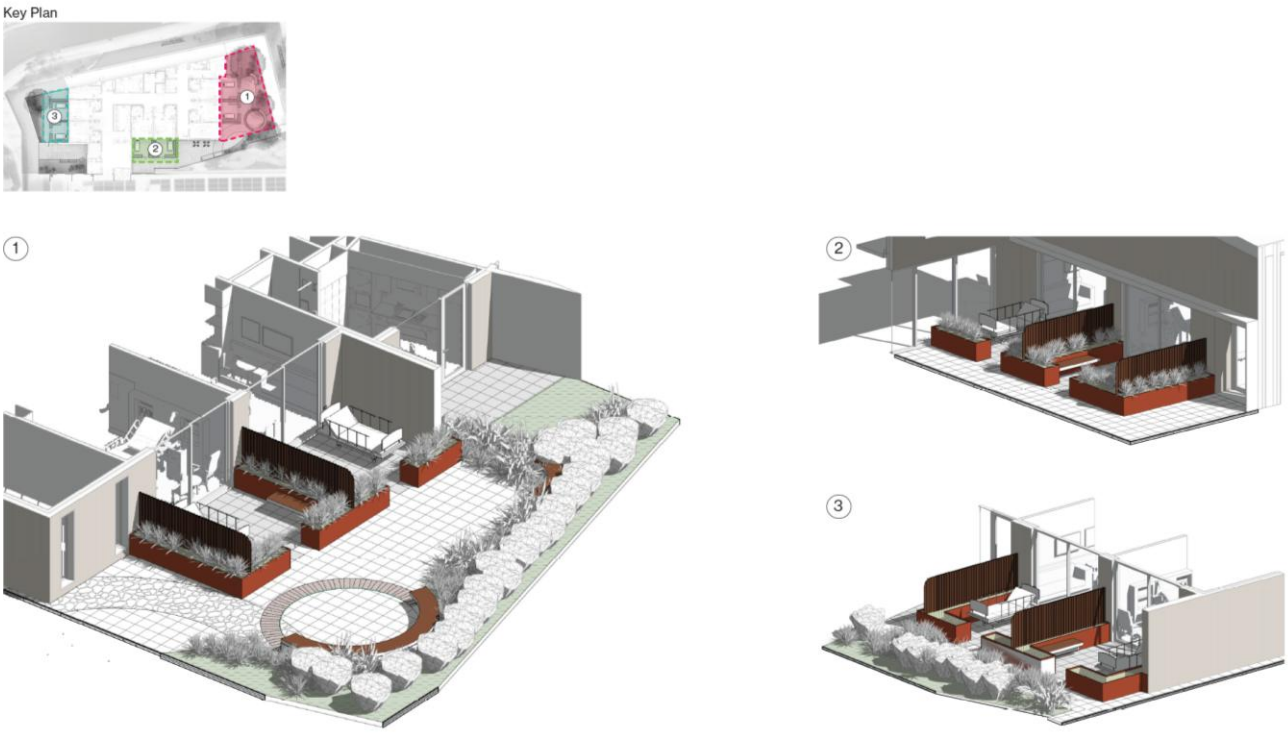

Figure 29 – Indicative 3D renders of the proposed courtyard spaces (Architectus)

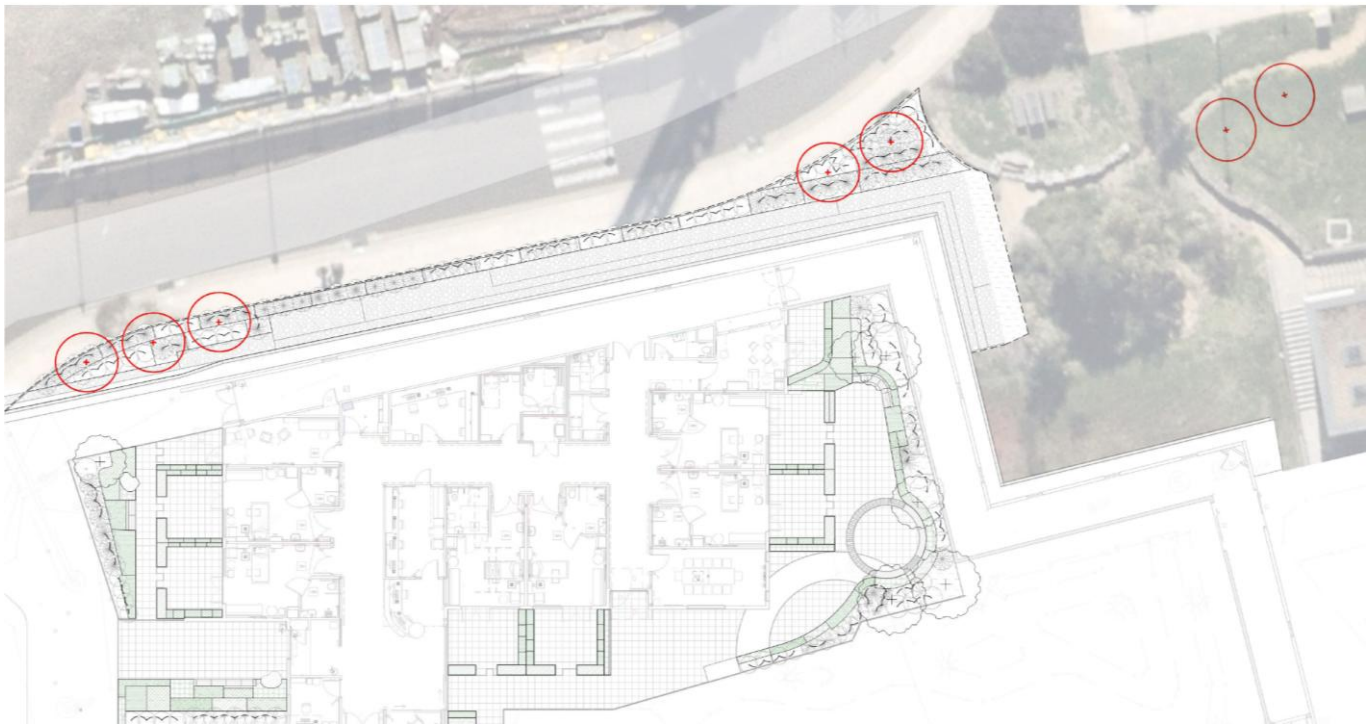

Figure 30 – Proposed location of additional replacement planting (Architectus)

Structural and Civil Works

Due to the existing site topography, excavation is required in order to match the existing building's ground floor finished floor levels. Further, to support the adjacent landform following the excavation works it is proposed to have a combination of 1:3 permanent batters and gabion baskets as retaining structures along the northern edge adjoining the existing road. The permanent batters will be protected from erosion with landscaping. See **Figures 31** and **32** below and over showing the existing landform as well as **Figure 33** showing the proposed cut/fill diagram.

Figure 31 – View of the existing landform and covered walkway in the location of the proposed works

Figure 32 – View of the existing landform and covered walkway in the location of the proposed works

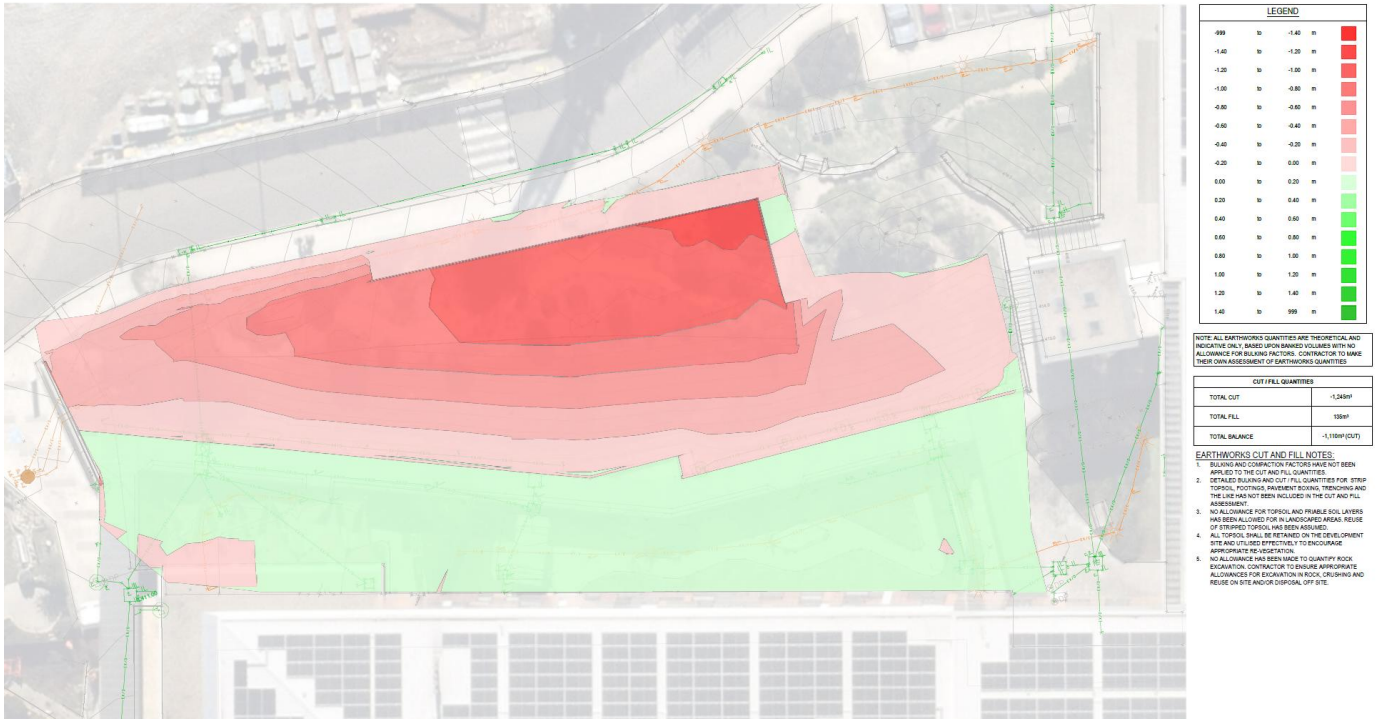

Figure 33 – Proposed cut/fill drawing (Acor)

As noted, the depth of cutting is generally in the order of up to 1.0m with fill to 0.2m. The cut volume is some -1,245m^3 and fill 135m^3. The cut/fill balance is -1,110m^3.

The proposed retaining wall, gabion baskets, and footpaving layout is shown in **Figure 34** over. The structural report for the project is found at **Appendix I**.

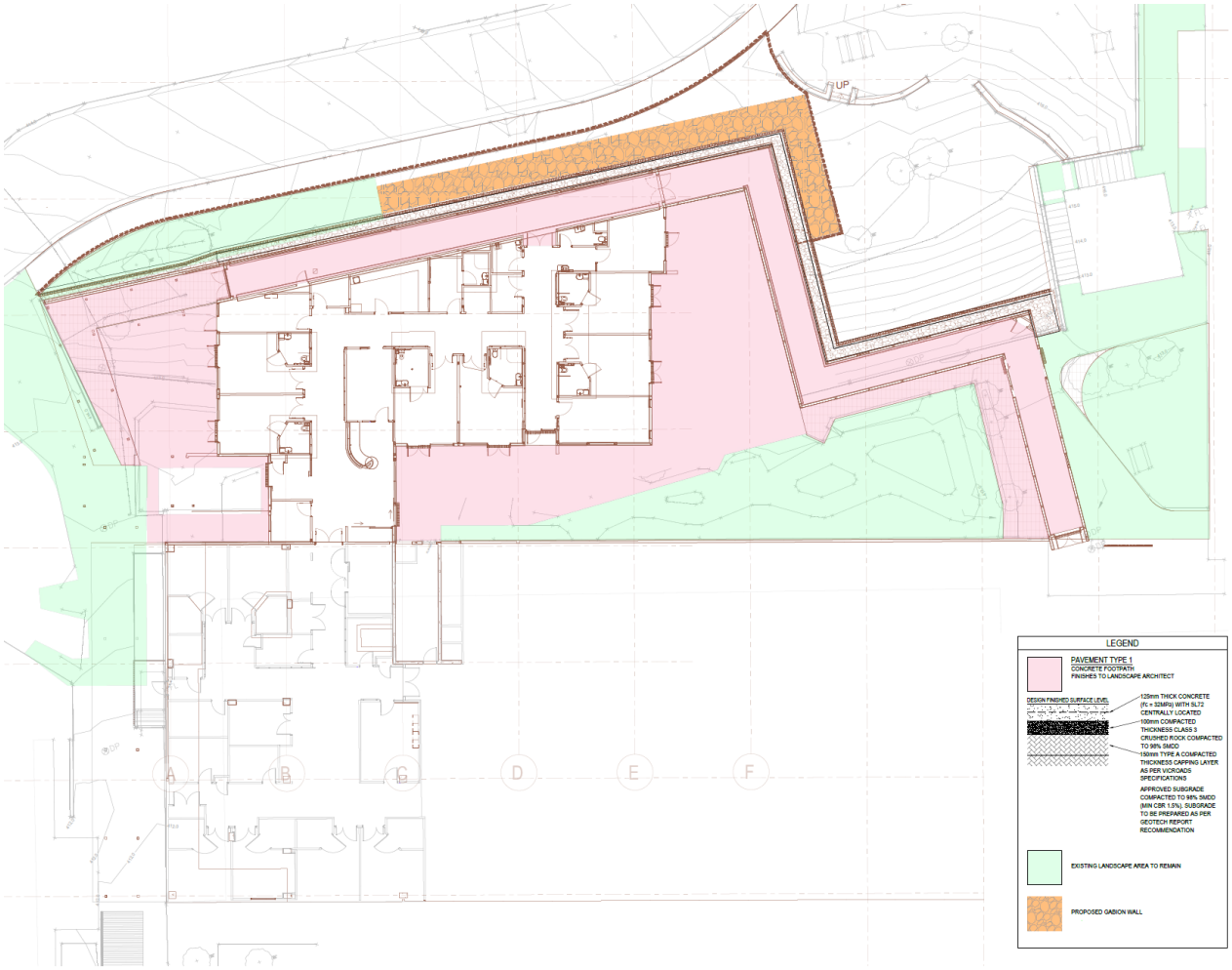

Figure 34 – Proposed paving plan, including retaining wall and gabion baskets (Acor)

The proposed stormwater system to cater for the civil engineering and building works involves a pit and pipe network to discharge surface flows to the existing pits at north-eastern corner of the development site. The majority of the site's stormwater will be directed to an OSD tank located at the south-eastern corner entrance, with a bypass area that drains to the existing pit adjacent to the proposed building. The OSD tank is some 21m^2 in area.

The design addresses stormwater quantity and quality measures to address predicted stormwater flows and rain events, manage water run-off and water quality, and to improve upon the current situation in this regard.

The stormwater management plan is shown at **Figure 35**.

The stormwater management report is found at **Appendix J** with the overall civil engineering drawing set included at **Appendix K**.

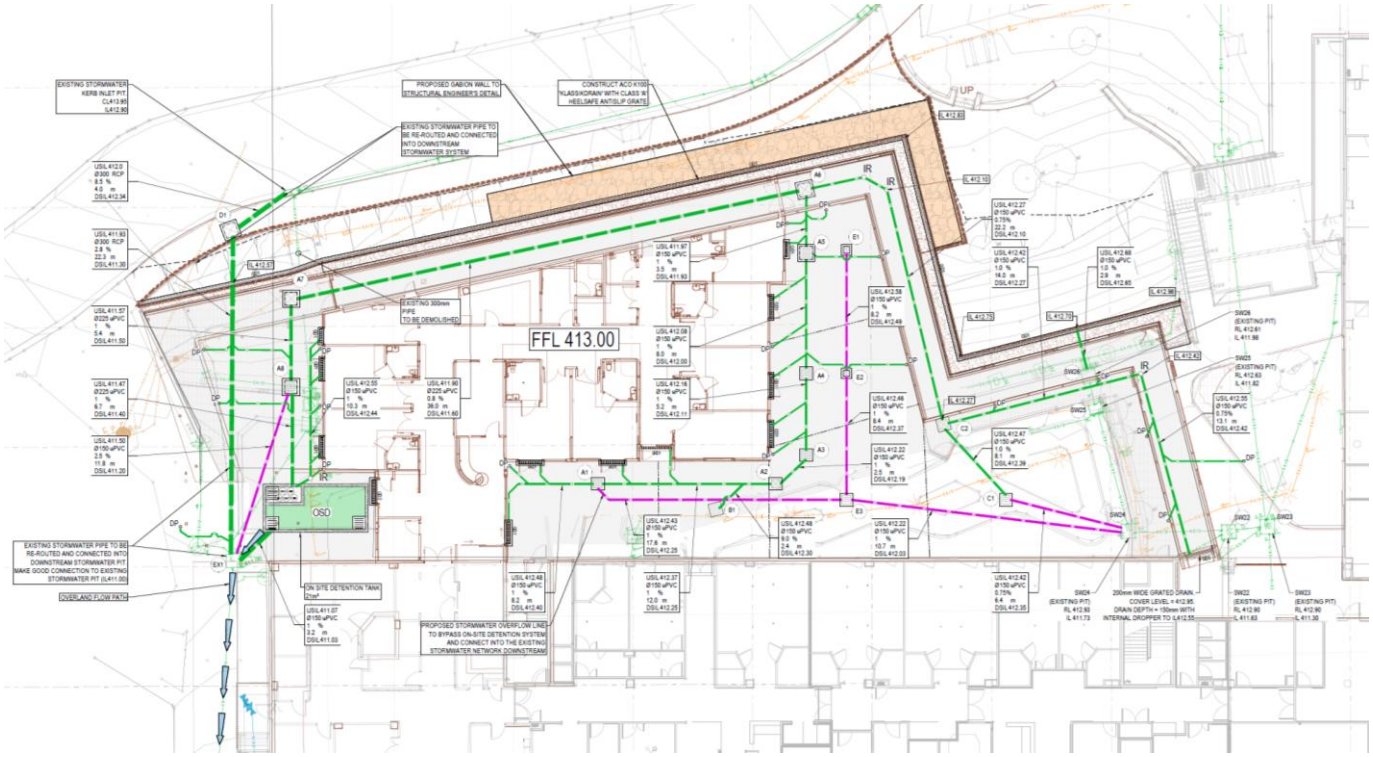

Figure 35 – Proposed stormwater management plan (Acor)

Utilities

Hydraulic services (sewage and potable water) have adequate capacity at the site and require only extension and connection.

Existing spare electrical capacity exists with existing electrical infrastructure retained and used.

No new natural gas supply is proposed in line with Government ESD initiatives towards net zero targets and electrification.

New mechanical systems are proposed to cater for ventilation / air conditioning within the proposed building. The new facility will be provided with medical oxygen, medical air, and medical suction services supplied from the existing sources of the hospital.

An engineering systems report covering a range of utilities and services is found at **Appendix L**.

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.

There is increasing demand for end of life and palliative care beds. Over the five years between 2015-16 and 2020-21, palliative-related hospitalisations have increased by 23% to 90,750. The rate of palliative care hospitalisations has grown from 17.5 to 19.5 per 10,000 population, and other end of life hospitalisations have grown from 13.2 to 15.9 per 100,000 population. This indicates that along with natural population growth impacts, the proportion of the population requiring palliative-related hospitalisations is also contributing to demand. Additionally, increased life expectancy through the

development of multiple new therapies and novel medications over the decades has led to the need for specialist supportive and palliative care services (SPCS) to better manage complex co-morbidities, understand and manage the challenges associated with polypharmacy, and have a focus on maintaining or extending quality of life (without necessarily having a curative intent).

Further, there are inequities in access to dedicated palliative care beds. Within the Hunter New England Local Health District (HNELHD), end of life and palliative care services are focussed toward Tamworth Health Service, with six (6) dedicated palliative care beds in the Nioka unit which is co-located with the adjacent medical ward. Access to the beds by palliative care patients can be impacted by non-palliative patients, and at any one time between 8 and 10 patients may require admission to a palliative care bed. When the beds are occupied there could be another 4 or 5 patients on other wards across the hospital that are palliating, sometimes resulting in patients dying with no direct involvement with the end of life and palliative care service team. Additionally, if someone is on a ward under a GP's / VMO's / medical specialist's care there can be a lack of recognition that end of life and palliative care services may be required. Sometimes a patient is retained in an acute ward as either the patient has a connection with the ward staff or the family did not want to move their loved one in their last moments of life. Additionally, the current palliative care ward does not allow for Aboriginal and Torres Strait Islander families to gather and attend important cultural practices (e.g. smoking ceremonies). There is also no easy access for bedbound palliative care patients (and their families) to outdoor areas.

Generally, the project objective is to provide new dedicated beds for modern contemporary models of palliative care, rather than rely upon patients being admitted into other acute beds within the hospital due to a shortfall in current provision of palliative care beds.

To address the above, HI proposes to provide a new 6-bed palliative care space at Tamworth Health Service 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 the WCEoL program at Tamworth Health Service. 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. Eight (8) options were studied in a range of locations across the campus.

These eight (8) options were:

- Option 1 - Extend building at existing palliative care (6 beds) – new build.
- Option 2 -Vacated women's maternity space – refurb.
- Option 3 - Bruderlin building – refurb.
- Option 4 - Add another level to proposed mental health building - new build.
- Option A - Existing Banksia mental health building – refurb.
- Option B - Build over/on existing car park area - new build.
- Option C - Existing ambulance maintenance shed - demolish and rebuild.
- Option D - Build over/on car park - new build.

Option 1 was developed further into Options 1A, B, and C, with Option 1C having a physical link back to the Acute Services Building. Option 1C was selected as the preferred masterplan option to take into Concept and Schematic Design phases.

During concept design, three (3) options were explored. Option 3.1 (a variation on Option 1C / Option 3) was preferred given all bedrooms had access to external spaces. This layout was refined following user input from the Concept Design Project User Group meeting and Option 3.1 as then updated was selected as the preferred concept option for the schematic design phase.

During schematic design a series of workshops took place to establish the requirement for:

- The functional requirement to patient and common areas.
- Spatial planning of selected rooms.
- View and access to outdoor space.
- Facade and built form of the palliative care extension.
- New dedicated palliative entry and lobby experience.
- Materiality and interior design.
- Furniture and joinery arrangement.
- Link corridor access to the existing acute services building.
- Maintenance and security of the unit.
- Engineering requirement for the new PCU and integration with the existing Nioka unit.

In accordance with HNELHD Emotional Design Brief and the WCEoL Design Principles, the schematic design continued the theme of providing a homelike environment and patient centred considerations:

- Providing large windows in patient areas with outlook and maximising daylight within the room.
- Natural ventilation and individual climate control within the room.
- Direct access to outdoor space to enable the patient to be taken by bed or by chair to their dedicated external balcony area.
- Landscaped areas including external bedroom balconies, community courtyard and staff courtyard.
- Communal spaces both indoor and outdoor to provide gathering spaces for multiple groups to gather for celebrations and ceremonies.

The schematic design developed the clinical planning, facade, landscape and interior design over a series of workshops to refine the design of Option 3.1, the option the subject of this REF. This option provides the optimal and preferred patient, visitor and staffing outcomes in palliative care based on functional requirements of the space, and alignment with HI design principles.

An overview of the alternatives leading to Option 3.1 during Concept Design phase, and an identification of the preferred alternative, for the proposal are provided within Table 2. These all involve an extension to the ground level of the Acute Services Building to co-locate and extend the existing Nioka palliative care unit.

Table 2: Alternatives considered for the proposal

Alternative description	Result of workshop overview		Preferred alternative
Option 1.1 	**Opportunities** - Bedrooms around perimeter with external outlook - 4 bedrooms have direct external access - Centralised clinical support - Access to outdoors from eastern bedrooms and communal spaces - Communal spaces located centrally, close to entry with oversight from staff station - Separate staff courtyard	**Constraints** - Four bedrooms face south - Lack of oversight of 4 bedrooms north - Limited external access from 2 west facing bedrooms	X
Option 2.1 	**Opportunities** - Bedrooms around perimeter with external outlook - Centralised clinical support - 3 bedrooms have access to courtyards - Lounge has access to outdoors	**Constraints** - No separate staff courtyard - No external access available from existing rotated bedrooms - Limited external access from 3 western bedrooms - Under briefed - store equipment, workstations - Cannot provide additional disposal room	X
Option 3.1 	**Opportunities** - All bedrooms distributed around perimeter with direct external access - Lounge provided centrally with courtyard access - Dining area separate with courtyard access - Staff station provided in new footprint with oversight to bedrooms and entry - Staff room with access to green space - Meeting room with courtyard access	**Constraints** - Two bedrooms face south - Under briefed - workstations - Cannot provide additional disposal room	✓

3.3 Construction Activities

The works are long term (approximately 12 months). The following table sets out key attributes of the project's construction activities.

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

Table 3: Project Timeframes and Construction Activities

Construction activity	Description
Commencement Date	From September 2025, with all works required to be completed in Q4 2026
Work Duration/Methodology	The project is organised around a Design Finalisation and Construction methodology and will be tendered. The successful Contractor will be required to submit a detailed program of the works to be undertaken as per outlined in the Contract. Access to the area to commence physical works will be from September 2025, with all works required to be completed in Q4 2026. The construction proposal is to complete works in one stage, with carefully planned decant works designed to mitigate interruption to services.
Work Hours and Duration/Construction	The following hours of operation are proposed for the Works (maximum): • Monday to Friday 7.00AM to 6.00PM • Saturdays 8:00AM to 1:00PM • Sundays and Public Holidays No Work No work will occur outside of the hours nominated unless approval has been given by Tamworth Health Service. Deliveries of heavy machinery may be required out of the proposed hours of operation to confirm to the overriding requirements of Transport for NSW.
Workforce/Employment	It is estimated that 20 workers would be on-site per day on average over the duration of the works.
Ancillary Facilities	The contractor will have the opportunity to decide the location of contractor parking and site compound locations as per indicative markup below. The locations shown in the figure over are optional and the tenderer is to propose adequate locations as part of the construction methodology, including provision of suitable barriers/protection around the site compound from pedestrians and vehicles. The areas marked in blue are consistent with those applied for the recent Mental Health Unit (Banksia) works. 

Construction activity	Description
Plant Equipment	During construction, the following equipment may be used: • bulldozers, backhoes and excavators; • articulated and fixed trucks; • mobile cranes; • concrete delivery trucks; • concrete pumps; • man and material hoists; and • scissor and boom lifts, and fork lifts
Earthworks	Earthworks are proposed at the site to largely cut the existing formed land and berm to allow for the ground level extension of the Acute Services Building, with or minor fill proposed to ensure appropriate levels for both the building and the new courtyards. The depth of cutting is generally in the order of up to 1.0m with fill to 0.2m. The cut volume is some -1,245m^3 and fill 135m^3. The cut/fill balance is -1,110m^3.
Source and Quantity of Materials	This is not able to be 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	Construction traffic for the Tamworth Hospital WCEoL Project will be managed to minimise disruption to hospital operations and the surrounding community. Temporary traffic control measures will ensure safe and efficient entry and exit for vehicles. Construction schedules will be planned around off-peak hours to reduce congestion on key roads, such as Dean Street. A dedicated construction vehicle staging area will be located within the existing contractor's compound in the north-west of the site. Dedicated construction vehicle routes have been developed with the aim to provide the shortest distances to/from the arterial road network and therefore minimising the impact of construction traffic on surrounding local roads. The Principal Contractor will be responsible for preparing a detailed Construction Traffic Management Plan, including Traffic Guidance Schemes, to mitigate any impacts on traffic, pedestrians, cyclists, public transport, and emergency vehicles. Construction traffic will be routed away from high-traffic areas, with specific access points and staging areas designed to minimise disruption to hospital activities. Entry and exit points are planned to prevent additional stress on the surrounding road network. During the construction period, pedestrian and cyclist movements throughout are to be maintained as much as feasible. There is not expected to be any impact to existing pedestrian or cyclist paths by the proposed construction works. Pedestrian, cyclists and vehicular passage to and around the site will be maintained, or alternate routes determined where necessary, and are to be defined by clear signage.

Construction activity	Description
	Temporary hoarding appropriate to the interaction between pedestrians (and cyclists where relevant) and construction works will be constructed to prevent unauthorised access to the Site (as per WorkCover requirements and Australian Standards). These hoardings and fences will be staged to allow access to in-use areas during the Works. Heavy vehicle movements during the works will be carefully managed to minimise their impact on the surrounding road network and hospital operations. A variety of construction vehicles will access the site, with the largest being 20-metre semi-trailers. At peak times, up to 10 trucks will access the site daily, resulting in a maximum of 20 two-way heavy vehicle movements. These movements will be spread throughout the day to ensure minimal impact on existing traffic, both within the Tamworth Hospital and on surrounding roads. Construction deliveries will be pre-scheduled to avoid conflicts with hospital shift changes and patient transport. Dedicated construction vehicle routes have been developed to ensure the shortest possible travel distances to and from major arterial roads, thus reducing the impact of heavy vehicle traffic on local roads.

3.4 Operational Activities

Use

The proposed extended palliative care unit adds 6 new beds to the 6 existing Nioka unit beds and results in a 12-bed palliative care unit. In essence no change in use is proposed to occur.

Operation Hours

The proposed use will be 24 hours per and 7 days per week. The proposed use is consistent with other hospital activities and the existing palliative care activities carried out within the Nioka unit and elsewhere within the hospital presently.

Staff/Patients

The proposal involves 6 new beds (with a commensurate minor increase in FTE staff), noting however that existing palliative care arrangements exist at Tamworth Health Service at the ground level of the same building.

Traffic and Parking

The proposed works do not affect car parking supply at the hospital. See discussion in Section 6 with respect to the modest changes in demand relative to existing supply of spaces within (and outside of) the campus.

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 activity constituting the development is required under Part 5 of the Act.

TI SEPP aims to facilitate the effective delivery of infrastructure across the State. Division 10 of Part 2.3 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 'R1 – General Residential' under the *Tamworth Regional Local Environmental Plan 2010* – see **Figure 36**. The R1 zone is a prescribed zone under the TI SEPP. The site is within the boundaries of an existing health services facility within which the development is permissible without consent under s 2.61 of the TI SEPP.

Figure 36 – Land use zoning under Tamworth Regional LEP 2010 (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 5 of this REF.

Table 4: Description of proposed activities

Division and Section within TI SEPP	Description of Works
Section 2.61(1) and (2)	The development is being carried out by a public authority within the boundaries of an existing health services facility for the alteration of, or addition to, a building that is a health services facility. Further, the public authority is satisfied that appropriate consultation has been undertaken having regard to— (i) the SCPP—new health services facilities and schools, and (ii) the community participation plan. The public authority has also considered the design guide. Lastly, the development will not involve more than 30,000m^2 of gross floor area on the site being created or affected.
Section 2.3(3)	Civil engineering works and services relocation and other works ancillary works to the construction works.

4.2 Environment 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

Consideration	Yes/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 Tamworth Health Service 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 space promotes an orderly and economic use of the site by expanding existing palliative care spaces into a much-needed contemporary health service use, by converting recently built and engineered areas into new usable floor space.
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 Aboriginal cultural heritage that may be affected by these works. The works are within an existing building footprint and extend into already disturbed land where assessment of such impacts has previously been carried out and found acceptable. The extension of existing built form for new use will not impact any of the local and State heritage items on the site as the location is remote and shielded from areas of greatest heritage value.

Object	Comment
g. to promote good design and amenity of the built environment,	The design of the palliative care space is one limited by the scope of the project. In essence the proposed works operate to maintain and in part extend the existing bulk and scale of the building at ground level. The primary focus of the design seeks to promote good and contemporary design internally with the highest amenity for the proposed use of the facility. Its interfaces externally are relatively secondary in this context.
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 previously been notified in late 2024, garnering no commentary / submissions from either Council or neighbours of the hospital. Siding Spring Observatory's interests in maintaining the dark sky region have been satisfied by the orientation of new lighting, noting the relatively modest scale of the works and the distance of Tamworth from the observatory, being just inside the 200km radius of the dark sky region. Supplementary notification / exhibition of the project is now required due to amendments to the applicable planning legislation. The proposed activity will be notified in accordance with requirements to the stakeholders identified through this process. In accordance with HI's Community Participation Plan (October 2024) (CPP), the REF will be publicly exhibited for a period of 28 days. Any submissions received during the notification and exhibition period will be addressed in the final REF. Aboriginal community representative engagement was also carried out in late February 2024 which generated high levels of interest and engagement with the project and garnered valuable insights into community aspirations for the palliative care space. 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. Such activities are generally carried out by or on behalf of a public authority. Activities under Part 5 of the EP&A Act are assessed and determined by the public authority, referred to as the 'determining authority'. HI is a public authority and is the proponent and determining authority for the proposed works.

The EP&A Act requires a determining authority, in its consideration of an activity and 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, to 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 *Wilderness Act 1987*) 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 Wilderness Act 1987) 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 EP&A Regulation requires 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) and *Guidelines for Division 5.1 Assessments - Consideration of environmental factors for health services facilities and schools* (DPHI, October 2024), provide 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		
Rural Fires Act 1997	The site of the works is not Bushfire Prone Land.	No.
Biodiversity Conservation Act 2016	The area subject of the works does not contain any critical habitat, threatened species or ecological population or community.	No
Water Management Act 2000	The works are not within 40 metres of a mapped watercourse.	No.
Contaminated Land Management Act 1997	The site is not listed on the register of contaminated sites noting also the elevated nature of the site of the proposed works within the existing building.	No.
Heritage Act 1977	The works will have no impact upon any State heritage. The works will have no direct impact upon local heritage. Despite the extent of the local listing description under Council's LEP and its campus-wide mapping – see **Figure 37**), the works will generally be internal or face north away from the 1883 building, the Dean Building (identified as the main buildings of historical significance) and other cluster of other older buildings to the south of newer Acute Services Building. Further there are no impacts upon National heritage or any s.170 register heritage listing.	Yes.
Roads Act 1993	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.
Local Government Act 1993	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. This however appears highly unlikely. At the Master Plan and Schematic Design stages it was identified that the existing infrastructure has adequate capacity for sewage and potable water within the site	No.
National Parks and Wildlife Act 1974	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 relatively modest nature of the scope of works.	No.
Crown Land Management Act 2016	Not relevant to this REF.	No.

Legislation	Comment	Relevant? Yes/No
Protection of the Environment Operations Act 1997	An environment protection licence is unlikely to be triggered or required due to the relatively modest scope and duration of the works.	No.
NSW Reconstruction Authority Act 2022	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 bushfire prone land and is unlikely to be flooded.	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 (Sustainable Buildings) 2022	This SEPP, and Chapter 3 in particular, does not apply to Part 5 / REF assessments.	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. The works are not of a type to trigger Chapter 3 of this SEPP related to hazardous and offensive development. Minor remediation works categorised as Category 2 remediation works are proposed to ensure the site remains suitable for the proposed health services facility land use under Chapter 4 of this SEPP – Remediation of Land. The works will have no impact upon the heritage of the hospital site and can be categorised accordingly.	Yes – Chapter 4 only.
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 R1 zone in the event Tamworth Regional 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 6 additional bed scale of this	Yes, as set out here.

Legislation	Comment	Relevant? Yes/No
	development does not relate to the traffic-generating development thresholds.	
Tamworth Regional Local Environmental Plan 2010		
Zone	R1 – General Residential The proposed land uses (*health services facility* and *hospital*) are permissible within the zone.	Yes.
Height of Buildings	N/A	No.
Floor Space Ratio	N/A	No.
Heritage	A local heritage item (Item I361 – 'Tamworth District Hospital complex') on land predominantly to the south of the hospital lot. See **Figure 37**. Note, the Acute Services Building from 2015 is not one of the key historical buildings related to the heritage listing / description. The Statement of Heritage Impact prepared for this REF indicates the 1883 Building and the Dean Building to be the key buildings of historical significance.	Yes.
Flood Planning	Not mapped as such by the LEP	No.
Coastal Planning	N/A	No.
Acid Sulphate Soils	N/A	No
Terrestrial Biodiversity	Not mapped	No
Riparian Lands and Watercourses	Not mapped	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	Relevant? Yes/No
NSW State and Premier's Priorities	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.	No
Future Transport Strategy	The proposed development is modest in scale and is not a type to be inconsistent with	No

Strategic Plan	Assessment	Relevant? Yes/No
	any of the objectives and actions associated with the Future Transport Strategy.	
Movement & Place	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 location and relatively modest scale of the development within the Tamworth Health Service.	No
New England North West Regional Plan 2041	The New England North West Regional Plan 2041's Vision is Healthy and thriving communities, supported by a vibrant and dynamic economy that builds on the region's strengths. The Plan includes 22 Objectives and range of supporting Strategies, Actions, and Collaboration Activities based on a series of themes. The most relevant of these, and which cite the Tamworth hospital or Tamworth Health Service, are set out below. • Foster the data-driven growth of knowledge-based, education and health-related industries around Tamworth Base Hospital, University of Newcastle's Tamworth Education Centre and TAFE NSW • Objective 19 - Leverage new and upgraded infrastructure. Significant State investments in infrastructure are planned for the region including new/upgraded schools, hospitals, highways and dams in addition to Inland Rail. Whilst modest in its scale and nature, and in being an ancillary function to the overall operation of the hospital, the proposal is not at odds or inconsistent with the relevant Objectives and its range of supporting Strategies and Collaboration Activities under the Plan.	Yes, in part.

Strategic Plan	Assessment	Relevant? Yes/No
Tamworth Local Strategic Planning Statement 2020	The Local Strategic Planning Statement 2020 (LSPS) sets out a 20-year land use planning vision. It came into effect in 2020 and outlines how growth and change will be managed to maintain the high levels of environmental amenity, liveability and landscape quality. The Vision is “a future Tamworth will offer an enhanced quality of life for the region with greater prosperity, compassion for its people, reverence for its culture and respect for nature”. To achieve this Council aims to grow to 100,000 people by 2041. Council will seek to retain more residents and welcome new citizens by generating new jobs, improving skill levels, enhancing liveability and ensuring affordability. Action 3.3 is to Develop a Health Precinct which attracts a wider range of medical and related services Health care and social assistance is currently the biggest employer in the region and has grown significantly in recent years. However, when compared to other similar regions, growth in this sector in Tamworth is relatively low and can potentially develop into a shortage, particularly in medical/specialist (private) services, as population grows. Medical technology, health & education precinct will have University partnerships as anchor drivers. The precinct will capitalise on existing strengths and partnerships. Action 4.7 is to Enhance health service provision At the moment Tamworth Hospital has capacity to expand, but it needs to consider the impact on infrastructure. However, there is also opportunity for private health service development. Again, whilst modest in its scale and nature, and in being an ancillary function to the overall operation of the hospital, the proposal is not at odds or inconsistent with the relevant Planning Priorities and Actions of this Plan.	Yes, in part

Figure 37 – Heritage Map Tamworth Regional LEP 2010 (Tamworth Regional Council)

5 Consultation

5.1 Statutory Consultation / Public Exhibition

The REF scope of works was notified on 4 November 2024 for 21 calendar days concluding on 25 November 2024. Notification of the works was provided to Tamworth Regional Council, Siding Spring Observatory (given the site is just within a 200km radius of the observatory and therefore within the dark sky region), and adjoining occupiers of land. See Table 10 over for the statutory basis of the notification.

In total, 33 letters were placed in letterboxes of adjoining occupiers of land or otherwise hand delivered. See **Figure 38** below setting out the scope of letterbox drop notification. The following addresses were notified by letterbox drop at that time:

- Tamworth Correctional Centre (152-160 Johnson Street).
- No. 28 and 29 Dean Street.
- Premises from 117 to 149 Johnson Street, which included the Tamwell Medical Centre, Tamwell Hotel and adjacent café.

Figure 38 – Extent of notification to adjoining occupiers of land (SixMaps)

Appendix N provides the notification letters and package of material provided to Tamworth Regional Council, Siding Spring Observatory, and adjoining occupiers of land.

No public submissions were received and Tamworth Regional Council did not respond to the notification process.

Siding Spring Observatory responded seeking consideration be given to minimising light pollution by following the good lighting design principles outlined in section 4.1 of the NSW Department of Planning and Environment's Dark Sky Planning Guideline. In particular, the observatory sought use of the principles related to using shielded light fittings to reduce upward light spill and warm colours for the lighting. The design team addressed this request advising that all luminaires are installed under awnings,

eaves and the like with light emissions orientated towards the ground (i.e. no light emission is past the horizontal). Few additional lights are associated with the subject works given its scale and scope. See further discussion in Section 6 of this REF. The Siding Spring Observatory submission is included at **Appendix O**.

Table 10: Stakeholders required to be notified

Stakeholder	Relevant Section
Tamworth Regional Council	Section 2.62
Occupiers of adjoining land	Section 2.62
Director of Siding Spring Observatory	Section 2.15(2)(d)

Based on the above, the project has achieved the minimum statutory notification requirements as set out in section 2.61(2)(a) of the TI SEPP. This includes that appropriate consultation has been undertaken having regard to the SCPP - new health services facilities and schools, and the CPP.

The SCPP and CPP both state that the level of consultation undertaken should reflect the level of potential environmental impact, including impacts on surrounding properties and the community, and the anticipated level of community interest in a particular development proposal. It also states that as a minimum, NSW Health/Department of Education will write to the following stakeholders informing them of the exhibition:

- Neighbouring and nearby property owners and/or occupants in the vicinity of the proposed development that are deemed by NSW Health/Department of Education to be affected by the proposal.
- Local council of the area within which the proposed activity is located.
- Relevant state and Commonwealth Government agencies and service providers.

This has been undertaken in relation to the project, as set out above. Based on the level of feedback received the consultation has been carried out commensurate with the level of potential environmental impact, including impacts on surrounding properties and the community, and the anticipated level of community interest in the development proposal. The extent and scope of notification has been carried out consistent with statutory requirements and the relevant likely affected stakeholders.

Rural Fire Services

The location of the proposed works is not mapped (or within 140m of) Bushfire Prone Land and therefore does not require referral to the NSW Rural Fire Service (RFS). The development does not require a Bush Fire Safety Authority under section 100B of the *Rural Fires Act 1997*.

5.2 Community and Stakeholder Engagement

Community and stakeholder consultation and engagement has occurred outside of the statutory consultation requirements having regard to HI's *Community Participation Plan* (October 2024) and DPHI's *Stakeholder Community Participation Plan* (2024). As set out in the REF Communications & Engagement Report - Tamworth Palliative Care Unit Project (see **Appendix P**) extensive consultation has been undertaken with clinical staff and carer groups associated with Nioka to ensure all views have been reflected in the planning and design.

HI has ensured consistent, transparent and proactive communications and engagement has occurred in delivering a successful project outcome.

Modes of communication and key activities have included:

- Emotional Design Brief.
- Community expression of interest in providing feedback on the design.
- Online design survey.
- Aboriginal consultation.
- Project update to Friends of Nioka and others who had expressed an interest in the project.
- Project user groups on the master plan, concept design and schematic design.
- Project working groups, such as Sustainability and Arts.
- Council, government agencies and service providers.

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
Emotional Design Brief	Early 2024	The session explored user views on the functionality and aesthetics of the current rooms, and their emotional responses to the existing spaces; as well as ascertaining their views on the design of the future palliative care space.	The project's design response is to provide: • Access to nature. • A safe and secure space. • Integrity and privacy. • Access to space.
On line Expression of interest	February 2024	Six respondents helped to shape the design of the new unit.	Commentary was used to inform the emerging design.
Online Design Survey	24 May to 14 June 2024	97 responses were received providing commentary as summarised below. • A welcoming entry and calm, quiet environment on the ward were considered the most important design considerations, closely followed by having a balance between privacy and having access to common areas. • A homelike, non-clinical feel was considered the most important bedroom design feature. • The overwhelming majority of respondents (77%) wanted to	Findings were considered in project user groups and key decision-making points for the project.

List of community engagement activities	Date	Feedback	Project Response
		see a calm and soothing colour palette in the expanded unit. • 75% of respondents said they would like to see artwork that reflects local flora and fauna, followed by artwork that reflects the local community, with familiar faces and scenes.	
Aboriginal consultation	21 May and 13 November 2024.	Aboriginal Health Unit staff have been part of project user group meetings for the design. As a result of PUG discussions, the design allows for: • Larger rooms to accommodate larger gatherings. • A semi-circular “yarning circle” in one of the courtyards. • Privacy between balconies for patients, so they can be outside under the sky at their time of dying. • Ability to sit outside, while sheltered from the weather, to feel the sun or listen to and smell the rain. • Having green space that is visually pleasant, can be touched, and has olfactory attraction – particularly using native flora that is resilient and culturally representative. • Offering separate spaces for different family or visitor groups to congregate without disturbing one another. • Offering space to prepare and eat food (indoor/outdoor), in recognition of the importance of food in bringing people together.	Findings were considered in project user groups and key decision-making points for the project.
Friends of Nioka	29 February 2024 7 May 2024 20 August 2024	General range of positive responses to project update, master plan briefing and project briefing meetings	Questions and commentary taken into consideration in progressive rounds of design refinements.

Generally and overall HI is satisfied that the consultation, notification and referral legislative processes carried out comply with NSW Government planning legislation and guidelines, including:

- State Environmental Planning Policy (Transport and Infrastructure) 2021 (TI SEPP)
- Department of Planning, Housing and Infrastructure (DPHI) Stakeholder and Community Participation Plan October 2024 (SCPP)
- Health Infrastructure Community Participation Plan October 2024 (CPP).

See detailed commentary at **Appendix P** with respect to the Communications and Engagement program, activities and actions, and feedback and next steps.

6 Environmental Impact Assessment

6.1 Environmental Planning and Assessment Regulation 2021 – Assessment Considerations

Section 171(1) of the EP&A Regulation requires 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 and the Guidelines for Division 5.1 assessments—Consideration of environmental factors for health services facilities and schools (October 2024) 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	
The 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 Tamworth and the broader New England Region. From an environmental standpoint the project enables the reuse and reconfiguration by extension of the ground level of the Acute Services Building and therefore makes 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. During construction, a minor increase in trucks and construction operations will have a noise impact, however this will be generally limited to areas within the hospital due to the location and orientation of the works. These will be managed and mitigated through appropriate measures during works.	**-ve** Short term traffic and noise impacts during construction Nil **+ve** Long term once operational
The transformation of a locality	As the works will sit within the general developed footprint and envelope of the existing Acute Services Building, albeit within its approved and developed landscaped area, there will not be a change to the nature of the locality. The hospital's scale, function, and appearance will generally remain the same. The works are only visible from within the hospital and the general curtilage of the Acute Services Building. There is no transformation of the locality likely to arise.	-ve **Nil** +ve
The environmental impact on the ecosystems of the locality	The proposal will result in the loss of 12 modest planted trees, with the proposed replacement of these with 13 new trees in similar and adjacent locations – 6 within the courtyards of the development and 7 along the adjacent roadway. This will enable enhanced shading and amenity and	-ve **Nil** +ve

Relevant Consideration	Response/Assessment	
	biodiversity value at the site over time. The works have no environmental impact on the ecosystem of the locality.	
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 and generally remote from other adjoining land uses. Proposed lighting design will have no impact upon the Dark Sky Region focussed upon Siding Spring Observatory some 198km away.	-ve **Nil** +ve
The effect on any locality, place or building that has 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. An existing cultural garden is displaced by the works but will be relocated separately to an accepted location within the hospital, most likely as Exempt Development.	-ve **Nil** +ve
The impact on the habitat of protected animals (within the meaning of the *Biodiversity Conservation Act 2016)*	No protected fauna (within the meaning of the *Biodiversity Conservation Act 2016*) will be impacted by the proposal given the urbanised and disturbed context of the hospital campus and the nature of the works, particularly adjacent to the Acute Services Building.	-ve **Nil** +ve
The 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 the Acute Services Building (and its immediate curtilage) sits in an originally developed part and already disturbed and landscaped area of the campus.	-ve **Nil** +ve
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** +ve
Degradation of the quality of the environment	The proposal will not reduce the quality of the natural environment, noting the modest vegetation or trees that are impacted or removed are replaced at a rate of >1:1.	-ve **Nil** +ve
		-ve

Relevant Consideration	Response/Assessment	
Risk to the safety of the environment	There will be no risk to the safety of the environment as a result of the proposal.	**Nil** +ve
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** +ve
Pollution of the environment	Indirectly, under the DGN 058, the new building will in part improve the campus' existing ESD credentials and result in 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. Construction and Operation Noise pollution will be managed to ensure suitable acoustic levels are able to be maintain, whether in the short-term due construction and in the ongoing operation of the building's mechanical services and plant. Air quality measures will be provided during works to manage dust and odour impacts.	**-ve** Short term noise and air quality impacts during construction and ongoing operational noise. Nil +ve
Environmental problems associated with the disposal of waste	The works generally result in demolition- and excavation-related waste (of which only a small portion is standard hazardous or limited contaminated materials for which routine waste classification and removal and disposal methods is to be employed). Ongoing clinical and hospital waste will be addressed through currently employed contemporary waste handling methods.	-ve **Nil** +ve
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 development 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**
The 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	-ve **Nil** +ve

Relevant Consideration	Response/Assessment	
	concurrently. As noted, the new Mental Health Unit (Banksia) will be close to completion with a range of landscaping and finishing trades in attendance at that development with only a minor likely overlap of a few months of construction relative to this proposed scope of works and construction program.	
The 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** +ve
Applicable local strategic planning statement, regional strategic plan or district strategic plan made under Division 3.1 of the Act	The proposal is of a minor nature relative to matters pertaining to Tamworth Health Service, the hospital or health precinct more generally, employment, economic development and the like under the relevant and applicable strategic planning documents as set out in Section 4 of this REF. In any case, the positive attributes of this development are not inconsistent with any such objectives.	-ve **Nil** +ve
Other relevant environmental factors	None identified.	-ve **Nil** +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
Is there onsite parking for construction workers?	X	

The proposed works do not affect any existing areas of car parking or access within the hospital. No car parking spaces will be removed or lost and the adjacent access road will remain unchanged. In terms of additional or new car parking demand the existing hospital provides some 511 staff car parking spaces and at least 273 visitor car parking spaces in a range of dedicated at-grade car parks with additional

spaces available on streets bounding, or in the vicinity of, the hospital. Generally parking areas are near or at capacity between 11am and 3pm before and after which a significant availability of parking occurs, particularly in relation to visitor parking.

The additional beds under this proposal are likely to generate demand for 3-4 additional parking spaces for staff and an additional space per bedroom (6) for visitors. In total, demand for 10 additional parking spaces would arise. The opening hours for visitors to the expanded Nioka unit are between 10am and 8pm and it is expected that the peak time for visitors would be after 3pm, when it was observed there was a higher availability of public parking across the site. Despite the high car park occupancy that was observed on site by Stantec (the project's traffic consultant), it is expected that the existing parking areas can accommodate the small increase in parking demand.

From a traffic generation perspective, the proposal is expected to result in a very minor uplift in traffic, likely to be less than 10 vehicles in a peak hour. As such, the overall traffic impact is expected to be negligible and is not expected to not have any adverse impact on the function, operation, or safety of the surrounding road network.

The works will result in traffic generation related to construction activities. The number of construction workers is currently unknown and will depend on the methodology of the appointed contractor. However, to provide a preliminary assessment, the average number of workers during peak activities is anticipated to be 20 workers on-site per day across the duration of the project. Given the known high demand for parking within the campus associated with hospital staff and visitors, dedicated construction worker parking will be available within the existing contractors staging area in the north-west corner of the campus, accessed via the circulation road.

The existing construction staging and compound area for the development of the Mental Health Unit (Banksia) is assumed to continue to be used for this project. This will limit impacts upon existing car parking areas and allow for managed access and handling of construction vehicles and deliveries as they occur. The site will have various types of construction vehicles accessing the site. The largest construction vehicle accessing the site would likely be 20-metre semi-trailers.

It is expected that the peak construction vehicle activity will result in up to 10 trucks (maximum 20 two-way movements) in and out of the site per day. These movements are expected to be spread throughout the day and would have a negligible impact on existing traffic volumes both internal and external to the Tamworth Health Service.

Generally, construction vehicles will have origins and destinations from a wide variety of locations throughout the Tamworth area and beyond. However, dedicated construction vehicle routes have been developed with the aim to provide the shortest distances to/ from the arterial road network and therefore minimising the impact of construction traffic on surrounding local roads.

The appointed Principal Contractor would be responsible for preparing a detailed Construction Traffic Management Plan and associated Traffic Guidance Schemes, which would be able to appropriately manage and mitigate any potential impacts on traffic, pedestrians, cyclists, public transport and emergency vehicles. This requirement has been included in the proposed Mitigation Measures as set out in **Appendix CC** to this REF.

See the traffic and transport assess at **Appendix Q**.

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
Will any receivers be affected by noise for greater than three weeks?	X	

Questions to consider	Yes	No
	within the hospital	
Are there sensitive land uses or areas that may be affected by noise from the proposal during operation?	X within the hospital	
Will the works be undertaken outside of standard working hours? That is: • 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 unlikely - see further below

Construction-related noise impacts will be inevitable within the hospital itself. It is unlikely any sensitive noise receivers (e.g. residential uses surrounding the southern boundaries of the hospital) will be affected. This is primarily due to existing attenuation factors such as distances from the location of the works to those sensitive receivers, and most vividly, the shielding or screening of potential noise from the work site by the larger and taller built form of the immediately adjacent Acute Services Building.

The Noise Management Level for the proposed standard hours of works (as set out in Section 3.3 of this REF) has been assessed at 70dB(A) at the external façade of the Main Hospital Building (including Acute Services Building, Emergency Department, and maternity wards) and the Rehabilitation Ward and Hydrotherapy Pool. This assumes a 25 dB(A) attenuation internally for non-openable façade windows.

Based on assumed and typical work programs, and plant and equipment and their corresponding sound power levels, PWNA (the project's acoustic consultant) has predicted noise levels at just below and otherwise generally greater than 75 dB(A) across all phases of works for the Main Hospital Building with exceedances generally in the order of >20 dB(A) over the Noise Management Level of 70 dB(A). Given the Rehabilitation Ward and Hydrotherapy Pool does not directly abut the development in the same manner as the Main Hospital Building, a minor distance attenuation assists in predicting noise level closer to compliance to the Noise Management Level. This is particularly achievable during early site establishment works but impacts in the order of up to and >10 dB(A) exceedance would occur during external and later internal and finishing works.

Consequently, from the assessment outcomes perspective PWNA concludes:

- The Main Hospital Building adjacent to the works site will be highly noise impacted by construction activities.
- The Rehabilitation Ward and Hydrotherapy Pool is likely to be noise affected by construction activities.

Therefore, based on these findings, PWNA recommends conceptual management procedures as discussed in Section 5.3 of its assessment. It is recommended these procedures should be further developed and compiled into a construction noise and vibration management plan (CNVMP). This

CNVMP should be prepared in coordination with building contractors. The conceptual management procedures include:

- Noise Mitigation Measures
- Vibration Mitigation Measures
- Communication and consultation with existing hospital uses / users
- Miscellaneous Measures

With respect to vibration impacts from works, PWNA recommends validating measurements should be conducted prior to undertaking vibration intensive activities (such as demolition of existing floor slab components and façade constructions, etc.). Furthermore, PWNA advises that construction and demolition activities within hospital premises should be conducted in coordination with HNELHD as per the conceptual management procedures set out above and in detail at Section 5.3 of the assessment at **Appendix R**.

Additionally, any vibration levels should be assessed in accordance with the criteria discussed in Section 3.2 of the Construction and Operational Noise and Vibration Assessment. This information should also be included as part of the construction noise and vibration management plan (CNVMP) to be developed by the appointed contractor.

With respect to operational noise impacts arising from new plant and mechanical services on the rooftop of the extension, PWNA recommends a series of design actions to ensure internal amenity within the Acute Services Building, the extended Nioka palliative care unit and other adjacent buildings including the new Banksia unit is at expected levels. The mitigating design measures include:

- Down-duct acoustic treatments for fans and FCUs. These treatments generally comprise the following: internally lined ductwork, internally lined return air / outside air plenums behind FCUs.
- Variable speed drives to be implemented whenever possible.
- Reducing the number of operational plant items between 6:00 pm and 7:00 am (and during the night-time period generally).
- Outdoor units and other plant items to be screened from direct line of sight to the affected residences (depending on their locations).

This requirements of noise and vibration management during works and in relation to operational noise have been included in the proposed Mitigation Measures as set out in **Appendix CC** to this REF.

See the project's Construction and Operational Noise and Vibration Assessment attached at **Appendix R**.

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 only the hospital itself

To address the potential for air quality impacts at the site during works, an Air Quality and Dust Management Plan has been prepared – see **Appendix S**.

This sets out a range of management and mitigation measures to address the expected air quality and dust impacts from the works, in light to the anticipated scope of works and the site's meteorological conditions, in order to:

- Minimise air pollution impacts on the surrounding environment and community.
- Prevent exceedances of NSW air quality standards for particulate matter (PM10 and PM2.5).
- Manage hazardous materials like asbestos, lead-based paints, and silica dust.
- Protect the health of workers, nearby residents and local fauna and flora.
- Meet local council, EPA, and SafeWork NSW requirements.

The mitigation measures relevant to this site and works are as follows:

- The Air Quality and Dust Management Plan (**Appendix S**) shall be implemented and updated. The AQDMP will include:
  - Potential sources of air pollution, hazardous materials and contaminants of concern that may become airborne during demolition and crushing activities
  - Air quality management objectives consistent with any relevant published EPA guidelines and Safework Australia.
  - Mitigation and suppression measures need to be implemented.
  - Methods to manage work during strong winds or other adverse weather conditions.
  - A progressive rehabilitation strategy for exposed surfaces.
  - Shadow watering strategies will be employed adjacent to operating plant.
- Due to the rural location of the site, it is recommended that background Real Time Dust Monitoring for PM10 and PM2.5 is undertaken prior to site establishment to gain an understanding of background dusts in the area.
- All plant and equipment will be ensured to comply with Part 4 of the *Protection of the Environment Operations (Clean Air) Regulation 2002*.
- All delivery vehicles will be covered sealed and appropriately during transportation.
- Dust suppression techniques will be utilised in response to visible dust, such as watering dusty work areas and stockpiles.
- If stockpiles are intending to remain on-site for an extended period of time application of dust suppressants maybe required to minimise airborne dust.

Further detailed environmental mitigation and management measures are set out for adoption and compliance within Sections 5 and 6 of the Air Quality and Dust Management Plan. Broadly, these set out general controls and controls related to dust emissions, gaseous emissions, and compliance management matters including training, monitoring and inspection, licences and permits, auditing, and reporting occur.

These measures have been adopted in the project's preliminary Construction Management Plan at **Appendix M**, and are reinforced by the proposed Mitigation Measures at **Appendix CC**.

6.2.4 Soils and Geology

Questions to consider	Yes	No
Will the works require land disturbance?	X	
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 Assessment has been prepared in relation to the site and the subject works – see **Appendix T**. This has assisted the design team in addressing proposed excavation, bulk earthworks, structural design, retaining wall design, and general civil engineering works scope.

Of relevance, the site is not subject to saturated groundwater ingress with mottled clays detected during drilling at shallow depths indicating historical (but no current) shallow seasonal groundwater flows. The sub-surface soil profile is generally one of silty clays and sandy clays.

The soils at the site are not prone to being Acid Sulfate Soils and are not mapped as such. The soil testing identified the soils as being non-saline.

No mitigation measures are considered relevant in the circumstances. Sediment and erosion control measures are separately addressed further below.

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

Questions to consider	Yes	No
Will a licence under the *Water Act 1912* or the *Water Management Act 2000* be required?		X
Has stormwater management been adequately addressed?	X	

With respect to flooding at the site, as noted earlier in this REF, Tamworth Regional Council flooding mapping from 2021 reveals that the hospital, other than its southern boundary to Johnston Street, is excluded from flood risk consideration. The Acute Services Building and subject site of works is not an identified location of flood risk.

In the worst case scenario of the Probable Maximum Flood with the flood gates open (as seen in **Figure 12** of this REF) the whole of the hospital is unaffected.

In relation to water management at the site, a Stormwater Management Report has been prepared (see **Appendix J**) to address water quantity and water quality measures.

The proposed stormwater system to cater for the civil engineering and building works involves a pit and pipe network to discharge surface flows to the existing pits at north-eastern corner of the development site. The majority of the site's stormwater will be directed to an OSD tank located at the south-eastern corner entrance, with a bypass area that drains to the existing pit adjacent to the proposed building. The OSD tank is some 21m^2 in area.

The design addresses stormwater quantity and quality measures to address predicted stormwater flows and rain events, manage water run-off and water quality, and to improve upon the current situation in this regard.

The works address water quality consistent with Council's requirements. The overall water quality performance objectives as outlined in Stormwater Quality Target - Subdivision (Tamworth Regional Council Development Control Plan 2010) are as follows for development less than 2,000m2:

- 90% reduction in total gross pollutants (GP),
- 80% reduction in total suspended solids (TSS),
- 65% reduction in total phosphorus (TP)
- 45% reduction in total nitrogen (TN)

The project achieves these targets as follows:

- 97.4% reduction in total gross pollutants (GP),
- 81.1% reduction in total suspended solids (TSS),
- 75.6% reduction in total phosphorus (TP)
- 49.8% reduction in total nitrogen (TN)

To address water quality and run-off during works a Sediment and Erosion Control Plan also forms part of the Civil Engineering drawing set at **Appendix K**. This includes such measures as sediment control fencing, stockpile management regimes, fabric inlet traps over existing stormwater inlets, and sandbags around inlets to divert water from the drainage system to manage run-off at the site – see **Figure 39** below.

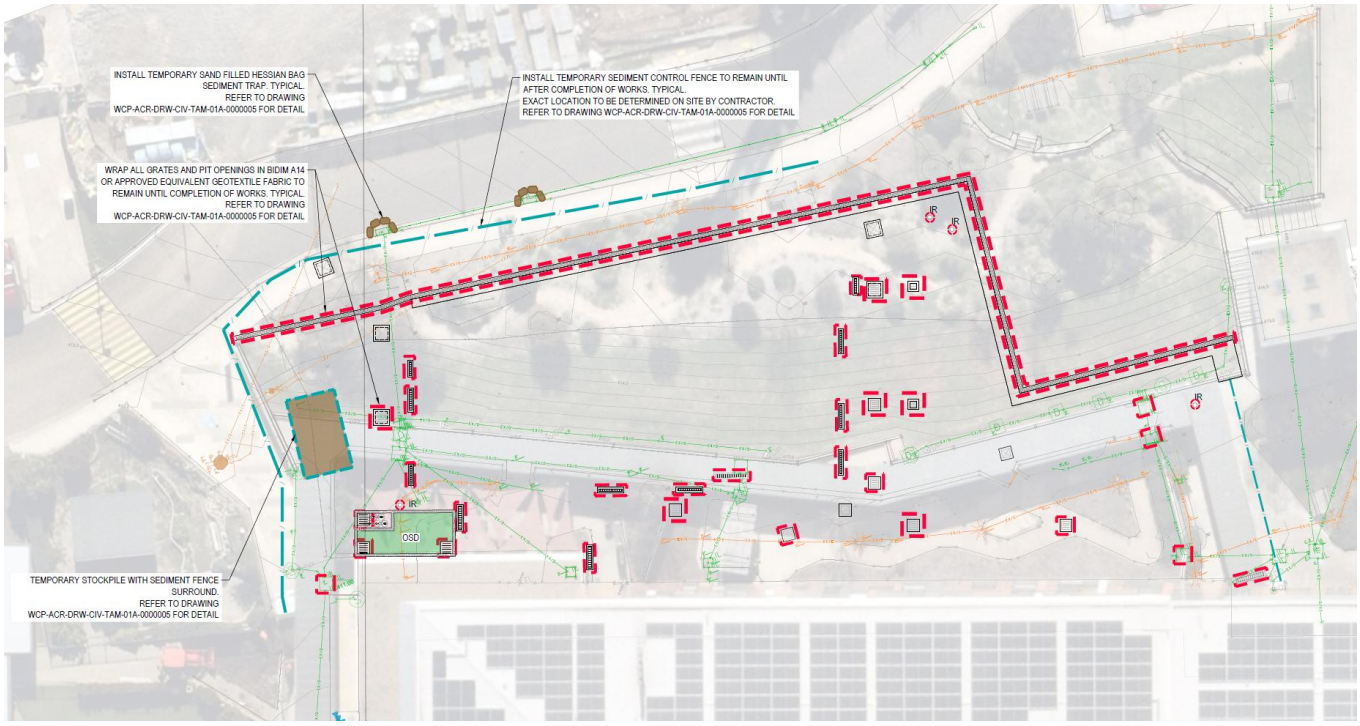

Figure 39 – Sediment and erosion control plan (Acor)

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
Will the works be visible from the public domain?	X within the hospital only	
Are the works located in areas of high scenic value?		X
Will the works involve night work requiring lighting?		X

The built form of the development is generally recessive in the sense that it is only likely to be visible from within parts of the hospital itself; it is single storey in nature as a ground floor level extension to the significantly taller and bulkier Acute Services Building; and is set into the landscape or contours of the site at a level below the immediately adjacent internal roadway to its north. The roadway above the building is supported by retaining walls and gabion cages.

To that end, the visual impacts of the development are likely to be limited and few.

The design of the development is focussed primarily on securing the highest internal amenity with outlooks and access to external spaces from bedrooms. As an extension of the existing Nioka unit this has necessitated a design with a blank unfenestrated wall addressing the structural works to the north supporting the roadway above the site. This wall is not likely to be visible in its fullest extent from most locations and once landscaping of the site and in particular the additional offset tree planting matures is likely to be seen through a vegetated vista only.

No mitigation measures are considered relevant in this context.

6.2.7 Aboriginal Heritage

Questions to consider	Yes	No
Will the activity disturb the ground surface or any culturally modified trees?		X
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)? See Note 20.		X
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? • 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
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

A review of previous regional and local archaeological studies, and those studies' consideration of landforms and past land uses, has been used to predict the contemporary likelihood of the site containing Aboriginal archaeological relics. The investigations confirm that occupation sites (open camps or artefact scatters), isolated finds, scarred trees and stone quarries are the most predominant site types in the locality. The most common locations for sites in the district are close to water sources (creeks, streams, rivers, billabongs and the like).

The site is not near a reliable water source and is therefore considered to continue to have a low potential for archaeological sites. While there may be potential for isolated finds on the site these are likely to be have been disturbed by past natural (erosion) and human disturbances such as clearing, cultivation and construction. This is amplified by the development of the Acute Services Building in 2015.

A recent AHIMS search confirms the lack of nearby or on-site Aboriginal site or declared Aboriginal places - see **Appendix U**.

Notwithstanding, it is proposed to include an unexpected finds protocol and protection requirement in the mitigation measures at **Appendix CC** in the event any Aboriginal archaeology or artefacts may be discovered in the areas of previous works.

Note also that the works in part impact upon an existing cultural garden and this necessitates its relocation. The relocation of the garden is not subject of this REF and is still pending further HNELHD

endorsement. Given the nature of those landscaping works it is highly likely they can be undertaken as Exempt Development without further approval.

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? • NSW heritage database (includes Section 170 and local items); • Commonwealth EPBC heritage list.	X (local item)	
Will works occur in areas that may have archaeological remains?		X
Is the demolition of any heritage occurring?		X

As noted earlier in this REF, the built / developed area of the hospital land is listed and mapped as a local heritage item (Item I361 - 'Tamworth District Hospital complex') on land predominantly within the south of the hospital lot. See **Figure 37** of this REF.

A Statement of Heritage Impact has been prepared to assess any impacts the works may have on the listed item. This is included at **Appendix V** of this REF.

Based on the NSW Heritage Inventory description of the buildings comprising the listed item they are an *elegant Victorian single storey structure in brick with slate roof with two end gabled bays and central wing. Chapel on the east side also survives. Unfortunately the buildings which are of extremely high quality have been surrounded by unsympathetic modern hospital development.*

The Statement of Heritage Impact states the site has several buildings, of which are of historical significance. Notably, the main building was designed by architect J. W. Pender in 1883 and construction was completed in c.1885, as well as The Dean building constructed prior to the 1940's. The subject site is important to the heritage landscape in Tamworth.

The location of the subject works is to the north of the Acute Services Building with the important heritage buildings located to the Acute Services Building's south.

The Statement of Heritage Impact concludes, amongst other things, that:

- The proposed scope of works to include a new building, will have no visual or physical impacts on the heritage setting or aspects to the Locally Listed Tamworth Hospital, #I361, located at 31 Dean Street Tamworth.
- The proposed addition has considered the context in which the proposed new extension is to be placed, and is situated well away from heritage buildings. The proposed single storey extension is screened by the recent multi-storey hospital building to the 1883 significant building, and The Dean building. As a result of the proposed siting of the new building, there will be no visual impacts on the views to and from the 1883 heritage building, Dean Building, or the adjacent locally listed Tamworth Correctional Centre (I406), located at 152-160 Johnston Street, Tamworth. The proposed new building does not connect onto or is close to a heritage building therefore, there will be no physical impacts on heritage buildings, or natural landscape within its immediate area.

Note, the works do not impact upon any National Heritage items or matters protected under Commonwealth legislation. No referral is required under section 15B of the EPBC Act.

The hospital is also not listed under the NSW Health s170 register.

Notwithstanding, it is proposed to include an unexpected finds protocol and protection requirement in the mitigation measures at **Appendix CC** in the event any archaeology or artefacts may be discovered in the areas of previous works. Note, proposed remediation works are classed as Category 2 remediation works. They will have no tangible impact upon any heritage item at the site given their location within the

immediate and direct curtilage of the 2015 Acute Services Building's north away from any of the campus' historical buildings.

6.2.9 Ecology

Questions to consider	Yes	No
Could the works affect any EPBC Act listed threatened species, ecological community or migratory species?		X
Is it likely that the activity will have a significant impact in accordance with the *Biodiversity Conservation Act 2016* (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: • 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

No part of the hospital is mapped as accommodating any significant flora or fauna, and the works remove 12 modest planted trees from the landscaping established for the Acute Services Building some 10 years ago.

Despite this, a ecological assessment has been prepared to support the assessment under this REF to determine and confirm that 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 and/or a Biodiversity Development Assessment Report (BDAR) to be prepared.

The ecological assessment advises that *the landscaped vegetation consists of a mix of exotic species and Australian natives from across the country. The trees present within the proposal area are semi-mature due to their relatively recent planting. Many plants show indications of stress (epicormic growth, poor form/structure, pests and disease).*

Based on its assessment, Abel Ecology indicates, there is no impediment to this proposal. None of the three thresholds for entry into the Biodiversity Offsets Scheme are triggered by the proposal. Therefore, a Biodiversity Development Assessment Report (BDAR) is not required.

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. Abel Ecology does not recommend any specific conditions of consent for the proposal.

It follows that no Species Impact Assessment is required nor triggered given the context of the works and the site's lack of biodiversity attributes as protected under State and Commonwealth legislation.

Abel Ecology does however recommend the following conditions which have been adopted in the Mitigation Measures at **Appendix CC**, noting the landscape design has employed the desired planting palette.

- If possible, when conducting plantings, use locally native species. Consider using plants listed in Australian Plant Suitable for Tamworth Regional Council Areas (July 2007) available below:

  https://www.tamworth.nsw.gov.au/ArticleDocuments/350/Australian%20Plants%20for%20the%20North%20West%20Slopes.pdf.aspx
- Install construction fencing at limit of proposed disturbance to prevent accidental damage to surrounding vegetation.

See the ecological assessment at **Appendix W**.

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 ***Rural Fires Act 1997*** **(RF Act)** that applies to the area or locality in which the activity is proposed to be carried out?		N/A

Whilst the northern parts of the hospital campus are generally bushfire affected and mapped as bushfire prone land, the location of the works and the Acute Services Building itself is not affected by mapped bush fire prone land – see **Figure 11** within this REF.

Notwithstanding, in the interest of best practice, a bushfire assessment was carried out with the proposal considered against the provisions of Planning for Bushfire Protection 2019 consistent with section 2.16 of the TI SEPP, noting again this only applies to bush fire prone land.

The bushfire assessment at **Appendix X** indicates the location of proposed works is not mapped or within 140m of Bushfire Prone Land therefore does not require referral to the NSW Rural Fire Service and does not require a Bush Fire Safety Authority (BFSA) under s100B of the *Rural Fires Act 1997*.

It concludes that *a Bushfire Threat Assessment is not required under Clause 2.61 and 2.16 of the SEPP (Transport and Infrastructure) however this report has been prepared in best practice. An exemption from PBP Addendum November 2022 and Specification 43 of Volume One of the NCC 2022 is sought in this case due to the* ***BAL-LOW*** *rating. A Bush Fire Safety Authority is not required for the proposed works as they are not mapped on bushfire prone land. There is insufficient risk to warrant any specific construction requirements in accordance with AS3959-2018.*

In any case, as an appropriate measure to ensure any consistency with existing protocols, it is proposed to include a mitigation measure at **Appendix CC** to update any 'Bushfire Emergency Management and Evacuation Plan' prior to occupation to encompass the new development and increase capacity and population of the Nioka palliative care unit.

6.2.5 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

Questions to consider	Yes	No
Will the works impact on or be in the vicinity of other services?		X

The works are remote from the current hospital helipad and at a location and scale lower than the immediately adjacent Acute Services Building and the new Mental Health Building (Banksia).

6.2.11 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	

Based on the project's hazardous materials survey carried out in October 2024 (see further below) no asbestos containing materials were detected within any of the existing building materials of the ground level of the Acute Services Building. Similarly, no lead-based paints were detected and no Synthetic Mineral Fibre (SMF) containing materials were sighted, although these are likely to be present in the form of insulation-bats which may be present within ceiling and wall cavities. Further, no Polychlorinated Biphenyl (PCB) materials were sighted in relation to capacitors for fluorescent light fittings. No Phenol materials were sighted, as used in Bakelite products such as electrical switches or light fittings.

To that end, no hazardous building waste materials are likely to be generated by the works. See also commentary in relation to limited and low-scale remediation works below.

Accordingly, waste generated during the works will be non-hazardous building waste and excavated materials requiring appropriate classification.

A preliminary Waste Management Plan has also been prepared for the works consistent with other similar plans for WCEoL projects. The plan estimates and details type of waste likely to be generated throughout the main works package, 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. It also provides a preliminary description of measures to be implemented to handle waste during facility operation.

This plan is included at **Appendix Y**.

The project applies relevant State legislation and State and Local Government policies related to waste and its handing 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.

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

- 10% reduction in landfill waste by 2025: This target focuses on decreasing the volume of waste sent to landfills by improving waste sorting, minimising waste generation, and increasing recycling efforts;

- 20% increase in recycling rates by 2025: HNELHD aims to improve recycling, especially in clinical settings, by implementing new programs that focus on materials like clinical plastics, metals, and paper;
- Diverting clinical waste: The district seeks to minimise the disposal of hazardous waste through innovative solutions like reusing and recycling clinical materials, such as plastics, which often end up incinerated or landfilled;
- Achieve 90% accuracy in waste segregation;
- Increase waste diversion from landfills; and
- 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 CC**.

6.2.12 Hazardous Materials and Contamination

Questions to consider	Yes	No
Is there potential for the works to encounter any contaminated material?	X	
Is there potential for the works to disturb or require removal of asbestos?		X
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?		
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?	X Category 2 works	

A preliminary contamination investigation was undertaken by Barnson Pty Ltd in 2024. Contaminants were identified in dark brown to brown gravelly to silty sand topsoil fill material in a small portions of the vegetated and landscaped areas of the site – see **Figure 40**. These locations coincide with a previously removed building at the site pre-dating the current landscaping.

The investigation and testing discovered levels of remaining hydrocarbon contaminants and heavy metals in all near surface soil samples collected from the investigation area. The levels of all assessed hydrocarbons and heavy metals contaminants in sub surface samples collected from boreholes drilled on the investigation area were however below adopted human health and ecological thresholds. No asbestos containing materials were observed on the surface of the site or in soil samples collected from the investigation area.

Notwithstanding, the preliminary contamination investigation made the following recommendations:

- Remediation of the carcinogenic PAH and benzo(a)pyrene impacts soil around sampling location 06 and total recoverable hydrocarbons >C10-C16 (F2) around sampling location 03 should be undertaken. Results from adjacent sampling locations indicate the extent of contamination is approximately 340m^2 and up to 0.5m depth. Approximately 170m^3 of soil is estimated to be impacted. Final extent will need to be determined by validation sampling.
- The remediation works are classified as Category 2 works and should be undertaken in accordance with a remediation action plan (RAP), validated and supervised by a suitably qualified environmental scientist. Based on the heritage assessment carried out, the overall scope of works which includes

remediation will have no impact upon any heritage item at the hospital and the categorisation of the remediation works is appropriate.

- An unexpected finds procedure should be adopted for site development works due to potential for foreign materials and asbestos containing material.

Accordingly, a Remediation Action Plan (RAP) has been prepared and this is included at **Appendix Z**.

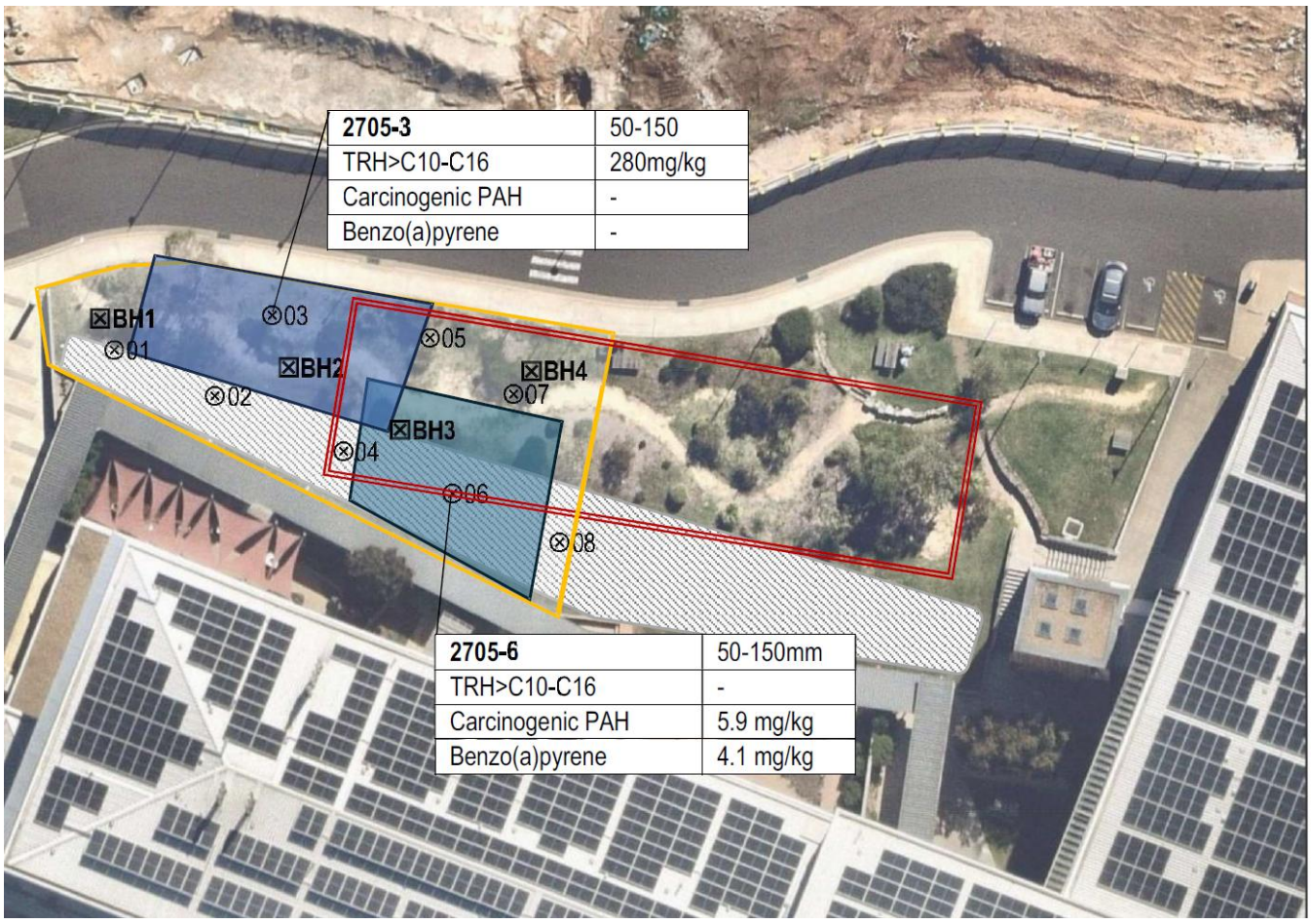

Figure 40 - Sampling locations with exceedances (Barnson)

A hazardous building materials survey was carried out in October 2024 in relation to this project – see **Appendix AA**.

It confirms that the Acute Services Building and existing Nioka palliative care unit is comprised of modern building materials such as plasterboard walls, plasterboard ceilings and modern vinyl floor sheeting i.e. no backing.

The Hazardous Materials Survey carried out throughout the proposed construction area of the project surrounding the existing palliative care unit; including the existing courtyard/landscape area and internal areas of the existing building where proposed refurbishment works are to occur discovered no asbestos-containing materials, Polychlorinated Biphenyls (PBCs) and Phenols. Likewise, no Synthetic Mineral Fibres (SMF) were identified. However, SMF is likely to be present in the form of insulation-bats which may be present within ceiling and wall cavities.

Notwithstanding, the following recommendations have been made in the survey to assist the asset owner and building occupants (and contractor) to meet the requirements of the *NSW Work Health and Safety Act* and *NSW Work Health and Safety Regulation 2017* in the case of unexpected find of hazardous building material/s.

- If an unexpected asbestos find eventuates, depending on the type and quantity of the material, it should be scheduled to be removed under controlled conditions utilising a licensed asbestos removal contractor (Class B – Bonded removalist) or (Class A – Friable removalist). It is recommended that a

Scope of Works be drawn up prior to engaging an asbestos removalist to ensure that the appropriate legislative requirements are adhered to, these legislative and guidance requirements are detailed below.

- Legislation also recommends that it is good occupational hygiene practice to undertake airborne asbestos air monitoring, using a competent laboratory during the asbestos removal and that an independent Occupational Hygienist undertake a visual clearance inspection, coupled with air monitoring and site contamination assessment at the end of the removal process.
- It is recommended that the licensed contractor prepare a safe method of work statement including wet removal methods for the asbestos removal works, utilising Type P1 or P2 half face particulate respirators, appropriate personnel decontamination procedures and appropriate disposal methods, refer to some of the legislative codes of practice and standards listed in the References section near the end of this report for guidance.
- If the material is to remain in situ, and unlikely to be disturbed it should be noted on the premises' asbestos register. If the asbestos material is removed the register should be updated to reflect this change in the management plan. All the asbestos materials should be managed according to the asbestos management plan.
- If additional asbestos based products are identified on-site the asbestos register should be updated to include these products. If products are disturbed airborne asbestos air monitoring coupled with an independent assessment should be undertaken to assess the risk.
- The materials identified in this report were mostly in good condition and can be managed effectively according to the Asbestos Management Plan. Provided they remain in this condition and are not disturbed they pose minimal risk if left in situ. If renovation or demolition works are to occur the asbestos based materials which are likely to be disturbed should be removed prior to works commencing.
- If asbestos based products are disturbed, the area should be isolated and an independent assessment by an Occupational Hygienist should be undertaken coupled with airborne asbestos air monitoring.

These various matters have been included in the mitigation measures as set out in **Appendix CC**.

6.2.13 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 earlier in 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 G**.

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.

This is a stand alone unit for Palliative Care to expand the Nioka Palliative Care unit from six (6) to twelve (12) beds. The size and scope of the project create inherent limitations on spatial and scope aspects, the facility is currently targeting **63 points** under HI's ESD Evaluation Tool. As this is in an existing hospital site, credits which investigate aspects such as transport will be applied to the extent of scope / allowable design flexibility to this development. This pathway has been approved and coordinated with Health Infrastructure NSW.

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 63 points in accordance with HI's ESD Evaluation Tool.
- 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.

6.2.14 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

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 supplementary 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 the suitable in the context of the relatively modest scope of works, and the built form context within which it sits, in providing 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 over 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, limited impact upon residential and other sensitive receivers outside of the hospital grounds, 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 an estimated 12 months of 2025-26 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 Tamworth area and the New England region 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 relatively 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 some 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 Dean Street.

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 generally be unaffected with only negligible impacts upon parking supply by new demand.

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 relocation of an impacted cultural garden (via an alternative program and likely as Exempt Development) will ensure cultural values are maintained in the same general manner on the campus.

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 functionality and amenity. Impacts in relation to the operation of the development and its surroundings is almost certain with a proportionately 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 nor Council during the initial notification process. The second notification / exhibition process was carried out in accordance with requirements to the stakeholders identified through this process. In accordance with HI's Community Participation Plan (October 2024) (CPP), the REF was publicly exhibited for a further period of 28 days. Any submissions received during the notification and exhibition period were addressed in the final REF.

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 CC**, 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 Tamworth Health Service campus through investment in improved functionality, 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 CC** for the suite of mitigation measures to address, principally, construction-related impacts.

6.2.15 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?		X

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.

The new Mental Health Building (also known as Banksia) was subject to a previous REF approval and is under construction at the hospital with an expected end of 2025 completion. There are no other known current or concurrent projects on or off the hospital site, or within 500m of the subject development.

The WCEoL works are due to commence later in 2025, resulting in an overlap of less than 6 months. Given the substantive works to Banksia will be completed and landscaping and internal fit out works would be underway, it is unlikely that there would be a significant degree of cumulative impacts arising due to the range of concurrent works.

There are no current approved or submitted SSD DAs, Regionally Significant Development DAs or local DAs of any significant scale on or within 500m of the Tamworth Health Service site that are subject to contemporary or current works.

A review of Council's DA tracker does not reveal any DAs of note in proximity of the hospital. DAs likely to be approved would be small-scaled residentially focussed development within 500m of the hospital campus.

The relevant Land Use Planning Frameworks or Strategies applicable to development of the general area does not focus any additional change or growth towards the hospital in the short term that would impact upon the relatively modestly-scaled works the subject of this REF.

BCA and Access-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 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 as the development progresses through Detailed Design and design development. Key compliance issues have been identified that require further resolution, either by way of Access Performance Solutions or plan amendments prior to the BCA Crown Certificate stage.

Notwithstanding the above, it is considered that the proposed development can readily achieve compliance with the Disability (Access to Premises – Buildings) Standards 2010 and Part D4 provisions of the BCA subject to resolution of the matters identified in the report.

The BCA Assessment Report and Accessibility Assessment Report are both found at **Appendix BB**.

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 CC**.

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 only, 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 the ground level of the existing Acute Services Building at Tamworth Health Service to accommodate the new 6-bed palliative care space as an extension to the existing 6-bed Nioka palliative care unit as part of the World Class End of Life (WCEoL) Project 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 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.

Appendices

Appendix A - Survey

Appendices

Appendix B - Planning Certificate

Appendices

Appendix C - Architectural Drawings

Appendices

Appendix D - Architectural Design Statement

Appendices

Appendix E - Landscape Design Statement

Appendices

Appendix F - Landscape Drawings

Appendices

Appendix G - ESD Statement

Appendices

Appendix H - Arboricultural Assessment

Appendices

Appendix I - Structural Report

Appendices

Appendix J - Stormwater Management Report

Appendices

Appendix K - Civil Engineering Drawings

Appendices

Appendix L - Services and Utilities Report

Appendices

Appendix M - Preliminary Construction Management Plan

Appendices

Appendix N - Notification Letters

Appendices

Appendix O - Submissions to notification / exhibition

Appendices

Appendix P - HI Communications Strategy

Appendices

Appendix Q - Traffic and Transport Assessment

Appendices

Appendix R - Construction and Operation Noise and Vibration Assessment

Appendices

Appendix S - Air Quality Assessment

Appendices

Appendix T - Geotechnical Assessment

Appendices

Appendix U - AHIMS Search Result

Appendices

Appendix V - Statement of Heritage Impacts

Appendices

Appendix W - Ecological Assessment

Appendices

Appendix X - Bushfire Assessment

Appendices

Appendix Y - Waste Management Plan

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Appendix Z - Remediation Action Plan

Appendices

Appendix AA - Hazardous Materials Survey

Appendices

Appendix BB - BCA Report and Accessibility Report

Appendices

Appendix CC - Mitigation Measures

Health Infrastructure

1 Reserve Road
St Leonards NSW 2065

Locked Mail Bag 2030
St Leonards NSW 1590

T: 02 9978 5402
W: hinfra.health.nsw.gov.au