

HERITAGE IMPACTS

Walls 3 and 4 referenced in the Existing Condition Site Plan will be affected by the planned hospital development. In accordance with Stage 1 Conditions of Consent, archival recording and interpretation techniques have been undertaken prior to the walls removal and following consultation with the South Sea Islander community as part of Stage 1 works. Walls 1 to be minimally impacted, and will be stabilised and incorporated within the landscape scheme. Wall 2 and 5 are to be unaffected by the works.

The identified mature native trees are to be retained in the masterplan and landscape strategy. The trees will be surveyed by an arborist, who will provide advice on their protection at detailed design and construction stages.

Refer to EIS Appendix M Historic Heritage Assessment for further detail.



Figure 65. Site Photograph - Dry-stone Wall



Figure 66. Site Photograph - Dry-stone Wall

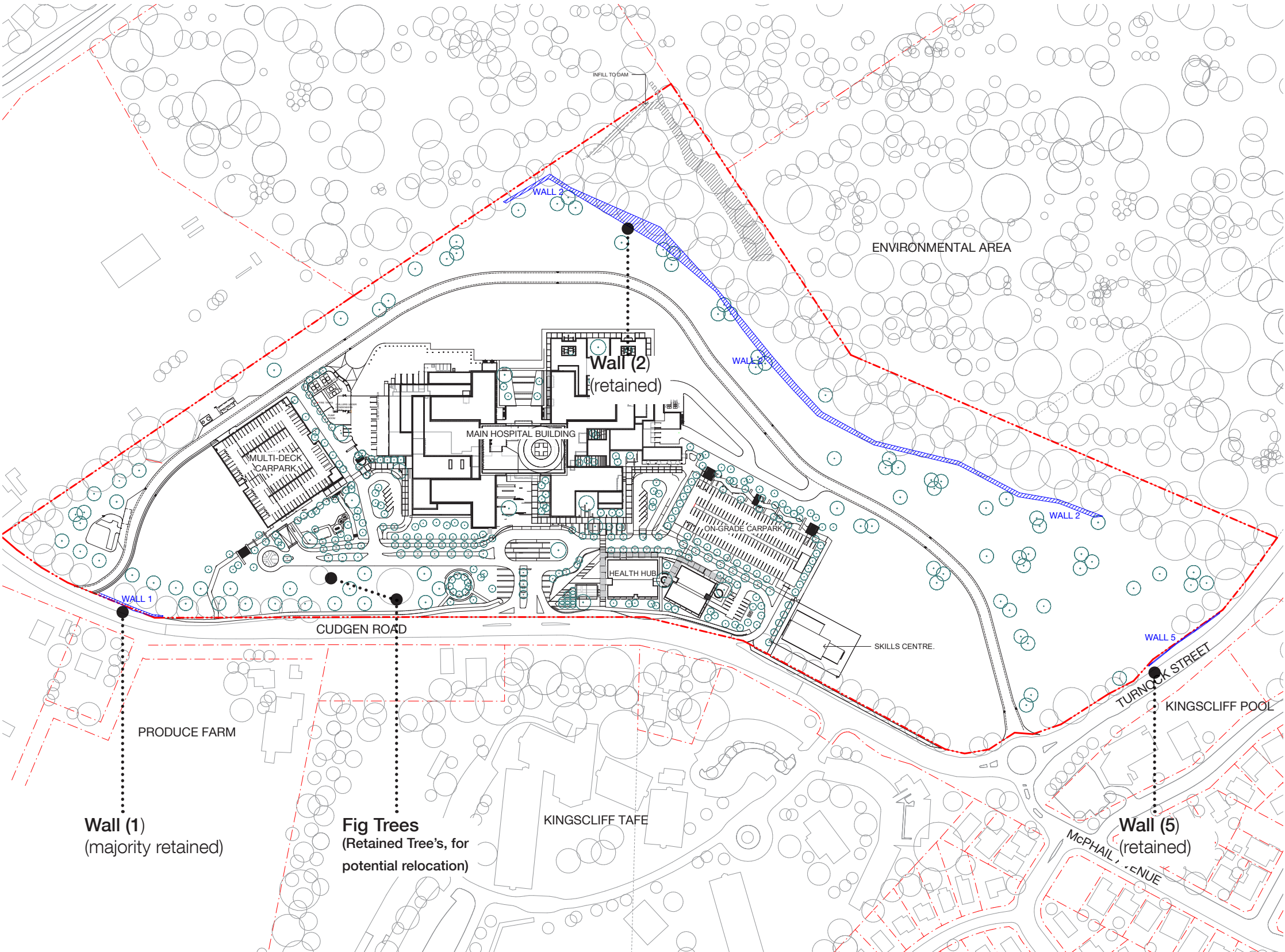


Figure 67. Site Plan - Proposed Development, Heritage Wall Overlay

4.10 INTEGRATING LOCAL INDIGENOUS IDENTITY

INTEGRATING LOCAL INDIGENOUS IDENTITY, CULTURE AND INNOVATION

The traditional custodians of the land covered by the Tweed and Byron LGAs are the Bundjalung Nations. In 2016, 16,056 people identified as having Aboriginal heritage representing 5.4% of the total population of NNSW LHD. Of this total, 4,470 lived within the Tweed LGA and 774 in the Byron LGA accounting for 5% and 2% of the Tweed and Byron LGA populations and for 33% of the total NNSW LHD Aboriginal population in 2016.

In 2016 Aboriginal people accounted for 3.4% of the total NSW population and 3.3% of the Australian population. The percentage of Aboriginal people within Tweed LGA is significantly higher than NSW and Australia. The number of Aboriginal people is anticipated to increase at a higher rate than the non-Aboriginal population over the next decade.

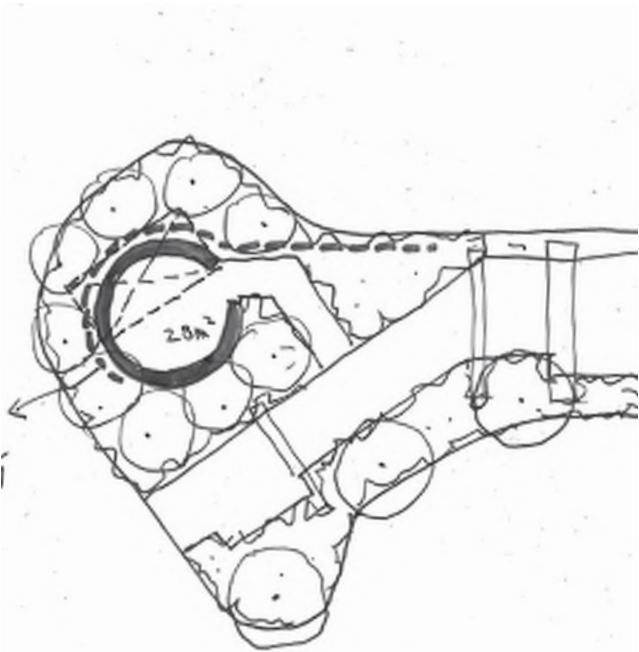


Figure 71. Sketch Plan, Aboriginal Meeting Area - Turf



Figure 70. Artists Impression - Turf Landscape Design



Figure 72. Artists Impression - Turf Landscape Design

ZONAL PLANNING

The internal functional relationship of the Aboriginal Health Services will adopt a zonal approach to space distribution which will provide clarity of functions and articulate the relative zones required. Cultural understanding shapes the way health services are designed and delivered.

MEETING ZONE

An indigenous meeting zone adjacent to the Western entry provides amenity and privacy for Aboriginal visitors, combined with an external gathering area proximal to the Emergency Department.

The Aboriginal and Torres Strait Islander Working Group has been established to consult and communicate with Aboriginal community members as part of the Tweed Valley Hospital Development project.

Members will be provided with updates on the progress of the project and will review aspects of the Tweed Valley Hospital Development that influence the patient, carer, and community experience for which the project team is responsible to plan, design and deliver.

PRINCIPLES OF ENGAGEMENT INCLUDE:

- 1. Ensuring people have a voice**
 - Everyone in the Group has a chance to share their point of view.
 - Everyone's point of view is valid and respected.
- 2. Ensuring many voices are represented**
 - The perspectives of many people and groups are represented.
- 3. Shared vision**
 - Everyone works together towards the same vision of the future.
- 4. Transparency**
 - Transparency means open communication and sharing of information.
 - It also means everyone has the same, accurate information.
- 5. Planning based on the strengths of the community**
 - The strengths and resources already in the community are recognised.
 - These are a strong basis for future plans.
- 6. Authentic engagement**
 - All perspectives are valued and used to inform the development of the Tweed Valley Hospital
- 7. Realistic aims and expectations**
 - Objectives and constraints are understood by everyone

4.11 GOVERNMENT ARCHITECT NSW

Schematic Design for the new Tweed Valley Hospital and campus has been developed in consultation with the Government Architect NSW (GANSW).

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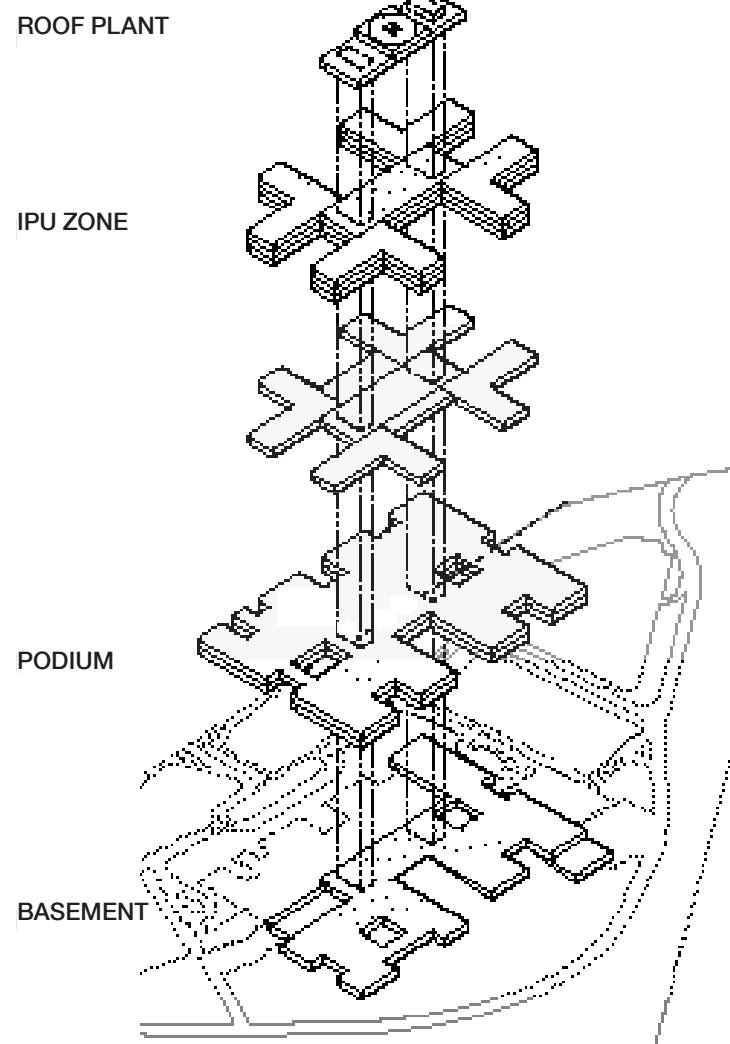


Figure 73. Design Principles, Exploded Axonometric

INTRODUCTION

Schematic Design for the new Tweed Valley Hospital and campus has been developed in consultation with the Government Architect NSW (GANSW).

Consultation sessions have occurred as planned in accordance with the consultation plan with sessions held as follows;

- / SDRP Session 4 - 31/07/2019, Developed Schematic Design
- / SDRP Session 3 - 08/05/2019, Schematic Design Progress
- / SDRP Session 2.1 - 09/04/2019, Early Schematic Design Stage, Follow-up Session
- / SDRP Session 2 - 20/02/2019, Early Schematic Design Stage
- / SDRP Session 1 - 03/10/2018, Pre-EIS Concept Design Stage

The objective of the NSW State Design Review Panel (SDRP) is to provide independent and impartial design evaluation process, assessing the design at all levels from site and context to more detailed themes of ESD principles and materiality. The SDRP reviews State Significant development with the aim to holistically promote improved design outcomes which extend beyond typical development objectives, placing a priority on achieving community benefiting high quality place making.

At a strategic level, the guidelines of GANSW 'Better Placed - An integrated Design Policy for New South Wales' has informed critique objectives received by the GANSW. The design has responded to feedback received and consequently addressed the spirit of the guideline.

Key "Better Placed" principles include:

- Better Fit
- Better Performance
- Better for Community
- Better for People
- Better Working
- Better Value
- Better Look and Feel

DESIGN PROCESS

The Design Team collaborate as an multi-disciplinary team to design the building. The design process commenced with the development of a site Master-plan, which establishes the site ordering and development principles in response to the design brief, existing site features and pre-existing site constraints. The site Master-plan considers the initial vehicle roadway layout and establishes a framework for future development having regard for the local urban context.

The Concept Design Stage followed, at which point the initial site and building design response is developed, interpreting the Clinical Functional Design Brief and Area. At this time the building typology is explored having regard for clinical suitability and site topography and context response. This process culminates in the development of a set of block and stack plans which establish the high level inter-departmental relationships and outline building form, providing an ordering framework on which to base and commence Schematic Design.

Schematic Design Stage involves preparing a comprehensive detailed design response to the Functional Design Brief and Schedule of Accommodation, developing circulation, departmental and services plant infrastructure layouts. This process involves close collaboration with the various stakeholders, including; Project User Groups (Clinical Department Leads), VECI Contractor (informing construction and cost efficiency), various executive advisory groups and the multidisciplinary design team.

GANSW ENGAGEMENT PROCESS

The GANSW engagement process, involves a series of presentation workshops whereby the design team present design progress framed around various design themes, including for example; Context, Site Planning, Architecture and Landscape Design. Each Session aims to focus on the design having reached a particular design development milestone. Each session is preceded by an extensive Project Team review process and must pass through the appropriate project governance, gate ways.

The design which is developed in collaboration with the design team and Very Early Contractor Involvement (VECI) Contractor is initially agreed and refined in consultation with the HI/LHD and Project Management executive team. Following this the presentation collateral is reviewed by the Executive User Group (EUG), and having passed through this gateway reviewed with the nominated Health Infrastructure Expert Reference Group (ERG), for endorsement to present to the GANSW.

This ensures the content of each Session presentation balances all requirements and is supported from a clinical planning, cost and management perspective.

In advance of each Session the presentation limited to approximately 20 slides, is issued to the GANSW as an advance briefing. The session then takes the form of a 20 minute presentation, followed by an in-depth discussion between the Panel and the attending Project Team.

The session is minuted and the panel subsequently provides their design progress commentary and recommendations, which establish the themes and design actions which inform the follow-on session.

A record of the GANSW Session feedback and Project Team response has been provided at Appendix 8.1 of the Report.

4.12 COMMUNITY CONSULTATION

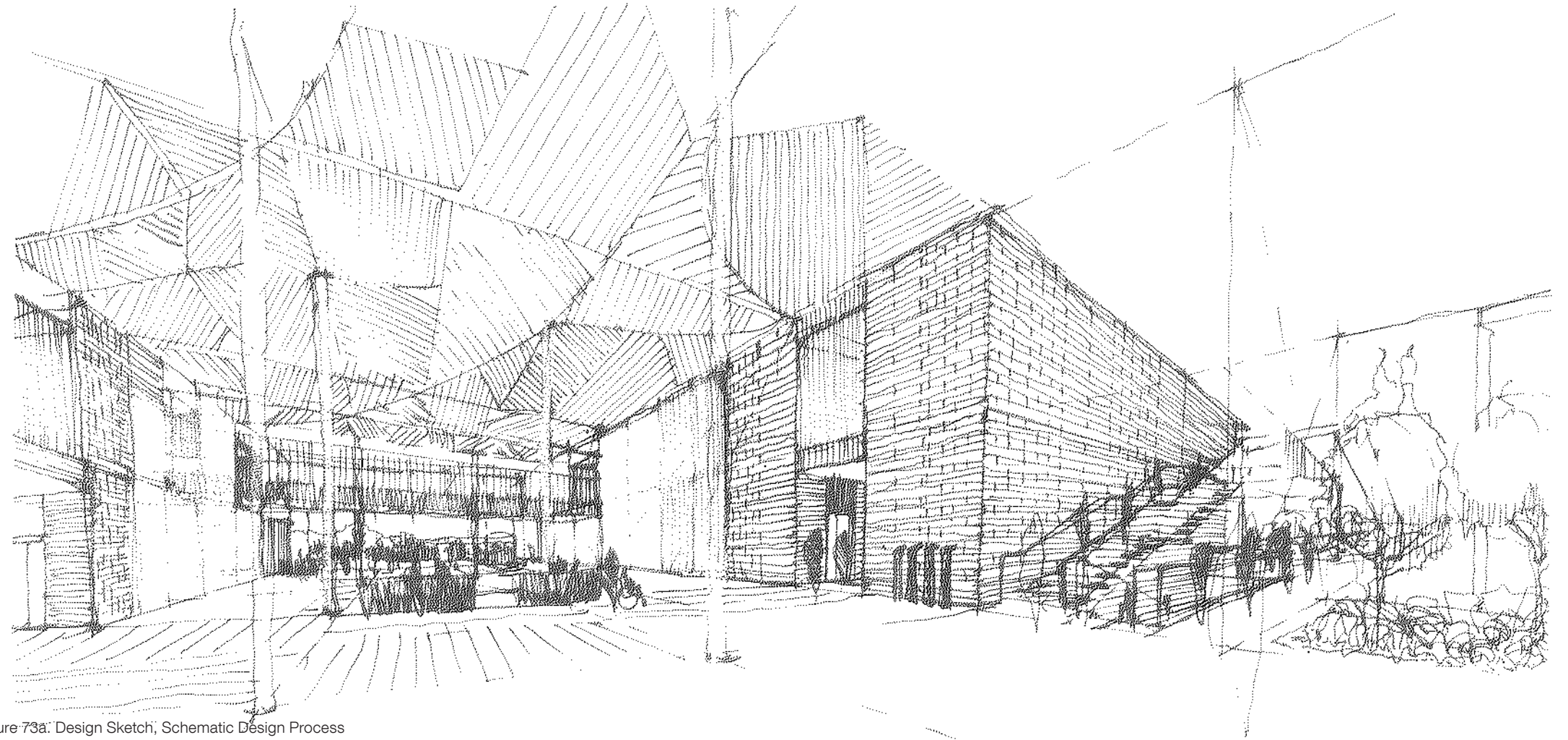


Figure 73a: Design Sketch, Schematic Design Process

COMMUNITY CONSULTATION PROCESS (CRP)

INTRODUCTION

This report summarises the community engagement activities undertaken to support the Tweed Valley Hospital Project in developing the campus masterplan and Environmental Impact Statement (EIS). Principles of engagement for the Tweed Valley Project were established to achieve the overarching project vision

“Together we’re delivering a life-changing healthcare solution for the Tweed –Byron Region.”

Supporting this are the project values, which are:

- / We are inclusive, respectful and take a generous view.
- / Safe and empowered people.
- / We explore all opportunities.
- / We all bring our best and celebrate success

These values were recognised as in support of the Local Health District (LHD)

WORKSHOPS

Subsequent to lodgement of the Stage 1 EIS/SSD, four Community Reference Panel (CRP) meetings were held in the integrated project office (IPO).

Numerous workshops were held, outlined below;

1. CRP 01 – Master planning and EIS Briefing – 11/2018
2. CRP 02 - Project Design Update– 12/2018
3. CRP 03 – Project Design Update & Landscaping Workshop – 02/2019
4. CRP 04 - Wayfinding Workshops – 03/2019
5. CRP 05 – Sustainable Transport Plan Workshop – 06/2019
6. CRP 06 - Project design update including Wayfinding & Landscaping – 08/2019

The workshops consisted of a welcome to Country, a reaffirmation of the project vision and values and a short presentation by the relevant project team members and independent consultants. The sessions became more informal in their structure and allowed for open and supportive question and answer time. Views were made and key comments recorded and distributed to the group. Interest from the community was noted with regard to Landscape and Wayfinding and the decision was made to hold workshops which focused on these disciplines in more detail and which provided the ability to provide direct feedback

FEEDBACK

CRP 01 – Master planning & EIS Briefing was held on a night and morning session and feedback received focussed on the site access and navigation from the existing road network, on-site carparking and public transport connectivity to the main hospital building and the inclusion of key community spaces.

CRP 02 - Project design update was held on a morning and night session and presented principles surrounding the design of the hospital, creating a healing environment, evidence based design, creating a destination for the community and the importance of landscape in creating these outcomes.

CRP 03 - The landscaping workshop in February 2019 generated feedback which focussed on themes around plant selection being predominately native, that created a variety of texture and colour and that was active year round. Landscape which engaged all of the senses; texture, fragrance and views.

CRP 04 - Wayfinding Workshops were held in March of 2019 and presented the notion of intuitive wayfinding as a key driver of the hospital design and how building form and landscape are used to create successful wayfinding outcomes. Interactive workshops were conducted and some feedback was integrated directly into the building design mainly through the strategic use of colour to highlight the dual core arrangement and key departments and the use of artwork and landscape as landmarks along the important journeys.

CRP 05 - Community Reference Panel (CRP) members attended workshop sessions on the Sustainable Transport Plan for the new Tweed Valley Hospital in June 2019. Transport consultants Bitzios hosted the workshop session and talked through the sustainable transport planning process.

One of the focus areas of the transport plan is looking at the active and public transport targets set out by the NSW Government, and understanding the challenges to reaching these targets.

CRP 06 - In early August, STHBS Architects presented to the Community Reference Panel sharing the updated designs of the new Tweed Valley Hospital, including the hospital's façade and planned colour palette.

There was also an opportunity to demonstrate how many of the panel's comments had successfully been integrated into the design of the hospital, especially with key wayfinding and landscape features such as landmark artwork, community gardens and knowledge sharing regarding native species of the region.

Refer to EIS Appendix G Consultation Report for further detail.

4.13 MASTER-PLAN, FUTURE EXPANSION AND DEVELOPMENT

Consideration has been given to the future short to medium term expansion horizon opportunities of the Tweed Valley Hospital and precinct master-plan.

The following expansion design principles have been adopted;

- / Optimise position of the hospital building to allow for expansion capacities
- / Incremental expansion capacity required
- / Expansion should be designed to occur in locations that minimise the effect on the ongoing operation of the master-plan and key hospital functions

SSD STAGE 2, SUB-STAGES

The works outlined in the SSD Stage 2 submission comprise five key components, which are subject to various funding allocations and may be delivered independently to each other. Stage 2 has therefore been defined in the following sub-stages:

- Stage 2A – Main Hospital Building complete with supporting roads, services infrastructure and landscaping
- Stage 2B – Main Hospital Building incremental expansion areas
- Stage 2C – Health Hub
- Stage 2D – Tweed Valley Skills Centre
- Stage 2E – Multi-Deck carpark.

Development consent is sought for the all 5 components of Stage 2 under this SSDA.

Plans for Stage 2 Main Works and Operation are attached in Appendix B of the EIS.

Any subsequent stages or modifications to the proposal would be subject to separate applications as required including the potential future expansion of the facility.

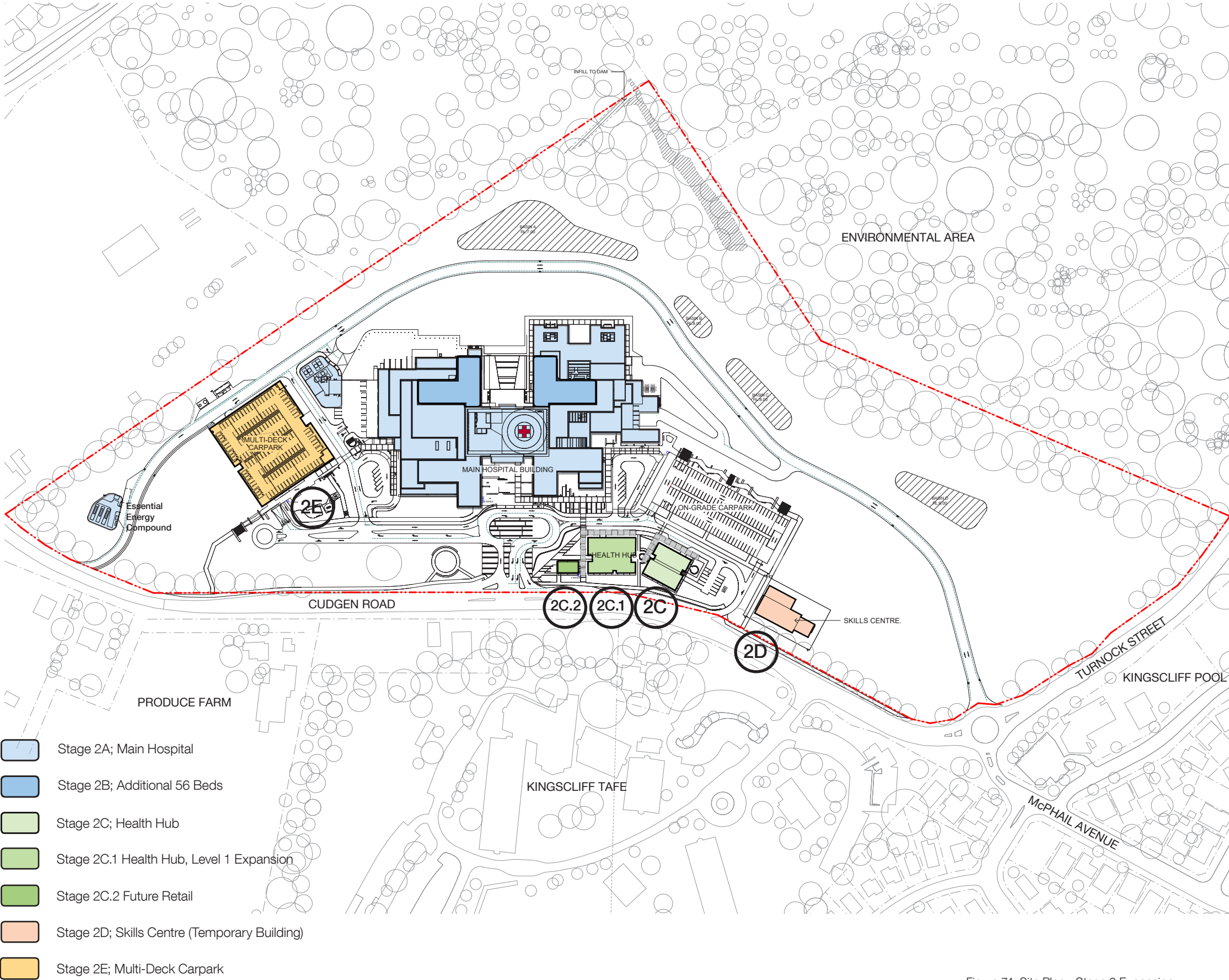


Figure 74. Site Plan - Stage 2 Expansion

MASTER-PLAN - HOSPITAL EXPANSION STRATEGY

Beyond the Stage 2 development consideration has been given to accommodating further clinical and ancillary service expansion opportunities of the Tweed Valley Hospital and precinct.

The following expansion design principles have been adopted;

- / Optimise position and planning of the hospital building to accommodate expansion versatility
- / Expansion to be possible incrementally
- / Expansion should be designed to occur in locations that minimise the effect on the ongoing operation of the master-plan and key hospital functions

Expansion strategies include;

- / Planned expansion zones to the west, north and east of the hospital, planned to occur within the site setback constraints
- / Soft space expansion zones, where expansion can occur through non-critical relocatable functional zones within the approved Planning Envelope
- / Concrete floor and roof slab construction, accommodating expansion above or over existing built form
- / Planning redundancy within plant and riser spaces
- / Regular modularized structural frame, and adopting best practice floor to floor heights for planning efficiency and optimum flexibility

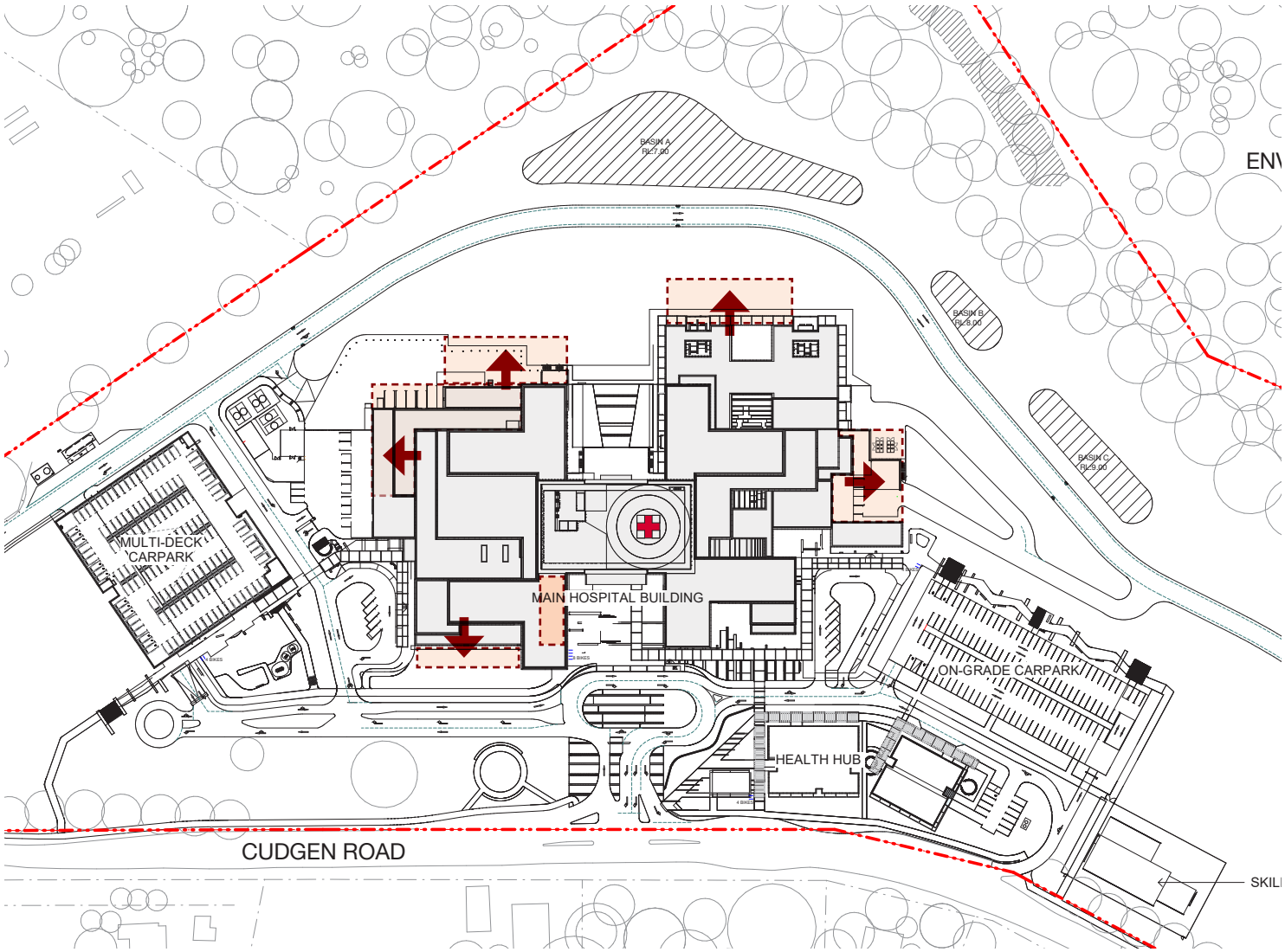


Figure 75. Hospital Building Schematic - Hospital Expansion

HOSPITAL SHORT/MEDIUM TERM EXPANSION

Basement:

- / Logistics expansion to north
- / Provision of tunnel to east (refer Hospital Renewal)

Lower Ground Level

- / ED Department expand to north
- / Pathology Department to east (shell) and south
- / Mental Health expansion to north

Ground Floor Level

- / Expand Medical Imaging to north
- / Nuclear Medicine expansion west of Medical imaging
- / Ambulatory Care expansion south and west
- / Day Chemotherapy expansion to north and east

First Floor Level

- / Perioperative Services expand to north, west and south
- / Womens Health IPU expand to north

HOSPITAL LONG TERM RENEWAL

Consideration has been given to future long-term expansion horizons including building a new standalone hospital structure, linked with below ground tunnel at basement level. The hospital renewal zone is located immediately to the east of the hospital

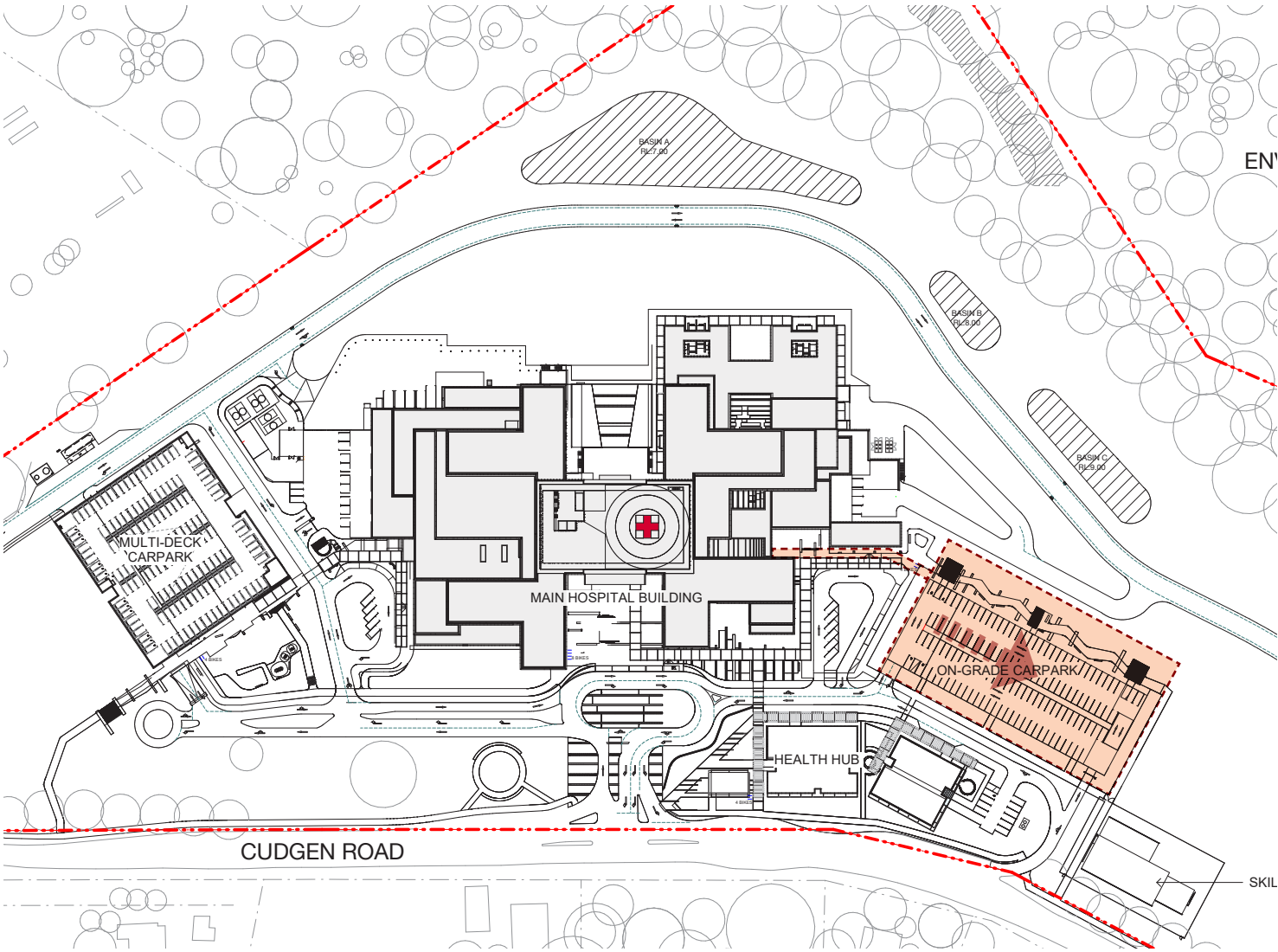


Figure 76. Hospital Building Schematic - Hospital Renewal