Mudgee Hospital Redevelopment

State Significant Development Assessment (SSD 9211)
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tr>
<td>AHD</td>
<td>Australian Height Datum</td>
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<tr>
<td>BCA</td>
<td>Building Code of Australia</td>
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<td>CIV</td>
<td>Capital Investment Value</td>
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<td>Consent</td>
<td>Development Consent</td>
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<tr>
<td>Council</td>
<td>Mid-Western Regional Council</td>
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<td>Department</td>
<td>Department of Planning and Environment</td>
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<td>DPI</td>
<td>Department of Primary industries</td>
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<td>EIS</td>
<td>Environmental Impact Statement</td>
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<td>EPA</td>
<td>Environment Protection Authority</td>
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<td>EP&amp;A Act</td>
<td>Environmental Planning and Assessment Act 1979</td>
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<td>EP&amp;A Regulation</td>
<td>Environmental Planning and Assessment Regulation 2000</td>
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<td>EPBC Act</td>
<td>Environment Protection and Biodiversity Conservation Act 1999</td>
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<td>EPI</td>
<td>Environmental Planning Instrument</td>
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<td>EPL</td>
<td>Environment Protection Licence</td>
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<td>ESD</td>
<td>Ecologically Sustainable Development</td>
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<td>Minister</td>
<td>Minister for Planning</td>
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<td>MHS</td>
<td>Mudgee Health Service</td>
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<td>MWLEP</td>
<td>Mid-Western Local Environmental Plan 2012</td>
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<td>OEH</td>
<td>Office of Environment and Heritage</td>
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<td>RMS</td>
<td>Roads and Maritime Services</td>
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<td>RtS</td>
<td>Response to Submissions</td>
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<td>SEARs</td>
<td>Secretary’s Environmental Assessment Requirements</td>
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<td>Secretary</td>
<td>Secretary of the Department of Planning and Environment</td>
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<td>SEPP</td>
<td>State Environmental Planning Policy</td>
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<td>SRD SEPP</td>
<td>State Environmental Planning Policy (State and Regional Development) 2011</td>
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<td>SSD</td>
<td>State Significant Development</td>
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Executive Summary

This report provides an assessment of a State significant development (SSD) application, lodged by NSW Health Infrastructure (the Applicant), for the redevelopment of Mudgee Hospital, (SSD 9211). The site is known as Mudgee Health Service (MHS) and is located at Meares Street, Mudgee.

This site is comprised of Lot 11 DP 758721, Lot 5 DP 758721, Lot 2 DP 845336, Lot 1 DP 845336, Lot 2 DP 1140724, Lot 403 DP 756894 and is located within the Mid-Western Regional Council local government area (LGA).

The proposal seeks approval for the demolition of vacant buildings within the hospital campus and then construction of a new two storey acute clinical services building to accommodate relocated services. The proposal includes construction of on-grade car parking and drop-off facilities, and overall improved wayfinding and access throughout MHS, and associated landscaping works.

The proposal has a capital investment value (CIV) of approximately $59.74 million and would generate up to 240 construction jobs and six additional operational jobs. The development is SSD under clause 14 of Schedule 1 to the State Environmental Planning Policy (State and Regional Development) 2011 (SRD SEPP), as it involves development for the purpose of a hospital that has a CIV of more than $30 million. Therefore, the Minister for Planning is the consent authority.

The proposal was publicly exhibited between 29 August until 25 September 2018. The Department of Planning and Environment (the Department) received a total of 10 submissions during the exhibition of the proposal, including eight submissions from public authorities, including Council, and two submissions from the public (neither objecting to the proposal). An additional five submissions were received from public authorities in response to the Applicant’s Response to Submissions (RtS). Issues raised in the submissions relate to built form and landscaping, traffic and parking.

The Department has considered the merits of the proposal in accordance with the relevant matters under both section 4.15(1) and the objects of the Environmental Planning and Assessment Act 1979, the principles of Ecologically Sustainable Development and issues raised in all submissions, as well as the Applicant’s response to these.

The Department has assessed the merits of the proposal and found the key issues include: built form and urban design; heritage impacts; traffic and parking impacts; tree removal; contamination; noise and vibration impacts; and environmental amenity. The Department’s assessment concludes that the proposal is suitable for the site, would not result in significant adverse environmental or amenity impacts and would be generally compatible with the scale and form of the surrounding development. The Department has considered concerns raised in submissions and recommended conditions of consent requiring further mitigation and management measures.

In order to address concerns raised in the public submissions in relation to the provision of car parking, conditions of consent have been recommended requiring the Applicant:

- provide four public and five staff bicycle racks and end of trip facilities within the development.
- prepare and implement a Green Travel Plan to encourage alternative transport modes and reduce car parking demand.
- establish a Transport Advisory Committee to observe, set out and monitor the transport goals on short, medium and long-term basis.

Subject to the recommended conditions, the Department is satisfied the proposed redevelopment of Mudgee Hospital can be appropriately managed.

The development will provide improved medical and health infrastructure services through the replacement of the inefficient and out-dated medical facilities with new, purpose-built, modern health facilities that provides for improved medical and health services delivery. The impacts of the proposal have been addressed in the Environmental Impact Statement and can be adequately managed through the recommended conditions of consent.

The Department is satisfied that the subject site is suitable for the proposal and that it is in the public interest and recommends that the application be approved subject to conditions.
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1. Introduction

This report provides an assessment of a State significant development (SSD) application for the redevelopment of Mudgee Hospital, known as the Mudgee Health Service (MHS), at Meares Street in Mudgee (SSD 9211). The MHS forms part of the Western NSW Local Health District (WNSWLHD).

The proposal seeks approval for several elements, including:

- construction of a new two storey (plus plant) acute clinical services building to accommodate relocated services.
- on-grade car parking and drop-off facilities, and overall improved wayfinding and access throughout MHS, including new internal roadworks and footpaths.
- upgrades to IT and engineering services infrastructure supporting the MHS.
- non-clinical support services within the proposed new building, including Local Health District (LHD) offices, MHS administration offices, kitchen, stores, linen and maintenance services.
- associated landscaping works.
- demolition of vacant buildings.

The application has been lodged by NSW Health Infrastructure (the Applicant).

1.1 Site description

Mudgee is approximately 268km north-west from Sydney and is situated in Central West New South Wales (NSW), in the Cudgegong River valley, a tributary of the Macquarie River and within the Mid-Western Regional LGA. The LGA also includes the towns of Rylstone, Kandos and Gulgong, in addition to many other rural village settlements. It covers an area of approximately 9,000 square kilometres. The MHS catchment area is predominantly the Mid-Western Regional Council LGA.

MHS is located on Meares Street in Mudgee and delivers a range of clinical services to its catchment population, including emergency, acute medical, surgical, maternity and subacute inpatient services and a range of primary, ambulatory and community services.

The existing MHS infrastructure is currently being impacted by a range of issues, including:

- ageing infrastructure and facilities that are no longer fit for purpose and are expensive to maintain at required standards.
- the existing facilities suffer from functional deficiencies including the absence of purpose designed ambulatory care centre.
- fragmented primary and community health due to separate buildings.
- the need to implement medical advances and install new technology.
- the need to increase capacity to meet demand. The increased demand and flow accelerates infrastructure “wear and tear”.

1.1.1 Existing site elements

MHS currently comprises the following buildings:
Mudgee Hospital Redevelopment (SSD 9211) | Assessment Report

1.1.2 Access

MHS’s existing access arrangements are:

- vehicular access:
  - corner of Meares and Church Streets, providing vehicular access to the Community Health Building.
  - centre of Meares Street, providing access to the Wellness Centre, Boiler House and Main Hospital Building.
- Lewis Street, providing access to the Main Hospital Building.
- loading and servicing vehicles: access to the loading dock and deliveries is currently provided along Meares Street.
- ambulances: access is currently provided along Lewis Street.
- pedestrian access: the existing MHS currently accommodates several pedestrian access points, including three along Meares Street and one along Lewis Street.

MHS is serviced by two bus routes. These provide infrequent services limited to four per day on weekdays only. The operating times of the services are also such that they are unlikely to be attractive to day shift and administration staff, who generally need to be at work prior to the first service time.

Mudgee Train Station is directly to the north of MHS, however the train line has been disconnected and no longer provides services. MHS is not on any dedicated bicycle paths, however the surrounding road network makes cycling a relatively viable transport option. Walking is only likely to be an attractive option for people who live in reasonable walking distance to MHS.

With respect to parking, there is a total of 77 parking spaces currently available across the MHS campus. Average peak occupancy is currently 47 cars (60.4 per cent), which occurs around 2pm – 3pm (indicating that there are available spaces during peak hour). However, a number of the existing parking spaces within the car parks are too narrow and do not comply with current Australian Standards. Therefore, the Applicant has detailed that some staff members do not park in the car park due to concerns about vehicular damage. Alternatively, many vehicles currently encroach into the neighbouring parking spaces, effectively reducing the overall number of spaces.

1.1.3 Environmental factors

There are approximately 137 trees on the MHS site, most of which are not indigenous to the area of Mudgee and have been planted. There are no mapped areas of significant biodiversity or ecological values, watercourse, wetlands or habitat corridors at MHS. The site slopes gently from east to west.

MHS is not a heritage item. It is however a heritage asset on the NSW State heritage register under s.170 of the Heritage Act 1977. Further, MHS is within the Mudgee Heritage Conservation Area under Mid-Western Local Environmental Plan 2012 (MWLEP).

MHS is underlain by a thin layer of topsoil/filling overlying natural clay soils. Groundwater was not encountered in a Detailed Site Investigation and is likely to be well below the bedrock surface. A total of 44 soil samples were analysed from 42 borehole locations. Asbestos was not observed in the soil samples analysed, however was identified in two material samples collected from the boreholes. Asbestos Containing Materials (ACM) is known to be present in existing buildings and is also likely to be present in certain areas due to previous demolition activities (i.e. building rubble was identified in the near-surface filling in several boreholes).

1.2 Surrounding development

A range of different land uses surround MHS. To the north is a private medical centre (on the same street block as the hospital) and the Mudgee Town Centre. To the west and south are single detached residential dwellings, which form part of the Mudgee Heritage Conservation Area. Also, to the east, is the local Mudgee sporting fields.

The area surrounding MHS has a generally low-density residential character to the east (Lewis Street), south (Meares Street) and west (Church Street). To the north of MHS is the former Mudgee Railway Station, and in addition to residential properties to the east of the MHS, on Lewis Street, there is also a sporting field.
The site is directly adjacent to the Mudgee Train Station, which is a State Heritage Item. Also, in the vicinity, are two locally listed Heritage houses, at 182 and 184 Church Street.
2. **Project**

2.1 **Physical Layout and Design**

The proposed redevelopment of MHS will provide 31 hospital beds for medicine, surgery, palliative care, paediatrics and birthing, as well as a range of additional services (as noted in Table 1), which will result in an additional six full time equivalent operational jobs. There will be no net increase in hospital beds as the new facilities are replacing existing outdated facilities.

The proposal will comprise:

- temporary decanting of services from the existing Wellness Centre and Community Health Centre into the existing Main Hospital Building.
- demolition and site area preparation for construction.
- construction and landscaping.

All construction work will be contained on MHS through an existing driveway access from Meares Street. This access will be restricted to construction vehicles only. During construction for the final works, a temporary ambulance access will be provided along Meares Street.

Construction is anticipated over a 21-month period.

Several new landscaped areas are proposed within, and surrounding, the proposed development, including a landscaped breakout zone on Church Street, a sensory courtyard adjacent to the private medical centre to the north and a new therapy garden within the centre of the development. Other landscaped areas are proposed surrounding the new building and within the proposed car park.

The key components and features of the proposal are provided in Table 1 and are shown in Figures 3 to 13.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>Main Components of the Project</th>
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<tr>
<td><strong>Aspect</strong></td>
<td><strong>Description</strong></td>
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</table>
| Project Summary | - Construction of a new two storied (plus plant) acute clinical services building to accommodate relocated services (containing 31 beds - no net increase).  
- On-grade car parking and drop-off facilities, and overall improved wayfinding and access throughout MHS, including new internal roadworks and footpaths.  
- Upgrades to IT and engineering services infrastructure supporting the MHS.  
- Non-clinical support services within the proposed new building, including LHD offices, MHS administration offices, kitchen, stores, linen and maintenance services.  
- Associated landscaping works.  
- Demolition of vacant buildings. |
| Demolition | - The northern end of the Wellness Centre, Boiler House and Workshop and the Main Hospital Building. |
Built form

- Construction of a new two storey (plus plant) acute clinical services building to accommodate relocated services including:
  - 26 acute/sub-acute beds for medicine, surgery, palliative care, rehabilitation, geriatric evaluation and conditions related to mental health and drug and alcohol.
  - 2 pediatric beds.
  - 2 bed rooms suitable for birthing and short-term accommodation, 3 ante natal/postnatal rooms, 1 assessment room, 2 antenatal assessment and 1 procedure room with 2 special care neonatal cots.
  - 5 emergency department bays, 1 resuscitation bay, a mental health safe assessment room, an isolation room and a triage area.
  - 2 operating theatres, 4 recovery spaces and 8 day-only beds.
  - 4 Hospital in the Home chairs, 4 oncology chairs, 8 renal chairs and 5 oral health chairs.
  - primary and Community Health services comprised of meeting, consult and interview rooms, gymnasium, kitchen and bathroom and outdoor spaces.
  - clinical support services, including medical imaging, pathology, pharmacy, satellite CSD service and medical records.
  - On-grade car parking and drop-off facilities, and overall improved wayfinding and access throughout the campus, including new roadworks and footpaths.
  - Upgrades to IT and engineering services infrastructure supporting the MHS.
  - Non-clinical support services, including LHD offices, MHS administration offices, kitchen, stores, linen and maintenance services.

Staging

- The development will occur in several stages, including the temporary decanting of the services from the existing Wellness Centre and Community Health Centre into the existing Main Hospital Building and temporary demountable buildings. Following the demolition of the Wellness and Community Health Centres, the area will be prepared for the construction of the proposed acute clinical services building. When the new building becomes operational, the remaining buildings (including the Main Hospital Building) will be demolished.

Site area

- 3.809ha (Lot 11 DP 758721, Lot 5 DP 758721, Lot 2 DP 845336, Lot 1 DP 845336, Lot 2 DP 1140724, Lot 403 DP 756894)

Gross floor area (GFA)

- Total GFA of 8,115 sqm

Uses

- The proposed development will be used for the following services: oral health, renal dialysis, chemotherapy, staff amenities, therapy garden, administration, patient areas, pharmacy, health information, physiotherapy/occupational therapy, pathology, service yard and back of house facilities, in-patient unit, sterilising services, perioperative, PACU, medical imaging, maternity, concourse and front of house facilities.
Access

- The proposal will consolidate the existing vehicle access locations to two driveways on Meares Street and Lewis Street (staff and emergency only). Ambulance and service vehicular access (entry and exit) will be restricted to Lewis Street. Pedestrian access is proposed from Mears Street.

Car parking – permanent

- 127 car parking spaces (incorporating 77 existing on-site parking spaces)

Bicycle parking

- 4 public bicycle racks
- 5 staff bicycle racks

Public domain and landscaping

- Several new landscaped areas are proposed within, and surrounding, the proposed development, including a landscaped breakout zone on Church Street, a sensory courtyard adjacent to the private medical centre to the north and a new therapy garden within the centre of the development. Other landscaped areas are proposed surrounding the new building and within the proposed car park.

Hours of operation

- 24 hours 7 days a week.

Construction hours

- 7am-6pm Monday-Friday; 8am-1pm Saturday, no work on Sundays, public holidays or Saturdays adjacent to a public holiday.

Signage

- Total of 5 signs at the key entry points of the new hospital building and within the new car park.

Jobs

- 240 construction jobs.
- 6 additional operational jobs.

CIV

- $59,740,000
Figure 3 | Mudgee Hospital Masterplan (Source: Received from the Applicant 16 November 2018)

Figure 4 | Demolition Plan (red hatched buildings) (Source: EIS)
Figure 5 | Proposed Site Plan (Source: EIS)

Figure 6 | Proposed South Elevation (Source: EIS)
Figure 7 | Proposed North Elevation (Source: EIS)

Figure 8 | Proposed East Elevation (Source: EIS)

Figure 9 | Proposed West Elevation (Source: EIS)

Figure 10 | Church and Meares Street Corner (Source: EIS)
2.2 Related Development

In May 2018, a Review of Environmental Factors (REF) was approved by Health Infrastructure under Part 5 of the Environmental Planning and Assessment Act, 1979 for:

- construction of new demountable building for Oral Health, including a new access footpath (within MHS).
- demolition of the southern end of the Wellness Centre.
- new ramp to provide access to the retained part of the Wellness Centre.
- trenching for in-ground services within MHS’s boundary.
- electrical work, including cabling, cabling pits and switchboards.
- sewer and water reticulation and stormwater management work.
- demolition of the existing Community Health Centre.
- installation of hoarding around the Store building and the Wellness Centre.
- demolition of the existing Documentation Building.

The buildings approved for demolition are shown in Figure 4 (red dotted line).

The Applicant has detailed that the works are necessary to allow for the continuous provision of essential services during the construction of the main works, with minimal impact to the ongoing operation of the existing campus.
MHS currently delivers a range of clinical services to its catchment population, including emergency, acute medical, surgical, maternity and subacute inpatient services and a range of primary, ambulatory and community services. The existing facilities however are impacted by a range of factors relating to age of the infrastructure and facilities. The EIS notes that there is also increased demand based on several factors:

- **Population:** The catchment population is marginally increasing and ageing (and so will require increased levels of service in the future). In addition, a high number of Aboriginal and Torres Strait Islander people who have a poorer health status than any other group in the community. There is also a significant number of children, adolescents and women of childbearing age who will need services.
- **New models of care:** there is a need to update facilities to support the introduction of enhanced and contemporary models of care and new services integrated across the care continuum, including a greater emphasis on multidisciplinary Ambulatory and Community models.
- **Workforce:** ability to attract and retain workforce through the provision of modern facilities, the ability to work in specialty areas with new and contemporary models of care, and increased staff amenities.
- **Provision of an environment to provide healthcare compliant with service delivery standards.**

If the proposal were not to occur, the primary impact would be the limitation of facilities to provide health care services to the region.

The Department considers that the proposal is appropriate for the site given:

- it is consistent with the Central West Orana Plan 2036 because it supports the strategic importance it places on the health facilities in Mudgee. It also directly links to the Plan’s Direction 5 which specifically aims to improve access to health and aged care services.
- it is consistent with the State Infrastructure Strategy 2018-2038 as it represents direct investment in the improvement of health infrastructure.
- it is consistent with the vision outlined in the Mid-Western Regional Community Plan Towards 2020 as it supports Goal 1 (a safe and healthy community).
- it is strategically justifiable given that the lack of the redevelopment would place pressure on the ability of the hospital to provide efficient health care to the region.
- it would provide direct investment in the region of approximately $59.74 million, which would support 240 construction jobs and 6 new operational jobs.
4. **Statutory Context**

4.1 **State Significant Development**

The proposal is SSD under section 4.36 (development declared SSD) of the EP&A Act as the development has a CIV in excess of $30 million ($59.74 million) and is for the purpose of a hospital under clause 14(a) of Schedule 1 of *State Environmental Planning Policy (State and Regional Development) 2011* (SRD SEPP).

The Minister is the consent authority under section 4.5 of the Act.

In accordance with the Minister for Planning’s delegation to determine SSD applications, signed on 11 October 2017, the Executive Director, Priority Projects may determine this application as:

- the relevant local Council has not made an objection.
- a political disclosure statement has not been made.
- there are less than 25 public submissions in the nature of objections.

4.2 **Permissibility**

The site is zoned R1 General Residential under MWLEP. The proposal is consistent with the objectives of the zone as it would deliver health infrastructure services to meet the day to day needs of the community. Health services facility, which includes hospital, as a permissible development with consent. Therefore, the Minister for Planning or a delegate may determine the carrying out of the development.

4.3 **Other Approvals**

Under Section 4.41 of the EP&A Act, a number of other approvals are integrated into the State significant development approval process, and consequently are not required to be separately obtained for the proposal.

Under Section 4.42 of the EP&A Act, a number of further approvals are required, but must be substantially consistent with any development consent for the proposal (e.g. approvals for any works under the *Roads Act 1993*).

The Department has consulted with the relevant public authorities responsible for integrated and other approvals, considered their advice in its assessment of the project, and included suitable conditions in the recommended conditions of consent (see Appendix C).

4.4 **Mandatory Matters for Consideration**

4.4.1 **Environmental Planning Instruments**

Under section 4.15 of the EP&A Act, the consent authority is required to take into consideration any environmental planning instrument that is of relevance to the development the subject of the development application. Therefore, the assessment report must include a copy of, or reference to, the provisions of any EPIs that substantially govern the project and that have been taken into account in the assessment of the project. The following EPIs apply to the site:

- State Environmental Planning Policy (State & Regional Development) 2011 (SRP SEPP).
- State Environmental Planning Policy (Infrastructure) 2007 (ISEPP).
- State Environmental Planning Policy No.33 – Hazardous and Offensive Development (SEPP 33).
- State Environmental Planning Policy No.55 – Remediation of Land (SEPP 55).
- State Environmental Planning Policy No.64 – Advertising and Signage (SEPP 64).
- Mid-Western Regional Local Environmental Plan 2012 (MWLEP).

The Department has undertaken a detailed assessment of these EPIs in Appendix B and is satisfied the application is consistent with the requirements of the EPIs.

4.4.2 **Objectives of the EP&A Act**

The objects of the EP&A Act are the underpinning principles upon which the assessment is conducted. The statutory powers in the EP&A Act (such as the power to grant consent/approval) are to be understood as powers to advance the objects of the legislation, and limits on those powers are set by reference to those objects. Therefore, in making an assessment, the objects should be considered to the extent they are relevant. A response to the objects of the EP&A Act is provided at Table 2.

*Table 2 | Response to the objects of section 1.3 of the EP&A Act*

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<tr>
<th>Objects of the EP&amp;A Act</th>
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<td>(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,</td>
<td>The proposal forms part of a wider program for the delivery of improved healthcare and associated services in the Western NSW Local Health District. The proposal would redevelop land within the existing hospital campus to intensify the use and maximise efficiency through the consolidation of health services in order to cater for future service demand created by the Region’s ageing population and increased incidence of chronic disease. The improved health care facilities, and efficiency and effectiveness of service delivery would provide significant social and economic benefits to the community.</td>
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<td>(b) to facilitate ecologically sustainable development by integrating relevant economic, environmental and social considerations in decision-making about environmental planning and assessment,</td>
<td>The proposal considers the proposed development against the principles of ESD set out in the Environmental Planning and Assessment Regulation 2000 (the Regulation). More details are explained under <strong>Section 4.5</strong>.</td>
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<td>(c) to promote the orderly and economic use and development of land,</td>
<td>The proposal to invest $59.74 million in public health and related services would meet the objectives of the zone to provide health infrastructure services. The redevelopment of the existing hospital campus to consolidate use would be of economic benefit through job creation and infrastructure investment.</td>
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<td>(d) to promote the delivery and maintenance of affordable housing,</td>
<td>Not applicable.</td>
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<td>(e)</td>
<td>to protect the environment, including the conservation of threatened and other species of native animals and plants, ecological communities and their habitats,</td>
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<td>(f)</td>
<td>to promote the sustainable management of built and cultural heritage (including Aboriginal cultural heritage),</td>
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<td>(g)</td>
<td>to promote good design and amenity of the built environment,</td>
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<td>(h)</td>
<td>to promote the proper construction and maintenance of buildings, including the protection of the health and safety of their occupants,</td>
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<tr>
<td>(i)</td>
<td>to promote the sharing of the responsibility for environmental planning and assessment between the different levels of government in the State,</td>
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<td>(j)</td>
<td>to provide increased opportunity for community participation in environmental planning and assessment.</td>
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4.5 Ecologically Sustainable Development

The EP&A Act adopts the definition of ESD found in the Protection of the Environment Administration Act 1991. Section 6(2) of that Act states that ESD requires the effective integration of economic and environmental considerations in decision-making processes and that ESD can be achieved through the implementation of:

- the precautionary principle.
- inter-generational equity.
- conservation of biological diversity and ecological integrity.
- improved valuation, pricing and incentive mechanisms.

The Applicant proposes to target a Green Star - Healthcare (Green Building Council of Australia) 4 Star equivalency rating and proposes a range of ESD initiatives and sustainability measures in the design, including:

- low-flow fixtures and fittings will be used to reduce water consumption throughout the building.
- tree removal is to be offset by additional landscaping and tree planting.
- internalise pollution and other undesirable environmental outcomes through implementation of an Environmental Management Plan.
- targeting 90 per cent recycling of construction waste, consistent with Green Star industry best practice standards.
- reduced energy consumption.
- responsible building materials (including best practice PVC products and steel sourced from sustainable supply chains).
- supporting sustainable transport by implementing a green travel plan.

The site is not subject to any known effects of flooding and is not subject to bushfire.

The Department has considered the proposed development in relation to the ESD principles. The precautionary and inter-generational equity principles have been applied in the decision-making process via a thorough and rigorous assessment of the environmental impacts of the proposed development. The proposed development is consistent with ESD principles as described in Section 8.5 of the Applicant’s EIS, which has been prepared in accordance with the requirements of Schedule 2 of the Regulation.

Overall, the proposal is consistent with ESD principles and the Department is satisfied the proposed sustainability initiatives will encourage ESD, in accordance with the objectives of the EP&A Act.

4.6 Environmental Planning and Assessment Regulation 2000

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

4.7 Planning Secretary’s Environmental Assessment Requirements

The EIS is compliant with the Planning Secretary’s Environmental Assessment Requirements and is sufficient to enable an adequate consideration and assessment of the proposal for determination purposes.

4.8 Section 4.15(1) matters for consideration

Table 3 identifies the matters for consideration under section 4.15 of the EP&A Act that apply to SSD in accordance with section 4.40 of the EP&A Act. The table represents a summary for which additional information and consideration is provided for in Section 6 (Assessment) and relevant appendices or other sections of this report and EIS, referenced in the table.
### Table 3 | Section 4.15(1) Matters for Consideration

<table>
<thead>
<tr>
<th>Section 4.15(1) Evaluation</th>
<th>Consideration</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)(i) any environmental planning instrument</td>
<td>Consideration of all relevant SEPPs and the MWLEP is undertaken in Section 6 of the EIS. The proposal is consistent with all relevant provisions. The Department’s consideration of the relevant EPIs is provided in Appendix B of this report.</td>
</tr>
<tr>
<td>(a)(ii) any proposed instrument</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>(a)(iii) any development control plan (DCP)</td>
<td>Under clause 11 of the SRD SEPP, DCPs do not apply to SSD. Notwithstanding, consideration has been given to relevant DCPs at Appendix B.</td>
</tr>
<tr>
<td>(a)(iiia) any planning agreement</td>
<td>Not applicable.</td>
</tr>
<tr>
<td>(a)(iv) the regulations</td>
<td>The application satisfactorily meets the relevant requirements of the EP&amp;A Regulation, including the procedures relating to applications (Part 6 of the Regulation), public participation procedures for SSD and Schedule 2 of the Regulation relating to EIS.</td>
</tr>
<tr>
<td>(b) the likely impacts of that development including environmental impacts on both the natural and built environments, and social and economic impacts in the locality</td>
<td>Appropriately mitigated or conditioned - refer to Section 6 of this report.</td>
</tr>
<tr>
<td>(c) the suitability of the site for the development</td>
<td>The site is suitable for the development as discussed in Sections 3, 4 and 6 of this report.</td>
</tr>
<tr>
<td>(d) any submissions</td>
<td>Consideration has been given to the submissions received during the exhibition period. See Sections 4 and 5 of this report.</td>
</tr>
<tr>
<td>(e) the public interest</td>
<td>Refer to Section 5 of this report.</td>
</tr>
</tbody>
</table>

### 4.9 Biodiversity Conservation Act 2016

Under section 7.9(2) of the Biodiversity Conservation Act 2016 (BC Act), SSD applications are “to be accompanied by a biodiversity development assessment report (BDAR) unless the Planning Agency Head and the Environment Agency Head determine that the proposed development is not likely to have any significant impact on biodiversity values”.

The proposal is not likely to have a significant impact on biodiversity values. The Office of Environment and Heritage and the Department have previously determined on 27 April and 4 May 2018, respectively, that the application for the proposal is not required to be accompanied by a BDAR.
5. Engagement

5.1 Department’s Engagement
In accordance with Schedule 1 of the EP&A Act, the Department publicly exhibited the application from 29 August until 25 September 2018 (28 days). The application was exhibited at the Department and on its website, at the NSW Service Centre and at Mid-Western Regional Council’s office.

The Department placed a public exhibition notice in the Mudgee Guardian on 28 August 2018 and notified adjoining landholders and relevant State and local government authorities in writing. The Department representatives visited the site to provide an informed assessment of the development.

The Department has considered the comments raised in the public authority and public submissions during the assessment of the application (Section 6) and/or by way of recommended conditions in the instrument of consent at Appendix C.

5.2 Summary of Submissions
The Department received a total of 10 submissions, comprising eight submissions from public authorities and two submissions from the general public (neither objecting to the proposal). A summary of the issues raised in the submissions is provided at Table 4 and Section 5.4.

5.3 Public authority submissions
A summary of the public authority submissions is provided at Table 4 below.

Table 4 | Summary of public authority submissions to the EIS exhibition

<table>
<thead>
<tr>
<th>Mid-Western Regional Council (Council)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mid-Western Regional Council does not object to the proposal, however, it provided comments in relation to:</td>
</tr>
<tr>
<td>• services to accommodate a growing population including Magnetic Resonance Imaging (MRI), pediatrics, hydrotherapy pool and medical research facility.</td>
</tr>
<tr>
<td>• consideration of an alternative general admission access.</td>
</tr>
<tr>
<td>• provision of disabled access and services.</td>
</tr>
<tr>
<td>• all illegal connections are removed, redesigned and redirected to the proposed new stormwater system to be developed.</td>
</tr>
<tr>
<td>• Applicant to continue to conduct extensive consultation with the community and impacted/adjoining land owners.</td>
</tr>
<tr>
<td>Council also provided recommended conditions, should the application be supported.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Civil Aviation Safety Authority (CASA)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CASA advised that the Applicant to liaise with potential helicopter operators with regards to the overall design of the facility, including the proximity of other buildings and potential obstacles for aircraft flight operations.</td>
</tr>
</tbody>
</table>
Airservices Australia

Airservices Australia did not object but provided comments regarding the following considerations:

- the proposal will not affect any sector or circling altitude, nor any instrument approach or departure procedure at Mudgee Airport.

- The proposal will not adversely impact the performance of Precision/Non-Precision Navigational Aids, HF/VHF Comms, A-SMGCS, Radar, PRM, ADS-B, WAM or Satellite/Links.

NSW Environment Protection Authority (EPA)

EPA advised that a condition of consent should be incorporated that requires that all demolition and site remediation is to be undertaken in accordance with the document ‘Remedial Action Plan and Waste Management Plan’ prepared by Regional Envirosience Pty Limited and dated 6 August 2018.

Heritage Division of the Office Environment and Heritage (Heritage)

Heritage noted that the initial field survey, conducted by Cultural Heritage Management Australia, was hampered by visibility and there may be unexpected historical archaeological relics found once the work commences. Heritage proposes recommended conditions of consent regarding:

- a Heritage Interpretation Plan for the whole site must be prepared and implemented prior to commencement of the site being used a hospital.

- photographic archival recording must be prepared prior to the commencement of works, in accordance with the NSW Heritage Division publications: ‘How to prepare archival records of heritage items’ and ‘Photographic Recording of Heritage Items using Film or Digital Capture.’

- if unexpected historical archaeology relics are discovered, work must cease in the affected area and the Heritage Council of NSW must be notified.

Office of Environment and Heritage (OEH)

OEH noted that the Applicant has been granted a Biodiversity Development Assessment Report (BDAR) waiver for the development pursuant to Clause 7.9 of the Biodiversity Conservation Act 2016 as it is not likely to have any significant impact on biodiversity values.

Transport for NSW (TfNSW)

TfNSW did not object but provided comments regarding the following considerations:

- the Applicant should explore ways to encourage greater public transport usage in consultation with the local bus operator and TfNSW.

- further investigation should be undertaken into the provision of appropriate bicycle infrastructure and end-of-trip facilities to encourage greater cycling usage to and from the hospital.

- construction management plans should be developed to ensure construction stage impacts on the surrounding road network are mitigated and do not impinge on pedestrians, cyclists and the operations of the bus network.
RMS did not object but provided comments regarding the following considerations:

- safe access to and from the site, including redundant kerb layback crossing removal and replacement, safe sight distance, parking on site, forward traffic movements and clear sign posting.
- wayfinding signage to be included in the proposal.
- end-of-trip facilities for bicycle riders and pedestrians (including bicycle parking racks and lockers) shall be provided at convenient locations within the site and in accordance with AS2890.3 (Bicycle Parking Facilities).
- public transport facilities (bus and taxi drop off/pick up areas) shall be provided at convenient locations servicing the hospital.
- landscaping, signage and fencing shall not impede sight lines of traffic and or pedestrians within the development, or when entering or leaving the development. Safe intersection sight distance is to be achieved.
- road and public area lighting should be designed and provided in accordance with Australian Standards. Particular attention should be placed on pedestrian-vehicle conflict areas and allowance made for local climatic conditions.

5.4 Public submissions
The Department received two public submissions during the public exhibition of the application raising the following concerns:

- there is a need for more on-site parking.
- the design should incorporate a Central Sterilising Department (CSD) and larger operating theatres.

5.5 Response to submissions and supplementary information
Following the exhibition of the application the Department placed copies of all submissions received on its website and requested the Applicant provide a response to the issues raised in the submissions.

On 18 October 2018, the Applicant provided a Response to Submissions (RtS) on the issues raised during the exhibition of the proposal. The RtS also provided the following documentation:

- revised landscape plans, including a detailed plant schedule, as requested by the Department following its detailed review of the EIS.
- an updated Noise Impact Assessment in response to concerns raised by the Department regarding the methodology used in the original acoustic report submitted with the EIS.

The RtS was made publicly available on the Department website and was referred to the relevant public authorities. An additional five submissions were received from public authorities. No submissions were received from Council or the public. A summary of the issues raised in the submissions is provided at Table 5.
### Table 5 | Summary of public authority submissions to the RtS

<table>
<thead>
<tr>
<th>Authority</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>RMS</strong></td>
<td>RMS confirmed the RtS has addressed the matters raised in its original submission. RMS requests that the requirements provided in the earlier submission be incorporated in conditions of consent.</td>
</tr>
<tr>
<td><strong>TfNSW</strong></td>
<td>TfNSW confirmed the RtS has addressed the matters raised in its original submission. No further comments were provided.</td>
</tr>
<tr>
<td><strong>OEH</strong></td>
<td>OEH has raised no further issues.</td>
</tr>
<tr>
<td><strong>EPA</strong></td>
<td>EPA confirmed the RtS has addressed the matters raised in its original submission in relation to demolition and site remediation. EPA requests that the requirements provided in the earlier submission be incorporated in conditions of consent.</td>
</tr>
<tr>
<td><strong>Heritage</strong></td>
<td>Heritage confirmed the RtS had addressed the matters raised in its original submission. It noted that the RtS raised no issues in relation to the inclusion of the conditions proposed by Heritage and therefore requests that the requirements provided in the earlier submission be incorporated in conditions of consent.</td>
</tr>
</tbody>
</table>
6. Assessment

The Department has considered the EIS, the issues raised in submissions and the Applicant’s RtS in its assessment of the proposal. The Department considers the key issues associated with the proposal are:

- built form and urban design.
- heritage.
- traffic and transport.
- tree removal.
- contamination.
- noise.
- environmental amenity.

Each of these issues is discussed in the following sections of this report. Other issues were taken into consideration during the assessment of the application and are discussed at Section 6.8.

6.1 Built form and Urban Design

The project will include the construction of a new two storey (plus plant) acute clinical services building. The proposed new building will have a maximum height of 13.25 m, which is 2.57 m below the height of the existing main hospital building that will be demolished.

The Department considers the key built form and urban design issues relating to the proposal to be built form and scale and landscaping/public domain, which are addressed in further detail below.

6.1.1 Built form and scale

The built form responds to the natural topography of the site, particularly through the use of a sloping roof form which follows the fall of the land from east to west. Furthermore, the scale of the building is predominantly two storeys but reduces to a single storey element on the eastern extent where the land rises.

The architectural heritage of Mudgee provides a reference point for the architectural design. The development is within a low-rise heritage conservation area and has been designed to ensure that it is compatible with its setting. It incorporates two storeys with an upper plant deck setback and fully enclosed to minimise its built form impact on the streetscape.

Setbacks are proposed along all boundaries to minimise the impact of the building on the surrounding streetscape and provide sufficient zones for buffer landscaping.

A landscaped setback ranging from 7.7-11.7 m is proposed along Church Street. A 9.7-20 m setback is proposed to Meares Street. A 20 m setback area is also proposed along the northern boundary, to allow for an appropriate visual connection to the Mudgee Medical Centre (MMC).

The facades incorporate a range of materials and finishes, including two brick types/colours, full height glazed elements, timber features and a mix of cemintel (fibre cement) and aluminium cladding. The mid-point of the southern façade is also accented by double-height glazing to further break up the horizontal scale of the building. The proposed materiality has been chosen to provide variation but to “echo the local vernacular”. All of these elements cumulatively assist in alleviating the visual mass of the proposed building and to provide visual interest.
The proposal was presented to the GANSW prior to submission of the application. The issues raised by GANSW included:

- Church Street landscaping and colonnades.
- Hospital entry reconfiguration.
- Southern façade permeability and visual connection.
- Sun shading.
- Future connectivity to the MMC.
- Future MHS expansion potential.

The design of the proposal was amended by the Applicant to respond to these issues and the design presented in the EIS reflects these changes.

During exhibition, submissions received provide a generally supportive response to the design.

Some comments were received regarding the functional design during the community consultation process, including questions and concerns regarding:

- Proximity of ante-natal assessment rooms and labour wards.
- Paediatric services.
- Access to MRI and CT services.
- Number of maternity beds.

Comments during the exhibition period were submitted by Council and one member of the public in terms of the range of facilities offered and the technical design of the operating theatre.

The functional design of the proposal was guided by the Mudgee Hospital and Health Services Plan as well as the priorities of NSW Health and the WNSWLHD needs. This includes assessments undertaken as part of WNSWLHD Health Needs Assessment (2013) and the WNSWLHD Clinical Services Framework (2015).

The GANSW provided a series of comments with respect to the EIS. The first was a request for a Masterplan for the site to guide any future works. This was provided by the Applicant and is provided in Figure 3 of this report.

The other comments from the GANSW related to built form (external circulation, the public entry and the proposed courtyards), ESD Strategy and public art and consultation.

Responses from the Applicant provided explanations as to the elements of built form queried by GANSW and provided further explanatory notes with respect to ESD. This includes a commitment to ensuring a lower demand for resources than a standard practice development by introducing a number of best practice energy and water conservation measures.

With respect to public art, cultural heritage and community consultation, the Applicant noted that a Public Art Strategy is to be prepared, in consultation with local community and indigenous groups, to encourage and incorporate cultural heritage into the built form and landscape design.

The Department believes the EIS presents an appropriate built design to a functional design prepared by the appropriate health authorities. The Applicant has taken appropriate action to incorporate comments in the final architectural plans and the design plans and philosophy presented are appropriate to the area and preventative of environmental impacts.
6.1.2 Landscaping/Public Domain

The establishment of an open space along Church Street creates a visual connection with the MMC to the north and the open ground area on the east. This space addresses the corner of Church Street and Meares Street, which will be articulated with design-integrated signage elements to identify the hospital and the main entry.

The south-eastern corner integrates landscaping design, creating a tree line that enhances pedestrian experience and provides civic importance to the site. Landscaping within this area will also contribute to define public areas while ensuring passive surveillance from the hospital and adjoining buildings. The extension of the proposed open space provides opportunities for wayfinding elements and enhances the presentation of an integrated medical precinct.

The proposed layout also provides generous open spaces on the corner of Lewis Street and Meares Street, augmenting green visual connection across the site. A large proportion of the development will be linked to external courtyards which will be used for therapeutic and mobility purposes. These outdoor spaces will be multi-functional, catering for community integration and enhancing the level of care of patients. Inclusion of two internal courtyards within the building, including the “therapy garden” and “central courtyard” will enhance sunlight access to the internal areas of the hospital building and will improve amenity for staff, visitors and patients.

No submissions were received with respect to the design of the open spaces and the Department is satisfied that the landscaping has been incorporated appropriately into the design of the proposal.

6.2 Heritage

MHHS is not a state or locally listed heritage item. It is however listed on the Department of Heath’s section 170 Register (Heritage Act 1977) for its aesthetic and historic value. The buildings on the site are itemised below with those to be demolished highlighted in bold text:

- **Hospital building** built in 1955 and modified over time in such a way that the design and aesthetic values have been compromised.
- **Wellness Centre** built in 1934 with a later addition. This building represents some aesthetic values but is not considered of significance.
- **Community Health** building possibly built in the same period as the hospital, does not have any high aesthetic features and is not considered significant.
- **Old Boiler House** does not appear to have any significant features, although the equipment has been assessed of being of High significance at a local level. However, it is noted that the equipment is heavily contaminated with asbestos cement insulation and lagging.
- **FM & Medical Records Archive** is an extension of the Boiler House in terms of its construction technique, building materials and forms. It is not considered to have any significant features.
- **Vacant Cottage** (Formerly DOCS) has some potential for social values and some aesthetic values, however its integrity has been compromised by later additions and alterations and lately due to lack of maintenance. The building has significant structural cracks and is in very poor condition.
- **Residence** is a late 1970s building with very little heritage value. It does not possess any significance.

The EIS concluded that the demolition of these buildings would not result in adverse heritage impacts and noted that a full photographic archival recording of the boiler house would be undertaken prior to demolition.

The site is part of the Mudgee Heritage Conservation Area identified under the LEP and there are four heritage listed places within close vicinity of the Hospital (see Figure 14), which are:
These surrounding residential areas include established low scale housing with the earliest dating back to pre-WWII. They are generally single storey dwellings with consistent front setbacks and landscaped front yards.

The EIS states that the proposed hospital building is predominantly two storeys, with the exception of the additional storey on the northern side of the building. It is considered that the bulk and relative scale of the new development is modest and will not generate adverse impacts on the existing streetscape and the overall hospital site. Further, the new building is well setback from the State heritage listed railway station, and any visual link between the two buildings is interrupted by the existing Medical Centre to the north. It is concluded that the new hospital development will generate acceptable heritage impacts on the Mudgee Heritage Conservation Area as well as any locally listed heritage buildings within the vicinity of the hospital site.

Heritage raised no objection to the approach proposed by the Applicant with respect to the demolition of the existing buildings, or the proposed design of the new hospital buildings. Heritage provided recommendations for consideration in the conditions of consent regarding site interpretation, photographic archival recording and unexpected historical archaeology relics.

The Department believes that the proposal will not result in adverse impacts to heritage values on the site or the surrounding area, given that the design has taken the character of the surrounding area into the sizing, massing and built design of the proposed hospital. The architectural heritage of Mudgee provides a reference point for the architectural design. Located within a low-rise heritage conservation area, the proposal has been designed to ensure that it is compatible with its setting.
The proposal incorporates two storeys with an upper plant deck setback and fully enclosed to minimise its built form impact on the streetscape. Being located on a corner site, specific consideration has been given to the design of the building to ensure that it does not dominate adjoining buildings or public domain areas. Due to the orientation of MHS and the new building, the proposed development does not overshadow any buildings or private open space areas or generate any privacy of view loss impacts to surrounding residential dwellings.

The Department believes this is an appropriate approach and minimises potential effects on the surrounding heritage streetscape.

6.3 Traffic and Parking

6.3.1 Site Access

The proposal will consolidate the existing access locations to two driveways on Meares Street (public) and Lewis Street (staff and emergency only). Ambulance and service vehicular access (entry and exit) will be restricted to Lewis Street to minimise any adverse impacts to the nearby residential properties. Oxygen trucks will access MHS via Lewis Street and egress via Meares Street, to ensure all movements to and from the hospital are in a forward direction. During construction works, a temporary ambulance access will be provided along Meares Street. No vehicular access is proposed along Church Street, thereby avoiding any traffic conflicts along the main local road adjoining the hospital site.

Direct pedestrian access to the main hospital building will be provided from Meares Street. Pedestrian access to the hospital will be separated from the vehicular access to avoid the potential for any pedestrian and vehicular conflict.

The Department is satisfied that the proposed vehicular and pedestrian access arrangements will provide a safe and efficient pattern of circulation in and around the hospital site.

6.3.2 Operational traffic

A full Parking and Traffic Assessment (PTA) was undertaken as part of the EIS in consultation with RMS and Council.

SIDRA modelling was undertaken of key intersections surrounding MHS. The modelling shows that currently, the Church Street/Meares Street intersection is operating at level of service (LOS) A and B in the AM and PM peak periods, with significant spare capacity. The Meares Street/Lewis Street intersection is also operating at LOS A on all approaches in both the AM and PM peak. This intersection also has significant spare capacity to accommodate additional traffic. The maximum right turn delay from Lewis Street to Meares Street is also considered acceptable based on the traffic modelling undertaken.

The redevelopment will not result in a net increase in the number of beds. It will however result in a minor increase in staff employed at the hospital (an increase of six FTE staff). The EIS outlined that there will be a net increase of approximately five to 10 trips during the AM and PM peak periods, which will not be noticeable within the existing road network.

The forecast trips generated by the service vehicles will also remain at current level, as there is no change in overall bed number. The EIS concluded that, as a result of the redevelopment, the surrounding road network will continue to operate at a satisfactory LOS.

Council had no specific concerns relating to operational traffic but noted that the Church/Meares Street intersection is operating with significant space capacity to accommodate any additional traffic.

RMS also provided comments on vehicular access and traffic movements to and from the site, landscaping and signage. The Applicant confirmed or responded appropriately to each issue and it is noted that RMS, in
responding to the RtS, raised no further issues. Furthermore, TfNSW raised no further issues on reviewing the RtS.

The Department is satisfied that the additional vehicle trips generated by the proposal can be satisfactorily accommodated by the existing road network.

6.3.3 Operational parking

The site’s four existing surface car parks (which incorporate 77 parking spaces) will be replaced with a new connected on-grade carpark for staff, visitors and emergency vehicles totally 127 spaces (an increase of 50 spaces) (see Figure 15).

![Figure 15 | Proposed Parking (Source: EIS)](image)

Ten spaces will be provided for Visiting Medical Officers (VMO) and emergency vehicles such as ambulance and police vehicles. These parking bays will be provided at the northern end of the emergency department. Ambulance entry and egress will be provided via Lewis Street, sufficiently separated from the adjoining residential properties.

According to the PTA, the existing MHS campus generates a parking demand of 120 spaces, meaning there is a current shortfall of 43 spaces. However, as discussed previously in this report, the current spaces are undersized and underutilised, with people preferring to park on surrounding streets. The proposed redeveloped campus generates a parking demand of 124 spaces, representing an additional four space demand compared to the current hospital due to the minor increase in staff numbers. The proposed development provides a total 127 on-site spaces, which is three spaces more than required, and thereby reducing the demand on on-street parking in residential streets around the hospital site (which was a concern raised in one public submission).
The proposal includes nine bicycle racks (four for public use and five for staff). The EIS also presented a Green Travel Plan (GTP) to encourage alternative modes of transportation including cycling, walking and the utilisation of car share facilities and public transportation. It also noted that a Transport Advisory Committee should be formed who will observe, set out and monitor the transport goals of the hospital on short, medium and long-term basis.

 TfNSW recommended that the Applicant explore means of encouraging further use of public transport and further investigate sufficient end of trip facilities for those cycling. This latter comment was mirrored by RMS who also commented on the need for adequate public transport facilities. The Applicant, in the RtS reiterated commitment to the GTP in the EIS and committed to working with TfNSW and the local bus provider to improve and increase bus patronage.

The Department is satisfied that adequate parking has been provided in the design. The Department also believes that the implementation of a GTP as proposed by the Applicant is an appropriate step to promote less reliance on private car usage in favour of more sustainable forms of transport. The Department supports the forming of a Hospital Transport Advisory Committee in order to provide a consultative framework for transport decisions.

6.3.4 Construction traffic and parking impacts

Construction will take place across approximately 62 weeks (four weeks for excavation, 15 weeks for demolition and 43 weeks for construction). It is estimated that peak works will occur during concrete pouring which will generate approximately 32 deliveries (four per hour in an eight-hour day), resulting in approximately 62 two-way heavy vehicles movements (in and out).

All construction work will be contained on the site through an existing driveway access from Meares Street. This access would be restricted to construction vehicles only. During the construction period, construction workers will be required to park using available on-street parking or travel to the site with other workers.

The Applicant has detailed that the services in the existing Main Hospital Building will relocate to the new acute clinical services building once its constructed and commissioned. There will be an approximate 22-week lag between the new hospital being commissioned, demolition of the existing Main Hospital Building and the ability to provide the 127 permanent parking spaces on site. When the new acute clinical services building is completed, there will be 19 car spaces able to be provided on site (near the new main entry, inclusive of six accessible, eight typical and five at the ambulance bay). The TIA noted that the surrounding streets provide an additional capacity of 212 on-street parking spaces (19 of which are subject to time restrictions) and noted that based on recent surveys, there is surplus parking capacity (with approximately 49.8 per cent of on-street parking occupied at any one time). The TIA concludes that the existing on-street car parking (which is currently used by hospital users) will be sufficient to accommodate the additional 108 spaces during the 22-week lag between main hospital building being commissioned and demolition of the old hospital building. It is expected though, that once demolition of the existing main building is complete (which will be 10–12 weeks following commissioning of the new building), there will be capacity on site to provide temporary car parking to remove some reliance on on-street parking until the entirely of the development is complete.

The EIS noted that a Construction Traffic Management Plan will be prepared to avoid, minimise or manage any effects resulting from the construction period.

No submissions were received relating to construction traffic or parking and the Department is satisfied that any effects can be appropriately managed via a Traffic and Pedestrian Management Sub-Plan as part of a Construction Environmental Management Plan. The Department is also satisfied that sufficient car parking will be available for construction workers and hospital users throughout the construction period.
6.4 Tree Removal

The EIS states that there are approximately 137 trees currently on the MHS site, most of which are not indigenous to the local area and have been planted.

The EIS notes that there is only one remnant tree within the subject site of biodiversity value (Eucalyptus microcarpa). However, this tree is not impacted by the proposal and will not require removal as part of the proposed works (see Figure 16).

A total of 32 trees require removal, including:

- 26 trees within the footprint of the proposed new building.
- six trees which are outside of the building footprint area. The Tree Assessment Report recommends the removal of these trees as they pose a general safety hazard to MHS.
In addition to the above, a further 8 trees outside of the building zone require pruning. Those trees requiring removal are shown as red circles on Figure 17 below.

In its submission, Council noted the removal of the 32 trees and acknowledged that trees have been retained where possible.

The Department noted in its submission on the EIS that the landscape plan did not provide a detailed plant schedule or any indication of the number of trees to be planted or their proposed location on the site. The Applicant responded with an updated Landscape Plan that provided the location and number of trees to be planted. This includes 65 trees to be planted on-site, 827 shrubs and 5,102 groundcovers.

The Department considers that the Applicant has assessed this issue appropriately and minimised the number of trees that are required to be removed and that the updated Landscape Plan provides the basis for a clear planting schedule. The Department also believes that any potential impacts to the remaining trees during the construction period can be avoided via appropriate measures in the Construction Environmental Management Plan. The Department is satisfied that the 65 trees to be planted are sufficient to offset the vegetation lost subject to conditions requiring the species be endemic to the area.

6.5 Contamination
A Detailed Site Investigation prepared by Douglas Partners provided detailed assessment of soil and groundwater contamination. Asbestos-Containing Material (ACM) was identified in two material samples
collected during the field work. The ACM was present in the form of bonded fibre-cement sheeting/piping. The trace analysis of the screening undertaken on the soil samples did not encounter any asbestos fibres.

No contaminants were identified in groundwater and all soil results that were sampled had contaminant concentrations below the adopted comparative criteria from both a health-based and an ecological-based perspective.

In order to address the potential ACM risk, the assessment recommended that detailed ACM testing is undertaken to assess the concentrations of ACM. Douglas Partners determined that the site is considered suitable for its continued use as a hospital subject to addressing the identified ACM risk.

A Remediation Action Plan and Waste Management Plan has also been prepared and was provided with the EIS. In accordance with this Plan, the site will be remediated to the classification of “Residential A land use”. This level of remediation is suitable for the proposed use of the site in accordance with SEPP 55.

Any waste containing ACM, will be classified as ‘Special Waste Containing Asbestos’ and disposed of at a suitably licenced facility.

The EIS committed to the preparation of a Hazardous Materials Management Plan prior to the commencement of any demolition works, as well as an Asbestos Removal Control Plan.

NSW EPA provided a submission to the EIS that recommended that all demolition and site remediation be undertaken in accordance with the Remedial Action Plan. No other submissions on contamination were received during exhibition and the Department is satisfied that appropriate consideration of contamination has been undertaken to guide the demolition and construction under the auspices of the Remedial Action Plan, Hazardous Materials Management Plan and Asbestos Control Plan.

The Department is satisfied that the Applicant has adequately assessed this issue and that all residual effects can be managed via the implementation of the Hazardous Materials Management Plan and Asbestos Control Plan.

### 6.6 Noise and Vibration

The Noise Impact Assessment (NIA) was undertaken for the proposal in accordance with Australian Standards AS 3671-1989 “Acoustics – Road Traffic Noise Intrusion – Building, Siting and Construction” and AS2107-2000 “Recommended Design Sound Levels and Reverberation Times for Building Interiors” and the Health Infrastructure requirements. The assessment of was also conducted in accordance with the NSW EPA Noise Policy for Industry (NPfI) and the NSW Road Noise Policy (RNP).

Operationally, the most significant source of noise from the surrounding area is traffic noise. The assessment recommended several mitigation measures to minimise any impact of traffic noise to the proposed new hospital building, such as the use of appropriate building materials and recommended thickness of glazing for windows which were all incorporated into the design presented in the EIS.

Outside of the hospital, the closest receptors are identified as the residential properties to the south on Meares Street, to the west on Church Street and to the east on Lewis Street. The primary existing noise sources for all these receptors is traffic noise.

Attended and unattended monitoring was undertaken and on the basis of the background data, noise sources that requires assessment were identified as:

- cars entering and leaving via the car park access ramp from Lewis Street.
- mechanical plant servicing the development.
Table 6 | Summary of Predicted Noise Levels

<table>
<thead>
<tr>
<th>Location</th>
<th>Period</th>
<th>Predicted Level dB LAeq, 15 mins</th>
<th>Project criteria, dB Leq, (Period)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lewis Street residential area</td>
<td>Day</td>
<td>37</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td>37</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Night</td>
<td>33</td>
<td>37</td>
</tr>
<tr>
<td>Meares Street residential area</td>
<td>Day</td>
<td>&lt;35</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td>&lt;35</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Night</td>
<td>&lt;35</td>
<td>37</td>
</tr>
</tbody>
</table>

As is shown in Table 6 above, the assessment found that compliance was achieved at all worst affected receivers with respect to the carpark and driveway. For the mechanical plant, the NIA noted that all plant can be satisfactorily attenuated and that a review of all plant should be undertaken in detailed design to determine if any such acoustic treatments would be necessary.

The assessment recommended for any internal plant area including chillers, fans and Air Handling Equipment, a series of mitigation measures such as internal lining of external ductwork and blanking of inactive areas louvres and lining of plantroom walls to be preventative of noise impacts from these sources.

Other noise sources (sirens from ambulances or the use of the helipad) are anticipated to be the same as current operations. Notwithstanding, these incidents are emergency related and not subject to the same criteria.

The Department provided the Applicant with a number of clarifying questions on the EIS during exhibition, which the Applicant answered in their RtS. To ensure the Noise Impact Assessment was fully elucidated, these clarifying remarks were added to an amended Noise Impact Assessment provided with the RtS.

No other comments with respect to noise were received and the Department is satisfied that the EIS and RtS has adequately assessed noise.

6.6.1 Construction noise

The Interim Construction Noise Guideline (ICNG) establishes construction noise management levels for surrounding sensitive residential receivers and for surrounding non-residential sensitive land uses. The NIA identified demolition, excavation and construction as potentially noise generating activities. The Applicant proposes the following construction hours:

- 7am to 6pm, Monday to Friday.
- 8am to 1pm, Saturdays.

A qualitative assessment was undertaken, and a series of typically available mitigation measures were outlined including:

- selection of alternate appliance or process.
- acoustic barriers.
- silencing devices.
- material handling.
- treatment of specific equipment.
- establishment of site practices.
- regular noise checks of equipment.
- noise and vibration monitoring.

No submissions were received on this subject and the Department believes the assessment provides an adequate basis for the management of any residual effects during the demolition and construction period. As a precautionary approach, the Department recommends that noise mitigation in the NIA be encapsulated within a Construction Noise Management Sub-Plan as part of a Construction Environmental Management Plan. This Plan should include the specific measures that will be implemented with details of exact locations, frequencies, implementation and auditing mechanisms, reporting processes, communication strategy and grievance mechanism.

### 6.7 Environmental Amenity

The proposed development is lower in height than some existing buildings across the hospital campus, while generous setbacks are included in the site design as well as significant landscaping. To avoid overshadowing, the proposed development is positioned in a corner location, well away from any neighbouring residential properties. As can be seen in **Figure 18** below, any additional overshadowing during mid-winter is limited to the subject site and the Church and Meares Street road reserves.

![Figure 18](image1.png)

*Figure 18* | Mid-winter shadow diagrams (Source: EIS)
Due to its corner location, the proposed building will be easily visible from surrounding streets and houses. The EIS stated that the impacts will be acceptable as views will open to the south-eastern corner where new open spaces will be created. View lines will be increased though voids and courtyards on site, allowing passive surveillance and visual connection across the site.

The Department is satisfied that the design has been undertaken to prevent impacts to the surrounding community and environmental amenity. In addition, as noted by Council, the proposed setbacks, articulated façade and landscaped areas will assist in reducing the bulk and scale of the proposal.

### 6.8 Other issues

The Department’s consideration of other issues is provided at Table 7.

**Table 7 | Department’s assessment of other issues**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Findings</th>
<th>Recommended Condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water management</td>
<td>The proposal will increase impervious areas and will therefore require pollution reduction measures to remove potential contaminants from the system. The development will achieve the pollution reduction targets identified in Council’s DCP by utilising Water Sensitive Urban Design (WSUD) treatment initiatives. Two raingardens are proposed for the development’s stormwater network. Overflow pits will be provided within the raingardens to take excess flows and bypass them directly into the drainage systems. Pit inserts are also proposed for the stormwater pits in the paved areas and adjacent to the proposed building. The Department is satisfied that appropriate consideration of water management has been undertaken to guide the future design.</td>
<td>The Department has recommended a condition requiring the Applicant to consult with Council with respect to the final WSUD of the proposal. A copy of the final details are to be provided to the Department.</td>
</tr>
<tr>
<td>Stormwater</td>
<td>Due to site topography and the lack of depth below existing ground level in the receiving Council stormwater network along Church Street, two stormwater networks have been designed, specifically Stormwater Network 1 and Stormwater Network 2. These networks will replace all other existing stormwater infrastructure which discharges to Council’s sewer. The stormwater network has been designed in accordance with Council’s DCP and was undertaken in consultation with Council.</td>
<td>The Department has recommended a condition requiring the Applicant to consult with Council with respect to the final stormwater design and sewer connections of the proposal.</td>
</tr>
<tr>
<td>Flooding</td>
<td>The EIS noted that the proposed development is not affected by the 20-year, 100 year or probable maximum flood events. Additionally, the site is not within any of the high, medium or low flood risk precincts. The existing site does not act as flood storage/detention within the local catchment, nor will the site be affected by increased flooding generated by climate change. An on-site stormwater detention (OSD) basin will be constructed to limit the peak discharge rates from the post-</td>
<td>The Department considers no additional conditions or amendments are necessary.</td>
</tr>
</tbody>
</table>
developed site to that of the predeveloped site, including the 1 in 100-year rainfall events.

No comments were received during the exhibition in relation to this issue and the Department is satisfied that appropriate consideration of flooding has been undertaken to guide the future design.

| Biodiversity                  | The Applicant lodged a waiver requests for the preparation of a BDAR, pursuant to Clause 7.9 of the BC Act, on 17 April 2018. This request was accompanied by a Biodiversity Assessment prepared by Niche Environment and Heritage (NEH).
|                              | The assessment showed that MHS has undergone significant historical disturbance and that the site does not comprise of significant habitat features.
|                              | In addition, it is determined that no threatened flora or fauna were recorded within the subject site and none are expected to be present.
|                              | Waivers from the Department (dated 4 May 2018) and the OEH (dated 27 April 2018) have been obtained which determine that there is no need for a BDAR.
|                              | No comments were received during the exhibition period on this issue, however, the Department believes that precautionary measures are warranted to ensure no direct or indirect impacts to biodiversity occur during construction.

| Aboriginal heritage          | A Preliminary Heritage Assessment has been prepared by Cultural Heritage Management Australia.
|                              | The report found that MHS is of low archaeological sensitivity. The Aboriginal Heritage Information Management System (AHIMS) database had no previously recorded sites within the study area. The land use history of the place indicated that in situ deposits were no longer present. No Aboriginal artefacts/sites were identified during the field survey.
|                              | The report concluded that ‘there are no further Aboriginal heritage requirements that should apply for the study area’.
|                              | No submissions were raised regarding this issue during the exhibition period.

| Sediment, erosion and dust   | Erosion and sediment control plans have been prepared as part of the EIS. The final erosion and sediment control plans will be prepared to Council guidelines and Landcom – Managing Urban Stormwater “Blue Book” Guidance.
|                              | No submissions were received on this issue during the exhibition of the EIS. It is noted by the Department however that precautionary measures are warranted to ensure no direct or indirect impacts to biodiversity occur during

|                             | The Department has recommended a condition requiring:
|                             | Only trees identified in this report will be removed.
|                             | Tree Protection Zones established around significant trees.
|                             | Replacement trees are to be species endemic to the local area.
|                             | Sedimentation works and barriers to be placed around the disturbance areas, to ensure no indirect water flow, erosion or sedimentation leaves the MHS site.
|                             | If nests or fauna are identified in trees to be removed, they should be removed by a specialised fauna ecologist.

|                             | The Department considers no additional conditions or amendments are necessary.

|                             | The Department has recommended a condition requiring an Erosion and Sediment Control Sub-Plan to be prepared as part of a Construction Environmental Management Plan.

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**Mudgee Hospital Redevelopment (SSD 9211) | Assessment Report**
construction. It is noted that erosion and sediment control is a means of preventing secondary impacts to biodiversity, as noted above.

<table>
<thead>
<tr>
<th>Waste</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Waste Management Plan (WMP) has been prepared by TSA Management which noted that demolition will require removal of 2,660m³ excavated material and 860m³ of material from demolition works.</td>
</tr>
<tr>
<td>It is noted that the excavated material may be re-used on site.</td>
</tr>
<tr>
<td>During operation there is no expected increase in the estimated waste generated from MHS. MHS has developed a Waste Management Plan which aligns with the WNSWLHD Waste Management Policy and Plan.</td>
</tr>
<tr>
<td>No comments were received during the exhibition period on this issue, however, Department believes that precautionary measures are warranted to ensure no direct or indirect impacts occur during demolition or construction.</td>
</tr>
</tbody>
</table>

The Department has recommended a condition requiring the following Sub-Plans to be prepared as part of a Construction Environmental Management Plan:

- Traffic and Pedestrian Management Sub-Plan (that incorporates removal of waste from site); and
- Waste Management Sub-Plan (that incorporates the management, classification, re-use and handling of demolition waste).
The proposed SSD application seeks approval for the demolition, construction and operation of the redeveloped Mudgee Hospital. The Department has reviewed the EIS, RtS and assessed the merits of the proposal, taking into consideration advice from the public authorities, including Council. Issues raised in public submissions have been considered and all environmental issues associated with the proposal have been thoroughly addressed.

The Department’s assessment of the project concludes that:

- impacts to the heritage values of the current buildings can be appropriately mitigated via the retention of movable heritage and archival recording.
- the design of the building, with lower building height, generous setbacks and landscape plan, represents the best design in terms of functional amenity, as well as thoughtful spaces for patient healthcare, staff wellbeing and surrounding local amenity.
- the design represents a reasonable bulk and scale within its immediate context, including the heritage items nearby, and is a fitting design within the streetscape.
- sufficient on-site car parking has been provided to cater for the demand created by the proposed development.
- demolition and construction effects, including tree removal, management of contaminated material, construction noise and water management, have been adequately assessed and understood, and precautionary measures can be undertaken to be preventative of any potential impacts to the community and minimal impact on hospital operations.

The proposal is consistent with key government strategic objectives for both the state and regional, including the NSW State Infrastructure Strategy 2018-2038, Central West Orana Plan 2036, Mid-Western Regional Council Community Plan Towards 2030.

The proposal is in the public interest as the future development would provide public benefits, including:

- the redevelopment will result in the replacement of outdated hospital infrastructure which will enhance the ability to deliver modern healthcare in a regional setting.
- demographic change (in terms of population increase and ageing) will benefit from enhanced medical facilities.
- the Central West Orana Plan 2036 highlights the need to attract people to regional settings, which may only be achieved is support infrastructure (including healthcare) is in place.

The Department concludes the impacts of the development are acceptable and can be appropriately mitigated through the implementation of the recommended conditions of consent. Consequently, the Department considers the development is in the public interest and should be approved subject to conditions.
8. Recommendation

It is recommended that the Executive Director, Priority Project Assessments, as delegate of the Minister for Planning:

- **considers** the findings and recommendations of this report.
- **accepts and adopts** all of the findings and recommendations in this report as the reasons for making the decision to grant approval to the application.
- **agrees** with the key reasons for approval listed in the notice of decision.
- **grants approval** for the application in respect of Mudgee Hospital Redevelopment State Significant Development Application (SSD 9211).
- **signs** the attached development consent and recommended conditions of consent (**Appendix C**).

Recommended by:

Teresa Gizzi
Senior Planner
Social and Other Infrastructure Assessments

Recommended by:

Karen Harragon
Director
Social and Other Infrastructure Assessments
9. Determination

The recommendation is: Adopted by:

David Gainsford
Executive Director
Priority Projects Assessments

12/2/18
Appendix A - List of Documents

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

1. Environmental Impact Statement

2. Submissions

3. Applicant’s Response to Submissions

4. Applicant’s Response to Submissions Supplementary Information (updated landscape drawings and Noise Impact Assessment)
Appendix B - Statutory Considerations
ENVIROMENTAL PLANNING INSTRUMENTS (EPIs)

To satisfy the requirements of section 4.15(a)(i) of the EP&A Act, this report includes references to the provisions of the EPIs that govern the carrying out of the project and have been taken into consideration in the Department’s environmental assessment.

Controls considered as part of the assessment of the proposal are:

- State Environmental Planning Policy (State & Regional Development) 2011 (SRD SEPP)
- State Environmental Planning Policy (Infrastructure) 2007 (ISEPP)
- State Environmental Planning Policy No. 33 – Hazardous and Offensive Development (SEPP 33)
- State Environmental Planning Policy No. 55 – Remediation of Land (SEPP 55)
- State Environmental Planning Policy No. 64 – Advertising Structures and Signage (SEPP 64)
- Mid-Western Regional Local Environmental Plan 2012 (MWLEP)

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

<table>
<thead>
<tr>
<th>Relevant Sections</th>
<th>Consideration and Comments</th>
<th>Complies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3 Aims of Policy</strong> The aims of this Policy are as follows: (a) to identify development that is State significant development</td>
<td>The proposed development is identified as SSD.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>8 Declaration of State significant development: section 4.36</strong> (1) Development is declared to be State significant development for the purposes of the Act if: (a) the development on the land concerned is, by the operation of an environmental planning instrument, not permissible without development consent under Part 4 of the Act, and (b) the development is specified in Schedule 1 or 2.</td>
<td>The proposed development is permissible with development consent. The development is a type specified in Schedule 1.</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Schedule 1 State significant development – general</strong> (Clause 14) <strong>14 Hospitals, medical centres and health research facilities</strong> Development that has a capital investment value of more than $30 million for any of the following purposes: (a) hospitals, (b) medical centres,</td>
<td>The proposed development comprises development for the purpose of a hospital and has a CIV in excess of $30 million.</td>
<td>Yes</td>
</tr>
</tbody>
</table>
(c) health, medical or related research facilities (which may also be associated with the facilities or research activities of a NSW local health district board, a University or an independent medical research institute).

**State Environmental Planning Policy (Infrastructure) 2007**

The Infrastructure SEPP (ISEPP) aims to facilitate the effective delivery of infrastructure across the State by improving regulatory certainty and efficiency, identifying matters to be considered in the assessment of development adjacent to particular types of infrastructure development, and providing for consultation with relevant public authorities about certain development during the assessment process.

The proposal does not alter the use of the site. The site is categorised under the ISEPP as a hospital, within the meaning of ‘health services facilities’. The site is zoned R1 General Residential under the MWLEP. The R1 zone is defined as a ‘prescribed zone’ pursuant to clause 56 of the ISEPP. The use of the site as ‘health services facilities’ is permissible with consent under the ISEPP.

The ISEPP aims to ensure that the RMS is made aware of and is given an opportunity to make representations in respect of traffic generating development. The ISEPP sets out the types of development which must be referred to the RMS. For hospitals a threshold of 200 beds is identified as the trigger for traffic generating development (unless site with access to classified road or to road that connects to classified road within 90m of the site).

Following the completion of the proposed works, MHS will have a total of 31 beds. As the proposal does not provide for 200 or more beds it is not considered traffic generating development. Notwithstanding this, consultation has been carried out with the RMS prior to the lodgement of this SSDA and details of this consultation are provided at Section 5 of the EIS.

The proposal is therefore consistent with the ISEPP.

**State Environmental Planning Policy No. 33 – Hazardous and Offensive Development (SEPP33)**

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

SEPP 33 requires an assessment of hazardous materials, involving a screening method based on the quantities of dangerous goods on a site, to assist in determining if a development is likely to be a potentially hazardous industry.

Whilst the development does not consist of new hazardous activities, an assessment of the nature and quantity of dangerous goods that will potentially be stored/used at MHS in accordance with the requirements of SEPP 33, should be undertaken, with a view determining if the development is considered potentially hazardous or offensive using the nominated performance criteria.

A SEPP 33 Assessment has been provided at Appendix 3 of the EIS. The assessment outlines that a Preliminary Hazard Analysis (PHA) is not required for the following reasons:

- the Dangerous Goods transported to and stored on MHS are within the threshold quantities listed in SEPP 33.
- there are no other known hazardous materials at the hospital that would deem the hospital to be a potentially hazardous facility, e.g. combustible dust.
The Department is satisfied that no further PHA is required.

In regard to waste storage and disposal, waste generated by the project that cannot be either recycle or reused on site will be storage and subsequently disposed of by a licenced waste contractor to an appropriately licenced landfill or recycled facility. A waste inventory will also be maintained. The Department is therefore satisfied that the storage and disposal of waste would be appropriately managed.

**State Environmental Planning Policy No. 55 - Remediation of Land (SEPP 55)**

SEPP 55 aims to ensure that potential contamination issues are considered in the determination of a development application.

The results of remediation assessment identified that the potential contaminants are below the Health Investigation Levels for Residential A criteria. However, the site is characterised as having asbestos contamination. A Remediation Action Plan (RAP) (Appendix 34 of the EIS) and Waste Management Plan (Appendix 24 of the EIS) have been developed for the appropriate management of hazardous materials. The RAP is to ensure that hazardous materials are removed without impacting site personnel at the hospital during construction and post-construction.

Based on the findings and appropriate mitigation strategies, the Department is satisfied that the site can be made suitable for the continued hospital use in accordance with the requirements of SEPP55.

**State Environmental Planning Policy No. 64 – Advertising and Signage**

SEPP 64 aims to improve the amenity of urban and visual character of an area by managing the impact of signage.

The development includes five signs which will be located at the key entry points of the new hospital building and within the new car park. Under clause 8 of SEPP 64, consent must not be granted for any signage application unless the proposal is consistent with the objectives of the SEPP and with the assessment criteria which are contained in Schedule 1 of the SEPP.

The proposal has provided an assessment of the proposed signage against the provisions of Schedule 1 of SEPP 64. The Department has considered the signage against the objectives of the SEPP and the assessment criteria contained in Schedule 1 and found it to be acceptable.

**Mid-Western Regional Local Environmental Plan2012 (MWLEP)**

The MWLEP aims to promote growth and provide for a range of living opportunities throughout the Mid-Western Regional LGA. The MWLEP also aims to conserve and protect natural resources and foster a sustainable economic, environmental and social well-being. The proposal is consistent with the aims of the R1 General Residential zone to provide for infrastructure and related uses.

The Department has consulted with Council throughout the assessment process and has considered all relevant provisions of MWLEP and those matters raised by Council in its assessment of the development (refer to Section 5). The Department concludes the development is consistent with the relevant provisions of the MWLEP. Consideration of the relevant clauses of the MWLEP is provided in Table 2.
<table>
<thead>
<tr>
<th>Mid Western Regional LEP 2012</th>
<th>Department Comment/Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clause 4.3 Building height</td>
<td>No maximum height applies to the site under the MWLEP. However, the proposal has a maximum height of 13.25 metres, which is 2.57 metres below the height of the hospital’s existing main building (which is proposed to be demolished as part of the SSD application). The proposal therefore proposes a reduced height.</td>
</tr>
<tr>
<td>Clause 4.4 Floor space ratio</td>
<td>The MW LEP has not adopted Clause 4.4 (Floor space ratio).</td>
</tr>
<tr>
<td>Clause 5.3 Development near zone boundaries</td>
<td>The development is required to keep a relevant distance of 50 metres from the zone boundaries. The development would provide plenty of setbacks to the zone boundaries to the north and north-east as car parking is provided to the north and north-east.</td>
</tr>
<tr>
<td>Clause 5.10 Heritage conservation</td>
<td>Under the provisions of Clause 5.10 of the MWLEP, the consent authority may, prior to granting consent, require a heritage management document which assesses the impact of a development on heritage items within the vicinity of MHS. Further consideration of heritage, with respect to the Statement of Heritage Impact is provided in Section 8.6 of the EIS and discussed in Section 6.2 of this report.</td>
</tr>
<tr>
<td>Clause 6.2 Flood planning</td>
<td>The site is not subject to any known effects of flooding and is not subject to bushfire. The site would not be impacted by changes in sea level resulting from climate change.</td>
</tr>
<tr>
<td>Clause 6.3 Earthworks</td>
<td>The extent of excavation will be approximately 2.5 metres in depth and totaling 4,765 tonnes. The excavated fill material will not be suitable for reuse and will be either removed from the site or used in landscaping areas. The potential land contaminants are below the Health Investigation Levels for Residential A criteria; however, the site is characterised as having asbestos contamination. Appropriate mitigation strategies will be implemented to ensure that hazardous materials are removed without impacting site personnel at the hospital during construction and post-construction.</td>
</tr>
</tbody>
</table>

**Other Policies**

In accordance with Clause 11 of the SRD SEPP, Development Control Plans (DCPs) do not apply to State significant development.
Appendix C - Recommended Instrument of Approval