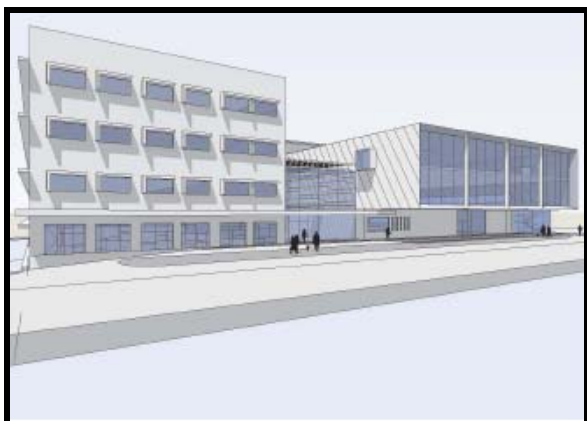
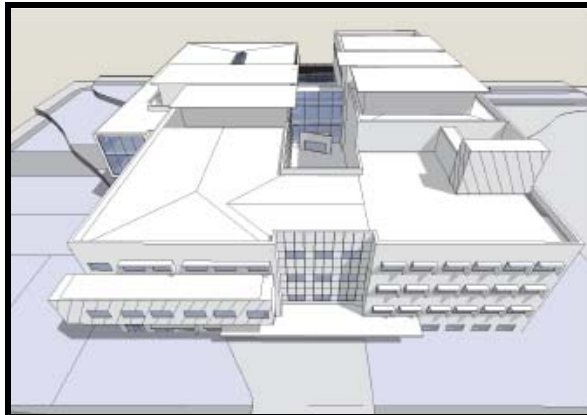




NSW GOVERNMENT
Department of Planning



***MAJOR PROJECT ASSESSMENT:
Auburn Hospital Redevelopment
Major Project No. 06_129***

Director-General's
Environmental Assessment (EA) Report
Section 75I of the *Environmental Planning and
Assessment Act 1979*

January 2007

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1 EXECUTIVE SUMMARY

- 1.1 NSW Health (the proponent) intends to redevelop Auburn Hospital in order to meet the needs of a growing population and respond to the needs of a changing demographic. The capital investment value of the project is **\$139 million**.
- 1.2 Auburn Hospital (circa 1960s) is located approximately 1 kilometre south of Auburn Town Centre and includes two key land parcels – the Main Hospital Site and the Arthur Stone Annexe. The Main Hospital Site is bounded by Hevington Road, Water Street, Hargrave Road and Norval Street, whilst the Arthur Stone Annexe has frontage to Hargrave Road, Water Street and Auburn Road.
- 1.3 The current project application generally proposes the demolition of the existing structures on both the Main Hospital Site and the Arthur Stone Annexe and the **construction of a new 204-bed predominantly five (5) storey hospital** with a 23, 000m² (approx) to accommodate a new emergency department, medical and surgical in-patients, and paediatric, maternity, new born care and high dependency patients. On-site car parking for **over 270 cars** in total, new site access arrangements, site infrastructure and landscaping is also proposed.
- 1.4 On 28 April 2006, the Director General, as delegate for the Minister, formed the opinion that the project is a development to which Part 3A applies and the Minister is the approval authority. The project was placed on formal exhibition from 18 October 2006 until 16 November 2006.
- 1.5 The Department received **6 submissions** from Government agencies, adjoining landowners and other key stakeholders. A summary of issues raised was forwarded to the proponent on 29 November 2006. The proponent lodged a response to issues, a preferred project report and a revised statement of commitments on **21 December 2006**.
- 1.6 A number of issues were raised during the exhibition including conservation, heritage and archaeology, traffic generation and management, car parking provision, urban design, contamination, tree loss and landscaping, stormwater and construction impacts.
- 1.7 The Department has reviewed the environmental assessment and the preferred project report and duly considered advice from public authorities as well as issues raised in general submissions in accordance with Section 75I(2) of the Act. The most significant of those were raised in relation to conservation, heritage and archaeology and traffic generation and management.
- 1.8 The Department is of the view that the combination of statements of commitment made by the proponent together with supplementary conditions of approval that are recommended be imposed by the Minister, will effectively mitigate and manage this issue within acceptable environmental limits.
- 1.9 The **proposal is permissible** within the Residential 2(b) zone and **satisfies all relevant provisions** of the Auburn LEP 2000 and accompanying DCPs, where they apply to hospital development. The **proposal is not inconsistent** with the objectives of the Residential 2(b) zone.
- 1.10 The key driving force behind the redevelopment is the provision of adequate health care services and facilities to meet the large and growing population; increasing number of older residents; ethnic and cultural diversity; and high levels of socio-economic disadvantage.
- 1.11 The Department recommends that the project application be approved subject to the imposition of conditions set out in Appendix A.

2 BACKGROUND

2.1 Site Context & Ownership

2.1.1 Auburn Hospital is located in the Auburn LGA approximately 16 kilometres west of Sydney's CBD.

2.1.2 The Auburn Hospital site comprises approximately 2.275 hectares and includes two key land parcels being the Main Hospital Site (1.765 ha) bounded by Hevington Road, Water Street, Hargrave Road and Norval Street, and the Arthur Stone Annexe (0.51 ha) enclosed by Hargrave Road, Water Street and Auburn Road. A single lot of approximately 0.065ha located on Hargrave Road and the rear part of a lot on Water Street is also captured by this proposal (see Figure 1).



Figure 1 – Location Plan

2.1.3 Regionally, the Hospital is in close proximity to the Parramatta CBD (5 kilometres) and is approximately one kilometre south of Auburn Town Centre. Other key land uses include the University of Sydney's Cumberland Campus 5 kilometres away at Lidcombe and Sydney Olympic Park to the north (Figure 2).

2.1.4 The land captured by the proposed project application is entirely owned by the Health Administration Corporation.



Figure 2 – Local Area Context

2.2 Site Analysis

- 2.2.1 The Auburn Hospital site is located on a broad ridge line falling to the east. Local relief is in the order of 30 metres with slopes generally less than 1 in 20 metres. Overall the level changes within the Main Hospital Site are in the order of 5 metre fall between Hevington Road in the east and Hargrave Street and similarly on the Arthur Stone Annexe.
- 2.2.2 Preliminary investigations indicate that the existing hospital contains some asbestos and building contaminants. No other contamination constraints have been identified at this stage, however further investigations are proposed as discussed in Section 6 of this report.
- 2.2.3 Whilst there is no formal open space located within either the Main Hospital site or the Arthur Stone Annexe, there are a number of small public parks in the immediate vicinity of the hospital. On-site, the Hospital's landscaping is characterised by hard stand paving although there is an area of mature tree planting adjacent to the Hargrave Road / Norval Street intersection, and one mature Fig, one Eucalypt and a stand of mature palm trees on and near the Arthur Stone Annexe. A number of smaller native and exotic trees and plants are also located within the Hospital grounds.
- 2.2.4 In terms of the built form the Main Hospital Building's East Wing, at eight storeys and 14, 000m² (floor area), is the dominant structure in the locality (see Plate 1 below). The entire Auburn Hospital site is surrounded by a mix of low to high density residential uses with lot sizes in the order of 580 – 750 m². Many of the higher density residential developments (3 – 4 storeys), located in the immediate vicinity of the Hospital, are the result of lot amalgamation. The existing urban built form consists of brick, weatherboard and fibro cottages interspersed with the medium and high density residential complexes referred to above. A small number of shops (convenience store, newsagent, etc) are located directly opposite the Hospital on Norval Street. The settlement pattern is predominantly a grid formation with north-south and east-west orientation.



Plate 1 – Main Hospital Building – Hevington Road Frontage

2.3 Existing Development

- 2.3.1 The Main Hospital site (North and East wing) was constructed in the 1960s (with later additions / alterations in the 1970s and 1980s) and currently accommodates the main 179-bed hospital building, nurses quarters, servicing and administration (Figure 3 overleaf).

The individual components comprise:

- **Main Hospital Building** – Eight storey (55.44 AHD parapet and 61.94 AHD including lift overruns) brick building with a total floor area of approximately 14, 000m². Includes emergency department, acute care and two storey operating theatre and kiosk attached to the northern elevation. Visually most dominant building on the site due to its height and strong horizontal feature balconies on Levels 3-6 (inclusive).
 - **Nurses Quarters** – 6, 400m² seven storey (54.03 AHD parapet and 59.93 including lift overruns) brick building of similar architectural style to Main Hospital Building. Primarily used for medical student housing. Identified by Western Sydney Area Health Service as surplus.
 - **Other Buildings** – pathology and physiotherapy wing located in the south-eastern portion of the site. A collection of one and two storey buildings utilised for servicing and ancillary services including kitchens, laundry and maintenance are also located in this are of the site. All buildings are clustered around tarmac at-grade car parking areas. Kitchen and laundry buildings encase an electricity substation.
- 2.3.2 Two buildings and car parking are located on the Arthur Stone Annexe. The Arthur Stone Building is currently used as a dental surgery as well as educational and administrative purposes. The building, constructed in 1880, is listed as a local heritage item in Auburn's LEP however it has been subject to significant modifications. The single storey Geriatric Day Care Centre is also located on the Annexe. This brick building is not considered to be architecturally significant.



Figure 3 – Existing Development

2.3.3 Table 1 is an inventory of existing Hospital facilities:

Table 1: Existing Development

Location	Building / Facilities	Height (Storeys)	Constructed (circa)
Main Hospital Site	Administrative, Main Ward	8	1961
	Kitchen Wing, CCSU, Maintenance	1 & 2	1961
	Cafeteria, Theatres, Physiotherapy	2	1970s-1980s
	Nurses Quarters	7	1961
Arthur Stone Annexe	Arthur Stone Building	2	1880
	Geriatric Day Care Centre	2	1970s-1980s

2.4 Existing Vehicular & Pedestrian Access Arrangements

2.4.1 All streets in the immediate vicinity of Auburn Hospital (Norval Street, Water Street, Helena Street, Auburn Road, Hargrave Road and Hevington Road) are four lane two way roads.

2.4.2 Vehicular access to the Main Hospital Site is available from six locations – two major axes off Norval Street, three off Hargrave Road, and one minor access off the Norval Street / Hevington Road intersection. The Arthur Stone Annexe's vehicular accesses are from Water Street and Hevington

Road.

- 2.4.3 Ambulance and other emergency access is currently from Hargrave Road. Two ambulance bays and short term parking is available just within the site adjacent to the Emergency Department.
- 2.4.4 Pedestrian access is via the street network as there is no formal north / south or east / west pedestrian access through either of the sites' grounds. A pedestrian crossing is located mid-block on Norval Street between Hargrave Road and Hevington Road.

2.5 Car Parking

- 2.5.1 140 car parking spaces are located across the two sites, although 70 of those spaces are allocated to staff. The key car parking areas are:

- Main Hospital Site off Norval Street.
- Main Hospital Site accessed off Hargrave Road.
- Arthur Stone Annexe accessed off Hargrave Road.

There is also a car park located north of Norval Street which accommodating 29 spaces and does not form part of the project application.

Approximately 100 on-street car parking spaces are available in the surrounding street network. Unrestricted parking is available in Water Street, Helena Street, Auburn Road, Hargrave Road and Hevington Road. Norval Street immediately in front of the Hospital's entrance is the only area of restricted car parking.

3 PROPOSED DEVELOPMENT

3.1 Introduction

3.1.1 In order to facilitate the redevelopment of Auburn Hospital, NSW Health has concurrently lodged a concept plan and project application for the Department's assessment. The Concept Plan seeks approval for new state-of-the-art medical facilities to cater for changing clinical needs and achieve a flexible mode of care. In doing so, the Concept Plan will deliver surplus land across Auburn Hospital lands which are proposed to be redeveloped for private residential uses. The Concept Plan proposes two discreet construction stages:

- **Stage 1** – construction of the new Auburn Hospital on the Main Hospital Site and associated car parking facilities on both the Main Hospital Site and Arthur Stone Annexe;
- **Stage 2** – relocation of St Joseph's to the Main Hospital Site and development of complementary facilities and private residential accommodation on adjacent surplus lands including the Arthur Stone Site.

Stage 1 is the subject the current project application and accordingly this assessment report.

The Concept Plan, currently under separate assessment, has raised some key issues such as height and density which the Department is working with the proponent to resolve. The issues are not related to the hospital redevelopment as proposed under this project application.

3.2 Project Application Approval Originally Sought

3.2.1 Project Application approval was originally sought for:

- a) Staged demolition of existing structures including demolition of the locally heritage listed Arthur Stone Building and removal of site vegetation.
- b) Site preparation including excavation and decontamination as required.
- c) Construction of a new 204-bed five (5) storey hospital with a 23, 000m² (approx) gross floor area to accommodate medical and surgical in-patients, and paediatric, maternity, new born care and high dependency patients. Twenty (20) of the total number of beds will be located in a new Emergency Department and will include one exclusive resuscitation space as well as ambulatory care services.
- d) Associated site infrastructure including car parking areas on Arthur Stone Annexe and Main Hospital Site as articulated below in Section 3.2.3.
- e) Retention of single storey building on Arthur Stone Annexe accommodating the existing Geriatric Aged Day Care Facility.
- f) Establishment of new site access and cross over locations.
- g) Implementation of soft and hard landscaping.
- h) Implementation of proponent's Statement of Commitments.

3.2.2 The new Hospital is proposed to be constructed to the south of the existing main hospital building to facilitate staging and minimise decanting whilst ensuring that core clinical services continue to operate during construction of the new facility.

- 3.2.3 On grade car parking for 273 cars will be provided between the northern portion of the Main Hospital Site and the Arthur Stone Annexe. The existing car parking area located north of Norval Street will be utilised as a construction and hospital staff car park.
- 3.2.4 The Site Plan in Figure 4 illustrates the distribution of hospital and car parking uses proposed.

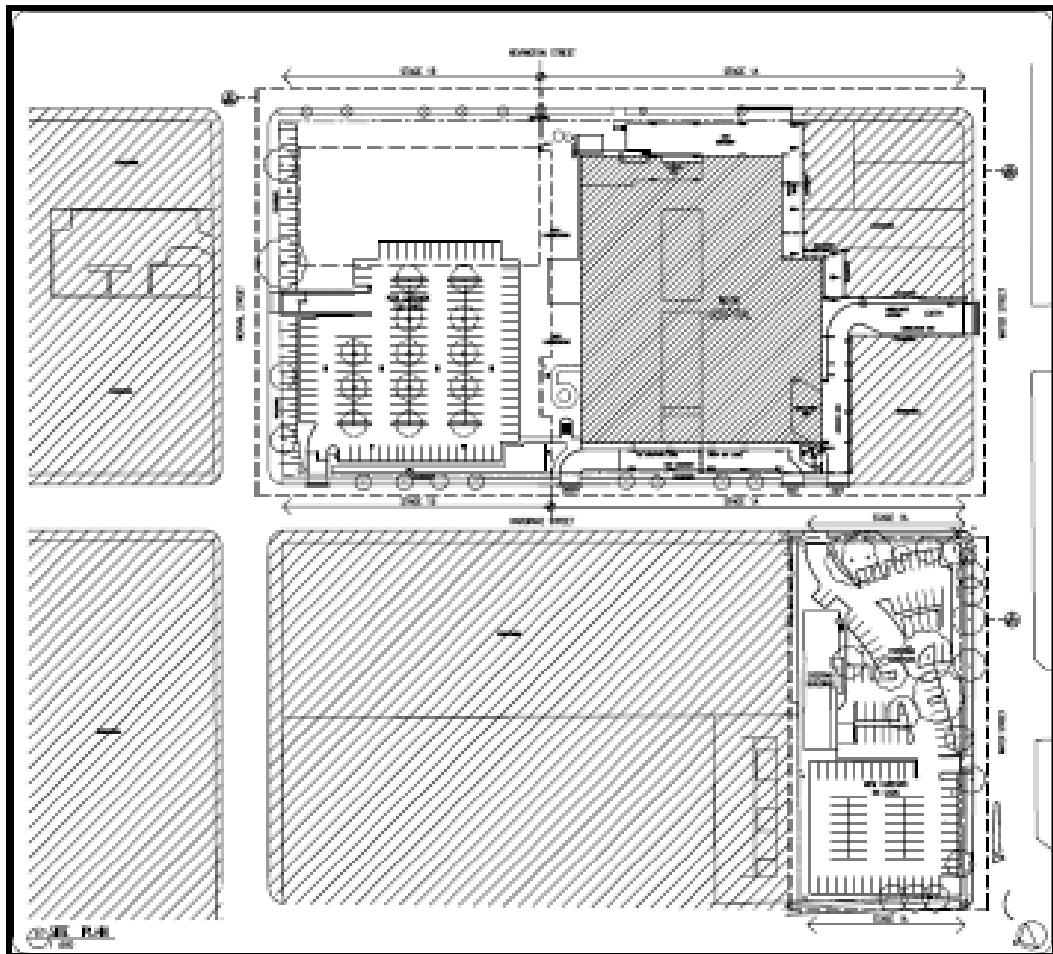


Figure 4 – Site Plan of Proposed Development

3.3 Architectural Principles

- 3.3.1 Figure 5 shows the eastern and western elevations. The new hospital will be a maximum of five storeys (48.5 AHD) which is three storeys less than the current Main Hospital Building (61.96 AHD). The proposed design seeks to achieve a series of architectural principles as follows:

- Consolidation of building forms and selection of appropriate materials to ensure sensitive human scale.
- Use of masonry to create solid form that is the “canvas” of the building, minimal framed windows and combination of solid and open *bris soleils*.
- Use of limited earthy and grey palette with carefully controlled highlight colours to accentuate access and arrival points.
- Construction of a two storey module juxtaposed against the solid form to accommodate the proposed operating suite (first floor) and library / conference area (second floor).
- Development of the Hargrave Road entry as the principal public arrival point to facilitate access

and orientation through and within the new Hospital. The main entry will also function as an area for information services and amenities. Double height space, sky lighting and over sailing bridges in the entrance foyer will be key features of the Hargrave Road “gateway” entry.

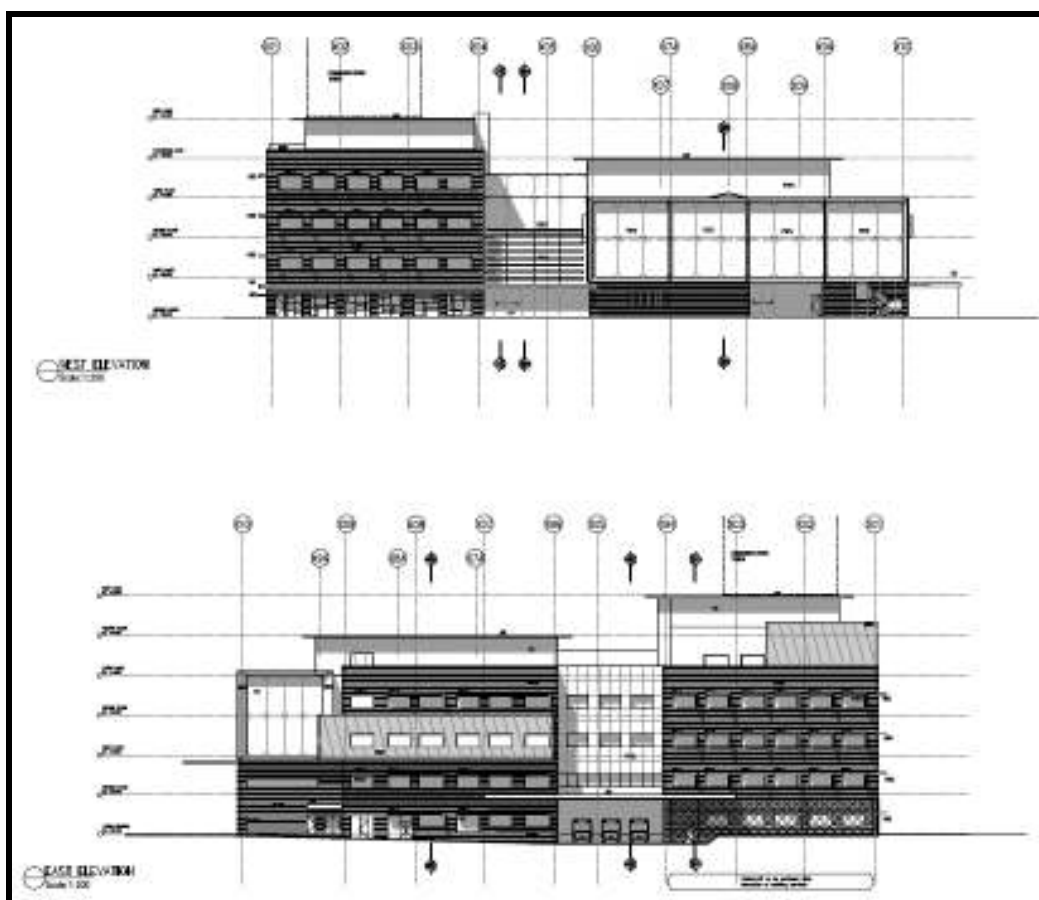


Figure 5 – Eastern and Western Elevations

3.4 Vehicular Access Arrangements

- 3.4.1 The main public vehicular access will be from Hargrave Road (to the Main Hospital Site), 8 metres south of the Hargrave Road / Norval Street intersection. Alternative access to the Main Hospital Site will be available from Norval Street, whilst the existing vehicular access to the Arthur Stone Site from Hargrave Street will be retained.
- 3.4.2 A one way drop off / pick up zone with four (4) associated drop zone spaces is proposed on the Hargrave Street frontage to reduce potential congestion. This zone will be separated from the general public access driveway and proposed emergency vehicle access to minimise traffic conflicts.
- 3.4.3 Emergency access will be provided from Water Street to access the ambulance bays located on the southern side of the building.

3.5 Car Parking

- 3.5.1 The Project Application will provide 273 at grade car parking spaces – an increase of 133 spaces. The spaces will be spread across the northern portion of the Main Hospital Site and Arthur Stone Annexe.
- 3.5.2 The existing 100 on street car parking spaces will be retained and unaffected by the proposal.

3.6 Landscape and Pedestrian Access

- 3.6.1 Landscaping and pedestrian access principles for the Main Hospital Site and the Arthur Stone Annexe are illustrated in Figures 6 and 7 respectively.

Figure 6 (below): Landscaping Plans for the Main Hospital Site.
Figure 7 (right): Proposed landscaping at Arthur Stone Annexe.

NOTE: Full landscaping plans are attached at Appendix C of this Environmental Assessment Report.



3.6.2 Insofar as landscaping is concerned, the Project Application seeks:

- Creation of a combination of primary and secondary internal courtyards and external spaces for hospital users.
- Provision of readily identifiable and logical pedestrian links between buildings, car parks and other hospital areas.
- Safe and secure patient, staff, and visitor walking tracks.
- Use of endemic and ecologically appropriate plant species to reduce irrigation, maintenance requirements, and the use of pesticides and herbicides.
- Use of drought tolerant vegetation (native and exotic) to reduce irrigation requirements.
- Minimal lawn planting and greater use of drought tolerant native groundcovers and grasses.
- Planting of deciduous trees, particularly on northern and western aspects to provide shade and sun during summer and winter respectively.
- Use of soils and mulch manufactured with recycled waste.
- No use of noxious plants or invasive plants.
- Tree planting to shade roadways, car parks and paved areas to reduce heat absorption, whilst ensuring solar access to adjacent properties is retained.
- Provision of landscape windbreaks and screens as protection from heat / wind, noise and unwanted views.

3.7 Amendments to the Proposal

3.7.1 On 21 December 2006, the proponent lodged a response to the issues raised in submissions during the exhibition period, a preferred project report outlining proposed changes to the proposal to minimise its environmental impact and a revised statement of commitments (see Appendices B, C and D) pursuant to Section 75H(6) of the Act.

3.7.2 The amendments to the proposal set out within the preferred project report are as follows:

- a) Hevington Road loading bay access has been reduced to 8 metres at the property boundary and splayed to the kerb.
- b) All vehicle laybacks have been reduced to 4 metres in each direction.
- c) Revision of the Water Street entry to 4 metres.
- d) Revised landscaping scheme at Water Street entrance which includes provision of a 8.1 metres wide landscaping buffer to the east and 7.4-14.8 metres wide buffer to the west.

The proponent also clarified the proposed car parking provision in response to anomalies between the environmental assessment and supporting documentation and submitted plans.

3.7.3 The amendments to the proposal are all in response to issues raised during public exhibition and are discussed in further detail in Section 6 of this report.

4 STATUTORY CONTEXT

4.1 The Environmental Planning and Assessment Act 1979

- 4.1.1 Part 3A of the Environmental Planning and Assessment Act 1979 (the Act) commenced operation on 1 August 2005. Part 3A consolidates the assessment and approval regime of all Major Projects previously considered under Part 4 (Development Assessment) or Part 5 (Environmental Assessment) of the EP&A Act.
- 4.1.2 Under the provisions of Section 75B of the Act development may be declared to be a Major Project by virtue of a State Environmental Planning Policy or by order of the Minister published in the Government Gazette.

4.2 State Environmental Planning Policy (Major Projects) 2005

- 4.2.1 State Environmental Planning Policy (Major Projects) 2005 (Major Projects SEPP) outlines the types of development declared a project for the purposes of Part 3A of the Act. For the purposes of the Major Projects SEPP certain forms of development may be considered a Major Project if the Minister (or his delegate) forms the opinion that the development meets criteria within it.
- 4.2.2 On 28 April 2006, the Director General as delegate of the Minister, formed the opinion that the project is a development which meets the criteria of Clause 18, Group 7 of Schedule 1 of the SEPP, namely:

Hospitals

- (1) *Development that has a capital investment value of more than \$15 million for the purpose of providing professional health care services to people admitted as in-patients (whether or not out-patients are also cared for or treated there), including ancillary facilities for:*
- a) day surgery, day procedures or health consulting rooms, or*
 - b) accommodation for nurses or other health care workers, or*
 - c) accommodation for persons receiving health care or for their visitors, or*
 - d) shops or refreshment rooms, or*
 - e) transport of patients, including helipads and ambulance facilities, or*
 - f) educational purposes, or*
 - g) research purposes, whether or not they are used only by hospital staff or health care workers and whether or not any such use is a commercial use, or*
 - h) any other health related use. is the subdivision of land (not including strata subdivision or boundary adjustments), or*
 - i) has a capital investment value of more than \$5 million.*
- (2) *For the purposes of this clause, professional health care services include preventative or convalescent care, diagnosis, medical or surgical treatment, psychiatric care or care for people with disabilities, care or counseling services provided by health care professionals.*

- 4.2.3 When requested to form the clause 6 opinion, the Minister was advised that the Capital Investment Value (CIV) of the project was \$100 million. As the indicated CIV of the project exceed the \$15 million threshold and the proposal is for the redevelopment of Auburn Hospital, the development is considered

to be a Major Project and the Minister is the approval authority.

- 4.2.4 It should be noted that the CIV has subsequently been revised and has now been confirmed to be \$139 million. This does not have any impact on the opinion forming functions, as clearly the revised CIV well exceeds the monetary threshold specified in the Major Projects SEPP.

4.3 Permissibility

- 4.3.1 Auburn City Local Environmental Plan 2000 (Auburn LEP) zones the site 2(b) Residential (Medium Density) as indicated in Figure 8:



Figure 8 – Zoning Map

- 4.3.2 The objectives of the 2(b) Residential (Medium Density) zone are:
- to permit multiple dwelling residential development on appropriate zones;*
 - to permit residents to work at home whether there is no adverse impact on the amenity of the area; and*
 - to permit appropriate uses in the zone that complement the residential nature and functioning of the zone.*
- 4.3.3 Whilst hospitals are permissible in the 2(b) Residential (Medium Density) with development consent, Clause 40 of Auburn LEP also requires development consent for the demolition of, and additions and alterations to, heritage items or heritage groups listed in Schedule 2 of the LEP. The Arthur Stone Building is identified as a heritage item in Schedule 2 and accordingly its proposed demolition also requires consent.

- 4.3.4 It is considered that the development proposal accords with the all applicable provisions in the Auburn LEP as discussed in **Appendix G**.

4.4 Minister's power to approve

- 4.4.1 Section 75J of the EP & A Act provides the Minister with the power to approve the project application as the proposal is not wholly prohibited.

4.5 Other relevant legislation and environmental planning instruments

- 4.5.1 **Appendix G** sets out the relevant consideration of legislation (including other Acts) and environmental planning instruments as required under Part 3A of the Act.

5 CONSULTATION AND ISSUES RAISED

5.1 Public Exhibition

- 5.1.1 Section 75H(3) of the EP&A Act requires that once the Environmental Assessment ("EA") has been accepted by the Director General, the Director General must, in accordance with any guidelines published in the Gazette, make the EA publicly available for at least 30 days. The Director General has not published any specific guidelines in relation to the public exhibition of the Project Application.
- 5.1.2 A "test of adequacy" was undertaken by the Department which determined that the matters contained in the Environmental Assessment Requirements were adequately addressed in the EA prior to public exhibition.
- 5.1.3 Broadly the process followed in terms of the public exhibition was as follows:
- Concurrent public exhibition of the Concept Plan and Project Application from 18 October 2006 until 16 November 2006.
 - Copies of the EA were available for inspection at the Auburn City Council offices and the Department of Planning's offices in Sydney during the exhibition period.
 - Details of the application were published in the Sydney Morning Herald and Auburn Pictorial Review and made available on the Department of Planning's website.
 - Copies of the EA were forwarded to relevant Government agencies, key stakeholders and adjoining businesses.
 - All landowners in the vicinity of the site were notified and invited to make submissions.
- 5.1.4 In response, the Department received 2 written submissions from Auburn City Council and the NSW Heritage Office, and 4 public submissions which raised a number of issues. Copies of submissions received for the project application are provided at Appendix E together with a summary table setting out all issues raised during the exhibition period. The Department forwarded these responses to the proponent on 29 November 2006.
- 5.1.5 The planning issues raised during the exhibition period were largely in relation to the residential uses proposed under the Concept Plan. The issues raised specific to the project application are listed below and addressed in detail in Section 6 below:
- Conservation, heritage and archaeology (specifically demolition of Arthur Stone Building)
 - Traffic generation and management
 - Car parking provision
 - Urban design - setbacks
 - Contamination
 - Tree loss and landscaping
 - Stormwater
 - Construction impacts
- 5.1.6 On 21 December 2006 the proponent lodged a response to the issues raised in those submissions together with a preferred project report and a revised statement of commitments pursuant to Section 75H(6) of the Act. This is provided at Appendices B, C and D.

5.2 Independent Hearing and Assessment Panel

- 5.2.1 Section 75G of the Environmental Planning and Assessment Act provides that the Minister may constitute an independent panel to assess any aspect of a project. No panel was constituted for the purposes of Section 75G.

6 ASSESSMENT

6.1 Director General's Environmental Assessment Requirements (DGEAR's)

- 6.1.1 Section 75F of the Act provides that the Director General is to prepare Environmental Assessment Requirements for each project (DGEAR's) and in doing so may consult with relevant stakeholders. The DGEAR's outline the matters that the Director General considers should be considered as part of the assessment process.
- 6.1.2 On 30 June 2006, the Director General issued DGEAR's in respect of the project application which related to:
- *Traffic Impacts (including traffic generation, car parking arrangements, drop off / pick up points, loading dock arrangements, emergency and public access arrangements, and pedestrian and cycle linkages); and*
 - *Services and Infrastructure.*
- 6.1.3 In addition to these key issues, the proponent also specifically addressed the concerns raised by Auburn City Council in response to the Department's request for input into preparation of the DGEAR's. These include:
- *Contamination and geotechnical issues;*
 - *Acoustics and vibration;*
 - *Landscaping; and*
 - *Stormwater.*
- 6.1.4 The EA and subsequent submissions by the proponent forms the basis for consideration of the significant issues associated with the development. The Department is satisfied that the project complies with the environmental assessment requirements issued on 30 June 2006.

6.2 Director General's Environmental Assessment Report

- 6.2.1 The purpose of this submission is for the Director General to provide a report on the project to the Minister for the purposes of deciding whether or not to grant approval to the project pursuant to Section 75J of the Act.
- 6.2.2 Section 75I(2) sets out the scope of the Director General's report to the Minister. Each of the criteria set out therein have been addressed below, as follows:
- (a) *a copy of the proponent's environmental assessment and any preferred project report; and*
- The proponent's EA is included at **Appendix F** whilst the preferred project report is set out for the Ministers consideration at **Appendix C**.
- (b) *any advice provided by public authorities on the project; and*
- All advice provided by public authorities on the project for the Minister's consideration is set out at **Appendix E**.
- (c) *a copy of any report of a panel constituted under Section 75G in respect of the project; and*
- No independent hearing and assessment panel was undertaken in respect of this project.
- (d) *a copy of or reference to the provisions of any State Environmental Planning Policy (SEPP) that substantially govern the carrying out of the project; and*

A brief assessment of each relevant State Environmental Planning Policies that substantially govern the carrying out of the project is set in **Appendix G**.

- (e) except in the case of a critical infrastructure project – a copy of or reference to the provisions of any environmental planning instrument that would (but for this Part) substantially govern the carrying out of the project and that have been taken into consideration in the environmental assessment of the project under this Division;

An assessment of the development relative to the prevailing EPI's is provided in **Appendix G**.

- (f) any environmental assessment undertaken by the Director General or other matter the Director General considers appropriate; and

The environmental assessment of the project is this report in its entirety.

- (g) a statement relating to compliance with the environmental assessment requirements under this Division with respect to the project.

A statement relating to compliance with the Environmental Assessment Requirements is provided at Section 6.1.4.

6.3 Summary of Significant Issues

6.3.1 Clause 8B of the Regulations sets out the matters for environmental assessment and Ministerial consideration. It states that the Director General's report is to include an assessment of the environmental impact of the project, any aspect of the public interest that the Director General considers relevant to the project, the suitability of the site for the project and copies of public submissions received by the Director General.

6.3.2 The suitability of the site is justified as follows:

- A major hospital facility currently occupies the site, and the proposal seeks to enhance existing services / facilities to cater for the rapidly expanding and culturally diverse Auburn population.
- The site presents a good opportunity to consolidate core medical facilities, and in doing so improve pedestrian and vehicular circulation and landscaping thereby increasing the amenity of the hospital users and residents.
- The site is centrally located and has good bus connections to Auburn Town Centre and Auburn Rail Station.
- The topography lends itself to the construction of basement areas / lower ground floors for car parking, servicing and loading, thereby providing opportunities for good urban design outcomes at street level and above.
- Continuation of strong community and cultural associations with the hospital use of the site.
- Provision of a highly accessible health care service.
- Total of up to 300 construction jobs and provision of 180 ongoing operational jobs – particularly important in this area given the lower than average socio-economic index.
- \$139 million hospital creating significant employment and ongoing economic benefits.
- Multiplier effects associated with attracting and supporting complementary services and facilities to the area.

6.3.3 Similarly the public interest can be satisfied on the basis that the expected growth and changing demographic of the Auburn population has significant implications for the capacity of the Auburn's

health services. Key factors that need to be considered are:

- The nexus between lower socio economic groups and a relatively high level of demand for public health services.
- The implications of the local population's diversity and the associated specific health needs (e.g. refugees).
- Expected growth in demand for acute services for adults.
- Expected increases in out patient and community based services as a result of shorter stays for in-patient care.
- Increasing age and complexity of medical patients, particularly in the acute, sub-acute and non-acute areas.
- Expected increase / growth in maintenance renal dialysis services, births, planned surgical activity, and dental care.

6.3.4 The Department, in consultation with the Auburn City Council and relevant Government Agencies identified a number of issues that were incorporated into the DGEAR's (see Section 6.1) which were subsequently addressed in the proponent's EA. Following the exhibition period there are a number of outstanding issues which require further consideration and resolution under Clause 8B of the Regulations as set out below.

6.4 Conservation, Heritage and Archaeology

Issue Summary

6.4.1 Conservation, heritage and archaeological impacts arising from the proposed demolition of the Arthur Stone Building and the adequacy and appropriateness of the measures proposed to mitigate them.

Raised By

6.4.2 Auburn City Council, NSW Heritage Office and local residents.

Consideration

6.4.3 Auburn City Council and the community have objected to the proposed demolition of the Arthur Stone Building, identified as a heritage item in Council's LEP, as the building represents the evolution of health care in Auburn. The Building is not listed on the State Heritage Register.

6.4.4 The Arthur Stone Building (also known as "Moolabin House" or "Moulaban House") is situated on the Arthur Stone Annexe at the intersection of Auburn Road and Water Street. Records indicate that the House was constructed between 1885 and 1888 and owned by John Norton Oxley, a Member of the Legislative Assembly for the Western District of Camden, until 1892. The residence was then leased and / or owned by various people including the Mayor of Granville and local community members up until 1911 when the property was acquired by the King Edward VII Home for Orphans.

6.4.5 The King Edward VII Home for Orphans was owned and operated by the Australian Protestant Orphans Society. The Home was subsequently renamed the Dr Dill Macky Memorial Protestant Home for Orphans in 1913 in honour of the founder and chairman of the Australian Protestant Orphans Society following his death in 1913. There are few records from the Home's operations however it is understood that the Home accommodated about 30 children at any one time.

6.4.6 It is unclear when the property stopped being used as a Home, however between 1951 and 1971, ownership was transferred several times to various parties. On 4 March 1971, Auburn District Hospital

took control of the Building and lot on which it is situated and was renamed the Arthur Stone Annexe in commemoration of Arthur Stone the President of the Hospital Board in 1964, when the new Auburn Hospital was opened. Up until 1988, the Arthur Stone Building was used as a 28 bed post natal facility, alongside a dental clinic.

- 6.4.7 In present times, the Arthur Stone Building is a two storey rendered brick building with hipped terracotta tile roof. Single storey face brick wings are attached to the north and west, each with terracotta tile and corrugated metal roofs. Internally, the ground floor appears to contain some original joinery however the floor coverings, ceilings, wall finishes and two fire places are more recent additions. Ground floor kitchens and bathrooms contain post World War II materials and fittings. The stairs and upper storeys all demonstrate Art Deco and 1930s finishes and materials. Any original remnants appear to have been altered during a past refurbishment.
- 6.4.8 The other building on the Annexe site is a single storey brick and fibro building with aluminium windows and flat roof, circa 1970s. The building has ramp access and provides various hospital functions.
- 6.4.9 Public submissions have suggested that "Bill's Water Trough" located on the corner of Water Street and Auburn Road should be retained as it too, is listed in Auburn's LEP (albeit listed simply as "horse trough") and on the Sydney Art Gallery's *"Survey of Memorials and Outdoor Cultural Monuments, 1996-7"*. The associated flags, garden, fountain and landscaping have also been sought for retention, relocation and / or replanting (as relevant).
- 6.4.10 The proponent commissioned Weir Phillips Architects and Heritage Consultants to undertake a heritage assessment and prepare a Heritage Impact Statement (HIS) of the proposal (**Appendix F**). The HIS identifies and evaluates all heritage impacts resulting from the development proposal in accordance with Heritage Office Guidelines and includes a detailed analysis of all individual heritage items in the surrounding area.
- 6.4.11 The HIS acknowledges that:
- The Arthur Stone Building comprises the original house "Moolabin" with various additions as the children's home and later the hospital evolved. The alterations and additions date back to the 1930s, 1940s, 1950s, and 1970s.
 - "Moolabin" was originally of similar massing and form to many other two storey dwellings in Victorian Sydney. It was once dominated by a two storey verandah with cast iron ornamentation to the upper floor and unusual timber detailing to the ground floor verandah. The current timber finishing is unusual for its time and therefore suggests it is an alteration from the Federation era.
 - Additions / alterations post 1913 have had little or no regard to the Victorian architecture. Important architectural elements, including original fenestration, windows, and return verandah have been lost.
 - The original Victorian finishes and materials have been removed from the interior of the building.

It should be noted that the HIS does not identify the horse trough, flags, garden, fountain and landscaping as having any heritage or cultural significance at all.

- 6.4.12 Having regard to the above, the HIS concludes that the current Arthur Stone Building *"bears little resemblance to the original "Moolabin"....there are few on site reference points that clearly associate it with the private residence and children's home it once was. The building most strongly reflects its most recent use by Auburn Hospital"* (sic).
- 6.4.13 The HIS further concludes that the single storey 1970s structure adjacent to the Arthur Stone Building

is of little significance, particularly as it is not listed as a heritage item in Council's LEP. Accordingly, *"the Arthur Stone Annex Site has a low degree of integrity as an example of a Late Victorian residence and as a site capable of clearly illustrating its process of evolution"* (sic).

- 6.4.14 The Department's view is the Arthur Stone Building in its current state has little heritage significance and accordingly the heritage impacts are minimal. Nonetheless, the proponent has committed to preparing and implementing a site interpretation strategy and photo archiving the Arthur Stone Building. The Department sees limited benefit in retaining the current structure for continuing hospital uses as its form and function would compromise NSW Health's service delivery objectives. Furthermore, the Arthur Stone Building is not located within a cluster of significant buildings, not rare and is remote from other heritage items or groups in Auburn.
- 6.4.15 The Heritage Office has been consulted during the Department's assessment of the proposal and has raised no objection to the proposal. Whilst identified as a local item in Auburn's LEP, the Heritage Office has advised that the site is not on the State Heritage Register. This, in turn with the degradation of the heritage significance resulting from extensive alterations to the original Victorian building, has lead to the Heritage Office's support for the proposed redevelopment of Auburn Hospital including demolition of the Arthur Stone Building. Nonetheless, the Heritage Office has recommended a series of conditions as follows;
- Archival recording of the Arthur Stone Annexe in accordance with Heritage Office Guidelines including photographs and measured drawings of all significant fabrics.
 - Implementation of an interpretation strategy and plan including site specific interpretation and signage to promote understanding of significance of former buildings, their history, appearance and nature of recent changes.
 - Immediate stoppage of all works in the event that any relics of state significance are uncovered during excavation with Heritage Office to be notified immediately.

Resolution

- 6.4.16 The proponent has made several statements of commitment (**Appendix B**) that effectively ensure the implementation of all the recommendations made in the HIS and the Heritage Office's recommended conditions of approval. These include commitments requiring archaeological assessment of the site prior to commencement of works, provision of a site interpretation strategy, archival recording prior to development and monitoring of all construction works by qualified heritage consultants.
- 6.4.17 Site interpretation measures will be carried out including signage, artworks, interpretation methods, locations of interpretative information and installations, and ongoing maintenance of interpretation material. The Department's recommended **Condition No. D3** requires the site interpretation strategy to retain or relocate of the water trough.
- 6.4.18 Archival recording of all structures to be demolished will be undertaken in accordance with NSW Heritage Office's Guidelines and may include photographic recording, measured drawings, photogrammetry, film / video recording, recording during demolition works, sampling materials and finishes, cataloguing and inventory of significant items and / or oral history. The Department's recommended **Condition No. D3** requires the final archival recording to be submitted to Heritage Office with copies to be provided to Auburn City Council, NSW State Library, NSW Health and Department of Planning in accordance with best practice.
- 6.4.19 The undertaking of the archaeological assessment and use of a qualified person to monitor all demolition / excavation works will ensure consideration of items of movable heritage and help guide the future conservation management of identified items of potential movable heritage. Furthermore, in the event that unexpected historical archaeological remains are exposed at the site, they will be appropriately documented according to established methods and procedures.

- 6.4.20 On balance, the Department is satisfied that demolition of the Arthur Stone Building will not result in adverse heritage impacts. The proponent's Statement of Commitments and recommended conditions satisfy the recommendations set out within the HIS and the Heritage Office and will provide for mitigation measures in the unlikely event that any archaeological items are uncovered during excavation.
- 6.4.21 Furthermore, the demolition of the Arthur Stone Building is supported on the basis that a further re-use of the site (i.e.: residential purposes) will be realised at a later stage through delivery of the Concept Plan. In the interim, the car parking and landscaping scheme (Figure 7) as proposed under this current project application is considered a suitable outcome for the site.
- 6.4.22 No heritage issues were raised in relation to the Main Hospital Site.

6.5 Traffic Generation and Management

Issue Summary

- 6.5.1 Mitigation of traffic impacts arising from expected traffic volumes, loading bay / dock design, and ingress / egress points.

Raised By

- 6.5.2 Auburn City Council

Consideration

- 6.5.3 Auburn City Council's concerns regarding traffic generation and management (discussed below) are:
- Traffic calming measures and intersection controls are required given the expected traffic volumes.
 - The proposed loading bay to Hevington Street is not considered sufficient to permit delivery vehicles to travel in a forward direction. Access to the loading bay should be narrowed to 8 metres and amended plans should be submitted indicating all required swept paths.
 - The Water Street entry ramp shall be narrowed to 4 metres and layback to the parking bay shall be deleted to facilitate access and provide screening to adjoining residential properties.
 - All proposed one way access laybacks should be narrowed to 4 metres.

Traffic Generation

- 6.5.4 Masson Wilson Twinney, on behalf of the proponent, examined the existing traffic conditions in the vicinity of the site, the traffic generation of the proposed development and its potential impact on the surrounding network. The investigations found that existing traffic flows peaked between 8.00 am and 9.00 am and 4.45 pm and 5.45 pm. The peak hour vehicle movements for those times are summarised in Table 2:

Table 2: AM and PM Peak Vehicle Movements

Intersection	AM Peak	PM Peak
Norval Street / Auburn Road	380	348
Norval Street / Hargrave Road	211	236
Norval Street / Hevington Road	124	166
Water Street / Auburn Road*	659	496
Water Street / Graham Street	423	413
Water Street / Hargrave Road	115	144
Water Street / Cambridge Street	386	381

Water Street / Hevington Street	344	325
Helena Street / Auburn Road	984	879
Helena Street / Hargrave Road*	788	838
Helena Street / Hevington Street	362	393

NB: Those intersections marked with an asterisk (*) denote location of existing roundabouts

- 6.5.5 INTANAL (an intersection analysis programme) was used to determine the average delay that vehicles encounter and consequently the level of service at intersections. A comparison of these values against recognised performance criteria was then undertaken to determine an intersection's performance. Intersections are categorised as falling into one of six levels of service (Level A – Level F). Those which experience less than 14 seconds delay are highest performing and allocated a "Level A" service whilst a 15-28 second delay is Level B service. It is not until Level E (57 -70 second delay) that mitigation control / measures are required to be explored. Table 3 indicates that all intersections in the vicinity operate at good levels of service with minimal delays to traffic passing through them (i.e. less than 14 seconds delay) with the exception of the Helena Street / Hargrave Road intersection during the afternoon peak (Level B service / 21.9 seconds average delay). Nonetheless, a Level B service is satisfactory as it does not instigate the need for mitigation measures.

Table 3: Existing Intersection Operation

Intersection	Control	AM Peak		PM Peak	
		Avg Delay	Level of Service	Avg Delay	Level of Service
Norval Street / Auburn Road	Signs	9.2	A	9.0	A
Norval Street / Hargrave Road	Signs	8.6	A	8.9	A
Norval Street / Hevington Road	Signs	8.3	A	8.5	A
Water Street / Auburn Road*	Roundabout	8.3	A	7.7	A
Water Street / Graham Street	Signs	6.9	A	6.9	A
Water Street / Hargrave Road	Signs	7.3	A	7.2	A
Water Street / Cambridge Street	Signs	6.7	A	6.8	A
Water Street / Hevington Street	Signs	7.4	A	7.1	A
Helena Street / Auburn Road	Signs	6.4	A	5.8	A
Helena Street / Hargrave Road*	Roundabout	13.5	A	21.9	B
Helena Street / Hevington Street	Signs	8.7	A	9.1	A

- 6.5.6 The RTA's *Guide to Traffic Generating Developments* (2002) provides traffic generation estimates for the peak hour commuting periods for private hospitals. Those estimates for the commuter peak hours are as follows:

- AM commuter peak hour = $-10.21^* + 0.47B + 0.06ASDS$
- PM commuter peak hour = $-2.84^* + 0.25B + 0.40ASDS$

where * = standard prefixes provided by the *Guide to Traffic Generating Developments* (2002), B = beds and ASDS = average number of staff per weekday day shift. It should be noted that the RTA does not have corresponding guidelines for public hospitals as the number of accident / emergency and outpatient services are unable to be standardised for a similar equation. Notwithstanding this, such activities are taken into account in the survey of existing traffic levels in the area. It should further be noted that if the average number of staff per weekday shift (ASDS) is unknown or unavailable, the RTA Guidelines state that bed numbers alone (B) are a good indicator of peak traffic generation, which is the case in this instance.

- 6.5.7 Using the above equations, an earlier traffic study prepared by Masson Wilson Twinney for the 2004 Auburn Hospital Master Plan estimated peak period traffic generation for the hospital to be in the order of 0.6 vehicle movements / bed / hour in the AM peak and 0.8 vehicle movements / bed / hour. At these rates, the current and existing hospital uses have been estimated as shown in Table 4:

Table 4: Traffic Generation of Proposed Development

Land Use	No. of Beds	Traffic Generation Rate (veh / hr)	Peak Period Traffic Generation (veh / hr)
Existing Hospital			
AM Peak	179	0.6	107.4
PM Peak	179	0.8	143.2
Proposed Hospital			
AM Peak	204	0.6	122.4
PM Peak	204	0.8	163.2

- 6.5.8 From Table 4 it can be seen that the hospital redevelopment is estimated to generate a maximum of 20 additional vehicle trips per hour in the afternoon peaks based on an increase in 25 hospital beds. It is therefore safe to conclude that the proposal will not significantly alter the existing traffic conditions, thereby having little or no impact on the level of service afforded by the intersections in the immediate vicinity of the hospital.
- 6.5.9 The above conclusion can be drawn by comparing the morning and afternoon peak traffic movements (Table 2) and INTANAL results (Table 3). The figures in those tables suggest that the additional 20 traffic movements anticipated are unlikely to relegate any of the intersections to a Level E service and therefore require mitigation measures. The existing peak traffic movements are currently in multiples of 100, and in the case of Helena Street / Auburn Road and Water Street / Auburn Road are in the order 980+ and 650+ (respectively), with the highest level of intersection service, suggesting that an additional 20 vehicle movements per hour increase will not compromise the existing intersection capacities. As a proportion, the an increase of 20 vehicle movements per hour increase is on average less than 7% of overall traffic movements in any given intersection.
- 6.5.10 Accordingly, it is the Department's view that traffic control measures are not required at this stage.
- 6.5.11 The RTA, whilst consulted, has not provided any comment in relation to the proposal.

Loading Dock Facilities

- 6.5.12 The existing loading dock facilities are proposed to be consolidated into a single dock with exclusive access from Hevington Street to satisfy Australian Standard AS 2890.2-2004 objectives to reduce conflicts between heavy vehicles and general traffic. The dock will be used to service catering deliveries, laundry, medical material deliveries, waste removal and general maintenance.
- 6.5.13 Detailed design of the dock and number of bays had not been finalised at the time the EA was lodged. Consequently the number of service vehicle movements accessing the dock has also not been defined. The proponent has advised that the extent of on-site laundry facilities and number of service vehicle spaces will ultimately determine the volume of service vehicle movements generated by the new loading dock facilities.
- 6.5.14 Nonetheless, Council is concerned that the proposed loading dock will prevent delivery vehicles from entering and exiting the site in a forward direction. To this end, Council has requested that the loading bay access be reduced to 8 metre width and all required swept paths be indicated by the proponent by way of new architectural design plans.
- 6.5.15 The proponent is of the view that the proposed loading dock facilities will permit the forward movement of vehicles. The proponent has concurred with Council's comments concerning the loading dock access point and has reduced its width to the requested 8 metres with splayed kerb. Amended plans have been submitted with the preferred project report which clearly demonstrate that the loading dock and required turning circles can function with minimal or no disruption to existing road traffic (Figure 9), subject to "No Parking" signage being erected on the western side of Hevington Road in the vicinity of the loading dock's access point. **Condition No. B10** requires the installation of such signage in the required locations at full cost to the proponent.

Traffic Related Amendments

- 6.5.16 Council has requested a series of amendments to the proposal to ensure optimal traffic access and minimal disruption to residents. These include:
- Reduction of the Water Street access to 4 metres in width.
 - Deletion of the layback to the parking bay to facilitate access and screen the development from adjoining residential properties.
 - Widening of the entrance to the temporary car parking area adjacent to Norval Street together with provision of a median in the access.
 - All one way access layback crossings to be reduced to 4 metres in width.

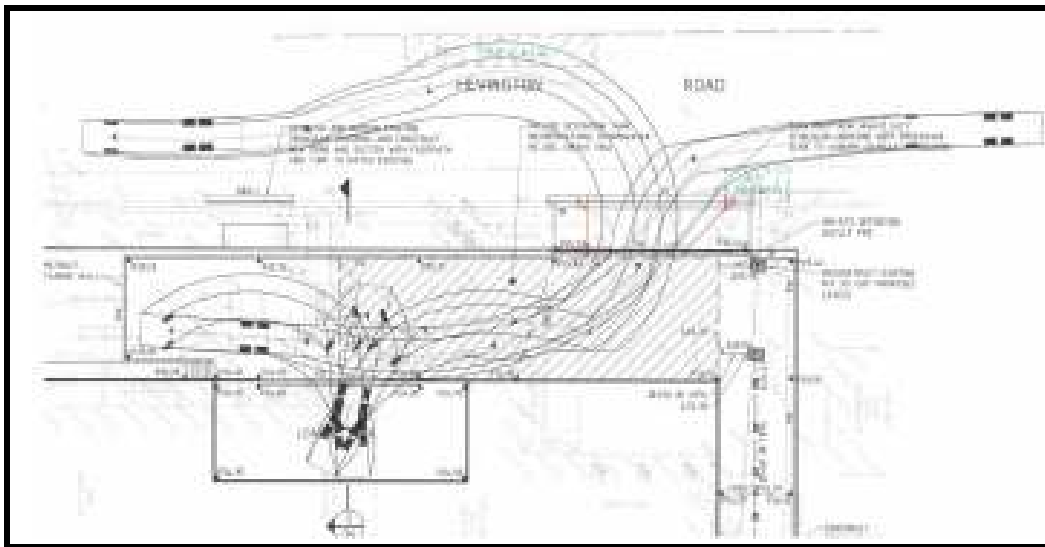


Figure 9 – Proposed Loading Dock Turning Circle

- 6.5.17 The proponent has reduced the Water Street ramp and all one way access crossings to 4 metres width in the preferred project report, the only exception being the loading dock entry which will remain 8 metres wide. The proponent has also agreed that the driveway access to the Norval Street car parking area could be relocated with minimum driveway widths of 4 metres for one-way access points and 8 metres wide (including median) for two-way access points.

The proponent has advised that the parking bays associated with the emergency access are required in order to provide sufficient space for parking. Whilst these spaces will remain, the recent acquisition by the proponent of the remaining portion of Lot A DP 102993 (86 Water Street) has afforded the opportunity to redesign the subject access point to provide 45 degree angled parking and greater landscaping than previously proposed under the exhibited scheme.

- 6.5.18 The Department is satisfied that Council's concerns have been addressed adequately in the preferred project report. The amendments to the traffic arrangements do not raise additional issues that require resolution through further design amendments or through the imposition of conditions.

Resolution

- 6.5.19 An analysis of pre- and post-development traffic movements indicate that the existing road network and surrounding intersections will continue to operate at the highest (or near highest) levels of service (as measured by the RTA's *Guide to Traffic Generating Developments*). The proposal seeks to replace the existing hospital with a similarly sized hospital and therefore the number of beds and consequently staff, visitors and general traffic generation is not anticipated to rise significantly. Accordingly, there

does not appear to be a strong nexus between the hospital redevelopment and demand for traffic calming measures / upgrades, or payment of relevant monetary contributions, including Section 94 contributions (discussed in further detail below).

- 6.5.20 The loading dock facilities have been designed to accommodate the movement of vehicles in a forward direction. Minor amendments have been made to the road splay and loading bay access to enhance egress / ingress arrangements associated with the loading dock and signage prohibiting parking in Hevington Road in the vicinity of these areas will be installed.
- 6.5.21 A number of other traffic related amendments requested by Council have been made by the proponent in preparing the preferred project report. The proponent has also made extensive statements of commitment in relation to traffic, transport and access arrangements which seek compliance with relevant Australian Standards and / or Council's requirements, erection of way finding and traffic signage, and promotion of public transport usage.
- 6.5.22 It is the Department's view that the traffic generation and management issues raised during consultation have been adequately resolved.

6.6 Car Parking

Issue Summary

- 6.6.1 The proposal provides a shortfall in car parking.

Raised By

- 6.6.2 Auburn City Council

Consideration

- 6.6.3 Auburn City Council has advised that the exhibited 250 car parking spaces (150 on-site spaces and 100 on-street as stated in the Environmental Assessment) is a shortfall and the additional required car parking will have to be accommodated in the surrounding residential streets. It should be noted that there were a number of discrepancies between the exhibited Environmental Assessment and the plans which have now been clarified by the proponent. The current plans show that 152 spaces will be located on the Main Hospital Site whilst another 120 spaces will be located on the Arthur Stone Site) totalling 272 spaces. The 100 on-street spaces remain unchanged. It is these figures that are the subject of this assessment.
- 6.6.4 The proponent's traffic study indicates that the existing Auburn Hospital currently provides 140 car parking spaces spread over the site for the public, staff, residents and pick up / drop off spaces. Observations indicate that the majority of these spaces are near capacity during weekdays.
- 6.6.5 In addition to the available on-site spaces, the surrounding street network provides up to 100 largely unrestricted spaces. The traffic study suggests that on street car parking is not at capacity on the basis that *"it is typically not difficult to obtain an available parking space within close proximity to the hospital"* during peak periods.
- 6.6.6 The total existing car parking demand related to (current) Auburn Hospital is estimated to be approximately 240 vehicles. To determine the car parking demand rate for the proposed development, the existing parking demand was compared to the number of existing beds at Auburn Hospital (Table 5a). On the basis that the hospital is replacing "like for like", it is considered that the parking demand will be similar for both the existing and proposed hospitals. The parking demand ratio (1.34 – being current parking spaces divided by no. of beds) was therefore applied to the proposed number of beds (204). This indicates that a car parking demand of 273 total car parking spaces for the proposed hospital redevelopment is required (Table 5b):

Table 5a Auburn Hospital's Existing Car Parking Demand

	Parking Demand	Parking Provision*	No. of Beds	Parking Demand (demand / beds)
Existing	240	240	179	1.34

NB: Asterisk (*) denotes car parking space provision both on site and on street. 100 car parking spaces provided on street.

Table 5a Auburn Hospital's Proposed Car Parking Demand

	Parking Demand**	No. of Beds	Parking Demand	Parking Provision*
Proposed	1.34	204	273	372

NB: Two asterisks (**) denotes parking demand based on existing ratio of current parking spaces to number of beds and includes 100 on street car parking spaces.

- 6.6.7 The proponent's plans indicate 272 spaces will be provided on-site whilst the existing 100 on-street spaces will be retained, providing a total of 372 spaces, some 99 more spaces than current demand (273) requires. Car parking provision consistent with the plans will result in a 1 space shortfall which will have to be accommodated either on street or on-site following a reconfiguration of the existing car parking layouts. The proponent's traffic study concludes the 1 car parking space shortfall could be allocated to the street without an impact upon the existing situation as the existing demand for on-street parking surrounding the hospital site is not fully utilised. However, the proponent has recently revised its Statement of Commitments to ensure that a total of 273 on site car parking spaces will be provided and will follow revision of the currently submitted drawings to provide the additional one car parking space during the detailed design process.
- 6.6.8 Council is also concerned that construction traffic will not be able to be provided at the required rates. The proponent has committed to the preparation of a traffic and pedestrian management plan (TPMP) to be utilised for the duration of the construction period. The Department has recommended **Condition No. B11** be imposed to augment the proponent's commitment to prepare a TPMP by requiring the number and location of construction traffic car parking spaces to be identified. Condition No. B11 seeks to also prohibit the use of the Hospital's on-site car parking by construction workers, whilst allowing further hospital land to be used for construction parking during various phases of development.
- 6.6.9 It should also be noted that the current proposal is Stage 1 of the Concept Plan currently being assessed by the Department and car parking arrangements (quantity and location) will be revisited during that assessment and the ongoing redevelopment of the Hospital to ensure adequate provision of car parking.

Resolution

- 6.6.10 The proponent has committed to providing 373 car parking spaces (273 on-site, 100 on-street) under the current proposal, by reconfiguring the current car parking layout through the revised Statement of Commitments. These car parking provisions include the provision of spaces for people with disabilities. The total proposed car parking provision well exceeds Auburn Hospital's current car parking demand.
- 6.6.11 The Department is satisfied that Council's perceived car parking shortage has been adequately addressed. **Condition No. B12** seeks to formalise the revision of the car parking layout by requiring submission of a revised car parking layout.

6.7 Outstanding Council Issues

Issue Summary

- 6.7.1 Auburn City Council's submission raised a number of general issues related to urban design and specifically setbacks, contamination, tree loss and landscaping, stormwater, and construction impacts.

Raised By

6.7.2 Auburn City Council

Consideration

6.7.3 Each of the additional issues raised by Council, the proponent's response and Department's consideration is summarised in Table 6 overleaf.

Resolution

6.7.4 The issues raised by Auburn City Council, including setbacks, contamination, landscaping, stormwater, and construction impacts have been resolved through amendments to the proponent's scheme in the preferred project report, revisions to the proponent's statement of commitments, or through recommended conditions of approval.

6.7.5 The Department is recommending a number of conditions which collectively seek:

- To formalise the recommendations in the Stage 1 preliminary investigation by requiring the proponent to undertake further contamination studies including field investigations, laboratory analysis (**Condition No. B4**);
- The carrying out of further investigations to determine the likely presence of asbestos, lead paint and other hazardous material prior to the commencement of construction works (**Condition No. B4**).
- Preparation of a remediation action plan to be approved by the Department post demolition and prior to the commencement of construction works (**Condition No. B7**).
- Implementation all recommendations set out within the various contamination and geotechnical reports either already prepared or required to be by the approval (**Condition Nos. B5, B6 and B7**).
- Preparation, by a suitably qualified person, of detailed stormwater plans to Council's specifications prior to the commencement of works. A copy of the works-as-executed plans will be required to be submitted to Council (for information purposes only) (**Condition No. B9**).
- Payment of a bond to Council and preparation of pre- and post-construction dilapidation reports to ensure no damage is cause to Council's property. The Department's recommended condition requires the bond to be refunded prior to occupation should the bond not be required to pay for repair works (**Condition No. B8**).

Table 6: Additional Issues Raised by Auburn City Council

Auburn City Council Issues	Proponent's Response	Department's Consideration
<ul style="list-style-type: none"> 6-8 metre setbacks inadequate. Setbacks dominated by access roads and provide little opportunity for landscaping. 	<ul style="list-style-type: none"> Setbacks are appropriate in context of replacing 7 storey building and overall building footprint governed by complex health planning considerations. Existing hospital facilities (building, loading dock and driveways) are within one metre of residential properties south west of site. Existing 7 storey building is within 8 metres of current boundary. Proposed 3 storey structure is set back more than 8 metres from boundary. Proposed new hospital design seeks reduced height at edges. Third and fourth floors are setback. Proponent has acquired an adjoining residential allotment on Hargrave Road and one part lot on Water Street to maximise set back potential to adjoining properties. Remaining portion Lot A DP 102993 has been acquired to maximise landscape screening adjacent to proposed Water Street access and maximise setback opportunities. 	<p>Auburn City Council does not have any development standards specifically related to setbacks for hospital developments or in the Special Uses 5(a) zone. Council's Detached Dwellings and Dual Occupancies Development Control Plan that applies to the 2(b) Residential (Medium Density zone aims to introduce setback controls that will define street alignment, create openness, provide landscaping opportunities and provide visual continuity and building pattern. Under the DCP, detached dwellings (such as those in Water Street) are required to provide a minimum 5.5-6 metre front setback, 1.2 metre side setbacks and minimum 10 metre rear setbacks. The proposal will provide a 6 metre setback from the hospital's southern façade to the Water Street property boundary. This in addition to the 10 metre rear setback that each of the Water Street properties should have (if compliant with Council's planning controls) provides in the order of 15 metres relief between the hospital and residential dwellings. Whilst the proposal does not strictly comply with the DCP's setback controls (and in fact legally is not required to), the proposed setbacks in addition to reduce heights will achieve a sense of openness as encouraged by the DCP. Furthermore the proposed setbacks are considered suitable given the "special uses" function and layout required by the hospital. Nonetheless, it is considered that the proposal broadly complies with the objectives sought under the applicable DCP.</p> <p>The reduction of the Water Street entry to 4 metres in conjunction with the acquisition of Lot A DP 102993 will provide ample setback to those properties immediately to the east and west of the Water Street access handle. Significant landscaping, in accordance with the DCP objectives is proposed within Lot A DP 102993 to further screen the development.</p>
<ul style="list-style-type: none"> Preliminary contamination report concludes the site requires remediation. Detailed site investigation required to assess suitability of site for proposed development and to comply with SEPP 55. 	<ul style="list-style-type: none"> SEPP 55 allows staged investigations to be undertaken. Auburn Hospital is an operational hospital with limited access. Therefore contamination assessment whilst operational requires staging commencing with a reduced sampling density phase and further Phase 2 testing later. Proposal complies with SEPP 55 as current preliminary assessment represents first part of Stage 2 Environmental Site Assessment. Stage 2 geotechnical investigation has been submitted with preferred project report which concludes any potential contamination would be localised and can be remediated. The overall suitability of the site is unlikely to be affected. 	<p>SEPP 55 states that a consent authority must not consent to the carrying out of any development on land unless it has considered whether the land is contaminated, and if the land is contaminated, it is satisfied that the land is suitable in its contaminated state (or will be suitable, after remediation) for the purpose for which the development is proposed to be carried out.</p> <p>SEPP 55 also requires the consent authority to satisfy itself that in the event that land does require remediation, any such works will be undertaken before being used for its proposed use.</p>

	<ul style="list-style-type: none"> Proponent has committed to the preparation of a hazardous building materials investigation (prior to commencement of works) as part of the construction management plan. 	<p>Coffey Geosciences Pty Ltd was engaged by the proponent to undertake a preliminary investigation in accordance with SEPP 55. The study concluded there are a number of potential contamination and geotechnical issues relating to the redevelopment of the site including importation of fill, underground fuel tanks, potential use of asbestos, lead paint and zinc, differential settlement, ground water, slope stability and shrink swell. Whilst the report acknowledged that further action (i.e. investigations and remediation) would be required, it concluded that potential contamination and geotechnical issues are unlikely to pose a major constraint to the redevelopment of the site.</p> <p>A Stage 2 geotechnical report has been submitted with the preferred project report which concludes any potential contamination is likely to be localised. The report recommends additional bore testing post demolition, additional investigation in the vicinity of the underground storage tanks (UST) and their subsequent removal, and additional ground water testing if the USTs is found to be contaminated. The proponent has committed to undertaking further investigations and implementing appropriate mitigation measures as part of the construction management plan process.</p> <p>Notwithstanding the above, the Department recommends the Minister impose conditions requiring further contamination / geotechnical studies (Condition No. B4), implementation of current and proposed recommendations (Condition Nos. B5 and B6) as well as preparation of a remediation action plan (RAP) post demolition and prior to commencement of any works (Condition No. B7). It is recommended that the findings of those investigations and the RAP be submitted to the Department for approval given the potential severity of the findings.</p>
<ul style="list-style-type: none"> Little detail providing regarding landscaping. Full details should be submitted to Council for comment. Number of significant trees (>20 metres in height) are proposed to be removed to accommodate Norval Street car parking. Car park should be redesigned to accommodate trees. Proposed tree planting in 	<ul style="list-style-type: none"> Project Application clearly articulates extent of hardscape, materials, proposed planting zones, tree locations and full range of species. Stage 1 landscape plans are consistent with relevant requirements in Council's DCP including existing tree schedule, indicative planting schedule, selection of paving materials, areas of turfing, shrub and groundcover planting and bench seating locations. Proponent has committed to submission of final landscaping plans. Retention of existing trees not possible as Norval Street car park is temporary and requires overall reduction in ground level to achieve appropriate pedestrian access, ensure staged development can be achieved and proposed car parking spaces can be accommodated. Proposed new tree planting and landscaping is considered to mitigate loss of existing trees. 	<p>The proponent's original proposal included full detailed landscape plans for the entire Main Hospital Site and Arthur Stone Annexe. As articulated in the previous column, the exhibited landscape plans identified the existing tree schedule, indicative plant schedule, location of turfing and paving, and bench seat locations.</p> <p>Of the 28 trees currently on the Main Hospital Site, only the brushboxes (a total of 10 trees) are proposed to be retained. The trees to be removed are not considered significant and include 1 gum tree, 7 cypress pines, 1 wattle, 3 camellias, 2 camphor laurels, 1 swamp gum, 1 umbrella tree, and 1 swamp paperbark.</p> <p>The indicative planting schedule includes tuckeroo, blueberry ash, lemon scented gum, spotted gum, brushbox, and water gum in addition to 7 species</p>

<p>diamond planters and with 10m canopies are not possible.</p> <ul style="list-style-type: none"> Car park should be redesigned to accommodate larger trees to compensate for proposed quantity and quality of trees to be removed. 	<ul style="list-style-type: none"> Proposed planting bed dimensions within car park are suitable for trees proposed. Use of structural soils and permeable paving will further enhance feasibility of proposed planting beds. 	<p>of deciduous trees, 4 species of small trees, and 15 shrub species. 9 groundcover and climber species and 7 native grasses will complement the above plants and the 20 species proposed in the courtyard.</p> <p>An assessment of the landscaping plans submitted both with the EA and preferred project report has concluded that the species and quantity of plants is appropriate. Whilst the initial tree loss may have a visual impact, it is considered that this impact is temporary as the proposed landscaping will mature in the medium term therefore ameliorating the visual bulk and compensating for the initial tree loss.</p> <p>The proposed planting bed dimensions are considered appropriate in the interim as the car parking in this area is a temporary arrangement (until Stage 2 proceeds). Whilst landscaping is proposed, the later stages of the development (as proposed under the Concept Plan) will encroach on the car parking areas proposed under this project application. Significant investment in landscaping and car parking redesign is therefore not warranted at this stage.</p> <p>As no landscaping details have been provided for the newly acquired Lot A DP 102993 near Water Street, Condition No. B13 requires the submission of landscaping plans to the same level of detail as those already submitted.</p>
<ul style="list-style-type: none"> No stormwater details have been submitted. 	<p>Appendix I – Stormwater Report specifically considers Council's stormwater requirements. Proponent has committed to compliance with Council's requirements in this regard.</p> <p>Details plans to be submitted once contractor appointed.</p>	<p>The Department tends to agree with the proponent's response to Council's concerns. Nonetheless, Condition No. B9 has been recommended to formalise the detailed design of stormwater infrastructure.</p>
<ul style="list-style-type: none"> Construction will require heavy vehicles and Council requires imposition of road damage bonds. 	<p>Existing roads are used by heavy vehicles and any potential future damage should not be solely attributed to proposed development. Nonetheless, proponent has committed to payment of road damages bond relating to footpath crossings, protection and replacement.</p>	<p>The Department's standard practice of imposing conditions that require pre- and post-construction dilapidation investigations has been adopted to introduce a mechanism that will determine whether Council's property at the site has been damaged during the redevelopment of the hospital. Condition No. B8 is required as the proponent has committed to repairing or reimbursing Council for any damage caused, however no detail has been provided as to how repair works / reimbursement will be triggered.</p>
<ul style="list-style-type: none"> No details provided regarding Stage 2. Therefore Council uncertain how Stages 1 and 2 will work and whether there will be any ongoing impacts. 	<p>Project application is for Stage 1 of redevelopment. Stage 2 is yet to be designed and therefore no details are currently available.</p> <p>Concept Plan assessment should consider relationship between Stages 1 and 2.</p>	<p>Noted. The Department is assessing Stage 2 as part of its Concept Plan assessment and in doing so will consider the relationship between the two stages to ensure a coherent and functioning hospital.</p>

6.8 Developer Contributions

Issue Summary

- 6.8.1 Whether the Auburn Hospital redevelopment attracts Section 94 developer contributions or similar.

Raised By

- 6.8.2 Department of Planning

Consideration

- 6.8.3 Auburn City Council's Section 94 Contributions Plans for Open Space, Community Services and Facilities, Multicultural and Youth Services and Stormwater Drainage each apply to the whole of the Auburn Local Government Area. However each Plan specifies that it applies only where additional demand is created through redevelopment. The Plans do not apply to redevelopment where the resident population on a site will not increase. Accordingly, the Auburn Hospital proposal does not attract Section 94 developer contributions.
- 6.8.4 Notwithstanding the above, Section 75R of the EP & A Act states that Divisions 6 and 6A of Part 4 (Development Contributions) apply to Part 3A projects. Those Divisions authorise a consent authority to require Section 94 or Section 94A payments outside the scope of any applicable Contributions Plans, if regard has been given to any contributions plan that applies to the whole or any part of the area in which development is to be carried out.
- 6.8.5 Having regard to Council's adopted Section 94 Contributions Plans which apply largely to residential development, and the fact that the current hospital proposal is similar in bulk, scale and number of beds as the existing hospital, it is considered unreasonable to levy for contributions at this stage.

Resolution

- 6.8.6 Payment of developer contributions under Section 94 of the EP & A Act or otherwise is considered unreasonable as the hospital is not creating any additional demand on existing services and facilities. Additionally, the construction of a new hospital in itself is a community service and as such the Department is of the view that no developer contributions be levied under this project application. This approach is consistent with the principles of the Department's Circular D6 for Crown developments.

6.9 General

Issue Summary

- 6.9.1 Detailed design, construction management and administrative matters.

Raised By

- 6.9.2 Department of Planning

Consideration

- 6.9.3 The external finishes and facades had not been finalised at the time the writing. A sensitive design response through material selection is required to ensure the visual appearance of the hospital, particularly given its dominance in the locality, and the expansive use of glass potentially at the main entrance on the two storey operating suite / library is appropriately resolved. Likewise, outdoor lighting needs to be controlled to ensure minimal disturbance to adjoining residential properties.
- 6.9.4 Given the residential context in which the site sits the potential construction impacts to residents needs

to be addressed. Erosion and sediment control, seepage and stormwater, dust control and construction noise are likely to be the key construction issues in addition to those discussed earlier.

- 6.9.5 Fire Safety Certificates and Annual Fire Safety Statements are required by law for all developments. Similarly, long service levies and registration of easements require formalisation.

Resolution

- 6.9.6 A number of conditions have been recommended to ensure appropriate external finishes and material are used, construction impacts are minimal and necessary fire safety certificates and access easements are obtained / registered. These conditions are above and beyond the project application, preferred project report and the proponent's statement of commitments and seek to ensure a sympathetic development, minimal disruption to existing residents and formalising some minor administrative matters.

- 6.9.7 Collectively the conditions require:

- Submission of final design details for the proposed external materials and finishes for approval by the Director of Strategic Assessment (**Condition No. B1**).
- Maximum 20% light reflectivity from building facades materials (**Condition No. B2**).
- Compliance with Australian Standard AS/NZ 1158.3: 1999 Pedestrian Area (Category P) Lighting and Australian Standard AS 4282: 1997 Control of the Obtrusive Effects of Outdoor Lighting (**Condition No. B3**).
- Effective maintenance of approved erosion and sediment control measures for the duration of construction activities (**Condition No. C1**).
- No pumping of seepage or rainwater collected on site during construction into the street stormwater system (**Condition No. C2**).
- Adoption / implementation of adequate dust measures during construction (**Condition No. C3**).
- Restricted hours for rock breaking, rock hammering, sheet piling, sheet driving unless otherwise approved and use of bored rather than driven piles to mitigate noise impacts (**Condition No. C4**).
- Fire Safety Certificates and Annual Fire Safety Statements to be obtained and provided to relevant authorities (**Condition No. D1**).
- Creation of relevant documentary easements for access, drainage and maintenance (**Condition No. 2**).

7 CONCLUSION

- 7.1 The Department has reviewed the environmental assessment and the preferred project report and duly considered advice from public authorities as well as issues raised in general submissions in accordance with Section 75I(2) of the Act.
- 7.2 All the relevant environmental issues associated with the development proposal have been extensively assessed. These issues primarily focus upon conservation, heritage and archaeology, traffic generation and management, car parking, set backs, contamination, landscaping, stormwater and construction impacts.
- 7.3 The Department is of the view that the combination of statements of commitment made by the proponent together with supplementary conditions of approval that are recommended to be imposed by the Minister, should effectively mitigate and manage these issues within acceptable environmental limits. Such measures include implementation of a site interpretation strategy, landscaping, and submission of supplementary and detailed Management Plans to address outstanding matters.
- 7.4 The Department is generally satisfied that most significant issue raised, being the heritage impacts associated with the proposed demolition of the Arthur Stone Building heritage, can be adequately compensated for by implementing the recommendations set out within the HIS and through provision of mitigation measures in the unlikely event that any archaeological items are uncovered during excavation.
- 7.5 The proponent has worked closely with the Department so as to ensure that the development outcome is the optimum solution in the light of the operational and other requirements that need to be satisfied at Auburn Hospital in the longer term.
- 7.6 The key justification for the redevelopment of Auburn Hospital is to provide adequate health care services to meet the large and growing population, increasing number of older residents, ethnic and cultural diversity, and high levels of socio-economic disadvantage that occur in Auburn and the hospital's catchment.
- 7.7 The Department recommends that the project application be approved subject to the imposition of conditions set out in **Appendix A**.