



# Revised Heritage Impact Statement

“Griffith House” as part of The St George Hospital  
Masterplan

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## Executive Summary

The following Heritage Impact Statement (HIS) was prepared to assess the heritage impacts of the proposed demolition of Griffith House as part of the proposed redevelopment of St. George Hospital, Kogarah. St. George Hospital is not listed as a heritage item in the Kogarah Planning Scheme however is in the vicinity of the Kogarah South Heritage Conservation Area.

The subject HIS deals with the proposed demolition of Griffith House, a locally listed heritage item on the site.

An assessment of the significance of Griffith House confirms that the building is of local heritage significance.

The demolition of Griffith house however has been determined by NSW Health Infrastructure to be necessary for the efficient functioning of the hospital and the creation of the new Emergency Department (ED). Over 50 site layout options were explored for the new ED. The Gray Street location and the currently proposed layout is the only one which achieves a single level ED with effective relationships to other functions on site while allowing the hospital to continue to operate in its current form.

The Hospital has no other identified heritage items and the ED proposal has been assessed as not having an impact on the heritage items in the immediate vicinity, the most important and relevant being the Kogarah Fire Station at 26 Gray Street.

# 1 Introduction

## 1.1 BACKGROUND

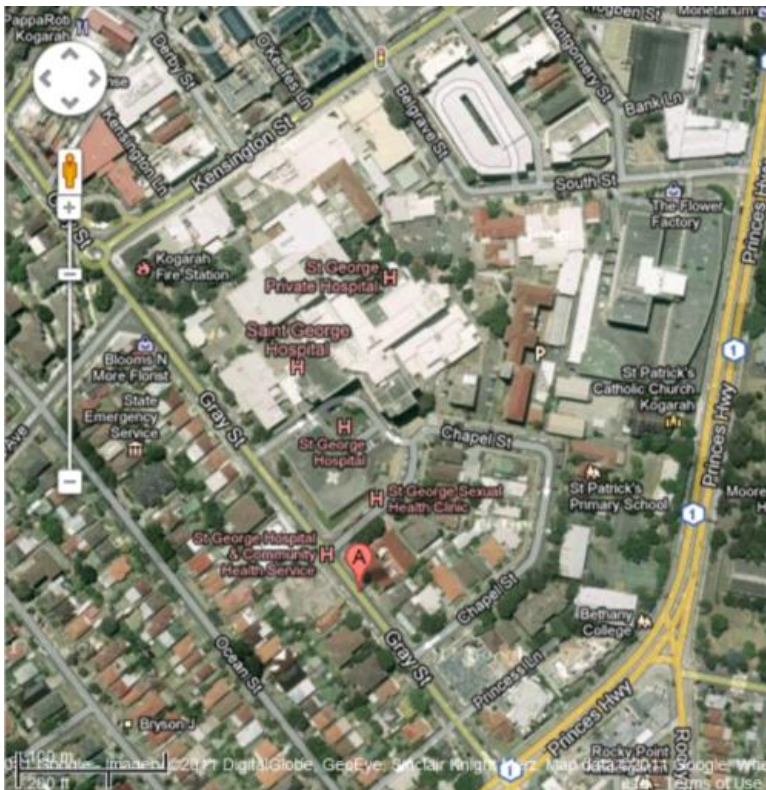
Urbis has been engaged by Sweett Australia Pty Ltd to prepare the following Heritage Impact Statement. The subject site is subject to a Health Services Masterplan which provides a framework for the future growth of the hospital. A separate Heritage Impact Statement was prepared to guide this work.

This report addresses the local heritage item, known as Griffith House, at 30 Gray Street, Kogarah.

## 1.2 SITE LOCATION

The site is bounded by Kensington Street, Gray Street, Chapel Street, Belgravia Street and South Street Kogarah (Figure 1).

FIGURE 1 – AERIAL OF SITE



[Source: Google Maps 2011]

## 1.3 METHODOLOGY

This Heritage Impact Statement has been prepared in accordance with the NSW Heritage Manual 'Statements of Heritage Impact' (2002) and 'Assessing Heritage Significance' (2001) Guidelines. The philosophy and process adopted is that guided by the *Australia ICOMOS Burra Charter* 1999.

The subject proposal has been assessed in relation to the relevant controls and provisions contained within the Kogarah Local Environmental Plan 1998 and Kogarah Local Environmental Plan 1998 (Amendment No 32).

The significance of the components of the building has not been graded as the building is of local significance and there are no requirements in the Guidelines to require grading of local items. The significance has been assessed in relation to the building as a whole.

## 1.4 AUTHOR IDENTIFICATION

The following report has been prepared by Stephen Davies (Director).  
Unless otherwise stated, all drawings, illustrations and photographs are the work of Urbis.

## 1.5 THE PROPOSAL

The proposal is for a new Emergency Department at St. George Hospital including patient and ambulance access and drop off, service access and parking. The proposal requires the demolition of Griffith House.



## 2 Site Description

St George Hospital is a large suburban hospital offering a range of medical services to the southern suburbs of Sydney. The hospital requires changes to bring it up to current medical standards, including a new Emergency Department.

Griffith House, erected in 1896, is located at 30 Gray Street adjacent to the Fire station, currently occupied for administration purposes, is on that section of the site required for the erection and access to the proposed emergency department.

FIGURE 2 – GRIFFITH HOUSE FRONT ELEVATION



PICTURE 1 – GRIFITH HOUSE FROM THE FRONT ENTRANCE



PICTURE 2 – GRIFFITH HOUSE

FIGURE 3 – GRIFFITH HOUSE



PICTURE 3 – KOGARAH FIRE STATION AND GRIFFITH HOUSE SITE TO THE RIGHT



PICTURE 4 – GRIFFITH HOUSE FROM GRAY STREET



FIGURE 4 – GRIFFITH HOUSE EXTERNAL DETAILS



PICTURE 5 – FRONT ENTRANCE

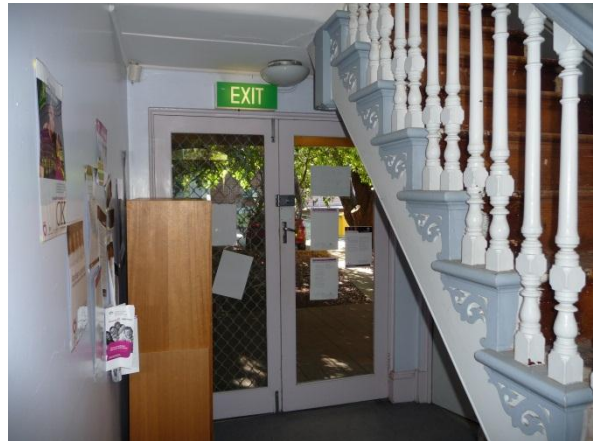


PICTURE 6 – EASTERN ELEVATION

FIGURE 5 – GRIFFITH HOUSE FRONT HALLWAY



PICTURE 7 – FRONT STAIR LOOKING TO LANDING



PICTURE 8 – ALTERED UNDER STAIR HALLWAY

FIGURE 6 – GRIFFITH HOUSE INTERIORS



PICTURE 9 – LOOKING DOWN TO ENTRANCE FROM HALL STAIR



PICTURE 10 – FIRST FLOOR CORRIDOR

FIGURE 7 – GRIFFITH HOUSE



PICTURE 11 – FIRST FLOOR FRONT ROOM



PICTURE 12 – REAR COURT

### 3 Historical Overview

The following history and associated information has been summarised from the “Conservation Plan of Griffith House, St George Hospital, Kogarah, NSW”, which was submitted to the University of Western Sydney in 1993, and “houses and heritage: Residences of the Kogarah Municipality” by Beverley Earnshaw - Kogarah Historic Society 2007.

**Griffith House**, the 1890s Victorian Italianate villa, was purchased by the Hospital in the 1960s and has been used since this time by various hospital divisions.

In 1894, St George Hospital was a “Cottage Hospital”, designed to give fairly limited first aid to those seriously ill or suffering from bodily injuries. It consisted of separated “wards” and was staffed by “nurses” under the control of a “matron”.

By 1914, the St George Cottage Hospital was not only alleviating, but also curing and bringing new life to the district. By 1924 it was a District Hospital, carrying out all these functions and saving lives with its surgical skills. By 1934, it was equal to any district hospital in metropolitan Sydney. By 1964 it was a teaching hospital with specialised departments and known as The St George Hospital.

In the late 1980s, following a grant of more than \$200 million dollars, the hospital was to begin its transformation into a world class tertiary teaching hospital, providing the people of Southern Sydney with specialist health care services closer to home.

Over the following years the redevelopment of the physical facilities, expansion of services and acquisition of state-of-the-art technology would be complemented by the recruitment of nationally and internationally recognised staff. This elevation of the clinical standard has been accompanied by an enhanced reputation of the hospital as a teaching facility, resulting in the hospital becoming one of the most popular first preferences amongst graduates of both nursing and medicine as a place of employment in NSW.

In terms of the management structure, The St George Hospital has developed a high sense of organisational maturity, becoming a model for other major teaching hospitals to emulate. With a reduced length of stay for patients, the organisation was also running efficiently. In order to ensure that in becoming more efficient, the hospital could not sacrifice its high standard of care, as the drive towards efficiency has been paralleled by a concentration on quality assurance.

With the completion of the St George Private Hospital next door in 1995, a sense of optimism prevails around the campus that in the future, the presence of both public and private facilities will attract a high calibre of staff and allow the people of the St George District the very best choice in health care services. Medical practitioners will be able to operate out of the one campus, nursing staff will benefit from proposed combined educational opportunities and the commissioning of 300 private beds is expected to improve the availability of beds in the public arena.

#### **GRIFFITH HOUSE** **History of Ownership**

The history of ownership of the land was traced by title search at the NSW Land Titles Office. The house was constructed by **Peter Hermann** in 1896. The architecture of the house, which will be discussed later, is consistent with this view i.e.; it is late Victorian. Consequently the title search was carried out back to 1889.

The following is a summary:

*Vol. 914 Folio 203 (Fig.4)*

- Shows that the land is part of 55 acres originally granted to Simeon Henry Pearce and James Pearce on 10 June 1853.
- The land was transferred from John Williams Elliott to William Clarke Hadley Lipmann on 26 February 1889.
- It was transferred from Lipmann to Peter Hermann Jnr (land owner) on 6 January 1890.
- Title passed to Henry Peter Hermann (clerk) and Edmund Osmon Bradley (mercator) by transmission in February 1920.

- It was transferred from Herrmann and Bradley to Bertha Varley in February 1920

*Vol. 3066 Folio 116 (Fig. 5)*

- Title passed to Allan Kenneth Varley and Arthur Clive Varley (mercens) by transmission in March 1955.
- It was transferred to Allan Kenneth Varley in March 1955.
- Northside Properties Pty Ltd is shown as the registered owner on 21 June 1961.
- St George Hospital became the owner on 24 August 1961.

## Occupants of the House

The following is a summary of entries in the Saned Directories for the property:

1895 and 1896 -	Herrmann, Peter Jun
1897 to 1904 -	Herrmann, Peter J.P.
1905 to 1918 -	Herrmann, Peter J. P and Bradley Osmon
1919 to 1932/33 -	Varley, Mrs Bertha.

No written evidence of the occupants could be found from 1932/33 to 1961 when the Hospital purchased the property.

## Evidence of Alterations

There is evidence of alterations in several areas:

- The verandah/balcony now only present on the front of the building originally extended around the South and East sides. Examination of the fabric confirmed this information. There is evidence of the brickwork being patched at first floor level. In addition there is a thin course of bricks at balcony roof height consistent with those on the front of the building.
- It is apparent that the windows on the North elevation and one on the East elevation, have been altered. Steel arch bars have been let in and there is evidence of the plaster and render being patched. In addition these windows are of a more contemporary design and contrast strongly with those at the front of the building where there is no evidence of alteration.
- There are signs of alteration around the window on the East elevation. Patching of the wall and skirting below it suggest that this was once a doorway to the balcony. The height of the window is different to those which appear to be in their original condition.
- The doors at the rear of the ground floor hall are of a style consistent with the addition.
- A door opening has been constructed to the portable building located adjacent to it. This would have been in 1989 when the building was altered to house the Orthopaedic Early Discharge Unit..
- There are no chimney pots on the chimneys and the fireplaces have been bricked up.
- A roof space inspection revealed that the tile battens had been reused several times.
- The roof space inspection also indicated that the ceilings were originally lath and plaster.
- The kitchen joinery and tiles are of the type often used in the 1960's as are the vinyl floor tiles. The wall between rooms on the upper floor is an addition. It intersects a fire place on the South elevation which has been boxed in. This wall appears to have been constructed to form the current bathroom. The ceiling in this bathroom is fibrous cement (villaboard or similar). The roof space inspection indicated there have been three ceilings in this area; lath and plaster, metal pan and the fibre cement ceiling.
- The arch above the stair shows evidence of patching in the plaster. It is apparent that this arch was cut and the stairs extended when the bathroom renovations were carried out. Again, the finishes and fittings in this room are of the type one would expect in a 1960's renovation.
- The white screens on the windows and doors are a late addition.

## Discussion of Cultural Significance

Members of the Herrmann family were amongst the first European settlers in the district. The area's early development can be largely attributed to the enterprise of market gardeners including the Herrmann's.

Peter Herrmann, the original owner of Griffith House, played a leading role in promoting the establishment of local government served his community on Kogarah Council and assisted with starting and managing services and facilities.

There appears to be no particular cultural significance attributable to the ownership of the building during the period 1920 to 1961.

The acquisition of the property by the St George Hospital in 1961 for use by the Medical Superintendent signalled the beginning of another period of its association with the development of and use for community services. It was used by three medical officers and their families, one of which Dr David Storey) went to play a significant role in the management of the State's health services. Another, Dr Cedric Falconer, who is now a Medical Planning Officer has been responsible for preparing briefs for most of the buildings being constructed as part of the \$200M redevelopment of the hospital.

The renaming of the building to Griffith House was in honour of T.A.C. – Thomas Arthur Clark Griffith, another health administrator who was for many years Chief Executive Officer of the hospital.

In 1989 the building was converted to house an Orthopaedic Early Discharge Unit. The unit ceased to use the building in June 1993.

### **Physical Condition of the Building**

The building has been subject to a Structural report by Cardno, dated 17 October 2011.



## 4 Significance

### 4.1 WHAT IS HERITAGE SIGNIFICANCE?

Before making decisions to change a heritage item, it is important to understand its values. This leads to decisions that will retain these values in the future. Statements of heritage significance summarise a place's heritage values – why it is important, why a statutory listing was made to protect these values.

### 4.2 SIGNIFICANCE ASSESSMENT

The Heritage Council of NSW has developed a set of seven criteria for assessing heritage significance, which can be used to make decisions about the heritage value of a place or item. There are two levels of heritage significance used in NSW: state and local.

The following assessment of heritage significance has been prepared in accordance with the 'Assessing Heritage Significance' (2001) Guidelines.

CRITERIA	SIGNIFICANCE ASSESSMENT
<b>A – Historical Significance</b> <i>An item is important in the course or pattern of the local area's cultural or natural history.</i>	<p>The building has been strongly associated with the development of Kogarah. It was first owned and occupied by Peter Herrmann, a prominent local identity who was associated with local government and the development of community services including the fire brigade and the St George Hospital.</p>
<b>Guidelines for Inclusion</b> <ul style="list-style-type: none"> <li>shows evidence of a significant human activity <input type="checkbox"/></li> <li>is associated with a significant activity or historical phase <input checked="" type="checkbox"/></li> <li>maintains or shows the continuity of a historical process or activity <input type="checkbox"/></li> </ul>	<b>Guidelines for Exclusion</b> <ul style="list-style-type: none"> <li>has incidental or unsubstantiated connections with historically important activities or processes <input type="checkbox"/></li> <li>provides evidence of activities or processes that are of dubious historical importance <input type="checkbox"/></li> <li>has been so altered that it can no longer provide evidence of a particular association <input type="checkbox"/></li> </ul>
<b>B – Associative Significance</b> <i>An item has strong or special associations with the life or works of a person, or group of persons, of importance in the local area's cultural or natural history.</i>	<p>The dwelling is associated with Peter Herrmann a prominent local identity and the use by the Hospital for residential accommodation.</p>
<b>Guidelines for Inclusion</b> <ul style="list-style-type: none"> <li>shows evidence of a significant human occupation <input type="checkbox"/></li> <li>is associated with a significant event, person, or group of persons <input checked="" type="checkbox"/></li> </ul>	<b>Guidelines for Exclusion</b> <ul style="list-style-type: none"> <li>has incidental or unsubstantiated connections with historically important people or events <input type="checkbox"/></li> <li>provides evidence of people or events that are of dubious historical importance <input type="checkbox"/></li> <li>has been so altered that it can no longer provide evidence of a particular association <input type="checkbox"/></li> </ul>
<b>C – Aesthetic Significance</b> <i>An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in the local area.</i>	<p>The building is a typical late Victoria villa dwelling and is a representative example of the style. The type and style of dwelling is found in the inner and middle ring suburbs of Sydney, including Kogarah.</p>

CRITERIA	SIGNIFICANCE ASSESSMENT
<p><b>Guidelines for Inclusion</b></p> <ul style="list-style-type: none"> <li>shows or is associated with, creative or technical innovation or achievement <input type="checkbox"/></li> <li>is the inspiration for a creative or technical innovation or achievement <input type="checkbox"/></li> <li>is aesthetically distinctive <input type="checkbox"/></li> <li>has landmark qualities <input type="checkbox"/></li> <li>exemplifies a particular taste, style or technology <input checked="" type="checkbox"/></li> </ul>	<p><b>Guidelines for Exclusion</b></p> <ul style="list-style-type: none"> <li>is not a major work by an important designer or artist <input checked="" type="checkbox"/></li> <li>has lost its design or technical integrity <input type="checkbox"/></li> <li>its positive visual or sensory appeal or landmark and scenic qualities have been more than temporarily degraded <input type="checkbox"/></li> <li>has only a loose association with a creative or technical achievement <input type="checkbox"/></li> </ul>
<p><b>D – Social Significance</b></p> <p><i>An item has strong or special association with a particular community or cultural group in the local area for social, cultural or spiritual reasons.</i></p>	<p>The building is not important for its associations with an identifiable <b>group</b> for social, cultural or spiritual reasons.</p> <p>The building must have an association beyond being a heritage item for historic and aesthetic reasons. The social attachment to the building is equal to many local items in the locality and there is no evidence that it has special social significance to the community.</p> <p>Whilst all heritage items may have importance to the community's sense of place this will vary. The building is obviously appreciated for its significance by members of the local community however the social significance has not been tested outside the concern for the loss of the item.</p> <p>It is considered that for many members of the community there would be a sense of loss if the building were demolished.</p>
<p><b>Guidelines for Inclusion</b></p> <ul style="list-style-type: none"> <li>is important for its associations with an identifiable group <input type="checkbox"/></li> <li>is important to a community's sense of place <input checked="" type="checkbox"/></li> </ul>	<p><b>Guidelines for Exclusion</b></p> <ul style="list-style-type: none"> <li>is only important to the community for amenity reasons <input checked="" type="checkbox"/></li> <li>is retained only in preference to a proposed alternative <input type="checkbox"/></li> </ul>
<p><b>E – Research Potential</b></p> <p><i>An item has potential to yield information that will contribute to an understanding of the local area's cultural or natural history.</i></p>	<p>The dwelling, being a typical building of its period will not yield an understanding of the local area's cultural or natural history.</p>
<p><b>Guidelines for Inclusion</b></p> <ul style="list-style-type: none"> <li>has the potential to yield new or further substantial scientific and/or archaeological information <input type="checkbox"/></li> <li>is an important benchmark or reference site or type <input type="checkbox"/></li> <li>provides evidence of past human cultures that is unavailable elsewhere <input type="checkbox"/></li> </ul>	<p><b>Guidelines for Exclusion</b></p> <ul style="list-style-type: none"> <li>the knowledge gained would be irrelevant to research on science, human history or culture <input type="checkbox"/></li> <li>has little archaeological or research potential <input checked="" type="checkbox"/></li> <li>only contains information that is readily available from other resources or archaeological sites <input checked="" type="checkbox"/></li> </ul>
<p><b>F – Rarity</b></p> <p><i>An item possesses uncommon, rare or endangered aspects of the local area's cultural or natural history.</i></p>	<p>The dwelling is not rare.</p>

CRITERIA	SIGNIFICANCE ASSESSMENT
<b>Guidelines for Inclusion</b> <ul style="list-style-type: none"> <li>provides evidence of a defunct custom, way of life or process <input type="checkbox"/></li> <li>demonstrates a process, custom or other human activity that is in danger of being lost <input type="checkbox"/></li> <li>shows unusually accurate evidence of a significant human activity <input type="checkbox"/></li> <li>is the only example of its type <input type="checkbox"/></li> <li>demonstrates designs or techniques of exceptional interest <input type="checkbox"/></li> <li>shows rare evidence of a significant human activity important to a community <input type="checkbox"/></li> </ul>	<b>Guidelines for Exclusion</b> <ul style="list-style-type: none"> <li>is not rare <input checked="" type="checkbox"/></li> <li>is numerous but under threat <input type="checkbox"/></li> </ul>
<b>G – Representative</b> <i>An item is important in demonstrating the principal characteristics of a class of NSWs (or the local area's):</i> <ul style="list-style-type: none"> <li>cultural or natural places; or</li> <li>cultural or natural environments.</li> </ul>	The dwelling is a representative example of a late 19 <sup>th</sup> c Victorian villa.
<b>Guidelines for Inclusion</b> <ul style="list-style-type: none"> <li>is a fine example of its type <input type="checkbox"/></li> <li>has the principal characteristics of an important class or group of items <input checked="" type="checkbox"/></li> <li>has attributes typical of a particular way of life, philosophy, custom, significant process, design, technique or activity <input type="checkbox"/></li> <li>is a significant variation to a class of items <input type="checkbox"/></li> <li>is part of a group which collectively illustrates a representative type <input type="checkbox"/></li> <li>is outstanding because of its setting, condition or size <input type="checkbox"/></li> <li>is outstanding because of its integrity or the esteem in which it is held <input type="checkbox"/></li> </ul>	<b>Guidelines for Exclusion</b> <ul style="list-style-type: none"> <li>is a poor example of its type <input type="checkbox"/></li> <li>does not include or has lost the range of characteristics of a type <input type="checkbox"/></li> <li>does not represent well the characteristics that make up a significant variation of a type <input type="checkbox"/></li> </ul>

### 4.3 STATEMENT OF SIGNIFICANCE

Griffith House (formerly called Weruna) is a 'late Victorian' building c1890's of local cultural significance.

The building has been strongly associated with the development of Kogarah. It was first owned and occupied by Peter Herrmann, a local identity who was associated with local government and the development of community services including the fire brigade and the St George Hospital.

In 1961 the building's relationship with community services changed from one of proximity and association to one of usage when it was acquired by the St George Hospital and utilised first as a residence for senior hospital medical officers and their families and then for accommodation of Health Promotion and Orthopaedic Early Discharge Units.

The building plays a role in demonstrating the standard of living of local civic leaders around the turn of the century however has been subject to alterations and is in a poor physical condition.

## 5 Impact Assessment

### 5.1 HERITAGE LISTING

The subject building is heritage listed under the Kogarah Local Environmental Plan 1998. The Masterplan for the St George Hospital site has been considered under a separate HIS.

The site is within the vicinity of an adjoining heritage item, being the Kogarah Fire Station at 26 Gray Street.

### 5.2 STATUTORY CONTROLS

#### 5.2.1 LOCAL ENVIRONMENTAL PLAN

The proposed works are addressed in the table below in relation to the relevant clauses in the Kogarah LEP.

TABLE 1 – RELEVANT LEP CLAUSES

CLAUSE	DISCUSSION
<b>17 Objectives</b> (a) To conserve the environmental heritage of Kogarah local government area and (b) To conserve the heritage significance of existing significant fabric, relics, settings and views associated with the heritage significance of heritage items and heritage conservation areas	<p>The subject site of the St George Hospital has one heritage item, being Griffith House, the subject of this HIS.</p> <p>The site is adjacent to the heritage listed Kogarah Fire Station. There is no impact on the significance of the Fire Station and this is discussed under the provisions of the LEP below.</p>
<b>17A PROTECTION OF HERITAGE ITEMS AND HERITAGE CONSERVATION AREAS</b> <b>(1) When is consent required?</b> The following development may be carried out only with development consent: (a) demolishing or moving a heritage item or a building, work, relic, tree or place within a heritage conservation area, (b) altering a heritage item or a building, work, relic, tree or place within a heritage conservation area by making structural or non-structural changes to its exterior, such as to its detail, fabric, finish or appearance, (c) altering a heritage item by making structural changes to its interior, (d) disturbing or excavating a place of Aboriginal heritage significance or an archaeological site while knowing, or having reasonable cause to suspect, that the disturbance or excavation will or is likely to result in a relic being discovered, exposed, moved, damaged or destroyed, (e) moving the whole or part of a heritage item, (f) erecting a building on, or subdividing, land on which a heritage item is located or which is within a heritage conservation area. <b>(2) What exceptions are there?</b> Development consent is not required by this clause if: (a) in the opinion of the Council: (i) the proposed development is of a minor nature or	<p>It is proposed to demolish the subject heritage item as the site is required to effectively implement the hospital services and the construction of a new Emergency Department.</p> <p>The building is not within a heritage conservation area and its demolition will not affect a heritage conservation area.</p> <p>The proposal is to demolish the entire building.</p> <p>There are no known archaeological relics on the subject site. There is little potential for archaeological relics in this location.</p> <p>It is proposed to build a new access drive on the site for the hospital and to erect the new ED.</p> <p>The subject proposal is not subject to exemption under this clause.</p>

CLAUSE	DISCUSSION
<p>consists of maintenance of the heritage item or of a building, work, archaeological site, tree or place within a heritage conservation area, and</p> <p>(ii) the proposed development would not adversely affect the significance of the heritage item or heritage conservation area,</p> <p>and</p> <p>(b) the proponent has notified the Council in writing of the proposed development and the Council has advised the applicant in writing before any work is carried out that it is satisfied that the proposed development will comply with this subclause and that development consent is not otherwise required by this plan.</p> <p>(3) Development consent is not required by this clause for the following development in a cemetery or burial ground if there will be no disturbance to human remains, to relics in the form of grave goods or to a place of Aboriginal heritage significance:</p> <p>(a) the creation of a new grave or monument, or</p> <p>(b) an excavation or disturbance of land for the purpose of carrying out conservation or repair of monuments or grave makers.</p> <p><b>(4) What must be included in assessing a development application?</b></p> <p>Before granting a consent required by this clause, the Council must assess the extent to which the carrying out of the proposed development would affect the heritage significance of the heritage item or heritage conservation area concerned.</p> <p><b>(5) What extra documentation is needed?</b></p> <p>The assessment must include consideration of a heritage impact statement that addresses at least the following issues (but is not to be limited to assessment of those issues, if the heritage significance concerned involves other issues). The Council may also decline to grant such a consent until it has considered a conservation management plan, if it considers the development proposed should be assessed with regard to such a plan.</p> <p>(6) The minimum number of issues that must be addressed by the heritage impact statement are:</p> <p>(a) for development that would affect a heritage item:</p> <p>(i) the heritage significance of the item as part of the environmental heritage of Kogarah local government area, and</p> <p>(ii) the impact that the proposed development will have on the heritage significance of the item and its setting, including any landscape or horticultural features, and</p> <p>(iii) the measures proposed to conserve the heritage significance of the item and its setting, and</p> <p>(iv) whether any archaeological site or potential archaeological site would be adversely affected by the proposed development, and</p> <p>(v) the extent to which carrying out of the proposed development would affect the form of any historic</p>	<p>This HIS is written to assist the consent authority.</p> <p>The subject building is a local heritage item and in this regard it is not considered to reach the threshold for significance to warrant a Conservation Management Plan.</p> <p>The significance of the item is assessed under Section 4 above.</p> <p>The dwelling currently has a landscaped setting. The proposal will retain the significant trees adjacent to the Fire Station and these will maintain the landscape setting of that building with the proposed new access.</p> <p>Having regard to the history of the area, the location of the site and the intervention caused by the erection of the subject building on the site it is considered that there is low potential for archaeological relics on this site.</p> <p>The subject building has been integrated into the hospital for many years and the subdivision significance of the site is</p>



CLAUSE	DISCUSSION
subdivision, and	not discernible.
(b) for development that would be carried out in a heritage conservation area:	The subject building is not located in a heritage conservation area.
<b>17F Development on the site adjacent to site of heritage item</b> (2) this clause extends to development: (a) That may have an impact on the setting of a heritage item, for example, by affecting a significant view to or from the item or by overshadowing, or  (b) That may undermine or otherwise cause physical damage to a heritage item,  (c) That will otherwise have adverse impact on the heritage significance of a heritage item (4) The heritage impact statement should include details of the size, shape and scale of, setbacks for, and the materials to be used in, any proposed buildings or works and details of any modification that would reduce the impact of the proposed development on the heritage significance of the heritage item.	<p>The Fire Station is located on the corner of Gray and Kensington Streets and is a prominent building in the area. The proposed new emergency department is proposed to be set well back from the boundary of the Fire Station and the setback will include driveways and low landscaping which will maintain the existing prominence of the building. The trees on the subject site adjacent to the fire station are to be retained and will retain this setting. The existing Griffith House, proposed for demolition, is set back from the street currently and therefore there will be little change in the views to and from the Fire Station caused by the proposal.</p> <p>The distance of the proposed Emergency Department from the Fire Station and the low gradient of the driveway will not cause physical damage to the heritage item.</p> <p>The existing buildings on the site, other than Griffith House, are utilitarian in nature and not of architectural distinction. The proposed Emergency Department will be a better resolved building, with landscaping, than the existing service building along Gray street and will not be detrimental to the understanding or significance of the Fire Station.</p>

## 5.2.2 HERITAGE ACT 1977 SECTION 170

The proposed works are addressed in the table below in relation to the relevant sections of the Heritage Act.

TABLE 2 – RELEVANT LEP CLAUSES

SECTION	DISCUSSION
<b>Heritage and Conservation Register</b>  (2) Words and expressions used in this section which are defined in the <i>Annual Reports (Statutory Bodies) Act 1984</i> or the <i>Annual Reports (Departments) Act 1985</i> have the same meanings as in the Act in which they are defined.  (3) A <u>government instrumentality</u> shall establish and keep a register entitled the "Heritage and <u>Conservation Register</u> ".  (4) A <u>government instrumentality</u> shall enter in the register details of each <u>item</u> of the <u>environmental heritage</u> :  (a) which is of a class prescribed by the <u>regulations</u> , and	<p>Health Infrastructure maintains a Heritage Register.</p>

SECTION	DISCUSSION
<p>(b) which:</p> <p>(i) in the case of a statutory body, is owned or occupied by the statutory body, or</p> <p>(ii) in the case of a Department Head, is vested in or owned or occupied by, or subject to the control of, the appropriate Minister or the relevant Department.</p> <p>(5) A <u>government instrumentality</u> shall review and, if necessary, amend its register not less than once each year.</p> <p>(6) A <u>government instrumentality</u> shall furnish a copy of its register and of any amendments to its register to the <u>Heritage Council</u> in accordance with such directions as may be given by the <u>Heritage Council</u>.</p> <p>(7) A person may inspect a <u>government instrumentality</u>'s register or a copy of the register at the office, or principal office, of the <u>government instrumentality</u> or the <u>Heritage Council</u> during the ordinary office hours of the <u>government instrumentality</u> or the <u>Heritage Council</u>.</p> <p>(8) A register or copy may be inspected free of charge but a fee may be charged for the making of a copy or an extract.</p> <p><b>170a Heritage management by government instrumentalities</b></p> <p>(1) A <u>government instrumentality</u> must give the <u>Heritage Council</u> not less than 14 days written notice before the <u>government instrumentality</u>:</p> <p>(a) removes any <u>item</u> from its register under section 170, or</p> <p>(b) transfers <u>ownership</u> of any <u>item</u> entered in its register, or</p> <p>(c) ceases to occupy or demolishes any <u>place</u>, <u>building</u> or work entered in its register.</p> <p>(2) Each <u>government instrumentality</u> is responsible for ensuring that the <u>items</u> entered on its register under section 170 and <u>items</u> and <u>land</u> to which a <u>listing</u> on the <u>State Heritage Register</u> applies that are under its care, control or management are maintained with due diligence in accordance with State Owned Heritage Management Principles approved by the Minister on the advice of the <u>Heritage Council</u> and notified by the Minister to government instrumentalities from time to time.</p> <p>(3) The <u>Heritage Council</u> can from time to time issue heritage asset management guidelines to government instrumentalities, being guidelines with respect to the <u>conservation</u> of the <u>items</u> entered on registers under section 170 and <u>items</u> and <u>land</u> to which a <u>listing</u> on the <u>State Heritage Register</u> applies that are under the care, control or management of the <u>government instrumentality</u>. The guidelines can relate to (but are</p>	<p>Health Infrastructure gave notice of the subject application to the Heritage Council of NSW in accordance with the Act..</p> <p>This Heritage Impact Statement and associated reports provide the Heritage Council with the significance and rationale for all decisions relating to the future of the item.</p> <p>This rationale is outlined in detail in the Heritage Office Guidelines section, below, under 'Demolition'.</p> <p>Noted.</p> <p>Health Infrastructure gave notice of the subject application to the HNoted.</p>

SECTION	DISCUSSION
not limited to) such matters as maintenance, repair, alteration, transfer of <u>ownership</u> and demolition. A <u>government instrumentality</u> must comply with the guidelines.	

### 5.3 HERITAGE OFFICE GUIDELINES

The proposed works are addressed in relation to relevant questions posed in the Heritage Office's 'Statement of Heritage Impact' guidelines

TABLE 3 – RELEVANT QUESTIONS

QUESTION	DISCUSSION
The following aspects of the proposal respect or enhance the heritage significance of the item or conservation area for the following reasons:	<p>In terms of the Fire Station the proposal maintains a significant set back from the building and maintains the adjacent trees.</p> <p>The site currently contains a listed heritage item, being Griffith House, owned and occupied by the hospital. There is no aesthetic relationship of Griffith House to the Fire Station or the hospital.</p>
<p>The following aspects of the proposal could detrimentally impact on heritage significance.</p> <p>The reasons are explained as well as the measures to be taken to minimise impacts:</p>	<p>The demolition of Griffith House is the loss of a local heritage item. The significance of the former dwelling to the local community must be weighed against the significance of the hospital to the community and the intangible significance of the operation of the hospital to the local welfare.</p>
The following sympathetic solutions have been considered and discounted for the following reasons:	<p>The Hospital has considered a number of options in relation to access for the Emergency Department and the Sub Acute Facility and related infrastructure of the site and considers that the access included in this proposal is the most suitable for the efficient operation of the ED and future growth of the Hospital.</p>
<p><b>DEMOLITION OF A BUILDING OR STRUCTURE</b></p> <p>Have all options for retention and adaptive re-use been explored?</p> <p>Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?</p> <p>Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?</p>	<p>Since 2010, a detailed planning and design process has been followed for the new ED. The process included reviews of clinical service needs, master planning considerations, hospital-wide operational requirements, compliance with NSW planning laws, and specific room-by-room floor space requirements to meet forecast demand.</p> <p>The process generated over 50 site layout options for the new ED and the Gray street location is the only one which achieves a single-level ED with effective relationships to other functions on site, while allowing the hospital to continue to operate in its current form.</p> <p>The demolition of 'Griffith House' is considered necessary by Health infrastructure because of two issues:</p> <ol style="list-style-type: none"> <li>1. The footprint, configuration and functional relationships required for the new emergency department are such that they require the land currently occupied by Griffith House.</li> <li>2. The access road is required to allow discreet access for the mortuary, as well as the secure police pick up and drop off of mentally ill emergency patients to the psychiatric emergency care unit [PECC].</li> </ol> <p>The design process that took place to avoid the demolition</p>

QUESTION	DISCUSSION
	<p>of Griffith House took the following form:</p> <ol style="list-style-type: none"> <li>1. <u>The Emergency Department footprint</u> <ol style="list-style-type: none"> <li>a. The Clinical Services Plan [CSP] issued by the Ministry of Health in 2006, detailed the number of treatment spaces SGH ED would require to meet the demand projections for ED services up to 2015/16 in the SESLHD, given the 4 hour waiting targets set by the Federal Government in January last year.</li> <li>b. The CSP was developed into a schedule of accommodation with consultation with the health planners, St George hospital clinical staff and Ministry of Health Statewide Services Development Branch. This resulted in a requirement of 5000m2 + for the new emergency department, with the clinical spaces all required on ground floor.</li> <li>c. Over 32 options were considered for the ED at a number of locations on the congested St George Hospital campus. The options report is available.</li> <li>d. A site wide master plan was commissioned by NSW Health Infrastructure and carried out by Billard Leece Pty Ltd, which confirmed the location on Gray Street as the most suitable location on the campus for the new emergency department, notably due to: <ul style="list-style-type: none"> <li>• the proximity to the tower ward block, providing improved access to intensive care unit [ICU] and ward blocks for admitted patients</li> <li>• the proximity to the clinical services building, providing improved links to theatres, nuclear medicine and radiology</li> <li>• much shorter travel distances from the helipad off street ambulance drop off from Gray Street, with the ability to provide 8 off street ambulance spaces, significantly reducing the number of emergency vehicles parked on public roads, secure and safe access for mentally ill patients by the emergency services,</li> <li>• access to off street parking [Gray Street car park] for emergency drop off and visitor parking</li> <li>• the ability to provide public access to the emergency department within the hospital campus, in contrast to off the public street. [public entrance is adjacent to the main hospital entrance and provides drop off spaces for 4 vehicles, all off public streets</li> </ul> </li> <li>e. The conclusion of the executive steering committee and MOH was the new Emergency Department would be best placed on the Gray Street location</li> <li>f. Given the above, the design team evaluated the following constraints in this location: <ul style="list-style-type: none"> <li>• The 7 storey tower ward block and 4 storey clinical services building to the west</li> <li>• The hospitals main access road to the south, Gray Street to the east, the fire station and Griffith House to the north</li> <li>• A 4000m2 + footprint from an agreed schedule of accommodation</li> <li>• A prescribed model of care which requires specific functional relationships between internal departments to create a functioning emergency</li> </ul> </li> </ol> </li> </ol>

QUESTION	DISCUSSION
	<p>department</p> <ul style="list-style-type: none"> <li>Access requirements for any additional levels constructed above the ED in a future project, as referred to in the master plan</li> </ul> <p>g. Given the above constraints, a number of options were reviewed by the project team to attempt to avoid the demolition of Griffith House:</p> <ul style="list-style-type: none"> <li>Reduce the GFA of the ED – not accepted as it would lead to a reduction in treatment spaces, which would result in SGHED not meeting the demand projections for emergency care</li> <li>Create some ED treatment spaces on level 1 which would reduce the ground floor area and still retain the total number of treatment spaces. This was not accepted as it would require the transfer of critically ill patients up and down a lift. There is also no precedent for a 2 storey emergency department, nor is it recommended by any leading health planners.</li> <li>Relocate the EMU and PECC [the ED units which require the demolition of Griffith House] – again, this was rejected as it would create a dysfunctional ED, with mentally ill patients having to be admitted to the ED by police through the main hospital building.</li> </ul> <p>2. <u>The access road</u></p> <p>a. The access road is required adjacent to the boundary of the fire station due to the following reasons:</p> <ul style="list-style-type: none"> <li>Access is required to the mortuary in the CSB building, for the pick-up of bodies</li> <li>Access is required to the main hospital substation located in the CSB building</li> <li>Access is required for the safe and secure drop off and pick up of mentally ill patients by the police to the PECC at the rear of the building</li> <li>Access is required for pathology drop off and pick up for urgent testing of blood samples</li> </ul> <p>b. The options considered to not build the access road in the location of Griffith House were as follows:</p> <ul style="list-style-type: none"> <li>Building a 2 way road from Kensington Street [between radiology and the research facility] – this is not possible as a 2 way complaint road is wider than the space currently available, which would require the relocation and demolition of either the radiology department, or the research facility [both 2 storey buildings]</li> <li>Relocating the existing substation, mortuary, pathology and [proposed] PECC to avoid the need for the access road – would create a dysfunctional ED as mortuary, PECC and pathology are all required to be adjacent to the ED</li> <li>Negotiate land purchase with the fire brigade – not possible as the fire brigade building is also locally heritage listed.</li> </ul> <p><b>In conclusion</b>, the project team can demonstrate the development constraints, and the measures taken to try and avoid the demolition of Griffith House. If it were to remain in place, it would create a new emergency department and hospital that did not meet the needs of its patients or create an environment in which the workforce can carry out their duties safely or efficiently.</p>



QUESTION	DISCUSSION
Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?	The heritage consultant for the site has reviewed the reports on options and considers that Health Infrastructure has genuinely assessed the opportunities for conserving Griffith House before it made its decision on demolition.
<b>New development adjacent to a heritage item</b> How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects? How is the impact of the new development on the heritage significance of the item or area to be minimised? Why is the new development required to be adjacent to a heritage item? How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance? Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected?  Is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)? Will the additions visually dominate the heritage item? How has this been minimised? Will the public, and users of the item, still be able to view and appreciate its significance?	No, the new Emergency Department will not affect views to or from the Fire Station.  The building has been set back from the boundary to provide a buffer from the Fire Station and the existing and future landscaping will maintain the dominant corner position of the Fire Station.  The Hospital is upgrading its Emergency Department and is erecting a new building to provide contemporary health care for the region.  No  Yes- alternatives to the current access to the emergency department have been explored and it has been resolved that the site of Griffith House was the most opportune for the operation of the hospital both functionally and financially having regard to the constraints of the existing buildings on the larger site which serve the research and practice requirements of the community. The proposed building will be in a contemporary style and will not impact on the physical presence of the Fire Station which is in the Arts and Crafts style.  As above  Yes- the Fire Station will retain its dominant corner location.

## 6 Conclusion and Recommendations

The proposed demolition of Griffith House, a local heritage item, is acknowledged. Except for Griffith House the St George Hospital site contains no heritage items. The proposal is not detrimental to heritage items in the vicinity.

Griffith House, whilst having local heritage significance, is representative of the type and scale of Victorian Italianate villas in the inner and middle-ring suburbs of Sydney.

The matter is one of resolving the future of the hospital site to provide world class medical services and to balance this with the loss of a building of local significance.

Prior to any demolition of Griffith House it should be archivally recorded and the site interpreted in relation to the contribution the former dwelling made to the historical, associative and aesthetic contribution to this part of Kogarah.

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[Note: Some government departments have changed their names over time and the above publications state the name at the time of publication.]



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