13 December 2018

Ms Carolyn McNally
Secretary
Department of Planning & Environment
GPO Box 39
Sydney NSW 2001

To: Teresa Gizzi, Senior Planner, Social and Other Infrastructure Assessments
cc: Karen Harragon, Director, Social and Other Infrastructure Assessments

Concord Repatriation General Hospital Redevelopment (Concept & Stage 1) (SSD 9036) - Response to Submissions

Dear Teresa,

This letter has been prepared by Architectus on behalf of NSW Health Infrastructure and provides a Response to Submissions (RTS) to State Significant Development Application (SSDA) No. 9036 for the Concept and Stage 1 Redevelopment of the Concord Repatriation General Hospital (Concord Hospital), located at 1H Hospital Road, Concord West NSW.

This letter has been prepared pursuant to Clause 85A of the Environmental Planning and Assessment Regulation 2000 (EP&A Regulation) to respond to matters raised in submissions received by the NSW Department of Planning and Environment (DPE) during the public exhibition period and to the DPE preliminary assessment of SSDA 9036.

This letter should be read in conjunction with the following supporting documentation:

- **Attachment A**: Response Table to Government Agencies and City of Canada Bay submissions, prepared by Architectus dated November 2018;
- **Attachment B**: Amended Architectural Plans, prepared by Jacobs, dated November 2018;
- **Attachment C**: Amended Architectural Design Report, prepared by Jacobs, dated 23 November 2018;
- **Attachment D**: Amended Visual Impact Assessment, prepared by Jacobs, dated November 2018;
- **Attachment E**: Response to the NSW Environmental Protection Agency, prepared by Coffey, dated 5 December 2018;
- **Attachment F**: Response to heritage matters, prepared by Biosis, dated 19 November 2018;
- **Attachment G**: Amended Historical Heritage Assessment, prepared by Biosis, dated 29 November 2018;
- **Attachment H**: Response to ecological matters, prepared by Eco Logical, dated 29 November 2018;
- **Attachment I**: Amended Flora and Fauna Assessment, prepared by Eco Logical, dated 26 November 2018;
- **Attachment J**: Response to traffic matters, prepared by Arup, dated 19 November 2018;
- **Attachment K**: Swept Path Analysis, prepared by Arup, dated November 2018;
A summary of submissions received and detailed response to matters is provided below.

1. Summary of Submissions
SSDA 9036 was publicly exhibited during the period 12 September 2018 to 9 October 2018. During this period two (2) submissions were received from members of the public as well as eight (8) submissions from Government Agencies or organisations, including:

- Civil Aviation Safety Authority (CASA);
- Transport for NSW (TfNSW);
- NSW Environment Protection Authority (EPA);
- City of Canada Bay Council (Council);
- NSW Office of Environmental and Heritage (OEH) (Flooding and Environmental Matters);
- NSW OEH (Heritage Division);
- NSW Roads and Maritime Services (RMS); and
- Air Services Australia (ASA).

It is noted that no submissions objected to the SSDA, rather, the submissions sought clarification or suggested refinements to the project.

A detailed response to the Government Agencies or organisation submissions is provided within the Response Table at Attachment A.
2. Response to Submissions Made by the Public

During exhibition of SSDA 9036, two (2) submissions were received from members of the public. Whilst names have been withheld, verbatim extracts of these submissions are provided below.

Public Submission 1

**Issue:** “Concord hospital is an awesome location as its central to greater Sydney and should be turned into a “Super Hospital!”

It’s also close to the M4 - but also most importantly the Parramatta River!

The river can be also utilised for “Traffic Free” fast transportation just like in Europe. For example, an Ambulance downstream on the other side of the river could easily board a “dedicated Ambulance car ferry” from the many boat ramps. The ambulance ferry than takes the ambulance onboard directly to Concord Hospital.

Please make Concord Hospital a Super Hospital because of its “Best economic sense” rather than spend “more money for less” on other places because its “better for votes”. Do what a business person would do not a political party looking for votes ------- Please it will pay off when you present the economics of this to intelligent Media then the people will understand”.

**Comment:** The potential for provision of a car (or ambulance) ferry has been reviewed by the project team however it is not considered to be appropriate from an operational perspective.

Public Submission 2

**Issue:** “From reading the Historical Heritage Assessment, it seems that there has been no check of the records in the National Archive. In relation to the design and construction of facilities, the records are extensive, though I have not sighted them.

I also note that there is no reference to Zeny Edwards’ recent book on John Sulman.1 It contains a chapter on Sulman’s work on the Thomas Walker Convalescent Hospital along with references.

I request a thorough check of these records before any work commences so that there can be the best possible interpretation and photographic record”

**Comment:** The Historical Heritage Impact Assessment (HHA) submitted with the Environmental Impact Statement (EIS) provides a number of recommendations including archival recording. Guidelines for archival recordings are set out in the NSW Heritage Office’s publication *How to Prepare Archival Recordings of Heritage Items*. It is anticipated that archival recording in accordance with relevant guidelines will be implemented as a condition of consent of the development.

**Issue:** “In my opinion the proposed museum is a great idea and important, especially in relation to the years leading up to, and including, World War II. One of the items that I would like to see in the museum is a copy of the oral record of Fred James, which the National Film and Sound Archive holds. In part of the 1977 interview, Fred talks about his work at Concord and the subsequent request by the Max Factor company for him to travel to Los Angeles (during the war) to continue this work with American disfigured service men and women, and his description of this war work.

Another subject to which I want to see a museum commitment is a celebration of the philanthropy and public service that created the hospital and made it succeed. In my opinion hospitals today suffer from government “crowding out” (this is important economics jargon, please look up in Wikipedia). In the past The Astor was full of philanthropists and persons dedicated to public service, but today we seem to fall far short of the values of our predecessors.
I request consideration of an expanded museum focussing on the development of the site, architectural innovation, philanthropy, the hospital’s war work, and the contributions of volunteers.”

**Comment:** The Conservation Management Plan 2015 (CMP) submitted with the EIS indicates that a museum is proposed within the broader Concord Hospital. This Museum has since been established on site and records the History of Concord Hospital. The Museum is located adjacent to the Hospital Green and serves to collect, preserve, display and research objects, material and information relating to Australian Military Nursing and the early history of Concord Repatriation General Hospital.

3. **Matters Raised by the NSW Department of Planning and Environment**

Following the exhibition period correspondence was received from DPE on 18 October 2018 raising additional items to be addressed in the RTS as provided below.

“The Department has also undertaken a preliminary assessment of the EIS and, in addition to the issues raised in submissions, requires the following matters to be addressed.

- It is noted that the Environment Protection Authority provides a number of comments in relation to site contamination and the submitted Remedial Action Plan (RAP). The issues raised, and recommendations made are to be addressed in an amended site assessment and RAP to be submitted with the Response for Submissions.”

As detailed within the EIS, there are a number of areas of the site that are unable to be investigated due to constraints that have prevented access, including the presence of existing hospital buildings and underground services. Any additional investigations are therefore unable to be undertaken until these buildings have been demolished. Due to operational requirements and the Sydney Local Health District (SLHD) Decant Strategy, these buildings are unable to be removed, and therefore additional investigations undertaken, until determination of SSDA 9036.

In this regard, NSW Health Infrastructure support the comments and recommendations of the NSW Environmental Protection Authority (EPA), being to require this additional site testing post development approval (prior to the relevant building works). Accordingly, NSW Health Infrastructure request the issue raised by DPE be imposed as a condition of the development consent, consistent with the position of the EPA.

Further detail to support this request is provided below:

**Overview of Site Investigations**

As detailed within the EIS, Detailed Site Investigations (DSI) have been prepared by Coffey for the site (EIS Appendices X through Z). Given the large scale of the site area, these investigations have been undertaken in three (3) phases, including:

- Phase 1: being the location of the (Stage 1) proposed CSB;
- Phase 2: being the location of the proposed (Stage 1) at grade car park and future (Stage 2) ASB; and
- Phase 3: being the location of multi-storey car parking (under Stages 1 and 2) (Appendix Z).

Refer to an overview of these locations within the site at Figure 1.
Figure 1: Extract of Remedial Action Plan (EIS Appendix AA) identifying Phase 1, 2 and 3 investigation areas.

The Detailed Site Investigations have found areas of contamination across the site, however to varying degrees. Accordingly, a Remedial Action Plan (RAP) was prepared and submitted with the EIS to manage contamination and remediation within the Phase 1 and Phase 3 areas at the site.

For clarity, this RAP does not apply to the Phase 2 area and the EPA has not considered this Phase 2 area in their assessment of the development.

Comments raised by the EPA

The EPA has reviewed the DSIs and RAP submitted with the EIS and has raised the following concerns as noted at Attachment A (Section 2.1) of their submission:

“Section 4.1.1 to EIS Appendix AA Remedial Action Plan advises that “[f]ragments of bonded ACM were identified within the Phase 1 redevelopment area whilst section 4.4.2 advises that friable asbestos “… was identified in three soil samples …”. Similarly, section 7.1 to EIS Appendix AA confirms data gaps including “Uncertainties associated with historic asbestos management practices.”

The EPA further anticipates that given uncertainties about historic clinical waste management practices, incinerator/boiler ash and clinical waste may also be present within the Stage 1 development site.

The Remedial Action Plan refers to Phase 1 and Phase 3 redevelopment areas, wherein –

a) the Phase 1 area coincides with the clinical services building footprint and curtilage, and

b) the Phase 3 area coincides with the existing at grade car park on the north side of Hospital Road on part of which both the stage 1 and stage 2 multi-storey car park is to be located.
The Phase 1 Detailed Site Investigation report is very limited in scope being restricted to small area of the clinical services building and environs part of the development site in the vicinity of an existing loading dock.

The Phase 3 Detailed Site Investigation report indicates some areas of Benzo(a) pyrene and semi volatile Total Recoverable Hydrocarbons (TRH) impact in shallow soils beneath existing asphalt and notes the possibility of asbestos containing materials and acid sulfate soils underlying the site.

The EPA notes that the Remediation Action Plan only addresses asbestos contamination despite other potential contamination issues which have not been properly investigated due in part to inaccessibility (i.e. existing structures) and which may need remediation."

Accordingly, the EPA submission (at pages 6 and 7) provides a number of recommendations requiring further site investigation be undertaken in these locations prior to undertaking any site preparation, bulk earthworks or construction. Further, that a detailed site assessment of the entire Stage 1 development be undertaken site having regard to identified data gaps, including uncertainties about historic waste management practices across the development site and its immediate surrounds

Additionally, the EPA recommends that should additional site investigations reveal further contamination of soil or groundwater, that an accredited site auditor be appointed to review the adequacy of contamination assessments, the RAP as well as provide a Site Audit Statement certifying the suitability of the development site for the proposed use.

 NSW Health Infrastructure are supportive of matters raised by the EPA and it is anticipated these would be implemented as suitable conditions of consent. However, in response to additional matters raised by DPE, there are practical limitations that would preclude these issues being resolved prior to determination of SSDA 9036.

Limitations of Phase 1 Detailed Site Investigation

In response to matters raised by the EPA, borehole locations within the Phase 1 area were determined to fit around existing buildings and avoid striking below ground services as well as maintain ongoing servicing requirements.

Buildings numbered 1A, 60 to 65 inclusive, 72 and 73 are located within the footprint of the proposed CSB and have been identified for removal, as well as demolition of the existing hospital loading dock, located to the rear of the main hospital building, with a temporary loading dock to be established during the course of construction until the proposed new Clinical Services Building (CSB) is operational. In this regard, any additional investigations unable to be undertaken until these buildings have been demolished.

These buildings are not proposed for demolition under SSDA 9036, with approval for demolition of these structures and the construction of a temporary loading dock having already been approved by NSW Health Infrastructure through a Review of Environmental Factors (REF) in May 2018 (prior to lodgement of the SSDA with the Department of Planning and Environment).

However, buildings identified above remain currently operational, with the services contained within required to be decanted and a new temporary loading dock constructed in order to facilitate their demolition. It is important to note that this decanting strategy is determined by the Sydney Local Health District (SLHD) in response to hospital operational requirements, outside of the SSDA process. Accordingly, due to both the ongoing operational requirements and the SLHD decanting strategy, these buildings are unable to be removed and additional investigations undertaken prior to determination of SSDA 9036.
Limitations of Phase 3 Detailed Site Investigation

The EPA submission also identifies limitations of the Phase 3 DSI, undertaken within the exiting at grade car park located to the north of Hospital Road. This investigation found evidence of fill across the site, including the presence of Asbestos Containing Material (ACM) the likely potential for acid sulfate soils and concentrations of nickel and zinc.

However, this Phase 3 assessment has relied on observations made from augured boreholes, which are less conducive to identify inclusions within soil material that may be present (e.g. ACM). Accordingly, it is recommended that an unexpected finds protocol is developed for the site (in addition to the RAP) in order to manage risk and protecting human health and the environment should unexpected contamination or hazardous materials be discovered during excavation at the site.

As detailed within the EIS and supporting documents, car parking supply is a key issue for both the Concord Hospital campus and surrounding areas. The existing hospital car park located to the north of Hospital Road (within the Phase 3 area) consistency exceeds capacity, leading to vehicles circling the surrounding street network and utilising on street parking.

Accordingly, consistent with the limitations of the Phase 1 DSI, due to ongoing operational requirements and the need to maintain car parking at the site, this car parking (120+ spaces) is unable to be removed and additional investigations undertaken until alternative offset parking is provided elsewhere on site. Accordingly, this additional testing is unable to be undertaken prior to determination of SSDA 9036.

Proposed Alternative

Further to the above practical constraints, as detailed in the response to contamination matters at Attachment E, Coffey also provide the following proposed alternative:

“As stated in Section 4 of this letter report, Coffey propose that the additional sample analysis data collected during the Phase 1 In-situ Waste Classification Assessment be presented in a Supplementary ESA report to address data gaps identified by the NSW EPA pertaining to the Phase 1 redevelopment area. In the event that additional contamination streams are identified, the existing RAP could be updated to incorporate the additional information.

It is understood that additional assessment of the Phase 3 (proposed multi-storey car park) redevelopment area will be undertaken prior to commencing redevelopment in order to satisfy the NSW EPA requirements. Due to current time constraints, it is proposed that this is to be undertaken once detailed design and construction plans have been finalised. As per Phase 1, in the event that additional contamination streams are identified in the Phase 3 redevelopment area, the RAP be updated to incorporate the additional information.”

NSW Health Infrastructure support the above approach as a suitable and reasonable alternative to that requested by DPE.

Summary

Having regard to the Phase 1 and Phase 3 DSIs undertaken, there are a number of areas across the site that are unable to be investigated due the presence of existing buildings or areas of car parking. As such, additional investigations are unable to be undertaken until these buildings have been demolished. However, due to operational requirements these buildings and car parking are unable to be removed and additional investigations undertaken prior to determination of SSDA 9036.

NSW Health Infrastructure support the comments and recommendations of the EPA, being to require this additional site testing post development approval.

Accordingly, NSW Health Infrastructure request the issues raised by DPE be imposed as a condition of the development consent (prior to the relevant building works), consistent with the position of the EPA.
4. Conclusion

This letter has been prepared by Architectus on behalf of NSW Health Infrastructure pursuant to Clause 85A of the EP&A Regulation in relation to SSD 9036 for the Concept and Stage 1 redevelopment of the Concord Hospital.

The proponent and project team have considered all submissions made in relation to exhibition of the proposal. A detailed response to all submissions has been provided within this letter and supporting documentation.

We trust this response will enable the Department to finalise assessment of SSD 9036. As detailed within this EIS it is considered the environmental impacts are acceptable and any potential adverse impacts can be appropriately mitigated. The site is suitable for the proposed development. It is found on balance the development is significantly in the public interest.

Accordingly, it is recommended that the proposed development be approved by the consent authority.

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Should you have any queries on the above matters please contact Jonathan Archibald, Senior Urban Planner on 8252 8400 or jonathan.archibald@architectus.com.au or John Riordan, Consultant Planner on 0412 580 305.

Regards,

Michael Harrison
Director Urban Design & Planning
Architectus Group Pty Ltd