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<th>Description</th>
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<tr>
<td>AGD</td>
<td>Australian Geodetic Datum</td>
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<tr>
<td>c.</td>
<td>Circa</td>
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<tr>
<td>CBD</td>
<td>Central Business District</td>
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<tr>
<td>CHL</td>
<td>Commonwealth Heritage List</td>
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<tr>
<td>CRGH</td>
<td>Concord Repatriation General Hospital</td>
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<tr>
<td>DA</td>
<td>Development Application</td>
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<tr>
<td>DBH</td>
<td>Diameter at Breast Height</td>
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<tr>
<td>DEE</td>
<td>Department of Environment and Energy</td>
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<tr>
<td>DP</td>
<td>Deposited Plan</td>
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<tr>
<td>EP&amp;A Act</td>
<td><em>Environmental Planning and Assessment Act 1979</em></td>
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<tr>
<td>EPBC Act</td>
<td><em>Environment Protection and Biodiversity Conservation Act 1999</em></td>
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<td>Heritage Act</td>
<td><em>Heritage Act 1977</em></td>
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<td>LEP</td>
<td>Local Environment Plan</td>
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<td>Local Environmental Plan</td>
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<td>NHL</td>
<td>National Heritage List</td>
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<td>NSW</td>
<td>New South Wales</td>
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<tr>
<td>NV Act</td>
<td><em>Native Vegetation Act 2003</em></td>
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<td>OEH</td>
<td>NSW Office of Environment and Heritage</td>
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<tr>
<td>REF</td>
<td>Review of Environmental Factors</td>
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<td>REP</td>
<td>Regional Environmental Plan</td>
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<td>SoHi</td>
<td>Statement of Heritage Impact</td>
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<td>SHR</td>
<td>State Heritage Register</td>
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<td>SHI</td>
<td>State Heritage Inventory</td>
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<td>Study area</td>
<td>The area of impact for the proposed works</td>
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<tr>
<td>WWI</td>
<td>World War One</td>
</tr>
<tr>
<td>WWII</td>
<td>World War Two</td>
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Summary

Biosis Pty Ltd was commissioned by Johnstaff on behalf of Health Infrastructure to undertake a heritage assessment and statement of heritage impact (HHA) for a State Significant Development application (SSD) for the Stage 1 redevelopment of the Concord Repatriation General Hospital (CRGH) project located at Concord West, New South Wales (NSW) (study area). The study area is located approximately 8 kilometres south west of the Parramatta CBD on the southern bank of the Parramatta River. The SSD application seeks consent for the proposed redevelopment of CRGH to improve and replace outmoded facilities to meet the substantial growth in clinical service demand across the hospital's catchment:

Concept approval is sought for the redevelopment indicatively comprising 82,000sqm GFA, to be undertaken in two (2) stages including:

- Clinical Services Building (CSB) and multi storey carpark (Stage 1); and
- Acute Services Building (ASB) and multistorey carpark (Stage 2).

Detailed approval is sought for the Stage 1 construction of the proposed CSB (44,000sqm GFA) and the construction of a multi-storey car park located to the north of Hospital Road.

Detailed development approval for the proposed Stage 2 works will be completed at a later date and does form not part of this SSDA. The Stage 1 Detailed works are estimated to be completed by end 2021.

This HHA is to support the submission of the SSD application pursuant to Part 4 of the Environmental Planning and Assessment Act 1979 (EP&A Act).

The study area, defined by the extent of the proposed Stage 1 detailed works, is situated within the Concord Repatriation General Hospital (CRGH), and encompasses three areas. It includes concrete footpaths and stairs, carpark areas, ornamental plantings, landscaped areas, and tennis courts, and buildings. This assessment approach has been undertaken to allow for assessment of both the study area as well as any additional areas in the broader study area which are likely to be affected by the proposal, either directly or indirectly.

Background research and a field survey undertaken on 12 February 2018 identified a number of items of local heritage significance within the grounds of the Hospital. These items comprise a number of Hospital buildings and grounds which are listed on Schedule 5 of the Canada Bay LEP 2013. All items have previously been assessed as part of the development of a Conservation Management Plan (CMP) for the Hospital prepared by Conybeare Morrison in 2016. The current assessment has concluded that the proposed works can be carried out in accordance with the policies contained within the CMP, and that while there is the potential for some loss of significance through the proposed redevelopment, the proposed works permit the continued use of the area as a primary and auxiliary public healthcare facility, as outlined in the CMP.

Provided that appropriate mitigation measures are employed, it is considered that the proposed concept and Stage 1 redevelopment works are acceptable from a heritage perspective, and that any loss of heritage significance through the proposed works will be appropriately managed. These mitigation measures are outlined in the recommendations below.

---

1 Conybeare Morrison International Pty Ltd 2016
Recommendations:
These recommendations have been formulated to respond to client requirements and the significance of the site. They are guided by the ICOMOS Burra Charter with the aim of doing as much as necessary to care for the place and make it useable and as little as possible to retain its cultural significance. ²

**Recommendation 1 Archival recording**
Where avoidance of impacts to portions of the structure assessed as having moderate or high significance is not possible and the retention of highly significant original or early fabric compromises the conservation of the building, archival recording must be undertaken to document the original or early fabric intended to be removed, and an archival report prepared. Under the NSW Heritage Act 1977 items assessed as having high or moderate State significance may be removed where a CMP exists and its recommendations and policies are taken into consideration. The current CMP recommends, that where impacts to the following buildings and areas cannot be avoided, archival recording should take place (note: numbers after each building below refer to the map labelled Plate 17):

- Veterans’ Day Care (#69).
- Coronary Care & Thoracic Wards (#10 and 11).
- ICU buildings (#14 and 15).
- Renal Cardiovascular & Cancer Services buildings (#16 and 17).
- Neuroscience Bone Joint & Connective Tissues buildings (#18 and 19).

Guidelines for archival recordings are set out in the NSW Heritage Office’s publication *How to Prepare Archival Recordings of Heritage Items*.

**Recommendation 2: Archaeological investigations for areas of archaeological potential within the study area.**
Where avoidance of impacts to identified potential archaeological deposits is not possible archaeological investigations in the form of either archaeological monitoring or excavations should be undertaken. The Heritage Act 1977 protects archaeological relics where they are of local or State significance. The association of the Military encampment with the hospital complex indicates there could be relics of either local or state significance. As such archaeological investigation is warranted for these potential deposits. As part of the early works an Archaeological excavation and research methodology should be developed and employed during the demolition works and prior to construction works in the areas of archaeological potential.

**Recommendation 3: Unexpected archaeological items**
Should unanticipated relics be discovered during the course of the project, work in the vicinity must cease and an archaeologist contacted to make a preliminary assessment of the find. The Heritage Council will require notification if the find is assessed as a relic. Relics are historical archaeological resources of local or State significance and are protected in NSW under the Heritage Act 1977. Relics cannot be disturbed except with a permit or exception/exemption notification.

---

² Australia ICOMOS 2013
1 Introduction

1.1 Project background

Biosis Pty Ltd was commissioned by Health Infrastructure to undertake a Historical Heritage Assessment (HHA) Statement of Heritage Impact (SoHI) for the proposed concept and Stage 1 detailed works at the Concord General Repatriation Hospital located in Concord West, New South Wales (NSW) (Figure 1 and Figure 2), referred to as the ‘study area’ herein. The report will assess the following proposed works:

- Concept approval is sought for the redevelopment indicatively comprising 82,000sqm GFA, to be undertaken in two (2) stages including:
  - Clinical Services Building (CSB) and multi storey carpark (Stage 1); and
  - Acute Services Building (ASB) and multistorey carpark (Stage 2).
- Detailed approval for the Stage 1 construction of the proposed CSB (44,000sqm GFA) and the construction of a multi-storey car park located to the north of Hospital Road.

It should be noted that detailed development approval for the proposed Stage 2 works will be completed at a later date, and does not form part of the current SSD application.

The concept development works are generally located in three different areas of the Hospital precinct. The works involve demolition of the existing structures and construction of a new multistorey building with one basement level, construction, comprising trenching, augmentation, relocation and excavation works for services, and modifications to existing buildings and construction of multistorey carparks. The HHA and SoHI will support a State Significant Development application under Part 4 of the EP&A Act.

1.2 Location of the study area

The study area is located, which is located within the suburb of Concord West, Canada Bay Local Government Area (LGA), Parish of Concord, County of Cumberland (Figure 1). The study area incorporates the entirety of Lot 20 and Lot 21, DP 1139098, Lot 2 DP535257, a portion of Lot 7310 DP1159928, and a portion of Lot 117 DP752023. It is bounded by Lot 1, DP 166721 and Lot 1 DP725129 to the north, Lot 2 DP231732 to the south, Yaralla Bay and the Parramatta River to the south and east, and DP 11871 and Nullawarra Avenue to the west (Figure 2). It is currently zoned SP2 – Infrastructure: Hospital and E2 – Environmental Conservation.

1.3 Scope of assessment

This report was prepared in accordance with current heritage guidelines including Assessing Heritage Significance, Assessing Significance for Historical Archaeological Sites and “Relics” and the Burra Charter. This report provides a heritage assessment to identify if any heritage items or relics exist within or in the vicinity of the study area. The heritage significance of these heritage items has been investigated and assessed in order to determine the most appropriate management strategy.

The following is a summary of the major objectives of the assessment:

3 NSW Heritage Office 2001; NSW Heritage Branch, Department of Planning 2009; Australia ICOMOS 2013
Identify and assess the heritage values associated with the study area. The assessment aims to achieve this objective through providing a brief summary of the principle historical influences that have contributed to creating the present-day built environment of the study area using resources already available and some limited new research.

- Assess the impact of the proposed works on the cultural heritage significance of the study area.
- Identifying sites and features within the study area which are already recognised for their heritage value through statutory and non-statutory heritage listings.
- Recommend measures to avoid or mitigate any negative impacts on the heritage significance of the study area.

### 1.3.1 Secretary's Environmental Assessment Requirements

In accordance with Section 78A(8) of the *Environmental Planning and Assessment Act* and Schedule 2 of the *Environmental Planning and Assessment Regulation 2000*, a Secretary's Environmental Assessment Requirements (SEARs) was issued for Stage 1 of the Project (proposed concept and Stage 1 redevelopment) on 8 February 2018. The SEARs requires that the Environmental Impact Statement address the matters regarding non-Aboriginal (historic) heritage:

- Include a Heritage Impact Statement that addresses the significance of, and provides an assessment of the impact on the heritage significance of any heritage items on the site and in the vicinity, and/or conservation areas and/or potentially archaeologically significant areas, in accordance with the guidelines in the *NSW Heritage Manual*.

This report has been prepared to address the requirements set out in the SEARs above.

### 1.4 Scope of works

Stage 1 of the Hospital redevelopment comprises the following works detailed within the scope of the SSD application:

- Concept approval is sought for the redevelopment indicatively comprising 82,000sqm GFA, to be undertaken in two (2) stages including:
  - Clinical Services Building (CSB) and multi storey carpark (Stage 1); and
  - Acute Services Building (ASB) and multistorey carpark (Stage 2).

Detailed approval is sought for the Stage 1 construction of the proposed CSB (44,000sqm GFA) and the construction of a multi-storey car park located to the north of Hospital Road.

Detailed development approval for the proposed Stage 2 works will be completed at a later date and does form not part of this SSDA. The Stage 1 Detailed works are estimated to be completed by end 2021.

The proposed Concept redevelopment is in accordance with the concept architectural package prepared by Jacobs. The proposed Stage 1 detailed development (CSB and multistorey carpark) is in accordance with the architectural drawings prepared by Jacobs.

The areas in the below staging plans (Plate 1 and Plate 2) have been assessed and are included within this report.

The Stage 1 works described above comprise the following specific activities:

- Construction of a new multi-storey clinical services building
– Demolition of the Coronary Care & Thoracic Wards (#10 and 11), ICU (#14 and 15), the Renal Cardiovascular & Cancer Services buildings (#16 and 17) and the Neuroscience Bone Joint & Connective Tissues buildings (#18 and 19).
– Construction of an at ground level car park.
– Construction of a new multi-storey car park located between Hospital Road and Bray's Bay.

Previous approvals have been sought for the following works, now addressed by a Review of Environmental Factors (REF) issued in May 2018:

– Demolition of the Mail Centre building (#60), Stores building (#61), Medical records building (#62), Pay Office and Medical Records (#63), Aged and Extend Care Ward (#64), Geriatrics and AECD building (#65), two Drug Health and Care buildings (#72 and #73), walkways, gardens and landscaping associated with these buildings.
– Demolition of the tennis courts.
– Modifications to the Western Area Health building (#68).
– Refurbishment of building 69
– Demolition of buildings #70 and #71.
Plate 1  Stage 1 Proposal

Plate 2  Stage 2 (Future Expansion)
Figure 1: Location of the study area

Acknowledgement: Topo (c) NSW Land and Property Information (2018); Overview (c) State of NSW (c.2003)

Legend
- Study area

Note: The map shows the location of the study area within the Sydney metropolitan region, with key landmarks and streets labeled. The study area is highlighted in red, indicating the area of focus for the research.
Acknowledgements: Basemap © Land and Property Information 2016; Imagery © Nearmap 2018

© Department of Planning, Industry and Innovation NSW

Figure 2: Study area detail

Legend
- Study area
- Proposed works
  - Phase 1 Development
  - Phase 2 Works
  - Phase 3 Future Carpark

Coordinate System: GDA 1994 MGA Zone 56

Metres
Scale: 1:3,000 @ A3

Matter: 26790
Date: 19 June 2018,
Checked by: AM, Drawn by: LW, Last edited by: lwilson
Location: P:\26700s\26790\Mapping\26790_F2_StudyArea

Biosis Pty Ltd
Albury, Ballarat, Melbourne,
Newcastle, Sydney, Wangaratta & Wollongong

Acknowledgements: Basemap © Land and Property Information 2016; Imagery © Nearmap 2018
2 Statutory framework

This assessment will support a State Significant Development application under Part 4 of the EP&A Act. In NSW cultural heritage is managed in a three-tiered system: national, state and local. Certain sites and items may require management under all three systems or only under one or two. The following discussion aims to outline the various levels of protection and approvals required to make changes to cultural heritage in the state. The following legislative requirements are in addition to the SEARs which are provided at Section 1.3.1 above.

2.1 Environmental Protection and Biodiversity Conservation Act 1999

The *Environmental Protection and Biodiversity Conservation Act 1999* (EPBC Act) is the national Act protecting the natural and cultural environment. The EPBC Act is administered by the Department of Environment and Energy (DEE). The EPBC Act establishes two heritage lists for the management of the natural and cultural environment:

- The National Heritage List (NHL) contains items listed on the NHL have been assessed to be of outstanding significance and define “critical moments in our development as a nation”.
- The Commonwealth Heritage List (CHL) contains items listed on the CHL are natural and cultural heritage places that are on Commonwealth land, in Commonwealth waters or are owned or managed by the Commonwealth. A place or item on the CHL has been assessed as possessing “significant” heritage value.

A search of the NHL and CHL did not yield any results associated with the study area.

2.2 NSW Heritage Act 1977

Heritage in NSW is principally protected by the *Heritage Act 1977* (Heritage Act) (as amended) which was passed for the purpose of conserving items of environmental heritage of NSW. Environmental heritage is broadly defined under Section 4 of the Heritage Act as consisting of the following items: "those places, buildings, works, relics, moveable objects, and precincts, of State or Local heritage significance". The Act is administered by the NSW Heritage Council, under delegation by the Heritage Division, Office of Environment and Heritage. The Heritage Act is designed to protect both known heritage items (such as standing structures) and items that may not be immediately obvious (such as potential archaeological remains or ‘relics’). Different parts of the Heritage Act deal with different situations and types of heritage and the Act provides a number of mechanisms by which items and places of heritage significance may be protected.

2.2.1 State Heritage Register

Protection of items of State significance is by nomination and listing on the State Heritage Register (SHR) created under Part 3A of the NSW Heritage Act. The Register came into effect on 2 April 1999. The Register was established under the *Heritage Amendment Act 1998*. It replaces the earlier system of Permanent Conservation Orders as a means for protecting items with State significance.

There are no items/conservation areas listed on the SHR within the study area.

---


The following heritage items are listed in the vicinity of the study area. It should be noted that these items are outside of the study area and will not be affected by the proposed concept and Stage 1 redevelopment works:

- Dame Eadith Walker Convalescent Hospital, (Item No. 119), The Drive, Concord West, NSW, Lot 1 and Part Lot 2, DP 231732, approximately 297 metres north-east of the study area.
- Thomas Walker Convalescent Hospital, (Item No. 115), Hospital Road, Concord West, NSW, Lot 1, DP 166721, Lot 1 DP 725129, approximately 51 metres south-east of the study area.

2.2.2 Archaeological relics

Section 139 of the Heritage Act protects archaeological 'relics' from being 'exposed, moved, damaged or destroyed' by the disturbance or excavation of land. This protection extends to the situation where a person has 'reasonable cause to suspect' that archaeological remains may be affected by the disturbance or excavation of the land. This section applies to all land in NSW that is not included on the State Heritage Register.

Amendments to the Heritage Act made in 2009 changed the definition of an archaeological 'relic' under the Act. A 'relic' is defined by the Heritage Act as:

"Any deposit, object or material evidence:

(a) which relates to the settlement of the area that comprises New South Wales, not being Aboriginal settlement, and

(b) which is of State or Local significance"

It should be noted that not all remains that would be considered archaeological are relics under the NSW Heritage Act. Advice given in the Archaeological Significance Assessment Guidelines is that a "relic" would be viewed as a chattel and it is stated that "In practice, an important historical archaeological site will be likely to contain a range of different elements as vestiges and remnants of the past. Such sites will include ‘relics’ of significance in the form of deposits, artefacts, objects and usually also other material evidence from demolished buildings, works or former structures which provide evidence of prior occupations but may not be ‘relics’."

6 If a relic, including shipwrecks in NSW waters (that is rivers, harbours, lakes and enclosed bays) is located, the discoverer is required to notify the NSW Heritage Council.

Section 139 of the Heritage Act requires any person who knows or has reasonable cause to suspect that their proposed works will expose or disturb a 'relic' to first obtain an Excavation Permit from the Heritage Council of NSW (pursuant to Section 140 of the Act), unless there is an applicable exception (pursuant to Section 139(4)).

In the case of State Significant Development applications, Section 4.41 of the Environmental Planning and Assessment Act applies, which state that an excavation permit under Section 139 of the Heritage Act 1977 is not required.

2.2.3 Section 170 Heritage and Conservation Registers

Section 170 of the Heritage Act requires that culturally significant items or places managed or owned by Government agencies are listed on departmental Heritage and Conservation Register. Information on these registers has been prepared in accordance with Heritage Division guidelines.

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6 NSW Heritage Branch, Department of Planning 2009, 7
Statutory obligations for archaeological sites that are listed on a Section 170 Register include notification to the Heritage Council in addition to relic’s provision obligations. There is one item in the vicinity of the study area that is entered on a State government instrumentality Section 170 Register:

- Dame Eadith Walker Convalescent Hospital, (Department of Health, Item No. 16/2/8/1000), The Drive, Concord West, NSW, Lot 1 and Part Lot 2, DP 231732, approximately 297 metres north-east of the study area.

### 2.3 Environmental Planning and Assessment Act 1979

The current project comprises a State Significant Development, and as a consequence, the Environmental Planning and Assessment Act 1979 makes a number of provisions for such developments. In particular, Section 4.4.1 of the EP&A Act applies, describing a number of authorisations which are not required where development consent has been granted for a State Significant Development.

In relation to heritage, Section 4.4.1 contains several exemptions:

1. **The following authorisations are not required for State significant development that is authorised by a development consent granted after the commencement of this Division (and accordingly the provisions of any Act that prohibit an activity without such an authority do not apply):**
   
   - **(a)** (Repealed)
   
   - **(b)** a permit under section 201, 205 or 219 of the Fisheries Management Act 1994,
   
   - **(c)** an approval under Part 4, or an excavation permit under section 139, of the Heritage Act 1977,
   
   - **(d)** an Aboriginal heritage impact permit under section 90 of the National Parks and Wildlife Act 1974,
   
   - **(e)** (Repealed)
   
   - **(f)** a bush fire safety authority under section 100B of the Rural Fires Act 1997,
   
   - **(g)** a water use approval under section 89, a water management work approval under section 90 or an activity approval (other than an aquifer interference approval) under section 91 of the Water Management Act 2000.

2. **Division 8 of Part 6 of the Heritage Act 1977 does not apply to prevent or interfere with the carrying out of State significant development that is authorised by a development consent granted after the commencement of this Division.**

3. **A reference in this section to State significant development that is authorised by a development consent granted after the commencement of this Division includes a reference to any investigative or other activities that are required to be carried out for the purpose of complying with any environmental assessment requirements under this Part in connection with a development application for any such development.**

The Statement of Heritage Impact has been prepared in accordance with these exemptions and with regard to the SEARs detailed both in Section 1.3.1 and in 2.3.1 below.

#### 2.3.1 Secretary’s Environmental Requirements (SEARS)

Section 4.12(8) of the EP&A Act requires that:

"a development application for State significant development or designated development is to be accompanied by an environmental impact statement prepared by or on behalf of the applicant in the form prescribed by the regulations."
Accordingly, Schedule 2 (Part 2) of the Environmental Planning and Assessment Regulation 2000 (EP&A Regulation) requires that:

At Sch.2(3)(1) "Before preparing an environmental impact statement, the responsible person must make a written application to the Secretary for the environmental assessment requirements with respect to the proposed statement."

And;

At Sch.2(3)(8) "The responsible person must ensure that an environmental impact statement complies with any environmental assessment requirements that have been provided in writing to the person in accordance with this clause."

This Statement of Heritage Impact is prepared in accordance with these SEARs, as detailed in Section 1.3.1 and reproduced below:

- Include a Heritage Impact Statement that addresses the significance of, and provides an assessment of the impact on the heritage significance of any heritage items on the site and in the vicinity, and/or conservation areas and/or potentially archaeologically significant areas, in accordance with the guidelines in the NSW Heritage Manual.

This report has been prepared to address the requirements set out in the SEARs above.

### 2.3.2 Sydney Regional Environmental Plan (Sydney Harbour Catchment) 2005

The Sydney Regional Environmental Plan (Sydney Harbour Catchment) 2005 (SREP) covers all the waterways of the Harbour, the foreshores and entire catchment. It establishes a set of planning principles to be used by councils for the preparation of planning instruments. It also zones the waterways into nine different zones to suit the differing environmental characteristics and land uses of the harbour and its tributaries.

Part 55 of the SREP makes the following provisions for the protection of heritage items:

1. **The following development may be carried out only with development consent:**
   - (a) demolishing or moving a heritage item,
   - (b) altering a heritage item by making structural or non-structural changes to its exterior, including changes to its detail, fabric, finish or appearance,
   - (c) altering a heritage item by making structural changes to its interior,
   - (d) disturbing or damaging a place of Aboriginal heritage significance or an Aboriginal object,
   - (e) erecting a building on, or subdividing, land on which a heritage item is located.

2. **Development consent is not required by this clause if:**
   - (a) in the opinion of the consent authority:
     - (i) the proposed development is of a minor nature or consists of maintenance of the heritage item, and
     - (ii) the proposed development would not adversely affect the significance of the heritage item, and
   - (b) the proponent has notified the consent authority in writing of the proposed development and the consent authority 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.
Before granting development consent as required by this clause, the consent authority must assess the extent to which the carrying out of the proposed development would affect the heritage significance of the heritage item concerned.

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):

1. the heritage significance of the item as part of the environmental heritage of the land to which this Part applies, and
2. 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
3. the measures proposed to conserve the heritage significance of the item and its setting, and
4. whether any archaeological site or potential archaeological site would be adversely affected by the proposed development, and
5. the extent to which the carrying out of the proposed development would affect the form of any historic subdivision.

The consent authority may also decline to grant development consent until it has considered a conservation management plan, if it considers the development proposed should be assessed with regard to such a plan.

There are no items situated within, or immediately adjacent to, the study are listed on Schedule 4 of the SREP. However, Section 53 of the SREP outlines the following general objectives relating to heritage:

1. to conserve the environmental heritage of the land to which this Part applies, and
2. to conserve the heritage significance of existing significant fabric, relics, settings and views associated with the heritage significance of heritage items, and
3. to ensure that archaeological sites and places of Aboriginal heritage significance are conserved, and
4. to allow for the protection of places which have the potential to have heritage significance but are not identified as heritage items.

Part 5 Division 4 Clause 59 also contains the following provisions regarding the protection of heritage items:

Before granting development consent to development in the vicinity of a heritage item, the consent authority must assess the impact of the proposed development on the heritage significance of the heritage item.

This clause extends to development:

1. 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
2. that may undermine or otherwise cause physical damage to a heritage item, or
3. that will otherwise have any adverse impact on the heritage significance of a heritage item.

The consent authority may refuse to grant development consent unless it has considered a heritage impact statement that will help it assess the impact of the proposed development on the heritage significance, visual curtilage and setting of the heritage item.

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.
This report has been prepared with reference to the general objectives regarding heritage outlined in Section 53 of the SREP, and in Part 5 Division 4 Clause 59, above. Specific comments and recommendations regarding views associated with heritage items discussed within this SoHI are provided in Section 4 of this report.

## 2.4 Local Environmental Plan

The Canada Bay Local Environmental Plan 2013 provides general objectives for heritage conservation within the local municipal area, and provides guidelines for developments affecting heritage items, with specific regard to fabric, settings and views. Schedule 5 of the Canada Bay LEP lists five items of local heritage significance within either situated in the vicinity of, or within the study area. The location of these items is shown in Figure 3.

The study area is listed as an item of local heritage significance on the Canada Bay LEP 2013 Schedule 5:

- **Concord Repatriation Hospital**—original main building, grounds and layout (Item No. I256), 1C and 1H Hospital Road, Concord West, NSW, Lot 2, DP 89877. Local heritage item, encompasses the study area and wider Concord Hospital site.

The following four heritage items of local heritage significance (also listed on Schedule 5 of the LEP) are situated immediately adjacent to or in the vicinity of the study area:

- **Dame Eadith Walker Hospital Group**—dairy, gatehouse, coach house, “Boronia” cottage, timber garages, “Woodbine” cottage, stables, Prince of Wales Squash Courts, “Yaralla House”, “Jonquil” cottage, garages, “Magnolia” cottage, hospital grounds, (Item No. I444), 11 Nullawarra Avenue, Concord West, NSW, Lots 1 and 2, DP 231732, item of state and local heritage significance, immediately south of the study area.

- **Joanna Walker Memorial Children’s Hospital**—main building and hospital grounds, (Item No. I544), 1A Hospital Road, Concord West, NSW, Lot 1, DP 725129, item of state and local heritage significance approximately 364 metres north-east of the study area.

- **Thomas Walker Hospital Group**—main building, former children’s hospital, former stables, former cottage, The Watergate, store, garage, grounds, entry gate, cottage and hospital grounds, (Item No. I257), 1A Hospital Road, Concord West, NSW, Lot 1, DP 166721, item of state and local heritage significance approximately 339 metres north-east of the study area.

- **Rhodes Park Kokoda Trail Memorial** (Item No. I273), Killoola Street, Concord West, NSW, Lot 7062, DP 93918; Crown Lot 4, DP 20270; Lot 1, DP 85560; Lots 9–25, DP 20309; Lot 1, DP 535257. Local heritage item, approximately 221 metres north-west of the study area.

Both the local historic significance of these items and the general objectives set out within Schedule 5 of the Canada Bay LEP have informed the assessment and recommendations set out in this SoHI, with particular reference to any impacts the proposed Concept development and Stage 1 works may have upon curtilage and views.

### 2.4.1 City of Canada Bay Development Control Plan 2017

The City of Canada Bay Development Control Plan 2017 (CCBDCP) outlines built form controls to guide development. The CCBDCP supplements the provisions of the Canada Bay LEP 2013. As the current project is an SSDA it should be noted that the controls within the CCBDCP do not apply and the information below is for context only.

One of the six aims of the CCBDCP is to encourage design that maintains and enhances the character and heritage significance of heritage items and heritage conservations areas. Decisions affecting a heritage item...
or place within a conservation area need to be based on a clear analysis of why a place is significant and how proposals affecting the place have been designed to minimise the impact on the significance of the place. Depending on the significance of the place, strategies or policies to ensure the retention of the significance of the place might need to be developed. For this reason, different types of reports may be required for development proposals affecting places in a conservation area and heritage items, including a Statement of Heritage Impact, Conservation Policy or Conservation Management Plan, depending on the nature of proposed works.

The development of heritage items must adhere to certain controls which assist in designing alterations and additions to places of heritage significance. Refer to Part D of the DCP for further information.

2.5 Summary of heritage listings

A summary of heritage listings within and in the vicinity of the study area is presented in Table 1 and Figure 3.
<table>
<thead>
<tr>
<th>Site number</th>
<th>Site name</th>
<th>Address / Property description</th>
<th>Listings</th>
<th>As a Conservation Area</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>119</td>
<td>Dame Eadith Walker Convalescent Hospital</td>
<td>The Drive, Concord West, NSW / Dame Eadith Walker Estate featuring farm and service buildings and structures</td>
<td>State Heritage Register</td>
<td>-</td>
<td>State*</td>
</tr>
<tr>
<td>16/2/8/1000</td>
<td></td>
<td></td>
<td>S170 Register – Department of Health</td>
<td></td>
<td>State*</td>
</tr>
<tr>
<td>1444</td>
<td></td>
<td></td>
<td>Canada Bay LEP 2013</td>
<td></td>
<td>Local</td>
</tr>
<tr>
<td>115</td>
<td>Thomas Walker Convalescent Hospital</td>
<td>Hospital Road, Concord West, NSW / Large park-like riverside estate with extensive and prominent landscape plantings</td>
<td>State Heritage Register</td>
<td>-</td>
<td>State*</td>
</tr>
<tr>
<td>1257</td>
<td></td>
<td></td>
<td>Canada Bay LEP 2013</td>
<td></td>
<td>Local</td>
</tr>
<tr>
<td>1256</td>
<td>Concord Repatriation Hospital—original main building, grounds and layout</td>
<td>1C and 1H Hospital Road, Concord West, NSW / Eight-storey Functionalist hospital block within complex noted for courtyard planning, boundary and internal layout</td>
<td>Canada Bay LEP 2013</td>
<td>-</td>
<td>Local</td>
</tr>
<tr>
<td>1544</td>
<td>Joanna Walker Memorial Children's Hospital—main building and hospital grounds</td>
<td>1A Hospital Road, Concord West, NSW / Former children's hospital and noted architecture designed by Sir John Sulman</td>
<td>Canada Bay LEP 2013</td>
<td>-</td>
<td>Local</td>
</tr>
<tr>
<td>1273</td>
<td>Rhodes Park Kokoda Trail Memorial</td>
<td>Killoola Street, Concord West, NSW / Park with areas of mangrove conservation and native eucalypts, and World War II Kokoda Trail commemoration</td>
<td>Canada Bay LEP 2013</td>
<td>-</td>
<td>Local</td>
</tr>
</tbody>
</table>

*These items are located outside the current study area.*
Acknowledgements: Base map © Land and Property Information 2016; Imagery © Nearmap 2018

Figure 3: Location of heritage items within the study area and vicinity
3 Historical context

Historical research has been undertaken to identify the land use history of the study area, to isolate key phases in its history and to identify the location of any built heritage or archaeological resources which may be associated with the study area. The historical research places the history of the study area into the broader context of Concord and Concord West. An extensive historical context for the Concord Repatriation General Hospital (CRGH) has also been provided in the Concord Repatriation General Hospital Conservation Management Plan.7

3.1 Topography and resources

The study area is located in an urban environment between the central business districts (CBDs) of Sydney and Parramatta within the Cumberland Plains, falling between the Hornsby Plateau to the north and the Woronora Plateau to the south. The Cumberland Plain consists of low lying, gently undulating plains and low hills of the Wianamatta Group shales and sandstones with a dense drainage net of predominantly northward flowing channels8.

3.2 Aboriginal past

Prior to the arrival of British colonists in 1788, the area was occupied by the Wangal clan of the Dharug people. The exact boundaries of the Wangal clan's estate (the area over which a local descent group exercises primary spiritual and occupation rights) are unclear. Steele suggests that the eastern boundary into lands belonging to the neighbouring Burramatta clan may have been somewhere in the Homebush Bay area9. Turbet suggests that the lands inhabited by the Wangal extend along the southern foreshores of the Parramatta River from Petersham to Rosehill10. The Cadigal clan occupied the area to the immediate east along Port Jackson.

3.3 Concord and Concord West – historical development

3.3.1 Exploration (1788 to 1792)

The earliest explorations along the Parramatta River took place as part of numerous missions by the earliest European settlers in February 1788. A group led by Captain John Hunter and Lieutenant William Bradley travelled up the Parramatta River on 5 February as far as Homebush Bay. On 15 February, Governor Arthur Phillip and Bradley returned to the Homebush Bay flats. Further journeys on the Parramatta River took place several months later in April.11 The second settlement of Rose Hill (Parramatta) was founded in November, and within three years a track on the southern shore of the Parramatta River which connected the new farming community with Sydney Cove; this was the origin of Parramatta Road. The Concord area is situated almost at the halfway point between the two settlements.12

7 Conybeare Morrison International Pty Ltd et al. 2016, 4–48
8 Bannerman and Hazelton 1990, 2
9 Steele 2002, 19
10 Turbet, 2001, 21
11 Fox & Associates - Architects and Planners 1986, 187; Karskens 2009, 75
12 Kass 2008; Coupe 1983, cited by Conybeare Morrison International Pty Ltd et al. 2016, 6
3.3.2 Early development (1792 to 1840)

The site of the CRGH is situated on land that was initially granted to James Williamson, Thomas Day, Edward Riley and William Miller. The 30 acre (12 hectares) grants made to Riley, Day and Miller were all made on 9 December 1794, while Williamson's grant of 40 acres (16 hectares) was made on 14 May 1798, which encompassed a headland which he named Rocky Point (Figure 4).\(^{13}\) The land at this time is described as heavily wooded, with many of the early landholders and farmers unable to make headway with clearing or cultivation; this was in part due to little knowledge and experience in farming, poor or overworked soils, a lack of labour and funds to clear the land and limited fresh water. Many of the early grantees abandoned their land, which enabled more affluent and experienced landowners to take on these grants and consolidate them into their own estates.\(^{14}\)

![Figure 4](https://example.com/figure4.png)

**Figure 4** Extract from an early Concord Parish map, with the study area highlighted in red (Source: NSW Department of Lands). *Note: map is indicative only.*

Only two years after receiving his grant, Miller sold his land to Williamson on 14 September. This was to be the first of Williamson's acquisitions, as he also acquired the deed for Riley's land on 7 January 1807, as well as Day's grant.\(^{15}\) Williamson arrived in NSW in September 1795, and commenced working for the commissariat in August 1796. Over time, Williamson acquired various parcels of land, holding 359 acres (145 hectares) by 1800. He was appointed deputy-commissary in 1802 and began in this role in Parramatta in October, and was elevated to head of the commissariat by 1808. His career ended prematurely when he was accused of fraud.

\(^{13}\) NSW Department of Lands, Certificate of Title Volume 988 folio 91;

\(^{14}\) Karskens 1986, 12

\(^{15}\) NSW Department of Lands, Primary application 7372
in September of the same year by Lieutenant-Governor Joseph Foveaux, and dismissed, returning to England with deposed Governor Bligh in May 1810 and giving evidence on behalf of Bligh at Lieutenant-Colonel George Johnston’s court martial.16

It appears that the land Williamson had obtained in Concord was sold in his absence. On 2 November 1815, the grants purchased by Williamson were transferred to Isaac Nichols by Jane Williamson, who owned land south of the study area.17 Nichols arrived in the colony in October 1791, having been sentenced to seven years’ transportation for petty theft. Having impressed Governor John Hunter and George Johnston, he was made chief overseer of the Sydney convict working gangs. Nichols was granted land south of the study area on 20 December 1979, and further land on 1 January 1806. Nichols established a successful farm on his consolidated lands at Concord, which he had called Yaralla, meaning camp or dwelling place, and provided meat, stone fruit and citrus to the government stores. His support for the Rum Rebellion against Bligh in 1808 resulted in his appointment to the role of Superintendent of Public Works, assistant to the Naval Officer and the first Postmaster General. Upon his death in November 1819, George Robert Nichols, who studied in England and was the first Australian-born solicitor, inherited Yaralla.18

3.3.3 The Walkers and Yaralla (1840 to 1940)

In January 1840, the Yaralla estate was mortgaged to Thomas Walker. However, following an equity court case in which Nichols was accused on non-payment of the loan, Walker was awarded the title for the property in August 1848.19 Walker had arrived in the colony around 1822 where he worked with his uncle, William Walker, in his merchant business. By 1835, Walker had become a joint owner of the business and a magistrate, having previously been appointed as a justice of the Peace five years earlier, while also representing Port Phillip in the first NSW Legislative Council in from June 1843. He invested in real estate following an unsuccessful attempt at pastoralism, likely leading to his acquisition of Yaralla. Edmund Blackett, who is known for his work at Sydney University and St Andrew's Cathedral, was commissioned by Walker to design a grand house on the peninsula south of the study area; it is often described as an Italianate villa. Walker married Jane Hart on 25 July 1860, who a year later gave birth to their only child, Eadith Campbell Walker. Jane died in 1870, followed by her husband on 2 September 1886. A condition of Walker's will was that a convalescent hospital be established on the Yaralla Estate, leaving £100,000 for its construction at Rocky Point, north east of the study area, with the rest left to Eadith, who also provided a £50,000 advance to the project. John Sulman, the husband of Eadith's adopted sister Ann Masefield and an experienced architect, designed the hospital in a Federation Free Classical style with Queen Anne style influences, which opened on 21 September 1893 as the Thomas Walker Convalescent Hospital for Women.20 It has been noted that Rocky Point was selected for the location of the hospital so as to utilise the calming waters of the Parramatta River as part of patient treatment, while the grounds were laid out as a park. The hospital was intended for the care of the poor and needy, and is an example of private philanthropy in the late 19th century.21 The Joanna Walker Memorial Children's Convalescent Hospital, also designed by Sulman in a similar style, was sited alongside the Thomas Walker Convalescent Hospital, opening in 1894.22

16 Fletcher 1967
17 NSW Department of Lands, Primary application 7372
18 Conybeare Morrison International Pty Ltd et al. 2016, 9; McMartin 1967; NSW Department of Lands, Primary Application 7372
19 Conybeare Morrison International Pty Ltd et al. 2016, 9; NSW Department of Lands, Primary Application 7372
20 Conybeare Morrison International Pty Ltd et al. 2016, 10-12; Joy 1967
21 Conybeare Morrison International Pty Ltd et al. 2016, 12-13
22 Karskens 1986, 27
From the 1890s, it appears that the Yaralla estate began to reduce in size, and further still when the estate was subdivided from 1908 into the 1920s. Much of these subdivisions are outside of the study area, but make up the suburban area areas of Concord and Concord West (Figure 5).\textsuperscript{23}

\textsuperscript{23} NSW Department of Lands, Certificate of Title Volume 1016 Folio 38; NSW Department of Lands, Certificate of Title Volume 2788 Folio 32; NSW Department of Lands, Certificate of Title Volume 4449 Folio 141; NSW Department of Lands, Certificate of Title Volume 4575 Folio 52; NSW Department of Lands, Certificate of Title Volume 4819 Folio 63; Conybeare Morrison International Pty Ltd et al. 2016, 15; Karskens 1986, 28
Figure 5  Phases of subdivision of the Yaralla Estate (Source: Karskens 1986)
Eadith Walker continued the philanthropic work started by her father, holding executive membership and subscriber to numerous charities. Yaralla and the estate were often the site of charitable fundraising parties held by Eadith, entertaining politicians, royalty and Sydney's elite society. However, during World War I (WWI) played a significant role in aiding returned soldiers with tuberculosis. Furthermore, she hosted army staff and camping soldiers on the estate, while also commissioning a number of cottages on Concord Road for elderly people. Eadith was also an executive member of the State division of the Australian Red Cross Society. Upon Eadith's death on 8 October 1937, half of Thomas Walker's estate was passed to next of kin, while the remainder went into a charitable trust fund, which was managed by the Walker Trust Act 1938. The Yaralla Estate and the Dame Eadith Walker Estate were acquired by the NSW government as recommended by the Trustees of the Thomas Walker Estate, for the establishment of the Dame Eadith Walker Convalescent Hospital for Men.

3.3.4 Development of the hospital site (1940 to present)

On 17 July 1940, the Commonwealth government acquired a portion of the estate between the two Walker hospitals from the NSW state government for defence purposes, namely for the establishment of a military hospital on the site to support injured soldiers during World War II (WWII) (Figure 6). The site had been recommended by the Royal Prince Alfred Hospital, which managed the Dame Eadith Walker Hospital. A 1930 aerial photograph indicates that the area was largely cleared parkland with native forest (Plate 1). Initially, temporary buildings were constructed as pavilion style ramp wards on the north-eastern area of the site, with tents also set up in the car park to accommodate those patients who could not be placed in the already full wards (Plate 2). However, works began on more permanent buildings in the western portion of the site in February 1941, with designs prepared by the architectural firm Stephenson and Turner, who were awarded the Sulman Award for Architecture for the project in 1946. These buildings included four multi-storey buildings, a laundry and boiler house. Excavation and construction works were completed within 20 months, ending in 1942. The hospital held 2,000 beds, but additional temporary huts were also erected in the car park.

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24 Conybeare Morrison International Pty Ltd et al. 2016, 13–14; MacCulloch 1990
25 Conybeare Morrison International Pty Ltd et al. 2016, 14; MacCulloch 1990; NSW Department of Lands, Certificate of Title Volume 4819 Folio 63
27 Conybeare Morrison International Pty Ltd et al. 2016, 18-23

Plate 3  A 1930 aerial photograph of the study area, indicating the lack of structures present (Source: NSW LPI 2018)
Plate 4  This photograph from WWII shows some the temporary pavillion style ramp wards in the foreground, 1943 (Source: Australian War Memorial)

Plate 5  Construction of the permanent buildings at the Concord military hospital, with temporary wards in the foreground, 1941 (Source: State Library of NSW)
Plate 6  Construction of the Multi Block (foreground) and Main Block (background) at the Concord military hospital, 1941 (source: State Library of NSW)

Plate 7  Aerial photograph dating to 1943, showing the extent of the construction program at the hospital (Source: SIX Maps)
Rehabilitation played an important role in the recovery of military personnel, with social, sport and recreational activities incorporated into patient treatment. The facilities within the grounds are evidence of this, including a theatre and entertainment centre (Plate 7), library, tennis courts, cricket pitch, bowling green, golf courses and swimming pool. A Red Cross Service Centre was also constructed in 1942, although this has been replaced with a chapel.
On 19 May 1947, it was announced that the Repatriation Commission would take on responsibility of the hospital, the name of which was changed from the 113th Military Hospital, Concord, to the Repatriation General Hospital. This transition was completed by December 1948. As a result, the Red Cross transferred the work they had been undertaking to the Commission, who also leased the Red Cross buildings on site.28

Aerial photographs taken in 1951 indicate further construction took place since the Commission took control of the hospital. New buildings, such as staff cottages and additional wards, are present south of the Multi Block, while plantings and landscaping along the roads have also been undertaken. The Green is also now present between Hospital Road and the Multi Block (Plate 8). A garbage incinerator was also built in 1952.29

Plate 9  The Red Cross Theatre at the Concord hospital site (Source: State Library of NSW)


29 Conybeare Morrison International Pty Ltd et al. 2016, 27, 34
Plate 10  A 1951 aerial of the Concord Repatriation Hospital (Source: Department of Lands, Map #NSW46818, in Conybeare Morrison International Pty Ltd et al. 2016, 27)
Figure 7  Concord hospital site development, 1942-1950 (Source: Conybeare Morrison International Pty Ltd et al. 2016, 37)
In 1957, a gatehouse, storage rooms, a mortuary, engineering services workshop, cafeteria, transit lounge and newsagency and clinical sciences building were constructed. By 1961, land south of the hospital in Yaralla Bay had been reclaimed. The temporary wards north of Hospital Road were also removed, but remnant markings of their locations are still visible on the ground surface (Plate 9). A hairdresser/museum was also established in 1962, as were staff cottages in 1967. A 1972 aerial shows that new structures in the south-western corner of the study area had been built west of the reclaimed land. The Administration building adjacent to the eastern side of the Multi Block also appears to have had an extra storey added (Plate 10). In the same year, a human resources building was constructed and the medical students quarters were extended.\(^{30}\)

Plate 11  A 1961 aerial of the hospital site, showing reclaimed land and the removal of temporary wards north of Hospital Road (Source: Department of Lands, Map #NSW10485107, in Conybeare Morrison International Pty Ltd et al. 2016, 28)

\(^{30}\) Conybeare Morrison International Pty Ltd et al. 2016, 27, 34
Figure 8  Concord hospital site development, 1950-1970 (Source: Conybeare Morrison International Pty Ltd et al. 2016, 38)
The clinical sciences building were extended in 1973, whilst the nurses home was converted to a residential accommodation unit in the same year. Over time, the population in the Concord area grew, which in 1974 necessitated the provision of additional general hospital beds and treatment of the public at the hospital. Air-conditioning, ventilation and cooling units were also fitted in the Multi Block buildings. By 1976, further additions were made to the Administration building adjacent to the Multi Block, as well as an extension to the clinical sciences building (Plate 11). The current carpark north of Hospital Road had been established by 1980, while an electrical substation had also been constructed south-east of the Administration building (Plate 12). A conference room and drug and alcohol units were established in 1982. A refurbishment program for the original single storey temporary wards was undertaken in 1984 by the Department of Housing and Construction, mainly to update the spaces and facilities within the buildings so that they complied with contemporary clinical standards and practices. In 1987, a computer centre was opened, and a year later, the administration building at the front of the Multi Block was enlarged by the addition of two new southern and eastern wings, as can be seen in an aerial photograph dating to 1991 (Plate 13). The Red Cross Service Centre
was replaced by a chapel from 1991, and between 1992 and 1993 the accident and emergency centre was constructed.  

Plate 13  A 1976 aerial, showing further extensions to the Administration building adjacent to the Multi Block, and an addition to the clinical sciences building (Source: Department of Lands, Map #NSW2415127, in Conybeare Morrison International Pty Ltd et al. 2016, 29)

31 Conybeare Morrison International Pty Ltd et al. 2016, 27, 34-35
Plate 14  A 1980 aerial photograph of the hospital site, showing the establishment of the carpark north of Hospital Road and a substation building south-east of the Administration building (Source: Department of Lands, Map #NSW2899124, in Conybeare Morrison International Pty Ltd et al. 2016, 29)
Figure 9  Concord hospital site development, 1970-1980 (Source: Conybeare Morrison International Pty Ltd et al. 2016, 39)
Plate 15  A 1991 aerial photograph of the Concord hospital site, showing the considerable extensions made to the Administration building during the 1980s (Source: Department of Lands, Map #NSW4038, in Conybeare Morrison International Pty Ltd et al. 2016, 30)
Figure 10  Concord hospital site development, 1980-1990 (Source: Conybeare Morrison International Pty Ltd et al. 2016, 40)
The Central Sydney Area Health Service of the Department of Health took responsibility of the hospital in 1993, which was renamed the Concord Repatriation General Hospital. In 1996, an ambulance service depot was opened. From the late 1990s, a number of changes to the structures within the complex have taken place, as well as internal refurbishment and modifications. During 1999, 11 buildings from the 1941 phase were demolished and replaced with the ANZAC Medical Research Institute, which opened in 2000, and the Bernie Banton Centre, which opened in 2009. Works to the Administration building at the Multi Block also took place in 1999, extending it further west, while the CSSS warehouse was also constructed.  

Plate 16  A 1999 aerial of the hospital complex showing the demolition of 1941 buildings near Hospital Road, as well as a new chapel on the site of the Red Cross service centre, while construction is underway in the south-western corner of site (Source: Conybeare Morrison International Pty Ltd et al. 2016, 31)

32 Conybeare Morrison International Pty Ltd et al. 2016, 31, 35-36
Figure 11  Concord hospital development - 1990-1999 (Source: Conybeare Morrison International Pty Ltd et al. 2016, 41)
A year later in 2000, a new building was constructed between the two Multi Block buildings in order to connect wards in the two buildings; this was an elevated glass structure reaching four storeys in height. Further additions were made to the Main Multi Block in the form of a glass wall covering the seven storey north-east façade of the east wing and the south-east façade of the north wing, closing all the original verandah spaces. In 2003, three new wards for Rehabilitation, Aged Care and Medicine Precinct were opened. Three staff cottages at the southern end of the hospital complex were demolished in 2005 in order to make room for a new child care centre. A significant change to the north-eastern area of the hospital took place in 2007, with 32 wardsclinics demolished and the Concord Centre for Mental Health Services constructed in its place.33

Plate 17  A 2007 aerial of the hospital complex, showing the completed ANZAC Medical Research Institute, and construction of the Bernie Banton Centre and Concord Centre for Mental Health Services (Source: Google Earth, accessed 19 March 2015, in Conybeare Morrison International Pty Ltd et al. 2016, 32)

33 Conybeare Morrison International Pty Ltd et al. 2016, 31, 36
The Medical Library was demolished in 2012, with a new Medical Education Building constructed in its place. A year later, construction commenced on a Palliative Care Ward, which replaced four small wards south-east of the Multi Block, opening in 2014.34

Plate 18  A 2014 aerial photograph of the hospital complex showing the recent modifications described above (Source: NearMap, accessed 19 March 2015, in Conybeare Morrison International Pty Ltd et al. 2016, 33)

3.4 Chronology of the study area

Based upon the historical research presented it is possible to summarise the chronology of the study area, this is presented in Table 2.

<table>
<thead>
<tr>
<th>Date</th>
<th>Historical development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1788</td>
<td>Captain John Hunter and Lieutenant William Bradley lead a party up the Parramatta River on 5 February as far as Homebush Bay. Governor Arthur Phillip and Bradley return to the Homebush Bay flats on 15 February.</td>
</tr>
</tbody>
</table>

34 Conybeare Morrison International Pty Ltd et al. 2016, 31
<table>
<thead>
<tr>
<th>Date</th>
<th>Historical development</th>
</tr>
</thead>
<tbody>
<tr>
<td>1791</td>
<td>Further journeys on the Parramatta River take place in April.</td>
</tr>
<tr>
<td>1791</td>
<td>A track is established on the southern shore of the Parramatta River, linking the settlements at Rose Hill (Parramatta) and Sydney Cove; Concord is situated almost at the halfway point.</td>
</tr>
<tr>
<td>1794</td>
<td>Land grants of 30 acres (12 hectares) are made to Thomas Day, Edward Riley and William Miller on 9 December.</td>
</tr>
<tr>
<td>1796</td>
<td>William Miller transfers the deed to his grant to James Williamson on 14 September.</td>
</tr>
<tr>
<td>1798</td>
<td>James Williamson is granted 40 acres (16 hectares) on 14 May, which encompasses a headland which he subsequently names Rocky Point.</td>
</tr>
<tr>
<td>1807</td>
<td>James Williamson acquires the deeds for Edward Riley's and Thomas Day's grants on 7 January.</td>
</tr>
<tr>
<td>1815</td>
<td>Jane Williamson transfers James Williamson's deeds to Isaac Nichols on 2 November, who begins to build the Yaralla estate.</td>
</tr>
<tr>
<td>1819</td>
<td>Isaac Nichols dies in November, with his son George Robert Nichols inheriting Yaralla.</td>
</tr>
<tr>
<td>1848</td>
<td>The title of the Yaralla estate is awarded to Thomas Walker in August.</td>
</tr>
<tr>
<td>1886</td>
<td>Thomas Walker dies on 2 September. The estate passes to Eadith Campbell Walker.</td>
</tr>
<tr>
<td>1893</td>
<td>The Thomas Walker Convalescent Hospital for Women opens on 21 September on Rocky Point, north-east of the study area.</td>
</tr>
<tr>
<td>1894</td>
<td>The Joanna Walker Memorial Children's Convalescent Hospital opens alongside the Thomas Walker Convalescent Hospital for Women.</td>
</tr>
<tr>
<td>1908</td>
<td>The Yaralla estate begins to be subdivided, mostly outside of the study area.</td>
</tr>
<tr>
<td>1937</td>
<td>Eadith Walker dies on 8 October. Half of the Yaralla estate goes into a charitable trust fund.</td>
</tr>
<tr>
<td>1938</td>
<td>The Yaralla Estate and the Dame Eadith Walker Estate is acquired by the NSW government as recommended by the Trustees of the Thomas Walker Estate, for the establishment of the Dame Eadith Walker Convalescent Hospital for Men.</td>
</tr>
<tr>
<td>1940</td>
<td>The Commonwealth government acquires a portion of the estate on 17 July between the two Walker hospitals from the NSW state government for defence purposes, namely for the establishment of a military hospital. Temporary wards are established in the eastern portion of the study area.</td>
</tr>
<tr>
<td>1941</td>
<td>Construction commences on more permanent buildings in the western portion of the study area, including four multi-storey buildings, a laundry and boiler house.</td>
</tr>
<tr>
<td>1942</td>
<td>Excavation and construction works are completed. Additional temporary huts are erected in the car park. The site also includes a theatre and entertainment centre, library, tennis courts, cricket pitch, bowling green, golf courses, swimming pool and Red Cross Service Centre.</td>
</tr>
<tr>
<td>1947</td>
<td>The Repatriation Commission takes on responsibility of the hospital, changing the name from the 113th Military Hospital, Concord, to the Repatriation General Hospital.</td>
</tr>
<tr>
<td>c.1951</td>
<td>New buildings and additional wards are constructed, as well as The Green and plantings and landscaping.</td>
</tr>
<tr>
<td>1952</td>
<td>A garbage incinerator is built.</td>
</tr>
<tr>
<td>Date</td>
<td>Historical development</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>1957</td>
<td>A gatehouse, storage rooms, a mortuary, engineering services workshop, cafeteria, transit lounge and newsagency and clinical sciences building are constructed.</td>
</tr>
<tr>
<td>c.1961</td>
<td>Land south of the hospital in Yaralla Bay has been reclaimed. The temporary wards north of Hospital Road have also been removed.</td>
</tr>
<tr>
<td>1962</td>
<td>A hairdresser/museum is established.</td>
</tr>
<tr>
<td>1967</td>
<td>Staff cottages are built.</td>
</tr>
<tr>
<td>c.1972</td>
<td>The Administration building adjacent to the eastern side of the Multi Block also has an additional storey added. Some construction has taken place on the area of reclaimed land. A human resources building is constructed and the medical students quarters are extended.</td>
</tr>
<tr>
<td>1973</td>
<td>The clinical sciences building is extended and the nurses home is converted to a residential accommodation unit</td>
</tr>
<tr>
<td>1974</td>
<td>Air-conditioning, ventilation and cooling units are fitted in the Multi Block buildings</td>
</tr>
<tr>
<td>c.1976</td>
<td>Further additions are made to the Administration building, and the clinical sciences building is extended.</td>
</tr>
<tr>
<td>c.1980</td>
<td>The carpark north of Hospital Road is established.</td>
</tr>
<tr>
<td>1982</td>
<td>A conference room and drug and alcohol units are established.</td>
</tr>
<tr>
<td>1984</td>
<td>The single storey temporary wards are refurbished to comply with clinical standards and practices.</td>
</tr>
<tr>
<td>1987</td>
<td>A computer centre is opened.</td>
</tr>
<tr>
<td>1988</td>
<td>The Administration building is enlarged by the addition of two new southern and eastern wings.</td>
</tr>
<tr>
<td>1991</td>
<td>The Red Cross Service Centre is replaced by a chapel.</td>
</tr>
<tr>
<td>1992-1993</td>
<td>The accident and emergency centre is constructed.</td>
</tr>
<tr>
<td>1993</td>
<td>The Central Sydney Area Health Service of the Department of Health takes responsibility of the hospital, renaming it the Concord Repatriation General Hospital.</td>
</tr>
<tr>
<td>1996</td>
<td>An ambulance service depot is opened.</td>
</tr>
<tr>
<td>1999</td>
<td>11 buildings from the 1941 phase are demolished and replaced with the ANZAC Medical Research Institute, which opens in 2000, and the Bernie Banton Centre, which opens in 2009. Further extensions are made to the Administration building, and the CSSS warehouse is also constructed.</td>
</tr>
<tr>
<td>2000</td>
<td>A connecting structure between the Multi Block buildings is built, and a glass wall is added to the north-east façade of the east wing and the south-east façade of the north wing of the Main Multi Block.</td>
</tr>
<tr>
<td>2003</td>
<td>Three new wards for Rehabilitation, Aged Care and Medicine Precinct are opened.</td>
</tr>
<tr>
<td>2005</td>
<td>Three staff cottages at the southern end of the hospital complex are demolished in 2005 to make room for a new child care centre.</td>
</tr>
<tr>
<td>2007</td>
<td>32 wards/clinics are demolished for the Concord Centre for Mental Health Services.</td>
</tr>
<tr>
<td>2012</td>
<td>The Medical Library is demolished, replaced by a new Medical Education Building.</td>
</tr>
<tr>
<td>2013</td>
<td>Construction begins on a Palliative Care Ward, which replaces four small wards south-east of the Multi Block.</td>
</tr>
</tbody>
</table>
3.5 Research themes

Contextual analysis is undertaken to place the history of a particular site within relevant historical contexts in order to gauge how typical or unique the history of a particular site actually is. This is usually ascertained by gaining an understanding of the history of a site in relation to the broad historical themes characterising Australia at the time. Such themes have been established by the Australian Heritage Commission and the NSW Heritage Office and are outlined in synoptic form in New South Wales Historical Themes.35

There are 38 State Historical Themes which have been developed for NSW, as well as nine National Historical Themes. These broader themes are usually referred to when developing sub-themes for a local area to ensure they complement the overall thematic framework for the broader region.

A review of the contextual history has identified several historical themes which relate to the occupational history of the study area. This is summarised in Table 3.

Table 3  Identified historical themes for the study area

<table>
<thead>
<tr>
<th>Australian Theme</th>
<th>NSW Theme</th>
<th>Local Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Developing local, regional and national economies</td>
<td>Agriculture</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Environment – cultural landscape</td>
<td>Environment - natural and cultural landscape</td>
</tr>
<tr>
<td></td>
<td>Health</td>
<td>Health</td>
</tr>
<tr>
<td>Governing</td>
<td>Defence</td>
<td>Defence</td>
</tr>
<tr>
<td></td>
<td>Welfare</td>
<td>Welfare</td>
</tr>
<tr>
<td>Marking the phases of life</td>
<td>Persons</td>
<td>Persons (the Walker family)</td>
</tr>
</tbody>
</table>

35 NSW Heritage Council 2001
4 Physical inspection

A physical inspection of the study area was undertaken on 12 February 2018, attended by Biosis archaeologist, James Cole. The principal aims of the survey were to identify which heritage items have the potential to be impacted by the proposed works, to conduct an external inspection of the known heritage items on site to determine their current condition, and to identify any previously unrecorded heritage items which may be present. (Heritage items can be buildings, structures, places, relics or other works of historical, aesthetic, social, technical/research or natural heritage significance. ‘Places’ include conservation areas, sites, precincts, gardens, landscapes and areas of archaeological potential).

4.1 Landscape character assessment

The purpose of this section is to provide an analysis and description of the study area as part of a cultural landscape. The cultural landscape concept emphasises the landscape-scale of history and the connectivity between people, places and heritage items. It recognises the present landscape is the product of long-term and complex relationships between people and the environment. For the purposes of this report cultural landscapes are defined as: ‘...those areas which clearly represent or reflect the patterns of settlement or use of the landscape over a long time, as well as the evolution of cultural values, norms and attitudes toward the land.’

4.1.1 An overview of cultural landscapes

In order to fully understand the heritage significance of the study area it is necessary to consider the character of the landscape within which it is situated. The heritage value of a landscape may be related to its aesthetic, archaeological, historical, scientific, social, or architectural values, each or all of these values can exist at any one time. The identification of these values is important in discussing the study area and its constituent elements heritage significance.

Three general landscape categories have been developed and applied by heritage organisations to assist in understanding different types of landscapes:

- **Designed landscapes**: Those that are created intentionally such as gardens, parks, garden suburbs, city landscapes, ornamental lakes, water storages and campuses.

- **Evolved landscapes**: Those that display an evolved land use in their form and features. They may be ‘relic’ such as former mining or rural landscapes. They may be ‘continuing’ such as modern active farms, vineyards, plantations or mines.

- **Associative cultural landscapes**: Those are landscape features that represent religious, artistic, sacred or other cultural associations to individuals or communities.

4.1.2 Concord Hospital as a cultural landscape

The study area is located within a broader designed landscape, inclusive of parklands and the foreshores of the Parramatta River, modified and adapted for the purposes of primary and auxiliary healthcare since the late 1800s. The area has longstanding cultural associations with the philanthropic care of the poor and needy in the 19th Century, Victorian era women’s, children’s, and mental health care, as well as with military

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36 Context P/L et al. 2002
37 United Nations Educational, Scientific and Cultural Organisation 2012
healthcare during and immediately after the Second World War. The Thomas Walker Convalescent Hospital for Women, the Joanna Walker Memorial Children's Hospital, and the Dame Eadith Walker Hospital, their associated buildings and grounds, along with Yaralla Bay and the foreshores of the Parramatta River, comprise interconnected and integral parts of the cultural landscape. The Concord Repatriation General Hospital, situated at the centre of the broader cultural area, continues the association of the landscape with healthcare, through its establishment in the mid-20th Century as a military hospital, and from 1974 onwards, as a significant public health facility for the Canada Bay LGA.

Since the early 1890s, the broader cultural landscape has been heavily modified for the purpose of providing primary and auxiliary healthcare. The study area has been associated with this broader cultural landscape since its original construction in 1940, when the Commonwealth Government acquired the site to construct a military hospital. The study area itself is located in the southern, central portion of Concord Repatriation General Hospital, and is defined by concrete footpaths and stairs, ornamental plantings, landscaped areas, and tennis courts, as well as the following buildings, most of which are scheduled for demolition under the proposed hospital redevelopment (note: numbers after each building below refer to the map labelled Plate 17):

- Construction of a new multi-storey clinical services building
- Demolition of the Coronary Care & Thoracic Wards (#10 and 11), ICU (#14 and 15), the Renal Cardiovascular & Cancer Services buildings (#16 and 17) and the Neuroscience Bone Joint & Connective Tissues buildings (#18 and 19).
- Construction of an at ground level car park.
- Construction of a new multi-storey car park located between Hospital Road and Bray's Bay.

Previous approvals have been sought for the following works, now addressed by a Review of Environmental Factors (REF) issued in May 2018:

- Demolition of the Mail Centre building (#60), Stores building (#61), Medical records building (#62), Pay Office and Medical Records (#63), Aged and Extend Care Ward (#64), Geriatrics and AECD building (#65), two Drug Health and Care buildings (#72 and #73), walkways, gardens and landscaping associated with these buildings.
- Demolition of the tennis courts.
- Modifications to the Western Area Health building (#68).
- Refurbishment of building #69.
- Demolition of buildings #70 and #71.

### 4.1.3 Character areas

Overall, there are four character areas within the portion of the Concord Hospital precinct comprising the study area, defined by four phases of structural development that have been outlined in Section 3.3.4, and visualised in Figure 7, Figure 8, Figure 10, and Figure 11. Within the CMP, these are described in detail in Section 4.2, in terms of building types linked to dates of construction\(^{38}\). These character areas are summarized in Table 4 below.

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\(^{38}\) Conybeare Morrison 2015, pp
Table 4  Summary of the four character areas within the study area, based on phases of structural development

<table>
<thead>
<tr>
<th>Phase of structural development</th>
<th>Period of construction</th>
<th>Spaces within study area</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1942-1947</td>
<td>Mail Centre (#60, Plate 17), Stores (#62, Plate 17), Drug Health Services (#64, Plate 17), Drug Health Services (#65, Plate 17), Veterans' Day Care (#69, Plate 17), Environmental Services/Drug and Health Care (#72, Plate 17), Drug Health and Care (#73, Plate 17). Tennis courts, gardens and walkways.</td>
</tr>
<tr>
<td>2</td>
<td>1957</td>
<td>Stores (#61, Plate 17), Medical Records (#63, Plate 17)</td>
</tr>
<tr>
<td>3</td>
<td>1980-1990</td>
<td>Aged Care Building d (#64, Plate 17)</td>
</tr>
<tr>
<td>4</td>
<td>1990-1999</td>
<td>Veterans' Day Care Building extended (#69, Plate 17)</td>
</tr>
</tbody>
</table>

It should be noted that whilst the spaces identified in Table 4 were originally constructed during the phases described in Table 4 above, extensive refurbishment and renovations have taken place in subsequent decades, replacing and adding to some fabric originally introduced during development phases 1 and 2.
Plate 19 Existing buildings at Concord Repatriation Hospital, 2015 (Source: Jacobs, CRGH Masterplan Report, 2015).
4.2 Built fabric assessment

Conybeare Morrison International Pty Ltd created a Conservation Management Plan (CMP) for the Concord Repatriation General Hospital in 2015 by, focussing on the built fabric and landscape assessment of the hospital in association with the heritage, cultural and social values the building represents within the Canada Bay LGA. The study area, located within the southern central portion of the hospital complex, contains built fabric from dating from the 1940s, 1950s, 1960-1970s, 1980s, 1990s, and 2000s, summarised as a group of modified and extended Inter War Functionalist buildings, late 20th and early 21st century buildings inclusive of landscaped gardens, sporting and recreation facilities. These buildings have been assessed in terms of the CRGH’s as part of a broader cultural landscape, with a longstanding history of providing primary and auxiliary healthcare dating back to the 1890s, and with a view to how each discrete building reflects one of the character areas set out in Table 4 above.

4.2.1 Concord Repatriation General Hospital

The built fabric within the study area comprises a primary and auxiliary healthcare complex which has been extensively modified over time. The Hospital has undergone numerous stages of construction, demolition and redevelopment, all which have impacted upon the significance and fabric of the site. Major developments have been previously summarized in Table 2 and also visually represented in plans within the CMP, which have been reproduced in Section 3.3.4 of this report (refer Figure 7, Figure 8, Figure 9, Figure 10 and Figure 11). The CMP also records numerous instances of internal refurbishment and redecoration throughout most buildings in the Hospital complex, which are not included in Table 239.

Within the CMP, buildings have been classified in terms of four building ‘types’ representing various different designs, constructions or ages. Table 5 provides a brief summary of the building types, design and fabric found within them.

Table 5 Building types (Source: Conybeare Morrison, 2015 pp.65-67)

<table>
<thead>
<tr>
<th>Building Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>‘Dado-style’ Timber Pavilion Ramp Wards</td>
<td>Timber frame construction, have asbestos cement and weatherboard ‘dado style’ wall cladding, and terracotta tile roofs. It appears these roofs were originally constructed in asbestos corrugated sheeting and replaced with terracotta tiles at a later date.</td>
</tr>
<tr>
<td>Brick Ramp Wards</td>
<td>Built of red brick and tile, post 1950.</td>
</tr>
<tr>
<td>1980-1990</td>
<td>Characterised by age</td>
</tr>
<tr>
<td>Post 2000</td>
<td>Characterised by age</td>
</tr>
</tbody>
</table>

Given the recent assessment of the site’s built fabric presented within the CMP, the current (January 2018) inspection focused on the buildings and areas subject for demolition within the proposed Stage 1 Hospital redevelopment. The aim was to assess whether any changes in significance had occurred since the prior built heritage assessment was completed. All buildings were externally inspected, restricting the survey to the external fabric only. The assessment of the buildings’ fabric and significance concurred with those of the CMP.

39 Conybeare Morrison 2015, p.65-71
Fabric condition and fabric significance were assessed using the criteria set out in Section 6 of the CMP\textsuperscript{40}. These criteria are summarised here in Table 6.

**Table 6 Fabric condition and assessment criteria**

<table>
<thead>
<tr>
<th>Fabric Condition Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Typically new buildings of pristine condition and requiring no work apart from normal maintenance to keep an acceptable building standard</td>
</tr>
<tr>
<td>Good</td>
<td>Of reasonable condition and requiring no obvious work apart from normal maintenance to bring it to an acceptable building standard</td>
</tr>
<tr>
<td>Fair</td>
<td>Requiring renovation work beyond normal maintenance to bring it to an acceptable building standard</td>
</tr>
<tr>
<td>Poor</td>
<td>Requiring substantial repairs and renovation work to bring it to an acceptable building standard</td>
</tr>
<tr>
<td>Very Poor</td>
<td>Requiring major repairs and renovation work to bring it on an acceptable building standard</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Fabric Significance Criteria</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Excellent</td>
<td>Original extant fabric and spaces of historic or aesthetic quality and rarity</td>
</tr>
<tr>
<td>High</td>
<td>Extant fabric from early phases of construction</td>
</tr>
<tr>
<td>Some</td>
<td>Fabric which was originally of higher significance but has been compromised later by less significance modifications and yet retains the potential for recovery of significance</td>
</tr>
<tr>
<td>Neutral</td>
<td>Most fabric associated with alterations and additions to accommodate changing requirements post 1950s construction with no historic or aesthetic qualities that continue a stylistic relationship to the original hospital designs and intents; fabric that has been poorly reconstructed in terms of workmanship and detailing; and newly constructed buildings</td>
</tr>
<tr>
<td>Intrusive</td>
<td>Includes alterations and additions to components, which detract from the significance of the place</td>
</tr>
</tbody>
</table>

Results of the assessment are summarised in Table 7. Building numbers in Table 7 refer to their location on the map comprising Plate 17, as well as Plate 18, Plate 19, Plate 20, Plate 21, and the figures in Table 7.

**Table 7 Physical analysis of buildings in the study area, Concept and Stage 1 Detailed SSDA**

<table>
<thead>
<tr>
<th>Building Name</th>
<th>Building Number</th>
<th>Building Fabric /Year Built</th>
<th>Fabric Condition</th>
<th>Fabric Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Care &amp; Thoracic Ward</td>
<td>10</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
</tbody>
</table>

\textsuperscript{40} Conybeare Morrison 2015, p.74
<table>
<thead>
<tr>
<th>Building Name</th>
<th>Building Number</th>
<th>Building Fabric /Year Built</th>
<th>Fabric Condition</th>
<th>Fabric Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coronary Care &amp; Thoracic Ward</td>
<td>11</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
<tr>
<td>ICU</td>
<td>14</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
<tr>
<td>ICU</td>
<td>15</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
<tr>
<td>Renal Cardiovascular &amp; Cancer Services</td>
<td>16</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
<tr>
<td>Renal Cardiovascular &amp; Cancer Services</td>
<td>17</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
<tr>
<td>Neuroscience Bone Joint &amp; Connective Tissues</td>
<td>18</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
<tr>
<td>Neuroscience Bone Joint &amp; Connective Tissues</td>
<td>19</td>
<td>Brick and tile style/1942</td>
<td>Fair</td>
<td>Some</td>
</tr>
</tbody>
</table>

Plate 20  View north of Medical Geriatrics and Rehabilitation [11]
Plate 21  View north of Medical Geriatrics and Rehabilitation [15] and [17], and Aged Community Services [19]

Plate 22  View north from centre of car park
Plate 23  View north-west toward Kokoda memorial

Plate 24  View north-west toward Kokoda memorial walking track
4.2.2 Views to and from the study area

It is important to analyze and describe views to and from components within a cultural landscape to help understand how it is experienced and to understand the nature of an evolving landscape. This enables a greater understanding of what aspects of the landscape need to be conserved and protected. General objectives for heritage conservation outlined in both the Canada Bay LEP 2013 and the SREP, identify views as an important component of heritage. The impact of the proposed Concept Development and Stage 1 works upon views to and from heritage items listed on the SHR or Canada Bay LEP have been considered in the Concord Repatriation General Hospital Redevelopment Concept and Stage 1 Visual Impact Assessment and have informed the assessment below.

All buildings are situated within the southern, central portion of the current Hospital complex, overlooking the helipad and Yaralla Bay/Parramatta River foreshores. A number of key view points were identified within study area, and are described in Table 7 below. These are situated behind (south) of the Multi- and Main Block as well as to, from and within the study area.

Owing to the heavily developed nature of the study area, some views within it are obstructed by existing buildings, and views from ground level toward the Dame Eadith Walker Estate are obstructed by vegetation surrounding Yaralla Bay. Jacobs’ 2018 assesses of the visual impact of the Project on the views from the Dame Eadith Walker Estate as being low. The impacts of the proposed Concept development and Stage 1 works upon the views to and from the Thomas Walker Convalescent Hospital were assessed as moderate. These vistas are more readily visible from higher up the slope toward Hospital Road, surrounding the existing main hospital building. Future development should ensure that any new structures are at a lower height than the existing main hospital building in order to retain these views.

Table 7 Key view points associated with the study area

<table>
<thead>
<tr>
<th>View</th>
<th>Physical and visual qualities</th>
<th>View</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>North facing view toward main hospital building [5], showing the Mail Centre [60] and Stores [61, 62] in foreground.</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td></td>
<td>60</td>
</tr>
</tbody>
</table>

41 Jacobs 2018
42 Jacobs 2018, 24
43 Jacobs 2018, 20s
4.3 Archaeological assessment

The potential archaeological resource relates to the predicted level of preservation of archaeological resources within the study area. Archaeological potential is influenced by the geographical and topographical location, the level of development, subsequent impacts, levels of onsite fill and the factors influencing preservation such as soil type. An assessment of archaeological potential has been derived from the historical analysis undertaken during the preparation of this report.

4.3.1 Archaeological resource

This section discusses the archaeological resource within the study area. The purpose of the analysis is to outline what archaeological deposits or structures are likely to be present within the study area and how these relate to the history of land use associated with the study area.

Although the study area has been extensively modified since the commencement of European occupation in the late eighteenth century, previous archaeological research indicates that the Parramatta floodplain was subject to prolonged and repeated Aboriginal occupation from the Pleistocene onwards. Archaeological evidence from the surrounding areas demonstrates that Aboriginal people occupying the Parramatta area used a wide variety of stone tools, left evidence of their campsites and diet in the form of shell middens and artefact scatters, sharpened tools in grinding grooves on sandstone outcrops, engraved or painted animals, humans, fish and birds on both sandstone outcrops as well as within rock shelters, created structures to live in and modified trees as either cultural markers or for the procurement of containers and vessels. Whilst this is suggestive of high potential for the occurrence of sub-surface archaeological deposits, the study area’s development from the mid-20th onwards has impacted heavily upon such potential. Furthermore, although previous studies in the Parramatta region have suggested a long history of Aboriginal occupation, dating back to the Pleistocene, these have been in areas underlain by deep, alluvial sands, such as the Parramatta Sandsheet. Geotechnical testing, discussed below, revealed that the study area possessed a soil profile that

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44 Steele 2002, 22
45 Biosis, 2018, pp.15-16
was quite shallow and highly disturbed, underlain by shale layers, with a low potential to contain the deep cultural deposits of the Parramatta Sandsheet.

Coffey (2018) undertook a program of geotechnical testing for the proposed works discussed in this report. Coffey's report describes the soils underlying the current study area as being primarily fill at depths of 200 millimetres to 500 millimetres, with some sections up to 1.4 metres deep in some places. The fill layer is underlain by a layer of clay up to depths of 2.6 metres, with shale and laminite beneath this. The fill layer is described as comprising two sub-layers; the upper layer composed of fine to medium grained, dark brown gravelly sand, with gravel inclusions, and a lower layer of fine grained, dark grey gravelly clay. Beneath the fill layer was the Mittagong Formation, comprising interbedding sandstones, shale and laminate, separates the Ashfield Shale and Hawksbury Sandstone layers. This suggests that any sub-surface deposits would be highly disturbed by both construction and the fill layers, whilst beneath this, lay formations unlikely to contain sub-surface deposits.

From the time of European settlement onwards, the study area appears to have been cleared and used either for grazing purposes or as recreational parkland. The historical research undertaken as part of this assessment did not indicate any historical structures or buildings within the vicinity of the study area, until the construction of the military hospital in the early 1940s. The construction of the hospital and its associated buildings, along with the land reclamation and associated fill processes undertaken in the early 1960s, have heavily modified the area's stratigraphy and archaeological potential. Geotechnical testing conducted in conjunction with the current proposed Hospital redevelopment project demonstrate significant areas of disturbance and fill overlaying clay and shale formations.

In terms of research potential, the study area's history suggests that any archaeological material present within the majority of the study area is most likely to be associated with the construction and use of the Hospital buildings, dating from the mid-20th to the early 21st Centuries. Such material has been well documented in archival sources such as the CMP and hospital records, and is unlikely to contribute to any further knowledge about the study area. However, early military structures have been identified in the north west of the hospital car park. Any identified archaeological deposits related to these former military structures are likely to provide information of the organization of military hospitals and potentially the soldiers being treated.

Aerial imagery from 1942 (Plate 5) indicates that there was an area of military related structures to the north-west of the hospital site, in the current Concord Hospital car park. Although the specific use of the site is unknown, it appears to be WWII military facility associated with the hospital. The area was made up of 36 structures. These structures were removed between 1951-1961. If there is development in the area in the future, there is potential to find archaeological footings, relics and other artefacts associated with the military facility.

Given the evidence of the study area's historical use as grazing or recreational land, then as a well-documented section of Hospital, and taking into the account the results of geotechnical testing and the underlying geology, the majority of the study area is assessed as having low potential to contain archaeological resources, however the north west section of the hospital carpark has been identified as containing moderate archaeological potential, therefore this section of the study area as identified in Figure 12 requires further investigation.

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46 Coffey, 2018
Figure 12: Areas of archaeological potential in the study area

Coordinate System: GDA 1994 MGA Zone 55

Acknowledgements: Basemap © NSW Land and Property Information 2016
Geology © Biosis Pty Ltd
Albury, Ballarat, Melbourne, Sydney, Newcastle, Wangaratta & Wollongong
5 Significance assessment

An assessment of heritage significance encompasses a range of heritage criteria and values. The heritage values of a site or place are broadly defined as the ‘aesthetic, historic, scientific or social values for past, present or future generations’. This means a place can have different levels of heritage value and significance to different groups of people.

The archaeological significance of a site is commonly assessed in terms of historical and scientific values, particularly by what a site can tell us about past lifestyles and people. There is an accepted procedure for determining the level of significance of an archaeological site.

A detailed set of criteria for assessing the State’s cultural heritage was published by the (then) NSW Heritage Office. These criteria are divided into two categories: nature of significance, and comparative significance. Heritage assessment criteria in NSW fall broadly within the four significance values outlined in the Burra Charter. The Burra Charter has been adopted by State and Commonwealth heritage agencies as the recognised document for guiding best practice for heritage practitioners in Australia. The four significance values are:

- Historical significance (evolution and association).
- Aesthetic significance (scenic/architectural qualities and creative accomplishment).
- Scientific significance (archaeological, industrial, educational, research potential and scientific significance values).
- Social significance (contemporary community esteem).

The NSW Heritage Office issued a more detailed set of assessment criteria to provide consistency with heritage agencies in other States and to avoid ambiguity and misinterpretation. These criteria are based on the Burra Charter. The following SHR criteria were gazetted following amendments to the Heritage Act that came into effect in April 1999:

- Criterion (a) - an item is important in the course, or pattern, of NSW’s cultural or natural history (or the cultural or natural history of the local area).
- Criterion (b) - an item has strong or special association with the life or works of a person, or group of persons, of importance in NSW’s cultural or natural history (or the cultural or natural history of the local area).
- Criterion (c) - an item is important in demonstrating the aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area).
- Criterion (d) - an item has strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons.
- Criterion (e) - an item has potential to yield information that will contribute to an understanding of NSW’s cultural or natural history (or the cultural or natural history of the local area).
- Criterion (f) - an item possesses uncommon, rare or endangered aspects of NSW’s cultural or natural history (or the cultural or natural history of the local area).

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47 NSW Heritage Office, 2001
• Criterion (g) - an item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places; or cultural or natural environments; or a class of the local area's cultural or natural places; or cultural or natural environments.

5.1 Levels of heritage significance

Items, places, buildings, works, relics, movable objects or precincts can be of either local or State heritage significance, or have both local and State heritage significance. Places can have different values to different people or groups.

Local heritage items

Local heritage items are those of significance to the local government area. In other words, they contribute to the individuality and streetscape, townscape, landscape or natural character of an area and are irreplaceable parts of its environmental heritage. They may have greater value to members of the local community, who regularly engage with these places and/or consider them to be an important part of their day-to-day life and their identity. Collectively, such items reflect the socio-economic and natural history of a local area. Items of local heritage significance form an integral part of the State's environmental heritage.

State heritage items

State heritage items, places, buildings, works, relics, movable objects or precincts of State heritage significance include those items of special interest in the State context. They form an irreplaceable part of the environmental heritage of NSW and must have some connection or association with the State in its widest sense. It should be noted that, whilst several items listed on the State Heritage Register are in the immediate vicinity of the proposed Concept and Stage 1 SSDA works, none are within the current study area.

The following evaluation attempts to identify the cultural significance of the study area. This significance is based on the assumption that the site contains intact or partially intact archaeological deposits.

5.2 Evaluation of significance

The study area has been subject to two prior significance assessments. The first was commissioned by the Central Sydney Area Health Service in May 1999 as part of a CMP undertaken by Conybeare Morrison, and covered the entire Concord General Repatriation Hospital. In 2015, as part of the Hospital's redevelopment masterplanning process, Conybeare Morrison were contracted to update the CMP. A comprehensive assessment of significance against criterion A-G of the SHR was prepared as part of the 2015 CMP. Biosis has not found any new information which would require a reassessment of the heritage significance assessment within the CMP for the buildings comprising the current study area. It should be noted that none of the buildings in the current study area were identified by Conybeare Morrison as having a high significance, and all of them were listed within the CMP as "Identified for possible demolition at Stage 1 redevelopment".

The following evaluation of significance is taken directly from the CMP, which is considered to be a thorough and complete assessment of the Concord Repatriation General Hospital complex.

Criteria A: An item is important in the course, or pattern, of NSW's cultural or natural history (or the cultural or natural history of the local area).

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48 Conybeare Morrison 2015, pp.103-105
Concord Repatriation General Hospital is closely associated with the war effort of the Second World War. The hospital was specifically built as a Military Hospital at a time when Sydney and NSW were desperately in need of facilities to provide medical treatment for those injured in war.

Concord Repatriation General Hospital is closely associated with providing ongoing medical treatment and repatriation to members of the New South Wales defence forces.

Concord Repatriation General Hospital is an example of one the early modernist approaches to hospital design in NSW.

Concord Repatriation General Hospital is associated with changes in the approach to modern, functionalist health care in NSW.

Concord Repatriation General Hospital was, at the time of its construction, the largest hospital in the Southern Hemisphere.

Concord Repatriation General Hospital shows the evolution of hospital design from single-storey pavilions to multi-storey ward blocks. These two generations of hospital types were located on one site and built simultaneously.

Concord Repatriation General Hospital has continued to operate as a hospital for the entire occupancy of the site from 1942 to the present and therefore maintains the continuity of an historical process.

Concord Repatriation General Hospital is a scarce example of repatriation hospitals in the State, which combines Multi Block and single storey ramp wards and pavilions within a single hospital complex.

The Concord Repatriation General Hospital satisfies this criterion at local and state level.

**Criterion B: An item has strong or special association with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history (or the cultural or natural history of the local area).**

- The site upon which Concord Repatriation General Hospital stands once formed part of the estate of Thomas Walker a prominent businessman and philanthropist in Sydney in the mid to late 19th century. Thomas Walker acquired and amalgamated the estate which became known as the Walker (or Yaralla) Estate. As a provision of his will, part of the Estate was set aside for the establishment of the Thomas Walker Hospital (now the Rivendell Adolescent Unit).

- The site is associated with Thomas Walker’s daughter, Dame Eadith Walker, a prominent social figure and benevolent philanthropist in Sydney in the late 19th and early 20th century. She donated the proceeds of the family estate to public health. The Yaralla Estate was purchased from Dame Eadith Walker’s estate by the NSW government and subsequently identified as a suitable site for a Military Hospital and purchased by the Commonwealth from the State for this purpose. The Dame Eadith Walker Convalescent Hospital for Men established in the homestead “Yaralla House”. The Walker Hospitals were administered by the Royal Prince Alfred Hospital.

- Concord Repatriation General Hospital is loosely associated with Isaac Nichols who owned the adjacent site, which functioned as a major orchard. Nichols was later appointed the colony’s first Postmaster General.

- Concord Repatriation General Hospital is associated with the prominent architect, Sir Arthur Stephenson, knighted for his high standards of architectural design and its execution. He was the first Australian to be awarded the Gold Medal of the Royal Institute of British Architects. He was twice
awarded the Sulman Prize for hospital design – for the King George V Memorial Hospital, Camperdown (1941) and the Concord Repatriation General Hospital in 1946.

The Concord Repatriation General Hospital satisfies this criterion at local and state level.

**Criteria C: An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area).**

- The Multi Block (Building #5) at Concord Repatriation General Hospital is an outstanding example of early modern architecture in Sydney with exemplary facades designed in the Inter-War Functionalist style and all largely intact. The façade's aesthetic values are associated with functionalism and horizontal modernism. This is expressed in the “healing” qualities of the solaria and the long sweep of the balconies.

- The Multi Block (Building #5) at Concord Repatriation General Hospital is a building designed by the prominent architectural firm, Stephenson & Turner, who were innovative hospital designers.

- Concord Repatriation General Hospital is a work of architectural excellence. Stephenson & Turner was awarded the Sulman Award for Architecture in 1946 for the hospital.

- Concord Repatriation General Hospital has an association with the painter and theatre designer, Loudon Sainthill. As a patient in the hospital from 1944-45, he painted seven murals on the walls of Building 84 during his convalescence.

The Concord Repatriation General Hospital satisfies this criterion at local and state level.

**Criterion D: An item has strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons.**

- There is a strong sense of commitment in the local community since 1941 in providing voluntary service and funding for Concord Repatriation General Hospital.

- Concord Repatriation General Hospital has had significant associations with social and commercial institutions including the Red Cross, Returned Servicemen’s League and Federated Iron Workers’ Association.

- The Red Cross Theatre has associations with the entertainment of patients while undergoing rehabilitation. Numerous actors and entertainers of repute have visited the theatre and left their autographs on the wings of the stage.

- The war veterans who have been patients at the hospital retain a strong association with the hospital and an affection and gratitude for the Staff.

- The medical profession and hospital staff hold the hospital in high regard for its reputation as a centre of clinical excellence.

- Whilst no longer serving a specific repatriation purpose, Concord Repatriation General Hospital continues to maintain the use of the term in its name owing to its long-term community recognition and identification.

The Concord Repatriation General Hospital satisfies this criterion at local and state level.

**Criterion E: An item has the potential to yield information that will contribute to an understanding of NSW's cultural or natural history (or the cultural or natural history of the local area).**
Concord Repatriation General Hospital is associated with changes and developments in medical technology, nursing and medical practice in the last six decades of the 20th century.

Concord Repatriation General Hospital is representative of modern hospital design in the mid-20th century.

The Concord Repatriation General Hospital satisfies this criterion at local and state level.

**Criterion F: An item possesses uncommon, rare or endangered aspects of the area’s cultural or natural history (or the cultural or natural history of the local area).**

Not applicable.

**Criterion G: An item is important in demonstrating the principal characteristics of a class of NSW’s cultural or natural places, or cultural or natural environments. (or a class of the local area’s cultural or natural places, or cultural or natural environments).**

The Multi Block is representative of a group of hospitals designed by Stephenson & Turner’s in the Functionalist Style. In the 1930s and 40s, architects Stephenson & Turner designed some of Australia’s largest and most advanced hospitals. This group includes the Royal Melbourne Hospital, King George V Memorial Hospital, Camperdown, the Sydney Dental Hospital and Concord Repatriation General Hospital—all of which were multi-storey complexes which contained radical innovations and departures in design, equipment and philosophy.

The Multi Block is a representative example of the Inter-War Functionalist style in Sydney.

The hospital represents the range of building types associated with European healthcare in the 1930s which emphasised the curative nature of abundant light and air to all patients in the wards. This is expressed in the architecture of the Multi Block through the balconies, solaria and triple-hung windows. The garden layout between the ramp ward pavilions expresses the use of fresh air and sunshine in regaining health.

Concord Repatriation General Hospital is an example of a predominantly intact hospital associated with repatriation of those injured as a result of large-scale war. It is one of two of repatriation hospitals used by war veterans from throughout New South Wales for medical treatment and rehabilitation, during and after WW2 (the other being the Prince of Wales Hospital at Randwick). It has associations with numerous state-based groups including the Returned Services League and the Red Cross.

There are numerous collections of medical and surgical equipment in various medical departments throughout the hospital. This moveable heritage records the evolution of past practices in healthcare.

The Concord Repatriation General Hospital satisfies this criterion at local and state level.

### 5.3 Evaluation of elements which comprise the study area

A five-tier system has been adopted to clarify the significance of elements within the site and is based upon the grading listed in “Assessing Heritage Significance”\(^49\). In this context, an element is a specific heritage item that contributes to the overall heritage significance of the site. The term interpretation or interpretability is

\(^{49}\) NSW Heritage Office 2001
used in the sense of the ability to explain the meaning of the place/item, so as the significance of the place understood. The five tier system is outlined in Table 8.

### Table 8  Grading of significance

<table>
<thead>
<tr>
<th>Grading</th>
<th>Justification</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional</td>
<td>Rare or outstanding element directly contributing to an item's local or State listing.</td>
<td>Fulfills criteria for local and State significance.</td>
</tr>
<tr>
<td>High</td>
<td>High degree of original fabric. Demonstrates a key element of the item's significance. Alterations do not detract from significance.</td>
<td>Fulfills criteria for local or State listing.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Altered or modified elements. Elements with little heritage value, but which contribute to the overall significance of the item.</td>
<td>Fulfills criteria for local or State listing.</td>
</tr>
<tr>
<td>Little</td>
<td>Alterations detract from significance. Difficult to interpret.</td>
<td>Does not fulfill criteria for local or State listing.</td>
</tr>
<tr>
<td>Intrusive</td>
<td>Damaging to the item's heritage significance.</td>
<td>Does not fulfill criteria for local or State listing.</td>
</tr>
</tbody>
</table>

This five tier system has been used to evaluate the elements which comprise the study area, a significance grading for each element of the study area is presented in Table 9.

### Table 9  Schedule of element significance for the study area (Source: Conybeare Morrison, 2015 pp.84-86)

<table>
<thead>
<tr>
<th>Element</th>
<th>NSW Heritage Criteria</th>
<th>Significance Grading</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mail Centre building (#60), comprising an externally unmodified single storey, timber dado pavilion style building built in 1947, with a ramp entrance</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Stores building (#61), comprising an externally unmodified single storey, timber dado style pavilion building built in 1957, with a large corrugated iron verandah</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Stores building/ Medical records (#62), comprising an externally unmodified single storey, timber dado pavilion style building built in 1942</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Pay office &amp; Medical Records (#63), comprising a three storey red brick building built in 1957. Alterations to the original building include an additional floor and a ramp (date of additions unknown)</td>
<td>X X</td>
<td>Little</td>
</tr>
<tr>
<td>Element</td>
<td>NSW Heritage Criteria</td>
<td>Significance Grading</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Aged care and Extended Care Ward (#64) comprising a single storey, timber dado style building constructed in 1942. Extensive modifications were undertaken in the 1980s</td>
<td>X X X</td>
<td>Little</td>
</tr>
<tr>
<td>Geriatrics and AECD (#65) comprising an externally unmodified single storey, timber dado pavilion style building built in 1942</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Veterans Day Centre (#69), comprising an externally unmodified two storey, timber dado pavilion style building built in 1942</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Veterans Day Centre (#70), comprising an aluminium &amp; steel pre-fabricated built in 1982</td>
<td>X X</td>
<td>Little</td>
</tr>
<tr>
<td>Fire Centre (#71), comprising an aluminium &amp; steel pre-fabricated built in 1982</td>
<td>X X</td>
<td>Little</td>
</tr>
<tr>
<td>Drug Health &amp; Care (#72) comprising an externally unmodified single storey, timber dado style pavilion building built in 1942 with open space and mature trees</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Drug Health &amp; Care (#73) comprising an externally unmodified single storey, timber dado pavilion style building built in 1942 with open space and landscaped elements</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Tennis Court constructed between 1942-1947 (date of construction uncertain)</td>
<td>X X X</td>
<td>Moderate</td>
</tr>
<tr>
<td>Landscape Area 11 comprising a number of open spaces and plantings around the historic Hospital precinct</td>
<td>X X X</td>
<td>High, Moderate &amp; Low</td>
</tr>
</tbody>
</table>
5.4 Statement of Significance

A statement of significance for the study area has been previously developed as part of the Concord Repatriation General Hospital CMP, based on the SHR evaluation criteria. Biosis has found no new information which would require any amendments to the statement developed. As such, the statements of significance for the Hospital complex, along with elements pertaining to the current study area, contained within the CMP are presented below\(^{50}\).

Concord Repatriation General Hospital – Statement of Significance

*The Concord Repatriation General Hospital site has maintained a continuous use as a place for providing health care since the 1880s. Historically, the site sits amidst a larger precinct of care facilities provided by the Walker family encompassing two peninsulas fronting the picturesque Parramatta River foreshore.*

*The Hospital was constructed to accommodate and rehabilitate the wounded of the defence forces and was known as the 113th Australian General Hospital. At the time of completion in 1942, the military hospital, with 2,000 beds, was one of the largest hospitals in the southern hemisphere. The hospital was administered by the Department of Defence from 1942-1948. Whilst its role has changed to being a general hospital, the hospital has continued to operate for nearly 60 years as a hospital serving ex-members of the defence forces.*

*It is a highly recognisable precinct within the community and is of local significance.*

Post-war modern and infill buildings – Statement of Significance

This statement is relevant to buildings #63 and #64 (refer Plate 17 for detail).

*Buildings of this type are generally brick or concrete, evidence of the continuing expansion and improvement of the hospital facilities as needs grew.*

*They are generally of neutral to intrusive significance in that these are modern 20\(^{th}\) century construction, with little relationship to the original design intent of the surrounding significant hospital buildings.*

\(^{50}\) Conybeare Morrison 2015, pp.105-112
6 Statement of heritage impact

This SoHI has been prepared to address impacts resulting from the proposed redevelopment of the study area. The SoHI identifies the level of impact arising from the proposed development and discusses mitigation measures which must be taken to avoid or reduce those impacts. This section of the report has been prepared in accordance with the Heritage Manual guideline *Statements of Heritage Impact*.51

6.1 Proposal details

Concept approval is sought for the proposed Hospital redevelopment, indicatively comprising 82,000sqm GFA, to be undertaken in two (2) stages including:

- Clinical Services Building (CSB) and multi storey carpark (Stage 1); and
- Acute Services Building (ASB) and multistorey carpark (Stage 2).

Detailed approval is sought for the Stage 1 construction of the proposed CSB (44,000sqm GFA) and the construction of a multi-storey car park located to the north of Hospital Road.

The works described above comprise the following specific activities:

- Construction of a new multi-storey clinical services building
- Demolition of the Coronary Care & Thoracic Wards (#10 and 11), ICU (#14 and 15), the Renal Cardiovascular & Cancer Services buildings (#16 and 17) and the Neuroscience Bone Joint & Connective Tissues buildings (#18 and 19).
- Construction of an at ground level car park.
- Construction of a new multi-storey car park located between Hospital Road and Bray’s Bay.

Details of the proposed development are outlined in Section 1.4, Scope of works above.

6.2 Assessing impact to heritage item(s)

6.2.1 Discussion of heritage impact(s)

The discussion of impacts to heritage can be centered upon a series of questions which must be answered as part of a SoHI which frame the nature of impact to a heritage item. The Heritage Manual guideline *Statements of Heritage Impact* includes a series of questions in relation to indicate the criterion which must be answered52 These are:

- *Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?*
- *Is the demolition essential for the heritage item to function?*
- *Are particular features of the item affected by the demolition (e.g. fireplaces in buildings)?*

51 Heritage Office and Department of Urban Affairs & Planning 1996
52 *ibid*
• Is the detailing of the partial demolition sympathetic to the heritage significance of the item (e.g. creating large square openings in internal walls rather than removing the wall altogether)?

• How has the impact of the new services on the heritage significance of the item been minimised?

• Are any of the existing services of heritage significance? Are they affected by the new work?

• 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?

• How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects?

• How has the impact of the new work on the heritage significance of the existing landscape been minimised?

• Are any known or potential archaeological deposits affected by the works? If so, what alternatives have been considered?

• Has the advice of a heritage consultant been sought? Have the consultant’s recommendations been implemented?

The proposed Concept development and Stage 1 redevelopment works of CRGH will involve significant impacts to buildings and landscape areas within the study area for the purpose of upgrading primary and auxiliary health care at the Hospital into the future. Proposed works include the demolition and renovation of buildings, tennis courts, existing walkways and landscaping, and the augmentation, replacement or relocation of services.

It should be noted that Conybeare Morrison’s 2015 CMP was written in consideration of the proposed redevelopment at CRGH, including the Stage 1 demolition outlined above. The Policies and recommendations made in the CMP concerning minimisation, mitigation or conservation of heritage items and values within the study area are presented in Section 6.2.2 and discussed in Table 10.

In addition, the CMP sets out a number of conservation policies and requirements in order to conserve and manage the site in accordance with the Burra Charter; it also establishes the requirement for regular maintenance of the site and recommendations for new work to be in keeping with the character of the site. Again, specific conservation policies that are relevant to specific items are described in Table 10.

6.2.2 Concord Repatriation General Hospital CMP

The CMP lists the following policies and guidelines regarding impacts and changes to fabric and structure of the study area. Of particular note are the Development Area H and Development Area K guidelines, which specifically anticipate and incorporate demolition and other works within the current study area:

• General Principles:
  – The following recommended general principles shall apply to the use and planned management of the site in relation to all identified culturally significant items.

• Policy 1:
  – The ramp wards and associated hospital buildings of the 1941-42 phase have, as a group, some cultural regional and local significance and should be managed accordingly.

• Policy 19 – Conservation Processes:
Conservation processes, which are appropriate for individual elements (spaces and fabric, including fittings and finishes), will be based upon the relative significance of the element, in accordance with the following policies:

- **Exceptional Significance** – must be preserved, restored reconstructed, or sympathetically adapted (in accordance with the policy of this Conservation Management Plan)

- **High/ Considerable Significance** - should be preserved, restored or sympathetically adapted

- **Some Significance** – should preferably be retained in situ, although removal may be acceptable in some circumstances (following archival recording)

- **Neutral Significance** – may be retained, adapted or removed as necessary; and

- **Intrusive** – element has no impact on heritage significance and should be removed, or adapted to reduce their heritage impact, or enhance a building's heritage qualities.

The significant buildings and elements of Concord Repatriation General Hospital have been identified in Section 6.

- **Policy 20 – Development on the Site:**
  - Future site planning should be aimed at achieving the following objectives to:
    - Enhance culturally significance elements wherever possible
    - Remove incompatible elements from culturally significant items in order to restore a proper setting whenever the opportunity arises
    - Ensure new development is sited so that an appropriate visual curtilage is preserved for items of cultural significance.
    - Ensure that within the original grouping of hospital buildings by Stephenson & Turner the Multi Block remains the focal point on the landscape
    - Ensure that new development ensures that the Multi Block retains its assertiveness as the focal point of the hospital group and for the delivery of clinical services.
  - Development should be confined to the areas in indicated on Figure 13 and as recommended on each of the individual Development Areas.
**Development Area H (DAH) – South East of Multi Block**

- New development can occur in this precinct as these buildings consist predominantly of the original ramp wards.
- The precinct contains single and 2 storey buildings erected in the 1940s and 1950s. The Engineering Workshop building (#74), located south of the Multi Block was erected in 1982.

**Development guidelines (DAH):**

- Developments are to be lower in height than the Multi Block group of buildings (by 2-3 storeys in height, excluding the Plant Level), to ensure that these Stephenson & Turner’s cruciform buildings. Ensure that the Multi Block group of buildings maintain their dominance within the hospital site.
- Height and bulk of new buildings are to maintain views to the Multi Block group of buildings.
- Maintain spatial separation of new development to the Multi Block group of buildings to enable the Multi Block maintain its physical and visual integrity as a building, and for its specific architectural features and elements to not be obscured.
- Record photographically the existing fabric of the original 1940s buildings prior to demolition.
- Minimise vehicular access to the perimeter of the area as is designated by the existing vehicular roadways.
- Any mature landscaping that will be affected by the development in the area must be assessed for significance to the site by suitably qualified practitioners, prior to construction.
**Development Area K (DAK) – Original Hospital Precinct**

Building #63, the current Pay Office and Medical Records building, is located within this Development Area within the CMP. The CMP sets out the following Development guidelines concerning this building:

- Building #63, a post-war brick building of functional material and design with little aesthetic or technological distinction, would also be a low impact, if removed. These 3 buildings (section includes buildings #4 and #9), are all of neutral significance, and its removal can be treated on an ‘as needs’ basis as per Policy 19.

**Policy 26 - Ramp Wards**

- The ramp wards throughout the Concord Repatriation General Hospital have Some to Neutral level of significance and make a minor contribution to the significance of the site as a whole. These can be removed, retained or adapted, as necessary to facilitate hospital uses.

**Development guidelines:**

- Where development requires large areas or groups of ramp wards to be demolished, the buildings should be recorded prior to removal, and interpreted where possible

- Where ramp wards are retained, they should be retained as a cluster/grouping, rather than just one building. This is to provide an understanding of their spatial relationship as a cluster of wards, to enhance appropriate interpretation and understanding of their function on the site.

**Policy 27 - Post-war and modern infill buildings with Neutral significance**

- These buildings and area are suitable for redevelopment, as it will have minimal effect on the heritage significance of the place.

**Policy 30 – Recording**

- An archival photographic record should be made prior to, during, and immediately after any future upgrading or conservation works when those changes have an impact on items of exceptional/high significance, and in particular, to buildings within the Stephenson & Turner group of buildings.

- A recording should be undertaken on select examples of buildings of some to low significance, prior to them being changed or demolished. In general, the recording should be undertaken in accordance with the Archival Recording Guidelines prepared by the Heritage Division, Office of Environment and Heritage. A photographic record is generally sufficient in cases of items of regional or state significance, measured drawings should also be provided. These plans and drawings should be stored on site and lodged with the Heritage Office.

- A photographic record of works in progress should also be undertaken. At the end of a project all the records, including the progress photographs, samples and all field notes should be archived. Samples should be clearly labelled with location and date. Archival recording should be lodged with a public archive and on site.

**Development Area B (DAB) – Brick Wards**

- New development can occur in this precinct as buildings within the precinct comprise predominantly 1940s-50s erected single storey ramp wards.
- The ramp wards can be removed, but if retained, should be kept as a cluster/grouping rather than just one building. This is to provide an understanding of their spatial relationship as a cluster of wards.

- **Development guidelines (DAB)**
  - The pattern of development within this precinct must enable existing physical access, on the western and eastern side of the Precinct, from Hospital Road to the hospital precinct, and from the hospital precinct to the foreshore, to be retained.
  - In the siting of future development, provide through routes to enable access and sightlines from Hospital Road to the hospital precinct and foreshore.
  - Provide feature tree planting along these access ways to delineate these routes and as part of the overall landscape for the site.
  - Maintain the avenue of mature Jacarandas directly to the south-east of this precinct. Provide a landscape curtilage by setting future buildings back from the root zone of these trees.

- **Development Area A (DAA) – Existing Main Carpark**
  - New development can occur in this precinct.

- **Development guidelines (DAA)**
  - Development in this area must be sensitive to the close proximity of the Brays Bay Wetland and the Thomas Walker Hospital, and be set back from the Brays Bay Wetland.
  - Development in this area should be restricted to approximately one half of the car park area. The preferred area would be directly opposite Development Area B (DAB) and should be set back from the Thomas Walker Hospital and Kokoda Track.
  - Development in this area should be sympathetic to the height of the adjacent buildings across Hospital Road.
  - Development is to be lower in scale to the Multi Block, so as to maintain the dominance of the Multi Block (Stephenson & Turner) group of buildings and not to impact on the visual curtilage of these buildings when seen from surrounding public places and waterways.
  - Maintain mature landscaping in the area with additional planting is recommended to act as a buffer to the Thomas Walker Hospital, the building and grounds of which are significant heritage items.
  - Maintain a setback to Hospital Road of minimum 4m, to enable the continuation of mature tree planting along this side of the road.
  - Continue tree planting to delineate Hospital Road as the major access to the Thomas Walker Hospital.

**Interpretation and Signage**

- **Policy 34**
  - An interpretation strategy should be developed to explain the history and significance of Concord Repatriation General Hospital as an overall site. The strategy should include engaging interpretive devices that can be displayed in the main entrance or within the proposed museum.
Interpretative devices may include the fabric of the item, signage, illustrations or other media as appropriate. Suitable signage could be located near the Main Entrance Gate or the Green, so that visitors can understand the hospital’s significance and layering of history. The previous uses of the hospital site should be interpreted. Some historical interpretation of “tent-city, for example, is recommended in the main car park located in Landscape Area 2. Early photographs of the hospital could be displayed in high traffic areas. It is recommended that an appropriately located, onsite museum, could serve this purpose. It should be noted that a Museum is currently proposed adjacent to the Green.

Landscape

The current landscape within the Hospital grounds appears to be disjointed in its original concept and planting. There are different planting styles with the use of natives and exotics throughout, planted over differing periods of time and hence the landscape design of the spaces. Only a few notable areas are worth retaining within future development sites

- Policy 44 – Landscape principles for existing spaces:
  - The loss of green spaces by future developments should be set off with new opened landscape spaces for the passive recreational use of patients and staff, and to allow a connection between indoor and outdoor spaces for solar access and natural ventilation.

- Policy 45 – Landscape guidelines for future developments (refer to Figure 14):
  - Maintain legacy open spaces and landscaped areas created by the original cruciform layout/configuration of the Multi Block and Nurses Quarters, for the amenity of these buildings. Assess legacy plantings for retention.
  - Strengthen the legibility of vehicular access ways with landscape avenue planting.
  - Strengthen the legibility of pedestrian circulation and way-finding with landscape elements such as avenue planting.
Figure 14 Landscape guidelines (Source: Context Landscape Design 2015 in Conybeare Morrison 2015, 153)
6.2.3 Quantifying heritage impact(s)

Based upon the discussion of impacts to heritage items, impact to these items can be quantified under three main categories: direct impacts, indirect impacts and no impact. These kinds of impacts are dependent on the proposed impacts, nature of the heritage item and its associated curtilage.

Direct impacts

Direct impacts are where the completion of the proposed development will result in a physical loss or alteration to a heritage item which will impact the heritage value or significance of the place. Direct impacts can be divided into whole or partial impacts. Whole impacts essentially will result in the removal of a heritage item as a result of the development where as partial impacts normally constitute impacts to a curtilage or partial removal of heritage values. For the purposes of this assessment direct impacts to heritage items have been placed into the following categories:

- Physical impact - whole: where the development will have a whole impact on a heritage item resulting in the complete physical loss of significance attributed to the item.
- Physical impact - partial: where the project will have a partial impact on an item which could result in the loss or reduction in heritage significance. The degree of impact through partial impacts is dependent on the nature and setting of a heritage item. This typically these impacts are minor impacts to a small proportion of a curtilage of an item or works occurring within the curtilage of a heritage item which may impact on its setting (i.e. gardens and plantings).

Indirect impacts

Indirect impacts to a heritage item relate to alterations to the environment or setting of a heritage item which will result in a loss of heritage value. This may include permanent or temporary visual, noise or vibration impacts caused during construction and after the completion of the development. Indirect impacts diminish the significance of an item through altering its relationship to its surroundings; this in turn impacts its ability to be appreciated for its historical, functional or aesthetic values. For the purposes of this assessment impacts to heritage items have been placed into the following categories:

- Visual impact – this has been quantified using the methodology and assessment outlined in Section 4.1.

Cumulative impacts

Cumulative impacts relate to minimal or gradual impacts from a single or multiple developments upon heritage values. A cumulative impact would constitute a minimal impact being caused by the proposed development which over time may result in the partial or total loss of heritage value to the study area or associated heritage item. Cumulative impacts may need to be managed carefully over the prolonged period of time.

No impact

This is where the project does not constitute a measurable direct or indirect impact to the heritage item.

6.3 Assessment of impacts

A discussion, assessment and mitigation of impacts to heritage items located within or adjacent to the study area is presented in Table 10.
<table>
<thead>
<tr>
<th>Heritage Item</th>
<th>Significance</th>
<th>Nature of Impact</th>
<th>Relevant CMP Policies</th>
<th>Assessment</th>
<th>Proposed Mitigation Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Landscape Area 11</td>
<td>High/Moderate/Low</td>
<td>No impact</td>
<td><strong>Policy 19:</strong> High/Some significance – items should be preserved, restored or sympathetically adapted; items with some significance should be preferably retained in situ, although removal may be acceptable in some circumstances (following archival recording). The proposed works do not impact upon Landscape Area 11, however, care should be taken during demolition not to damage mature trees in the legacy open space on the south western side of the Multi Block.</td>
<td>Care should be taken during demolition not to damage mature trees in the legacy open space on the south western side of the Multi Block.</td>
<td></td>
</tr>
<tr>
<td>Coronary Care &amp; Thoracic Ward 10 &amp; 11</td>
<td>Moderate</td>
<td>Direct impact</td>
<td><strong>Policy 19:</strong> Some Significance – should preferably be retained in situ, although removal may be acceptable in some circumstances (following archival recording). <strong>Policy 20:</strong> New development can occur in this precinct as these buildings consist predominantly of the original ramp wards. <strong>Policy 26:</strong> The ramp wards throughout the Concord Repatriation General Hospital have Some to Neutral level of significance and make a minor contribution to the significance of the site as a whole. These can be removed, retained or adapted, as necessary to facilitate hospital uses. <strong>Policy 34:</strong> The history and significance of the ramp wards should be included within interpretive devices developed as part of the overall interpretive strategy for the hospital. Policies 20 and 26 permit both new development and removal of buildings for the purpose of facilitating hospital growth and redevelopment. The proposed demolition of the Coronary Care &amp; Thoracic Ward building falls within the guidelines for acceptable removal in some circumstances as permitted in Policy 19, following archival recording. Policy 34 requires acknowledgement of the buildings within interpretive devices comprising part of an overall CRGH interpretive strategy.</td>
<td>Archival recording. Where avoidance is not possible and the retention of the early spaces compromises the conservation of the Coronary Care &amp; Thoracic Ward building, archival recording must be undertaken to document the original / early spatial configuration of building, and an archival report prepared. Interpretation Strategy: Acknowledgement of the buildings within interpretive devices required by Policy 34 of the CMP</td>
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<tr>
<td>ICU 14 &amp; 15</td>
<td>Moderate</td>
<td>Direct impact</td>
<td><strong>Policy 19:</strong> Some Significance – should preferably be retained in situ, although removal may be acceptable in some circumstances (following archival recording). <strong>Policy 20:</strong> New development can occur in this precinct as these buildings consist predominantly of the original ramp wards. <strong>Policy 26:</strong> The ramp wards throughout the Concord Repatriation General Hospital have Some to Neutral level of significance and make a minor contribution to the significance of the site as a whole. These can be removed,</td>
<td>Policies 20 and 26 permit both new development and removal of buildings for the purpose of facilitating hospital growth and redevelopment. The proposed demolition of the ICU building falls within the guidelines for acceptable removal in some circumstances as permitted in Policy 19, following archival recording. Policy 34 requires acknowledgement of the buildings within interpretive devices comprising part of an overall CRGH interpretive strategy.</td>
<td>Archival recording. Where avoidance is not possible and the retention of the early spaces compromises the conservation of the Coronary Care &amp; Thoracic Ward building, archival recording must be undertaken to document the original / early spatial configuration of building, and an archival report prepared. Interpretation Strategy: Acknowledgement of the buildings within interpretive devices required by Policy 34 of the CMP</td>
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<tr>
<td>Renal Cardiovascular &amp; Cancer Services 16 &amp; 17</td>
<td>Moderate</td>
<td>Direct impact</td>
<td><strong>Policy 19:</strong> Some Significance – should preferably be retained in situ, although removal may be acceptable in some circumstances (following archival recording). <strong>Policy 20:</strong> New development can occur in this precinct as these buildings consist predominantly of the original ramp wards. <strong>Policy 26:</strong> The ramp wards throughout the Concord Repatriation General Hospital have Some to Neutral level of significance and make a minor contribution to the significance of the site as a whole. These can be removed, retained or adapted, as necessary to facilitate hospital uses. <strong>Policy 34:</strong> The history and significance of the ramp wards should be included within interpretive devices developed as part of the overall interpretive strategy for the hospital.</td>
<td>Policies 20 and 26 permit both new development and removal of buildings for the purpose of facilitating hospital growth and redevelopment. The proposed demolition of the Renal Cardiovascular &amp; Cancer services building falls within the guidelines for acceptable removal in some circumstances as permitted in Policy 19, following archival recording. Policy 34 requires acknowledgement of the buildings within interpretive devices comprising part of an overall CRGH interpretive strategy.</td>
<td>Archival recording. Where avoidance is not possible and the retention of the early spaces compromises the conservation of the Renal Cardiovascular &amp; Cancer services building, archival recording must be undertaken to document the original / early spatial configuration of building, and an archival report prepared. Interpretation Strategy: Acknowledgement of the buildings within interpretative devices required by Policy 34 of the CMP</td>
</tr>
<tr>
<td>Neuroscience Bone Joint &amp; Connective Tissues 18 &amp; 19</td>
<td>Moderate</td>
<td>Direct impact</td>
<td><strong>Policy 19:</strong> Some Significance – should preferably be retained in situ, although removal may be acceptable in some circumstances (following archival recording). <strong>Policy 20:</strong> New development can occur in this precinct as these buildings consist predominantly of the original ramp wards. <strong>Policy 26:</strong> The ramp wards throughout the Concord Repatriation General Hospital have Some to Neutral level of significance and make a minor contribution to the significance of the site as a whole. These can be removed, retained or adapted, as necessary to facilitate hospital uses. <strong>Policy 34:</strong> The history and significance of the ramp wards should be included within interpretive devices developed as part of the overall interpretive strategy for the hospital.</td>
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<td>Archival recording. Where avoidance is not possible and the retention of the early spaces compromises the conservation of the Neuroscience Bone Joint and Connective Tissue building, archival recording must be undertaken to document the original / early spatial configuration of the building, and an archival report prepared. Interpretation Strategy: Acknowledgement of the buildings within interpretative devices required by Policy 34 of the CMP</td>
</tr>
<tr>
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<tr>
<td>Landscape Area 2 (LA2) North West of</td>
<td>Moderate/High</td>
<td>Direct impact</td>
<td><strong>Policy 34:</strong> The history and significance of the ramp wards should be included within interpretive devices developed as part of the overall interpretive strategy for the hospital.</td>
<td>The row of mature trees and rose garden are to be retained and plantings continued along Hospital road to delineate this as the main access road to the hospital. The proposed works will impact upon the identified potential archaeological deposits associated with the Military encampment located in the north west of the area. There is potential for footings, relics and other archaeological features to be present. An archaeological excavation methodology should be prepared for the site as archaeological investigations are required to assess the significance if the potential archaeological deposits. As the proposed project is to be undertaken as an SSD relevant approvals are not required to be sought, however archaeological relics are protected under the Heritage Act 1977 and require appropriate mitigation measures.</td>
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<tr>
<td>Hospital Road</td>
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<td>The proposed works do not impact upon Airfield Area 11, however, care should be taken during demolition not to damage mature trees in the legacy open space on the south western side of the Multi Block.</td>
<td>Care should be taken during demolition not to damage mature trees in the legacy open space on the south western side of the Multi Block.</td>
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</tbody>
</table>
6.4 Statement of heritage impact

The proposed Concept and Stage 1 works will result in significant impacts to the Coronary Care & Thoracic Wards (#10 and 11), the ICU buildings (#14 and 15), the Renal Cardiovascular & Cancer Services buildings (#16 and 17) and the Neuroscience Bone Joint & Connective Tissues buildings (#18 and 19), the walkways, gardens and landscaping associated with these buildings, all located within the CRGH complex.

The proposed Concept and Stage 1 works are considered to be both negative and neutral when viewed in the contexts of the management recommendations outlined in the CMP. The proposed works will result in the demolition of all buildings and areas mentioned above, with the exception of the Veterans Day Care Building #69, which will be internally refurbished. The proposed refurbishment works on Building #69 have been assessed as minor in nature and approved under the REF.

The proposed works aim to permit the redevelopment and continued use of the area as a primary and auxiliary community hospital facility into the 21st century. This is in keeping with the CRGH's original intended purpose as a community healthcare facility.

Provided that appropriate mitigation measures are employed, it is considered that these works are acceptable from a heritage perspective, and that any loss of heritage significance through the proposed works will be appropriately managed. A summary of the proposed impacts, management and mitigation measures, and how these measures relate to the CMP is provided in Table 10.
7 Conclusions and recommendations

7.1 Conclusions

Based on an assessment of the proposed impacts, and in consideration of the CMP for the Concord Repatriation General Hospital, as well as the Heritage Manual guideline Statements of Heritage Impact,\(^5\) it is considered that the proposed impacts of the proposed Concept and Stage 1 works are acceptable from a heritage perspective. Although some of the proposed impacts are considered to be detrimental to the heritage significance of the Concord General Repatriation Hospital, it is considered that the overall redevelopment will enable the continued function of the complex as a primary and auxiliary community healthcare facility. Provided that appropriate mitigation measures are employed, the proposed works can proceed without the requirement for further assessment.

7.2 Recommendations

These recommendations have been formulated to respond to client requirements and the significance of the site. They are guided by the ICOMOS Burra Charter with the aim of doing as much as necessary to care for the place and make it useable and as little as possible to retain its cultural significance.\(^5\)

**Recommendation 1: Archival recording**

Where avoidance of impacts to portions of the structure assessed as having moderate or high significance is not possible and the retention of highly significant original or early fabric compromises the conservation of the building, archival recording must be undertaken to document the original or early fabric intended to be removed, and an archival report prepared. Under the NSW Heritage Act 1977 items assessed as having high or moderate State significance may be removed where a CMP exists and its recommendations and policies are taken into the consideration. The current CMP recommends, that where impacts to the following buildings and areas cannot be avoided, archival recording should take place (note: numbers after each building below refer to the map labelled Plate 17):

- Coronary Care & Thoracic Wards (#10 and 11).
- ICU buildings (#14 and 15).
- Renal Cardiovascular & Cancer Services buildings (#16 and 17).
- Neuroscience Bone Joint & Connective Tissues buildings (#18 and 19).

Guidelines for archival recordings are set out in the NSW Heritage Office's publication *How to Prepare Archival Recordings of Heritage Items*.

**Recommendation 2: Archaeological investigations for areas of archaeological potential within the study area.**

Where avoidance of impacts to identified potential archaeological deposits is not possible archaeological investigations in the form of either archaeological monitoring or excavations should be undertaken. The

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\(^{5}\) Heritage Office and Department of Urban Affairs & Planning 1996

\(^{5}\) Australia ICOMOS 2013
Heritage Act 1977 protects archaeological relics where they are of local or State significance. The association of the Military encampment with the hospital complex indicates there could be relics of either local or state significance. As such archaeological investigation is warranted for these potential deposits. As part of the early works an Archaeological excavation and research methodology should be developed and employed during the demolition works and prior to construction works in the areas of archaeological potential.

**Recommendation 3: Unexpected archaeological items**

Should unanticipated relics be discovered during the course of the project, work in the vicinity must cease and an archaeologist contacted to make a preliminary assessment of the find. The Heritage Council will require notification if the find is assessed as a relic. Relics are historical archaeological resources of local or State significance and are protected in NSW under the *Heritage Act 1977*. Relics cannot be disturbed except with a permit or exception/exemption notification.


