

2.0 Historical Overview

2.1 Introduction

The history of the Royal North Shore Hospital has been outlined in a number of studies, including *A Century of Caring: The Royal North Shore Hospital 1888–1988*¹ and in the heritage assessments of the site.² The historical overview in this report has been specifically tailored to meet the requirements of the Archaeological Assessment. It focuses on historical processes that are likely to have created or destroyed archaeological evidence. The history of the land before acquisition by the Hospital is discussed, as there may be archaeological evidence on the Hospital site from previous land use.

2.2 Establishment of the Hospital on the Gore Hill Reserve

The Hospital was originally established in Willoughby Road, St Leonards, as a cottage Hospital. The Hospital opened on 18 June 1888 but the rapidly increasing population of the district strained the small facilities on the site and a new location for the Hospital was sought.³ In August 1898, the North Sydney and Willoughby Councils agreed to send a delegation to the Minister for Lands with a view to obtaining some of the Gore Hill Reserve, located west of St Leonards railway station for a new Hospital.

The land considered was originally granted to the Provost-Marshall William Gore but was subdivided following his death in 1845, and a reserve of eight acres was available adjacent to the Gore Hill Cemetery.⁴ However, the history of land holdings during that time is more complex. A plan of the Parish of Willoughby dating from c1840 shows land granted to William Gore by Governor Macquarie at Artarmon. The plan also shows a separate area of un-alienated land, part of which is the Hospital site. An area labelled 'Gores House' on the plan is outside the Hospital site.⁵ It is possible that this area was a land grant to Gore probably in Governor Bligh's time that had somehow come back into Crown ownership, possibly through the grant not being recognised.⁶ Gore is historically known for being one of Governor Bligh's supporters who was particularly badly treated by the acting governors and later by Governor Macquarie.

The site of Gore's house was located adjacent to the Hospital site where the Northern Suburbs TAFE is located.⁷ It seems likely that the Hospital site was originally part of Gore's farm and that the land was cleared and farmed. Unfortunately, details of Gore's farm are not readily available and the nature of any impacts of the farm or the location of farming infrastructure, such as outbuildings, wells, fences, fields and such like, on the Hospital site are therefore unable to be assessed. William Gore died in impoverished circumstances in 1845.

A map of the Lane Cove District in 1894 shows that Gore's land, including the Hospital site, was by then classified as a 'recreation reserve'.⁸ The reserve was located on the western side of Flat Rock Creek and ran from St Leonards to Artarmon. This is unusual as much of the land in the district had been alienated in the period from 1794 to c1830, and it seems odd that an area of such size would

have remained as reserved.⁹ In October 1897, a plan was prepared for the Department of Lands to subdivide this land into 107 suburban lots for sale at public auction.

The subdivision plan included the Original Hospital site and the Northern Extension areas. The plan set out two main streets one chain wide and a series of lanes 20ft wide to serve the lots. The lots were around 1 rood in area.¹⁰ The subdivision plan was modified when the southern part of the land was reserved for the Hospital site (Reserve No. 29732) on 12 August 1899 and withdrawn from the proposed sale. This resulted in a street being established along the northern boundary of the Original Hospital site. This street was named Eileen Street. The southern boundary of the Original Hospital site was defined by a small creek described as 'falling into Flat Rock Creek'. The eastern site boundary was Herbert Street and the western boundary was Reserve Road.

Immediately to the north of the Hospital site were the brick pits of the North Shore Brick and Tile Company. The North Sydney Brick and Tile Company was formed in 1889 by ER Lanceley, in partnership with JB Magnery and HO Weynton.¹¹ They leased and then purchased the Gore Hill Brickworks which was located at Lane Cove Road and Elizabeth Street, North Willoughby. The Gore Hill Brickworks was later known as the No. 1 Yard. The No. 2 Yard was established off Herbert Street on land purchased by the company (immediately north of the Hospital). Some of this land was later purchased by the Royal North Shore Hospital. It is likely that the occupants of the numerous small cottages also constructed around the Hospital site were associated with the Brickworks. The Lanceley family were also prominent members of the Hospital Board.

2.3 Construction of the Hospital

The land of the Original Hospital site was resumed and reserved for Hospital purposes on 12 August 1899. After the land was resumed, Trustees of the Hospital Reserve were appointed in August 1900. Later in 1908, the Reserve was revoked and the land was vested in the Hospital Board which in effect alienated the land to the Royal North Shore Hospital.¹²

The government agreed to the proposed establishment of the Hospital on the Gore Hill land, contributing £10,000 for the construction work. AJ Shervey was appointed architect for the project and a plan of the proposed design for the Hospital was illustrated in the *Daily Telegraph* on 11 June 1903. The plan should be seen as a concept design rather than the finalised design constructed on the site. Shervey based the construction of the wards on the 'Pavilion ward' concept, which maximised light, ventilation and fresh air in the ward according to the principles that had been endorsed by Florence Nightingale. Construction commenced with the formal laying of the foundation stone by the Governor of New South Wales, Sir Harry Rawson, on 13 June 1902. At the same time, it was announced that Royal Assent would be sought to name the Hospital the Royal North Shore Hospital. This was duly given on 11 September 1902.¹³

Two main buildings were constructed in 1902-03. These were:

- B Block (Building No. 29)—the original pavilion wing building divided into two wards, Carey and Dibbs, and designed by Shervey, and
- the Administration Building (No. 31)—a two-storey building designed by Shervey and opened in 1903.

There was also a kitchen, probably Building 33, as well as infectious diseases wards (also known as cottages) located to the southeast of the Administration building. The site around the Hospital buildings had evidently been landscaped and a curved embankment can be seen in photographs and plans of the site.¹⁴

These facilities were soon overcrowded and from 1906 the Hospital Committee was arranging for additional accommodation on the site, including construction of a temporary annex and plans for expanding the Hospital.

2.4 Southern Expansion and 1914 Building Program

On 24 January 1912, the Government resumed two acres of land south of the original grant. This section of land had been separated from the original land by a small creek that had formed the boundary between the two portions. The land was between the south bank of this creek and the Lane Cove Road (now Pacific Highway). This land was originally part of a grant to Edward Wollstonecraft on 25 June 1825, and more recently had been part of a large subdivision of his estate by John Hay and John Norton, both listed on the title documents as MLA.¹⁵ They sold Block A of the Crows Nest Estate to Edward Robert Lanceley on 19 November 1909 from whom the land was resumed by the Minister for Public Works on 24 January 1912.¹⁶

It is not clear from the historical records whether this land had buildings erected on it at the time of resumption. From the evidence on the title deed, it seems that the land was intended to be subdivided but the lots had not been sold at the time of resumption so it seems unlikely that Lanceley had built on the land before it was resumed.

Apart from acquiring the Southern Extension, the Hospital Committee had obtained government funding for a further construction program. The main building constructed was A Block (Building 30), which was a Second 'Pavilion' wing with two wards opened in 1914. A small mortuary building was constructed on the northern site boundary on Eileen Street near Herbert Street. Plans for further development were deferred due to the outbreak of World War I.

A plan of the Royal North Shore Hospital site dating from 1914 shows the extent of development on the site at that time (Figure 2.2). The plan shows that only about half of Shervey's original concept was constructed. The plan shows an operating theatre in the location of the day surgery theatres. The City Plan Heritage Report dates the oldest theatre to 1943 but does not discuss this earlier theatre in the same location. There must be a question as to whether there are remains from the operating theatre shown in the 1914 plan in the fabric of Building 27.

2.5 Consolidation of the Hospital in the Interwar Period

Following the end of the First World War, the Hospital purchased land to the north of the original site and consolidated its functions on this larger area.

2.5.1 Resumption of the Northern Extension

This land was part of the larger Crown subdivision of 1897. The subdivision in this area was redesigned following the resumption of the Original Hospital site and its excision from the area for subdivision. A 40ft wide road was formed along the boundary with the Hospital, which became Eileen Street, and a 66ft road ran down the middle of the subdivision, which became Rawson Street. Two 20ft lanes were provided which served lots fronting Rawson Street, Reserve Road and Herbert Street. Lots did not front Eileen Street or Westbourne Street.¹⁷

The lots in the Northern Extension were put up for sale at auction under the *Lands Act* on 8 November 1901 but were not bought at auction and were sold at the 'upset' price (ie standard price for unimproved Crown Land in suburban areas). The lots in the Northern Extension Nos 529 to 534, 546 to 552, 553 to 560 and 569 to 577 were purchased from 1899 to c1904.

A more detailed history of the initial and subsequent purchasers could be obtained from the land title records and cross-matched with information from City of Willoughby rate books and the Sands Directories. The North Sydney Brick and Tile Co purchased some of the land, but much of the land was purchased by individuals for their residential purposes rather than by companies or speculators.¹⁸

The land was resumed in several parcels. The main parcel of some 33 lots amounting to 6 acres 1 rood and 7.75 perches was resumed on 13 June 1919. This took most of the land from Reserve Road east to the rear of houses fronting Herbert Street. The houses and land fronting Herbert Street were subsequently acquired in a series of small purchases. A smaller lot of vacant land at the corner of Eileen Street and Herbert Street was resumed on 4 February 1921. This was followed by the purchase of five further parcels of land fronting Herbert Street. All these lots had dwellings constructed on them, including 'Rainham', the home of Edward Lanceley (now Building 9). Later in 1965, the final building on the block, the former office of the North Shore Brick and Tile Company, was purchased (Building 7). The City Plan Heritage report dates the construction of Building 7 as 1910 and Building 9 as 1909¹⁹, which is consistent with the history of the subdivision.

At the time of the resumption, a number of dwellings had been constructed on the land but there were still some vacant lots. A plan dated to 1915 from Sydney Water shows the block between Eileen St and Gores Road²⁰ (now Westbourne Street). The plan shows the subdivisions as being either vacant or dwellings (see Figure 2.4). There were dwellings fronting Reserve Road and Rawson Street. The orientation of the buildings was with frontages on the three main streets—Reserve Road, Rawson Street and Herbert Street—with the lanes providing rear access for services such as night soil removal. The dwellings subsequently acquired by the Hospital are shown in general on this plan, indicating that they were constructed after November 1901 and before 1915. All blocks were connected to the sewer around 1915 as this plan was drawn to show the sewer

connection. The Northern Extension was typical of residential areas on the Lower North Shore at the time, a mixture of houses and vacant land.

When the block came into the Hospital's ownership, some cottages were utilised and others were demolished to make way for new construction. Sherington and Vanderfield quote from the Hospital's Annual Report for 1920 regarding these residences:

*Erected upon this area were 26 cottage residences, all of which have been taken possession of by the Hospital ... Twelve of the cottages were appropriated for nurses and staff accommodation, five were allocated for maternity wards and five for infectious diseases. A branch covered way was constructed from the main building to the new cottage area*²¹

These cottages remained in use as temporary medical facilities until the construction of purpose built structures on the site. Photos of the cottages do not show any external modifications to convert them into their new role.

Figure 2.6 shows the cottages fronting Rawson Street c1920.²² The photo shows how a 'core' of the cottages were retained and linked with a covered way down Rawson Street, and how the cottages were orientated on their blocks. Several are constructed on raised foundations, which were used to create a single level floor throughout the cottage. The photo shows a cottage on Rawson Street in the process of being demolished. Towards the top of the image, another cottage, seemingly fronting Reserve Road, has also been demolished.

Hospital-related features visible in the photo are the Hospital's tennis courts, the covered way over Rawson Street and associated landscaping along the covered way and over Rawson Street. The two service lanes appear to be concrete paths.

2.5.2 Hospital Building Program in the 1920s and 1930s

The next major building period following World War I was the construction of the Outpatients' Building fronting the Pacific Highway, which was opened in 1921. This structure remained in use until it was demolished in the early 1990s. The whole area has subsequently been built over by the construction of two large multi-storeyed office buildings fronting the Pacific Highway.

In 1925 plans were proposed for the construction of a Nurses' Home (now Vindin House, Building 11). In order to construct the new building, one of the cottages acquired in the 1919 purchase, Oakleigh, was demolished. Oakleigh had housed Pathology Services and the Institute of Medical Research. The footprint of the Nurses' Home seems to have taken in the site of two other cottages. Construction of Vindin House commenced in 1929 and was complete in 1931. There was a subsequent extension to Vindin House in 1943.²³

The Knolling Institute (Building 25) was constructed in 1932 to the northwest of the main wards on the Original Hospital site.

To the southeast of the main wards, two blocks—C Block (Building 35) and Block 4 East (Building 36)—were constructed. C Block was constructed in 1932–1934 and Block 4 East was designed as an extension to the building in 1936, but construction was delayed due to the builder becoming

bankrupt and the building was not opened until 1941.²⁴ These buildings were constructed on the site of the old Infectious Disease Wards (the wards had earlier been transferred to five cottages on the Northern Extension).

Building 13, the Maternity Ward, was constructed in 1936 on the site of cottages fronting Rawson Street. The original building was expanded in 1956 and in again 1987-88 each time further impacting on the site of the cottages.²⁵

During the 1920s, a Boiler House and fuel store were constructed along Herbert Street on the Original Hospital site. They are not shown in the oblique aerial photos of the early 1920s which show the area as treed, but are visible on the 1930 aerial photo. In 1929 a larger boiler was installed and the large chimney currently on the site was constructed in 1929. The original Boiler House was replaced in 1958–1959 with the current structure (Building 21). It seems that the 1958–1959 structure was constructed while the 1920s plant kept working and that later additions destroyed much of the fabric of the 1920s building. Based on the aerial photograph evidence, the 1920s Boiler House was located immediately to the west of the current chimney, between the chimney and Herbert Street.²⁶ The boilers would have supplied steam to the laundries and possibly steam to the wards and Nurse and RMO accommodation buildings.

Building 22 was constructed in 1932 as a Laundry (replacing the function of the original laundry). Extensions to the building occurred in 1947–1948 and in 1980.

The aerial photograph of March 1930 shows an access road to the Hospital site leaving Herbert Street, crossing the creek and then running to the northwest to curve around the western corner of the earth embankment to reach the Administration Building. This road is also shown in a c1920 photograph of the Hospital where it appears to be a dirt road. The road provided a more direct route from St Leonards Station to the Hospital. This road was later lined with plantings of Canary Island Date Palms (*Phoenix canariensis*).

2.6 Post-World War II Development

2.6.1 Original Hospital Site

Post-World War II development on the Original Hospital site can be summarised as infill and expansion around the existing buildings rather than demolition and replacement of buildings.

Building 27, a series of operating theatres, was constructed during 1943 and later converted to day surgery units. Buildings 23, 24 and 26 were all constructed in the 1960s as teaching facilities. Buildings 23 and 24 were constructed over the north boundary of the Original Hospital site and on Eileen Street.

Building 28 was constructed as a hydrotherapy pool in 1977. Building 34 was constructed in 1965 as a psychiatric unit. Building 37 was constructed from 1960 onwards as an Oncology Unit. Building 38 was originally a kiosk built in 1950 and is now converted to a day care unit.

Buildings 51 and 52 are nurses' teaching buildings constructed in 1987.

The route of the access road from Herbert Street at the southern end of the site has been modified due to construction but part of the internal Hospital road network is still on the alignment of the route.

2.6.2 Northern Extension

The post-World War II construction on the Northern Extension is a bit more complex. Buildings 4 (1980), 5 (1978–1982) and 6 (1952) are buildings relating to accommodation and recreation of residential staff. These were constructed on the site of earlier cottages.

Building 8 fronting Herbert Street was constructed in 1950 on the lawns of Lanceley's house (Building 9).

Building 10, Block 3 was constructed in two stages in 1955 and 1971. The building covers several cottage sites as well as the rear lane to the Herbert Street houses and the northern end of Rawson Street.

The cottages at the southern end of Rawson Street were gradually demolished and replaced by Buildings 12 (1976), 14 (1976) and 15 (1969), all medical student accommodation. Building 16 was constructed in 1950 at the southern end of the rear lane to Herbert Street.

The vacant land at the corner of Herbert and Eileen Street was occupied initially by Research Laboratories (Building 17, constructed between 1930 and 1943) which were enlarged and changed in the 1970s and 1990s. The City Plan Heritage report states that 'in the c1980 to early 1990s period the early buildings were demolished and thoroughly gutted leaving only two external walls'.²⁷

Building 19 was the site of the second mortuary in 1925. The building was incorporated into the current laundry building, constructed in 1959, as the Laundry Office.

Building 18, the Welcome Laboratory, dates from 1960.

2.6.3 Western Extension

In October 1951, part of the Gore Hill Reserve west of Reserve Road was vested in the Hospital for expansion of its facilities. A review of aerial photographs from 1931 to 1951²⁸ shows that this land was vacant at the time it was acquired. There is no evidence of buildings or other structures on the land that later became the Western Extension. The land was covered in open woodland. Construction of the Main Block Stage 1 (Building 1) commenced in 1961 and was completed in 1964. Main Block Stage 2 (Building 2) was constructed from 1971 to 1975. The Chapel (Building 3) was built and opened in 1968. The Douglas Building (Building 53) was constructed from 2000 to 2003. Thus all the known development on the Western Extension dates from the 1960s onwards.

2.6.4 Northwestern Extension

The block north of Westbourne Street, bounded by Reserve Road, Portland Street and Saville Street²⁹, was part of land granted to James Williamson, Henry Anser and Thomas Jennings on 15

September 1795 as portion 275 of the Parish of Willoughby. The subsequent history of the land is not currently known but by 1907 the original grant had been subdivided and sold and the block subsequently to become the Northwestern Extension was being subdivided.³⁰

The subdivision produced 32 residential lots. These lots were being sold off by James Thomas Walker, Solicitor, and Arthur John Mackenzie Esquire, both of Sydney, who owned the land. Most of the lots seem to have been sold in the first quarter of the twentieth century. Like the lots in the area of the Northern Extension, a mixture of residential owners and the North Sydney Brick and Tile Company purchased the subdivided lots.

The 1930 aerial photograph reveals buildings on 21 of the lots. A Sydney Water Plan of 1937 shows that at least half the lots had been connected to the sewer (see Figure 2.6). The buildings stock was 'cottage' residences similar in form and style to those on the Northern Extension. Between 1952 and 1974, the Hospital purchased all the lots in this block.

A review of aerial photos dating to 1943, 1951, 1961, 1970, 1978, 1982, 1994 and 2004³¹ shows that between 1970 and 1978, all but five houses on the lots purchased were demolished and these last houses were demolished in the 1990s, except for Building 42, 'the Cottage', now used for breast screening. Building 42 appears on the March 1930 aerial photograph and probably on one of the early 1920s oblique aerial photos, thus indicating that it dates from 1907–1922.

A large multi-storey carpark was erected by 1994 and the North Shore Private Hospital was erected in 1999 on the site of the other lots and cottages.

2.7 Phases of Historical Development

An analysis of the history of the Royal North Shore Hospital site indicates that the Hospital was developed in phases which are outlined below.

2.7.1 Pre Hospital Occupation History

The pre-Hospital occupation history of the site is complex and summarised in a table for ease of reference.

Table 2.1 Pre Hospital occupation history.

Precinct	Pre-Hospital occupation history
The Original Hospital site	Originally part of Gore's Farm and then Crown Land until August 1899 when it was reserved for the Hospital site. Land likely to have been unimproved open pasture/trees.
The Southern Extension	Part of a grant to Edward Wollstonecraft, which was eventually subdivided and sold in 1909 to Lanceley, from whom it was resumed for Hospital use in 1912. Likely to have been unimproved/unoccupied land..

The Northern Extension	Originally part of Gore's Farm and then Crown Land. Likely to have been unoccupied and unimproved at the time of subdivision and sale. By 1915, 32 dwellings were constructed on individual lots. A large portion of the Northern Extension was resumed in June 1919 and thereafter the remaining land in this precinct was cumulatively resumed and purchased for Hospital use.
The Western Extension	Originally part of Gore's Farm and then Crown Land. Likely to have been unimproved until 1951.
The Northwestern extension	Part of a grant to James Williamson, Henry Anser and Thomas Jennings. By 1907, the block had been subdivided and sold. By 1930, 21 lots had been improved.

2.7.2 Establishment of the Hospital

This phase began with the reservation of land for a hospital at Gore Hill in 1899, and covers the initial phase of construction of Shervey's design at the Original Hospital site from 1902 to 1914. During this time, the Southern Extension precinct was resumed (1912) and added to the original site.

2.7.3 Interwar Period

Immediately after World War II, the majority of the Northern Extension was resumed and the cottages on it used for Hospital purposes. Construction of the Outpatients buildings in the Southern Extension occurred in 1921.

There was a short hiatus in building activity until 1929 when Vindin House was commenced and construction of more medical facilities occurred during the 1930s, although new construction was limited by the financial constraints of the depression.

2.7.4 Expansion

Following reorganisation of the Hospital administration in the late 1930s, the stage was set for expansion in the post-World War II period. The most visible sign of expansion was the resumption of the Western Extension and the construction of the new Hospital buildings on that land. However, there was also a general period of construction on the Original Hospital site and the Northern Extension so that most of the 1901–1915 period, cottages were demolished and replaced. New buildings in-filled much of the open space.

In the period from 1952 to 1974, the Hospital purchased all the lots in the Northwestern Extension and from 1974 and 1978 most of the cottages in this precinct were demolished. A large multi-storey carpark was erected by 1994, and the North Shore Private Hospital was erected in 1999.

In the 1970s, but more particularly in the 1980s and 1990s, most of the original and early buildings were extensively refurbished to convert them to new functions. The only early buildings demolished apart from the cottages were the Outpatients' Buildings in c2003.

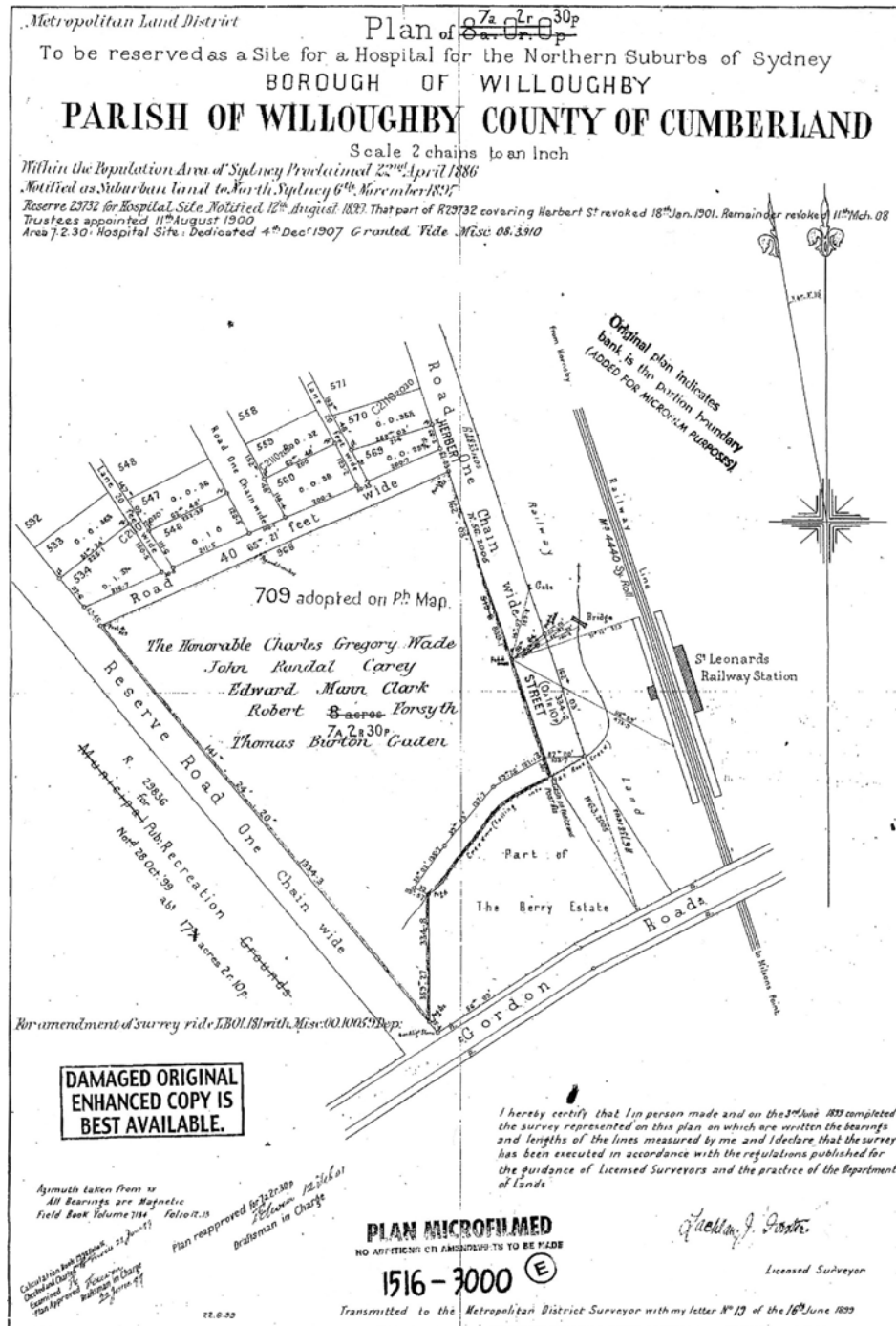


Figure 2.1 Plan showing the Original Hospital site 1899.

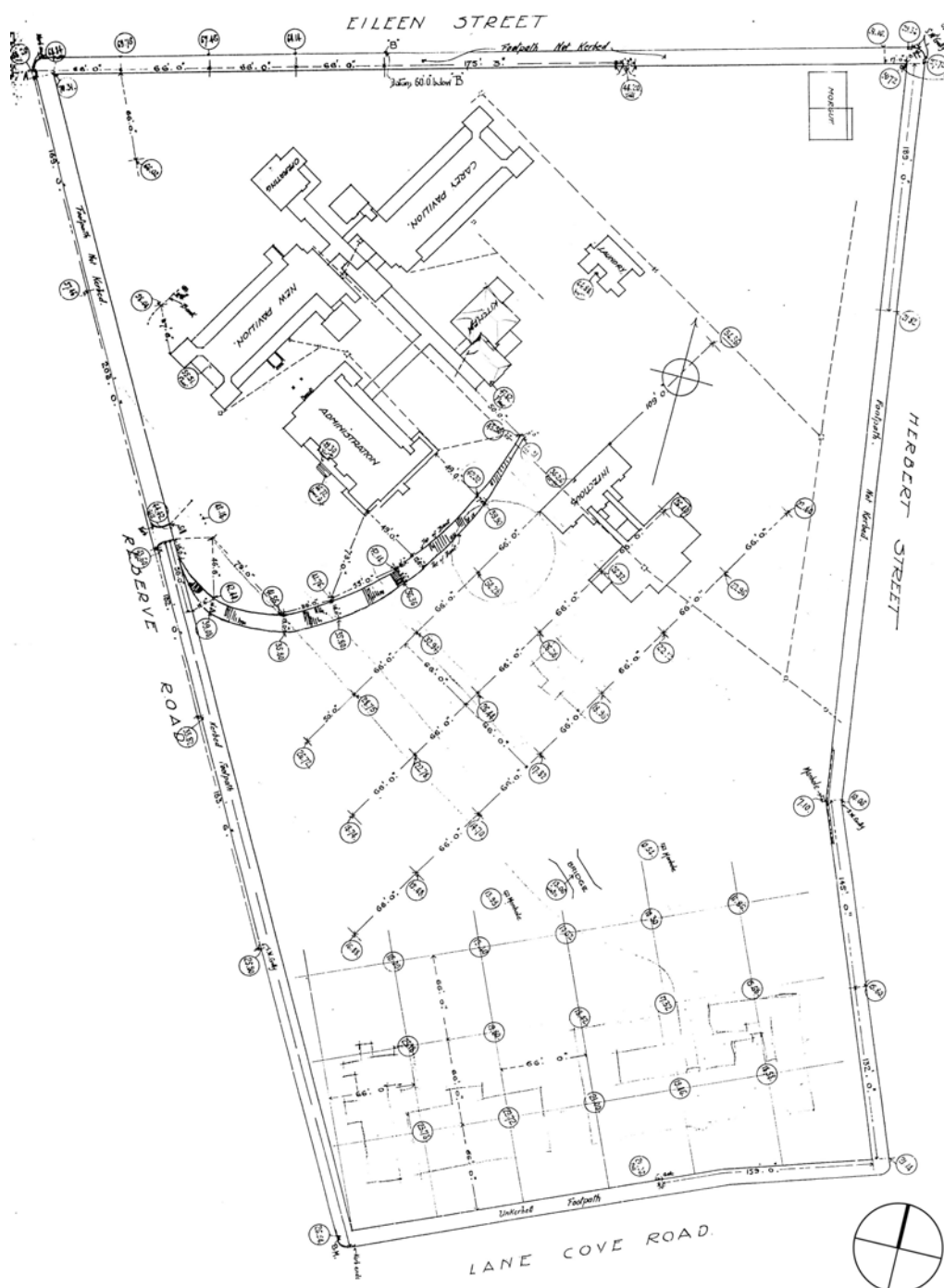


Figure 2.2 Plan showing the Hospital site and Shervey's design c1914 with later additions. (Source: PH163/15, Department of Commerce)

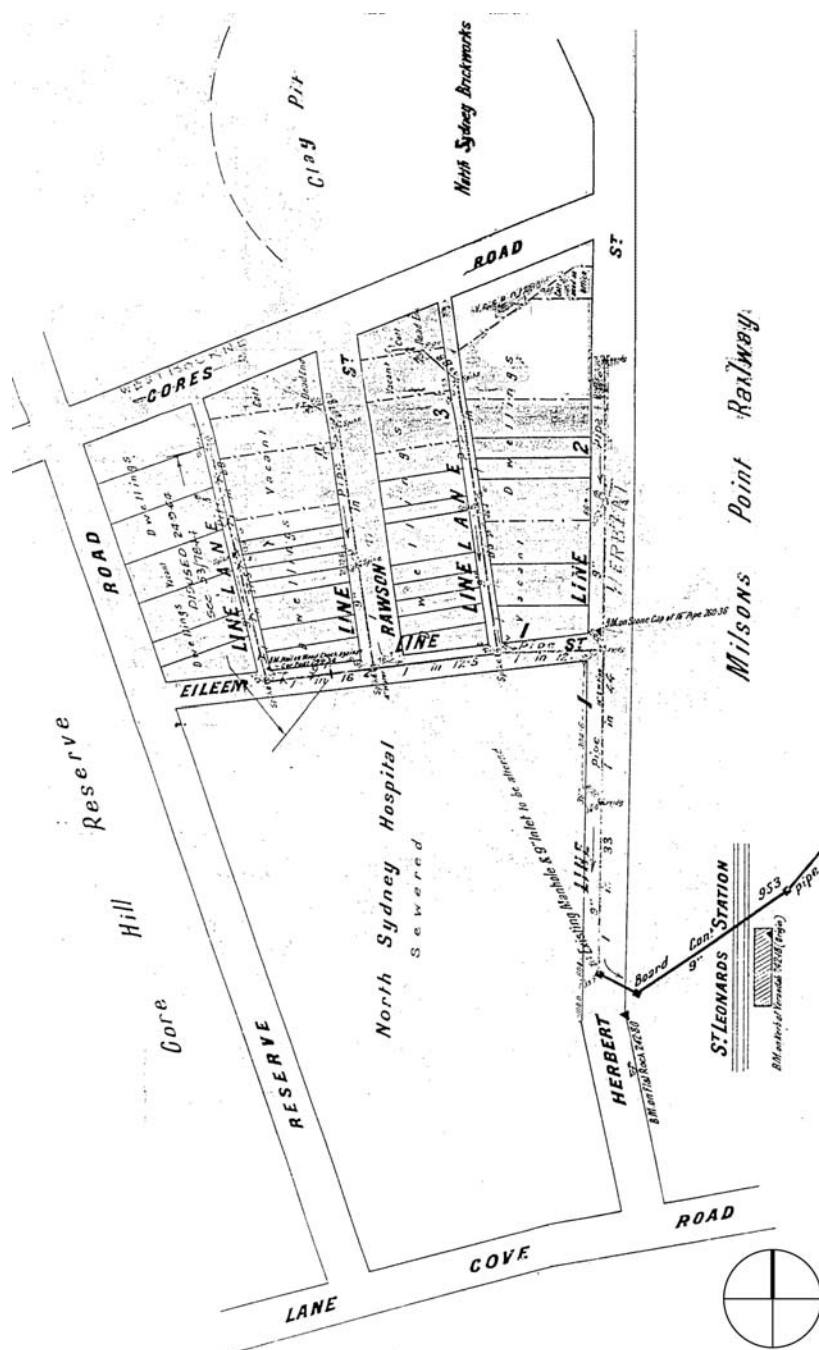


Figure 2.3 Connection of sewerage to residences in the Northern Extension.
(Source: Work as Executed 1915, DL710, Sydney Water)

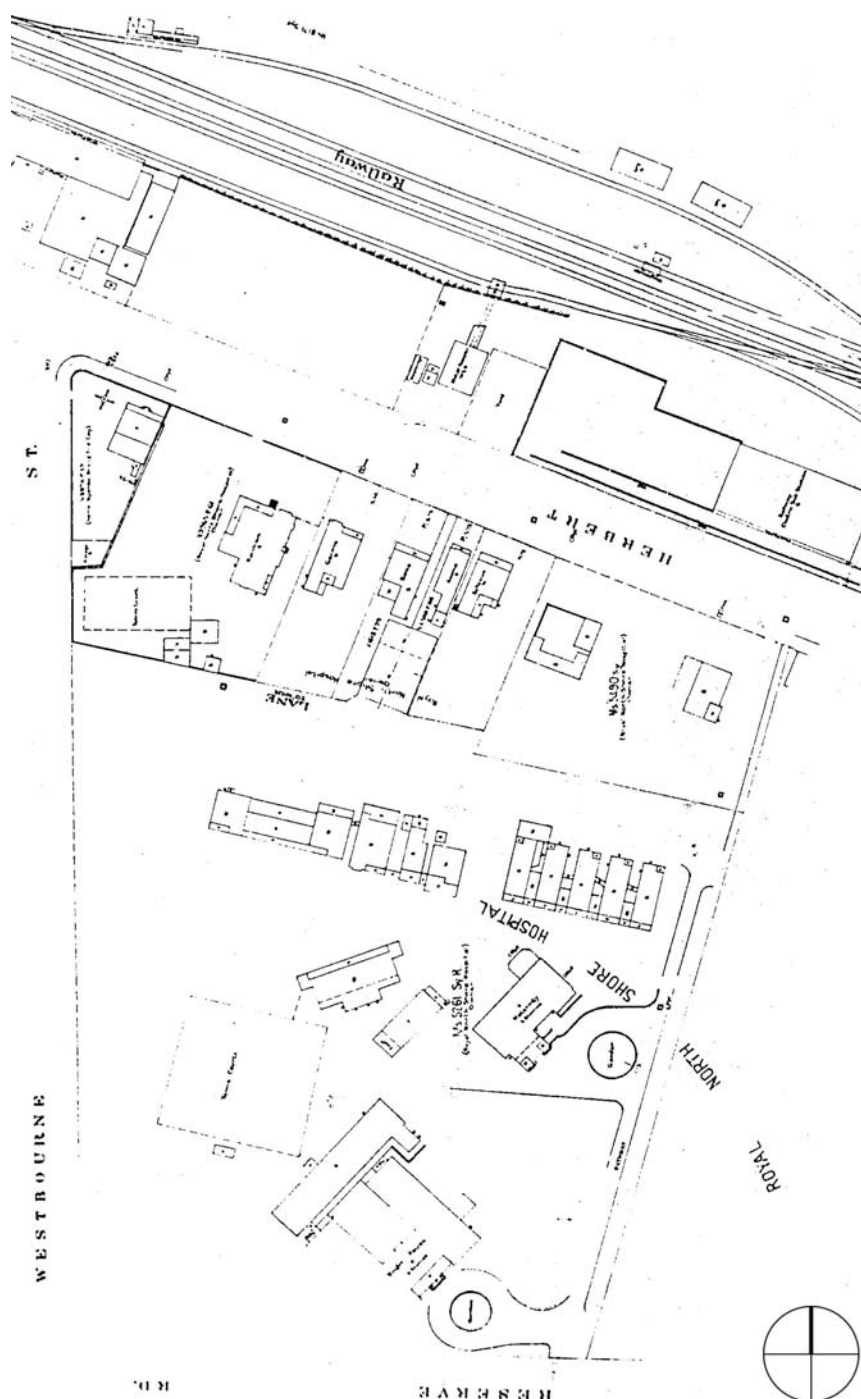


Figure 2.4 Plan showing partial demolition and construction of Hospital building, October 1942. (Source: Sydney Water DS 2592).

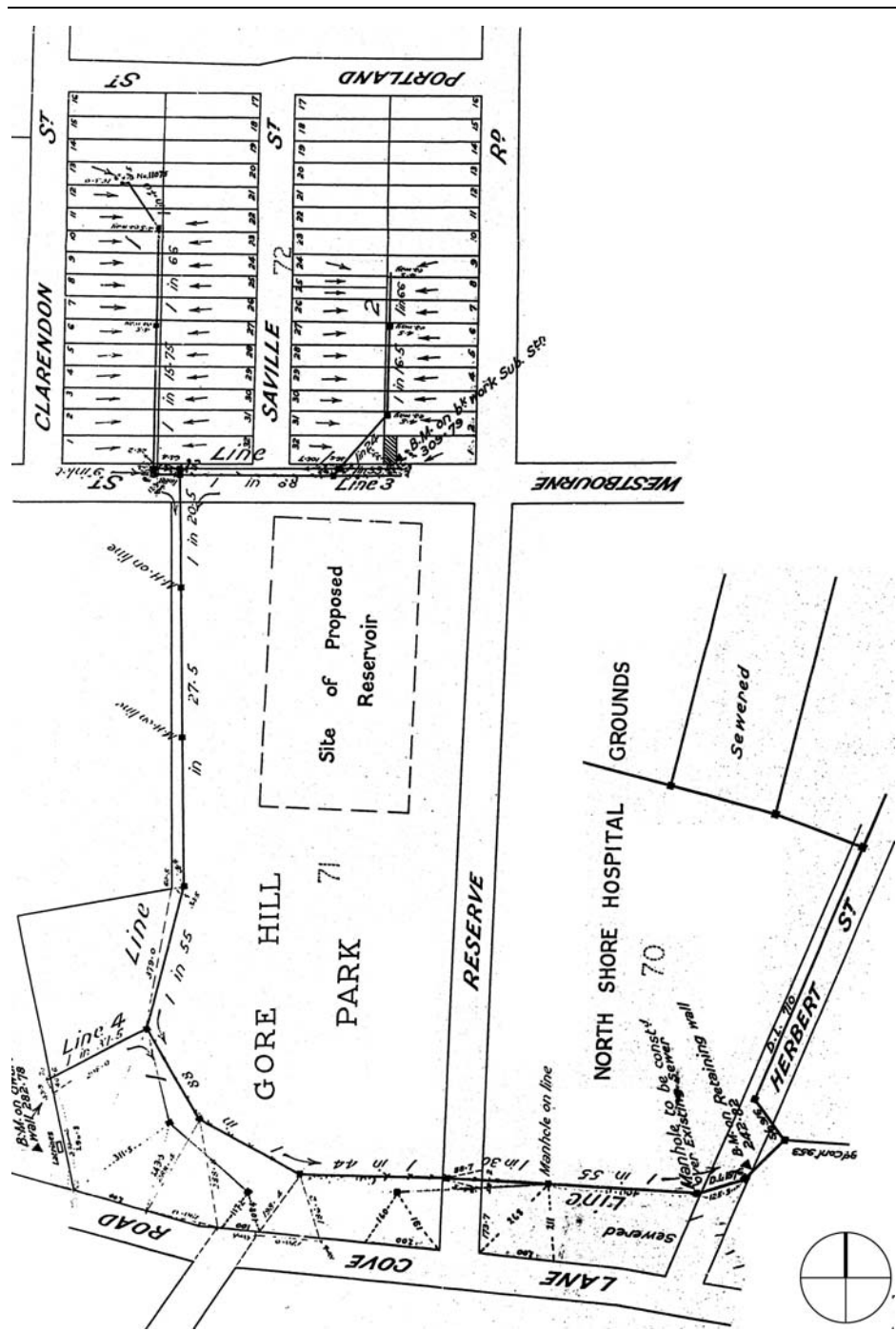


Figure 2.5 Sewer construction to residences in the Northwestern Extension.
(Source: Work as Executed 1936, BC2424, Sydney Water)

Figure 2.6
c1922 oblique aerial
photograph of Royal
North Shore Hospital,
looking south.



Figure 2.7
c1922 oblique aerial
photograph of Royal
North Shore Hospital,
looking west.



Figure 2.8
Detail from previous
figure c1922.



2.10 Endnotes

- ¹ Sherington, G and DR Vanderfield 1988, *A Century of Caring: The Royal North Shore Hospital 1888–1988*, Cammeray, Horwitz Grahame Pty Ltd.
- ² City Plan Heritage 2005, Royal North Shore Hospital, St Leonards Heritage Assessment, report to Northern Sydney Health and the Royal North Shore Hospital and Community Health Services Redevelopment Project by City Plan Heritage, February 2005; Rod Howard Heritage Conservation Pty Ltd 2004, Royal North Shore Hospital St Leonards, report addressing potential heritage issues and constraints in connection with proposed development of the site, prepared by Rod Howard Heritage Conservation Pty Ltd for Northern Sydney Health.
- ³ Sherington, op cit, p 10.
- ⁴ Ibid.
- ⁵ The plan is reproduced in Russell, Eric, 1970 *Lane Cove 1788, 1895, 1970: A North Shore History*, Lane Cove: The Council of the Municipality of Lane Cove, p 74.
- ⁶ Perhaps this land was granted to Gore but not subsequently confirmed or surveyed a common occurrence in pre-Macquarie New South Wales. Gore was in acute financial difficulties for most of the latter years of his life—see the entry for William Gore in the *Australian Dictionary of Biography*.
- ⁷ Willoughby City Facts—Artarmon, history sheet issued by the Willoughby City Library, dated 9 august 2004.
- ⁸ See the map reproduced in Russell, op cit, p 113.
- ⁹ There is no doubt more to be discovered about the history of Gore's land; however, it is not particularly important for this study.
- ¹⁰ 1 rood equals 40 perches or 1210 square yards or about 1160m.
- ¹¹ Gemmell, W 1986, *And so we graft from six to six*, Angus and Robertson Publishers, Sydney.
- ¹² Information on Crown Plan Ms 1516Sy.
- ¹³ Sherington, op cit, pp 12–13.
- ¹⁴ City Plan, op cit, p 243.
- ¹⁵ Certificate of Title, Vol 1926, Fol 62.
- ¹⁶ See *Government Gazette*, 24 January 1912, Certificate of Title Vol 2094 Fol 235. Lanceley was a Director of the North Sydney Brick and Tile Company.
- ¹⁷ See Crown Plan Ms 5261Sy Roll, this shows the land resumed in June 1919 with original purchasers listed for all lots.
- ¹⁸ This opinion is based on several searches of titles in the Northern Extension.
- ¹⁹ City Plan, op cit, p 107.
- ²⁰ Metropolitan Board of Water Supply and Sewerage, Willoughby Sewerage—North Sydney Division DL 170 1, c1915.
- ²¹ Ibid, p 35.
- ²² Sherington, op cit, p 34.
- ²³ City Plan, op cit, p 97.
- ²⁴ Ibid, pp 197–203.
- ²⁵ Ibid, p 137.
- ²⁶ Ibid, pp 176–180.
- ²⁷ Ibid, p 156.
- ²⁸ Aerial photographs supplied by Land and Property Information from their collection. Oblique aerial photographs held by the Royal North Shore Hospital from the 1920s also show the land as vacant.
- ²⁹ Note the names are from the Sydney Water Plan as the Street names are now not used.
- ³⁰ See Certificate of Titles, Vol 1821 Fol 246 and Vol 2007 Fol 90.
- ³¹ Aerial photographs supplied by Land and Property Information from their collection.

3.0 Archaeological Potential

3.1 Introduction

This section of the Archaeological Assessment identifies the potential archaeological resource of the Royal North Shore Hospital campus. Archaeological Potential is defined by the NSW Heritage Office *Archaeological Assessment Guidelines* as ‘the degree of physical evidence present on an archaeological site’.¹

In this report, archaeological potential considers the archaeological resources of the site’s occupation prior to Hospital use and the archaeological resources of Hospital use, such as the remains of now demolished Hospital buildings, and remnant road networks, services and landscaping. The report identifies whether such archaeological resources (defined in the *Heritage Act 1977* (NSW) as ‘relics’) are likely to survive, identifies what they are likely to be and indicates where they may be located.

Section 4.0 of this report identifies which of the identified resources are likely to have research potential and, based on that, assesses their heritage significance.

The assessment of archaeological potential has been based on historical information, site inspection, a review of limited geotechnical information, and an overlay of historical plans and aerial photographs on a plan of the study area. Site inspection did not involve subsurface investigation.

Generally, the archaeological potential of the Hospital has been graded as follows:

- High—areas where the pre-Hospital and/or Hospital history indicates a high propensity for the creation and survival of substantial archaeological resources;
- Medium—areas where the pre-Hospital and/or Hospital history indicates a propensity for the creation and survival of archaeological resources;
- Low—areas where the pre-Hospital and/or Hospital history indicates a minor propensity for the creation and survival of some archaeological resources; and
- No or Nil—areas where the pre-Hospital and Hospital history indicates there is either no propensity for the creation of archaeological resources or where there is no possibility of their survival.

3.2 Topography and its Effects

The Royal North Shore Hospital site is located on the crest and slopes of Gore Hill and is dominated by gently undulating and/or sloping ground. This topography has meant that cutting and filling has been generally required across the site to establish level building pads for large constructions. This is notable around the Administration Building (Building 31) where early site plans show substantial embankment to the south of the building. Subsequent building construction and associated facilities

such as roads and paths have mostly cut into the slope of the hill (or, in one case, tunnelled under the hill).

In contrast with the Hospital's cut-and-fill approach to establishing level building platforms, photographs of the cottages on the Northern Extension taken c1920s, show that the buildings were constructed with the slope, and walls and floor stumps were employed to create level floors. Similarly, Eileen and Rawson streets follow the existing slope rather than cut into it.

3.3 Geotechnical Information

Geotechnical and preliminary contamination reports have been prepared for the area of the proposed redevelopment (ie Original Hospital site and Northern Extension) by Coffey Geosciences Pty Ltd². The reports concluded that there were relative shallow and variable thicknesses of topsoil and fill, overlying residual soil and overlying bedrock, and that the fill material across the site was possibly imported and reworked site soils.³

A significant amount of 'Anthropogenic' material, meaning material relating to human activity like building materials, glass, ceramic etc, was not observed in the (matrix of) the fill material.⁴

The preliminary contamination report notes the presence of underground storage tanks (UST's) to the south of Building 22, as well as various inspection pits, tunnels and control valves across the investigation area, suggesting that networks of underground services including asbestos steampipes were present'.⁵

3.4 Gore's Occupation

There is some Low potential for surviving peripheral remains from William Gore's farm to occur in the study area. However, given that Gore's house, which would have formed the core of more intensive farming activities and structures, was not located on the Hospital site, it seems likely that only peripheral activities would have occurred on the Royal North Shore Hospital site. Those peripheral activities would have perhaps manifested in fields, fences and other facilities such as wells or dams.

More substantial agricultural features such as dams or wells have a greater potential to survive as they involve substantial earthworks which are less susceptible to erosion or disturbance. Evidence of cultivated fields is likely to have been destroyed by subsequent land use. There is a Low to Medium possibility that a feature such as a filled dam or well may survive on the Hospital site; however, the current lack of historical information on Gore's farm means that it is not possible to predict where any such feature might occur.

3.5 Original Hospital Site

3.5.1 Historical Summary

Hospital buildings were constructed in this area from 1902 onwards. They formed a 'core' of structures around which later buildings were located. Most of the original buildings survive, some in altered form. Two original buildings have been demolished—the original Hospital Morgue (demolished in 1925) and the former Infectious Diseases Wards (demolished 1936).

Expansion during the Interwar period resulted in new Hospital buildings being established south west of the original buildings (requiring the demolition of the Infectious Diseases Wards) and to the northeast. The buildings established during this period are still extant.

Expansion from the 1960s onwards resulted in a series of buildings being constructed to the north west of the original 'core' buildings. Buildings 23 (1963) and 24 (1962) extended outside the boundary of the Original Hospital site and were constructed over Eileen Street. The location of Eileen Street and the original northern boundary of the site are no longer visible. A tunnel under Reserve Road is now located in the vicinity of the western end of Eileen Street.

The last buildings to be constructed within the boundary of the Original Hospital site were Buildings 51 and 52 in 1987 on vacant land in the southeast corner of the site. The road linking Herbert Street and the Hospital Administration building is only traceable in its southern extent between Buildings 38 and 51 where it is still an extant road. The trees lining the route of the road linking Herbert Street and the Hospital Administration building have been identified by Brammer as a substantial planting of Canary Island Date Palms (*Phoenix canariensis*) planted as an avenue.⁶

3.5.2 Archaeological Potential

Discussion

The Original Hospital was constructed on largely vacant land. The initial expansion of the Hospital site to the south also incorporated vacant land. Historical resources do not indicate that the land held improvements sufficiently substantial to leave an archaeological legacy prior to Hospital uses. The potential archaeological resources of this area are therefore Nil to Low and limited to those that were created during Hospital occupation and which have survived its history of modification, new construction, service upgrades and cumulative infill.

Generally, Hospital buildings in this area have been constructed either initially on vacant land or, as demand increased, on land that surrounded the established buildings and which probably held service pipes, paths, landscaping elements and minor works and ancillary structures. This, in turn, indicates that the potential archaeological resource, where it survives at the Original Hospital site, could be characterised by landscape, minor structural and service provision remains that have survived the impact of infill construction, service upgrades and subsequent landscape works.

The sequence of expansion around existing buildings has built over Eileen Street and partly over the site of the road on the southern area of the Original Hospital site. The expansion would have also required the rearrangement of landscape features and service routes and lines to accommodate the new buildings.

Infectious Diseases Wards

The Infectious Diseases Wards buildings are visible in plans in 1914. Pictures of the Infectious Diseases Wards show that they sat proud of the slope of the hill (Figure 3.1). The wards were demolished to make way for Building 36, the Wakehurst Wing, which was constructed into the slope of the hill⁷ along with a road constructed to service the ground floor level. This method of construction is likely to have removed most of the footings and other remains and associated archaeological deposits from the Infectious Diseases Wards.

Although the overlay of plans suggest that some parts of the Infectious Disease Wards extended beyond the footprint of Building 36, inspection of the site indicates that other buildings, such as Building 34 and 35 and associated drives and services, are likely to have disturbed remains of the Infectious Wards outside the footprint of Building 36.

Accordingly, there is No or Low archaeological potential for the remains of the foundations of the Infectious Diseases Ward to occur in the area of Buildings 34, 35 and 36.

Remains of the 1920s Boiler House

The 1920s Boiler House and fuel store were located between Herbert Street and the currently existing chimney. A new Boiler House was constructed to the north of this building in 1958–1959. Sometime after that, the 1920s Boiler House was demolished and disturbed by the construction of extensions to the new Boiler House. However, the extensions did not cover the entire footprint of the of the 1920s Boiler House, and there is Medium potential for some archaeological remains of the original boiler house to be located in this area.

Herbert Street to the Administration Block (Building 31)

This road was a major route across the southern part of the Original Hospital site. A photograph taken in 1920 shows it to be at that time unsealed (Figure 3.2). Sometime in the Interwar period, a row of Canary Island Date Palms (*Phoenix canariensis*) were planted as an avenue along the road and presumably around that time the road would have been sealed. There is a Low potential that sections of the original unsealed road are located under the present internal Hospital road between Building 38 and Building 51.

3.5.3 Landscape Elements

Embankment

Early plans and photographs of the original 1903 buildings reveal that an embankment was constructed to create a flat area for the Hospital buildings (see Figure 2.2). The general form of the embankment has survived, although it has been impacted on by the construction of Building 34 in 1964 and Building 52 in 1987 and sundry landscaping works. The embankment demonstrates Shervey's original site planning and its response to the topography of the Hospital site. It also may be that the concrete steps currently between Buildings 34 and 52 are those shown in the same location in the embankment on the 1914 site plan.

The embankment is a landscape element that demonstrates how the Hospital site's topography influenced Shervey's approach to site planning for the 1902 Hospital buildings.

3.6 Southern Extension

The Southern Extension was the site of the Outpatients' Clinic which fronted Pacific Highway. The whole area has been subject to recent high rise redevelopment with extensive below ground carparking. This development is likely to have destroyed all archaeological evidence of previous Hospital-related occupation within the new building footprints. The creek which formed the original grant boundary has been covered in and is now a storm water drain, partially located under a carpark.

Accordingly, there is No archaeological potential for remains of the Outpatients Clinic to survive.

3.7 Northern Extension

3.7.1 Historical Summary

The expansion of the Hospital to the north between 1919 to 1930 took in the land between Eileen and Westbourne Streets. A number of cottages were included on the land at the time, most of which were incorporated into the Hospital for continuing use, and were gradually demolished and replaced by purpose built buildings. Only two of the cottages remain—'Rainham' the home of Edward Lanceley (now Building 9, 1909) and the former Office of the North Sydney Brick and Tile Co (now Building 7, 1910).

It is also evident that from the 1920s, the areas around the cottages were landscaped. Rawson Street and various lanes were also replaced and concrete walkways were constructed (visible in the 1920s photos) with landscaping along their route (Figure 3.3). A staff tennis court was constructed (probably c1920) in the vicinity of the extension to Building 13.

The area of the Northern Extension is now covered by numerous Hospital buildings with roadways, walkways and landscaped areas. The area of the 1920s Tennis Court has been built over by buildings and a swimming pool.

3.7.2 Archaeological Potential

The Remaining Cottages (Buildings 7 and 9)

Given 'Rainham' (Building 9) and the former Office of the North Sydney Brick and Tile Co (Building 7) remain, there is a Low to Medium potential for archaeological occupation deposits associated with their use prior to and during Hospital occupation to survive. Landscaping, modification and service provision over time, however, is likely to have disturbed the integrity and research potential of these deposits in many specific locations.

Other Cottage Sites

- The sites of the cottages that once existed along Rawson Street are now occupied by substantial structures that would have removed any archaeological remains of those cottages, including wall foundations and piers. Accordingly, there is No archaeological potential for remains of deposits of those cottages to survive, except in a small area located between Building 12 and Building 10, which is covered in bitumen and is currently a carpark.
- The sites of two cottages that once fronted Herbert Street are now covered in bitumen and located between Buildings 10, 17 and 18. A single demountable building occupies part of the bitumen area. There is Low to Medium Potential for archaeological remains of the cottages, like foundation walls and piers, to survive beneath the bitumen.
- The sites of cottages known to have fronted Reserve Road are now occupied by substantial structures that would have removed any archaeological remains of those cottages, including wall foundations and piers. Accordingly, there is No archaeological potential for remains of deposits of those cottages to survive.
- There were two cottages located at the junction of Rawson Street and Westbourne Avenue. The site of the northern cottage has been built over by Building 6. The site of the southern cottage is a landscaped area associated with Building 10 and there is Medium potential for archaeological occupation deposits associated with the cottage's use prior to and during Hospital occupation to survive.
- It is also evident that from the 1920s, the areas around most of the cottages were landscaped. Rawson Street and various lanes were also replaced and concrete walkways were constructed (visible in the 1920s photos) with landscaping along their route. A staff tennis court was constructed (probably c1920). There is Medium potential for remains of all these elements to have survived on the site.

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- Elsewhere, there is Low to Medium potential for disturbed and partial remains of cottages to be located within the Northern Extension where subsequent construction may have only partially impacted on the site of a cottage. However, it is also evident that there has been some landscaping around current buildings and this may have also acted to remove the remains of cottages, streets and lanes in the Northern Extension.

1901–1919 Road Network

As noted above, Eileen Street has been built over at its western end; however, the intersection between Herbert Street and Eileen Street has not been obscured. The alignment of Eileen Street has been altered, particularly at its western end where an underground tunnel has been constructed. The junction of Eileen Street and Herbert Street has remained unchanged. The original route of Eileen Street can be seen as an internal road, from Herbert Street to the intersection of the walkway constructed along the route of Rawson Street. Thereafter, the internal road diverts to the northwest from the route of Eileen Street.

It is possible that remains from earlier road surfaces of Eileen Street exist in the area between Herbert Street to the intersection of the walkway constructed along the route of Rawson Street under the current surface of the internal road.

Rawson Street has been built over by a concrete covered walkway which is much smaller than the original Rawson Street (which was 66ft or 3 chains wide). It seems from the pictorial evidence that the service lanes and Rawson Street may not have been surfaced, as the photos from the 1920s show no evidence of the kerb and guttering. The covered walkway itself is one of the older features on the Hospital site. At the northern end of the covered walkway, in the area just to the south of Building 6 and Building 10, tree plantings seem to be aligned with the edge of Rawson Street; however, from the Tree Heritage Study, these plantings may date from a more recent period and may not be related to the roads or cottages that once were located there.⁸

Notwithstanding the likely recent date of the plantings, there is some Low potential for remains of Rawson Street to exist in an area to the south of Building 10.

Former Animal House (Building 17) and Former Morgue (Building 19)

This site was unable to be inspected; however, from the account of the 1980–1990s reconstruction of the Animal House (Building 17) in the City Plan Heritage report, it seems that the reconstruction of the building would have removed any archaeological evidence relating to the former Animal House building.

The City Plan Heritage Study identified that the former Morgue (Building 19) may have some archaeological potential 'relative to the nineteenth century cottages on the site prior to its construction'.⁹ Analysis of the historical plans indicates that there were no cottages on this land prior

to the construction of the Morgue building. Building 19 has been converted into an Office and evidence of its function as a morgue largely removed. This conversion indicates that It is unlikely that occupation deposits or relics relating to the buildings use as a morgue survive. It is considered that this area has No archaeological potential.

3.8 Western Extension

After World War II, the Hospital expanded west to part of the Gore Hill Reserve, which was resumed for Hospital uses in 1951. From a review of aerial photographs, this land was vacant until Hospital use and there is likely to be no potential for historical archaeological remains on this area of the site.

The western extension now contains a series of modern Hospital buildings constructed on unoccupied land from 1964. These buildings are surrounded to the south and east by carparks. Due to the history of the area, there is no potential for archaeological remains to occur in the Western Extension.

3.9 Northwestern Extension

From 1952 to 1974, the block north of Westbourne Street and west of Reserve Road was gradually acquired for Hospital purposes. This block had some 21 cottages dating from c1907 which were mostly demolished between 1970 and 1978. In their place was erected a large multi-storeyed carpark, Building 43 (c1994), the Royal North Shore Private Hospital (1999) and the Research Laboratories (Building 44, c1994). The site survey confirmed that the construction of Buildings 43, 44 and the Royal North Shore Private Hospital has involved the excavation below what would have been the original ground surface and thus any archaeological evidence within the footprint of these buildings would no longer survive. There is No archaeological potential.

One cottage survives on the site and is used as a Breast Screening centre (Building 42). Building 42 is visible on the 1930 aerial photograph and dates from at least that time, although it is probably of an earlier date as the lot was subdivided by 1907. There is some fairly Low potential for occupation deposits relating to the cottage's occupation prior to and during occupation by the Hospital to survive under Building 42.

A small garden area at the corner of Westbourne Street and Reserve Road occupies the site of two previous cottages. This area seems to have been a carparking area before it was landscaped. This landscaping is likely to have disturbed any archaeological evidence of the cottages that were previously on this site.

The rest of the space on this block is largely a bitumen carpark. It is likely that some of this area contains underground services (for example, there is a major storm water drain located between Building 43 and the Royal North Shore Private Hospital). These services would have disturbed most

archaeological remains but there is a Low potential for some archaeological remains of the houses on this block to have survived.

3.10 General Hospital Remains

3.10.1 Remains of Hospital Services

The Coffey reports indicate that remains of Hospital services are likely to be located throughout the Hospital site. Some of these will be old enough to be considered archaeological ‘relics’, as defined by the Heritage Act. Underground services would be sewerage, water, stormwater, telecommunications and possibly electrical. Steam was also piped from the Boiler House to heat the Nurses’ Home and possibly to heat wards (although the original wards were not steam heated), and to supply sterilising facilities. It is likely that steam was piped to the laundry as well.

While the remains of disused underground services are known to exist, there is no reliable way of locating or mapping disused services due to the inadequate records. Once services became redundant or disused, they often remain in situ rather than being removed so there is a Medium to High likelihood that service remains exist in various areas across the whole of the site. It should be noted that Coffey identified the potential for asbestos lagged steam lines to occur on the site which would constitute a potential Occupational Health and Safety issue for any archaeological investigation.

3.10.2 Landscape Elements

Hospital Road and Path Network

There is an extensive road and path network around the Hospital site that has developed as the Hospital has grown, building functions have changed and as methods of transport have changed. There is a High potential for the remains of previous road and path networks (ie ones that are not currently used and visible) to exist throughout the site in various locations and it is expected that that would have varying degrees of intactness and contextual integrity.

Landscaping

The photographic evidence shows that the area around the core buildings on the Original Hospital site was originally landscaped but there seem to be little evidence of an overall landscape design in the subsequent expansion phases. Various areas of the site have been subject to landscaping works in the form of garden beds, walls, rockeries, seats and plantings, and while new infill building would have disturbed or destroyed many landscape elements, there is a Medium potential for some landscape archaeological remains to appear across the site in various locations.

3.11 Summary of Archaeological Potential

The potential historical archaeological resource at the Royal North Shore Hospital is likely to relate primarily to the pre-Hospital early twentieth century suburban subdivision and cottage development of a portion of the site, and to the truncated and disturbed landscape, services and ancillary building remains of the early Hospital phases of the site. There is a slight chance that deeper remains from Gore's early nineteenth century occupation of the site could be retained in some areas, but their location and anticipated degree of survival is very uncertain.

The suburban subdivision and cottage archaeological remains are likely to include limited and probably disturbed underfloor deposits from the cottages and some road base/kerbing or other road alignment indicators such as cuts, drains and culverts. Some remains of domestic servicing such as sewer and water pipes may be apparent, and remnant subdivision fence lines and their post holes could survive in less disturbed areas.

The previous Hospital occupation and layout of the site (before it was cumulatively 'filled in' during the twentieth century) is likely to be represented in areas that have not been subsequently built on or developed. Those areas could contain remnant garden beds, walls and paths, the remains of previous internal roads and the remains of Hospital associated staff and patient activities such as tennis courts or flat lawn recreation areas. Post holes or fragmentary remains of the foundations of ancillary and secondary structures, such as sheds, lean-tos and similar, could also exist in some undisturbed areas. Extensive remains of previous service networks such as steam pipes, sewers, drains, water connections and septic systems are likely to survive in disturbed and truncated forms throughout the site.

Any remains relating to Gore's occupation are likely to be limited to deep foundation walls (if there were any buildings with deep foundations associated with Gore's farm), the bases of wells, cisterns or cess-pits, and perhaps some vestigial landscaping such as terracing or deep drain lines. These remains, however, are extremely unlikely to survive with any integrity due to the subsequent development on the site and the expected low survival rate of peripheral elements from farm or non-urban land occupation.

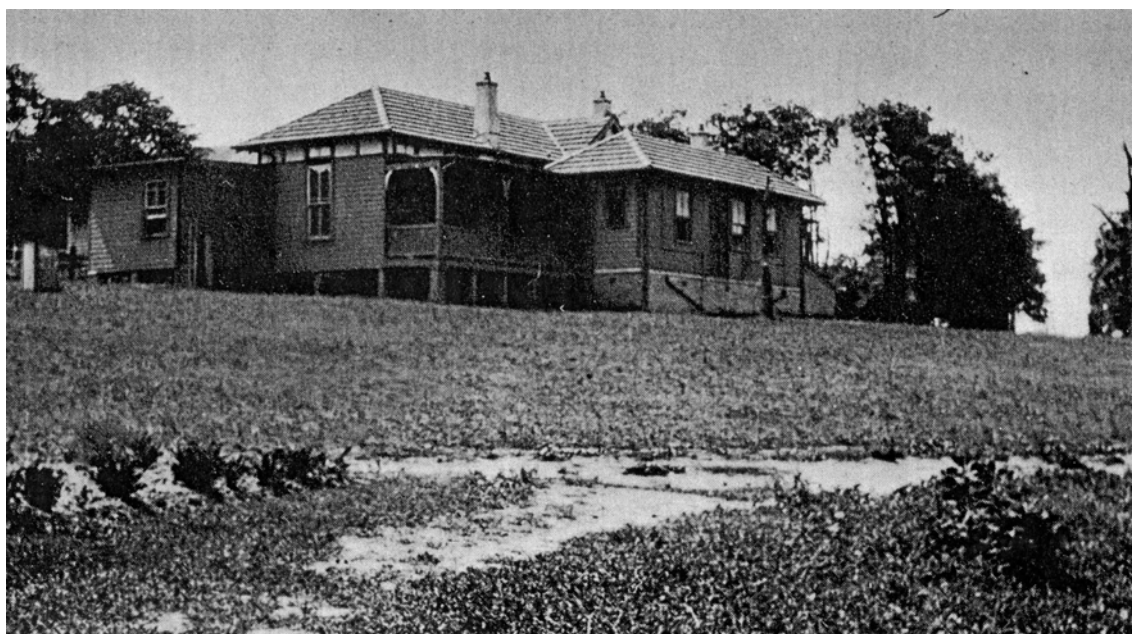


Figure 3.1 Original Infectious Diseases Ward (demolished in 1936).



Figure 3.2 The road between the Administration Building and Herbert Street.



Figure 3.3 Converted cottages in the Northern Extension, with Rawson Street a covered walkway between Hospital buildings.

3.12 Endnotes

- ¹ NSW Heritage Office 1996, *Archaeological Assessment Guidelines*, Heritage Council of NSW and Department of Urban Affairs and Planning, p 34.
- ² Coffey Geosciences Pty. Ltd. 2004a, Preliminary Contamination Assessment Royal North Shore Hospital Redevelopment, St Leonards, report by Coffey Geosciences Pty Ltd. to Northern Sydney Health; Coffey Geosciences Pty Ltd 2004b, Preliminary Geotechnical Investigation Royal North Shore Hospital Redevelopment, St Leonards, report by Coffey Geosciences Pty. Ltd. to Northern Sydney Health.
- ³ Coffey Geosciences Pty Ltd 2004b, op cit, p 2.
- ⁴ Coffey Geosciences Pty Ltd 2004a, op cit, p 25.
- ⁵ Coffey Geosciences Pty Ltd 2004a, op cit, pp 2–3.
- ⁶ Brammer, I 2005, Tree Heritage Study, Royal North Shore Hospital, St Leonards, report by Taylor Brammer Landscape Architects Pty Ltd, p 5.
- ⁷ See the plan in City Plan, op cit, p 203.
- ⁸ Brammer, op cit.
- ⁹ City Plan Heritage (2005), Royal North Shore Hospital, St Leonards Heritage Assessment., report to Northern Sydney Health and the Royal North Shore Hospital and Community Health Services Redevelopment Project by City Plan Heritage, February 2005, p 262.

4.0 Significance Assessment

4.1 Introduction

Assessments of cultural significance endeavour to establish why a place, feature or element is considered important and is valued by the community. Cultural significance is embodied in fabric (including a place's setting and relationship to other items), the records associated with the place, and the response that the place evokes in the community.

Assessing the cultural significance of archaeological resources is more difficult, in that the extent and nature of the resources and features is sometimes unknown, and it becomes necessary for value judgements to be formulated on the basis of expected or potential attributes. The element of judgement can be enhanced by historical or other research, as has been carried out in the case of the current study.

The Royal North Shore Hospital has some Low to Medium potential to contain some intact subsurface archaeological resources as features and/or deposits. On the whole, however, the archaeological potential of the site is Nil to Low because of the history of the site which has either not resulted in the creation of archaeological resources and/or which has compromised their survival. The resources are analysed here primarily in terms of their archaeological significance; that is, their ability to contribute to archaeological research as well as their ability to reveal the past through archaeological remains and through any associations with individuals, events or groups of historical importance.

4.2 Heritage Significance

Archaeological resources can be of heritage significance because they can provide important evidence about the history and development of a place. Archaeological sites may include stratified deposits of material culture which can be analysed to yield information, within a local or broader context, which is unavailable from documentary sources alone. Archaeological investigations can reveal much about technologies, economic and social conditions, taste and style.

The features and artefacts extracted and recorded can provide primary evidence about the way of life of previous generations, through examination of structural features, artefacts and deposits. Archaeological sites that contain these elements therefore have scientific value. This value can be further enhanced where there is a substantial body of supporting documentary evidence that enables inference to be drawn from the archaeological records. It is through this potential for revealing information that the heritage significance of archaeological sites occurs.

The *NSW Heritage Manual*, published by the NSW Heritage Office and Department of Urban Affairs and Planning, sets out a detailed process for conducting assessments of heritage significance.¹ The manual provides a set of specific criteria for assessing the significance of an item, including threshold

guidelines for inclusion and exclusion. The following assessment has been prepared in accordance with these guidelines.

The Heritage Council of NSW has adopted specific criteria for heritage assessment, which have been gazetted pursuant to the *Heritage Act 1977* (NSW). The seven criteria upon which the following significance assessment is based are outlined below:

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

The evaluation of cultural significance in Section 4.4 is based on the criteria of *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance 1999* and the *Heritage Manual*.

4.3 Archaeological Research Potential

While the Heritage Office criteria provide an overall framework for heritage significance assessment, they are not specific with regard to archaeological sites, and historical archaeological sites in particular. Archaeological significance has long been accepted as linked directly to and, to a degree, dependant on archaeological (or scientific) research potential:

A site or resource is said to be scientifically significant when its further study may be expected to help answer questions. That is scientific significance is defined as research potential.²

This is a concept that has been extended by Bickford and Sullivan³ in the Australian situation and redefined as the following three questions which can be used as a guide for assessing the research potential of an archaeological site within a relative framework:

1. Can the site contribute knowledge that no other resource can?
2. Can the site contribute knowledge that no other site can?

-
3. Is this knowledge relevant to general questions about human history or other substantive questions relating to Australian history, or does it contribute to other major research questions?

The emphasis in these three questions is on the need for archaeological research to add to the knowledge of the past in a unique and substantial way, rather than merely duplicating known information or information that might be more readily available from other sources such as documentary or oral records.

A large part of an archaeological resource's value or heritage significance is its archaeological research potential. For this reason, this section of the report also evaluates whether the potential archaeological resources of Royal North Shore Hospital are likely to be of sufficient physical and contextual integrity to be able, if investigated archaeologically, to provide useful, interpretable, testable information, not available elsewhere, that could address research questions. This, in turn, has a bearing on their ability to satisfy, trigger or complement the application of various heritage significance criteria.

Archaeological remains, if of good research potential, can demonstrate how a site was used, what processes occurred on the site and the scale of an industrial or domestic practice. Archaeological remains can demonstrate the principal characteristics of a place or process that may be rare or common. All these matters may be difficult to be understood or interpreted from a historical plan or historical document as these are in effect two dimensional, whereas archaeological remains are three dimensional, provide vertical and horizontal spatial relationships and direct links with places and people.

Archaeological remains may also have particular associations with individuals and groups that may transform mundane objects into significant items. The association needs to be tangible and related to physical evidence on a site.

4.4 Significance Assessment—Gore's Farm

4.4.1 General Discussion

Gore's house was not located on the Hospital site and so archaeological remains from the house and its immediate farm surrounds are not expected to occur on the site. They are not discussed further in this report.

While very unlikely to occur, intact and substantial archaeological remains from pastoral/agricultural activities at Gore's Farm in undisturbed archaeological contexts could have some potential to contribute to historical knowledge about his occupation, as there is little historical documentation of Gore's farm. However, it is highly unlikely that such peripheral remains would have survived at all, let alone in meaningful archaeological contexts. Some deeper elements, such as the bases of wells, dams or cisterns, could exist in isolation and probably disturbed contexts.

In the unlikely event that remains relating to Gore's Farm have survived, they are very likely to be highly disturbed and not of sufficient physical and contextual integrity to be able to provide useful, interpretable, testable information that could address research questions. They would be difficult to precisely provenance to Gore's occupation and would have little or very compromised archaeological research potential. Because of this, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

As Gore's farm was one of many small and relatively undeveloped holdings on the Lower North Shore, and was not historically important as an example of a farming establishment in New South Wales, any significance that may be attached to surviving 'relics' would be at a local level relating to Gore's early settlement of the Lower North Shore.

4.4.2 Significance Assessment Table—Gore's Farm

Remains relating to Gores' farm (in the unlikely event that they survive in meaningful contexts) could be of heritage significance. To assist with the assessment of the archaeological resource, a table has been provided to detail the variable application of criteria according to the context that could occur.

Criteria	Assessment/Statement
Criterion (a)	<p>If substantial archaeological resources of Gore's farm survive in intact contexts, they could potentially provide information that could supplement that currently available about Gore's farm. They would be of Local historical significance.</p> <p>If disturbed archaeological resources and contexts only survive, they would be difficult to provenance precisely and useful, testable information could not be obtained from them. They would be of Little or No historical significance.</p>
Criterion (b)	<p>If substantial archaeological resources of Gore's farm survive in intact contexts, they could provide a tangible link with William Gore. They would be of Local associative significance.</p> <p>If disturbed archaeological resources and contexts only survive, they would be difficult to provenance precisely and useful, testable information could not be obtained from them. They would be of Little or No associative significance.</p>
Criterion (c)	Neither intact nor disturbed archaeological resources relating to Gore's farm would have aesthetic characteristics or technical features that would satisfy this criterion.
Criterion (d)	Neither intact nor disturbed archaeological resources relating to Gore's farm would have special associations to any community group and so would they would not satisfy this criterion.

Criteria	Assessment/Statement
Criterion (e)	<p>If substantial archaeological resources of Gore's farm survive in intact contexts, they could provide information that would contribute to an understanding of the local area's cultural history. They would be of Local cultural information significance.</p> <p>If disturbed archaeological resources and contexts only survive, they would be difficult to provenance and useful, testable information could not be obtained from them. Their information they contain would be negligible and of Little or No significance to cultural history.</p>
Criterion (f)	<p>If substantial archaeological resources of Gore's farm survive in intact contexts, they would a rare resource, as very little remains of early farming in the area. They would rare at a local level.</p> <p>If disturbed archaeological resources and contexts only survive, they would be very difficult to positively identify or provenance to Gores occupation. They would be of little or no rarity value or significance.</p>
Criterion (g)	<p>If substantial archaeological resources of Gore's farm survive in intact contexts, they are unlikely to be important in demonstrating 'farms' as a class of cultural place, because only peripheral farming occurred on part of the site.</p> <p>Disturbed archaeological resources and contexts would have even less ability to be able to demonstrate farms as a class of cultural place.</p>

4.4.3 Summary Statement of Significance—Gore's Farm

Archaeological resources from Gore's occupation are unlikely to exist at the Royal North Shore Hospital. The principal residence and outbuildings were not located on the site, and those pastoral and agricultural activities that occurred on the site usually only create peripheral archaeological elements and fabric. In addition, the sequence of occupation and construction on the Hospital site makes it highly unlikely that such peripheral remains, if they once existed on the site, would have survived.

In the unlikely event that substantial archaeological resources of Gore's farm survive in intact contexts, they would a rare resource, as very little remains of early farming in the area and they could contribute to historical knowledge about Gore's occupation, as there is little historical documentation of Gore's farm. They would be significant at a Local level.

If disturbed archaeological resources and contexts only survive, which is unlikely, they would be very difficult to positively identify or provenance to Gore's occupation. They would be of Little or No rarity value or significance, nor would they be able to contribute to further knowledge about the history of the site.

4.5 Significance Assessment—Original Hospital Site

There is Nil to Low potential for archaeological resources of the Infectious Diseases Wards to survive and so they are not discussed further in this report.

4.5.1 Remains of the 1920s Boiler House

Remains of the 1920s Boiler House could exist under and around the later extensions of the current Boiler House. While they could be fairly intact foundation walls and service connections in some locations, they are unlikely to reveal information about the function and use of the building and its internal layout that could not be largely obtained from other sources such as documentary evidence. The remains are also unlikely to reveal information that is unique or that would advance information about the layout and function of Boiler Houses as a class of items. They would have some limited potential to provide information about the specific details of construction (techniques and materials).

Notwithstanding some minor potential to reveal construction details, the archaeological resources of the 1920s Boiler House (whether intact or disturbed) therefore only have potential to reveal information that would largely duplicate or substantiate known information or provide information that might be more readily available from other sources. They are very unlikely to have associational or social significance or aesthetic value. This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the 1920s Boiler House would have Little or No heritage significance.

4.5.2 Road from Herbert Street

This road was a major route across the southern part of the Original Hospital site. Sometime in the Inter War period a row of Canary Island Date Palms (*Phoenix canariensis*) was planted as an avenue along the road alignment. The palms remain. It is likely that some remains of the earlier road construction materials of this road exist under the current road surface. The archaeological research value and potential of the earlier road remains; however, is low as investigation of the previous road construction materials would only document standard road construction methods. This information is currently well known.

While intact previous road surfaces could remain in some locations, they are unlikely to reveal information about the function and use of the road that could not be largely obtained from other sources such as documentary evidence. The remains are also unlikely to reveal information that is unique or that would advance information about the layout, construction or materials of roads as a class of items. They would have some limited potential to provide information about the specific details of construction (techniques and materials).

They are very unlikely to have associational or social significance or aesthetic value. This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the previous road surface would have Little or No heritage significance.

4.6 General Hospital Site

This section discusses the significance of archaeological remains that are likely to occur across the whole Hospital site.

4.6.1 Remains of Infrastructure Services

These remains are likely to be of Hospital occupation sewer, steam and water pipes, and ducts and conduits for electrical and telecommunications services. Many would be in current use, but many would be truncated or disused but not removed when new or modified services installed. On the whole, they would have Low archaeological research potential as they are either (or both) well documented and commonly occurring on the Hospital site and other sites.

This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the previous infrastructure services would have Little or No heritage significance.

4.6.2 Landscape Elements

Embankment

The 1903 embankment demonstrates the site planning and response to the topography of the Gore Hill site by the architect AJ Shervey. It is an important part of understanding the original design of the Hospital and one not readily apparent by looking at the 1903 concept plan. It is primarily an extant landscape rather than an archaeological feature, although there are elements of the embankment that could be retained as an archaeological resource (sections of it could be under Buildings 34 and 52).

The archaeological research value and potential of the embankment remains, however, would be Low as investigation would only document its alignment and function which is known. The remains are also unlikely to reveal information that is unique or that would advance information about the layout, construction or materials of embankments as a class of items. They would have some limited potential to provide information about the specific details of construction (techniques and materials), although this is apparent through an examination of the extant areas of embankment.

This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the embankment would have Little or No heritage significance.

Remains of Previous Hospital Road and Path Networks

There is a High potential for the remains of previous road and path networks (ie ones that are not currently used and visible) to exist throughout the site in various locations and it is expected that that would have varying degrees of intactness and contextual integrity. The road and path network is unlikely to contribute to the archaeological research potential of the site, as the location of the roads and paths is well documented and many current roads and paths are laid over previous alignments. The construction of roads and paths appears to be standard practice and documenting their method of construction is not likely to add to knowledge about the Hospital.

This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the previous road surfaces would have Little or No heritage significance.

Other Landscape Elements

Various areas of the site have been subject to landscaping works in the form of garden beds, walls, rockeries, seats and plantings. No specific or consistent landscape design is evident across the various areas or precincts of the site. There is Medium potential for some landscape archaeological remains to appear across the site in various locations.

The archaeological research value and potential of these remains, however, is Low as they are unlikely to reveal information that is unique or that would advance information about the layout, construction or materials of landscape works as class of items. They would have some limited potential to provide information about the specific details of construction (techniques and materials).

They are very unlikely to have associational or social significance or retained aesthetic value. This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the previous landscaping would have Little or No heritage significance.

4.7 Northern Extension

4.7.1 Cottage Sites

The resumption and purchase of the Northern Extension was an important part of development of the Hospital. The cottages were put into use for a variety of 'temporary' functions until replaced by purpose built buildings.

The footings of the cottages would be able to provide information about the plan and the construction of the cottages themselves. However, this information is also available from available historical plans and from photographs of the cottages, and is not unique. It is not considered that the archaeological remains of cottage footings would extend the bounds of historical knowledge beyond what can be obtained from the documentary record. It should be noted that early twentieth century cottage housing has been studied by architectural historians and there is no evidence to suggest that the cottages constructed in this precinct were any different from the standard cottages of the time.

There is some possibility that an occupation deposit would have formed within the under floor of the cottages. It is considered that formation of any occupation deposit would be limited by the disposal of rubbish off site. While in many cases material items from occupation deposits can add to the historical knowledge of cottage occupants and the community in which they lived, the predicted limited nature of the occupation deposits for these sites means that the archaeological resources are unlikely to add to historical knowledge.

They are very unlikely to have associational or specific social significance or retained aesthetic value. The remains would not be rare or even representative. This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of the cottage sites would have Little or No heritage significance.

4.7.2 1901–1919 Road Network

It is likely that some remains of Rawson Street and Eileen Street occur in the Northern Extension. It is not clear that archaeological research into the roads would yield any significant information about these streets or the techniques of road construction beyond what can be ascertained from the documentary record. The street network established by the redesigned 1897 subdivision was an important part of the subdivision of the large Crown Land holding auctioned in 1901 and is of significance to the local Willoughby area; however, the subdivision pattern and history is available through documentary records.

The road alignments and/or fabric are very unlikely to have associational or specific social significance or retained aesthetic value. The remains would not be rare or even representative. This makes them of Little archaeological research value and because of that, they would be very unlikely to satisfy or trigger the application of various heritage significance assessment criteria.

Remains of Rawson Street and Eileen Street would have Little or No heritage significance.

4.7.3 Buildings 7 and 9

Building 7 (1910) and Building 9 (1908) are examples of the cottages constructed on the northern extension area and have significance as items of built heritage. There is some possibility that an

occupation deposit would have formed within the under floor of the cottages, relating to their pre-Hospital and Hospital uses. The formation of any occupation deposit would have been limited by the disposal of rubbish off site and by use of Building 7 as an office for many years (office uses do not usually result in substantial under floor deposits). Both buildings, however, have associations with the Lanceley family; firstly as Building 9 was once the Lanceley family home and secondly as Building 7 was the office of the North Sydney Brick and Tile Company which the Lanceley family partially owned. The Lanceley family were important local businessmen as well as being on the board of the Royal North Shore Hospital.

Because of the specific Lanceley family occupation and history, the under floor deposits of Buildings 7 and 9 could have some limited ability to provide information and to address research questions about a family and business associated with the local area and the Hospital. They could have some limited associational significance but are very unlikely to have social significance or retained aesthetic value.

The footings of the cottages would be able to provide information about the plan and the construction of the cottages. However, this information is also available from available historical plans and from photographs of the cottages and is not unique. It is not considered that the archaeological remains of cottage footings would extend the bounds of historical knowledge beyond what can be obtained from the documentary record.

The remains would not be rare or representative. This makes them of limited archaeological research value. However, the under-floor deposit remains of the cottage sites would have some limited heritage significance insofar as they could potentially provide some details about the domestic and business life of the Lanceley Family.

4.8 Northwestern Extension

4.8.1 Cottage Sites

The remains of the cottages in the Northwestern Extension have similar archaeological considerations to those discussed above, including the limited amount of information that can be obtained from building footings and the limited potential for an occupation deposit to be formed under the buildings due to the blocks being sewered and due to regular garbage collection. As the cottages were only demolished in the 1970s, they are better documented than those in the Northern Extension. It is likely therefore that remains from the cottages have a limited archaeological research potential and Little or No potential to satisfy or trigger the application of various heritage significance assessment criteria.

4.9 Summary of Heritage Significance

The potential historical archaeological resource at Royal North Shore Hospital is likely to relate primarily to the pre-Hospital early twentieth century suburban subdivision and cottage development of a portion of the site, and the truncated and disturbed landscape, services and ancillary building remains of the early Hospital phases of the site. There is a slight chance that deeper remains from Gore's early nineteenth century occupation of the site could be retained in some areas, but their location and anticipated degree of survival is very uncertain.

In general, the anticipated archaeological resource is unlikely to be of substantial heritage significance. Some remains, however, such as those associated with Gore's occupation, or intact deposits relating to Building 7 (1910) and Building 9 (1908) (Lanceley family occupation) could be of Low–Medium Local significance if they have survived intact in undisturbed deposits. This, however, is unlikely.

None of the potential archaeological resources are anticipated to be of State or High Local significance, and none, based on the assessments above, would be of sufficient integrity to warrant open area research archaeological investigation or conservation in situ. It is likely that most would only require archaeological monitoring during works which may disturb them.

4.10 Endnotes

¹ NSW Heritage Manual 1996, NSW Heritage Office and NSW Department of Urban Affairs and Planning, Sydney; and *Assessing Heritage Significance* (a *NSW Heritage Manual* update), 2001, NSW Heritage Office.

² Bickford, A and S Sullivan 1984, 'Assessing the Research Significance of Historic Sites', in Sullivan S and S Bowdler (eds), *Site Surveys and Significance Assessment in Australian Archaeology (Proceedings of the 1981 Springwood Conference on Australian Prehistory)*, Department of Prehistory, Research School of Pacific Studies, The Australian National University, Canberra, pp 23–24.

³ Bickford and Sullivan, op cit.



5.0 Statutory Context

5.1 Statutory Requirements

This section of the report outlines the statutory context of the proposed development and the statutory requirements that apply to the historical archaeological resources of the Royal North Shore Hospital.

5.2 Environmental Planning and Assessment Act 1979 (NSW)

5.2.1 State Environmental Planning Policy (State Significant Development) 2005

The proposed new Hospital facilities and works at the Royal North Shore Hospital are a 'state significant development' being a Health and Public Service Facility as described in Schedule 1 (Group 7, Section 18) of *State Environmental Planning Policy (State Significant Development) 2005*. The application of *State Environmental Planning Policy (State Significant Development) 2005* to a proposed development (or place) establishes a specific statutory planning context to a proposal or place and can trigger certain provisions under Part 3A of the *Environmental Planning and Assessment Act 1979* (EP&A Act).

The Minister for Planning is the consent authority for developments subject to the Policy and/or subject to Part 3A provisions of the EP&A Act, and the provisions of the Policy prevail over those in other environmental planning instruments to the extent of any inconsistency (Clause 5 of the Policy).

5.2.2 Part 3A of the Environmental Planning and Assessment Act (1979)

In addition to the application of *State Environmental Planning Policy (State Significant Development) 2005* to the development, the Minister has authorised that a Concept Plan, under Section 75M of Part 3A of the EP&A Act, be submitted for the proposed Hospital upgrade and new works. A Concept Plan outlines the proposed scope of the project, implementation staging, options and other matters, but is not, for the purposes of the Act, an 'approved project' or a 'critical infrastructure project' (Section 75A—Definitions).

Under Section 75U(1)c of the EP&A Act approval under Part 4 of the *Heritage Act 1977* (NSW) or an excavation permit under Section 139 of the Heritage Act is not required for approved projects or critical infrastructure projects. Both sections of the Heritage Act, however, would appear to apply to a Concept Plan, and so their requirements are outlined below. Similarly, concept plans are subject to the provisions of applicable local and other environmental planning instruments (although *State Environmental Planning Policy (State Significant Development) 2005* would prevail to the extent of any inconsistency). Those that would apply to the archaeological resources of the Hospital are outlined below.

5.2.3 Willoughby Local Environmental Plan (1995)

No part of the Hospital site has been listed as an archaeological site or a potential archaeological site in the heritage schedules or plans of the *Willoughby Local Environmental Plan (1995)* (Willoughby LEP). Under the Willoughby LEP, archaeological sites and potential archaeological sites are identified on the Heritage and Conservation Map or, in the case of potential archaeological sites, can also be a site the Council considers to have potential archaeological significance.

Clause 63 of the Willoughby LEP requires that:

The Council may grant consent to the carrying out of development on an archaeological site that has non-Aboriginal heritage significance or a potential archaeological site that is reasonably likely to have non-Aboriginal heritage significance only if:

(a) it has considered an assessment of how the proposed development would affect the conservation of the site and any relic known or reasonably likely to be located at the site prepared in accordance with any guidelines for the time being notified to it by the Heritage Council, and

(b) it has notified the Heritage Council of its intention to do so and taken into consideration any comments received from the Heritage Council within 28 days after the notice was sent, and

(c) it is satisfied that any necessary excavation permit required by the Heritage Act 1977 has been granted.

5.3 Heritage Act 1977(NSW)

5.3.1 General

The *Heritage Act 1977* (NSW) provides a number of mechanisms by which items and places of heritage significance may be protected. 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 these different situations.

5.3.2 The State Heritage Register

The State Heritage Register (SHR) is established under the Heritage Act. It is a list of heritage items of particular importance to the people of New South Wales. It includes items and places (such as buildings, works, relics, movable objects or precincts) determined to be of State heritage significance. Approval is required under Part 4 Section 57 of the Heritage Act for proposed works that affect places on the SHR, unless the proposed works are subject to an 'Exemption' under Section 57(2) or (3) of the Act, or subject to statute that has amended the application of Section 57 of the Heritage Act.

The Royal North Shore Hospital site is not listed, in whole or part, on the State Heritage Register (SHR) and is not subject to an Interim Heritage Order (IHO) under the *Heritage Act 1977* (NSW).

5.3.3 Section 139 Provisions

Under Section 139 of the Heritage Act, archaeological 'relics' are protected 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. It applies to all land in New South Wales that is not included on the State Heritage Register, not Commonwealth land or subject to statute that has amended the application of Section 139 of the Heritage 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 50 or more years old.*

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 Heritage Act), unless there is an applicable exception (pursuant to Section 139(4)).

Exceptions under Section 139(4) were gazetted on 14 June 2004. The exceptions are outlined below:

1. Excavation or disturbance of land of the kind specified below does not require an excavation permit under s. 139 of the Heritage Act, provided that the Director of the NSW Heritage Office (the Director) is satisfied that the criteria in (a), (b) or (c) have been met and the person proposing to undertake the excavation or disturbance of land has received a notice advising that the Director is satisfied:

- (a) where an archaeological assessment has been prepared in accordance with Guidelines published by the Heritage Council of NSW which indicates that any relics in the land are unlikely to have State or local heritage significance; or*
- (b) where the excavation or disturbance of land will have a minor impact on archaeological relics; or*
- (c) where the excavation or disturbance of land involves only the removal of unstratified fill which has been deposited on the land.*

2. A person proposing to excavate or disturb land in the manner described in paragraph 1 must write to the Director and describe the proposed excavation or disturbance of land and set out why it

satisfies the criteria set out in paragraph 1. If the Director is satisfied that the proposed development meets the criteria set out in paragraph (a), (b) or (c) the Director shall notify the applicant.

The exceptions do not apply to State significant relics. Note 4 to the Exceptions states:

Where substantial intact archaeological relics of State or local significance, not identified in the archaeological assessment or statement required by this exception, are unexpectedly discovered during excavation, work must cease in the affected area and the Heritage Office must be notified in writing in accordance with s. 146 of the Act. Depending on the nature of the discovery, additional assessment and possibly an excavation permit may be required prior to the recommencement of excavation in the affected area.

5.3.4 Section 170 State Agency Heritage Register

Section 170 of the Heritage Act requires that government instrumentalities such as the Department of Health, maintain a Heritage and Conservation Register of items in their ownership or control which (among other things):

could in accordance with guidelines issued from time to time by the Heritage Council, be subject to an interim heritage order or listing on the State Heritage Register.

Two buildings within the Royal North Shore Hospital are listed on the Department of Health Section 170 State Agency Heritage Register. They are:

- Regional Diabetic Services Building (Building 7); and
- Lanceley Cottage (Building 9).

These buildings are listed on the Section 170 Register because each building:

Forms part of the historical buildings group comprising the Royal North Shore Hospital Precinct.

However, neither of these buildings has subsequently been listed on the State Heritage Register.

5.4 Summary of Statutory Context

Currently, the provisions of the Willoughby LEP and the Heritage Act apply to works that disturb or destroy archaeological or potential archaeological sites and 'relics' on the Hospital site. However, should the project be declared an 'approved project' or 'critical infrastructure project', pursuant to Section 3A of the *Environmental Planning and Assessment Act 1979*, the LEP and Heritage Act provisions may no longer apply.

6.0 Policies and Recommendations

6.1 Preamble

The potential archaeological resources of the Royal North Shore Hospital site are not of sufficient significance to warrant in situ retention and are generally of No or Low Local heritage significance. Those relating to Gore's occupation, in the unlikely event they survive, and the under-floor deposits of some of the cottages, could be of Moderate heritage significance.

Generally, their significance, where it may exist, lies in the information that they might yield regarding the setting and layout of the site, and Hospital and pre-Hospital occupation and use.

Some monitoring, recording and documentation of the resources of Low to Moderate and Moderate heritage significance (should they exist in meaningful contexts and be revealed during site works) would be sufficient to gather and analyse this information. No monitoring or recording would be required for potential resources of No or Low significance.

6.2 Archaeological Monitoring

Archaeological monitoring is undertaken during the disturbance of subsurface deposits within an area assessed as having archaeological potential and/or significance, to identify and record surviving archaeological deposits or features. The extent of archaeological monitoring varies according to the nature and significance of the archaeological remains expected to occur and in response to those that may be revealed during works.

Generally, monitoring includes site visits during a program of works and the authority to temporarily halt site works, as required, to undertake further investigation or detailed recording of any remains exposed during the monitoring process. Monitoring usually continues at the site until:

- the project archaeologist is satisfied that the research potential of the subsurface deposits has been realised; or
- culturally-sterile deposits have been encountered across the site; or
- the maximum depth of excavation required for the proposed redevelopment of the site has been reached.

Any archaeological remains exposed during site works are recorded in accordance with the requirements of the Heritage Act and any Excavation Permit that applies and accepted best-practice procedures. A report on the program of archaeological monitoring is produced at the completion of site works, in accordance with standard Conditions of Approval for excavation permits issued by the NSW Heritage Office.

6.3 Recommendations

6.3.1 Archaeological Resources of Moderate Heritage Significance

The following strategies are recommended:

- An excavation permit under Section 140 of the Heritage Act should be obtained for those areas identified as having Moderate archaeological significance (see Figure 6.1) so that archaeological monitoring, recording and documentation can occur during site works.
- An appropriate on-site investigation strategy for the monitoring (a Research Design) should be prepared and submitted to the NSW Heritage Office as supporting documentation for any excavation permit applications.
- Suitable clauses should be included in all contractor and subcontractor contracts to ensure that on-site personnel are aware of their obligations and requirements in relation to the relics provisions of the Heritage Act.
- In the event that unexpected historical archaeological remains are exposed on the site, they should be appropriately documented according to procedures outlined in the investigation strategy (Research Design) accompanying any application for an excavation permit.
- Wherever subsurface disturbance can be limited or avoided, it is recommended that this be done so as to reduce the impact on archaeological remains at this site.
- Where works might be proposed in close proximity to known or probable archaeological resources of significance, but not actually directly affecting them, strategies should be put in place to ensure that the traffic of heavy machinery not disturb or damage those places.

6.3.2 Archaeological Resources of No to Low Heritage Significance

- An application for an Exception (Standard and/or Specific) from the need for an excavation permit under Section 140 of the *Heritage Act 1977* (NSW) should be sought for proposed excavation works in areas identified as having No to Low archaeological significance.
- The Exception application and the Excavation Permit application can be lodged together, part of a package of managing the archaeological resources of the site.

Figure 6.1 highlights those areas of archaeological potential where a permit or an exception should be sought prior to works commencement, subject to further analysis.

6.4 Training of On-Site Personnel

Site personnel should attend a site induction prior to commencement of works on site to ensure that all on site personnel are aware of the heritage issues associated with each of the identified sites and

the role of the Project Archaeologist on site. Specifically, relevant on-site personnel would be made aware of the procedure to be followed for notification and stopping work should items of heritage significance be found during site works, particularly when an archaeologist is not present.

6.5 Occupational Health and Safety Requirements

Occupational Health and Safety requirements would need to be adhered to at all stages of the project. Any proposed archaeological investigation of any sites identified within the Royal North Shore Hospital Redevelopment project are would need to consider site constraints that may arise throughout the course of the project, such as the identification of levels contamination of subsurface deposits that would preclude manual excavation, or structural instability of areas that would prevent safe access. Site constraints may affect the areas that may be investigated, or the degree to which these areas may be investigated or recorded. Such safety constraints would override any heritage requirements.

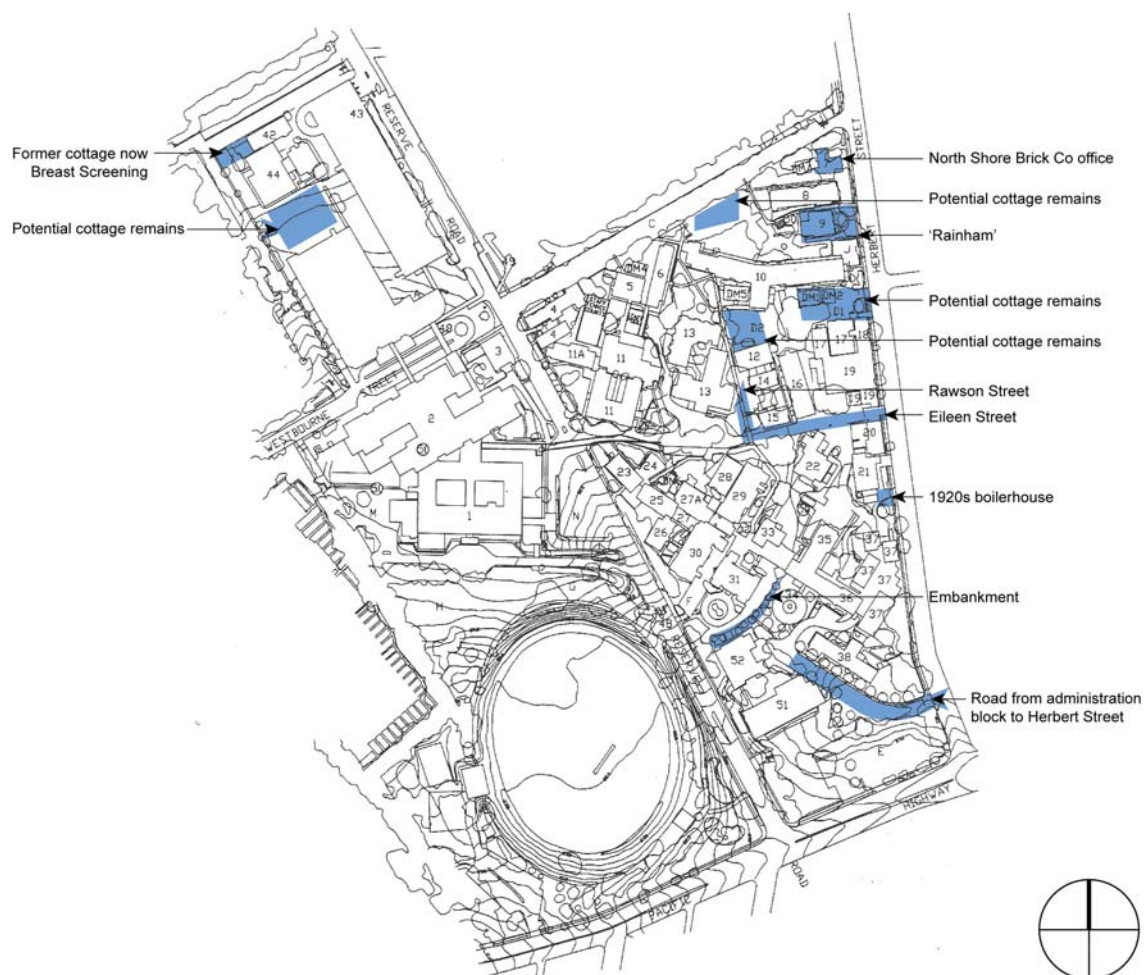


Figure 6.1 Areas of archaeological potential of Low to Medium significance for which an excavation permit should be sought are in blue. An exception to the requirement for a permit should be sought for the remaining areas, which are of No or Low archaeological significance.