

2.0 Historical Context

2.1 Preamble

The development history of the Royal North Shore Hospital was researched by City Plan Heritage as part of its February 2005 Heritage Assessment report. The following is taken directly from that report.

2.2 Development History

2.2.1 Beginnings

The Royal North Shore Hospital had small-scale beginnings as a cottage hospital on North Willoughby Road, Crows Nest, with the foundation stone laid in 1887 by Sir Henry Parkes. In the year of Australia's centenary, the first hospital catering for the north shore opened, with fourteen beds.

The subsequent growth of what was to become one of Australia's most significant teaching hospitals occurred in a number of stages throughout the twentieth century. Within a short space of time, the cottage hospital was overcrowded, with a tent erected in the grounds in 1900 to alleviate the now severe crisis in patient accommodation. An eight-acre site for a new, larger hospital was resumed along Lane Cove Road (present-day Pacific Highway) on 12 August 1899. This was to be serviced and accessible via the newly opened St Leonards railway station, operative from 1890. The proposed design, submitted by architect A Shervey, entailed a number of pavilion (Nightingale) wings that facilitated the circulation of air and light throughout the buildings:

The block plan showed the pavilions so arranged that on all sides the sun might shine. The pavilions are so arranged to provide for economy of administration and control, as well as for completion in three stages. The buildings are to be carried out in brick with stone dressings and slate roof, the design being Renaissance. ...The administration block is placed in the centre, facing Reserve-road, around which are grouped the other blocks and pavilions. The kitchen block is at the rear of the principal administrative block, and on each side are four large ward pavilions, each two stories high.¹

The foundation stone for the new hospital was laid on 13 June 1902, by Governor Sir Harry Rawson, and a request to affix 'royal' to the Hospital's name was duly granted and announced by the Governor on 11 September 1902, as 'Royal North Shore Hospital of Sydney.'

Within Australia, the prime example of such a pavilion wing system was Callan Park Hospital for the Insane. At this institution, the use of pavilions allowed for the free circulation of air, and with the wings being detached, it was believed to reduce the risk of infection. The built examples of pavilion wings in Australia, as demonstrated at both Callan Park and Royal North Shore, varied from the English model in terms of its interior floor layout, and the reliance on verandahs for shade and shelter.² Both institutions also included covered walkways running between the administration

buildings and pavilion wings, although Royal North Shore was an abbreviated form of the pavilion design at its earliest incarnation.

Upon its opening in 1903, the 48-bed hospital comprised only part of Shervey's original design, being a single pavilion wing, the main administration building, an infectious diseases cottage (later the first Children's ward), and small service buildings offset from the two main structures, including a kitchen set behind the administration block. The patient wards were divided between male and female patients, named 'Carey Ward' and 'Sophia Dibbs Ward' respectively. The service buildings were soon added to, with plans for the construction of a shelter shed 'for the Doctors Grooms and vehicles.' The overcrowding recorded at the cottage hospital was soon duplicated in the records of the new hospital: by 1906, the Hospital Committee was arranging for the construction of annexes of a second ward pavilion to serve as a temporary ward. The verandahs of Carey and Dibbs wards were soon used as dormitories to supplement the shortfall in beds.

Expansion and further land acquisition occurred in rapid progression. A second resumption of land in 1912, adjacent to the original Gore Hill site, allowed for the further development of the hospital complex. A second wing, housing the women's 'Northern Suburbs Hundred' ward and the men's 'Hospital Saturday Fund' ward, was opened in 1914, together with new facilities including a T.B dispensary and pathological laboratory. The new wards were 'built on the pavilion principle, which is recognized now as the most effective and satisfactory.'³

Properties fronting Gore Road and Herbert Street were resumed in 1919 and 1920, and cottages once occupied by employees of the North Sydney Brick and Tile Company were converted for hospital use, as staff and nurse accommodation, maternity wards, and infectious diseases wards. 'Oakleigh' cottage was adapted for use by Pathology and the Institute of Medical Research until its demolition in 1930. The streets separating the properties Eileen and Rawson, were also resumed, and converted into covered walkways leading to the main hospital buildings.

Within a decade the Hospital acquired all lots of land contained within Herbert Street, Reserve Road and Gores Road. This extra expansion was partly funded by insurance payments for the destruction of several cottages by fire; the money covered the costs for the purchase of the Lanceley family home and an additional four cottages. These were quickly converted and used for a range of purposes, gradually undergoing adaptation and eventual demolition, with the last demolished in early 1976. The only structures remaining were Lanceley Cottage and the adjacent cottage, formerly used as the offices for the North Sydney Brick and Tile Company.⁴

2.2.2 Consolidation of the Site

The second phase of growth occurred in the interwar period, utilizing the advances made in the medical fields during the course of World War I, as well as in response to public health crises such as the Influenza epidemic of 1919. The previously 'ad hoc' activities of hospital development made way for a more methodical principal based on creating a modern hospital complex. A diverse range of

services and facilities were now opened to assist the North Shore population, such as the establishment of a Mothercraft School in 1927, psychiatric and social work clinics. The new, more ambitious hospital committee, driven by Hospital Chairman Walter Mullens Vindin, found re-use of the older buildings awkward, with the structures typically rudimentary or in need of repair:

The Mortuary was just an old shed and conditions were almost indescribable—in this shed were several wooden tables—the bodies leaving the wards were taken down on trolleys, with just a grey blanket covering them and placed on one of the tables, then covered with a tin cover. Great care had to be taken that the cover was put on properly and fitted firmly, as the place was infested with rats.⁵

In 1925 a new mortuary was built as part of a wider scheme of upgrading, paid for by State funds. Provision was also made in this funding boost for the construction of a nurses' home, to alleviate long-term shortfalls in accommodation. The nurse population had gradually encroached beyond the cottages resumed in 1920, to now include former patient waiting rooms and doctors' consultation room. Construction of the new nurse accommodation commenced in 1929; Vindin House finally opened in 1931, to house 200 nurses. Such new building work only alleviated some of the pressures on the Hospital system; throughout the 1920s there was increasing demand for services and for new medical technologies. A Hospital Commission, convened in 1929, surveyed all existing hospitals in New South Wales, with the Royal North Shore Hospital classified as a General Metropolitan Grade A facility, in acknowledgement of its size and its role in the community despite a significant proportion of its funding being derived from patient charges, in contrast to other A-grade facilities where the majority of funding was sourced from the government. Certainly by 1930, finances were so constrained that many of the Hospital's most basic services were unavailable.

In defiance of financial setbacks and the limitations incurred by the Depression Years, the general expectation of the community and the Hospital Board was that the facility would expand further. Immediate needs were alleviated, at least temporarily, by the acquisition of Lanceley Cottage in 1928. In 1934 combined fundraising efforts by the NSW Government, Hospital Trust funds, and the Ladies Committee allowed for the construction in 1934 of purpose-built Children's Ward, named the Princess Elizabeth Pavilion. Two years later, in 1936, a new 35-bed maternity block, the Alec Thomson Pavilion, opened, followed shortly afterwards by a detailed report by architects Stephenson and Turner on the projected future development of the site. This identified the urgent need for a new kitchen, boiler room and operating theatre, as well as additions to key infrastructure such as laundry and out patients departments. Once these items were addressed, large-scale expansion of the complex was a realistic objective.

2.2.3 Expansion and Revision

In the late 1930s moves were afoot to bring the Royal North Shore Hospital under the general Hospital Act. Administrative changes influenced site development, with the direction of the Hospital

shifting to accommodate new ideas and philosophies. Under the Hospital Act, the Royal North Shore facility was governed by a Board of twelve members. Disputes over day-to-day matters of hospital operation, such as meals and routines, became public knowledge; eventually a new Board was appointed, under different circumstances and with different objectives. The 'new broom' instituted new financial procedures, introduced where possible new technologies available during the course of World War II, and attempted to maintain the hospital and its buildings on an even keel. Monies reserved for the Hospital rebuilding programme were put to immediate use for the construction of new workshops, operating theatre, kitchen upgrading and modernization of administration areas and patient waiting rooms. The construction of a 30-bed pulmonary unit was temporarily interrupted by bankruptcy on the part of the builder, but the new Wakehurst ward was eventually opened in 1941 as an extension to the Princess Elizabeth Pavilion. The following year a state-funded training school, with nursing accommodation, was completed, which relieved at least part of the pressure on patient accommodation.⁶ Other funds were diverted for the purposes of wartime building reinforcements, with a brick bomb protector erected at the front of the Hospital, in addition to reinforcement beams in the wards and screening on the windows. A more positive outcome of the war was the new medication and surgical techniques introduced into NSW Hospitals.

The close of the wartime period also brought other issues into sharp relief, such as the disputes between public and private patients. The election of the Menzies Liberal Government in 1949 helped maintain the division between 'public' and 'private' patients, and the Liberal drive towards a voluntary medical benefits scheme acknowledged the idea of 'self help through insurance.' Of more immediate concern to the RNS Hospital was the prospect of becoming a teaching hospital through an affiliation with the University of Sydney. While this discussion publicly recognized the rising status of the Hospital, it threatened to create further problems in relation to already-strained accommodation and treatment facilities. Negotiations with the State Government and the Willoughby Council resulted in the resumption of 6.5 acres of the Gore Hill Reserve for the purpose of a new multi-storey hospital building, designed on modern hospital lines. This was intended as part of the new hospital philosophy of operation, but requiring massive funding injections to achieve. In the meantime, the staff and patients, and the new University students, had to 'make do' with what buildings they had, and a general modernization of the wards were carried out c1950–1952, as well as the completion of a Thoracic ward in 1949 and other, smaller-scale units associated with clinical studies and research. Other buildings partly or wholly funded by Government included a new eight-storey nurses building, Unit of Clinical Investigation, Child Care Centre, and extension to the Maternity Ward. This 1950s period of growth was accompanied by demolition of the older structures on the Hospital site, such as a mortuary, boiler house, cottages and other dilapidated structures, in order to create open space for further development.

Visible evidence of the new phase of hospital design came with the opening in 1964 of the new Main Block (Stage 1), with four floors, a new outpatient department, a casualty and accident unit, emergency operating theatres, recovery and intensive care wards, and more general administration

and office space. This was accompanied by the Clinical School in 1963 the Cummins Psychiatric Unit, 1965, and the Stephenson & Turner-designed Chapel, dedicated in 1968. A second stage of development occurred during the 1970s, which included the completion of the Wallace Freeborn Professorial Block, Main Block Stage Two, student residences and associated infrastructure. The construction of the Main Block Stage Two was temporarily halted due to the financial collapse of the Mainline Corporation in 1974. During the confusion, the project was placed under the guidance of the General Medical Superintendent, at this time legally considered as both builder and proprietor of the hospital development.⁷ Administration devolved to Max Cooper & Sons, and the project reached completion, with various medical departments relocating into the building as early as July 1974. The building itself was not formally opened until a ceremony by NSW Governor, Sir Roden Cutler, in March 1977.

With the completion of the new Stage I and II buildings, patient accommodation was no longer offered in the original pavilion wards, with these early buildings converted for facilities including lab and research space and offices for a number of departments and medical units. The original Carey Ward was converted for use for Physiotherapy and a Rehabilitation Gymnasium, while C Block and Wakehurst Wing were renovated to accommodate the Departments of Rheumatology, Oncology, Psychiatry and Orthopaedics. All former patient accommodation was relocated and medical Departments and Academics Units moved in. The original kitchens were gutted for Orthotics, and a number of other, older buildings on the site were renovated or extended for alternative uses. The Alec Thomson Wing, opened in 1936 for Maternity, underwent a series of extensions, with a fourth wing added in 1987. Similarly, Lanceley Cottage, which had long been used for staff purposes, was remodeled twice, for Community Services and Satellite Dialysis Service respectively. D Block, once used as Orthopaedic theatres, was now converted for use as Day Surgery. Renovations and adaptations of the buildings continued throughout the 1980s and 1990s, along with smaller constructions of the Centenary Lecture Theatre, but a new phase of development began with the new century, with the commencement of the Douglas Building.

Figure 2.1
The original design
for the North Shore
Hospital, by AJ
Shervey. (Source:
Sherington, *A
Century of Caring*)

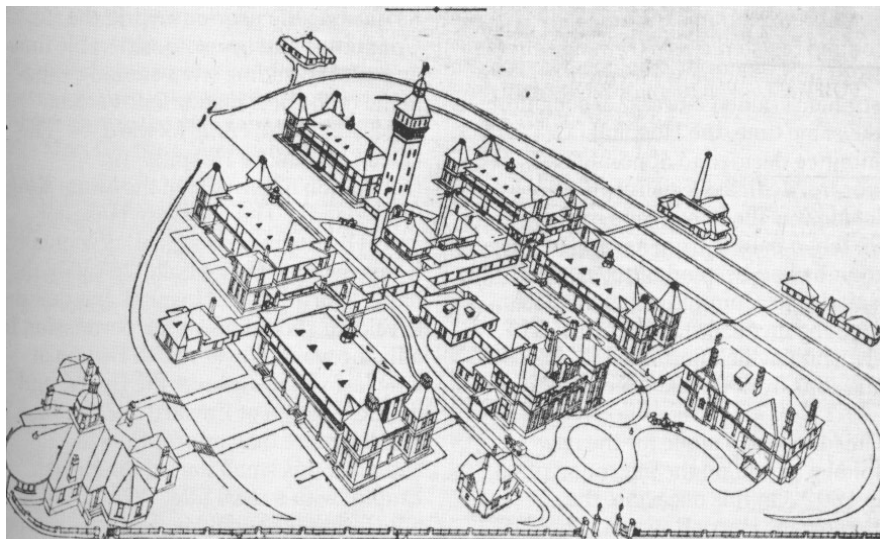


Figure 2.2
Early view of the
hospital, with main
administration block
(Building 31) to the
far left, Building 29
behind, and
Infectious Diseases
cottages set aside at
far right of the image.
(Source: Sherington,
A Century of Caring).





Figure 2.3
View of hospital
cottages, linked by
covered walkways.
(Source: RNSH
Archives)



Figure 2.4
Main hospital
buildings, c1920.
This grouping,
which still survives
(albeit with later
alterations) would
be retained as part
of the Heritage
Precinct.



Figure 2.5 Alec Thomson Pavilion (now Building 13), opened 1936. (Source: Sherington, *A Century of Caring*)



Figure 2.6 Photograph showing the 1952 remodeling of Building 30. (Source: Sherington, *A Century of Caring*)



Figure 2.7
View of new Main
Block Stage 1
Building, 1964.
(Source: State Library
of New South Wales)



Figure 2.8
Stage 2 building under
construction, 1974.
(Source: State Library
of New South Wales)

2.3 Endnotes

¹ *The Sydney Morning Herald*, 8 July 1901, p 4.

² For a discussion of the architecture of Callan Park, see JS Kerr, *Out of Sight, Out of Mind: Australia's Places of Confinement, 1788–1988*, pp 123–5.

³ *The Sydney Morning Herald*, 22 June 1914, p 7.

⁴ This building was purchased in 1965, as one of the last parcels of land to be added to the complex.

⁵ Extracts from 'Miss KE Sturt's Reminiscences written in the 1950s', in General Medical Superintendent's Special Collection, cited in Sherington, *A Century of Caring*, p 43.

⁶ Sherington, op cit, p 86.

⁷ Sherington, op cit, p 129.

3.0 The Site

3.1 Description

The Royal North Shore Hospital's location is illustrated in Figure 1.1 above. The majority of buildings (heritage and otherwise) are concentrated in the area bounded by the Pacific Highway to the south, Herbert Street on the east, Westbourne Street in the north and Reserve Road to the west. The buildings are located within a 'layered' landscape that has developed over the course of the hospital's history. Together, the elements of this landscape (the buildings, trees and plantings, and elements of landscaping such as kerbing, walkways and reconfigured topography) comprise a unique 'cultural landscape' of considerable significance.

The City Plan Heritage Assessment states:

The landscape of the Royal North Shore Hospital is largely defined by the overlay of its medical and institutional function on the original topographical features and wider setting. The northern component comprises grassed areas, and plantings that blend with the original

Within this landscape the built elements and infrastructure are integrated into the precincts and their respective functions. Each has been shaped by, or in response to, the other. The natural landscape was dug out, torn down, reshaped, resumed, and revegetated to suit the site's occupants. The built elements have been sited and laid out in a manner that both suits and exploits the topography, while the areas undisturbed by the development of built structures act as buffers and screens for the activities which occur in them. The Royal North Shore Hospital is therefore a strategically tailored and integrated cultural landscape. (page 11).

It states of the site's buildings:

The buildings located on the Hospital site represent evolving medical and institutional styles and designs from the late nineteenth and twentieth centuries.

These buildings from many periods continue to be used for hospital purposes, although not necessarily their original purposes. External features of extant buildings range from a low level of intactness to those in excellent condition. Examination of the internal structure of the buildings shows diminished levels of integrity. Isolated remnants of original internal fabric can still be identified in many buildings, although for the most part not enough survives to enable accurate reconstruction or restoration. Noticeable change has been brought about by the extensive alterations of buildings, or the demolition of structures, to be followed by erection of new buildings.

At varying intervals, demountable buildings can be identified on the Hospital site. These are erected and removed on a needs basis, to accommodate a perceived immediate need, but frequently remain in use for far longer than originally intended. These buildings are not regarded as part of the built structures of the complex due to their sporadic use and sense of impermanence across the whole site. (page 13)

The buildings of the site have all been designated building numbers, used consistently through a variety of reports, and adopted in this Heritage Impact Statement. The location of these buildings, and their numbers, are illustrated in Figure 1.2 above.

The site has also been divided into a number of precincts in past reports and this Heritage Impact Statement adopts the same divisions used in the City Plan Heritage report which states:

The precincts principally relate to either historical periods of development or the activities carried out within that precinct; such activities and periods frequently overlapped, so that the boundaries can be considered as a guideline only. They may also reflect changing processes and the integration of these developments into different landscape elements. The names and boundaries of these precincts have been selected to reflect contemporary perspectives and patterns of use, whilst attempting to avoid an overly simplistic approach to the hospital's spatial relationships.

The precincts are:

(1) Core Hospital Precinct

(2) Clinical Teaching Precinct

(3) Staff Precinct

(4) Cottages Precinct

(5) Old Precinct

(6) UTS Precinct

(7) Main Block Precinct (page 14)

The precincts are illustrated in Figure 1.3 above.

4.0 Heritage Significance

4.1 Previous Heritage Assessments

The built heritage at the Royal North Shore Hospital has been the subject of two detailed heritage assessments since 2004:

- Royal North Shore Hospital St Leonards—Report Addressing Potential Heritage Issues and Constraints in Connection with Proposed Redevelopment of the Site, prepared by Rod Howard Heritage Conservation Pty Ltd, February 2004; and
- Royal North Shore Hospital, St Leonards Heritage Assessment, prepared by City Plan Heritage, February 2005.

The site's cultural plantings have also been the subject of a heritage study:

- Royal North Shore Hospital, St Leonards—Tree Heritage Study, prepared by Taylor Brammer Landscape Architects Pty Ltd, 17 April 2005.

This Heritage Impact Statement for the most part adopts the assessments of the City Plan Heritage and Taylor Brammer reports. The Howard and City Plan Heritage reports differ in relation to their ranking of a small number of buildings. Where this occurs, it is discussed and reconciled in the HIS assessment. The assessments and significance rankings within the City Plan Heritage report are generally preferred as they are based on a very comprehensive heritage assessment of the whole site. In a limited number of cases this report assesses specific buildings as being of higher significance than identified in either of the above reports. This is also noted and explained where it occurs.

The statements of significance that follow with respect to built heritage are quoted directly from the report prepared by City Plan Heritage unless otherwise noted. Precinct histories are also quoted from the City Plan Heritage report. The statements of significance relating to cultural plantings are from the Taylor Brammer report.

4.2 Assessments of Significance

4.2.1 Precincts

The City Plan Heritage report divided the site into the seven precincts listed in Section 3.0 above. They were defined by the history and function of areas within the wider site, and characteristic or related groups of buildings.

The precincts are illustrated in Figure 1.3. The significance of individual buildings within these precincts often turns on the contribution that those buildings make to the development history of the precincts themselves. In other words, each building should not be viewed in isolation.

The City Plan Heritage report describes each precinct as follows:

Precinct 1—Core Hospital Precinct

This precinct is prominently situated near the centre of the Royal North Shore Hospital complex. It contains structures, infrastructure and other natural and built elements that forms a key component of the site's spatial relationship, and documents the establishment and evolution of the Royal North Shore Hospital throughout the earliest years of the twentieth century. It provides physical evidence of architectural, medical and institutional mindsets of the Federation period, being the heart from which all other facilities radiated, and contains formal gardens and landscaping from the first establishment period of the hospital. The precinct overlooks Reserve Road, the main entry for the Hospital, which has significant views extending along the length of the road. (page 16)

Precinct 2—Clinical Teaching Precinct

The Clinical Teaching Precinct is a densely-built triangular space geared principally towards the enhancement of learning. It occupies the north-west corner of the original hospital site, resumed in 1899 and bound by the former Eileen Street; this is now a roadway bisecting the eastern campus of the Hospital. The majority of the space is occupied by built elements, and only a small portion of the precinct is dedicated to landscaping and open space. It flanks the Core Hospital Precinct and Reserve Road, with some buildings being visually prominent along this viewline. With the exception of the Kolling Institute, the buildings in this precinct were constructed from the end of the World War Two period through the 1960s and 1970s, at a time when the Hospital's role was evolving. (page 61)

Precinct 3—Staff Precinct

The Staff Precinct is located in the north-western corner of the eastern campus, on the corner of Reserve Road and Westbourne Street. Another boundary runs partway along the former Eileen Street alignment, south of Vindin House, and extending between, and effectively segregating, the two nurses homes from the former Maternity and Thoracic Buildings (Buildings 13 and 10 respectively, situated within the Cottage Precinct). The precinct is occupied by a series of buildings that cater for nursing and professional staff in a variety of purposes; these include offices, accommodation, and recreational rooms and sports facilities. These date from the Depression period to the 1980s, but the precinct is visually dominated by 1960s Post War international architectural styles. The later twentieth century buildings (Rotary Lodge) provide accommodation for families of patients. Most buildings are oriented north-east – south-west, to benefit from the sun. Exceptions to this are the Rotary Lodge buildings, which were constructed on the very corner of Reserve Road and Westbourne Street. Other elements within the precinct include the pool and tennis court. (page 82)

Precinct 4—Cottage Precinct

The Cottages Precinct is situated on the corner of Herbert and Westbourne Streets, and extends across much of the northern part of the hospital complex, terminating at the former Eileen Street roadway. Early development of the land was for workers cottages affiliated with the nearby brickworks. This area was resumed in a staged process of acquisition by the Hospital, from 1921 to 1965, with most of the cottages demolished periodically until the 1970s, leaving only Lanceley Cottage (Building 9) and the Diabetes Unit (Building 7) to bear witness to this previous occupation of

the site. This precinct comprises a number of buildings of differing function and architectural style. (page 107)

Precinct 5—Old Precinct

The Old Hospital Precinct is a mix of buildings that have a range of functions; these include research laboratories, patient facilities, storehouses and workshops, and the child care centre and effectively comprised the former, functioning hospital prior to the development of the Main Block Precinct. This precinct also contains the visually dominant chimney located at the southern end of the boiler house. These industrial elements comprise a considered proportion of the built elements within this precinct, far more than in other hospital precincts. The precinct extends along the southern part of Herbert Street, towards the Pacific Highway. At its southernmost extent, the land inclines downwards, being a remnant of the former creek bed that was still in existence when the land was resumed in 1912. The built elements in this precinct are irregular in height and bulk, ranging from low-lying cubiform bunkers along the Herbert Street perimeter, to the polygon of the Cummins Unit and the higher, multi-storied buildings 35 and 36, formerly known as the Princess Elizabeth Pavilion and the Wakehurst Wing. Fronting the Pacific Highway are multistorey commercial and business-related buildings that bear no association with the hospital, but which occupy the site once used for the Outpatients Department. This building, originally designed to cater as a venereal disease clinic, was demolished approximately ten years ago. (page 170)

Precinct 6—UTS Precinct

This precinct comprises land resumed by the Government in 1912 for the purpose of hospital extensions, and includes the low-lying creek bed (no longer in existence). The site occupies the south eastern corner of the Hospital complex. Close to the site was formerly the Venereal Diseases, later Outpatients, building designed by the Colonial Architect and constructed in the early 1920s. This structure was demolished approximately ten years ago. (page 217)

Precinct 7—Main Block Precinct

The Main Block Precinct is located on the west side of Reserve Road, away from the traditional hospital site and in close proximity to the Gore Hill Cemetery. This parcel of land was resumed for Hospital use and expansion in October 1951, when it became apparent that the existing hospital complex would not be sufficient for long-term future use. This precinct is bound to the south by the Gore Hill Oval, and to the north by Westbourne Street, formerly Gore's Road. Directly opposite the Precinct, on the other side of Westbourne Street, is the North Shore Private Hospital, resumed c. 1952-1974. (page 223)

4.2.2 Assessments of Individual Buildings

The following assessments are taken from the City Plan Heritage report dated February 2005. Only buildings of Exceptional, High and Moderate significance are included as these are the only ones that would warrant any consideration for retention and, hence, impact assessment. Buildings of Little or Intrusive significance are therefore not included as their removal would have either a benign or positive effect on the heritage significance of the site.

The City Plan Heritage report applies the principles contained in the NSW *Heritage Manual* for the assessment of places. The following gradings were applied by the City Plan Heritage report. This HIS uses the same gradings.

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

Having assessed the fabric and the historical context of the Royal North Shore Hospital, it is possible to isolate those elements that are of moderate or higher heritage significance. The following table identifies those buildings considered by City Plan Heritage, from an assessment of historical evidence, an examination of building fabric, and their resultant contribution to their context, to comply with such degree of ascribed significance. Two buildings (the chapel and Vindin House) are marked with an asterisk to indicate that this Heritage Impact Statement considers that these buildings may be of social significance (see below).

Building	Main Period of construction	Identified Significance Rankings (City Plan Heritage Report)
Building 3 Chapel	1977	Moderate (social/spiritual only) *
Building 7 Diabetic Unit	c1910	High
Building 9 Lanceley cottage	c1910	High
Building 10 Block 3	c1947	Moderate
Building 11 Vindin House	1929	Moderate (social only) *
Building 19 (part) Mortuary	1925	Moderate
Building 27 Day Surgery	1943	Moderate
Building 29 Pavilion Wing	1902–3	High
Building 30 Pavilion Wing	1914	High

Building	Main Period of construction	Identified Significance Rankings (City Plan Heritage Report)
Building 31 RMO Quarters	1902–3	Exceptional
Building 32 Ansto-Body Protein	c1940	Moderate
Building 33 Orthotics	1902–3	High
Chimney stack, Building 21	1929	High
Reserve Road and views	1900	High

Building 3—Lincoln Hynes Memorial Chapel

City Plan Heritage concludes:

The Chapel is a 1970s A-frame structure based on a modified design by Stephenson & Turner. It was funded by the nursing association and supported by the Royal North Shore Hospital Ladies Committee. The building does not have a high level of technical or architectural value, being a modified form of a regional A frame country church design. Aesthetically it offers decorative abstract design leadlight windows on both southern and northern walls with appropriate hospital-related motifs. It does not contain rare or unusual elements, nor does it have potential archaeological value. Its key significance relates to its spiritual and ecumenical nature, as it provides a place for people of many denominations to rest, pray and commune. The Chapel, therefore, has a moderate degree of heritage significance, for social and spiritual reasons, at the local level.

The Howard report also identifies Building 3 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

Good representative example of this style of church design.

Impressive contemporary stained glass windows in northern and southern walls designed by artist Philip Handel.

Socially important as a place of meditation and peace for hospital patients and their relatives.

This structure has now functioned as a chapel for approximately 30 years. It has seen generations of use by staff, patients and families, in often highly emotional circumstances. In our opinion it is possible that a social significance assessment would identify this structure as being of High social significance. For this reason, we consider that the chapel should be given a ranking of High rather than Moderate significance.

The City Plan Heritage report (p3) states that the chapel may be relocated to facilitate hospital development. This HIS concurs with that observation but we consider that the retention of the chapel in situ would be a highly preferable heritage outcome.

Conclusions:

City Plan Heritage Assessment: Moderate at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: High at Local level

Building 7—Diabetic Unit (Former North Sydney Brick and Tile Co Office)

City Plan Heritage concludes:

Building 7 is a heavily modified early twentieth century residential cottage, both externally and internally. The building has an unusual history, being used as the office of the North Sydney Brick and Tile Company, with patterned brickwork added to its exterior as product display. Since the 1920s it has been used by the Royal North Shore Hospital and expanded and altered to suit changing needs of the hospital units occupying the building. In consequence, the integrity of its fabric has been degraded. Its primary heritage value lies in its exterior presentation of examples of the North Sydney Brick and Tile Company brickwork, which has been laid decoratively along principally Herbert Street, but also some small decorative elements along the Westbourne Street elevation. It is representative of the growth of the district and uses of the area. It has associations with the brickworks and E.R. Lanceley, and with the Gore Hill industry, and is considered to have a High level of significance at a local level.

The Howard report also identifies Building 7 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

Historically associated with the North Sydney Bricks & Tile Company and Lanceley family.

Used as the office and showroom for the adjacent brickworks, the original portion of the building exhibits fine decorative architectural elements internally as well as externally.

Probable very early use of certain cream bricks and other brick types—first of their kind to be manufactured in Australia.

An interesting stylistic transition between typical domestic Federation period architectural detailing (roof and gable) and brick detailing more characteristic of the Inter-War period.

The Diabetic Unit is listed on the NSW State Heritage Register and Department of Health's S170 NSW State Agency Heritage Register. The statement of significance for the entry states:

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

Conclusions:

City Plan Heritage Assessment: High at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: High at Local level

Building 9—Lanceley Cottage

City Plan Heritage concludes:

The existing building, currently known as Lanceley Cottage, is significant at a local level for historical, aesthetic, social and architectural reasons. It is an early and intact Federation bungalow cottage of high architectural standard with unusual fine detailing internally, and well preserved generally within its original garden context, despite having lost part of the curtilage once comprising the croquet lawn. It has high external and internal integrity, with hospital modifications limited to cupboards, benches and related fittings; the original form and details of the building can be clearly read. Original surviving elements include the boot scrapers at the main entrance, leadlight windows at both main and tradesman's entrance, timbers and shingles, oriel and casement windows, unusual plasterwork ceiling designs, fireplaces, flooring and overall internal layout of the rooms. It has associations with the Lanceley family, who owned a number of properties along Herbert Street, and who were associated with the Royal North Shore Hospital and the North Shore Brick and Tile Company.

The Howard report also identifies Building 9 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

An excellent and architecturally accomplished example of domestic Federation architecture exhibiting fine architectural detailing throughout as well as some very uncommon features.

The original layout and detailing of the surviving front portion of the garden survives as does most of the original brick and iron fencing along the Herbert Street boundary. The surviving brick and iron fence is one of the best examples of its kind to be found in suburban Sydney.

Built for Mr E R Lanceley, and associated with two generations of the important Lanceley family, owners of the North Sydney Brick and Tile Company (later to become Norbrick) and operators of the adjacent brickworks.

Lanceley Cottage is listed on the NSW State Heritage Register and Department of Health's S170 NSW State Agency Heritage Register. The statement of significance for the entry states:

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

Conclusions:

City Plan Heritage Assessment: High at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: High at Local level

Building 10—Block 3

City Plan Heritage concludes:

Building 10 is considered to be of some degree of heritage significance for the role it has played in Australian medical history, in addition to its aesthetic and architectural contribution. The building was constructed in two stages, beginning in c.1947, and was subjected to single and double storeyed additions. Its design was intended to accommodate tuberculosis patients, at a time when the treatment for the disorder was being refined. Throughout its history the building has been used for a variety of hospital facilities and clinics, including ground-breaking heart-lung transplant operations and the first IVF procedures in Australia.

Externally the building is in fair condition, with sections that are deteriorated and require repair and proper maintenance. Internally there have been significant modifications and upgrading of each floor, so that little significant fabric remains. Elements of interest include the extant terrazzo lift and stairwell.

The Howard report also identifies Building 10 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

A good albeit late example of the Inter-War Functionalist style of architecture and based upon an internationally standard design for treatment of consumptives.

Godden Mackay Logan agrees with the assessment of the City Plan Heritage report.

Conclusions:

City Plan Heritage Assessment: Moderate at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: Moderate at Local level

Building 11—Vindin House

City Plan Heritage concludes:

Vindin House was constructed 1929-30 as an Interwar Georgian Revival structure, purpose-built as a nurses' home and typical of those associated with public hospitals in the 1930s. Construction deviated from the original plan due to the Depression era economising, so that the eventual building was a simplified version of the intended design. The building was named in honour of Walter Vindin, who played a central role in the administration and growth of the hospital during the first part of the twentieth century. It comprised nurses accommodation, as well as dining and recreation rooms in a hall across the courtyard. In addition to nursing accommodation, the building was used for the nurses graduation ceremony and Nurses Balls.

While the building is not a distinguished or accomplished design architecturally, aesthetically or technically, Vindin House has some degree of social significance to the nursing community. It is a well resolved, if simple, example of its type. Externally, the building is relatively intact, with doors and windows in fair condition; internally, each floor has been thoroughly renovated and refurbished, so that original fabric is limited to stairs, some interior doors, and the lift. The building is occupied by various hospital departments, and its function as a nurses home redundant. It is a mediocre example of the nurses homes constructed during this period throughout Sydney and the wider region, with superior examples to be found at Royal South Sydney Hospital and Prince Henry Hospital.

The Howard report also identifies Building 11 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

A relatively unaltered example of a substantial building from the Inter-War period with the majority of its original architectural detail surviving intact. early lifts are still operating.

The most visually dominant building on the Hospital site between 1929 and 1973.

Of social significance to the many members of the Hospital's nursing staff who lived here during their time at the Royal North Shore Hospital.

The Howard assessment excludes the west wing of Building 11 from its list of significant buildings on the grounds that it is a later addition (1944, original building 1931) which has insufficient aesthetic merit to warrant consideration for retention, adaptation or conservation. The City Plan Heritage report identifies Vindin House as being of Moderate significance for its strong social associations with the nursing community and Walter Mullins Vindin, notwithstanding that it identifies its architecture as being aesthetically unremarkable.

In our assessment, Vindon House is of High (rather than Moderate) significance as one of the most intact nurses homes surviving from the Inter-war Period. It may also be of social significance to the many former nurses who resided there.

Conclusions:

City Plan Heritage Assessment: Moderate at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: High at Local level

Building 19—Mortuary

City Plan Heritage concludes:

The former mortuary building at Royal North Shore Hospital presents a good exterior remnant example of a simply constructed, early interwar hospital 'services' building, with its square timber

shingles and extensive windows and skylight openings. Its 1922 design was, for the time, state-of-the-art, with refrigeration chambers and provision for a chapel, and is representative of key hospital facilities that are often overlooked in favour of prominently located patient wings and administration buildings. It occupies a site close to the original RNSH morgue site along the Eileen Street alignment, in keeping with the hospital's policy in relation to disposal after death, with Eileen Street considered a convenient and discreet location from which to convey corpses for burial.

The building has historical and architectural value, with its distinctive skylight windows highlighting the building's purpose. Externally, the building is in fair but neglected condition, and is encroached upon by the hospital laundry. Internally, the mortuary has little integrity due to renovations for its use as the laundry office.

The Howard report does not include the mortuary in its list of significant buildings. This report concurs with the assessment of the more detailed City Plan Heritage report and assesses the building as being of Moderate significance at the local level.

Conclusions:

City Plan Heritage Assessment: Moderate at Local level

Howard Report: Not of Significance.

Godden Mackay Logan Assessment: Moderate at Local level

Building 21—Boiler House and Chimney Stack

The City Plan Heritage report regards the entire building (boiler house and chimney) as an architectural unit which:

is important in its demonstration of the changing needs of the hospital complex ... (Criterion [a]).

was designed by the Government Architect, with subsequent alterations and extensions designed by Stephenson & Turner (Criterion [b]).

is a functional and architecturally interesting structure that demonstrates a high degree of technical achievement ... (Criterion [c]).

is representative of the overall process of modernisation of the hospital that was carried out in the mid-twentieth century (Criterion [g]).

The City Plan Heritage report concludes:

The Boiler House, constructed in 1959, is an architecturally distinctive and functional structure that was built as part of a wider upgrading process across the Royal North Shore Hospital site. The building was constructed by HW Thompson Pty Ltd, and featured a coal bunker and monorail and half-ton hoist. The building was altered and extended during the early 1970s in accordance with a design by Stephenson & Turner. A large, 1929, chimney stack, is located next to the Boiler House, and is considered to have heritage significance in its own right for its visual prominence and historical value.

The Howard report only includes the chimney stack in its list of significant buildings, excluding the boiler house. The Howard report also identifies Building 21 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

A representative example of its kind and a local landmark for many years.

This report considers that the chimney stack is of High significance while the boiler house is of Moderate-to-Little significance. It is considered that the heritage significance of the boiler house and chimney is embodied principally in the land mark status of the chimney stack. The significance of the complex would therefore be retained by the retention of the chimney stack and the archival recording of the boiler house (without necessarily retaining it).

Conclusion:

City Plan Heritage Assessment: High at Local level

Howard Report: Some degree of Cultural Significance. (Chimney Stack)

Godden Mackay Logan Assessment: Chimney Stack High at Local level and Boiler House Little-to-Moderate at Local level.

Building 27—Day Surgery

City Plan Heritage concludes:

The Day Surgery building was constructed in 1943 as a bomb-proofed operating theatre complex, and is the key surviving wartime element. Other air raid precautions carried out across the hospital, such as to Buildings 31, 35 and 36, are no longer extant, whereas the former operating theatres were purpose-built to withstand such circumstances. The building was renovated in the 1980s to accommodate the Day Surgery Unit, but much of the original layout of the building has been retained. The viewing gallery with wooden bench, dual operating theatres, cupboards and benches, some scrub and equipment fittings, and light fittings have all survived. Some bathroom fitouts are original, while others have been upgraded for staff and patient use. The building has significance for its wartime associations and as part of the hospital's wider development.

The Howard report does not include the building in its list of significant buildings while the more detailed City Plan report identifies it as being of Moderate significance. In our assessment, Building 27 is of Moderate significance.

Conclusions:

City Plan Heritage Assessment: Moderate at Local level

Howard Report: Not of Significance.

Godden Mackay Logan Assessment: Moderate at Local level

Building 29—Block 1B

City Plan Heritage concludes:

Building 29 is of importance within the North Shore community as one of its earliest purpose-built hospital buildings. As an individual building, it is significant for its demonstration of the Nightingale or pavilion architectural design for institutional structures; in association with other Federation buildings on the site, it provides an example of hospital design, through its setting and covered walkways linking the buildings. It is one of several structures comprising the original Royal North Shore Hospital complex, designed by A. Shervey and constructed in 1902-3. Extensive external and internal modifications have been carried out on the building, but the original overall form of the building can still be read through its footprint, much of its exterior fabric and through its distinctive roof ventilators, manually operated lift and similar. The former verandah spaces can easily be identified, and throughout the interior of the building there are small remnants of fabric such as decorative ceilings, doors, door handles etc, that reinforce its earliest use as a patient ward – this is not a dissimilar use to much of the building today, which has a large open areas for physiotherapy and antenatal purposes.

The building has been significantly modified externally and internally. Its verandahs have been enclosed and stairwells added to the external structure, so that it has diminished integrity and visual presence, but these former verandahs can still be distinguished through the balcony doors still extant and the dimensions of the interior. Windows and door openings are original, with many other original elements in place, including decorative ceilings, etched glass ward designations ("B1"), some doors and other remnant fabric including the roof ventilators, oriel window and turret ladder leading to a fine view of the roof levels of the buildings. The position of building entrances and corridors are consistent with the Nightingale design of institutional buildings of the period.

The Howard report also identifies Building 29 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

Demonstrates typical Hospital ward planning in Edwardian times.

The building retains its early Federation character with many surviving original materials, finishes and decorative features including impressive louvred ventilators.

Building 29 is not only significant in its own right, it is also an integral part of the 'Core Hospital Precinct' which comprises an important early grouping of buildings (discussed below under separate heading).

Conclusions:

City Plan Heritage Assessment: High at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: High at Local level and important element of the Core Hospital Precinct.

Building 30—Block 1A

City Plan Heritage concludes:

Building 30 is of importance within the North Shore community as one of its early purpose-built hospital buildings. As an individual building, it is significant for its demonstration of the Nightingale or pavilion architectural design for institutional structures; in association with other Federation buildings on the site, it provides an example of hospital design, through its setting and covered walkways linking the buildings. It is one of several structures following the design of the original Royal North Shore Hospital complex, designed by A. Shervey.

The building has been significantly modified externally and internally. Its verandahs have been enclosed and stairwells added to the external structure, so that it has diminished integrity and visual presence, but these former verandahs can still be distinguished through the dimensions of the interior and some remnant fabric, although it has retained less than noted in Building 29. Many of the windows and door openings are original, with many other original elements in place, including the roof ventilators. The position of building entrances and corridors are consistent with the Nightingale design of institutional buildings of the period.

The Howard report identifies Building 30 as having ‘some degree of heritage significance’.

Building 30 is not only significant in its own right, it is also an integral part of the ‘Core Hospital Precinct’ which comprises an important early grouping of buildings (discussed below under separate heading).

Conclusions:

City Plan Heritage Assessment: High at Local level

Howard Report: Some degree of heritage Significance

Godden Mackay Logan Assessment: High at Local level and important element of the Core Hospital Precinct.

Building 31—Resident Medical Officers Quarters

City Plan Heritage concludes:

In association with other Federation buildings on the site, the RMO Quarters provides an example of hospital design, through its setting and covered walkways linking the buildings. It is one of several structures following the design of the original Royal North Shore Hospital complex, designed by A. Shervey. It is of high architectural quality, being the figurehead for the hospital, and is a visually dominant structure along the Reserve road view lines.

The building has been subjected to alterations and additions throughout the twentieth century, with periodic restoration projects carried out since the 1960s. Additional patient and clinic rooms have been added to the building, but the original form of the building is essentially intact. Original surviving elements include the main entry with timber doors and surrounds of exceptional quality, pressed metal ceilings, stained glass windows, stairs, fireplaces, walls, and floor layouts. Partitioning has been inserted into some of the door openings, but is a reversible alteration. Office spaces and ancillary rooms such as bathrooms have been modified through the course of the twentieth century, but do not particularly diminish the overall effect of the main character of the building.

It is a landmark building defining the principal entry to the former core of the Royal North Shore Hospital precinct. The courtyard and surviving pathways between the buildings are important in maintaining the integrity of the group of buildings. The pathways between the buildings provide visual and physical links with the courtyard and with the other buildings. The position of the building's entrances and corridors indicate the proposed circulation patterns that connect the buildings as a group. The buildings, courtyard and surviving paths between the buildings of the RNSH precinct are of high cultural heritage significance.

The Howard report also identifies Building 31 as a structure that has:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

The Howard report identifies the following significant attributes and associations:

Historically important as the original main hospital building on the St Leonards site, and originally designed as the centrepiece in what was intended to be a model hospital layout based on the pavilion principle.

Aesthetically one of the very best Edwardian institutional buildings to be found anywhere in New South Wales featuring consistently fine architectural elements and detailing throughout, including magnificent decorative pressed metal ceilings, decorative tiled floors and grand timber staircase.

The survival of the garden entry forecourt and associated landscaping enhances the significance of the building and helps to define an appropriate curtilage or setting.

Conclusions:

City Plan Heritage Assessment: Exceptional at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: Exceptional at Local level

Building 32—Ansto-Body Protein

City Plan Heritage concludes:

Building 32 was constructed c.1940 as a waiting room and then rapidly converted for use as a kiosk. Subsequent uses include storage as well as a possible use as a staff canteen, temporary isolation

ward, and in present-day for Ansto-Body Protein Unit. The building shows Interwar Georgian Revival influence, and is sympathetic to the nearby Federation and World War I buildings. It has significance as representative of the growth of the hospital complex and its changing role as a kiosk is reflective of the changing attitudes towards hospital facilities on the site. Externally the building is intact, with the exception of a 1970s timber door at its south-west aspect. Its internal elements have been modified to accommodate new uses, so that little original fabric is evident excepting the ceiling panelling. An original door opening on the west side has been enclosed and a door with new partitioning above inserted on its north-west. It is assumed that little original fabric was required for use as waiting room and kiosk, with minimal fittings needed to accommodate such uses; this accounts for the lack of internal character. Overall, it makes a positive visual contribution to the early hospital complex by virtue of its external integrity, but has diminished internal integrity due to the kinds of former uses.

The Howard report does not include the building in its list of significant buildings. This report agrees with the assessment of the more detailed City Plan Heritage report, and its application of the heritage criteria.

Conclusions:

City Plan Heritage Assessment: Moderate at Local level

Howard Report: Not of Significance.

Godden Mackay Logan Assessment: Moderate at Local level

Building 33—Orthotics

City Plan Heritage concludes:

Building 33, constructed in 1902-3, makes a significant contribution to the early hospital complex and should be recognised as one of the key support buildings on the site that remains. Others, such as the first morgue and laundry buildings and early theatres have been demolished during hospital development, but the Kitchen block occupies its same position. It has been subjected to external additions and alterations, during the 1950s and 1970s, but this work is clearly distinguishable from the original core of the building. The interior fitout has also been modified during the mid-century period, to include a brief phase where a section was used as a kiosk, and the 1970s where the interior was modified to suit occupation by Orthotics Department. The interior shows evidence of the kitchen uses, however, with the ceiling vents still in position, and an imprint of the now-removed kitchen rangehoods on walls. The former Kitchen block has high significance as an individual item, but more particularly as part of the original hospital complex.

The Howard report excludes Building 33 from its list of significant buildings on the grounds that it has insufficient aesthetic merit to warrant consideration for retention, adaptation or conservation. This report agrees with the assessment of the more detailed City Plan Heritage report which accepts that the building does not demonstrate high aesthetic standards but identifies it as significant because it:

is an important part of the hospital complex, constructed in 1902-3 ... important for its role in the early Royal North Shore Hospital day-to-day operations (Criterion [a]).

has associations with original architect A Shervey (Criterion [b]).

has associations with the hospital community for social and cultural reasons given its continued use since 1902 (Criterion [d]).

is a rare surviving early Federation hospital ancillary building (Criterion [e]).

is important in its demonstration of an early Federation Hospital Kitchen Block. In conjunction with Buildings 31, 29 and 30, it forms part of the historic core of the site and engages the other buildings as a group of significance (Criterion [g]).

Conclusions:

City Plan Heritage Assessment: High at Local level

Howard Report: Not of Significance.

Godden Mackay Logan Assessment: High at Local level

Buildings 29, 30, 31, 32 and 33—Core Hospital Precinct Building Group

City Plan Heritage concludes:

The Core Hospital Precinct Group is an important, and increasingly rare, surviving example of early twentieth century Federation hospital architecture and design. It comprises the centrepiece and figurehead building, being the two-storeyed Queen Anne RMO Quarters and Administration Building, which is of superb design and intact form. This is flanked by two double-storeyed pavilion wings, altered but which retain sufficient fabric and form as to read and understand their former use, and a kitchen wing is located behind the RMO building, in line with hospital philosophy and design. This building has been altered externally and internally, but it is possible to see its original form and function. Added to this early group is a Georgian Revival waiting room/kiosk building, which is architecturally complementary and submissive to the main buildings, and is demonstrative of the early evolution of the hospital. These buildings are linked via covered passageways which run throughout the extent of the early hospital complex, and a courtyard garden setting preceding the Administration Building, facing onto Reserve Road. This group of buildings is situated on an elevated slope of land, to take advantage of views and ventilation, and has an important visual connection to the site. The group of buildings have aesthetic significance, being construction with high quality material and representative of key architectural trends of the Federation period. The Core Hospital Precinct has historic significance, being the oldest purpose-designed and building complex of hospital buildings on the North Shore of Sydney. It has social significance as an icon for the development of health services in the region, and scientific and technical value as a demonstration of the architectural and design influences used in institutional philosophy at the beginning of the twentieth century.

The Howard report does not assess the precinct.

Other Buildings

The Howard report also identifies a number of buildings as having:

some degree of cultural significance or heritage attribute(s) that could at some time in the foreseeable future give rise to heritage constraints ...

Those buildings are:

- Building 1—Stage 1 Main Block (1964).
- Building 2—Stage 2 Main Block (1974).
- Building 6—Sturt House (1956).
- Building 34—CJ Cummins Unit.
- Building 52—Centenary Lecture Theatre.

This HIS agrees with the more detailed City Plan Heritage report which concludes that these structure are in fact of Little significance given levels of intervention in the original fabric (making interpretation difficult) and/or their failure to satisfy the criteria for other reasons.

Conclusions:

City Plan Heritage Assessment: Little significance at Local level

Howard Report: Some degree of Cultural Significance.

Godden Mackay Logan Assessment: Little Significance at Local level

4.2.3 Cultural Plantings

The report prepared by Taylor Brammer Landscape Architects (April 2005) concludes of the cultural plantings at the site that:

The landscape to the hospital has developed over time with a number of layers of planting as described above being evident. The plantings are a reflection of species popular at the time and are evidence of contemporary domestic landscape attitudes, particularly of the north shore area. While there are characteristic areas of mature landscape, the legacy of multiple layers of planting and various gardeners' interests dominate the landscape form and character of the place. Evidence of planting of a more substantial vision is limited to the Phoenix canariensis to the southern part of the site and the planting around Building 31. No trees on site are listed as part of the Willoughby City Council LEP.

Characteristic planting of the site is important in the context of the built environment and the legacy of the hospital as a major part of the social fabric of the lower north shore. As outlined in the summary, there are a number of trees that are to be retained where possible (page 6).

The Taylor Brammer report identifies 326 trees and palms on the site. Of these, 109 are identified as 'significant to the site, their significance being determined on their aesthetic and historical contribution to the hospital's environment' (page 9). They form groupings of trees and palms, usually contemporary, that represent landscape design choices and historical development at the hospital. They are illustrated in Figure 4.1. The significant trees and palms at the site are provided in Table 4.1 below. Their significance has been determined on their aesthetic and historical contribution to the hospital's environment.

The significant groupings of trees and plantings illustrated in Figure 4.1 are numbered from 1 to 6. These groupings are as follows:

1. Partial avenue of *Phoenix canariensis*.
2. The trees and palms that make up the landscape curtilage to Building 31.
3. The large and established *Ficus macrocarpa* var. 'hillii' and to a lesser extent the *Cinnamomum camphor*, as these later trees are now coming to the end of their useful life and are exhibiting some characteristics of senescence.
4. The remaining vegetative elements of the former avenue planting to Reserve Road.
5. The lines of *Lophostemon confertus* to Reserve Road and Westbourne Street.
6. The groups of *Syncarpia glomulifera* trees.

4.2.4 The Archaeological Resource

Godden Mackay Logan prepared an Archaeological Assessment in May 2006. The report identified a number of areas within the site that have the potential to contain archaeological relics of Low to Medium significance. These areas are illustrated in Figure 4.2.

Table 4.1 Trees and plantings of identified significance.

Key No.	Tree
37, 38	Group of <i>Howea belmoreana</i> associated with Building 11.
49–55	<i>Lophostemon confertus</i> row of trees along Westbourne Street.
58	Stand of <i>Howea forsteriana</i> associated with garden with building 10.
59–70	<i>Lophostemon confertus</i> row of trees along Westbourne Street.
114, 115	<i>Cinnamomum camphor</i> .
118	<i>Ficus microcarpa</i> var <i>hillii</i> substantial specimen.
123	<i>Cinnamomum camphor</i> .
124, 125	<i>Syncarpia glomulifera</i> , part of stand of trees endemic to area.

Key No.	Tree
126	<i>Strelizia nicholai</i> , large established specimen.
127	<i>Magnolia grandiflora</i> , large established specimen, only one in study area.
139–144	<i>Lophostemon confertus</i> , group of trees associated with Building 9.
146	Group of Archontophoenix cunninghamiana planting of last 20 years.
156–157, 159–161	<i>Lophostemon confertus</i> , part of Reserve Road avenue planting.
168–170	<i>Lophostemon confertus</i> , part of Reserve Road avenue planting.
176	<i>Erythina cristi galli</i> .
187, 188	<i>Syncarpia glomulifera</i> , part of stand of trees endemic to area.
191, 193	<i>Syncarpia glomulifera</i> , part of stand of trees endemic to area.
195–203	<i>Syncarpia glomulifera</i> , part of stand of trees endemic to area.
204, 206	Archontophoenix cunninghamiana, Howea sp., Howea early planting.
213–214	<i>Lophostemon confertus</i> , part of Reserve Road avenue planting.
217, 218	<i>Magnolia</i> sp grafted, planted pre-1945.
219	<i>Araucaria cunninghamiana</i> , probable early avenue planting.
220	<i>Pinus radiata</i> , remnant early planting, pre-World War I.
229–233	<i>Ficus macrocarpa</i> var. hillii, large established group, some suppressed.
240–242	<i>Syncarpia glomulifera</i> , part of endemic species to site.
246, 247, 249	<i>Syncarpia glomulifera</i> , part of endemic species to site.
253–260	<i>Phoenix canariensis</i> , part of avenue to entry, probably 1920s.
273	<i>Phoenix canariensis</i> , part of avenue to entry, probably 1920s.
274	<i>Washingtonia robusta</i> , part of curtilage to Building 31.
275, 276, 279–282	<i>Washingtonia robusta</i> , part of curtilage to Building 31.
284–292	<i>Phoenix canariensis</i> , part of avenue to entry, probably 1920s.
308	Paulownia tomentosa, unusual specimen planting, 1980s.
319	<i>Syncarpia glomulifera</i> , species endemic to site.
320	<i>Washingtonia robusta</i> , associated with group around Building 31.
324–326	<i>Syncarpia glomulifera</i> , species endemic to site.



Figure 4.1 Groupings of trees and plantings of identified heritage significance (Source: Taylor Brammer Report, 2005). See also Table 4.1.

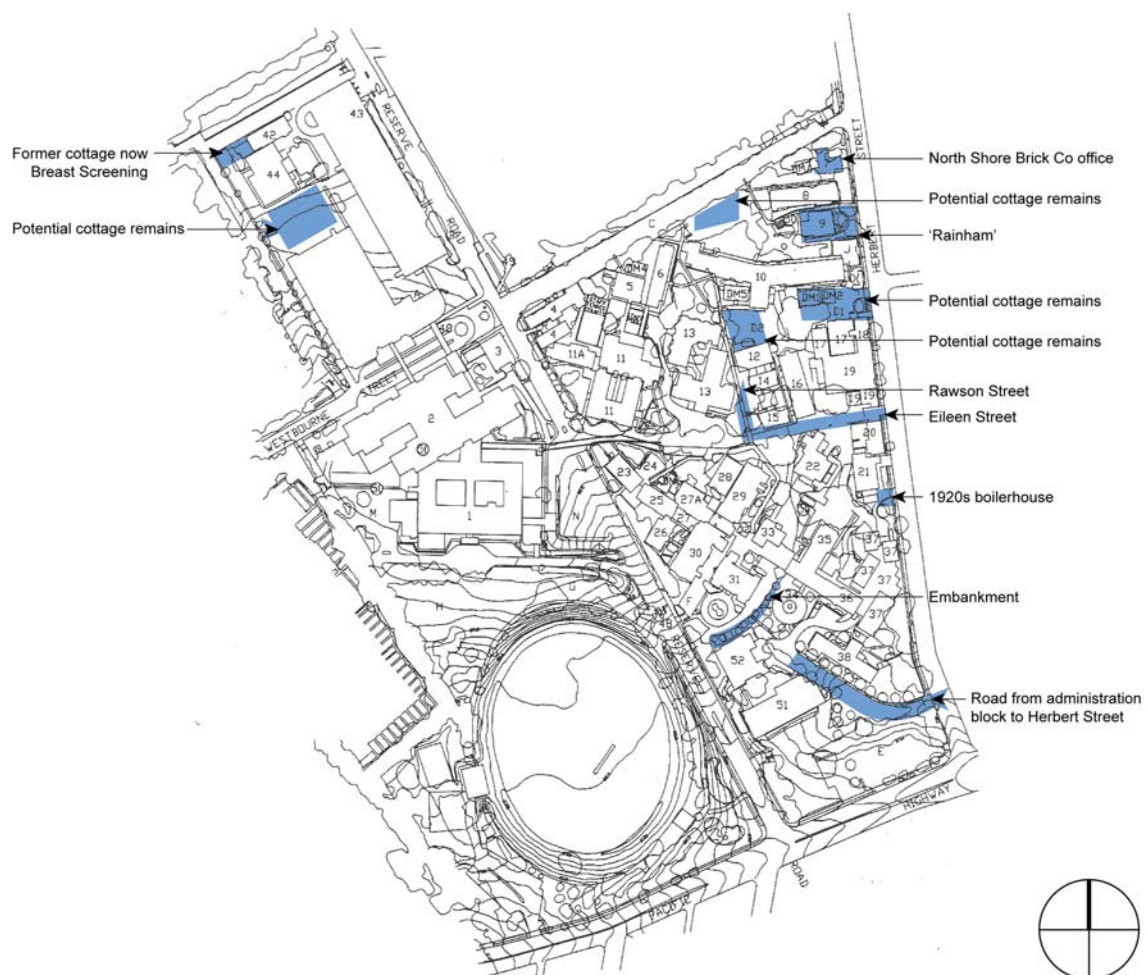


Figure 4.2 Areas of archaeological potential of Low to Medium significance for which an excavation permit should be sought are in blue. An exception to the requirement for a permit should be sought for the remaining areas, which are of No or Low archaeological significance.



5.0 Listings and Statutory Provisions

5.1 Environmental Planning and Assessment Act 1979 (NSW)

5.1.1 State Environmental Planning Policy (State Significant Development) 2005

The proposed works comprise 'state significant development' within the meaning of State Environmental Planning Policy (State Significant Development) 2005, being a Health and Public Service Facility as defined in Schedule 1 (Group 7, section 18).

Under section 76A(9) of the *Environmental Planning and Assessment Act 1979* (NSW) ('the EP&A Act'), the Minister for Planning is the consent authority for the proposed works, applying the provisions of Part 3A of the Act.

5.1.2 Part 3A, Division 3 of the EP&A Act (Concept Plans)

The Minister may authorise or require the proponent of a development project to submit a concept plan (section 75M EP&A Act) that outlines the proposed scope of the project and any development options.

Upon receipt of such a concept plan, the Minister may approve that plan provided the Act's environmental assessment requirements have been met (section 75O).

The concept plan forming the subject of this Heritage Impact Statement is a concept plan within the meaning of Part 3A of the EP&A Act. This Heritage Impact Statement is prepared in fulfilment of the environmental assessment requirements of the EP&A Act (Part 3A, Division 3).

5.1.3 Willoughby Local Environmental Plan 1995

Under section 75P of the EP&A Act, the Minister may approve a concept plan with one of the following determinations:

1(b) the Minister may determine that approval to carry out the project or any particular stage of the project is to be subject to the other provisions of (the EP&A Act) (in which case the project or that stage of the project ceases to be a project to which this Part applies),

1(c) the Minister may determine that no further environmental assessment is required for the project or any stage of the project (in which case the Minister may, under section 75J, approve or disapprove of the carrying out of the project or that stage of the project without further application, environmental assessment or report under Division 2).

In other words, the Minister may determine that consent for the proposed works might be subject to other statutory instruments, including local environmental plans.

The site falls within the Willoughby Local Government Area (LGA) and the development may become subject to the provisions of the *Willoughby Local Environmental Plan 1995*. A number of provisions

of the Willoughby LEP deal directly with heritage and would be relevant to the proposed works should the Minister so decide upon approval of the concept plan. The relevant provisions are as follows:

Clause 2 lists among the LEP's aims and objectives:

(b) to allow development at a scale that is sensitive to environmental and planning constraints.

(c) to control and manage adverse environmental impacts of development.

(g) to identify and protect environmentally friendly sensitive areas.

(h) to conserve specific buildings and items of the environmental heritage and to retain the character of urban conservation areas.

Clause 56 lists the aims and objectives of the LEP specific to heritage:

(a) to conserve the heritage of the built and natural environment to which this plan applies.

(b) to integrate conservation into the planning and development control processes.

(c) to provide for public involvement in matters relating to the conservation of the City of Willoughby's heritage.

(d) to ensure that new development does not adversely affect the heritage significance of heritage items and conservation areas and their settings, including streetscapes and landscapes and the distinctive character that these impart to the City's heritage.

Clause 57 requires that Council not consent to development applications with respect to heritage items unless it has considered the extent to which the proposed development will affect the heritage significance of the item. Heritage items are listed in Schedule 6 and 7 of the LEP and illustrated in the 'Heritage and Conservation Map' (clause 5 of the LEP, refer also DCP 19).

Neither the Royal North Shore Hospital, nor any element of it, is listed in the Schedules or recorded in the Heritage and Conservation Map (DCP 19). No part of the hospital, or the hospital itself, is a heritage item under the LEP. This also means that Development Control Plan 19—Heritage and Conservation (which applies with respect to heritage items) would not apply with respect to the Royal North Shore Hospital.

Clause 57 has similar requirements with respect to places within conservation areas. However, the hospital is not located within any conservation area defined by the LEP or *Development Control Plan 19—Heritage and Conservation*.

Clause 58 requires that Council assess the effect that development in the vicinity of a heritage item will have on that heritage item before giving consent to that development. The hospital is adjacent to the Gore Hill Memorial Cemetery which is listed as a heritage item in Schedule 6 of the Willoughby

LEP and Council would therefore have to take the potential impacts of the proposed development on the cemetery into account before giving consent to the development.

Clause 60 requires that:

Council shall not grant consent for the future demolition of a building, work, relic, tree or place within a conservation area unless it has considered the future development of the site.

Clause 63(2) of the Willoughby LEP specifies that Council may grant consent to the carrying out of development on a non-Aboriginal archaeological site only if it has considered an assessment of the potential impacts, where the Heritage Council has been notified and where the excavation permit requirements of the *Heritage Act 1977* (NSW) have been complied with (see section 5.2.2 below). An 'archaeological site' is defined by clause 5 of the Willoughby LEP as being:

land identified as such a site on the Heritage and Conservation Map.

No part of the Royal North Shore Hospital is so identified in the Heritage and Conservation map and clause 63(2) therefore does not apply to it. However, Godden Mackay Logan has recently prepared an Archaeological Assessment that identifies the areas illustrated in Figure 4.2 as having the potential for relics of Low-to-Medium significance.

The standard excavation permit requirements of the NSW Heritage Act 1977 would apply to these relics (see section 5.2.2 below for a discussion of these requirements).

5.2 Heritage Act 1977 (NSW)

5.2.1 The State Heritage Register (SHR)

The State Heritage Register (SHR) is established under the *Heritage Act 1977* (NSW). It is a list of identified 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. The Heritage Act governs the development of sites registered on the SHR, specifying compliance with a variety of requirements prior to development.

No part of the Royal North Shore Hospital site is registered on the SHR.

5.2.2 Section 138–140 Heritage Act 1977 ('Relics Provisions')

For places not listed on the SHR, section 139 of the Heritage Act 1977 requires that:

A person must not disturb or excavate any land knowing or having reasonable cause to suspect that the disturbance or excavation will or is likely to result in a relic being discovered, exposed, moved, damaged or destroyed unless the disturbance or excavation is carried out in accordance with an excavation permit.

Relics are defined in the 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.

The Archaeological Assessment prepared by Godden Mackay Logan in May 2006 identified the areas noted above as having the potential for the survival of relics (an excavation permit issued pursuant to Section 140 of the Heritage Act would need to be sought for works involving ground disturbance in those areas).

5.2.3 Section 170 State Agency Heritage Register

Section 170 of the Heritage Act requires government instrumentalities such as the Department of Health to 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:

- 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.

5.3 National Parks and Wildlife Act 1974 (NSW)

The NPW Act provides statutory protection for all Aboriginal 'objects' (consisting of any material evidence of the Indigenous occupation of New South Wales) under Section 90 of the Act and for 'Aboriginal places' (areas of cultural significance to the Aboriginal community) under Section 84. Aboriginal objects and places are afforded automatic statutory protection in New South Wales whereby it is an offence (without the Minister's consent) to:

Damage, deface or destroy Aboriginal sites without the prior consent of the Director-General of the National Parks and Wildlife Service (now the Department of Environment and Conservation).

The Act defines an Aboriginal object as:

any deposit, object or material evidence (not being a handicraft made for sale) relating to the Aboriginal habitation of the area that comprises New South Wales, being habitation before or concurrent with (or both) the occupation of that area by persons of non-Aboriginal extraction, and includes Aboriginal remains.

The protection provided to Aboriginal objects and places applies irrespective of the level of their significance or issues of land tenure. Sites of traditional significance that do not necessarily contain material remains may be gazetted as 'Aboriginal Places' and thereby be protected under the Act. However, areas are only gazetted if the Minister is satisfied that sufficient evidence exists to demonstrate that the location was and/or is of special significance to Aboriginal culture.

No specific assessment of potential Aboriginal heritage values or potential archaeology has been undertaken for this HIS.

5.4 Commonwealth and National Heritage Lists

The Commonwealth *Environment Protection and Biodiversity Conservation Act 1999* affords significant protections to places listed on the Commonwealth Heritage List and National Heritage List.

No part of the Royal North Shore Hospital is listed on these lists.

5.5 The National Trust of Australia (NSW)

No part of RNSH (or the hospital as a single entity) is classified by the National Trust of Australia (NSW).

The National Trust is a community-based conservation organisation. The Trust has assembled a register of heritage items and conservation areas through the assessment work of its expert committees. While the National Trust Register has no legal status, it is considered to be an authoritative guide to heritage significance, and the Trust acts as a lobby group for heritage conservation.



6.0 Proposed Development—Concept Plan

6.1 Proposed Development (Concept Plan)—General

The development proposed under the concept plan is described in detail in the Statement of Environmental Effects prepared by Urbis JHD. Its central aim is to provide new ‘state of the art’ hospital facilities with exceptional technology and care standards.

The concept plan is illustrated in Figure 1.4.

The principal elements of the concept plan that are of relevance to heritage issues are:

- The conservation and adaptation of several buildings of identified heritage significance for retail and commercial uses, within a heritage precinct at the heart of the proposed complex.
- The conservation and adaptation of a small number of buildings of identified heritage significance outside of the heritage precinct.
- The demolition of the balance of the extant buildings, including a number of identified heritage significance.
- The construction of new multi-level hospital buildings (research structures, the hospital itself and nurse/patient accommodation).
- The construction of multi-level buildings along Herbert Street for commercial uses.
- Construction of multi-level buildings in the northeast and south of the site for residential purposes.
- The introduction of new roads and walkways and realignment/adaptation of existing roads and walkways.
- The construction of a new car park.
- The removal of some elements of extant landscaping (trees, palms, plantings) and introduction of new plantings.

6.2 Proposed Development—Specific

The concept plan proposes that the following buildings be conserved and adapted for combined retail and commercial uses within a heritage precinct:

- Building 29—Block 1B.
- Building 30—Block 1A.
- Building 31—Resident Medical Officer’s Quarters.

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- Building 32—Ansto-Body Protein
 - Building 33—Orthotics.

It proposes that the following heritage buildings be conserved and adapted for use within the wider development area:

- Building 3—Lincoln Hynes Memorial Chapel.
- Building 7—Diabetic Unit (Former North Sydney Brick and Tile Company Office).
- Building 9—Lanceley Cottage.
- Building 19—Mortuary.

It proposes that the following buildings with identified heritage significance be demolished:

- Building 10—Block 3.
- Building 11—Vindin House.
- Building 21—Boiler House and Chimney.
- Building 27—Day Surgery.

All other buildings (of little or no identified heritage significance) would also be demolished.

The concept plan proposes the following in relation to cultural plantings identified to be of heritage significance:

- Partial avenue of *Phoenix canariensis* (Canary Island Date Palms) along the boundary between the 'UTS Precinct' and the 'Old Hospital Precinct' in the southern part of the site—transplanted to a nearby avenue of palms.
- The trees and palms that make up the landscape curtilage to Building 31—retained where possible and enhanced with appropriate plantings.
- A large and established *Ficus macrocarpa* var. 'hilli' to the southeast of the entrance of Building 10 (adjacent to Buildings DM1 and DM2), and to a lesser extent the *Cinnamomum camphor* (same location)—removed.
- The remaining vegetative elements of the former avenue planting to Reserve Road—retained where possible but largely removed for the construction of the main hospital building. Replaced with avenue of Hoop Pines along much of the length of Reserve Road.
- The lines of *Lophostomen confertus* to Reserve Road and Westbourne Street—Removed from Reserve Road (but replaced with avenue of Hoop Pine). Retained and enhanced on Westbourne Street.

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- The groups of *Syncarpia glomulifera* trees immediately northeast of Buildings 28 and 29—possibly removed for construction of new roads. To be managed in accordance with Heritage Precinct Conservation Management Plan.

In addition to the groupings noted above, a number of individual trees from across the site and identified as 'significant' by the Taylor Brammer report, would be removed under the concept plan.



7.0 Identification and Evaluation of Impacts

7.1 Introduction

The development proposed by the concept plan (as set out in Section 6.0) has the potential to impact in a number of ways on the heritage values of the site as these relate to its built structures, landscape features, setting and archaeological resource. This section identifies these impacts and assesses the level of the heritage impact. It also identifies the heritage benefits accruing under the concept plan, and discusses the measures taken within the plan to mitigate any identified adverse heritage impacts.

Section 8.0 provides a summary of the heritage impacts, set out in the format provided in the NSW Heritage Council publication *Statements of Heritage Impact*.

7.2 Identification and Assessment of Heritage Impacts

7.2.1 The Heritage Precinct

The concept plan proposes that the following buildings be conserved and adapted for new uses (combined retail and commercial) within a heritage precinct:

- Building 29—Block 1B;
- Building 30—Block 1A;
- Building 31—Resident Medical Officers Quarters;
- Building 32—Ansto-Body Protein; and
- Building 33—Orthotics.

As noted in Section 4.0 above, these buildings have been assessed as having the following levels of heritage significance:

- Building 29—High;
- Building 30—High;
- Building 31—Exceptional;
- Building 32—Moderate; and
- Building 33—High.

Furthermore, this precinct, referred to in the City Plan Heritage report as the 'Core Hospital Precinct' (including all of the above buildings), has been identified in Section 4.0 above as being of particular

significance as a heritage precinct due to the physical and historical relationships between the buildings, landscape elements, roads etc.

In combination, the buildings and landscape elements within the precinct are of major heritage significance, possibly at state level. The exact level of significance of this precinct would need to be determined as part of a CMP for this precinct.

Important original landscape elements (a circular driveway dating to the original hospital layout) would also be fully retained within this precinct for pedestrian use, to the southeast of Building 31.

The retention and conservation of these buildings and landscape elements within a defined area at the heart of the site would be an excellent heritage outcome. It would retain a physical and functional relationship between a suite of structures that have had an important historical and social relationship for much of the hospital's life.

The concept plan proposes adaptation of the buildings within the precinct such that they would be suitable for retail or health-care uses, or a combination of both. While the ideal heritage outcome would be for these buildings to retain a health-care use related to the operation of the hospital, adaptation for other uses would be appropriate in heritage terms in circumstances where:

- the physical relationship of these buildings to each other and to the hospital's wider setting is retained and/or enhanced by sympathetic built and landscape design;
- physical intervention in the original fabric of the heritage buildings is minimised;
- The use would provide opportunities for interpretation of the buildings; and
- the adaptation would assist to make the proposed new hospital a viable facility.

The change in use would also necessitate the partial modification of the buildings, including internal refitting. This would involve some intervention in the original fabric which carries with it the potential to impact adversely on the heritage values of the buildings. The proposal provides opportunities to remove later accretions and reinstate original verandahs of some buildings to recover their original form and appearance. This would be appropriate only where the earlier form of the buildings is known and the works are undertaken in accordance with a Conservation Management Plan.

The concept plan also proposes the demolition of some buildings presently in close proximity to those to be retained in the heritage precinct:

- Buildings 25–28; and
- Buildings 35–36.

The above buildings (except Building 27, discussed below) have been assessed as being of little or no heritage significance and their demolition would have no adverse heritage impact. In fact, their present location in close proximity to the heritage structures has obscured historical visual and

physical relationships between the earlier structures, cluttering the original hospital layout in this location. The demolition of these structures would therefore be a positive heritage outcome insofar as it would return this part of the site to almost the original hospital layout as conceived by Shervey and enhance the visual relationships between the retained heritage structures.

The concept plan proposes the demolition of Building 27 (the Day Surgery) which has been assessed as being of Moderate significance, as the World War II operating theatres (discussed below in Section 7.2.3). Further, it proposes the demolition of infill between Buildings 29 and 30 and between 31 and 33, introduced progressively from the time of the original hospital. The original axonometric sketch by Shervey and the 1914 plans of this part of the hospital record walkways leading between Buildings 29 and 30 and between Buildings 31 and 33. It is possible that some of these elements which would be demolished under the concept plan incorporate original elements of these walkways. Demolition of Building 27 (Moderate significance) and other possibly original design elements would have an adverse heritage impact. However, it would be mitigated by the following measures:

- the area occupied by the demolished Building 27 and other structures would be dedicated to use as a walkway. This would be consistent with the historical typology of covered walkways; and
- the surrounds of Buildings 29–33 would be cleared, enhancing the visual aspects of the retained buildings, which are of higher significance than those to be demolished.

The proposed plan would be appropriately implemented after a more thorough investigation of original and early elements, and in accordance with a Conservation Management Plan prepared for the heritage precinct.

7.2.2 Conservation and Adaptation of Heritage Buildings Outside the Heritage Precinct

The concept plan proposes that the following heritage buildings be conserved and adapted for use within the wider development area:

- Building 3—Lincoln Hynes Memorial Chapel;
- Building 7—Diabetic Unit (Former North Sydney Brick and Tile Company Office);
- Building 9—Lanceley Cottage; and
- Building 19—Mortuary.

Their retention and conservation is an excellent heritage outcome.

These buildings have been assessed (Section 4.0) as being of the following levels of significance:

- Building 3—Moderate (possibly High);
- Building 7—High;

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- Building 9—High; and
 - Building 19—Moderate.

The chapel would continue in its present use and in its present form. This is the most desirable heritage outcome for this building.

The concept plan proposes adaptation of Buildings 7 and 9 for community uses, with the curtilage around the two buildings being converted into landscaped 'park', intended for handover to Willoughby Council. This park would adjoin an enclosed outdoor area to the west where a childcare centre is proposed within one of the new structures. The most desirable heritage outcome would be for Buildings 7 and 9 to retain a residential use or a health-care use related to the operation of the hospital (though it is noteworthy that Building 7 was originally used for administration purposes as part of the North Sydney Brick and Tile Company). Adaptation of this building for commercial or administration uses would be appropriate in heritage terms in circumstances where:

- the physical relationship of these buildings to each other and to the hospital's wider setting is retained and/or enhanced by sympathetic built and landscape design;
- physical intervention in the original fabric of the heritage buildings is minimised;
- the adaptation would provide opportunities for interpretation;
- the adaptation would assist to make the proposed new hospital a viable facility; and
- the works are undertaken in accordance with a Conservation Management Plan.

The setting of Buildings 7 and 9 would be retained and enhanced. Early fences and property divisions (including an extant retaining wall that has historically separated the buildings) would be retained, and sympathetic landscaping introduced.

Building 19 may be put to a variety of uses under the concept plan (commercial, retail, health-care, community uses). The most desirable heritage outcome would be for the building to remain in a health-care use related to the operation of the hospital. However, adaptation of this building for other uses would be appropriate in heritage terms in circumstances where:

- the physical relationship of the buildings to the hospital's wider setting is retained and/or enhanced by sympathetic built and landscape design;
- physical intervention in the original fabric of the heritage buildings is minimised;
- the adaptation would provide opportunities for interpretation;
- the adaptation would assist to make the proposed new hospital a viable facility; and
- the works are undertaken in accordance with a Conservation Management Plan.

7.2.3 Demolition of Heritage Buildings

The concept plan proposes that the following buildings with identified heritage significance be demolished:

- Building 10—Block 3;
- Building 11—Vindin House;
- Building 21—Boiler House and Chimney; and
- Building 27—Day Surgery.

These buildings have been assessed as being of the following levels of significance:

- Building 10—Moderate;
- Building 11—Moderate (possibly High);
- Building 21 (Boiler House)—Moderate-to-Little;
- Building 21 (Chimney)—High; and
- Building 27—Moderate.

The demolition of these buildings would result in the following new elements on the locations of the demolished buildings:

- Building 10—Replaced with a new road ('Blue Road');
- Building 11—Replaced with the main building of the new hospital;
- Building 21—Boiler House and chimney replaced with a five-storey commercial building; and
- Building 27—Replaced with a walkway.

Building 10 (Block 3)

The demolition of Building 10 would have some adverse heritage impact although the form of the building has been altered through later additions. The building is visually prominent and it is a moderate-to-good example of the Interwar Functionalist style, although it is showing signs of age with many fittings requiring replacement, and notwithstanding that substantial elements of the building have been modified or refitted since the building's construction. The adverse heritage impacts of the demolition of this building would be mitigated to some degree by the archival recording of the structure prior to its demolition. Alternative locations for the road that would replace this building were considered and determined to be impractical for the following reasons:

- Blue Road should align with the existing road bridge over the railway (which it is understood the RTA intends to make a through-road to St Leonards CBD); and

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- Alternative locations for the road to the south would produce spaces incompatible with efficient building envelopes, either for residential or other purposes.

Building 11 (Vindin House)

Building 11 (Vindin House) is one of the most intact (externally) of the Inter-war period nurses homes constructed at the major hospitals in Sydney. It is visually prominent and as the original nurses home block is one of the characteristic buildings of the hospital, its demolition would be an adverse heritage impact. It is also likely to be of social significance for its former use as nurses accommodation (though it no longer serves that function and its interiors have been considerably modified).

Attempts were made by the master plan designers to retain this building with various options being considered. However, as the building is located within the only area suitable for the required footprint of the proposed main new hospital building there is no opportunity to retain it.

The adverse heritage impacts of the demolition of Building 11 would be mitigated to some degree by the archival recording of the structure prior to its demolition.

Building 21 (Boiler House and Chimney)

The concept plan proposes the demolition of the Boiler House and its chimney (Building 21). The Boiler House is assessed as being of Little-to-Moderate significance at the local level, while the chimney is assessed as being of High significance for its landmark values (section 4.2.2 above). The demolition of the Boiler House would be a minor heritage impact. However, the demolition of the more significant chimney would be a significant adverse impact given its prominence at the site for over 75 years. The demolition would be only partly mitigated by archival recording prior to demolition.

Alternatives to the demolition of the Boiler House and Chimney were considered as part of the design process but were determined to be non-viable on the grounds that their retention would prevent a unified urban design response to the Herbert Street streetscape and would impact on car parking required in this part of the site. Further, the costs of the chimney's maintenance were determined to be prohibitive.

Building 27 (Day Surgery)

The concept plan proposes that Building 27 (assessed as being of Moderate significance) be demolished. Elements of this building may date to the earliest phase of the hospital's development and the building requires further study, preferably as part of the preparation of a Conservation Management Plan for the heritage precinct. Its demolition would be an adverse heritage impact but it would be mitigated by the positive contribution the open space would make to the appreciation of the heritage precinct. Alternatives for its demolition were considered but determined not to be viable.

7.2.4 Demolition of Other Buildings

The balance of the buildings proposed to be demolished by the concept plan have been assessed as being of little or no heritage significance. Their demolition would have little or no adverse heritage impact, both individually and collectively.

7.2.5 The Construction of New Multi-Level Hospital Buildings

The concept plan proposes that the northeast, east and south parts of the site be furnished with new buildings varying in height from five to twenty-four storeys. The new structures in the northeast and south of the site would be dedicated principally to residential uses, with some commercial uses on Herbert Street. Buildings designed for commercial uses would be confined to the southern two-thirds of the Herbert Street frontage and a small part of Reserve Road.

The new structures would present as sizable built forms, greater than those they would replace. However, the Herbert Street frontage (the frontage where the new structures would be most visible) is presently characterised by relatively high density development anyway. The concept plan proposes variations in building heights along this frontage (five to 14 storeys), breaking up the built form. The proposed retention of the mortuary (Building 19) and Buildings 7 and 9 would assist to recall the early streetscape in this part of the site. Those buildings proposed to the east of the Heritage Precinct would be of lower height (five and eight storeys) in order to reduce their potential to overshadow or detract from the Heritage Precinct as a focus of the site. However, care would need to be taken to ensure that these new structures complement the buildings of the nearby Heritage Precinct in terms of their massing and materials. Similarly, the mortuary (Building 19) would be situated between two multi-level buildings. Care would also need to be taken to ensure that these new structures complement the mortuary building in terms of their massing and materials. The location of the mortuary on the corner of Eileen and Herbert Streets will result in present views to its south and east elevations being retained.

The new residential structures in the northeast corner of the site would be situated to the west and south of Buildings 7 and 9. There would be separation of 18m between these heritage buildings and the new structures ensuring the retention of a considerable landscaped area around them and enhancing their setting. The presentation of the two heritage buildings to Herbert Street would not be directly affected by the new buildings. However, the new structures to the west of Buildings 7 and 9 would present as a sizable 'backdrop' to the heritage buildings and would thus need to be massed and detailed in a way that is sympathetic to the heritage buildings.

Other residential buildings are proposed fronting 'Red Road' in the concept plan. These buildings would vary in height from eight to 24 storeys, with the heights descending from north to south. This would have the benefit of enhancing the approach to the heritage precinct and maximising views to it from the taller buildings. These buildings would result in no adverse heritage impacts.

The concept plan proposes that a building with a rectangular footprint be constructed on the south side of Westbourne Street, east of the chapel. This building would be dedicated to research/commercial purposes. It would be twelve storeys in height. It would have the potential to dominate the nearby chapel. Therefore, the proposed building would need to be massed and detailed in a way that is sympathetic to the heritage building.

The main hospital building at the site would be constructed across the alignment of Reserve Road (the impacts on Reserve Road and the landscaping are discussed below). Although a sizable six-level building, its impacts on the built heritage of the site would be relatively low. No significant buildings would be demolished to make way for it (except Vindin House discussed above), and although views to the Heritage Precinct from the northwest from parts of the site will be impeded from ground level, the building will provide opportunities for elevated views to the Heritage Precinct from within.

7.2.6 New Roads and Walkways

The concept plan proposes the creation of the following new roads (some yet to be given formal names):

- **Blue Road**—this would be a new road on a new alignment in the northeast corner of the site, generally occupying the footprint of the demolished Building 10. This would not be in the immediate vicinity of any heritage buildings although, as noted above, Building 10 would need to be demolished for its construction. Apart from this aspect, it would have no adverse heritage impacts.
- **Red Road**—this would be a new road on a new alignment (though a similar alignment to a walkway that has historically led south from the entrance to Building 10 for some of the new road's proposed length). Its construction would result in no adverse heritage impacts. In fact, its construction is likely to have the positive heritage effect of opening up a new vista from the north (Westbourne Street) to the heritage precinct to the south.
- **Eileen Street**—this would be a new road on a new alignment, traversing the site from northeast to southwest, to the immediate north of the Heritage Precinct and Gore Hill Oval. As noted above, its construction would involve the demolition of Building 27, but would not otherwise adversely affect heritage buildings within the hospital site (although see section 7.2.7 below on the groups of *Syncarpia glomulifera* trees immediately northeast of Buildings 28 and 29). The road's construction would have the positive heritage effect of opening vistas to the heritage precinct from the north. Its eastern end would follow the line of Eileen Street (an alignment of heritage significance). The new road would continue north of Gore Hill Cemetery (an item of State significance). However, it is a substantial distance to the cemetery's north and would have no adverse impact provided adequate landscaping/screening is provided.

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- **Yellow Road**—this would be a new road on a new alignment. It would form a T-intersection with Reserve Road adjacent to Gore Hill Oval, connecting with Herbert Street to the east. Its construction would involve the demolition of no heritage buildings. However, it would be situated over an embankment to the southwest of Building 31, which dates to the earliest phase of the hospital's construction. This embankment also forms the southern edge of a historical turning circle located outside (west of) Building 31 and which would be located in very close proximity to the proposed new road. The construction of the road would therefore involve the removal of an original landscape element (the embankment). This would constitute an adverse heritage impact. The proximity of the road to the turning circle would pose a larger heritage risk and appropriate landscaping measures would have to be instituted to ensure its retention within an appropriate setting.
 - **Reserve Road**—this road, in particular its alignment, is an historically significant heritage element of the site. Views south along Reserve Road to the Sydney Harbour Bridge are also significant. The concept plan proposes that the alignment of Reserve Road be retained. However, it proposes that the middle section of the road be converted into an atrium within the body of the new main hospital building, respecting the original alignment. Views south along Reserve Road from the southern side of the proposed new building (the proposed entry into the building) would remain unaffected by the proposed plan. Construction of the new hospital building would also result in the removal of original elements of this historical road (kerbs, gutters etc) along part of its length. The adverse heritage impacts of this would be mitigated to some degree by the archival recording of the structure and archaeological excavation prior to its removal. Alternative locations for the main hospital building were considered as part of the concept plan process and were determined to be non-viable.
 - **Walkway Through the Heritage Precinct**—It was noted in Section 7.2.1 that the walkway proposed between Buildings 29 and 33 on one side and 30 and 31 on the other would observe an historical alignment and would therefore ensure continuity of use and layout. A walkway in this location was envisaged by Shervey in his original 1902 design. However, the 1914 building layout plan shows a degree of built linkage between Buildings 29 and 30 (possibly including the existing stairs and covered ways). Therefore, some of what exists today may be earlier or original built form. Construction of the proposed walkway would require the demolition of the existing link and therefore the demolition of possibly original elements and possibly the severing of historical linkages between buildings 29 and 30. This would be an adverse heritage impact. However, it could be effectively mitigated by minimising the demolition of original elements (to be identified through investigation of the structure, as part of the preparation of a Conservation Management Plan for the precinct). With this qualification, the proposed walkway may have limited adverse heritage impacts. It would have the positive effect of opening up the spaces between the heritage buildings, enhancing views of their elevations, and increasing accessibility to these structures to pedestrians.

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- New car park—The Concept Plan proposes a new at-grade carpark to the east of the proposed main hospital building. This would result in no adverse heritage impact (though note the discussion in relation to potential archaeological relics in section 7.2.8). Further, it would have the potential to open up vistas to the heritage precinct from the north.

7.2.7 Landscaping

As noted in Section 4.0 above, the Tree Heritage Study prepared by Taylor Brammer Landscape Architects (April 2005) identified six main groups of trees/plantings of significance at the site:

- a partial avenue of *Phoenix canariensis* (Canary Island Date Palms) along the boundary between the 'UTS Precinct' and the 'Old Hospital Precinct' in the southern part of the site;
- the trees and palms that make up the landscape curtilage to Building 31;
- a large and established *Ficus macrocarpa* var. 'hilli' to the southeast of the entrance of Building 10 (adjacent to Buildings DM1 and DM2), and to a lesser extent the *Cinnamomum camphor* (same location);
- the remaining vegetative elements of the former avenue planting to Reserve Road;
- the lines of *Lophostomen confertus* to Reserve Road and Westbourne Street; and
- the groups of *Syncarpia glomulifera* trees immediately northeast of Buildings 28 and 29.

These areas are illustrated in Figure 4.1 above.

The *Phoenix canariensis* (Date Palms)

The *Phoenix canariensis* would be removed under the concept plan and replaced with a walkway, and new residential building. The Taylor Brammer report does not rank the trees according to level of significance. However, these trees are 'significant' because they date to the Inter-war period when a more methodical approach to the design of the facility prevailed, and when landscaping was incorporated into the design process. These palms reflect an early phase in the hospital's development and indicate an avenue that ran from the original hospital site.

The removal of these trees would result in an adverse heritage impact. This would be mitigated to a degree by the extensive planting of new trees etc as part of an integrated landscaping and building design and by the transplanting of some of the palms to a nearby avenue of trees (see number 13 in Figure 1.5).

Landscape Curtilage of Building 31

The concept plan proposes the retention of the historic turning circle and the majority of the landscaping to the southwest of Building 31, also maintaining the relationship between the building and the oval. This would be an excellent heritage outcome. However, the concept plan may also

result in the removal of a small number of significant trees around Building 31 for the construction of roads, walkways etc. This would be appropriate only where the works were consistent with a future Conservation Management Plan for this precinct.

Ficus macrocarpa var. 'hilli' and the Cinnamomum camphor

The concept plan proposes the removal of these plantings for the construction of a commercial building.

The removal of the *Ficus macrocarpa* var. 'hilli' would result in a minor adverse heritage impact. These trees are large mature trees that contribute to the sense of the hospital's established landscape setting. However, the concept plan provides opportunities for the introduction of ample new landscape elements to the west of the proposed commercial building to replace those that may be lost.

The loss of the cluster of *Cinnamomum camphor* would result in a minor adverse heritage impact. Although these trees are in relatively good condition for their age, they are also coming to the end of their use life and are showing signs of senescence.

Former Reserve Road Plantings

The avenue planting on a large proportion of Reserve Road would be removed under the concept plan, for the construction of the main hospital building. As noted in section 7.2.6 above, the Reserve Road alignment is a significant historical element of the hospital. The avenue plantings contribute to the significance of Reserve Road. Their removal would be a consequence of the needs of the main hospital building, mitigated by the introduction of an avenue of hoop pines on the southern third of Reserve Road and another avenue of trees on its northern third.

The lines of *Lophostomen confertus* (Brushbox) to Reserve Road and Westbourne Street

The concept plan proposes the removal of the *Lophostomen confertus* on Reserve Road for the construction of the proposed main hospital building. As noted in section 7.2.6 above, the Reserve Road alignment is a significant historical element of the hospital. The *Lophostomen confertus* contribute to the significance of Reserve Road. Their removal would be a consequence of the siting requirements for the main hospital building, mitigated by the introduction of an avenue of hoop pines along the southern and northern thirds of Reserve Road.

The concept plan proposes the reinforcement of the existing *Lophostomen confertus* on Westbourne Street. This is a positive heritage outcome given the contribution that the brushbox here make to the sense of established landscaping that prevails at the site.

Groups of *Syncarpia glomulifera* trees immediately northeast of Buildings 28 and 29

The works proposed by the concept plan may result in the removal of the *Syncarpia glomulifera* trees (Turpentine trees) northeast of Buildings 28 and 29 for the construction of 'Red Road' and part of 'Green Road'. These trees date to an early phase of the hospital's development and are unusual in that interstitial spaces between buildings were more commonly left open to encourage breezes and sunlight to the buildings. Their removal would be an adverse heritage impact, and should only occur if in accordance with the policies contained in a Conservation Management Plan prepared for the Heritage Precinct.

General Landscaping Issues

In addition to the groupings noted above, a number of individual trees from across the site and identified as 'significant' by the Taylor Brammer report, would be removed under the concept plan. Together, these trees reflect the layered history of the site, often following former paths and drives, and they enhance the sense of an 'established' landscape at the hospital. Their removal would result in an adverse heritage impact. However, the impacts would be mitigated by the reinforcement of existing heritage landscaping as illustrated in Figure 1.5 above. The proposed landscaping:

- provides a tree hierarchy to the campus by the use of signature tree planting along Reserve Road in the form of Hoop Pine;
- incorporates flowering trees such as Magnolia and Jacaranda, continuing the horticultural traditions of the hospital and
- retains established signature trees where possible, and relocates others that cannot be retained in situ.

The 'significant' trees identified in the Taylor Brammer report are spread widely across the site so that the construction of the proposed roads and buildings would unavoidably result in the loss of some trees, even if alternative locations for these elements could be found.

7.2.8 The Archaeological Resource

The Archaeological Assessment prepared by Godden Mackay Logan in May 2006 identified a number of areas of archaeological potential of Low to Medium significance. They are illustrated in Figure 4.2.

The works proposed by the Concept Plan would have the potential to disturb or destroy relics in all of the areas identified by the Archaeological Assessment.

The Archaeological Assessment identifies the significance of the potential relics as lying principally in their research potential. It concludes that this can be realised without the need to retain them in situ upon excavation. Therefore, the destruction or disturbance of the potential relics would be appropriately mitigated by the archaeological excavation of those relics prior to their removal. In

summary, the impacts of the proposal on the archaeological resource would be minimal: the loss of the physical remains, mitigated by their appropriate archaeological excavation and documentation.



8.0 Heritage Office Guidelines for Heritage Impact Assessment

8.1 Summary of Impacts

The following table addresses the issues and questions set out in the NSW Heritage Office guidelines document called *Statements of Heritage Impact*, which are relevant in the assessment of heritage impacts arising from the concept plan for the Royal North Shore Hospital site. The table essentially presents in a summarised form the impacts discussed in detail in Section 7.0.

Proposed Change to Heritage Item	Recommended questions (Heritage Impact Statement Guidelines)	Comment/Assessment
Demolition of Building 27 and linkage/infill elements within the proposed heritage precinct	<ul style="list-style-type: none"> Have all options for retention and adaptive re-use been explored? Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site? Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible? Has the advice of a heritage consultant/specialist been sought? Have their recommendations been implemented? If not, why not? 	<p>Yes. No functionally suitable alternatives were found. A CMP should be prepared for the linkage/infill elements within the Heritage Precinct.</p> <p>No for Building 27. Significant elements and fabric of the infill can be conserved in accordance with CMP policies. Demolition of infill should be restricted to less significant elements.</p> <p>Essential for Building 27. Demolition of infill can be postponed until the preparation of CMP as part of overall significance.</p> <p>Yes. The proposals developed have been based on consultation and detailed heritage analysis by specialist heritage consultants (regarding built heritage, historic archaeology, and landscape). A CMP is recommended for the proposed heritage precinct.</p>
Major partial demolition of elements of the Heritage Precinct buildings	Is the demolition essential for the heritage item to function?	Demolition of some later external elements of lower significance is essential to the reinstatement of original verandas. Demolition of other elements is essential to the adaptation of the buildings to retail purposes.
	Are particular features of the item affected by the demolition?	The walls enclosing the former veranda areas would be demolished, subject to confirmation within a CMP for the Heritage Precinct. They are of lower significance than the reinstated verandas.

Proposed Change to Heritage Item	Recommended questions (Heritage Impact Statement Guidelines)	Comment/Assessment
	<ul style="list-style-type: none"> Is the detailing of the partial demolition sympathetic to the heritage significance of the item? If the partial demolition is a result of the condition of the fabric, is it certain that the fabric cannot be repaired? 	<p>Detailing is beyond the scope of the concept plan. Detailing should be considered as part of a CMP for the proposed heritage precinct.</p> <p>Condition of fabric should be determined as part of a CMP for the heritage precinct.</p>
<p>Change of use of the hospital buildings in the Heritage Precinct to retail/commercial uses</p>	<ul style="list-style-type: none"> Has the advice of a heritage consultant or structural engineer been sought? Has the consultant's advice been implemented? If not, why not? Does the existing use contribute to the significance of the heritage item? Why does the use need to be changed? What changes to the site and fabric are required as a result of the change of use? 	<p>Works should be undertaken after preparation of a CMP by a qualified heritage professional. The change of use is essential to the viability of the proposed hospital facility.</p> <p>While the existing building would ideally remain in hospital use, this is not possible.</p> <p>As part of integrated development of the wider site, to help resource conservation of heritage items across the site, and provide appropriate design response to heritage and urban context.</p> <p>The adaptation of the buildings in the Heritage Precinct will involve some physical modifications (the detail being beyond the scope of the Concept Plan). Works should be undertaken after preparation of a CMP by a qualified heritage professional.</p>
<p>Physical change and/or change of use in the adaptation of Buildings 7, 9 and 19</p>	<ul style="list-style-type: none"> Does the existing use contribute to the significance of the heritage item? 	<p>While the existing buildings would ideally remain in hospital use, this is not possible. The proposed community uses (Buildings 7 and 9) would be compatible with heritage significance. Other uses for Building 19 appropriate.</p>

Proposed Change to Heritage Item	Recommended questions (Heritage Impact Statement Guidelines)	Comment/Assessment
	<ul style="list-style-type: none"> Why does the use need to be changed? 	As part of integrated development of the wider site, to help resource conservation of heritage items across the site, and provide appropriate design response to heritage and urban context.
	<ul style="list-style-type: none"> What changes to the site and fabric are required as a result of the change of use? 	The adaptation of the buildings will involve some minor physical modifications (the detail being beyond the scope of the Concept Plan). Works should be undertaken after preparation of a CMP by a qualified heritage professional.
Demolition of Buildings 10, 11, 21 and 27	<ul style="list-style-type: none"> Have all options for retention and adaptive re-use been explored? 	Yes.
	<ul style="list-style-type: none"> Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site? 	No. The viability of the facility depends on the demolition of these buildings.
	<ul style="list-style-type: none"> Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible? Has the advice of a heritage consultant/specialist been sought? Have their recommendations been implemented? If not, why not? 	<p>Yes. Demolition is necessary so that new structures can be built.</p> <p>Yes. The proposals developed are based on consultation and detailed heritage analysis by specialist heritage consultants (regarding built heritage, historic archaeology, landscape and archaeology). Retention was identified as desirable but impossible for operational reasons.</p>
Tree Removal and Replacement	<ul style="list-style-type: none"> Do the trees contribute to the heritage significance of the item or landscape? 	Some significant trees reflecting early walkways, building layouts etc would be removed. A large proportion of trees etc would be retained in situ, transplanted or interpreted.
	<ul style="list-style-type: none"> Why are the trees being removed? 	To make way for new development (roads and buildings) essential to the operation of the hospital.

Proposed Change to Heritage Item	Recommended questions (Heritage Impact Statement Guidelines)	Comment/Assessment
	<ul style="list-style-type: none"> Has the advice of a tree surgeon or horticultural specialist been obtained? Are the trees being replaced? Why? With the same or a different species? 	<p>A specialist has assessed the significance of the trees on the site. They have also been assessed for condition.</p> <p>Where possible removed trees will be replaced. However, in many instances the location of trees will be built over. The concept plan provides ample opportunity for new and innovative landscaping. The same and similar species would be used in some circumstances.</p>
New landscape works and features	<ul style="list-style-type: none"> How has the impact of the new work on the heritage significance of the existing landscape been minimised? Has evidence (archival and physical) of previous landscape work been investigated? Are previous works being reinstated? Has the advice of a consultant skilled in the conservation of heritage landscapes been sought? If so, have their recommendations been implemented? How does the work impact on views to, and from, adjacent heritage items? 	<p>Research has identified landscape elements of significance. Significant elements are retained, where possible. Original landscape character is retained through appropriate new plantings.</p> <p>Yes (Taylor Brammer). Built heritage, landscape and archaeological assessments have identified previous landscape elements. Some areas of previous landscaping will be retained and others reinstated, especially those in close proximity to heritage items. Others would not be reinstated.</p> <p>Yes. The desirability of retention of some items has been noted but is impossible for operational reasons.</p> <p>The work would enhance views to and from heritage items within the heritage precinct and in the vicinity of Buildings 7 and 9.</p>
	<ul style="list-style-type: none"> Are any known or potential archaeological deposits affected by the landscape works? If so, what alternatives have been considered? 	<p>Potential archaeological deposits have been identified. They would be archaeologically investigated to meet their research potential.</p>

Proposed Change to Heritage Item	Recommended questions (Heritage Impact Statement Guidelines)	Comment/Assessment
New development adjacent to a heritage item (Gore Hill Cemetery, heritage precinct, Buildings 3, 7, 9 and 19)	<ul style="list-style-type: none"> How is the impact of the new development on the heritage significance of the item or area to be minimised? 	<p>A CMP should be prepared for the heritage precinct and Buildings 3, 7, 9 and 19. Form, siting and massing of built elements should conform to the CMP policies to minimise impact on views and setting. Appropriate plantings should buffer the proposed development and Gore Hill Cemetery. Original property separation observed between Buildings 7 and 9 with appropriate landscaping. Buildings 7 and 9 conserved in a landscaped setting. Chapel (building 3) and the mortuary (Building 19) little affected (if at all) if adjacent development appropriately massed and detailed. Details of design (beyond the scope of the concept plan) should be sympathetic to heritage items.</p>
	<ul style="list-style-type: none"> Why is the new development required to be adjacent to the heritage item? 	<p>Development is required to support conservation of the item and ensure the viability of the proposed hospital facility. Alternative sites for new development are not viable.</p>
	<ul style="list-style-type: none"> How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance? How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects? 	<p>The curtilage around the heritage precinct provides an appropriate open setting with major features (buildings, original turning circle etc) and fabric of significance conserved. There would be no impingement on the curtilage of Gore Hill Cemetery. There is potential for the new development west of Buildings 7 and 9 and near the chapel and mortuary to impinge on their visual setting and therefore sympathetic design is required.</p> <p>Views to the heritage precinct from some angles would be impeded. However, generally views would be enhanced, with an increase in open space around the precinct. Siting and break-up of mass would be arranged to maintain and frame views to the heritage precinct in major view corridors.</p>

Proposed Change to Heritage Item	Recommended questions (Heritage Impact Statement Guidelines)	Comment/Assessment
		<p>Views to and from Gore Hill Cemetery would be little changed, if at all.</p> <p>Views to Building 3 along Westbourne Street from the east are presently impeded by built form. The proposed development would therefore result in little impact to views along this corridor.</p> <p>Present views to Building 19 will be generally retained.</p>
	<ul style="list-style-type: none"> Is the development sited on any known, or potentially significant archaeological deposits? Is the new development sympathetic to the heritage item? In what way (eg form, siting, proportions, design)? 	<p>Potential archaeological deposits are of Low to Medium significance and will be appropriately investigated and recorded.</p> <p>The form and detailed design of the new development will be developed in consultation with heritage advice and policies of the future CMP.</p>
	<ul style="list-style-type: none"> Will the additions visually dominate the heritage item? How has this been minimised? Will the public, and users of the item, still be able to view and appreciate its significance? 	<p>Significant views of Buildings 7 and 9 and their setting are maintained from the public domain. Development adjacent to the chapel and mortuary must be appropriately massed and detailed. Conservation and upgrading to enhance presentation and interpretation is proposed.</p> <p>Yes.</p>

Table 8.1 Heritage impacts.

9.0 Conclusions and Recommendations

9.1 Preamble

The site of the Royal North Shore Hospital incorporates a number of structures and plantings that are of heritage significance. The development envisaged by the concept plan would impact on a number of those elements, particularly through demolition and adjacent development. However, the most significant buildings on the site would be retained within a 'heritage precinct' and at the northeast of the site (Buildings 7 and 9).

The impacts of the development can be summarised as follows:

9.1.1 Benefits

- Conservation of many of the most significant heritage buildings at the site within a heritage precinct.
- Conservation of a number of other heritage buildings within appropriate settings outside the heritage precinct.
- Retention and enhancement of significant landscape elements including the turning circle southwest of Building 31 and the landscape setting around Buildings 7 and 9.
- Retention along part of its length of Reserve Road.
- Increase in accessibility to the site's principal heritage elements by the introduction of walkways.

9.1.2 Impacts

- Demolition of five buildings of Moderate to High significance, including Vindin House.
- Removal of a number of trees of significance.
- Building over of a significant part of Reserve Road.
- Change in uses for some significant buildings.
- Construction of new buildings of increased bulk and scale in the vicinity of heritage buildings.
- Disturbance or destruction of potential archaeological relics.

9.2 Conclusions

The development proposed by the concept plan is intended to make a significant contribution to the health and welfare of the people of the State through research and other contributions. The heritage impacts on the site must therefore be balanced against these positive benefits.

The concept plan has been prepared with considerable heritage input following the preparation of detailed assessments of the significance of the various elements of the site. One of the key heritage recommendations was that all of the original hospital grouping be kept, including associated landscaping, circular driveway and spacings between buildings. The concept plan enhances the heritage significance of this most significant grouping through the creation of a 'heritage precinct'. The two historic cottages fronting Herbert Street (Buildings 7 and 9) are also conserved within a landscaped setting, as well as the former mortuary, also adjacent to Herbert Street. The existing chapel, which is of undoubted social significance, is also kept. These are excellent heritage outcomes. Steps are also taken within the concept plan to retain as far as possible the alignment of the historically significant Reserve Road. Elements of early and original landscaping would also be retained.

The Boiler House chimney (assessed as being of High significance at the local level) would be demolished under the concept plan. Also, a small number of heritage buildings of Moderate-to-High significance would be demolished under the concept plan. Similarly, many elements and areas of early landscaping would be lost. The removal of these elements is an adverse heritage impact. The degree of impact would be mitigated by a number of measures including archival recording of these elements prior to demolition, and by the opportunities presented by the concept plan for interpretation. Further, it is recognised that the demolition of these heritage buildings (and their replacement with new structures) needs to be balanced with the significant benefits to the public health system resulting from the redevelopment.

For the proposed hospital to be a viable facility it would require structures of a minimum size and in locations determined by matters other than heritage. Alternative forms and locations for the proposed buildings have been considered but determined to be non-viable.

The construction of new buildings of increased scale and bulk in the vicinity of heritage buildings also has the potential to have an adverse heritage impact. This could be mitigated through the massing of the new forms and careful selection of materials and details.

The proposed works also have the potential to disturb or destroy potential archaeological relics. However, these relics have been assessed as not warranting in situ retention should they be exposed. Their archaeological investigation/excavation will, in fact, help to realise their research potential.

9.3 Recommendations

The concept plan has been prepared with extensive input from heritage professionals and therefore many of the heritage impacts noted above can be effectively mitigated by following the recommendations provided below:

Built Elements

- The works proposed within the 'Heritage Precinct' should be preceded by the preparation of a Conservation Management Plan for this grouping that considers the historic development of the precinct and its constituent buildings, landscape elements and archaeology, and provides policies for development and conservation appropriate to the significance of the precinct. Future development within the precinct should be consistent with the principles contained within the CMP.
- A CMP should also be prepared for Buildings 7, 9 and 19 to guide the adaptive reuse of these structures and their sites.
- Buildings identified in this HIS as being of Moderate-to-Exceptional significance, which the concept plan envisages would be demolished, should be archivally recorded prior to the commencement of demolition works. The archival records should be prepared using the NSW Heritage Office's guidelines for archival recording.
- New development within the heritage curtilage of the Heritage Precinct, and of Buildings 7 and 9, should be designed to be sympathetic to the heritage values of these elements of the site. A Development Control Plan (DCP) or similar document should be prepared to ensure that appropriate controls are put in place.
- Elements or fabric of potential heritage significance contained within those buildings to be demolished are to be salvaged and stored on site for potential future re-instatement of missing components and/or for interpretation purposes in retained buildings or sections of buildings.
- Appropriate protective measures to ensure that significant built elements and their fabric are not damaged during the demolition or partial demolition of other buildings should be included in the Master Program and Site Co-ordination Plan, to be submitted to the consent authority prior to the commencement of works.
- Archival recording, in accordance with Heritage Council standards, is to be undertaken at the site prior to the commencement of work.

Landscape Elements

- The Conservation Management Plan for the Heritage Precinct and Buildings 7, 9 and 19 should include a consideration of the landscaping in this part of the site, and recommend policies, actions and strategies to mitigate impacts on landscape elements of the proposed development in this area. These principles should be incorporated into the detailed design at the design development stage.
- A report including landscaping policies and a palette of plant species appropriate to the heritage values of the Heritage Precinct and other retained items should be prepared by a heritage

landscape architect prior to the commencement of the proposed works. The report should guide the landscape design during the detailed design development stage.

- A survey of detail elements, such as significant sections of sandstone kerbs and pathways, should be undertaken, and recorded on a keyed plan to ensure that their specific location is identified, and policies can be developed accordingly.
- At a future detailed design stage, potential conflicts between footpaths, road works and other infrastructure works and significant landscape elements should be identified and resolved.
- Appropriate protective measures to ensure that significant landscape elements are not damaged during the demolition or partial demolition of some buildings should be included in the Master Program and Site Co-ordination Plan, to be submitted to the consent authority prior to the commencement of works.

Movable Heritage

- A Conservation Management Plan (CMP) for items of movable heritage at the RNSH site should be prepared to help guide the future conservation management of identified items of potential movable heritage.

Site Interpretation

- An Interpretation Strategy and/or Plan should be prepared for the site by an experienced heritage practitioner to provide detailed information about the ways in which the heritage significance of the site can be interpreted. The Interpretation Plan should include recommendations for interpretation methods, locations of interpretative information and installations, and ongoing maintenance of the interpretation material.
- Existing building and street names should be retained for those buildings and streets to be retained under the concept plan. Names of prominent people associated with the hospital's history and function should be favoured for new buildings, streets, etc.

The Road Network

Historic kerbing/guttering should be identified. Where its removal is unavoidable it should be retained for use in appropriate locations elsewhere on the site.

The Archaeological Resource

The following strategies are recommended for areas of the site identified in Figure 4.2 as having the potential for archaeological relics of significance:

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- An excavation permit under Section 140 of the Heritage Act should be obtained for those areas identified as having Medium (or higher) archaeological significance (see Figure 4.2 and Figure 6.1 of the Archaeological Assessment dated May 2006) 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.

For all other areas:

- 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.

Should Aboriginal objects be found during the works envisaged by the concept plan:

- The Department of Environment and Conservation should be informed (as required by the provisions of the National Parks and Wildlife Act 1974 [NSW]). Subject to an assessment of the extent, integrity and significance of any exposed objects, applications under either Section 87 or Section 90 of the National Parks and Wildlife Act may be required before work could resume.

