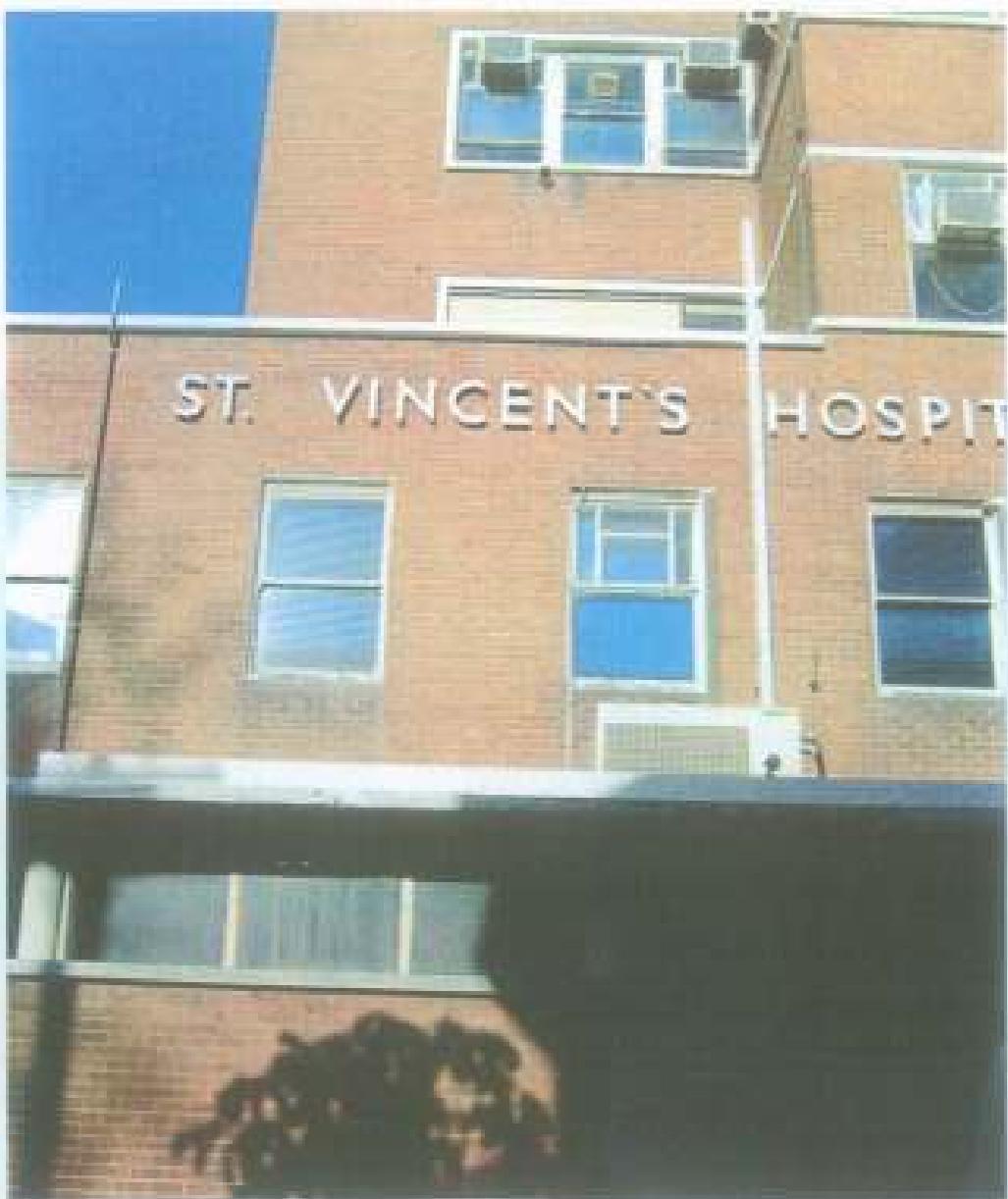




GOLDSCHMID,  
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## Introduction

### 1.1 Context of the Report

The Heritage Impact Assessment covers the O'Brien Wing at St Vincent's and Mater Health Sydney. It follows the history of the proposed demolition and development of the wing and analysis of the heritage value of the O'Brien Wing. Formerly known as the O'Brien Wing, it provided a part of the St Vincent's Hospital complex of the local precinct.

The O'Brien Wing is located in 300-306 Darlinghurst Road, corner of Burton Street. The building is a two-storey brick building with four bedrooms. It was completed in 1927 and named as the St Vincent's Hospital O'Brien Wing. It replaced previous buildings along Darlinghurst Road. In that way, it has been out of the existing City of Sydney, as the hospital has expanded to community and residential care. It now provides a range of health services. The building is representative of the evolution of the hospital over time. It has been subject to numerous alterations, including addition and subtraction, during the early 1900s, which recognises one of the important elements of building fabric of the original hospital structures.

The Local Government Area of Sydney includes the St Vincent's Estate Group of buildings. The main building - 300-306 Darlinghurst Road, corner of Burton and Burton Streets, contains a total area of 1,000 square metres. It is a two-storey brick building, originally built in 1927. Using Number 1114 (dated 28 July 2008), Figure 1, The photograph of the O'Brien Wing, Burton Street, is included in the NSW State Heritage Inventory for the St Vincent's Estate. No. 1114 (dated 28 July 2008) after heritage listing in 2008.

Graham Brooks and Associates Pty Ltd has been engaged as one of the local consulting firms to prepare a Heritage Report in order to identify significant heritage values which will have a bearing on the process.

### 1.2 Authorship

The Report has been written by Graham Brooks and Associates Pty Ltd. All contemporary photographs included in the Report were taken by Graham Brooks and Associates on July 2008 except for the photographs of the Report



**Figure 1:**  
The O'Brien Wing, from Burton Street, looking west. The building is in the modern style of the late 1900s, characterised by plain horizontal banding.  
(Source: Graham Brooks & Associates, July 2008)



**Figure 2:**  
The one access entrance way to the O'Brien wing, which presents in a relatively poor state of repair, and witness some of the accretions necessary for contemporary use, such as the air-conditioning units.  
(Source: Graham Brooks & Associates, July 2008)

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NSW WorkCover No. 000 000 000  
NSW Fair Trading No. 000 000 000  
NSW Office of Environment and Heritage No. 000 000 000

## 1.3 Site Identification

The subject for this Report is the former O'Brien Wing, which forms part of the St. Michael's Hospital Main Site Group. It is located on the south side of Burtin Street at the north end of the Main Hospital Complex. The site is located within the Lower Government area of the City of Sudbury. However, the east boundary of the hospital site along Burtin Street, within the Local Government area of Sudbury, also Victoria Street, Greenbank area.



Figure 4.  
Map showing the location of the subject building, indicated by the arrow. The property is located on the south side of Burtin Street, immediately behind the main building of the hospital, which is bounded by Victoria Street.

Source: <http://www.esri.com>, May 2008.

The primary address of the Report refers generally to the Burtin Street side of the property. At both the Burtin Street side of the property as well.



Figure 5.  
The O'Brien Wing, a terraced or three-story brick hospital wing. The image above taken from the south (Burtin Street) side, shown in junction with the Dr. Lucy Building at what was previously the entrance to the former industrial block.

(Source: Stephen Broder & Associates, July 2008)

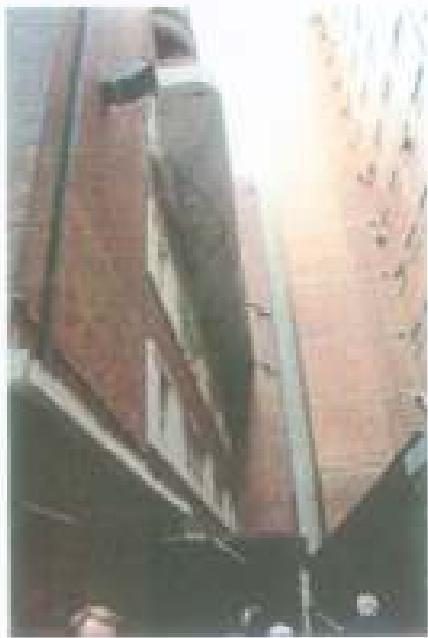


Figure 6.  
The northeast corner of the O'Brien Wing is shown above to the left. The pedestrian挑脚架 is part of what was once West Street, and the junction driveway is also the parking in the rear right.

(Source: Stephen Broder & Associates, July 2008)



## History

### 2.1 Brief Descriptions of the Style and Origins of the Building within its Context

The original O'Brien Wing was built in 1906. The building replaced a two-story wooden building that stood on the site from 1870 until 1906. The wooden building was to be demolished to make way for the Hospital wing. The Hospital naming the new building O'Brien Wing. The name O'Brien Wing was named after Sir John de Sales O'Brien, one of the original founders of the hospital in Australia, the Queen Victoria Hospital in Melbourne in 1857, moved to Fremantle in 1867, during that time and to the present day, the Hospital has become one of the leading medical institutions in Australia. The members of the Order of Charity and colleagues who comprise the Sisters of Charity Health Service, the largest non-governmental religious health care provider in Australia, currently operating 17 facilities.

Plans were drawn up for the replacement wing in 1905/06 and the building was opened in 1906 as the Dr. O'Brien Hospital Complex. It had a total construction value of £59,000. The main entrance covered over a four-storey height. The O'Brien Wing was another large structure at the beginning of the Second World War, with seven floors, it has been well used, with a number of wings added and was a part of the building for the small hospital in the Henry Farnie Hospital. One with clear blue horizontal horizontal bands, rounded pilasters and much use of glass, stone and glass. The wings were added and described in the Hospital Annual Report of 1909 as a fine example of the modern O'Brien Hospital. The opening of the O'Brien Hospital in 1906 and the addition of the O'Brien Hospital Complex in 1909, made the Sisters of Charity Health Service one of the first major providers of health services in Western Australia, with locations in Perth, Mandurah and Bunbury.

The building seems to have replaced other buildings on the site, the site being between the former St. Ignatius Convent, Bunker Street and West Street. In more recent years, West Street has been cleared to become part of the O'Brien Building as well as the junction space between buildings and the ambulance access. In 1962 a new addition was made on the western side of the O'Brien Building and in 1967 the "T" floor was demolished as a part of the Department of Housing extension and University of Western Australia.



**Figure 11**  
The image above shows the junction between the O'Brien Wing and the O'Brien Wing Extension (T-Wing) with emergency vehicle access under the junction.  
(Source: Dianna Brooks & Associates, July 2009)



**Figure 12**  
An image of another junction between the O'Brien Wing and the O'Brien Wing Extension (T-Wing) from Bunker Street.  
(Source: Dianna Brooks & Associates, July 2009)



Figure 9  
The Old Paterson Block, c. 1901, looking north along West Street towards Burton Street. Note other buildings in the bottom right corner which have since been replaced.  
(Source: Princeton University Library Collection, Searched August 2008)



Figure 10  
View of the Old Paterson Block, the first new Paterson Block, taken in the 1920s from Burton Street with the old Lucy building to the right. Note the tram lines running along Burton Street.  
(Source: PICARDY, Mitchell Library Database, Searched August 2008)



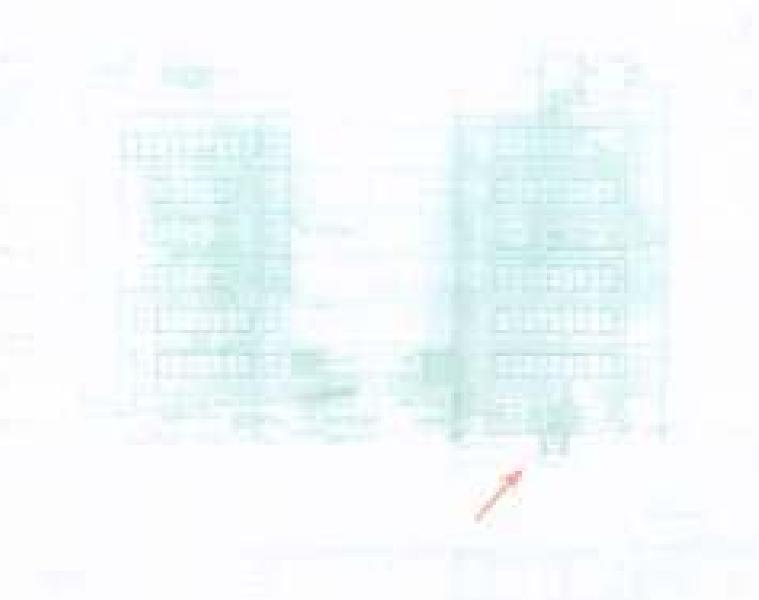
Figure 11  
Photograph taken January 1911 of the addition to the new building, which is now known as the Old Paterson Block. The new building presents an image of luxury in the then-new modern style.  
(Source: St. Albans' Archives, July 2008)





**Figure 12:**  
The 1877/78-arched plan, where the location of the proposed new wing (as indicated by the arrow) is shown. It can be seen that the new building, planned as an Gresham's Block, would be constructed over derelict courtyards, which were probably service buildings at the time (or were being or not required, practically nothing) into the new hospital addition. These had hitherto comprised the major public surface of the Hospital. It may be noted that River Street is the main artery for most patients of the anterior buildings. The area from can be seen as running along Bulwer Street.

(Source: City Archives, Sydney City Town Hall, August 2009)



**Figure 14:**  
Hand and pencil sketch drawings of the proposed new Gresham Block, now the O'Brien wing. Illustrate the seven wings plus basement and services. The drawing indicates that considerable extension, soon would have taken place at the time. The plan of the old wall in this regard is of particular note.

(Source: City Archives, Sydney City Town Hall, August 2009)



**Figure 17:**  
Image of the insulation stone of the O'Brien Wing, when the Gresham Block, built November 1878, and headed by the Revd Ad. Mignen de Gossac, which concentrated the particular Jesuit Ideology of the Sisters of Charity.

(Source: Graham Brooks & Associates, July 2009)



**Figure 18:**  
Sister Mary Françoise de Sales O'Brien, one of the original founders. A French educated Irish woman, she maintained with the other four an opposition to being incorporated into the Sisters of Charity, identity and program of the Sydney Block, and an aversion of the independence of his Congregation and its works.

(Source: St. Vincent's Hospital Archives, July 2009)



**Figure 19:**  
Front facade view of the O'Brien Wing, showing signs of deterioration, but characterized by the dark timbered trees and classical glass of the modern era design.

(Source: Graham Brooks & Associates, July 2009)



Figure 16

The east elevation of the proposed new building, 1160 Main, showing the service tower atop the building and the depth of the basement excavation, the off street and other service structures to the below ground level.  
 (Source: City of Mississauga, Building City Team Plan, August 2008)

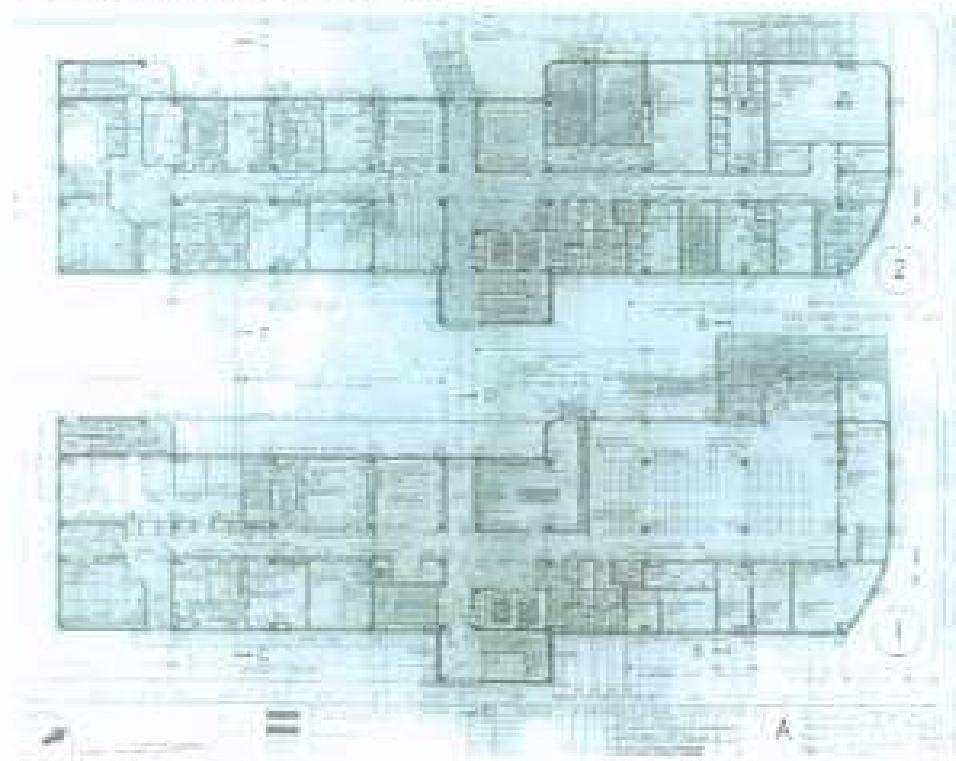


Figure 17

The ground floor and first floor plans of the proposed new building, 1160 Main. The ground floor shows the office areas (lounge area to the right, break area) and the consulting rooms to the left (board room).  
 (Source: City of Mississauga, Building City Team Plan, August 2008)

## 2.2 Relationship to the de Lucy Building

The original building, the de Lucy Building, is made of masonry and is part of the older Building 1020, the connecting wing-building added in 1900, after the original 1865 building was destroyed by fire. It was commenced in 1865 to accommodate the care of the local Aboriginal population. Although it had residential areas and wings on both sides of the original 1865 building, the original 1865 building is the general current presentation of the West facade (Figure 17) of the Hospital. The original wing is connected by a link to the rest of the eastern main building.



Figure 17  
Photograph of the original hospital, now the de Lucy Building, taken ca. 1870. This building was substantially extended and modified during the next 80 years, to gradually lose its original form. (Source: St. Vincent's Hospital Archives, July 2008.)



Figure 18  
Photograph of the original hospital from the de Lucy Building, taken circa 1907. It appears by this time to have been partly rendered. The view is looking south along Victoria Street towards Market Street. The same plan boundary markers are clearly seen at the corner of the property. The new building (Visting) is the building between the two boundary markers. (Source: St. Vincent's Hospital Archives, July 2008.)



Figure 19  
The plaque on the corner of St. Vincent's Hospital marks the location of the original hospital built by John Bede Polding in 1860. (Source: Diether Drury & Associates, July 2008.)



Figure 18  
Interior reception area of the de Lucy Building, which was finally vacated over some decades, and now presents as a significant connection to the history and character of the Hospital. (Source: Diether Drury & Associates, July 2008.)



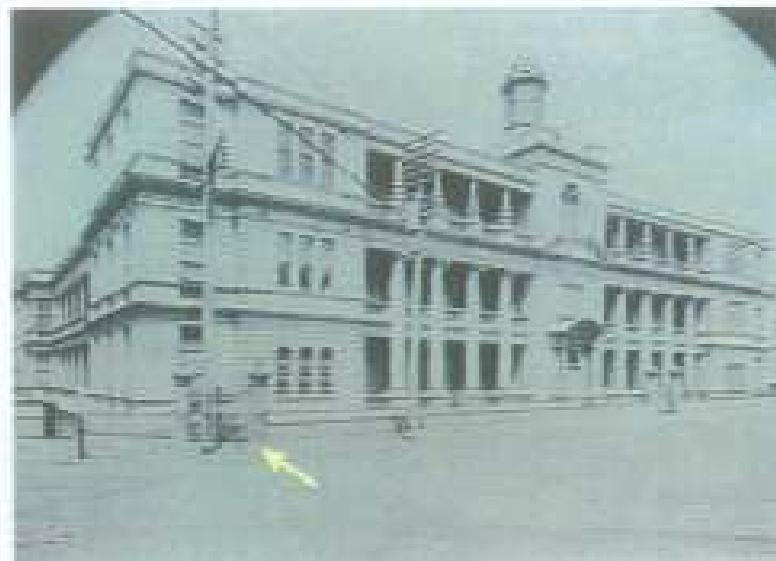
Figure 19  
Early orthographic model stone boundary markers at the corner of St. Lucia and Victoria Streets. The intention is to map, restore and replace these stone pillars in their original position as part of the proposed restoration work. (Source: Diether Drury & Associates, July 2008.)



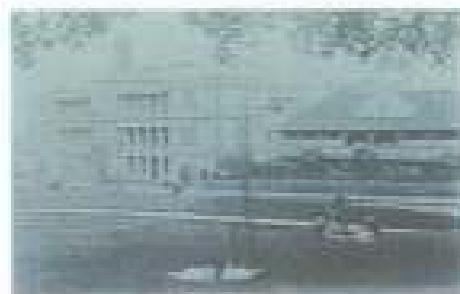
**Figure 23**  
Photograph taken between 1860 and 1910, from Burton Street, across Green Park towards the front of the main hospital building (now the Mr Lucy Building). The street lamp appears to be gas. Sydney streets did not become electrified until the first decade of the twentieth century. The building has already been extended to the south on. Not the original double-wing facade has one octagonal stone wing. At this time evidence becoming an emblem consists of copper - an orange Free Church of Scotland central wing, with dormer windows, flanked by single north and south wings, and a copper veranda, with stop-ditched cornices from roof-casting. Boundary markers showing pillars are in evidence at the corner of the park. These are also in place in earlier photographs of the building from the 1870s, and they comprised a pair of flat boundary pillars on the (present) corner at the St Vincent's side. The iron lines do not seem to be in place at the time this photo was taken.  
(Source: SC, Pitt Rivers Museum Archives, July 2009)



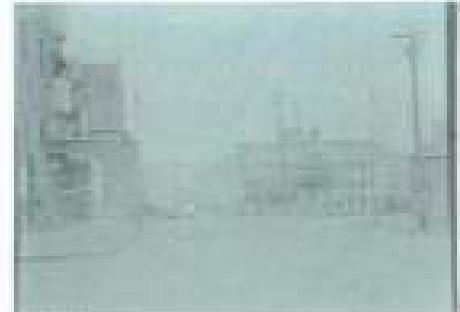
**Figure 24**  
This view of the hospital was used for some years as the front cover of the Annual St. Vincent's Hospital Report; it was taken soon after completion of the new wings and modifications from 1871 showed three sets of windows after rework in the 1870s. The older gabled-style veranda and end eaves.  
(Source: SC, Pitt Rivers Museum Archives, July 2009)



**Figure 25**  
By the mid-1880s the Mr Lucy Building is presenting to us a different facade; in this view, taken from the northwest, the original design has now been incorporated into the whole building, with bold use of columns, cornice work and general strong symmetrical classical form. The building is now four stories high. The same plain boundary markers are clearly seen on the corner of Burton and Victoria Streets. A number has in now been on the main entrance area. The corner is now characterised by numerous overhanging classical wings.  
(Source: SC, Pitt Rivers Museum Archives, July 2009)



**Figure 26**  
View across Green Park towards the main hospital building (now the Mr Lucy). The original Convalescent Building is seen to the right.  
(Source: PRCM&H Mitchell Library Database, August 2009)



**Figure 27**  
Looking west, along Burton Street. This image is taken during the 1880s and the lowered off-set of the Octagonal pack (the convex, subject Octagon Wing) can be observed above the Mr Lucy building at the rear. Extensions to the Mr Lucy building, on its rear (west) side and across its front face can also be seen. Note that by this time the carriageway runs along Burton Street.  
(Source: PRCM&H Mitchell Library Database, August 2009)

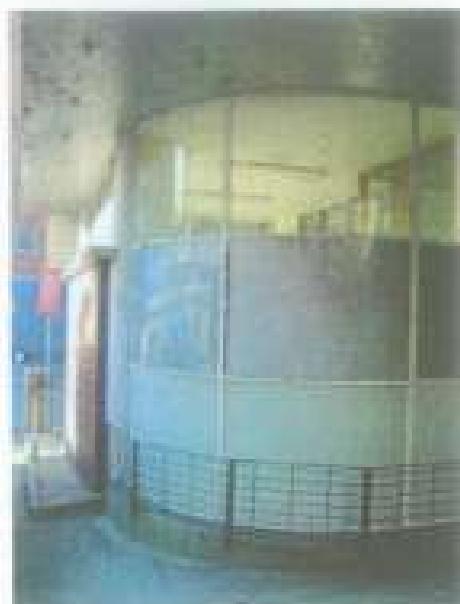
## Physical assessment

The subject along the Cader Street facade of the Hospital Building has a generalised weathering effect across the facade which was visible in 1949. The surface became lighter with age of over 50 years and was considered within the normal ageing characteristics. This was due to the white lime wash being applied and maintained. Images of the building as seen maintains the lightness of the original lime wash, although the darker areas of weathering are present, such as pebbledash and superficial surface fragmentation. The generation and the nature of weathering indicates the building is in a sound state of repair.

The Hospital Building (built in 1841) is a listed part of the National Care Trust's former site of the building. The Hospital's Act of Deed Records indicate that it was considered a 'Ragged School'. Initially, the building had all the characteristics and functional requirements of the original school. Internal partitions were purpose built after the original plan and were pulled through to the galleries provided by practice and augmented to suit the contemporary needs of the hospital users. The surviving block, as convenient, situated the main entrance, large reception and waiting area, lecture theatre, dispensary room, and porters with staff ready access to the dispensary. Research at Coombe, Frenchay, Bristol, Monks' Folly, Bath, UK, The General Hospital, Liverpool, and St. George's Hospital, London, UK, all show evidence of a high standard of architectural and structural design.

However, it is apparent that the built fabric of buildings will undergo significant changes during the 19th century due to technological changes in social and legislative circumstances. As highlighted, the built fabric may have survived French, and subsequently, of course, modernisation. For instance, the pre-1900 dispensary in health care contexts would be located in the subject building following the fire.

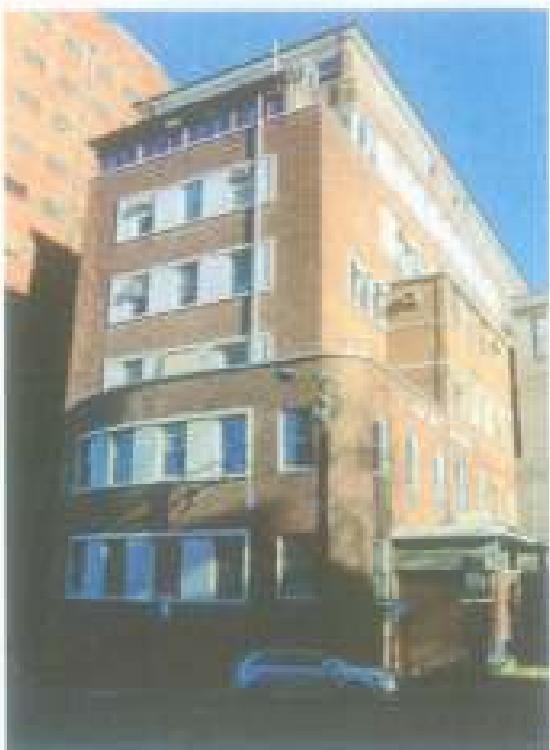
Some contemporary photographs depict the building with its larger scale modern service areas, such as the dispensary, which contained a large number of beds, and the dispensary, dispensary, lecture, and library areas. For the latter building, however, the level of sophistication and detail, and the connecting junctions, are related to the dispensary, may bearing with its health, educational, accessibility and research importance.



**Figure 25:**  
Upper level of the former extension to the subject building, the former Outpatients block, and the Children wing showing residual decoration of brick or terracotta and concrete below the modernised curved glass surface, the smaller concrete columns and the horizontally oriented window framing.  
(Source: Gwent Society & Archives, July 2008)



**Figure 27:**  
An image of the upper level of the subject building taken from the corner near Queen Street and showing the close proximity of the subject building to the Sir Lucy Gowing. It also indicates the generally good state of repair of the face brick and concrete work.  
(Source: Gwent Society & Archives, July 2008)



**Figure 28**  
View of the suspect building, the D'Ellesse Wing, taken from Burton Street (Source: Greater Bristol & Associates, July 2008).



**Figure 29**  
View of the northwest corner of the building taken from Blagdon Street. This image illustrates the proposed new proportions for the development (Source: Greater Bristol & Associates, July 2008).



**Figure 30**  
This image illustrates one of the many junctions between the subject building and the surrounding buildings, such as Bel de Lucy and the Cadell Overstone buildings. These junctions have been created in a manner that attempts to address the original access and interior layouts. Such junctions will require carry of address in the proposed new redevelopment (Source: Greater Bristol & Associates, July 2008).



**Figure 31**  
Illustrating the connection of the intersection between the buildings, and form of the various entrances, addresses and interior allocations (Source: Greater Bristol & Associates, July 2008).

## Assessment of Cultural Significance

### 4.1 Heritage Listings

The following sections detail the relevant heritage protection mechanisms in place.

- NSW Heritage Conservation Register;
- NSW Heritage Assessment;
- National Trust Australia's Chapter One System of Assessment;

#### The Australian Heritage Council

The building protection listed on the Register does not include the Australian Register of the National Estate (RANE) as a matter of cultural significance.

#### The NSW Heritage Office

The six-storey building known as the Great Wall Hotel, 100 Central Park of the St Vincent Hospital Complex, North Sydney, Gallaher's Lane is not listed on the NSW Heritage Register, despite its high level of heritage significance.

#### National Trust of Australia (NSW)

The six-storey building known as the Great Wall Hotel, 100 Central Park of the St Vincent Hospital Complex, North Sydney, Gallaher's Lane is not listed on the register of the National Trust of Australia.

#### Sydney City Council

The listed building, 100 Great Wall Street, is also listed on the register of heritage items of the Local Government of Sydney, a subset of the general register of the NSW Councils Housing Group which has a primary address of 100 Central Street, Darlinghurst. In particular the main entry to the Main Building (the former) is listed under the Local Government Plan (LGP) 2018, Amendment LGP 2018, Item Number 1111, dated 11 July 2018. Together with the adjacent 102 Great Wall Street, the Great Wall Hotel, 100 Central Park of Sydney is an unusual example of early 20th century industrial architecture. The listed building is owned by City of Sydney heritage committee. There are no private or public ownership interests in the building.

## 1.2 Assessment of Significance

The O'Brien Wing of St Vincent's Hospital Darlinghurst is a significant example of the evolution of the hospital industry in New South Wales during the 1930s. It is also significant for its contribution to the development of modern health care services in Australia.

### 1.2.1 - Historical significance

The O'Brien Wing is a significant example of the evolution of the hospital industry in New South Wales during the 1930s.

During the 1930s there was a general decline in the number of patients admitted to hospitals due to the economic depression. However, the number of admissions increased during the Second World War.

However, the O'Brien Wing is an important example of the evolution of the hospital industry in New South Wales during the 1930s. It is significant because it is a major example of the emergence of modern health care services in Australia.

The subject property, known as the O'Brien Wing (formerly Gospalts Block) of the St Vincent's Hospital Darlinghurst, reflects something of the ongoing evolution of the hospital industry and of health care generally, in the State of NSW. In particular its construction, represented an emergence of buildings specifically designed and constructed for integrated and multidisciplined health care. It was a major private work undertaken at a significant time between the Depression and the early stages of the Second World War. However, while it may be said to have a general significance in this evolving story, the building itself has only a moderate heritage value under this category since, in our opinion, it is more properly seen as part of a larger and much wider context of philosophical initiatives and physical expressions in health care services.

#### **Category C - Associational Significance**

The subject building has a place in the history of the local community of Darlington, particularly in the context of the St. Vincent's Hospital Complex and its association with the Sisters of Charity.

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The subject property, known as the 'Older Wing' (formerly Outpatients Block) of the St. Vincent's Hospital Darlington, has a place in the story of association with the general work of the St. Vincent's Hospital Complex and the Sisters of Charity. It has also had a recognised part in the life of the local and wider community, particularly for outpatient services in surgery, medicine. Beyond that, it has no particular association with the life and works of any person of note. As a heritage item however, the subject building is exceptional. (See little significance under this category)

#### **Category D - Aesthetic Significance**

The subject building has a place in the history of the local community of Darlington, particularly in the context of the St. Vincent's Hospital Complex and its association with the Sisters of Charity.

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St. Vincent's Hospital  
Darlington, Darlington,  
County Durham, DH1 1JL

The subject property, known as the O'Brien Wing (formerly Outpatients Block) of the St. Vincent's Hospital Derrynghurst was at the time of its design and construction a state-of-the-art facility in a sense of the art building. Its initial configuration was purpose built and externally, the building displayed the clean lines and horizontal definitions of the modernist style with asymmetrical proportions, combinations of flat and curved surfaces, smooth and slumping concrete structures and accoutrements, large windows with armchair framing and so forth. Since that time however the building has had substantial interior modifications as part of the changing response to medical evolution and notably, a large number of external alterations. Its physical situation along Burleigh Street, a main public transport route initially lent the building a landmark quality. In recent decades however it has been necessarily hampered in on this side by significantly larger developments which eclipse it. The subject building, in our opinion, has a moderate degree of significance under this category.

#### **Cultural & Social Significance**

In addition to its above architectural significance, the subject building is also significant in terms of social factors. Given its location off the main street, it made an important contribution to the local community by being a hub of medical services and facilities.

Its original function, that is how it functioned in practice, was to facilitate quick and efficient medical treatment and care.

Given the Burleigh Street location, access to the property, its early history and its original purpose, it enjoyed a unique and important place in the community.

The subject property, known as the O'Brien Wing (formerly Outpatients Block) of the St. Vincent's Hospital Derrynghurst was for some years located on a major public transport route of the tramway system and would have been an evident landmark of the local area. Moreover, it was closely associated the provision of emergency and outpatient medical care. In other acute circumstances it provided a useful community. However, in our opinion the building itself since it functioned as part of a more generalised sense of place and service provision achieves little to moderate recognition under this category.

## **Section 5 - Technical Research Significance**

The technical research significance of the building lies in its potential to reveal information about the medical activity of the hospital during the period it was in use. This is particularly true if the building is compared to other buildings of the same type.

Given the relatively short time the building has been in existence, there is little information available about it.

Given the fact that the building is still in use, it is difficult to obtain information about its current use or its past use.

Given the fact that the building is still in use, it is difficult to obtain information about its current use or its past use. However, the building is currently used as a medical facility, which may provide some insights into its history.

The subject property known as the O'Brien Wing (formerly Outpatients Block) of the St. Vincent's Hospital Dartington has been subject to ongoing change since its establishment some five years ago, in both usage and configuration. Being an active part of a rapidly changing field, it now has almost no potential to yield technical and research information about its medical activity at any particular point during that time. Moreover, as a style that is good but representative example of modernist architecture and is therefore, in our opinion, not likely to add any further insights into this style.

## **Section 6 - Rarity**

The building is unique in its design and configuration, making it a rare example of modernist architecture in the area.

Given the fact that there are few examples of the building type in the area, it is difficult to assess its rarity. However, given its unique design and configuration, it is likely to be a rare example of modernist architecture in the area.



Figure 5: The O'Brien Wing of St. Vincent's Hospital Dartington, showing its unique modernist design.

## Category 2: Building of National Significance

The subject property, known as the O'Brien Wing (formerly Outpatients Block) of the St Vincent's Hospital Darlinghurst is, in our opinion, not a fine building in style or cultural contribution, or in contribution to any significant human activity which stands in danger of loss. Therefore, in our opinion it achieves little significance under this category.

### Category 3: Representativeness:

The subject building is representative of the second stage of a type of hospital development which occurred in Australia in the mid twentieth century. It is important to understand the context of this development in order to appreciate the significance of parts of the building, and its place in the broader architectural landscape.

During the 1930s there was a focus amongst the medical profession to improve the quality of patient care. This led to the introduction of new medical technologies, such as X-ray machines, and a significant increase in the number of medical staff. This led to a demand for larger and more modern hospital buildings. The O'Brien Wing is a good example of this trend, featuring a large, modern, and functional design that reflects the changing needs of the medical profession at the time.

Overall, the O'Brien Wing is representative of the second stage of hospital development in Australia, and its place in the broader architectural landscape of the period.

The subject property, known as the O'Brien Wing (formerly Outpatients Block) of the St Vincent's Hospital Darlinghurst is representative in two ways. Firstly, it is a good and characteristic but not outstanding example of a large-scale public building in the modernist style, and secondly, it is representative of an evolving response of the health care system to social, legislative, technological and medical changes. In our opinion, the subject building achieves a moderate significance under this category.

#### 4.2 Statement of Significance

The subject property, known as the O'Brien Wing (formerly the Outpatients Block) of the St Vincent's Hospital (Birmingham) was designed in 1937/38 and opened at the St. Vincent's Hospital Outpatients Block in 1940. It replaced previously existing hospital facilities. The building is representative of the modernist ideal of that era and also represented an emergence of buildings specifically designed and constructed for integrated and multi-disciplined health care. For some decades it had a recognised part in the life of the local and wider community particularly for outpatient services in emergency medicine. In its early years it had some measure of landmark quality until it necessarily became hemmed in on three sides by significantly larger developments which eclipsed it.

The subject building has however been subject to considerable modification in both usage and design, often since its inception. In that way it has been part of the evolving story of site, as the hospital has responded to community and medical changes in its ongoing provision of a wide range of health care services. The building's current inability to meet the standards of contemporary health care provision renders it substantially redundant.

In our opinion, the subject building is most properly to be seen as part of the story classification with the conceptual and strategic general works of the St. Vincent's Hospital Complex and the Sisters of Charity. In so far as therefore, the proposed demolition and redevelopment of this site may be seen as the continuation of the story of place.

Given on 10th January 2012

## Legislative Considerations

### 5.1 Planning Controls Affecting the Proposed Development

Planning controls will affect the proposed development and will include local, State and Federal planning controls.

#### South Sydney Local Environmental Plan

The relevant control authority for the area is the City of Sydney Council. Furthermore, the relevant document is the South Sydney Local Environmental Plan 1993 (as amended 2008). Additionally, South Sydney Heritage Conservation Development Control Plan 1993 also has bearing on the proposal for the subject site. Generally, the considerations of the development controls are consistent with the guidance of the NSW Heritage Office as generally outlined in Development Control Plan 90100.

#### Plan 9 - Design Principles

##### Chapter 10 - Impact Assessment

All the requirements of the Plan 9 Development Control Plan have been met.

It is the opinion that the proposed development is a suitable one, sustainable and does not detract from the heritage significance of the area. It is the intention that the proposed development will be consistent with heritage protection and preservation.

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## Responses

The proposed demolition of the former Royal Infirmary building has been the subject of much debate over the last few years. The Royal Infirmary was built in 1843 and was one of the first purpose-built hospitals in the country. It was designed by Sir Charles Barry, architect of the Palace of Westminster. The hospital closed in 1993 and the building was sold to the Royal College of Physicians in 1995. The Royal Infirmary was one of the first buildings to receive a Listed Building status in 1970. Despite its age, the building has been well maintained and remains a significant part of the local heritage.

While the proposed demolition and redevelopment of the site is controversial, there is no evidence to suggest that the building is no longer fit for purpose. Other options such as refurbishment or conversion to residential accommodation could also be considered to protect the general architectural heritage qualities of the building. Other proposals have been put forward, such as the proposed development of the Royal Infirmary site by the Royal College of Physicians. The Royal Infirmary Report



## 5.2 Heritage Impact Assessment

The assessment of impact of the proposed development is as follows:

- An architectural assessment of the proposed building indicates that it does not fit the area.
- The proposed building will have a negative impact on the character of the area due to its height and design.
- An assessment based upon the conservation hierarchy indicates that the proposed building is incompatible with the surrounding area.

The local has also stated that the proposed new building will not fit the area, if the proposed residential could have been located elsewhere, as well as provide alternative options for the existing area.

### Response

Housing regeneration is an important consideration and should be carried out in a way that respects the proposed changes. Local authorities should take into account the local context and the needs of the local community. This is particularly important for the local planning authority, as they are best placed to understand the particular aspects of heritage listed buildings and apply the necessary changes.

More generally speaking, the proposed building will not fit the local area and the height, design and scale of the proposed building are inappropriate. It is recommended that the proposed building is replaced through the use of a more appropriate and suitable building.



the 1930s and 1940s, the first major period of modernisation, the building of new houses and the demolition of old ones. This was followed by a period of relative stability until the early 1960s.

- In the 1960s and 1970s, the area experienced significant social change, with the arrival of many immigrants from the Caribbean and elsewhere. This led to a decline in property values and a sense of social unrest.
- In the 1980s and 1990s, there was a period of regeneration, with the introduction of new housing developments and the restoration of older buildings. This has continued into the present day, with ongoing efforts to improve the area and its infrastructure.
- The area is now a mix of residential, commercial, and industrial uses, reflecting its diverse history and changing needs over time.

Taking the questions together, we respond as follows:

1. The area has changed significantly over time, particularly in the late 19th and early 20th centuries, with the arrival of the railway and the subsequent growth of industry and commerce. This period of rapid industrialisation and urbanisation transformed the area from a rural, agricultural community into a bustling, modern town. The area's proximity to the railway made it an ideal location for industry, and the availability of cheap labour played a key role in its development. This period of growth and prosperity is reflected in the architecture of the area, with many large, ornate buildings built during this time.

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## Conclusion and Recommendations

The CHART project has shown the importance of a joined-up approach to design at hospital sites, and indeed at the European level. In October 2011, the CHART partners gathered in Copenhagen, Denmark, to evaluate the outcomes of the project and to discuss the way forward. It was decided at the meeting that specific attention should be given to the integrated and coordinated health care. This is because it will be a significant part of the life of the local community and will contribute to improved quality of life for patients. It was also agreed that some areas of hospital care, and particularly acute medical care, are likely to benefit from aesthetic urban redesign.

Our core belief is that each urban environment must have its own unique and different set of challenges. The process of creating new health care facilities must take account of the existing social, cultural, historical, and economic contexts. In the case of the CHART project, CHART has succeeded in creating a medical facility that is functional and fit for purpose, while at the same time making the patient and visitor experience good. This means that every aspect of the design and planning of the CHART Hospital Complex and the City of Care, in Copenhagen, therefore the improved services and experiences of the user can be seen at the construction time of a new hospital.

The conclusions provide opportunities for a common working space where all can work to maintain and improve the physical environment, responding to contemporary challenges such as climate change and social inclusion. However, other bodies can contribute to this building later on through a range of activities, including research, training, and public events and communication. These should be thoroughly documented in terms of legacy, value and delivery of added benefit.

Finally, the external audit concluded that there are many significant heritage factors and the health sector can contribute to these in a number of ways. The audit committee will be able to make recommendations about the potential for co-operation between the two sectors, in order to enhance the quality of the built environment for the benefit of the public and the economy of the area.



## Biography