



**GRAHAM BROOKS
AND ASSOCIATES**

ARCHITECTS
PLANNERS AND
HERITAGE
CONSULTANTS

Prince of Wales Medical Research Institute

Proposed Neuroscience Research Precinct
Concept Plan and Project Application

European Heritage Impact Statement



December 2008

Graham Brooks & Associates PTY LTD
Incorporated in NSW
Architects, Planners & Heritage Consultants
71 York St, Level 1
Sydney 2000 Australia
Tel: (61) 2 9299 8600
Fax: (61) 2 9299 8711
Email: gbamain@gbaheritage.com
www.gbaheritage.com
ABN: 56 073 802 730
CAN: 073 802 730
Nominated Architect: Graham Leslie Brooks
NSW Architects Registration: 3836

Contents

1.0	Introduction	1
1.1	Context of the Report	4
1.2	Report Objectives	4
1.3	Site Identification.....	4
1.4	Heritage Management Framework	5
1.5	Methodology and Structure	5
1.6	Terminology	5
1.6	Acknowledgments	5
1.7	Authorship	5
1.6	Report Limitations	6
2.0	Historical Summary	7
2.1	Pre-History of the Site.....	7
2.2	Site Development History	8
3.0	Site Description	23
3.1	Site Context	23
3.2	Site Description.....	26
4.0	Assessment of Significance	30
4.1	Introduction	30
4.2	Established Statement of Significance....	30
4.3	Grading of Significance.....	31
5.0	Description of the Proposal	34
5.1	Introduction	34
5.2	The Concept Plan	34
5.3	The Project Application	34
6.0	Assessment of Heritage Impact	36
6.1	Introduction	36
6.2	Randwick LEP 1998.....	36
6.3	Evaluation Against the Guidelines of the Heritage Branch of the NSW DOP.....	39
6.4	Conservation Management Plan	41
7.0	Conclusions and Recommendations.....	46

Introduction

1.0

1.1 Context of the Report

This European Heritage Impact Statement has been prepared for the Prince of Wales Medical Research Institute (POWMRI) to accompany a Part 3A Application to the Department of Planning for the proposed development of the Neuroscience Research Precinct at the Prince of Wales Hospital Campus, Randwick. This report has been prepared to satisfy the European heritage assessment issues outlined in the Director General's Requirements.

The Consent Authority must ensure that any proposed development does not adversely affect the assessed heritage significance of the subject site, the adjacent Stuggletown Heritage Conservation Area as well as the Newmarket Stables Complex on the corner of Young and Baker Streets.

This assessment will evaluate both the Concept Plan for the Prince of Wales Medical Research Institute and the Project Application for the Stage 1 and 2 works designed by Cox Richardson Architects and Planners.

Graham Brooks and Associates Pty Ltd have provided European heritage consultancy services to assist in the design of a proposal that respects and conserves the heritage significance of the subject site as well as the adjacent Conservation Area and heritage item.

1.2 Report Objectives

This report includes a documentary and physical analysis of the historical development of the place and its context, assesses its heritage significance and evaluates any impact that the proposal may have on that identified significance. This Assessment of Heritage Significance, along with a grading of the various aspects of the place that make differing contributions to its significance, have served to inform and guide the design of the proposed development.

1.3 Site Identification

The subject site is located in the south west of the Prince of Wales Hospital Campus, Randwick and is bounded by Francis Martin Drive, Easy and Barker Streets and Hospital Road, Randwick. The title reference of the wider Prince of Wales Hospital Campus allotment, in which the subject site is located, is Lot 1 in Deposited Plan 870720.

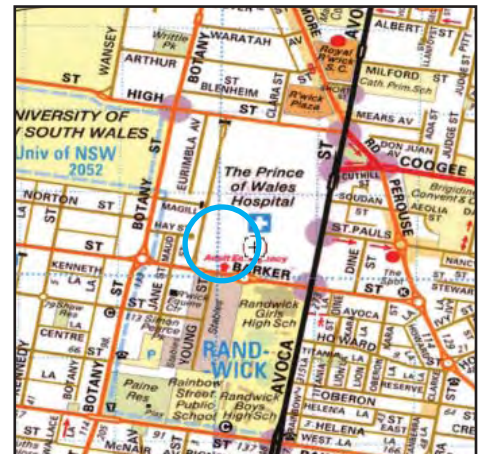


Figure 1.1
Location map of the subject site circled in blue.

Source: www.street-directory.com

1.4 Heritage Management Framework

While a portion of the wider Prince of Wales Campus site is heritage listed, the subject site is not individually listed in the Randwick Local Environmental Plan (LEP) 1998. The subject site is located adjacent to the Struggletown Heritage Conservation Area and is in the vicinity of the Newmarket Stables Complex on the corner of Young and Baker Streets which is listed as a heritage item. The subject site is also in the vicinity of the Cemetery of the Destitute Children's Asylum Memorial Garden.

1.5 Methodology and Structure

This Heritage Impact Assessment has been prepared in accordance with guidelines outlined in the Australia ICOMOS Charter for Places of Cultural Significance, 1999, known as *The Burra Charter*, and the New South Wales Heritage Council publication, *NSW Heritage Manual*.

The Burra Charter provides definitions for terms used in heritage conservation and proposes conservation processes and principles for the conservation of heritage items. The *NSW Heritage Manual* explains and promotes the standardisation of heritage investigation, assessment and management practices in NSW.

1.6 Terminology

The terminology used, particularly the words place, cultural significance, heritage significance, fabric, and conservation, is as defined in Article 1 of *The Burra Charter*.

1.7 Acknowledgements

This report is based on primary documentary sources and secondary research included in the *Prince of Wales Hospital Campus, Randwick Conservation Management Plan* prepared by this office in 1997.

1.8 Authorship

This European Heritage Impact Statement has been prepared by Jonathan Bryant, Senior Heritage Consultant, and reviewed and endorsed by Graham Brooks, Director, of Graham Brooks and Associates Pty Ltd. The photographs in this report, unless otherwise noted, are by Graham Brooks and Associates Pty Ltd.

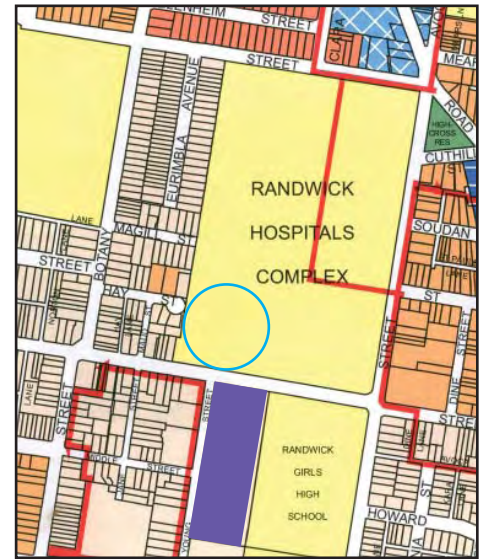


Figure 1.2

Diagram of the heritage framework of the subject property (circled in blue). The Newmarket Stables Complex is indicated in purple and the Struggletown Heritage Conservation Area is shown in the bottom left hand corner outlined in red. Those parts of the Prince of Wales Campus that are heritage listed are contained within the red lined Conservation Area at the top right of the map.

Source: Randwick LEP 1998

1.9 Report Limitations

Archaeological assessment of the subject site is outside the scope of this report. This European Heritage Impact Statement, which is limited to the investigation of the European history of the site, should be read in conjunction with:

- The European Archaeological Assessment prepared by Wendy Thorp of Cultural Resources Management; and
- The Aboriginal Archaeological Assessment prepared by Mary Dallas of Mary Dallas Consulting Archaeologists.

Historical Summary

2.0

The following historical information has been condensed from the Conservation Management Plan for the Prince of Wales Hospital, prepared by Graham Brooks and Associates Pty Ltd in 1997.

This summary is restricted to an overview of the European built history of the precinct. It does not include an overview of the Aboriginal or archaeological history of the site. The accompanying report prepared by Wendy Thorp and Mary Dallas should be consulted for this information, together with previous documents produced by Godden Mackay Logan and Austral Archaeology.

2.1 Pre-History of the Site

The land on which the Prince of Wales Hospital has been developed is part of an extensive series of Quaternary aeolian sand dunes separating the coastal strip and a series of swamps and wetlands running between Botany Bay and Port Jackson. The dunes are oriented NW-SE and reach heights of 20-30m around Bondi, however much of the original profile of the dunes has been altered by residential development. This coastal environment of rocky headlands, sandy beaches, shallow sandy embankments and estuaries, and extensive swamps and wetlands would have provided the Aboriginal owners with a concentrated set of very rich resources within relatively short distances. Movement between these resource zones through the dune systems would have been easy and unhindered by geographic barriers. The nature of the occupation of these resource zones was not well understood until archaeological investigation in the 1990s.

Clear evidence of Aboriginal occupation was revealed in the Destitute Children's Asylum Cemetery archaeological project. This found signs of Aboriginal occupation on the western facing, relatively low relief dunal slopes in the southwestern corner of the Hospital site. The evidence for Aboriginal occupation is in the form of a deflated hearth or fireplace. Hearth stones and charcoal were dated to 7,800 years ago, making this the oldest archaeological site so far known in the Sydney area.

The remainder of the hospital site is also developed on Aeolian dunal sands and further evidence of the pre-historic use of the area by Aboriginal owners may be present where subsurface disturbances caused by excavation and construction has been minimal or superficial.

2.2 Site Development History

2.2.1 Introduction

The cultural landscape of the hospital has developed over one hundred and fifty years and throughout that long period of continuous use the principal function of the establishment has changed on several occasions. To simplify this complex history of development, several themes or periods have been identified which represent principal times of change. They are:

- Phase I: 1852-1915, The Randwick Destitute Children's Asylum
- Phase II: 1915-1924, the 104 Australian General Military Hospital
- Phase III: 1924-1939, The Repatriation Hospital
- Phase IV: 1939-1954, Renewed Active Service
- Phase V: 1954-1959, Sydney Hospital Annexe: the Hospitals Commission
- Phase VI: 1959-1972. A Teaching Hospital
- Phase VII: 1972- current, Amalgamation

The research undertaken for the preparation of the 1997 CMP for the Prince of Wales Hospital site revealed a vast amount of very detailed information regarding changes, additions, extensions and cosmetic work to individual buildings or portions of the site. This evidence was summarised in a chronology appended to the CMP; this should be consulted in the event of further detailed information being required.

2.2.2 Phase I: 1852-1915

The Randwick Destitute Children's Asylum

Throughout the newly established colony of New South Wales, destitute, abandoned and orphaned children were an issue of concern. As early as the 1790s, the Reverend Richard Johnson claimed that the problem was so great that it endangered the moral standing of the community.¹ Early government initiatives, including orphanages and affiliated institutions, were established but soon proved unable to adequately address the growing numbers of juvenile delinquents, most particularly during periods of social and economic instability. Numerous legislative initiatives were proposed between 1852 and 1866 to alleviate the problems, but each generally failed to come to fruition. This was in no small part due to the establishment of the Destitute Children's Society which served as a viable and more easily managed non-government alternative; it could attract official support without the burden of responsibility.

¹ J. Ramsland, *Children of the Backlanes: Destitute and Neglected Children in Colonial New South Wales*, p.1

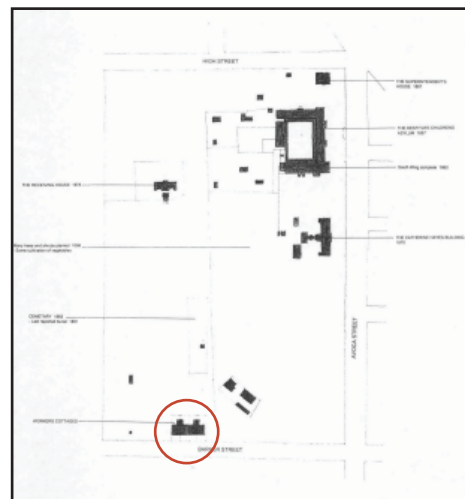


Figure 2.1

Destitute Children's Asylum in 1890. The red circle indicates the site of the Worker's Cottages on Barker Street.

Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

Arising from a public meeting in 1852,² the Destitute Children's Society was first housed in the former private residence of Ormond House at Paddington. However, its location and condition were unsuitable for accommodating large numbers of children.³ By 1854 the Surveyor General had been approached for the purpose of selecting land on Sydney Common as a potential site for a new asylum.⁴ The issue became critical in 1855 when a public inquiry into charitable institutions condemned the management and work practices of the Asylum.

By late 1855 the Directors, with the aid of Randwick Mayor Simon Pearce, had secured sixty acres of land at Randwick for the new Asylum, and the land was quickly fenced and a plan prepared for a "plain and substantial structure" sufficient to house 400 children.⁵ Designed by Edmund Blacket, the cost was estimated to be over £16,000. The work was made possible by a bequest of £12,000 made in the will of Dr Alexander Cuthill, the surgeon for the Asylum.

The grant for the new Asylum was issued on 20th December 1855, encompassing two separate but adjoining blocks of land. One parcel of land, of thirty one acres, would support the Asylum buildings, whilst the other, measuring twenty-eight acres, was to serve as a model farm that was intended to provide produce for the institution and apprentice training for the children. Essentially it was a self-contained colony that was self-supporting, with the majority of all work undertaken by the inmates. It provided its own care, education, religious instruction and vocational training. It even provided a means for employment; subscribers had the right to apprentice children as young as twelve as domestic servants, general servants or farm labourers.

By mid 1856 the Directors reported that work had been commenced, with the foundation stone laid by Governor Denison.⁶ In February 1857, notice was given that the new building was complete and the relocation of inmates from the old site began.⁷ At the time a description of the new building listed some of the rooms, being a dining room and nursery (50 x 20 feet), infants' dormitory (50x 20 feet), infants' schoolroom (28x20 feet), an office (18x 14 feet), store (18x 14 feet), kitchen (18x 14 feet), sitting room (18 x 14 feet), day dormitory (28 x 20 feet), girls' schoolroom (50 x 38 feet), girls' dining room (50 x 30 feet) and a washing room (31 x 12 feet). In addition there were ten out-offices in the grounds, all varying in size.⁸

2 J. Ramsland, *Children of the Backlanes: Destitute and Neglected Children in Colonial New South Wales*, p.71

3 Society for Relief of Destitute Children, Randwick: Annual Report 1853.

4 Society for Relief of Destitute Children, Randwick: Annual Report, 1854.

5 Society for Relief of Destitute Children, Randwick: Annual Report, 1855.

6 Society for Relief of Destitute Children, Randwick: Annual Report, 1856.

7 Society for Relief of Destitute Children, Randwick: Annual Report, 1857.

8 Society for Relief of Destitute Children, Randwick: Annual Report, 1857.

Full occupation was reached in March 1858 and at that time it was stated that “this edifice which consists of the north and east wings of the building is intended to be completed in after years.”⁹ The portion to be completed was the southern wing. In this year the Government provided a subsidy of £2,500.¹⁰

After the buildings were occupied the first matter to be attended to was the improvement of the land surrounding the establishment. This work was to be gardening and farming, aided by several well-known nursery-men in the area. By 1859 sixteen acres of farming land was ready for cultivation and six were already supporting crops.¹¹ Aside from the land used for produce, much of the remaining parcel was waste land, and part of the vacant parcel was fenced to form a cemetery. This was located between the Barker Street cottages and the principal buildings of the main block and the receiving house. A quarry was located close to Avoca Street and south of the hospital.

By 1860 247 children were housed at the Asylum, and the capacity of the buildings was stretched to the limits. Completion of the southern wing of the main building allowed for the accommodation of 800 children in total,¹² with the new wing reserved for girls’ accommodation. This was followed by gradual expansion of the site, with a new building designed by J. Horbury Hunt completed in 1867 to serve as a residence for the Superintendent. Hunt also prepared the plans for a new hospital for the site, which was much in demand given the deaths of over 60 children from whooping cough and measles. These children were buried in the new cemetery. The hospital as built, however, (the Catherine Hayes Hospital) was constructed in 1870 according to a design by Thomas Rowe, following Hunt’s dismissal.

By this time the formerly isolated location was becoming part of a growing suburb and land on the boundaries of the Asylum had been appropriated for several private properties. With the continually-growing Asylum in the midst of such development, it was inevitable that greater attention was paid to the day-to-day care and management of the institution. The overcrowded conditions and outdated philosophy of care saw the Asylum under attack – together with severe financial problems brought on by building works, the Directors were obliged to implement a series of recommendations made by a Board of Inquiry.¹³

Further expansion of the Asylum, this time to meet an outbreak of ophthalmia, demonstrated the need for an isolation ward, and the Receiving House was constructed accordingly. However, in 1881 the NSW Government passed the *State Children’s Relief*

9 Society for Relief of Destitute Children, Randwick: Annual Report, 1858.

10 Society for Relief of Destitute Children, Randwick: Annual Report, 1858.

11 Society for Relief of Destitute Children, Randwick: Annual Report, 1859.

12 Society for Relief of Destitute Children, Randwick: Annual Report, 1861.

13 Society for Relief of Destitute Children, Randwick, 1875-1885



Figure 2.2

Destitute Children’s Asylum, Randwick
Source: *Randwick, A Social History*

Act, which established a government system in place of the private welfare which the Randwick establishment had provided for so long. Effectively, the Randwick institution was to be replaced by a system based around foster care. However, the Randwick Asylum continued operating, with more than 600 children housed there in 1882, and the never-ending alterations and additions to the buildings continued unabated.¹⁴ However, in 1885 the majority of children were removed from the Randwick Asylum and placed in foster care.¹⁵ This resulted in a downward spiral resulting from lack of funding, leading to a decline in standards, conditions and care. Reduced numbers left a large area unoccupied, paralysed the educational and general arrangements and required the complete reorganization of the whole institution within the parameters of a greatly reduced budget. Over succeeding years, the numbers of children continued to drop, with the last burial made in the cemetery in 1891. Conversely, the farmland attached to the asylum thrived, before being resumed and sold by the Minister for Lands. A site plan for that date showed the site to be largely undeveloped; the principal buildings were those of the main block, hospital, Receiving House and worker's cottages (completed 1884), as well as the Cemetery and several smaller buildings around each of the main group.¹⁶ The Worker's Cottages on Barker Street (Fig 2.3), which were located until the 1960s on the site of the proposed POWMRI development, created a strong visual statement on the street with timber picket fences on sandstone footings delineating the site boundary.

Once most of the children had been removed from the asylum, consideration was given to the future use of the land itself, with most suggestions based around alternative institutional uses, such as work houses, nursing mothers' hospital, or as an infirm and destitute asylum. By the early 1900s, however, the principal interest in the Asylum was with respect to its real estate potential. As a result, and following much deliberation, part of the asylum land was subdivided and auctioned in 1903 on the basis of ninety-nine year leases. With only one allotment sold, the sale was cancelled at a later date.¹⁷ It had been the intention of those planning the subdivision to build over the site of the cemetery.

Despite a range of plans and proposals for the site in the early 1900s, the main problem of the use and future of the institution remained unresolved. In 1907 the Lands Department was urged to find a solution before the buildings deteriorated to an unusable extent. Improvements had been made in the early 1900s to the Main Building, the Catherine Hayes Hospital, the cottages in Barker Street and the "large house at the rear of the main buildings."¹⁸ Renovation

14 Society for Relief of Destitute Children, Randwick: Annual Report, 1882.

15 Legislative Assembly Papers 1904, Randwick Asylum for Destitute Children 1852-1908, SAONSW Bundle 5/5229.

16 Sydney Water Board, Detail Survey Randwick, 1891, Detail Sheet 37)

17 Legislative Assembly Papers 1904, Randwick Asylum for Destitute Children 1852-1908, SAONSW Bundle 5/5229, Miscellaneous Lands Branch Correspondence.

18 Society for Relief of Destitute Children, Randwick: Annual Report, 1904.



Figure 2.3
The Worker's Cottages on Barker Street.
Source: Randwick Asylum, J. Coulter.



Figure 2.4
Main Quadrangle of the Destitute Children's Asylum, late nineteenth century.
Source: Randwick, 1859-1976.

and upgrading of the buildings in 1913 proved advantageous to its eventual disposal and use; once new guttering had been installed, roofs examined and repaired, electricity installed and the buildings newly painted inside and out, the buildings when completed in 1914 were in better condition than they had been for some time.

With an urgent need for emergency medical facilities and an institution that for many years had been underutilized and subject to speculation regarding alternate uses it was immediately considered as the site for a military hospital. Official closure of the Asylum, did not eventuate until 1916; however, in reality its asylum use had all but ceased by the end of 1914.

2.2.3 Phase II: 1915-1924 The 104th Australian General Military Hospital

During the last phase of the property for Asylum use, there was an overlap between occupants, with some children and Asylum staff members in residence and more than 4,000 men camped in the open land adjoining.¹⁹ A formal offer of the hospital and its southern wing was made to the military, and accepted, in May 1915; for a brief period it appeared that the property could be shared by both parties. However, by June 1915 the Asylum Directors were informed that the military command had requested the entire site;²⁰ under protest, the last children and staff members left the Asylum in October 1915. Interim work was carried out on the buildings to convert the hospital and southern wing for use as the 104th Australian General Military Hospital.²¹

The intended conversion proved contentious, with the Asylum Directors and the military at loggerheads over opposing claims. Following a report by the Select Committee on the new Military and Naval Hospital Home Bill, the Minister used the powers of the *Defence Act* to requisition the property for the duration of the war, together with the twelve months following. The Society was dissolved and the Government resumed all of its assets and property. As soon as the institution was vacated, the resumed buildings were occupied by wounded soldiers returned from active service. By November 1915, three hundred patients were in residence, and a total of 450 beds were available for military use. Additional wards for a further 270 patients were under construction. By January 1917, over seven hundred patients were accommodated at the hospital, rising to 1250 men by the following March.²²



Figure 2.5
General Hospital (Military) in 1918.
Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

19 J. Coulter, *Randwick Asylum: An Historical Review of the Society for the Relief of Destitute Children*, p.112.

20 J. Coulter, *Randwick Asylum: An Historical Review of the Society for the Relief of Destitute Children*, p.113.

21 J. Coulter, *Randwick Asylum: An Historical Review of the Society for the Relief of Destitute Children*, p.112

22 Correspondence Commonwealth Bank to PMG November 1916. Series SP 439/2/0 Item Military HQ to GPO 16 March 1917.

While the existing buildings provided a substantial basis for establishing the hospital it was inevitable that the demands and needs of increasing numbers of patients would require the construction of new and expanded services, facilities and the expansion of those already existing on the site. The beginning of this period of expansion commenced with quite a small undertaking. A savings and postage facility was established in 1917; orthopaedic and curative workshops were in built in the same year²³ as well as facilities for training disabled men.²⁴

By the end of World War One the Institution encompassed several buildings that had been considered ample in 1915 to satisfy all the needs of a post-war recuperative unit. It had a dispensary, x-ray department, operating theatre and laundry. However, owing to increasing demands for post-war care more additions became essential.

The most substantial additions made to the site for the use of the military hospital in the immediate post-war years were the construction of ten general wards. These were located over the area of the former cemetery in what had been the disused southern portion of the main 31 acre block of land. The specification prepared in June 1918 called for the superstructure of the wards to be built on brick piers over the graded site.²⁵ In August of the same year a specification was prepared for a similar building to be used as a tubercular ward.²⁶ Also constructed over the cemetery site were a number of huts, with at least four known to have been extant on the cemetery site by 1918,²⁷ at a time when massive earth moving work was carried out.

1918 and 1919 were the two principal years of building activity in the post-war years for the new hospital. Following the earlier works in 1918, preparations were made for extending the existing mess room²⁸ and converting the Red Cross Room into a vegetable and meat store.²⁹ At the same time alterations and additions were made to the boiler house and new coal bunkers were formed, with additional provision made for drainage and lighting.³⁰ By the end of 1918 an additional twenty-one wards had been added to the site. Their construction required considerable excavation and even detonation of bedrock to enable level surfaces to be made for the building programme.



Figure 2.6
The Asylum was requisitioned by the federal authorities in late 1915 for use as a military hospital during the First World War.
Source: Randwick, 1859-1976.

23 Series SP 439/2/0 Item GA 54/1368.

24 Series SP DEF 155/3/1nn

25 Series SP DEF 155/3/1nn.

26 Series SP DEF 155/1 NSW 7031.

27 Eastern Sydney Area Health Service, *Conservation Policy for the Cemetery, Randwick Destitute Children's Asylum*, p.7.

28 Series SP DEF 155/1 NSW 7031.

29 Series SP DEF 155/1 NSW 7403.

30 Series SP DEF 155/1 NSW 7403 and SP 155/1 NSW 8142.

In early 1919 recreation rooms were built,³¹ as well as a guard room³² and a tubercular examination room.³³ Facilities that were designed to address special needs of the long-term patients were constructed during this period, including a massage room, gymnasium, and two dental surgeries. Eventually, in 1920 soldiers other than those suffering disabilities were admitted to the hospital.³⁴

The majority of the works of this period were located in the south-western portion of the site in the area of the cottages and the cemetery, since built over by the ward huts. Plans of 1918 showed this to be the site of the morgue, attendants accommodation, the TB ward, kitchen, boiler house and the majority of the wards, with a road giving access from Barker Street to the centre of the site and through to High Street.³⁵ Behind the principal buildings were the kitchen, laundry, boiler house and gym as well as several wards fronting High Street. Surrounding the hospital were the x-ray room, theatres, stores and linen rooms. The halls for recreation, dining and the Sergeants' dormitory were located in a group between and behind the main building and the hospital. The 1918 plan also reveals that by this date, the extreme south-eastern corner of the property was then occupied by the Avoca Golf Club and Tennis Courts.

Phase 2.2.4 Phase III: 1924-1939 The Repatriation Hospital

The Australian Soldiers Repatriation Bill was introduced and passed in Parliament during 1917. The Repatriation Administration was established early in 1918 to service this Act. It was intended to order a vast and complex network that included soldier settlement schemes, pensions and retraining amongst other issues. One of the principles established by the Act was that wholly or permanently incapacitated servicemen would be provided for in hospital.³⁶ In effect, most military hospitals remained under the control of the Department of Defence until 1921, although some remained longer until the Repatriation Department assumed control. Randwick was one of the latter.

During this interwar period, substantial changes were made to the hospital to accommodate this new period of service – more, in fact, than had been made during its use as an active military hospital. The earliest works, in 1925 and 1926, entailed improvements to the kitchen, alterations to the guard room for its new use as an x-ray department and the conversion of two weatherboard buildings for use as a secretary's residence.³⁷ A number of minor repairs were also made to a variety of buildings during this period.

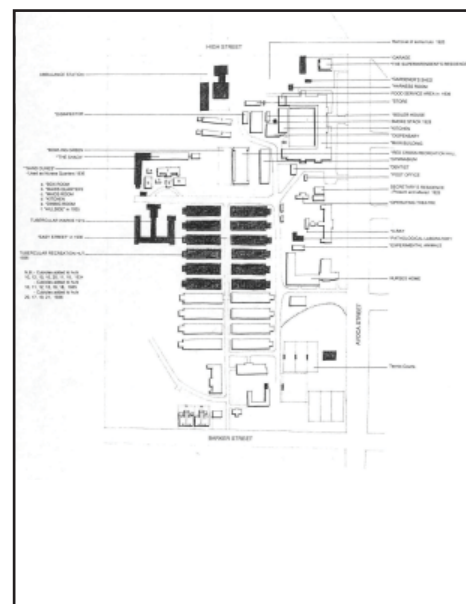


Figure 2.7
Repatriation Hospital in 1945.
Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

31 Series SP DEF 155/1, NSW 7437.

32 Series SP DEF 155/1 NSW 7730.

33 Series SP DEF 155/1 42686h

34 Series SP DEF 155/1 42686h

35 Department of Commerce, Plan of Randwick Hospital, 1918.

36 C, Lloyd and J. Rees, *The Last Shilling: A History of Repatriation in Australia*, p.89.

37 Series SP DEF 155/1 12749.

In 1927, due to the large number of infectious diseases cases being referred to the Coast Hospital, an arrangement was made whereby two wards at the southern end of the Prince of Wales Hospital were made available to accommodate the overflow from the Coast Hospital. These wards had formerly been used by military patients; under this new arrangement, numbers of convalescent and chronic cases were transferred to the Prince of Wales Hospital, although control remained in the hands of the Coast Hospital management. Additional wards were renovated and opened for this purposes in the following years, including two wards used for terminal patients transferred from Lidcombe and Waterfall Hospitals. This establishment formed the nucleus of what became known as the Randwick Auxiliary hospital; eventually it was only used for tubercular patients.³⁸ By 1929 four wards on the Randwick site were in use by the Coast Hospital, encompassing nearly nine hundred beds. Six hundred were reserved for general medical and surgical cases and the rest for infectious diseases cases.³⁹

During the later 1920s and early 1930s works at the hospital were generally intended to improve and modernize services and facilities. For example, in April 1928, two steam boilers were converted from coal fuel to oil⁴⁰ and in May of the same year extensions, repairs and upgrades were made to the steam and water services.⁴¹ In June 1928, a refrigerating plant with an insulated cool room was delivered and erected on the site.⁴² In 1934 a new boiler was brought on-site.

In addition to the series of repairs and upgrades made to general services, building works during the 1930s addressed better sanitation. General repairs were made to lavatories and bathrooms in 1933 and during 1934 washroom cubicles were added to several of the hut wards.⁴³ Similar work was carried out across other building on the site during 1935 and 1936. In 1936 it was estimated that the cost of recent alterations and additions amount to £6,300,⁴⁴ although a report by the Department of Works valued the entire facility at only £7,000.⁴⁵

The second half of the 1930s saw a large building works programme undertaken to modernize the old hospital. Key works included the construction of facilities such as a film store for x-ray materials,⁴⁶ addition of porches to the huts,⁴⁷ remodeling of the kitchen⁴⁸ and

38 C.R. Broughton, *A Coast Chronicle: the History of Prince Henry Hospital*, p.61.

39 C.R. Broughton, *A Coast Chronicle: the History of Prince Henry Hospital*, p.61.

40 Series SP DEF 155/1 14356.

41 Correspondence 2.5.1928; Series SP DEF 155/1 14402.

42 Series SP DEF 155/1 1453/2.

43 Series SP DEF 155/1 17251 and 17252.

44 Correspondence 19 June 1936; Series SP DEF 155/1 14508.

45 Correspondence 29 October 1936, Series SP 857/3/0 PC 1941/248.

46 Series SP DEF 155/1 17698.

47 Series SP DEF 155/1 17943 and 17956.

48 Series SP DEF 155/1 18113.

major and general repairs to the majority of the principal buildings including painting and roof works.⁴⁹ The landscape was similarly subjected to a major overhaul, including repairs to roads and paths, top-dressing, the construction of stone retaining walls and terraced garden beds.⁵⁰ The most significant change, however, was the gradual and comprehensive introduction of electric light and power throughout the entire hospital, beginning in 1936.⁵¹

In 1938 a proposal was made to exchange some State-owned land for Commonwealth land, principally land in the Randwick Auxiliary Hospital for land in the nearby Randwick Rifle Range. However, despite the large and extended programme of building works undertaken at the hospital site over preceding years, the Commonwealth Valuer considered that the Randwick Hospital buildings:

Are of practically no value beyond the purpose for which they are used and due to obsolescence the accommodation afforded is very poor and of low capital value. The buildings were erected about eighty years ago and if sold in their present state and taken over by private persons in all probability would be condemned on account of not complying with building regulations. They are also lacking from a purchase point of view any possibility of conversion and outside their present use are only of demolition value chiefly on account of the walls being of face-picked dimensions stone which would have a market value.⁵²

The main hospital administration block was valued at £14,000, the nurses' quarters called "Hillside" was valued at £1,000, the x-ray building at two hundred pound and the medical superintendents' residence at £1,000.⁵³

Another aspect to be considered with respect to the purchase value by the Commonwealth is that in a period of another thirty years (providing there is not another war), there would be no inmates left and no further need for a military hospital...⁵⁴

Within a year there was an urgent need for a military hospital.

2.2.5 Phase IV: 1939-1954 Renewed Active Service

At the outbreak of World War Two the Randwick Auxiliary Hospital was rejuvenated as an active military hospital, serving both the Army and Navy, in May 1939. A massive programme of works was initiated to modernize and extend the hospital in order to make it ready to cope with this new national emergency. From January to December of 1939 works carried out included repairs to existing



Figure 2.8
Aerial view of the Repatriation Hospital in 1943.
Source: Department of Lands.

49 Series SP DEF 155/1 16432 and 21184b.

50 Series SP DEF 155/1 2005a, 19807a and 19917a.

51 For example Series SP DEF 155/1 1857b, 15/1 18575, 155/1 18713 and 19716.

52 Hospital Valuation 20.12.1938; Series SP 857/2, 1940/196.

53 Hospital Valuation 20.12.1938; Series SP 857/2, 1940/196.

54 Hospital Valuation 20.12.1938; Series SP 857/2, 1940/196.

fences and the construction of new fencing,⁵⁵ repairs and upgrades of wards, the pathology block, the laundry and kitchen, as well as the introduction of new plant.⁵⁶ Requests were made in November for additions to be built to support the use of the establishment as a 1200 bed base hospital. In December the Treasury approved £26,690 for an additional seven wards.⁵⁷

By 1940 it was reported that the hospital accommodation for military forces was approaching saturation point. At that time all of the soldiers requiring care from Liverpool, Ingleburn, Wallgrove, the Sydney fortress and garrison, and others, were sent to the Prince of Wales Hospital. For this reason a recommendation was made to increase the bed capacity by two hundred at all military hospital; this estimate was later revised to six hundred.⁵⁸ During a period of discussion, the programme of new works and upgrades continued at the hospital, entailing internal and external repairs and painting and improvements to the drainage.⁵⁹ This scheme of upgrading the hospital buildings continued throughout the remaining years of the war, with the majority of buildings upgraded and extended. In 1944 a specification was prepared for the erection and completion of new military wards, a covered way, visitors' rest room and additional accommodation for staff as well as incidental works and services.⁶⁰

After cessation of hostilities, the Prince of Wales Hospital again served as a repatriation hospital, in much the same capacity as through World War One. The majority of improvement works carried out in the immediate postwar years were intended to accommodate that role, addressing specifics such as hot water systems, food preparation areas, as well as routine service and repairs and the renewal of the landscape including fences, paths and signs.

Control of the hospital in this period was vested in the Commonwealth Repatriation Department. As with most hospital in the immediate postwar years, both the Prince of Wales and the Auxiliary Hospital were starved for funds of staff.⁶¹ It became necessary for this reason to close some wards in the Auxiliary Hospital.⁶² By 1953, it was reported that

The Repatriation Authority have vacated the Randwick Military Hospital which has been taken over by the hospital commission and the name Randwick Military Hospital is no longer appropriate.⁶³

55 Series SP DEF 155/1 21723a.

56 For example Series SP DEF 155/1 22095g.

57 Telegram, 12 December 1939; Series SP 459/1/0 420/1/1439.

58 Urgent Memo, 26 January 1940, Series SP 459/1/0 420/1/1439.

59 Series SP DEF 155/1 25144g.

60 Series SP DEF 155/1 38009m.

61 Randwick Chest Hospital *Municipality of Randwick Centenary Celebrations 1859-1959*.

62 Randwick Chest Hospital *Municipality of Randwick Centenary Celebrations 1859-1959*.

63 Series SP DEF 155/1

In 1953, the facility was formally renamed The Prince of Wales Hospital, and managed as an annex of Sydney Hospital.

2.2.6 Phase V: 1954-1959 Sydney Hospital Annexe

By the 1950s New South Wales had two parallel hospital systems. District hospitals, general hospitals and special hospitals for children were all administered by their own Board of Directors. These hospitals raised money by public appeal and by charging for their services. All were subject to the overall direction of the Hospitals Commission which allocated annual subsidies and which approved finances and major capital expenditure. The second system was directly controlled by the Department of Health. It comprised mental hospitals and member of the public for whom the state assumed particular responsibility, for example, the aged and enfeebled and those suffering in incapacitating diseases such as tuberculosis.

At the end of its service as a repatriation hospital the Prince of Wales Hospital became an annexe of Sydney Hospital with its administration of the establishment, now a public hospital, being carried out by the Board of Sydney Hospital on behalf of the Hospitals Commission. The newly restructured hospital now catered principally for long term and convalescent patients.⁶⁴

As such, the hospital had two distinct and separate parts. The former Military Hospital, now known as the Randwick Hospital, operated as the annexe of Sydney Hospital. The second part had been functioning as the Randwick Auxiliary Hospital for many years, primarily caring for patients suffering from tuberculosis and administered by the Board of Health. By 1954 the Auxiliary Hospital had reached a capacity of three hundred beds with more than 250 members of staff.⁶⁵ In 1956 a special thoracic surgical unit was opened⁶⁶ and in 1958 the name of the unit was changed from the Randwick Auxiliary Hospital to the Chest Hospital.⁶⁷ With the closure of the Waterfall Sanitarium the Randwick Hospital became the largest hospital of its type in the state.

In the Prince of Wales Hospital, as well, some important additions were made during the later 1950s including the opening of a Special Unit for the investigation and treatment of cancer and allied diseases. The building constructed for this purpose was designed as a square with the public room on the north, wards on the other three sides and an operating theatre in the north-west corner.⁶⁸ At the same time a major programme of reconditioning was undertaken on the ground floor of the north wing to a cost of nearly £28,000.⁶⁹

64 Correspondence 1.4.1954; Series SP 439/20 Item ga 54/1368.

65 Randwick Chest Hospital Municipality of Randwick Centenary Celebrations 1859-1959.

66 Randwick Chest Hospital Municipality of Randwick Centenary Celebrations 1859-1959.

67 Randwick Chest Hospital Municipality of Randwick Centenary Celebrations 1859-1959.

68 The Official Opening of the NSW State Cancer Council Special Unit for the Investigation and Treatment of Cancer and Allied Diseases at the Prince of Wales Division of Sydney Hospital.

69 Sydney Hospital - Prince of Wales Division, Minute Book 21/5/1956-

The association of the Prince of Wales Hospital with Sydney Hospital allowed for some rationalisation of services that were to have an impact on the two. By this time there was an increasing debate in the media regarding the economies of the public health system. Most hospitals were greatly in debt and there was, it was argued, a need to economise. The reasons for this economic crisis were considered numerous, including both an extravagance within the hospital system, and a large unpaid debt. Despite this debate, however, the hospital continued to expand; in 1957 approval was given to several works projects including improvement to several wards,⁷⁰ while £30,000 was allocated to create a new kitchen in the old building.⁷¹

In 1959 the State Government took the decision to establish a second medical school at the University of NSW. The Prince of Wales Hospital was to be developed as a teaching hospital to support that school. It was to operate in close association with the Prince Henry Hospital. At the same time a decision was also made, later rescinded, to move Sydney Hospital to Randwick on the site of the old golf course.

2.2.7 Phase VI: 1959-1972 A Teaching Hospital

The decision to separate the Prince of Wales Hospital from Sydney Hospital and to establish a separate Board for its administration caused another media debate concerning the need to reorganize Sydney Hospital. The separation of the two would mean the loss of some units, such as casualty, from the one institution.⁷²

Following the decision to develop the Prince of Wales Hospital as a teaching hospital, consideration was given to its relationship with the adjoining Chest Hospital. In 1962 copious correspondence was entered into over the need to vest the land, buildings and administration of the Chest Hospital in the newly formed Prince of Wales so that it too could be incorporated in the planning for the teaching service.⁷³ The Board established for the Prince of Wales Hospital was identical to that established for Prince Henry Hospital, and for that reason it was decided to develop an integrated plan of development, restructuring under one board from 1961.

The first works of the new regime encompassed the established of a Paediatric Unit of forty-eight beds in the renovated military hut wards. Later, others would be renovated for the same purpose, bringing the total bed space to 124. However, by 1966, it could be stated that "the lack of finality in respect of the government programme at the Prince of Wales caused concern."⁷⁴

21/4/1958; 18 June 1956.

70 Annual Report, 1957.

71 Annual Report, 1957.

72 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1961.

73 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1962.

74 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital,

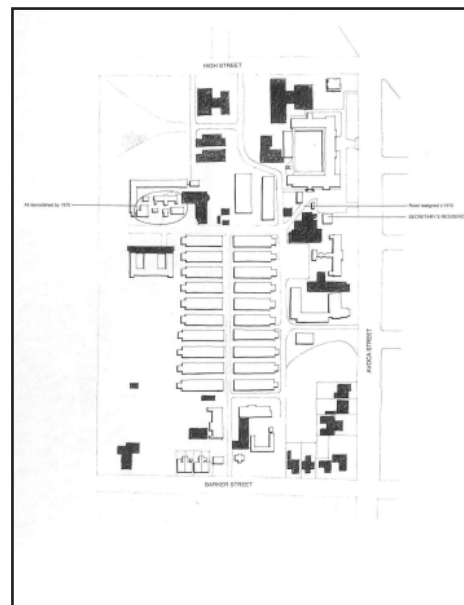


Figure 2.9
Prince of Wales Hospital in the 1960s.
Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

A delay in the decision to provide funds for the erection of a new Admission and Polyclinic Block hampered plans for the further extension of hospital facilities. Part of the problem stemmed from the demands made on the State Government by the State Health Service but the Directors were still optimistic that sufficient resources would be made available for the work.⁷⁵ Anticipation was high for the progress made on the Institute of Radiotherapy which, it was thought, would be completed by the end of 1966.⁷⁶ Tenders were also invited for the erection of a new boiler house that would service both the Prince of Wales and Chest Hospitals.⁷⁷ In 1967 the Government approved funds to develop the Prince of Wales Hospital in close association with the University of NSW, and in 1968 new 'villa' accommodation was completed for the Randwick Chest Hospital which was an independent facility operated by the NSW Department of Health on the Prince of Wales Campus. The POW Medical Research Institute has progressively occupied an increasing proportion of those facilities once occupied by the Chest Hospital since 1991.

The later 1960s and early 1970s period experienced the most substantial works programme undertaken in the hospital since the building programme of the 1850s that established the Asylum. At the end of this period of work the nature of the site had changed completely from its later nineteenth-early twentieth century character to a progressive later twentieth century facility. In addition, the former golf course and tennis courts in the south-eastern corner of the site were redeveloped with several lots of private dwellings.

The new services added to the site in this period included the construction of laboratories for Clinical chemistry, Haematology and Microbiology, Morbid Anatomy and Histopathology,⁷⁸ the Institute of Radiotherapy⁷⁹ and new workshops, and a boiler house.⁸⁰ A new Admissions and Polyclinic Building was opened in June 1969. It was one of the major additions made to the site for its new role as a teaching hospital; its final completion cost was over three million dollars.⁸¹

In the next few years planning and construction proceeded on stores, garages, a new 350 bed nurses' home, a psychiatric block and proposals for a children's hospital and a major ward, theatre and pathology block that was opened in 1971 as the Cobden Parkes Building. These new buildings provided most of the essential services required by the hospital to support the University of NSW.

Randwick, Annual Report, 1966.

75 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1966.

76 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1966.

77 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1966.

78 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1966.

79 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1967.

80 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1968.

81 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1969.

2.2.8 Phase VII: 1972- Current Amalgamation

In 1972 the administration and professional services of the Prince Henry Hospital, the Prince of Wales Hospital and the Eastern Suburbs Hospital were all amalgamated. This was the outcome of a process that had commenced during the later 1960s with the rationalization of services of those hospitals.

The pace of work initiated in the preceding years continued throughout the 1970s. The Nurses Block was completed in 1972 and a pool built nearby,⁸² the Psychiatric Unit in 1977 and the Children's Hospital in the same year⁸³ and a school was built next to it in the following year.⁸⁴ The Psychiatric Unit, particularly, made a large impact on the overall hospital site with its construction behind the Catherine Hayes Hospital. It had an equal impact on mental health care philosophy, as it aimed to integrate mental health in the general health system rather than being isolated in special institutions reserved for such disorders.⁸⁵

The Prince of Wales Hospital has been at the forefront of many important changes in medical practice with respect to both the work by staff and innovative methods of care. In 1975, for example, the Care by Parent Unit was opened in one of the old hut wards. It provided motel style accommodation for one or both parents and was, at the time, unique in Australia.

While this late twentieth century period was characterized by the construction of major new works, particularly during the 1970s which had an enormous impact on the overall use and character of the campus. The older buildings were subjected to extensive and constant change, renovation and adaptation. For example, in 1975, alterations were made in the main building to provide accommodation for teaching purposes for the Schools of Surgery, Medicine and Psychiatry. In 1977, in the same building, the lecture theatre on the ground floor of the north wing was enlarged and renovated and in 1978 works were carried out on the second floor of the south wing to provide for the Department of Surgery. More work was carried out in 1981 on the first floor of the east wing to renovate the area used by the Secretarial staff. It was finally named the Edmund Blacket Building in 1983 although by that time it owed a great deal to the work of numerous other architects. It was a process symptomatic of all the other extant nineteenth century buildings although some of these, especially the Receiving House, had been moved in recent years to make way for the construction of modern hospital blocks.

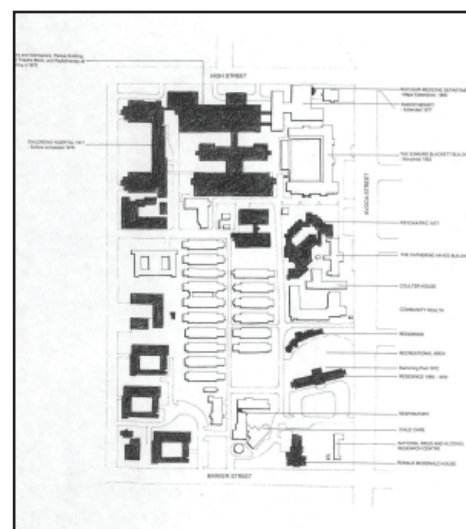


Figure 2.10
Prince of Wales Hospital in 1993.
Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

82 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1972.

83 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1977.

84 Prince Henry Hospital, Little Bay and the Prince of Wales Hospital, Randwick, Annual Report, 1978.

85 Official Opening of Psychiatric Unit and Extensions to the Institute of Radiotherapy, The Prince of Wales Hospital, Randwick, 15 April 1977.

In 1983 the Hospital gained full accreditation and in 1988 the Prince Henry Hospital was closed and its services moved to Randwick. Substantial additional building works was undertaken throughout the remainder of the 1980s and 1990s. In September 1993 the Government announced a major redevelopment of the hospital site facilitating the consolidation of health care services within the Eastern Suburbs and portions of the Cities of Sydney and South Sydney.⁸⁶ This was estimated as a \$160 million upgrade. In 1991 huts originally built as part of the Repatriation Hospital were demolished (excepting Hut "U") to make way for new construction.

In 1995 the Eastern Sydney Area Health Service prepared a Conservation Policy for the Cemetery of the former Destitute Children's Asylum, which preceded the proposed major redevelopment of the Prince Of Wales Hospital and eastern suburbs health services. During the same year an archaeological investigation of the subject site was carried out, principally to identify the exact location of the Destitute Children's Asylum Cemetery. After removal of World War One fibro huts and associated asbestos-bearing deposit, the site was located, but not before being subjected to damage as part of the removal of the early twentieth century artefacts.⁸⁷ Sixty-five individual burials were revealed during the process, together with a further 216 individual pieces of bone. Also recovered from the excavation site was a range of items associated with the Aboriginal use of the land, the layout of the cemetery and some items relating to the period when the area was used as a military hospital.⁸⁸ Upon completion, the Memorial Garden was established in 1998 and the children's remains were re-interred in this garden, located in the southern end of the former cemetery site.

During this same period, in 1996 the Prince Henry Hospital Emergency Department relocated to the Prince of Wales Campus, with Gastroenterology wards soon following. The following year the Royal Hospital for Women transferred to Randwick, and the Campus Centre's nineteen operating theatre opened in December 1997. In 1998 the Sydney Children's Hospital was redeveloped, followed by the Kiloh Centre as part of a wider \$5.4 million redevelopment of the Campus. By 2000 the POW Medical Institute, having outgrown the available space in Villa Two, expanded into a refurbished Villa One with a connecting link building.

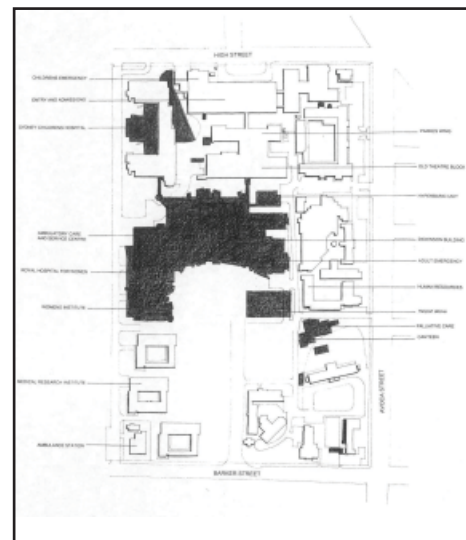


Figure 2.11
 Prince of Wales Hospital in 1996.
 Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

86 Eastern Sydney Area Health Service, Conservation Policy, 1995
 87 Eastern Sydney Area Health Service, Conservation Policy, 1995, p.1.
 88 See Godden Mackay Pty Ltd, Prince of Wales Hospital Randwick Destitute Children's Asylum Cemetery Excavation Project, 1995-1996, State Library of NSW.

Site Description

3.0

3.1 Site Context

The subject site is located in the south west corner of the Prince of Wales Hospital Campus. The Hospital Campus occupies a large rectangular site in Randwick bounded by High, Avoca and Barker Street and Hospital Road. The Hospital is the largest medical facility in the south eastern suburbs of Sydney and provides general care and services to the regional community and specialist care and services to the state. A group of highly significant historic structures is located in a discrete zone in the north west of the Campus, a site which is visually and physically isolated from the subject site in the south west.

To the west of the Prince of Wales Hospital Campus lies the main Campus of the University of New South Wales and to the south of the Hospital is situated the Randwick Girl's High School. As such, the Hospital is one of several large institutions in the area, relatively near the main southern artery of Anzac parade, situated on the western side of the neighbouring University.

The subject development site is located to the immediate south of the recently constructed existing Hospital buildings: the Kiloh Centre and the Blackdog Institute and is bounded by the dual carriage way Easy Street to the east which is the main functional entrance to the greater Hospital complex. To the immediate west lies Hospital Road which divides the site from a low rise residential area of mixed character. To the south of the site, which fronts onto Barker Street, lies the William Inglis & Son Ltd Newmarket Thoroughbred Auction Complex which is listed as a heritage item on the Randwick LEP 1998 as "Newmarket Sale Ring, big stable and Newmarket House."

To the south and south west of the of the site lies the northern boundary of the Struggletown Heritage Conservation Area. The Randwick Heritage Study identifies Struggletown as:

One of the earliest settlements in Randwick, it includes a number of mid nineteenth cottages and stables buildings associated with the horse racing industry. The Struggletown Conservation Area consists of several street blocks of housing and stables between Young Street, Barker Street and Botany Street in Randwick.

Aesthetic Significance

The conservation area has a streetscape character which differs markedly from other parts of Randwick. The conservation area has a rectilinear layout of narrow streets with sandstone kerbing, on a flat topography. Building allotments are narrow and buildings are set back a small distance from the streets. Many of the buildings in the conservation area are single-fronted weatherboard, stone or brick Victorian Georgian workers' cottages. There are also cottages



Figure 3.1
Looking north along Easy Street towards the Children's Hospital Building with the Kiloh Centre on the left



Figure 3.2
The western facade of Blackdog Institute seen from Hospital Road.



Figure 3.3
The main entrance to the Kiloh Centre on Easy Street.

from the Federation period, in Bungalow or Georgian style and the Inter-War period. There is a small grouping of Federation and Inter-War period shops, at the corner of Barker Street and Jane Street. The range of housing types and styles is complemented by stables buildings, often at the rear of sites. The Newmarket Complex, on the eastern side of Young Street, is not in the conservation area. However, the trees and buildings on the site, including the Big Stable, and the main residence, make a major contribution to the visual amenity of the conservation area and its character as a precinct for the horse racing industry.

Historic Significance

The conservation area has historic significance as one of the earliest settlements in the Randwick City area, and its connection with Simeon Pearce. Pearce created a market garden here in the 1850's. Stone cottages were constructed by Pearce for his workers from the late 1850's onwards. Many of the early inhabitants were domestic workers who were employed locally by middle and upper class residents of Randwick. St Jude's Mission Hall, on the north-east corner of Jane and Middle Streets, was built on land granted by Pearce for the building of a church for the community. In the 1860's Struggletown became a centre for the horse racing industry. More stabling was introduced into the area when the Sydney Omnibus Company moved its operations to the Newmarket complex, in 1870. The primary uses of the conservation area for housing and the horse racing industry, have continued throughout the twentieth century. The Randwick Equine Centre, on the block between Jane Street, Middle Street, Young Street and Barker Street, is currently the largest horse racing establishment within the conservation area.

Social Significance

The conservation area has social significance for local residents and the wider Randwick community. The area is well recognized for its streetscape qualities, its rare Victorian period workers' housing, and its long-term associations with the horse racing industry.

Themes Represented

The following historical themes, identified in the 1989 Randwick Heritage Study, are directly illustrated in the conservation area:

- Speculation and promotion
- Industry and commerce
- Suburbanisation

The following themes are indirectly represented:

- Modifying the landscape
- Transport and communications



Figure 3.4
Looking over easy Street towards the Memorial Park with the Kiloh Center on the right.



Figure 3.5
The eastern portion of Randwick Girl's High School on Barker Street to the south east of the subject site.



Figure 3.6
Looking south over the carpark on the subject site towards the Newmarket Stables Complex on Barker Street.



Figure 3.7
The mixed character of residential development to the east of the subject site on Barker Street.



Figure 3.8
The northern boundary of the Struggletown Heritage Conservation Area from the opposite side of Barker Street. Note the mixed commercial nature of the place along this portion of Barker Street.



Figure 3.9
Looking west along Middle Street in the Struggletown Heritage Conservation Area.



Figure 3.10
Looking south along Jane Street in the Struggletown Heritage Conservation Area.

3.2 Site Description

The subject site for the proposed Prince of Wales Medical Research Institute (POWMRI) is currently occupied by three pedestrian mid to late Twentieth century buildings including an Ambulance Station and Hospital Villas 1, 2 and 3. Villas 1, 2 and 3 have been successively modified and altered over time. The remainder of the site is occupied by demountable structures, asphalt clad carparks and soft landscaping.

The relatively level site has been cut into the gently sloping topography that rises to the north. To the north of the subject site and landscaped green space lies the Memorial Garden which contains the reinterred remains from the excavated Cemetery of the Destitute Children's Asylum (excavated in 1995-96). The Memorial Garden occupies the land between the east-west line of Fig trees and the arcaded screen wall running beside the Kiloh Centre (Fig 3.21). The linearly proportioned cemetery was located to the north of the site, much of it in the location of the current Kiloh Centre (built in 1998). The Memorial Garden features interpretive material to inform the public about the significance of the site, including a plaque with the names of the children that were buried in the cemetery.

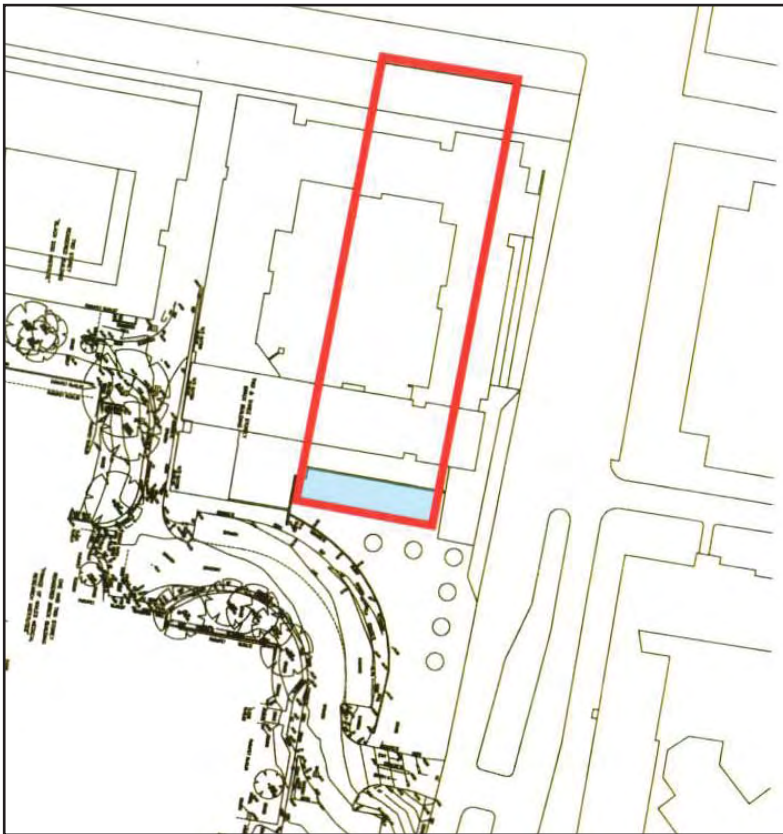


Figure 3.14
Superimposed diagram of the Cemetery of the Destitute Children's Asylum (surrounded in red) with a current survey indicating the current buildings and site works including the Memorial Garden which is shaded pale blue. The Kiloh Centre is shown occupying much of the historic location of the Cemetery.



Figure 3.11
Villa 1 seen from the southern side of Barker street.



Figure 3.12
The Ambulance Station on the corner Barker Street and Hospital Road.



Figure 3.13
The rear of Villa 2 from Hospital Road.



Figure 3.15
The rear service lane in between Villa 2 and the Ambulance Station from Hospital Road.



Figure 3.16
The main entrance on the eastern facade of Villa 1.



Figure 3.17
Looking towards the subject site from the south east over the traffic island at the intersection of Easy Street and Barker Street.



Figure 3.18
The carpark in front of Villa 1 looking south west from below the Memorial Garden.



Figure 3.19
The curved concrete block retaining wall of the to the north of the subject site.



Figure 3.20
Looking north towards the Kiloh Centre.



Figure 3.21
The Memorial Garden looking west with an interpretive panel listing the names of the children interred in the Cemetery of the Destitute Children's Asylum. The reinterred remains are located in this area between the arcaded screen wall and the line of the stone bench with inscribed names.



Figure 3.22
Interpretive panels in the Memorial Garden that inform the public about the significance of the place.



Figure 3.23
Current aerial photograph of the site.
Source: Department of Lands

Assessment of Significance

4.0

4.1 Introduction

Heritage, or cultural significance is a term used to describe an item's value or importance to our current society and is defined as follows in The Australia ICOMOS Charter for Places of Cultural Significance: *The Burra Charter*, 1999, published by Australia ICOMOS (Article 1.0):

“Cultural significance means aesthetic, historic, scientific or social or spiritual value for past, present or future generations”.¹

4.2 Established Statement of Significance

The Assessment of Heritage Significance for the entire Prince of Wales Hospital Campus has been established in the 1997 CMP and reads as follows:

The Prince of Wales Hospital Campus has considerable significance at a State and Regional level for its long and diverse history as a major institutional health care center, first established in 1855, which has a mixed character emerging out of its layers of use and development. The site also has considerable historical significance as it contains the oldest surviving evidence of aboriginal occupation in Sydney.

Unlike many other major public hospitals in Sydney, which have a continuous history of one single use, the Prince of Wales campus has undergone a series of quite distinct development and use phases that make it unique. Each of those phases responded to the particular needs of the time and circumstances of the time. Each has left its own layer of evidence in the traditions, buildings, landscape and cultural fabric of the current hospital.

The phases of site use and development, range from the Randwick Destitute Children's Asylum in the 1860s, to Military and Repatriation Hospitals during the First and Second World Wars, and more recently to the Prince of Wales Hospital, Sydney Children's Hospital and Royal Hospital for Women. Today it maintains close associations with other health institutions and organisations in Sydney, the University of New South Wales and the University of Sydney. The Hospital is also highly significant to the greater eastern suburbs community for the role it has played in the provision of health care services over the last fifty years.

The Hospital is significant for the continued provision of health care services and evolution of health services in NSW since the outbreak of the First World war. It also has a high level of historical

¹ *The Burra Charter*: The Australia ICOMOS Charter for Places of Cultural Significance, 1999, p.2.

significance for its association with the Military, before, during and after the First and Second World Wars.

The development of the site has greatly influenced the development of the entire Randwick area. It provided a catalyst for the general development of the area in the late 1800s. Today several of the buildings in the Hospital campus are landmarks in the general Randwick Area, particularly those buildings of exceptional significance located along the northern end of the Avoca Street frontage.

The complex is aesthetically significant as it contains a number of fine historic buildings that form an attractive group and establish a strong visual focus at the north eastern corner. Most notably the site contains several fine and rare examples of Victorian institutional and residential architecture, including the Edmund Blacket Building, the Catherine Hayes Building and the Superintendent's House, as well as the Federation mortuary at the southern end of the site. Another highly significant element of the site is 'Hut U,' as it is one of the few surviving buildings of the period of use of the site as a General Military Hospital and Repatriation Hospital. The site also contains several good representative examples of twentieth century hospital and general institutional architecture, including the Entry and Admissions Building, the Parkes Wing and the Old Theatre Block and the Staff Accommodation Building.

The Hospital has strong social significance for the many people who work and study there, seek medical treatment or visit patients, a level of significance that has continued through its many phases of development. It forms a major component of the Randwick community and is a point of reference for all those living in the eastern region of Sydney.

The site also contains several significant landscape and archaeological features, most notably the Destitute Children's Asylum Cemetery, certain trees and open spaces and an early subterranean water well, as well as an aboriginal hearth, dating back many thousands of years. The remains exhumed from the Cemetery have a high level of technical/research significance, not to mention social and historical significance.

There is also a large amount of documentary material as well as some other moveable objects which comprise moveable heritage, relating to each phase of development, essential for the successful interpretation of the site's history.

4.3 Grading of Significance

The site was assessed in the 1997 CMP to determine a relative grading of significance into five levels. This process examines a number of factors, including:

- Relative age
- Original design quality
- Degree of intactness and general condition
- Extent of subsequent alterations
- Associations with important people or events

- Ability to demonstrate a rare quality, craft or construction process

Grading reflects the contribution the element makes to the overall significance of the place (or degree to which the significance of the item would be diminished if the component were removed or altered). The grading has been established as a valuable tool, to assist in developing appropriate conservation measures for the treatment of the site and its various elements. In general, good conservation practice encourages the focussing of change or upgrading of an historical building/site to those areas or components, which make a lesser contribution to the significance. The areas or components that make a greater or defining contribution to significance should generally be left intact or changed with the greatest care and respect. The significance grading of the entire site is graphically indicated at Figure 4.1

The 1997 CMP assessed and graded the subject site and immediate environs as follows:

Elements of Exceptional Significance

(Of significance relating to the initial, primary establishment of the site or complex)

- The Memorial Garden to the Cemetery of the Destitute Children's Asylum, mainly for its social associations.

Elements of High Significance

(Of considerable cultural significance to the wider community and relating to an early stage of the site development.)

- There are no elements of high significance.

Elements of Medium Significance

(Of some significance to the site as a whole)

- There are no elements of medium significance.

Elements of Low Significance

(Of relatively little significance, particularly when compared with other features)

- The Ambulance Station, Existing Villas 1, 2 and 3 and associated infrastructure.

Intrusive Elements

(An intrusive or disruptive element of slight significance which tends to devalue the greater level of significance of adjacent components, areas or buildings.)

- There are no intrusive elements.



Figure 4.1

Diagram of the grading of significant elements of the Prince of Wales Hospital Campus. The subject site for the Neuroscience Research Precinct is indicated in pale blue. Note that the existing buildings on the site are graded to have low significance (pale grey). Note also that the site of the Cemetery of the Destitute Children's Asylum (shown yellow) and the site of Aboriginal Archaeological Potential (shown with a brown edged cloud) are not likely to be within the subject site. Dark grey indicates items of medium significance, black indicates items of high significance and red indicates items of exceptional significance.

Source: Amended from the original contained within the Prince of Wales Hospital Campus, Randwick CMP 1997

Description of the Proposal

5.0

5.1 Introduction

The subject proposal seeks approval for two distinct aspects of the Prince of Wales Medical Research Institute (POWMRI) development of the Neuroscience Research Precinct:

1. The Concept Plan; and
2. The Project Application.

The location of the proposed Neuroscience Research Precinct was identified in accordance with the sensitivity analysis contained within the CMP. The proposal is located within Precinct 3 and 4 which have been identified in the CMP as being appropriate places, subject to certain conditions, for the accommodation of new development (Fig 5.1).

5.2 The Concept Plan

The Concept Plan proposal seeks in principle approval for the development of the Neuroscience Research Precinct. The Neuroscience Research Precinct is envisioned to be an extensive, state of the art neuroscience research facility intended to service the eastern suburbs of Sydney. The site of the facility will eventually cover the land currently occupied by the Ambulance Station, Existing Villas 1, 2 and 3, and associated infrastructure.

5.3 The Project Application

The Project Application proposal seeks approval for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme. Stages 1 and 2 include the demolition of the existing Ambulance Station, Villas 1 and 2 and associated infrastructure. Stages 1 and 2 include the development of a large multi purpose medical facility with street frontages onto Hospital Road and Barker Street. The development will include laboratories, administrative offices, an auditorium, research facilities, storage, staff facilities, car parking and associated services.

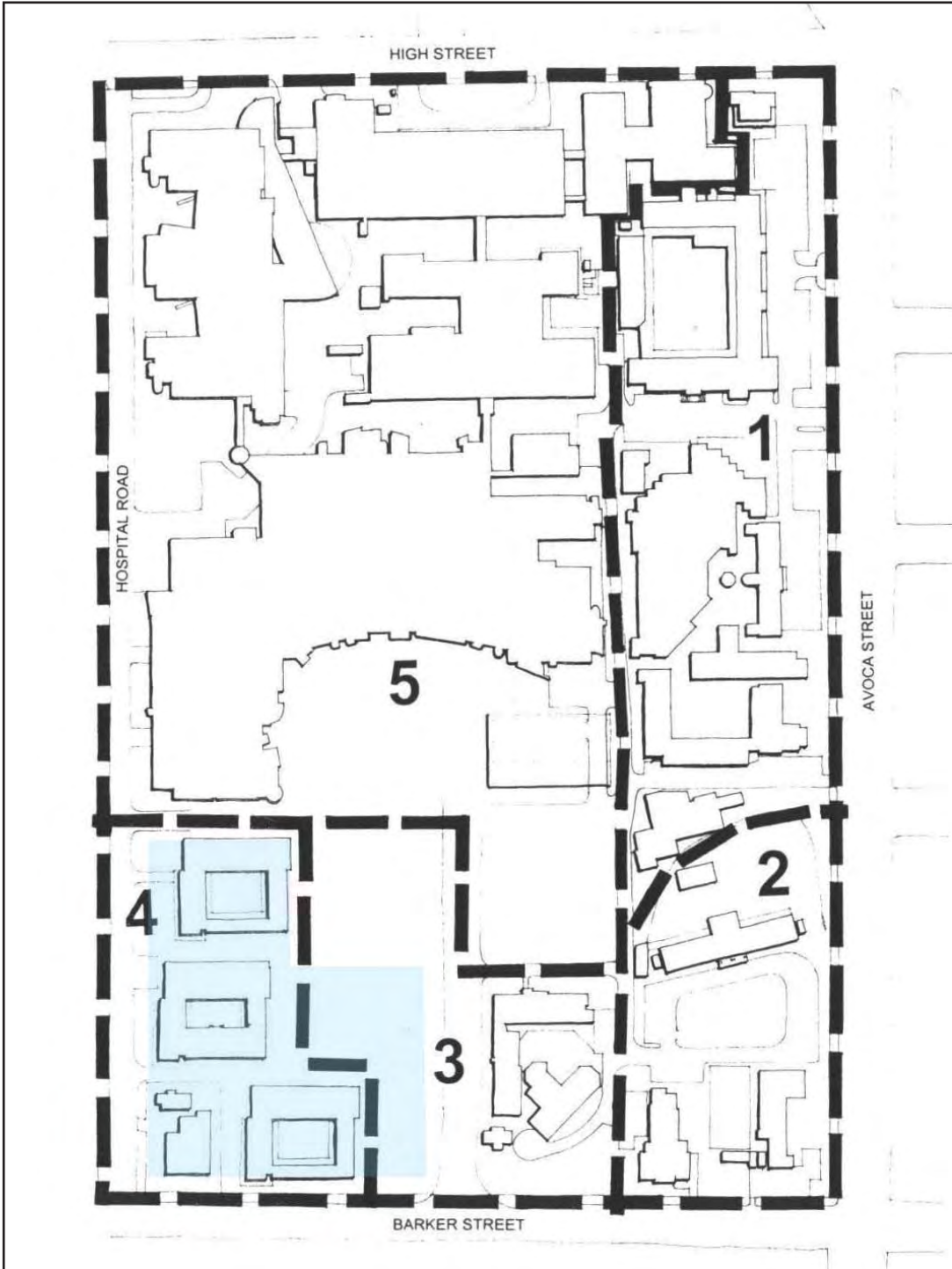


Figure 5.1
Site Precinct Map with the approximate location of the eventual development indicated in pale blue.
Source: *Prince of Wales Hospital Campus, Randwick CMP 1997*

Assessment of Heritage Impact

6.1 Introduction

This section assesses the heritage impact of the proposed POWMRI Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme.

This Heritage Impact Statement has been prepared in relation to the following impact assessment criteria: the Randwick Local Environmental Plan 1998, the Heritage Branch of the New South Wales Department of Planning Guidelines *Altering Heritage Assets* and *Statements of Heritage Impact*¹ and the relevant policies outlined in the *Prince of Wales Hospital Campus, Randwick -Conservation Management Plan 1997*.

6.2 Randwick Local Environmental Plan 1998

The subject site is not included in the heritage listed Prince of Wales Hospital group identified in Schedule 3 of the Randwick Local Environment Plan (LEP) 1998. The subject site is, however, located adjacent to the Struggletown Heritage Conservation Area and is in the vicinity of the Newmarket Stables Complex on the corner of Young and Baker Streets which is listed as a heritage item.

Compliance with the relevant heritage provisions outlined in the LEP are outlined below.

Part 4 Heritage provisions

44 Development of known or potential archaeological sites

(1) The Council may grant consent to the carrying out of development on a known or potential archaeological site that is reasonably likely to have Aboriginal heritage significance only where:

- (a) it has considered an assessment (prepared in accordance with any guidelines for the time being notified to it by the Director-General of National Parks and Wildlife) of how the proposed development would affect the conservation of the site and any relic reasonably likely to be located at the site, and*
- (b) it has notified the Director-General of its intention to do so and taken into consideration any comments received from the Director-General within 28 days after the notice was sent, and*
- (c) it is satisfied that any necessary consent or permission under the National Parks and Wildlife Act 1974 has been granted.*

¹ The Heritage Branch of the NSW DOP definition of heritage items: "Heritage items can be buildings, structures, places, relics or other works of historical, aesthetic, social, technical/research or natural heritage significance."

Comment

The Aboriginal archaeological potential of the site is being assessed in the Aboriginal Archaeological Assessment prepared by Mary Dallas of Mary Dallas Consulting Archaeologists.

(2) The Council may grant consent to the carrying out of development on a known or potential archaeological site that is reasonably likely to have non-Aboriginal heritage significance only where:

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

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

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

Comment

The non-Aboriginal archaeological potential of the site is being assessed in the European Archaeological Assessment prepared by Wendy Thorp of Cultural Resources Management.

46 *Development in the vicinity of heritage items, heritage conservation areas and known or potential archaeological sites*

When determining an application for consent to carry out development on land in the vicinity of a heritage item, a heritage conservation area or a known or potential archaeological site, the Council must take into consideration the likely effect of the proposed development on the heritage significance of the heritage item, heritage conservation area or known or potential archaeological site and on its setting.

Comment

This report assesses the heritage impact of the proposed development and demonstrates how the heritage aims of the Randwick LEP 1998 are met. The analysis contained in this report provides the consent authority with the information necessary to assess the heritage impact of the proposal.

The subject site is located adjacent to the Struggletown Heritage Conservation Area and is in the vicinity of the Newmarket Stables Complex on the corner of Young and Baker Streets which is listed as a heritage item. The subject site is also in the vicinity of the site of the Cemetery of the Destitute Children's Asylum Memorial Garden.

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme is considered not to have an unacceptably adverse impact on the Struggletown Heritage Conservation Area. The subject site is situated across the busy thoroughfare of Barker Street which forms an effective visual partition thereby ameliorating the impact that the development may have on the Conservation Area. In addition the street face of the Conservation Area, onto Barker Street, consists of a disparate mix of commercial built typologies that are not representative of the identified significance of Struggletown.

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme is considered not to have an unacceptably adverse impact on the identified heritage item: The Newmarket Stables Complex on the corner of Young and Baker Streets. As is the case with the Struggletown Heritage Conservation Area, the stables are physically separated by the busy thoroughfare of Barker Street. The self contained Newmarket Stables Complex is an extensive complex of many structures, many of which are of recent construction. The structures of most significance, namely the Newmarket Sale Ring, Big Stable and Newmarket House, are situated at a considerable distance from the proposed development site and more recently constructed structures are sited between.

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme is also considered not to have an unacceptably adverse impact on the Cemetery of the Destitute Children's Asylum Memorial Garden.

As the site description demonstrates, the site of the Cemetery is unlikely to be affected by the proposed development. The Cemetery was comprehensively excavated in 1995-96, prior to the development of the Kiloh Centre in 1998 and the remains reinterred in the Memorial Garden. The proposal seeks to continue to protect the Memorial Garden and involves no changes to the associated green space to its south other than refacing the concrete block retaining wall and replacing the topiary Fig trees with unclipped trees, of the same species, in accordance with the original design intent. The existing curtilage around the Memorial Garden is being protected.

The archaeological potential of the site and any potential impacts of the development are being comprehensively assessed in the Archaeological Assessments.

48 Conservation plans

The Council may decline to grant an application for consent referred to in clause 43, 44 or 47, unless the Council has considered a conservation plan to enable the Council to fully assess the implications of the proposed development on the significance of the heritage item, heritage conservation area or known or potential archaeological site.

Comment

The subject site is a component of the larger Prince of Wales Hospital Campus which is covered by the *Prince of Wales Hospital Campus, Randwick - Conservation Management Plan*, prepared by Graham Brooks and Associates in 1997. The current proposal is considered to be consistent with the heritage intent of the CMP.

6.3 Evaluation Against the Guidelines of the Heritage Branch of the NSW Department of Planning

The Guidelines of Heritage Branch of the NSW Department of Planning suggest the following questions be answered in relation to a proposal for development adjacent to a heritage item or in the vicinity of a heritage conservation area or to a place that includes heritage items:

New development adjacent to a heritage item

How is the impact of the new development on the heritage significance of the item or area to be minimised?

The setbacks, facade articulation, location, size, shape and scale of the proposed development will reduce the impact of the proposed development on the heritage significance of the Struggletown Heritage Conservation Area, the Newmarket Stables Complex and the Cemetery of the Destitute Children's Asylum Memorial Garden. The proposed development will, therefore, have an acceptable impact upon the heritage significance, visual curtilage and setting of adjacent heritage items.

Why is the new development required to be adjacent to a heritage item?

The proposed development is required to accommodate the Neuroscience Research Precinct for the Prince of Wales Medical Research Institute. The Hospital is the largest medical facility in the south eastern suburbs of Sydney and provides essential general care and services to the regional community and specialist care and services to the entire state.

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme is the best possible development outcome of all those potential options examined and has been sited to avoid any sites or structures of a

sensitive heritage nature in accordance with the precinct analysis contained in the CMP. The proposed development is considered to have no unacceptably adverse effects on heritage items or heritage conservation areas in the vicinity.

How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?

The subject site is separated from both the Struggletown Heritage Conservation Area and the Newmarket Stables Complex by a major road that effectively defines their curtilage and separates them from the subject development. When viewed from the road or from within their site confines both the Stables Complex and the Conservation Area maintain their distinct legibility and significance.

The curtilage of the Cemetery of the Destitute Children's Asylum Memorial Garden is being maintained and protected. The proposed development has been deliberately sited away from the site of the Memorial Garden in order to mitigate any possible negative impact on the heritage items.

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

There will be no unacceptable reduction of public views to both the Conservation Area and the Newmarket Stables Complex due to their siting across Barker Street. Views of the Memorial Garden, due to its siting will remain unaffected when seen from Easy Street.

Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected?

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme will not have any obvious foreseeable adverse impacts on potentially significant archaeological deposits.

The archaeological potential of the site and any potential impacts of the development are being assessed in the Archaeological Assessments.

The proposed development has been deliberately sited away from the site of the historic cemetery and the Memorial Garden in order to mitigate any possible negative impact on the heritage items.

Is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)?

The setbacks, facade articulation, location, size, shape and scale of the proposed development will reduce the impact of the proposed development on the heritage significance of the Struggletown Heritage Conservation Area, the Newmarket Stables Complex and the Cemetery of the Destitute Children's Asylum Memorial Garden.

The design of the proposed medical development is consciously contemporary and therefore strengthens the legibility of the identified heritage items and Conservation Area in the vicinity.

Will the additions visually dominate the heritage item? How has this been minimised?

The proposal has been sited in a location that steps into the rising topography in order to mitigate any visual impacts on the nearby Conservation Area and the Newmarket Stables Complex.

The proposed facility has been deliberately sited to avoid any sites or structures within the Prince of Wales Campus of a sensitive heritage nature in accordance with the precinct analysis contained in the CMP.

Will the public, and users of the item, still be able to view and appreciate its significance?

The public will still be able to view the Conservation Area and the Newmarket Stables Complex due to their siting across Barker Street. Views of the Memorial Garden, due to its siting, will remain unaffected when viewed from Easy Street.

6.4 Prince of Wales Hospital Campus, Randwick Conservation Management Plan 1997

The subject site is a component of the larger Prince of Wales Hospital site which is covered by the *Prince of Wales Hospital Campus, Randwick - Conservation Management Plan*, prepared by Graham Brooks and Associates in 1997.

Compliance with the relevant policies outlined in the CMP are outlined below.

Policy- Fundamental Conservation Approach

All conservation work and future management of the physical resources of the Hospital should be based on a respect for the heritage significance of the property, and aim to retain and protect or recapture that significance. Essentially this should involve the retention and enhancement of appropriate evidence of each layer or phase of evolution.

The bulk of the significance is in the nature of the place as an operational hospital and as such requires continual change and development. New development and building reuse should fit into this evolutionary process.

Comment

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme complies with the Fundamental Conservation Approach identified

in the CMP. The proposal aims to appropriately accommodate essential Neuroscience facilities on a site which has been identified as being an appropriate location for such new development.

Policy- Potential Development on the Site

Any new development should generally be confined to site areas of lower significance or sensitivity in Precincts Two, Three, Four and Five. New development in the proximity of items of heritage significance should respect the essential character and significance of those items.

Potential new buildings or new additions externally to the buildings in the Hospital Campus should not adversely impact on potential archaeological resources, the landscaped open space or essential visual relationships between important components of the site.

Comment

The proposed development, outlined in the Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme, has been located in zones of lower significance or sensitivity in Precincts Three and Four.

The archaeological potential of the site and any potential impacts of the development are being assessed in the Archaeological Assessments.

Policy- Aboriginal Archaeological Resources

All future programmes of subsurface excavation should take note of the potential for physical evidence of the Aboriginal utilisation of the area, as shown on the diagram 'Grading of Significant Elements' in Section 6.0.

Comment

The archaeological potential of the site and any potential impacts of the development are being assessed in the Aboriginal Archaeological Assessment.

Policy- European Archaeological Resources

Any potential archaeological resources on the site should be conserved in accordance with the requirements of the NSW Heritage Act.

Recording and exploitation of the archaeological resource should be part of an integral and planned interpretation policy for the entire site.

In all instances where new archaeological evidence is discovered, the potential for retaining some or all of the archaeological evidence is discovered, the potential for retaining some or all of the archaeological evidence as an in situ interpretive device should be considered as a viable option.

The exploitation of the archaeological resource shall be guided by

the nature of the work that causes its disturbance and, secondly, the environment to which it could contribute as part of an in situ resource.

Comment

The archaeological potential of the site and any potential impacts of the development are being assessed in the European Archaeological Assessment.

Policy- Landscaping and Site Works

Retain the quality of open space around the sandstone buildings in Precinct One from the Asylum period wherever possible, particularly the courtyards at the rear of the Blacket and Catherine Hayes structures and trees that were used during the asylum years. Conservation works on the cemetery should include preservation and acknowledgement of the location of the original burial ground and worker's cottages. Preservation of plant material should be limited to a few mature trees around the original buildings. A landscape plan should be developed to review these issues in detail.

Comment

The Cemetery of the Destitute Children's Asylum Memorial Garden with its established interpretation installations is being appropriately protected. The site of the former Worker's Cottages on Barker Street could be interpreted to inform the public and users of the facility of their historical significance.

Policy- Interpretation

Interpretation at the Prince of Wales Hospital campus shall reflect all the elements contained in the Interpretation Plan. The linkages between the history of the place, the physical evidence and relevant social issues are to be emphasised.

The primary emphasis for interpretation at the Prince of Wales Hospital campus shall be the layered history of the site for institutional care, including the prehistoric period, the Asylum period, the Military period and the more recent Prince of Wales Hospital period. These layers will be interpreted in appropriate public spaces, both indoors and outdoors, throughout the site and elsewhere.

Comment

The Cemetery of the Destitute Children's Asylum Memorial Garden with its established interpretation installations is being appropriately protected. The site of the former Worker's Cottages on Barker Street could be interpreted to inform the public and users of the facility of their historical significance.

Policy- Appropriate Skills and Experience

Appropriate conservation skills and experience should be available within the project teams assembled to deal with the conservation, periodic upgrading and redevelopment of areas in the Prince of Wales Hospital Campus.

Comment

The project team for the subject development has included conservation professionals with relevant expertise and their advice has been sought and implemented.

- European (non archaeological) heritage consultancy services have been provided by Graham Brooks and Associates.
- European archaeological consultancy services have been provided by Wendy Thorp of Cultural Resources Management; and
- Aboriginal archaeological consultancy services have been provided by Mary Dallas of Mary Dallas Consulting Archaeologists.

Policy- Retention of Significance of Heritage Assets

It is an essential facet of significance that the capacity of the overall hospital to respond to changes in the demand and provision of services be retained and be responsibly managed. Upgrading of the existing buildings should be an integral part of ongoing use, where this is required to meet contemporary requirements.

The buildings should continue to operate as hospital or hospital support facilities in the future, ensuring the retention of their own as well as the greater campus' significance.

Comment

The proposed Concept Plan and the Project Application for Stages 1 and 2 of the overall Neuroscience Research Precinct scheme aims to appropriately accommodate staged essential Neuroscience facilities thus ensuring the continuation of the greater Prince of Wales Campus' significance as an ongoing health and research facility.

Policy- Removal of fabric Which Detracts From or Has Low Significance

Removal of elements of the building fabric identified as being of low significance or intrusive should be considered during any redevelopment work or alterations to the campus and/or the heritage assets within it, or when a change in use is being implemented, unless these elements fulfil a functional role or contribute to the character and overall quality of the place.

Comment

The subject redevelopment proposal does involve the eventual removal of Villas 1, 2 and 3 and the Ambulance Station all of which are regarded as being of low significance.

Policy- Alterations to the External Envelope of Existing Buildings

Demolition or extensive modification and addition to the external envelope of buildings of low significance or intrusive buildings is generally acceptable, provided such new work does not impact in any negative way on nearby items or higher heritage significance.

Comment

In the initial stages of the project the changes to the existing envelope of the buildings is considered acceptable given the broader meritorious objectives of the Neuroscience Research Precinct and the relative sensitivity of the site.

Conclusions and Recommendations

7.0

7.1 Conclusions

- The proposal aims to appropriately accommodate essential neuroscience facilities thus ensuring the continuation of the greater Prince of Wales Campus' significance as an ongoing health and research facility. The proposal is the best possible development outcome of all those potential options examined and has been sited to avoid any sites or structures of a sensitive heritage nature in accordance with the precinct analysis contained in the CMP.
- The proposed development of the subject site is considered not to have an unacceptably detrimental impact on the significance of the Cemetery of the Destitute Children's Asylum Memorial Garden, the Struggletown Heritage Conservation Area or the Newmarket Stables Complex.
- The proposed development is designed in accordance with the relevant aims of *The Burra Charter*. It states that "Conservation requires the retention of an appropriate visual setting and other relationships that contribute to the cultural significance of the place..." (Article 8). The proposed development does respect the setting and other relationships of the relevant heritage items and conservation areas in the vicinity.

7.2 Recommendations

- The Department of Planning should have no hesitation, in European heritage terms, in approving this Part 3A Application for both the Concept Plan for the Neuroscience Research Precinct and the Project Application for the Stage 1 and 2 works.
- The Cemetery of the Destitute Children's Asylum Memorial Garden with its established interpretation installations should continue to be protected. The site of the former Worker's Cottages on Barker Street should be interpreted to inform the public and users of the facility of their historical significance.