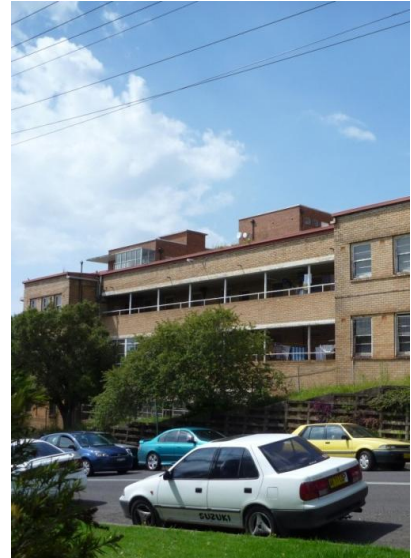


Godden Mackay Logan

Heritage Consultants



# Illawarra Elective Surgical Service/Intensive Care Unit/Emergency Department Heritage Impact Statement

Report prepared for NSW Health Infrastructure  
20 September 2011

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## Report Register

The following report register documents the development and issue of the report entitled Illawarra Elective Surgical Service/Intensive Care Unit/Emergency Department—Heritage Impact Statement, undertaken by Godden Mackay Logan Pty Ltd in accordance with its quality management system. Godden Mackay Logan operates under a quality management system which has been certified as complying with the Australian/New Zealand Standard for quality management systems AS/NZS ISO 9001:2008.

Job No.	Issue No.	Notes/Description	Issue Date
11-0135	1	Draft Report	14 Sept 2011
11-0135	2	Final Report	20 Sept 2011

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## 1.0 Introduction

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### 1.1 Scope

#### 1.1.1 Generally

Godden Mackay Logan (GML) has been commissioned by NSW Health Infrastructure to prepare a Heritage Impact Statement (HIS) for proposed development works at Wollongong Hospital. This development is referred to throughout this report and accompanying documentation as the Illawarra Elective Surgical Service/Intensive Care Unit/Emergency Department (IESS/ICU/ED).

The proposed new facility impacts on the existing Wollongong Nurses' Home, which is included in both the NSW State Heritage Register (SHR) and list of heritage items in the Wollongong Local Environmental Plan 2009 (LEP 2009). The current Nurses' Home group, located at the northeast corner of the hospital site, comprises the original three-storey cream brick building known as Elouera House (constructed in 1937–38) with its two-storey addition at the west end (dating from 1941–43) and a seven-storey red brick building with cantilevered balconies known as Lawson House (erected in 1954-56).

The proposed new development will also impact on two old Moreton Bay fig trees, located southwest of the Nurses' Home, which are independently listed as heritage items in the Wollongong LEP 2009. These fig trees are also located within the current lot boundary of the SHR listing, but are not identified as part of the Nurses' Home site.

#### 1.1.2 Heritage Significance Assessment

A Heritage Significance Assessment (HSA) for the Wollongong Nurses' Home was prepared by GML in September 2011 as a key input into the site master-planning process. This report examined the historical development of the Nurses' Home relative to both its functional and architectural roles as well as this site's relationship to the development of the hospital as a whole. The report also provided an account of the key components and attributes of the current site/complex as well as a detailed assessment of its heritage significance.

Wollongong Hospital has undergone extensive change and redevelopment over a period of more than 100 years. Today, the site is dominated by buildings from the second half of the twentieth century, when the growth in Wollongong's population resulted in the Hospital expanding quickly and substantially. The relatively modest and modern structures that make up the current Nurses' Home group are now effectively the oldest structures/components on the site.

#### 1.1.3 Part 3A Assessment

The proposed IESS/ICU/ED development will be assessed by the Minister for Planning under Part 3A of the Environmental Planning and Assessment (EP&A) Act. Because of the SHR and LEP heritage listings for the Nurses' Home (which is located within and adjacent to the development site), this HIS is required to assess any relevant heritage impacts of the proposed development on the significance of the listed item (including buildings and setting) and specifically address the Director General's Requirements (DGRs) issued on 22 December 2010.

Because of specific size and functional relationship requirements, the proposed IESS/ICU/ED development requires a larger amount of 'footprint area' than is currently available to it as 'unbuilt on' land. Because of this, demolition of part of the existing group of buildings located within the

Nurses' Home was proposed as the only reasonable means of 'fitting in' the essential new facilities in the specific areas they were required.

In this context, the need to preserve as much as possible of the most significant fabric and character of the Nurses' Home – including a meaningful setting around it – was balanced against the possibility of losing a small part of the components/fabric of lesser significance to provide this outcome. Using the HSA assessments of significance as the basis, the 1941 west wing addition to Elouera House was identified as the most appropriate candidate for demolition by virtue of its location and lower significance. .

Within this framework, the proposed design was developed to reduce the impact on the Nurses' Home group by:

- returning Elouera House to its original pre-1941 configuration;
- retaining the Nurses' Home group – including Elouera House and Lawson House - as an independent complex without structural/physical connections to the new development;
- physically and visually separating the new and existing developments;
- retaining the setting around the retained building group and enhancing its character with appropriate landscaping; and
- retaining and enhancing the functional link between the hospital Elouera House by upgrading the pathway (along the 'desire line') between them.

## 1.2 Site Identification

### 1.2.1 Generally

Wollongong Hospital is located in the city's Central Business District (CBD) on a 2.7ha site, with the bulk of the hospital buildings bounded by Loftus Street to the north, Darling Street to the east, Crown Street (Princes Highway) to the south and New Dapto Road to the west. A secondary site containing car parking is located on the western side of New Dapto Road.

The Nurses' Home group is located in the northeast corner of the Hospital site, with frontages to Loftus Street (to the north) and Darling Street (to the east). The major building components of the group – including Elouera House (1937–38) with its two-storey brick addition to the west (1941–43) and the seven-storey Lawson House (1954–56) to the southeast – are shown in the aerial photograph of the site included as Figure 1.1.

### 1.2.2 Study Area

Because of its particular location, separated from the major medical facilities of the rest of the site (both physically and functionally), as well as the fact that its 'public' facades turn to look out from the site, the Nurses' Home group and its immediate setting form a readily identifiable entity within the hospital as a whole. In addition, as noted in Section 1.1, the fact that this group of buildings is now the oldest architectural feature of the site also contributes to its distinctiveness.

In this context, the extent of the study area for this report was able to be readily defined, as shown in Figure 1.3, with:

- Loftus Street marking the north boundary;

- Darling Street marking the east boundary; and
- the south and southwest boundaries being effectively defined by the curving Hospital Road from its intersection with Darling Street at the east end to the west end of the 1941 addition to Elouera House.

Within this compact setting, landscaping, paths and extensive areas of retaining walls surround the buildings. Landscape features within the immediate setting of the group include tree and shrub planting, with small areas of lawn and retaining walls along the north and east elevations of Elouera House and within the small 'courtyard' contained by the south and west elevations of the 1930s building. To the north of Lawson House, a large carpark, flanked by tree planting along the east and west sides, is located on the site of an earlier tennis court.

Adjacent to the southern boundary (ie south of Hospital Road), at the west and east ends, are two small groups of mature fig trees which contribute 'borrowed landscape' to the setting of the Nurses' Home group in some views as well as more generally contributing to the greening of the site, particularly the southeast group near the Crown and Darling Street intersection.

### **1.2.3 Site of Proposed IESS/ICU/ED Development**

The subject site for the proposed IESS/ICU/ED is to the south and west of the 1937 East-West wing of Elouera House, and involves demolition of the 1941 addition (Figure 1.4)

## **1.3 Heritage Listings**

Wollongong Hospital Nurses' Home is currently listed as a heritage item in the State Heritage Register (SHR), the Wollongong Local Environmental Plan 2009 (LEP 2009) and the NSW Health Section 170 Heritage and Conservation Register (s170 Register). A copy of each of these listings is included in the Appendices to the HSA (which is included as a separate document with this HIS).

The two groups of mature fig trees (to the southwest of Elouera House and near the corner of Crown and Darling Streets) are identified separately as landscape heritage items in Wollongong LEP 2009.

In each of the various agencies' registers, however, the area and components of the Nurses' Home to which the listing relates differ, in some instances quite markedly. Nor do the listings provide much information about the actual components/features of significance, including what exactly is important and why. For this reason, one of the key roles of the HSA, was to clarify both the nature and extent of the heritage item – ie the Nurses' Home – and its cultural significance, including the relative significance of the contributory components of the group. The assessment of significance in Section 2 of this HIS is taken from the HSA.

The hospital site has been assessed as having little archaeological potential due to the extent of excavation over the last 30 years. The only areas to remain undeveloped include the area to the rear of the Elouera House and the southeast corner of the site which do not appear to have been occupied during the nineteenth or early twentieth centuries. The only features shown on mid-twentieth century historical plans include a terraced garden, retaining walls and pedestrian paths. Such features are ephemeral and shallow and, as such, are unlikely to have survived later landscaping/works in both areas.

Figure 1.2 shows the current SHR boundary for the Wollongong Nurses' Home group.

## **1.4 Methodology and Terminology**

This report has been prepared in accordance with the general methodology outlined in the document *Guidelines for the Preparation of Statements of Heritage Impact* published by the Heritage Office in the NSW Heritage Manual and the relevant principles and processes of *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance 1999* (Burra Charter). In doing so, it provides a basis for informed decisions that have regard to the assessed significance and specific values of the site and its setting.

In this HIS, the original 1937 Nurses' Home is referred to as 'Elouera House' (as used by the Hospital and current heritage listings), the later addition to the west end of Elouera House is the '1941 addition' and the 1954 Nurses' Quarters addition is referred to as 'Lawson House' (as per current Hospital usage). The term 'Nurses Home group' is used to refer to the group of all three structures and their immediate setting.

The terminology used for describing Elouera House is consistent with the original plans for the building, drawn in 1937 and reproduced in Figures 3.2–3.7 of the HSA. Thus, the storey with the main entrance and lecture room is referred to as the 'basement', the level above the 'ground floor', and the second storey the 'first floor'.

## **1.5 Author Identification**

This HIS has been prepared by Jennifer Faddy, Built Heritage Specialist, and Jyoti Somerville, Associate, of GML.



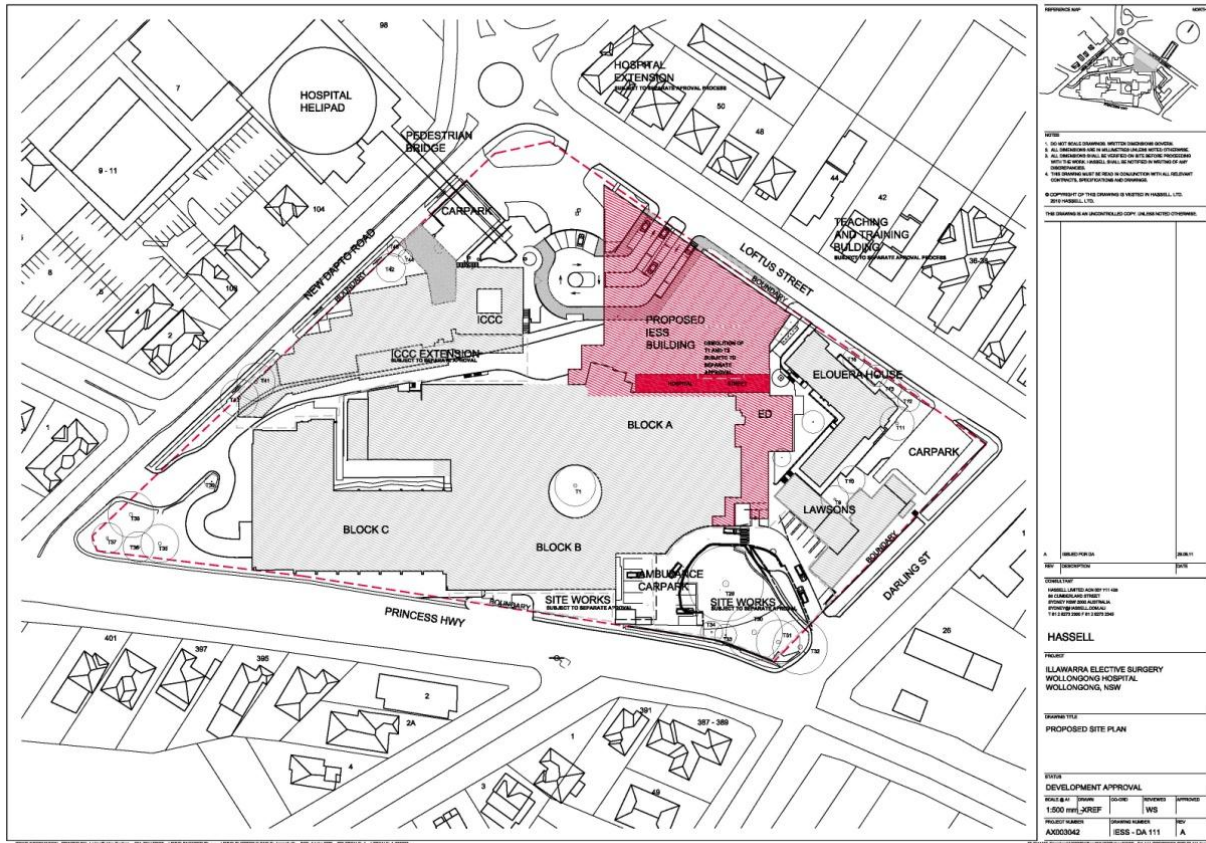
**Figure 1.1** Aerial photograph of the northeast corner of Wollongong Hospital site showing components of Nurses' Home group and setting. Key components shown include 1937 Elouera House (East-west and north-south wings), 1941 (west wing) addition, 1954 Lawson House, Hospital Road (near south elevations), two groups of mature fig trees and small areas of planting and lawns immediately adjacent to main building elevations. (Source: Google Maps with GML overlay)



**Figure 1.2** Current SHR boundary for Wollongong Hospital Nurses' Home superimposed over aerial photograph of site.  
(Source: Land and Property Management Authority)



**Figure 1.3** The solid yellow line marks the extent of the study area for this report - where components and attributes of heritage significance remain on the site, as determined in the Heritage Significance Assessment (HSA) prepared by GML in September 2011. This is superimposed over State Heritage Register (SHR) listing boundary shown in red. The dotted lines mark the general location of the two groups of Moreton Bay fig trees identified as significant landscape features in Wollongong LEP 2009.



**Figure 1.4** Proposed footprint of new Illawarra Elective Surgical Service/Intensive Care Unit/Emergency Department (IESSICUED) (Source: Hassell)

## 2.0 Description of Existing Site

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The following description is an extract from the more comprehensive physical analysis of the site in Section 3.0 of the Wollongong Nurses' Home Heritage Significance Assessment (HSA) by GML (September 2011).

### 2.1 Setting

#### 2.1.1 Nurses Home Group

The Nurses' Home Group is located in the northeast corner of the hospital site. The main entrance of Elouera House faces east towards Darling Street, though the most prominent façade is located along Loftus Street.

Lawson House partially blocks views of Elouera House from Darling Street. The juxtaposition of the two buildings neatly demonstrates the increase in need for nurses' accommodation as the hospital expanded during the mid-twentieth-century period, and reflects the difference in approach as the residential scale that characterises Elouera House was dispensed with for the construction of Lawson House.

#### 2.1.2 Elouera House and 1941 Addition

Elouera House is L-shaped, with a long east–west wing and a shorter north–south wing (as shown in Figure 1.1). The Loftus Street frontage of Elouera House is sited above a high retaining wall that divides the hospital site from the street, constructed of pre-cast concrete elements. An area of lawn and trees is located in the space between Elouera House and the retaining wall.

The rear of the building is constrained by the steep rise of the hospital site and the curve of Hospital Road. A small, open grassed area with a few trees and a rotunda is located between the building and the road and would have provided a small outdoor area for the nurses to use. Two large Moreton Bay fig trees are located on the opposite side of Hospital Road and are listed as a heritage landscape item in Wollongong LEP 2009.

The 1941 extension is located at the western end of the Elouera House and is very similar to the earlier building in materials and finishes when viewed from the outside. No clear junction between the two is noticeable in the brickwork along the southern façade. The extension is, however, generally much simpler in form with bulkier massing and a traditional hipped tiled roof and lacks the modern/streamlined character and finer detailing of the more finely adventurous 1937 building.

Elouera House and the 1941 addition are shown in Figures 2.1 - 2.3.

#### 2.1.3 Lawson House

Lawson House is a much larger and more imposing building than Elouera House and has a strongly institutional character. It is a T-shaped building constructed of red brick, with angled reinforced-concrete balconies on each floor (Figure 2.4) and was designed and constructed as an extension of the nurses' accommodation. The building is prominent along Darling Street and the approach to the hospital site east along Loftus Street.

## 2.2 Elouera House

### 2.2.1 Exterior

Elouera House is a blond brick building with Inter-War Art Deco and Functionalist style feature, designed in 1937 by Government Architect Cobden Parkes. The building is constructed of load-bearing cavity brick, with reinforced concrete floors on the ground and first floors. Timber beams and joists are used at the basement level, where only underfloor space exists below.

The main entrance to the building is located at the basement level at the southeastern corner of the building and forms one of the few decorative features of the building. The entrance is set back behind a raised entry porch located at the bottom of a composition of curved and rectilinear forms that contain balconies and a staircase, respectively. The awning over the entrance is a curved, reinforced-concrete slab, painted white. The entry doors are white painted timber with frosted glass panes.

The roof employs a number of forms and has been altered substantially since construction. The original roof over the balconies and communal rooms along the northern façade of the east–west wing was flat concrete deck with a parapet. The roof was (and still is) hipped behind the flat roof along the east–west wing and all of the north–south wing. The original flat roof has been replaced at some stage by a corrugated-iron roof that slopes toward the northern façade of the east–west wing, with capping over the façade walls. This slope is the inverse of that originally designed and has created a range of serious water ingress issues, particularly in the communal spaces below. The hipped roofs were originally clad in Marseilles tiles.

The building retains most original windows. These are large, double-hung sash and most feature clasps for sash curtains on the lower panes. The windows on the first floor along the southern, eastern and western façades were originally installed with shutters, but these have since been removed. Where toilets and bathrooms have been refurbished, the original sash windows have been replaced with standard aluminium-framed windows. These new windows are all located at the back of the building.

The rear (southern and western) façades of the building are dominated visually by services, which have been installed without any apparent order across these rear walls.

### 2.2.2 Interior Spaces

The internal arrangement of the building demonstrates its purpose very clearly. The building is laid out in a consistent, logical manner typical of institutional design. The hierarchy of matrons, sisters and nurses is an integral part of the building layout, with the matrons provided with a self-contained flat and the deputy matron and sister given large bedrooms with attached private sitting rooms. Communal spaces separate from the nurses' spaces were also provided for the matron and sisters. Nurses were provided with single bedrooms and communal spaces for recreation, bathing and domestic tasks like sewing and ironing. Apart from a small pantry on each floor, meals were most likely taken at the hospital dining room, as no communal dining room was included in the design for Elouera House.

The bedrooms are arranged on either side of central corridors on each floor, with communal spaces located on either side of the northern balconies. Staircases that connect all floors are located at the end of each corridor.

The small, self-contained flats or suites for the matron, deputy matron and house sister are located on each floor at the intersection of the north–south and east–west wings. These were occupied at the time of the site inspection and could not be viewed. Toilets and bathrooms are grouped against the rear of the building at the intersection of the two wings. A laundry, boiler room and storage rooms were arranged in the southern portion of the east–west wing at the basement level. These rooms retain some original finishes, including original doors.

The interior spaces generally retain a cohesive, ordered appearance, with original dark-stained timber joinery such as skirtings, doors and door frames, remaining intact. False ceilings have been installed in most corridors and carpet laid throughout. Original cornices and lights appear to have been replaced in most rooms.

Communal kitchens have since been installed for use by the students and visiting doctors who now occupy the Nurses Home, with two bedrooms on each floor converted for this purpose.

## **2.3 1941 (West Wing) Addition**

### **2.3.1 Exterior**

The addition to Elouera House was designed by Cobden Parkes and the Government Architect's Branch in 1941. The main entrance to the northwest elevation of the extension was originally on the first (ground) floor, but has since been altered with a door inserted into the second floor and a steel staircase added. The first (ground) floor entrance has been obscured by this new entrance and the original curved reinforced-concrete awning removed.

The roof is hipped and laid in Marseilles tiles. The extension carries on the protruding brick lintel detailing of the original building and the same bricks have been used. The plans from 1941 indicate that the chimney along the western wall of the nurses' recreation spaces was to be extended above the roofline. Historical photographs (and visual inspection) indicate that this was never constructed.

Interior and exterior finishes and fittings appear to have been chosen to match those of the original 1937 building.

### **2.3.2 Interior**

The 1941 extension retained six original bedrooms on the first floor at the western end of the wing and added a further 10 bedrooms on this floor and 13 bedrooms, a sick bay, box room and bathrooms on a new second floor, all arranged along a central corridor on each floor. Some alterations were made to the original 1937 building, including reconfiguration of the westernmost staircase and its windows.

The interiors of the 1941 extension are not as intact as the original 1937 portion of the building, most likely due to the change in use from accommodation to consultation rooms. Not all rooms could be viewed due to consultations taking place on the day of the inspection.

## **2.4 Lawson House**

Lawson House is a seven-storey, concrete-framed building clad in red bricks designed in 1956 by The Government Architect's Office. The floors are reinforced concrete slabs. Each floor features an angled, cantilevered balcony that wraps around from the northern façade to part of the eastern façade. The balconies are painted white and feature steel balustrades. The primary facades of the

building face north and east, with the balconies providing some visual interest along these façades. The original windows are double-hung, timber sash, painted white.

The ground floor entrance has been renovated to accommodate the Blood Donor Centre. The top floor balcony is partially enclosed with glazing. The building plans drawn in 1949 and a photograph of the hospital site in c1956 indicate that all of the balconies were partially enclosed to begin with and this was subsequently removed for all but one.

The primary entrance to Lawson House was located at the rear of the building, facing Hospital Road. The original pre-cast concrete entrance awning remains intact. A secondary entrance was provided on the northern façade, below the balconies.

Each floor was designed with the same layout, with bedrooms arranged along central corridors and a communal sitting room provided behind the balcony on each floor. A lecture hall and demonstration rooms were originally located on the ground floor.



**Figure 2.1** Elouera House, 1937, by Government Architect Cobden Parkes (Source: GML 2010)



**Figure 2.2** Street elevation of 1941 wing of Elouera House, by Government Architect Cobden Parkes (Source: GML 2010)



**Figure 2.3** Rear elevation of 1941 addition to Elouera House, with listed fig trees in poor health (Source: GML 2010)



**Figure 2.4** Lawson House, 1956, Government Architect's Office, (to the left) with Elouera House, 1937 (to the right) (Source: GML, 2011)

## 3.0 Assessment of Heritage Significance

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The following *Statement of Significance* and *Summary of Components* table are taken from the Section 5 of the Wollongong Hospital Nurses' Home HSA by GML (September 2011).

### 3.1 Statement of Significance

The Wollongong Hospital Nurses' Home group is of historical significance to the City of Wollongong and the state for its ability to demonstrate an important aspect of the history of hospitals and nursing in New South Wales. Providing on-site accommodation for nurses was an integral part of the structure and operation of hospitals for most of the twentieth century, when nurse training took place within the hospital, and Wollongong is one of a number of nurses' homes constructed at the major teaching hospitals throughout the state.

Elouera House, the original component of the Nurses' Home group, is a good representative example of this type of facility as erected during the 1930s when hospitals increased in size, nurse/patient ratios were reduced and working conditions improved. The architectural character, layout and facilities of this building directly reflect both the growing numbers in, and growing importance of, high quality nursing education. The building's architectural character is an interesting representative example of the 'transitional phase' in the design of public buildings in New South Wales by the Government Architect's Branch under Cobden Parkes in the interwar period, when modern architectural styles like Functionalism and Modernism were beginning to be adopted (and grafted onto) earlier traditional styles.

The 1941 (west) addition to Elouera House provides additional evidence of the rapid growth of nurse training facilities at Wollongong Hospital in the interwar years, being added less than 4 years after the main building. In its utilitarian character and detailing, however, this wing expresses something of the 'tightening purse strings' of the 1940s generally, adding little other than basic boarding accommodation to its more flamboyant predecessor.

The Lawson House wing of the Nurses' Home group is again a good representative example of the early Modern public buildings coming out of the Government Architect's office in the postwar years. Simple and pragmatic in form and functional layout, the architecture of the building's exterior was lifted out of the ordinary by its dramatic cantilevered balconies wrapping around its major street-fronting facades—reflecting (if not actually mimicking) the 1930s 'Moderne' of Elouera House. Internally, however, the building lacks the quality, interesting detail and integrity of the original Nurses' Home wing.

In its relationship to the hospital site as a whole, the Nurses' Home group today—and particularly the two major wings Elouera House and Lawson House—presents something of a conundrum. While owing its origins back to the early twentieth century development of the hospital site, the original 1930s wing was established as, and still remains, a physically and architecturally independent structure, located as far away from the medical facilities as the site allowed and designed to face away from this towards the public thoroughfares. This pattern of development was repeated and given emphasis by the 1950s Lawson House development, as well as subsequent major development of medical facilities in the central and western areas of the site.

In summary, then, the two major wings of the Nurses' Home group—Elouera House and Lawson House—provide a historically interesting example of the growth and development of nursing training

in the State through two major periods of growth in the early and mid-twentieth century. They are not, however, either outstanding or unique in terms of their roles in architectural historical development or aesthetic qualities (as cited on current listings). Nor, as the research demonstrates, is the group or its items associated with any particularly significant events, movements or people, as would merit State-level renown and significance. Rather, these buildings provide evidence of times, attitudes and practices that underpinned ‘everyday’ history. It is, however, in part, this very ordinariness that makes them both ‘unremarkable’ but increasingly rare for being so.

### 3.2 Significance of Components

The following assessment of significance of specific components and attributes of the Wollongong Hospital Nurses’ Home is intended to help guide decisions that affect particular components of the place according to their importance in retaining and/or providing meaningful evidence of the significance of the place as a whole. (Refer to Section 5 of HSA.)

**Table 3.1** Significance of Components of Wollongong Hospital Nurses’ Home Group

Grade	Application to Wollongong Hospital Nurses’ Home	Components of Wollongong Hospital Nurses’ Home
<b>Exceptional</b>	This category does not apply to the Nurses’ Home group.	Not Applicable.
<b>High</b>	<p><i>High degree of original fabric. Demonstrates a key element of the item’s significance. Alterations do not detract from significance</i></p> <p>Components in this category include the major architectural components of the two main buildings Elouera House and Lawson House, including overall form/massing, siting, original fabric, character and detailing of main street-fronting elevations. Evidence of major layout and extant significant period detailing to interior of Elouera House.</p>	<p><i>Elouera House:</i> Original 1937 structure of Elouera House, including key features such as flat-roofed balconies to Darling and Loftus Street elevations. Original external fabric to these key elevations, including flat-roofed and parapeted detailing of balconies, rendered projecting hoods, and original external joinery.</p> <p>Major components of original layout, character, fixtures and finishes, including:</p> <ul style="list-style-type: none"> <li>• Basic ‘loaded corridor’ layout with mix of accommodation rooms (for nurses and self-contained senior nurses’ suites) and larger shared recreation rooms.</li> <li>• Lecture/classroom.</li> <li>• Surviving significant fitout and finishes to recreation rooms (fibrous plaster cornices, timber wall panelling, Art Deco light fittings, chimney surrounds and heaters, etc).</li> <li>• Terrazzo stairs and decorative iron balustrades, plus mirrors on landings.</li> <li>• Surviving original joinery (timber-framed, windows, doors, skirtings, cupboards, etc) particularly in good/unpainted condition with original hardware. Other original fittings such as lights in bedrooms.</li> <li>• Surviving evidence of original bathroom fittings and fixtures in unmodified bathrooms.</li> </ul> <p><i>Setting:</i> Open setting at northeast corner of site and set-backs from streets allowing views towards main elevations of Elouera House (across former tennis court now carpark).</p>

Grade	Application to Wollongong Hospital Nurses' Home	Components of Wollongong Hospital Nurses' Home
<b>Moderate</b>	This ranking is given to features and fabric that are part of the site's historical evidence and overall physical character but are of lesser significance overall than the High Significance components and features.	<p>Components in this category include:</p> <ul style="list-style-type: none"> <li>• Original 1954 structure of Lawson House, including key features such as form/massing and flat-roofed balconies to Darling and Loftus Street elevations. Original external fabric to these key elevations, including flat-roofed and parapeted detailing of balconies, rendered projecting hoods, and original external joinery.</li> <li>• Original features and fabric of the 1941 addition.</li> </ul>
<b>Moderate-Little</b>	Areas/components that are of lesser quality/integrity and/or they have had alterations of a substantial nature	<ul style="list-style-type: none"> <li>• Original features and fabric of the secondary elevations of Elouera and Lawson House (to south and west).</li> <li>• Some of the interior spaces and fabric of Elouera House.</li> <li>• The open/landscaped area and access pathways (defined by retaining walls) bounded by Hospital Road.</li> </ul>
<b>Little</b>	Added or altered spaces, elements and fabric that detracts from and/or obscures more significant attributes.	<p>Components include:</p> <ul style="list-style-type: none"> <li>• Most of the remaining areas and components of the three structures within the group that are not actually Intrusive (as identified below). This generally includes original spaces/elements/fabric that were originally of lower architectural quality and/or have been changed in a manner that allows for the original to still be legible.</li> </ul>
<b>Intrusive</b>	<p><i>Damaging to the item's heritage significance.</i></p> <p>Added or altered spaces, elements and fabric which damage the item's significance.</p>	<p>Intrusive components include:</p> <ul style="list-style-type: none"> <li>• new doors and windows externally, including modern aluminium windows.</li> <li>• altered western façade of the 1941 extension.</li> <li>• modified interiors involving major demolition and replacement of fabric and/or low quality fabric (eg Lawson House)</li> <li>• modern, unsympathetic finishes such as suspended ceilings and surface mounting of services;</li> <li>• modern steel deck roofing over balconies on Elouera House.</li> </ul>

Figures 3.1 and 3.2 below shows the significance of the areas/spaces that are subject to change under the current proposal – including demolition (for the 1941 Addition) and adaptation (for the identified spaces at the west end of Elouera House).

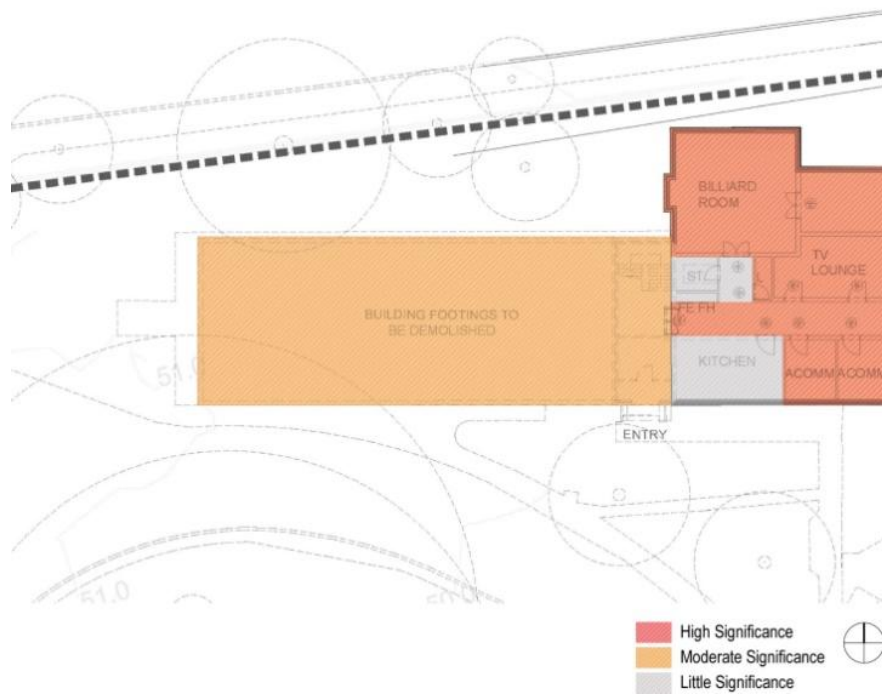


Figure 3.1 Significance of ground floor spaces of Elouera House and the 1941 wing (for areas subject to change)

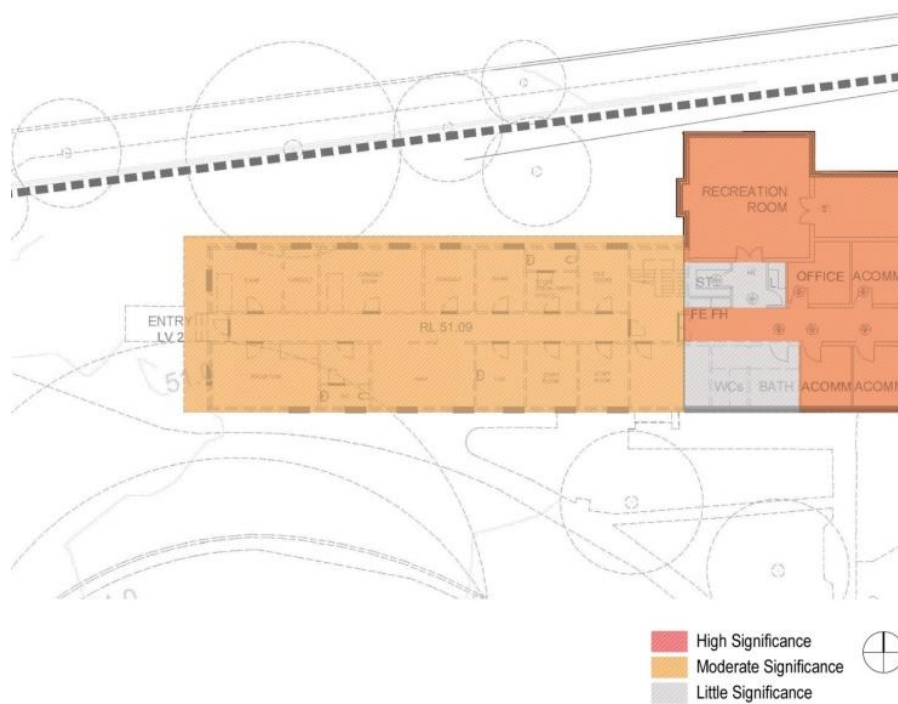


Figure 3.2 Significance of first floor spaces of Elouera House and the 1941 wing (for areas subject to change)

### 3.3 Curtilage Assessment

The Wollongong Nurses' Home HSA analyses the current State Heritage Register (SHR) curtilage and discusses the historic relationship of the Nurses' Home with the other hospital buildings on the site. It concludes that the current '*Lot Boundary Curtilage*' used to define the extent of the SHR is of limited relevance as a curtilage to the Nurses' Home, both as regards the historical origins and subsequent development of this part of the site.

The current SHR boundary also lacks a meaningful relationship to existing site components and attributes that contribute to its identified heritage values, and does not usefully contribute to either understanding or future management of the site.

In this context, it recommends that a new *Reduced Heritage Curtilage* be prescribed for the Nurses' Home, taking as its essential starting point the boundaries/extent of the 'study area' identified in both the HSA and this HIS.

In essence, the proposed *Reduced Heritage Curtilage* is defined:

- on the north by Loftus Street,
- on the east by Darling Street,
- on the south and southwest by Hospital Road; and
- at the west end by the small area of lawn west of the end of the 1941 west wing addition.

The curtilage should include the various areas of open space and landscaping in front of each of the exposed elevations, including particularly at the northeast corner of the site (ie including the car-park area) and the landscaped area between Elouera House and Darling Street, to maintain the major views towards the significant facades of Elouera House and Lawson House. (Clearing of screening trees away from the front of Elouera House on the northeast corner would also help.)

This recommended heritage curtilage is shown in Figure 3.3.



**Figure 3.3** Proposed 'Reduced Heritage Curtilage' for Wollongong Hospital Nurses' Home (in yellow) shown relative to current SHR (Lot boundary) curtilage (shown in Red).

## 4.0 The Proposal

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### 4.1 Proposal Objectives

#### 4.1.1 Generally

Wollongong Hospital is a teaching and major referral hospital and is the largest hospital in the Illawarra Shoalhaven Local Health District. To meet the needs of its aging and growing population catchment in the Illawarra (Kiama, Wollongong and Shellharbour), the South Eastern Sydney-Illawarra Area Health Service Strategic Plan 2010-2015 has identified the critical need for additional surgical services in the area.

#### 4.1.2 Specific Requirements

##### **Additional Facilities**

Specific requirements for additional facilities (identified by Health) include:

- sixty new surgical beds and six critical care beds;
- seven new operating theatres;
- ten new elective surgery clinic-consulting rooms for pre and post admissions consults; and
- significant enhancement of support and hotel services throughout the site (ie for stores and servicing rooms/patients with linen and meals, etc) to accommodate new and existing beds.

To provide these facilities, the proposed development requires significant upgrades to three existing departments in Wollongong Hospital to provide:

- a new Elective Surgical Services (IESS) facility,
- a new Emergency Department (ED); and
- new Ambulatory Care Unit (ACU).

##### **Elective Surgical Services (IESS)**

The new IESS facility will address current constraints on surgical services by separating elective surgery from the emergency surgery services. It will also support and enhance existing teaching, training and research programs at Wollongong Hospital. The IESS will include new operating theatres, two new surgical wards, additional clinics and expansion to the Intensive Care Unit (ICU). Some services will be shared with the ED to ensure efficient operation of the workforce and support infrastructure.

##### **Emergency Department (ED)**

Removal of elective surgical services from ED provides an opportunity to review the function of the ED and increase capacity in line with demand. This will include additional treatment bays, resuscitation facilities, waiting area and new acute treatment areas. These works will occur to the existing ED facilities, located on the south-eastern side of the existing hospital, fronting Crown St.

## Ambulatory Care Unit (ACU)

The ACU will reduce the demand on the ED by providing care to patients who do not require immediate or emergency care. The ACU will provide dedicated clinics and outpatient services and will enable clinicians to provide appropriate timely quality care to ambulatory patients for adults and children in an appropriate clinical environment that currently does not exist at the site. The ACU will include consultant and treatment rooms, acute treatment bays, procedure rooms and associated support and lounge areas.

## 4.2 Development of Masterplan

### 4.2.1 Health Department Requirements

The form, layout and location of the proposed new development at Wollongong Hospital is the result of a comprehensive master planning process which considered, among many other issues, a number of potential locations for the expansion across the whole site.

To meet Health Department funding requirements, it was imperative that the master plan satisfied a number of key objectives including:

- addressing current operational and physical dysfunctional problems across the site as a whole; and
- providing for the future development of the hospital in a structured form.

Taking into account these (and other) master-planning objectives as well as the physical limitations of the site, three options for the expansion of facilities and services at Wollongong Hospital were identified:

- **Option 01** – The development of the new IESS facility on the site currently occupied by Elouera House and Lawson House, expansion of the ED to the east of the current ED at level 1 and expansion of existing cancer services based on various locations for the third radiation therapy bunker and associated support oncology services.
- **Option 02** – The development of the new IESS on the site north of New Dapto Road, expansion of the ED to the east of the current ED at level 1 and expansion of existing cancer services based on various locations for the third radiation therapy bunker and associated support oncology services.
- **Option 03** – The development of the new IESS within the air space over the existing main entry to the Hospital at levels 0,1, 2 & 3, expansion of the ED to the east of the current ED at level 1 and expansion of existing cancer services based on various locations for the third radiation therapy bunker and associated support oncology services.

### 4.2.2 Heritage Requirements

Heritage considerations arising from the various statutory listings of the Nurses' Home, and in particular the SHR listing, were also an essential component of the master-planning process from the outset, starting with:

- a comprehensive identification and comparison of all relevant heritage listings (as set out in Section 1); and

- preparation of a detailed Heritage Significance Assessment (HSA) to establish the nature and degree of the site's heritage significance and the key components contributing to this significance.

From an understanding of the heritage significance of the Nurses' Home, a number of key principles were developed to input into the development site selection and design development. In essence, the key heritage objectives were identified as follows:

- Components and attributes of High (ie the highest possible) significance should be retained and appropriately conserved as much as possible – these including particularly:
  - the original 1937 structure of Elouera House – both externally and internally;
  - the open setting at the northeast corner of the site and associated setbacks from Darling and Loftus Streets to maintain the significant views of the main facades of the Elouera House; and
  - the significant original architectural features and fabric of the north and east external facades of Elouera House and its major internal spaces.
- Elements of Moderate significance should be conserved if possible but alteration – and even demolition in some instances – may be permissible if:
  - this does not adversely affect fabric of greater significance; and/or
  - the changes – including demolition - are required for meaningful retention/use of more significant areas/components.
- Elements of Little significance may be altered or demolished if required.
- Intrusive elements should be removed where possible.
- Minor changes as part of upgrading and/or adaptation works where these do not adversely impact on the significance of the element/item.

#### **4.2.3 Master-Plan Outcomes**

Working with these principles, the master-plan process was able to develop a redevelopment scheme for the site which achieved the most important heritage outcomes identified in the list of 'components and attributes of High significance' and also a number of components/areas of Moderate significance (as identified in Sections 3.2 and 4.2.2 above).

Through a consultative process with key stakeholders, and considering the parameters provided by the heritage significance of the Nurses' Home, it was considered that Option 3 best met the functional requirements of the project while having less impact on the most significant spaces, attributes and fabric of the Nurses' Home.

Because of the pressures on the new development to provide new facilities of specific sizes and functional relationships to existing facilities, however, the proposed development encroached onto the west end of the current Nurses' Home site including the west end of the 1941 addition to Elouera House. Given the extent of this encroachment, it was found necessary to demolish the

1941 addition to the original Elouera House both to allow the space required to fit the new development onto the site and retain a meaningful setting around the retained structures.

In the context of this HIS, the various 'trade-offs' required by the proposed new development could be effectively summarised as follows:

- The 1941 addition was the least historically and aesthetically significant element of the Nurses' Home group and was not, in fact, specifically mentioned in any of the various heritage listings (as discussed in the Heritage Significance Assessment (HSA)). The main internal spaces of this wing had also been altered considerably for its use as consultation rooms.
- Demolition of the 1941 addition allowed retention of the whole of the original Elouera House building together with an appropriate setting to its front, side and rear elevations. The major views of the Nurses' Home from the northeast would also be retained. The demolition of the 1941 wing would allow reconstruction and interpretation of Elouera House as originally built.
- The proposal to retain and enhance the functional link (ie pedestrian access) between the Hospital and Elouera House would help re-focus attention on and use of the building, which would continue its current residential functions.
- Retaining/supplementing and upgrading landscaped areas and access pathways along the west and south sides of Elouera House as part of the proposed landscaping of the new development as a whole would also improve the setting – and appreciation - of the retained building.

## **4.3 Description of Proposed Works**

### **4.3.1 Generally**

The proposed development is set out in the accompanying DA submission drawings (dated September 2011) prepared by Hassell Ltd. The key components of the proposal relevant to this HIS are summarised below.

#### **Elouera House**

The proposed works include:

- demolition of the 1941 addition and the (modified) kitchen and bathroom facilities at the west end of Elouera House (refer to drawings EH-DA 300-304);
- construction of a new west end wall and making good west end of existing roof to original detail (EH-DA 310-313 & 320);
- construction of a new entry at the west end of the south elevation to replace the demolished 1941 entry and link to the new hospital facilities via the proposed 'Hospital Street' pedestrian walkway; As the existing floor level of Elouera House will be higher than the proposed new building, a retaining wall and steps will also be constructed to connect the two levels.
- new internal access stairs and kitchenette facilities to replace demolished components; and

- new landscaped areas – including lawn and tree plantings – to the west and south elevations. Pair of Fig Trees and Hospital Road
- Construction of the new IESS/ICU/ED facility also requires removal of the two Moreton Bay fig trees immediately to the southwest of the 1941 addition to Elouera House. Specialist reports have found that these particular trees are in poor health, with works to surrounding roads and ground levels over the years significantly impacting on their ability to survive.
- Hospital Road will also be removed for the proposed new building and to allow a better and safer direction of traffic from the one main entry from Loftus Street. In general terms, the existing vehicular and pedestrian entry points off Loftus St will be retained and enhanced to better serve the whole of the site.

### **IESS/ICU/ED building**

- The new six-storey IESS building fronts Loftus Street west of Elouera House and extends over the west end of the current 1941 addition. This building links into the existing Clinical Services Building (to the south) and new ED building (to the southwest) with the new pedestrian pathway - 'Hospital Street' - in between.
- The new building is a large structure of modern design as appropriate to its functional role and the wider context of the hospital as a whole. Extensive use of a variety of materials and façade modulation techniques help break up the overall massing, particularly in major views from east and west ends of Loftus Street (approaching the main entry).
- The new building is set back 1.5 metres from Loftus Street with the northeast corner approximately level with the northwest corner of Elouera House. The upper three stories of the building – which are above the roof height of Elouera House – are set back from the lower levels with the break emphasised by the larger recess at third floor level.
- A separation of approximately 9 metres (at the street frontage) reducing to approximately 5 metres (at the southwest corner of Elouera House separates the old and new structures. This area will provide graded pedestrian access into the site with landscaping on either side and bike parking.
- The proposed ED wing of the building is essentially a two storey addition to the east end of the existing ED complex (IESS-DA 101-102) – separated from the IESS facility along its north boundary by the glazed-roofed, Hospital Street walkway.
- This structure projects into, and essentially defines the southwest boundary of, the rear courtyard to Elouera House
- An additional two storeys (with a smaller footprint) is located on the north end of the ED wing (for plant and CSSD store) and connects to the IESS facility with a narrow covered link above Hospital Street. (IESS-DA 103-107)
- A much smaller expansion at level three on the southwest corner of the existing (ED) is also proposed together with changes to the existing vehicular access/drop off on the south elevation.

### **Site Works Generally**

Additional site works will include:

- various demolition and partial demolition works to features/fabric of no heritage significance (ie other than the 1941 addition to Elouera House, as discussed above);
- excavation works for basement;
- utility works including new water main connections, relocation of gas meter and new substations;
- landscape and public domain works; and
- provision of facilities for sustainable transport, operational and waste procedures.

## 5.0 Assessment of Heritage Impacts

### 5.1 Summary Assessment Using Heritage Branch Guidelines

Proposed Change to Heritage Item	Some Questions to be answered in a Statement of Heritage Impact	Assessment of Impact
Demolition of a building or structure	<ul style="list-style-type: none"> <li>• <i>Have all options for retention and adaptive re-use been explored</i></li>   <li>• <i>Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?</i></li>   <li><i>Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?</i></li>   <li>• <i>Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?</i></li> </ul>	<p>Adaptive re-use of the 1941 addition to Elouera House was not possible because of specific functional requirements for the required new surgical and medical facilities.</p> <p>All options for other possible development sites within the limited hospital area were explored in detail but none allowed for required connection to existing facilities + required large floor areas.</p> <p>Given that development pressures required some demolition, the 1941 addition was identified as the most strategically valuable and less significant in heritage terms.</p> <p>Retention of the 1941 addition was not essential to understanding the more important Elouera House and its removal would reinstate the original form and character of the older building.</p> <p>Suitable elements and fabric (bricks, tiles, door, window and other original joinery, etc) salvaged from demolition of the 1941 wing could be retained for both the new west end to Elouera House and future conservation works.</p> <p>The proposed development is urgently needed for hospital growth needs and the demolition is an essential component of this work.</p> <p>Specialist heritage advice has been sought from the outset to a) assess the significance of the heritage item; b) work through the Master-Plan process to identify appropriate heritage outcomes and c) identify appropriate mitigation measures to limit adverse impacts on the heritage item/place.</p>
Partial demolition	<ul style="list-style-type: none"> <li>• <i>Is the demolition essential for the heritage item to function?</i></li>   <li>• <i>Are important features of the item affected by the demolition (e.g. fireplaces in buildings)?</i></li>   <li>• <i>Is the resolution to partially demolish sympathetic to the heritage significance of the item?</i></li>   <li>• <i>If the partial demolition is a result of the condition of the fabric, is it certain that the fabric cannot be repaired?</i></li>   <li>• <i>Is the detailing of the partial demolition sympathetic to the heritage significance of the item?</i></li> </ul>	<p>Partial demolition at west end of Elouera House is required as part of the removal of the 1941 addition including parts of wall and internal kitchen/bathroom facilities. The end wall, roof and internal spaces will be readily replaced in a manner that will not affect the significance of the original building or its current function for residential accommodation.</p> <p>The demolition will not remove significant features or fabric of Elouera House as the affected roof, wall and internal spaces have previously been altered.</p> <p>The partial demolition will allow reconstruction of Elouera House to its original extent and configuration – a change that is sympathetic to the significance of the item. The new internal facilities including stair and kitchenettes will not adversely affect the identified heritage significance of the interior spaces.</p> <p>The detailing of the proposed works are sympathetic to its significant character. Use of materials/joinery from the demolished 1941 wing (bricks, joinery, etc) will allow for both the making good works and future conservation works to be carried out sympathetically.</p>

<p><b>Minor additions</b></p>	<p>• <i>Are the additions sympathetic to the heritage item? In what way (e.g. form, proportions, design)?</i></p>	<p>The provision of a new entry at the southwest corner of Elouera House will have no notable impact on its overall significance. Functionally, the new entry will essentially replace the removed 1941 rear entry and will also provide a new link to the Hospital as a whole by being aligned with the proposed Hospital Street walkway.</p>
<p><b>Major additions</b></p>		<p>Not applicable. The retained section of Elouera House will remain as an independent building, returning it to its original pre-1941 configuration. There is no physical connection between the new development and Elouera House.</p>
<p><b>New development adjacent to heritage item</b></p>	<p>• Will the additions visually dominate the heritage item?</p> <p>• Why is the new development required to be adjacent to a heritage item?</p> <p>• How is the impact of the new development on the heritage significance of the item minimised?</p> <p>• How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?</p> <p>• How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects?</p> <p>• Will the public, and users of the item, still be able to view and appreciate its significance?</p> <p>• Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected?</p>	<p>The proposed new IESS/ICU/ED facility west of Elouera House will be substantially greater both in height and massing. Its location on the highest part of the Hospital site will also add to its visual prominence.</p> <p>The location and size of the new building is the inevitable consequence of its functional requirements and the restricted site (as previously discussed). The new facilities also required connections to existing theatres, emergency department and other related facilities.</p> <p>Given the role of the site, it is also not unreasonable that the main buildings with <b>crucial hospital functions</b> do physically and visually dominate it, while the less important (and much smaller) function of residential accommodation for medical staff is symbolically as well as physically rendered less important.</p> <p>The visual dominance of the new structures will be mitigated in a number of ways including:</p> <ul style="list-style-type: none"> <li>• clear visual and physical separation to the Loftus Street frontage with an active pedestrian entry and landscaping between;</li> <li>• maintaining the prominence of the main elevations of Elouera House in views from the east end of Loftus Street;</li> <li>• breaking up the façade through varied arrangements of massing and articulation, particularly along Loftus Street frontage –with upper floors set back;</li> <li>• using landscaping where possible to help break up boundary between new and old buildings and give an independent identify to Elouera House and its immediate setting.</li> </ul> <p>While the proposed development sits within both the current SHR boundary and ‘<i>Reduced Heritage Curtilage</i>’ for the Nurses’ Home recommended in the Heritage Significance Assessment (Godden Mackay Logan, September 2011), it still allows for a meaningful visual and physical curtilage for the significant components and attributes of the site.</p> <p>A clearly defined area – ie curtilage – of open space is provided around the whole of the Nurses’ Home, and Elouera House in particular, which allows significant views, recreation functions and/or separation from the main ‘Hospital’ facilities to be maintained and contribute to the significance of the heritage item.</p> <p>The presentation of Elouera House from Loftus St and Lawson House from Darling St remains unchanged.</p> <p>The archaeological potential of the site has been assessed as being low.</p>

<b>Re-pairs to external fabric -</b>	<ul style="list-style-type: none"> <li>• Is a previous material being reinstated?</li> <li>• Are all details in keeping with the heritage significance</li> </ul>	Following demolition of the 1941 addition, the roof and west wall of Elouera House will be made good using fabric and detailing from the demolished structure and existing building.
<b>New landscape works and features</b>	<ul style="list-style-type: none"> <li>• How has the impact of the new work on the heritage significance of the existing landscape been minimised?</li> <li>• How does the work impact on views to, and from, adjacent heritage items?</li> </ul>	<p>The existing retaining walls and stairs at the rear of Elouera House will be retained or reconstructed, generally to existing detail. The new retaining wall along the new entry path west of the reinstated west end of Elouera House will be constructed to match and tie in with the existing retaining walls.</p> <p>The existing area of lawn and trees south of Elouera House (assessed as 'Moderate-Low' significance) will be reduced in extent and changed in shaped – with the new ED building providing the new southern boundary. The general character of this space will, however, be retained with 3 new trees replanted in an informal open lawn. Visual and physical connection through to the glazed roofed 'Hospital Street' will also contribute to the visually open character of this area.</p>
<b>Tree removal or replacement</b>	<p>Does the tree contribute to the heritage significance of the item or landscape?</p> <ul style="list-style-type: none"> <li>• Why is the tree being removed?</li> <li>• Has the advice of a tree surgeon or horticultural specialist been obtained?</li> </ul>	<p>The two old Moreton Bay fig trees proposed for removal are listed as local items in Wollongong LEP 2009. They are not, however, included in the SHR listing and have no direct relationship to Elouera House.</p> <p>The trees are part of the site which is required for development and have been assessed by appropriately qualified specialists as being in poor and unsafe condition.</p> <p>New plantings – of more appropriate size for the reduced areas of the site – are generally proposed. These include a variety of trees such as <i>Syzygium Jambos</i> (rose apple) which is one of the older plantings of the site.</p>

## 6.0 Conclusions and Recommendations

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### 6.1 Conclusions

The overall conclusion of this Heritage Impact Statement is that the proposed development of the Wollongong Hospital site will not impact to an unreasonable extent on the major components, attributes and fabric of significance of the Wollongong Nurses' Home.

As this report has demonstrated, the pressure for upgrading and expanding essential medical facilities at Wollongong Hospital site is both considerable and urgent. The size of the new areas required and their need to be functionally linked to existing facilities has dictated from the start a significant planning and logistics exercise. This has further been complicated by the limited development area within the site - due to more than just the listed heritage item in the northeast corner.

Given the SHR listing of the Nurses' Home, specialist heritage input was sought by the client and planning/design consultants from the outset, starting with a detailed Heritage Significance Assessment (HSA) and collaboratively working through the Master-planning and design development processes, including briefing/review meetings with officers of the NSW Heritage Branch, Department of Planning.

With this approach, the major features of the site which warranted protection/conservation were identified together with the options for 'trade-offs' where required by the proposed new development (as discussed in Section 4.2.3). In essence the final outcome provided for meaningful conservation and interpretation of the major component of significance of the Nurses' Home – Elouera House – together with its most significant views and a reduced, but independent, setting/curtilage. The proposed development also retained and enhanced the functional and visual links between Elouera House and the main hospital through new pedestrian connections and integrated landscaping, supporting the building's retention of its original and existing residential functions.

At the same time, demolition of the 1941 addition to the Nurses' Home was required to accommodate the new facilities, and though it had been established that this was the least historically and aesthetically significant component of the Nurses' Home group, its removal did represent some loss of historic evidence and architectural layering. Its removal would also require a reappraisal of the '*Reduced Heritage Curtilage*' proposed in the preceding HSA. Balanced against this, however, demolition of the 1941 addition allowed reconstruction of Elouera House as originally constructed.

Minor demolition works proposed at the west end of Elouera House (externally and internally) and construction of a new entry door and porch will not, it is believed, impact adversely on the site as a whole or affected components.

Overall, the retained Elouera House will remain visually prominent in its major views – to Darling and Loftus Streets, as an independent building in original pre-1941 configuration. Appropriate mitigation measures – such as physically and visually separating new and existing buildings, breaking up the massing/visual height of the new structures and using pedestrian pathways and landscaping to 'bridge' between old and new – have all contributed to lessening identified and/or potential adverse heritage impacts.

## 6.2 Recommendations

The following measures are recommended to be included in future/ongoing works (including design development) to help further reduced the impact of proposed changes to the Nurses' Home:

- Details of the new rear entry doors, porch and internal and external stairs at the west end of Elouera House should be developed in consultation with specialist heritage consultants.
- Suitable door, window and other original joinery salvaged from demolition of the 1941 wing should be retained for future restoration works in the original 1937 section of Elouera House.
- Bricks and roof tiles from the demolished 1941 addition should be salvaged where possible in order to patch repair/reconstruct the new west elevation of Elouera House.
- Following demolition of the 1941 addition, the roof of Elouera House should be made good to match the original configuration.
- Specialist heritage advice should be used to help resolve the proposed methods, materials and detailing for all repair and reconstruction works affecting the Nurses' Home as part of the design development phase of the project. These works should include repairs to significant damaged components/fabric and removal of intrusive elements wherever possible and appropriate.