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URBIS

HERITAGE IMPACT STATEMENT

Ryde Hospital Redevelopment

Prepared for

HEALTH INFRASTRUCTURE AND STH

12 April 2022

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EXECUTIVE SUMMARY

The following report is provided for Health Infrastructure NSW C/- STH in conjunction with State Significant Development Application (SSDA) for redevelopment of Ryde Hospital. The subject SSDA seeks Concept approval for redevelopment of the Ryde Hospital site with a concept building envelope. The SSDA also seeks approval for Stage 1 works including clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works. Further details of the proposed works are included in Section 1.5.

The Ryde Hospital site is locally heritage listed on Schedule 5 of the Ryde Local Environmental Plan (LEP) 2014, being Item No. 47, “*Denistone House*” and “*Trigg House (Ryde Hospital)*”. The site is also adjacent to Item No. 125, “*Open Space, Denistone Park*”. The LEP heritage item map is provided below at Figure 73.

Denistone House and the Lodge are also listed on the Department of Health Section 170 Heritage Register.

This Heritage Impact Statement (HIS) has been prepared to determine the potential heritage impact of the proposed works on the Ryde Hospital site and the proximate heritage item, Denistone Park.

This Heritage Impact Statement is provided in support of the proposed SSDA and to assist the consent authority in their assessment of the subject proposal. The HIS considers potential impacts to the heritage listed hospital site and the proximate heritage listed Denistone Park. A detailed impact assessment of the proposed works has been undertaken in Section 4.3 of this report. Overall, the proposal demonstrates some significant heritage benefits which would not otherwise be achieved except in the context of a major redevelopment, notably the demolition of unsympathetic and substantial additions to heritage items and removal of poorly sited development to re-establish significant historical settings and views. Some heritage impacts are acknowledged however, with regard to the extent of demolition of development associated with the inter-war establishment and post war expansion of the site for the Ryde District Soldiers Memorial Hospital. Key aspects of the assessment are listed below:

- The current SSDA proposal is the result of a collaborative exercise to determine an appropriate site for the hospital redevelopment within the NSLHD catchment area. The current SSDA proposal has been developed from an initial site masterplan which considered two potential development locations and developed a further masterplan options analysis following the section of the Ryde Hospital site. The consultant team has worked with Health Infrastructure NSW to develop the existing Ryde Hospital site to become a contemporary hospital to meet the future needs of the local communities within the area. This has included review of the extant site development and heritage assessment as detailed herein.
- The SSDA facilitates the creation of a new and comprehensive health care hub that meets the clinical and health needs of the local population, providing effective treatment and taking advantage of new models of care and technologies.
- The subject SSDA demonstrates some significant heritage benefits, notably the retention of Denistone House and the former Stables, which are assessed to be of exceptional heritage significance. The concept includes the demolition of later additions to Denistone House which are assessed as intrusive, and which allows for the original form and facades of the building to be restored and conserved. This has a positive heritage impact.
- The concept proposal re-establishes the house as a separate and independent built form in the redevelopment and as the centrepiece in the new public realm. The proposal creates and reinterprets a generous landscape setting for the house and reinstates the important historical views to Denistone House from Denistone Road, through removal of the intrusively sited building 6, as well as re-establishing the physical and visual connection to the former stables building through the removal of Trigg House (building 9). Proposed site landscaping (subject to a future development application) should be informed by historical documentation and provide for the interpretation of lost cultural plantings with the addition of feature marker trees, as well as reinstating the former circular carriage loop as an ornamental drive. There is an opportunity for proposed landscaping to continue in the through site link beneath the building envelop creating a terraced amphitheatre which connects to the remnant forest and district views which was an important aspect of the location and siting of the house.
- Original interior layouts of Denistone House remain or are discernible, with the exception of the rear wing. Significant original features include ceilings, door and window joinery, decorative plaster arches, fireplaces and the original timber stair. Internal alterations and additions will be subject to a further development application. It is acknowledged that alterations and additions may be required to allow for a viable, ongoing and compliant use. Any new work, alterations or additions should not dominate the heritage character of the place and should be respectful of the building’s heritage character, principal

spaces and identified elements of heritage significance. Further alterations may be feasible within the rear wing, which has been subject to previous alterations and additions.

- The main building zone for the Concept Proposal is located to rear of Denistone House and comprises a building envelope only.. The siting and irregular building form also extends forward of the building line of Denistone House to the south of the house. The disparity of scale is acknowledged however the proposal mitigates potential impacts by modulating the envelope to allow for a lower scale podium to respond to Denistone House with the upper levels setting back to reduce bulk and scale. The proposed hospital building incorporates substantial setbacks from Denistone Road, which allows for a generous landscape setting and wide views to the heritage building.
- Future detailed development applications will further consider the building envelope and façade articulation, modulation and materiality to further respond to the heritage building and mitigate potential impacts.
- The subject proposal retains the significant sandstone street front fencing, albeit anticipating some modification in conjunction with changes to vehicle and pedestrian site access in line with the Stage 1 concept.
- Trigg House has been assessed to be of little heritage significance and is considered to have been compromised by the extent of alterations and additions, such that the original form and facades are unlikely to be retrieved. The building is also unsympathetically located as it blocks views and connections between Denistone House (Building 10) and the Stables (Building 8) and compromises the original setting of the former Denistone Estate buildings. Having regard for the above, it is Urbis' view that the removal of Trigg House is justified.
- The concept proposal includes substantial demolition of existing 20th century building stock. Early and original hospital buildings are evidenced at buildings 3, 4, 5, 6 (part only), 9,12, 13, 14, 18 and 19, in varying degrees of integrity. The Ryde Hospital buildings reflect stripped examples of the inter-war Georgian Revival style. The buildings are not aesthetically distinctive, rather they reflect generic examples of development of a district hospital, and many have been heavily modified. Early hospital buildings are typically graded as being of little or moderate significance, having regard for the extent of alterations and additions.

It is acknowledged that the demolition of the remaining inter-war and to a lesser degree some post-war development of the hospital site will impact on the historical values of the place and its ability to demonstrate the progression of the hospital development in the 20th century. While their contribution to the site is acknowledged, the early hospital buildings are no longer fit for purpose, the site is highly constrained in terms of a development zone and clinical needs, and the retention of the buildings is not feasible. Having regard for assessed heritage significance, the fact that the buildings reflect generic examples of the period, the extent of alterations to the extant buildings, the redundancy of the existing built stock from a clinical perspective and in the context of necessary hospital expansion and redevelopment, the removal of all early hospital buildings (inter-war and post-war) is supported.

- Options to retain a representative example of inter-war building stock that best interprets the original hospital development and function were considered but ultimately were not feasible.
- Stage 1 works include clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works. Building 11 is a later utility building and building 17 is of more contemporary construction, with demolition proposed due to site location. Demolition of these buildings has no heritage impact. It is acknowledged that the proposed demolition of building 18 will have some impact on the historical values of the place however the retention of the building is not feasible owing to its position in the centre of the site and its contribution to the site is not considered such that it should limit or preclude the hospital redevelopment.
- The existing Critically Endangered Blue Gum High Forest (BGHF) which dominates the southern slopes of the site will be retained where possible under the guidance of bushfire engineering to manage this existing natural asset of the place in the context of the masterplan for the site.
- Proposed redevelopment must have regard to the archaeological resource. Reference should be made to the submitted Aboriginal Cultural Heritage Assessment Report (ACHAR) and Historical Archaeological Assessment.

For the reasons stated above, the proposed works have been recommended for approval from a heritage perspective subject to proposed recommendations outlined in section 6 of this report.

1. INTRODUCTION

1.1. BACKGROUND

The Ryde Hospital site is located at 1 Denistone Road, Denistone and comprises Lots 10-11 DP 1183279 and Lots A-B DP 323458. It has an area of approximately 7.69Ha and currently accommodates the existing Ryde Hospital Campus.

This Heritage Impact Statement (HIS) accompanies a State Significant Development Application that seeks approval for the establishment of a maximum building envelope and gross floor area for the future new hospital buildings, and physical Stage 1 Early Works to prepare the site for the future development. .

The Stage 1 Early Works include clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works. Further details of the proposed works are included in Section 1.5.

The Ryde Hospital site is locally heritage listed on Schedule 5 of the Ryde Local Environmental Plan (LEP) 2014, being Item No. 47, “Denistone House” and “Trigg House” (Ryde Hospital). The site is also adjacent to Item No. 125, “Open Space, Denistone Park”. The LEP heritage item map is provided below at Figure 73.

Denistone House and the Stables (also known as the Lodge) are also listed on the Department of Health Section 170 Heritage Register.

This HIS has been prepared to determine the potential heritage impact of the proposed works on the Ryde Hospital site and the proximate heritage item, Denistone Park.

This HIS responds to the requirements of the Industry SEARS as follows:

18. Environmental Heritage

Where there is potential for direct or indirect impacts as a result of the concept development on the heritage significance of items of environmental heritage, provide a Statement of Heritage Impact and Archaeological Assessment (if potential impacts to archaeological resources are identified), prepared in accordance with the relevant guidelines, which assesses any impacts and outlines measures to ensure they are minimised and mitigated.

This report also responds to agency feedback received from City of Ryde Council in response to the SEARS request, which states:

5. Heritage

- a. *The site contains two listed items of local heritage significance, being Denistone House and Trigg House.*
- b. *The heritage curtilage of the items is defined by the lot boundaries, noting that the remnant bushland vegetation is described in the inventory sheets for both items as forming a significant element to the landscaped setting of the site and heritage items.*
- c. *The matters identified and listed pertaining to Aboriginal cultural heritage are correct and no further comment is provided at this juncture.*
- d. *Any redevelopment of the site must be accompanied by a robust Heritage Impact Statement (HIS). The HIS must also consider re-establishing a visual relationship with Denistone House particularly and the public domain (particularly to Denistone Road).*
- e. *A visual impact analysis should be provided to consider the impacts of redevelopment on views to and from Denistone House and Trigg House.*
- f. *Given the known history of Denistone House, a due diligence archaeological assessment would be required to consider the potential for archaeological resources to be present on the site associated with Denistone House.*

Heritage NSW also provided comment with regard to Aboriginal Cultural Heritage.

It is noted that this report excludes Archaeological Assessment – reference should be made to the separately submitted Aboriginal Cultural Heritage Assessment Report (ACHAR) and Historical Archaeological Assessment.

1.2. SITE LOCATION

The subject site is located at Ryde Hospital campus, bound by Denistone Road, Fourth Avenue, Ryedale Road and Florence Avenue, within the local government area (LGA) of Ryde. The site is legally described as Lots A and B of DP32458, Lot 11 DP1183279 and Lot 10 DP1183279.



Figure 1 The Ryde Hospital Campus

Source: [Masterplan Study – Tech PWG#1 V1.1 03 June 2021 prepared by NSW Health (Northern Sydney Local Health District) and STH.]

1.3. METHODOLOGY

This Heritage Impact Statement has been prepared in accordance with the NSW Heritage Division guidelines ‘Assessing Heritage Significance’, and ‘Statements of Heritage Impact’. The philosophy and process adopted is that guided by the Australia ICOMOS Burra Charter 1999 (revised 2013).

Preparation of this report follows a site inspection undertaken by Fiona Binns (Associate Director) and Rebecca Zulaikha (Heritage Consultant) on Thursday the 24th of June, 2021 and a subsequent inspection undertaken by Fiona Binns on the 12th of November 2021.

Site constraints and opportunities have been considered with reference to relevant controls and provisions contained within the Ryde Local Environmental Plan (LEP) 2014 and the Ryde Development Control Plan (DCP) 2014 as well as Heritage NSW Guidelines.

1.4. AUTHOR IDENTIFICATION

The following report has been prepared by Rebecca Zulaikha (Heritage Consultant). Fiona Binns (Associate Director) has reviewed and endorsed its content.

Unless otherwise stated, all drawings, illustrations and photographs are the work of Urbis.

1.5. THE PROPOSAL

The proposed redevelopment responds to a future high level vision for the future of Ryde Hospital and Health Services, that includes:

- A comprehensive health care hub that meets most of the secondary health needs of the local population.
- A vibrant hospital and health service that has clear and specific roles within the network of NSLHD hospitals.
- A provider of effective treatment delivered with compassion by clinicians in partnership with patients and their carers, as well as with GPs and other primary care providers.
- A hospital of the future taking advantage of new models of care, new technologies and new approaches to sustainability.
- A focus for education, training and research in collaboration with education institutions to develop the current and future health workforce.

The subject SSDA seeks Concept approval for redevelopment of the Ryde Hospital site with a concept building envelope.

The subject SSDA also seeks approval for Early Works including clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works.

The SSDA concept redevelopment anticipates demolition of the majority of the extant hospital building stock including inter-war and post-war hospital development.

Significant heritage buildings, being Denistone House and the former Stables are to be retained on site as part of the redevelopment. Denistone House is in good condition but has had a newer (circa 1970's) addition that has been proposed to be removed to reinstate the original architectural integrity and setting.

Both Denistone House and the Stables will front onto a new public green space that will open onto Denistone Road, creating a new public amenity, as well as respecting these two heritage buildings within the redevelopment.

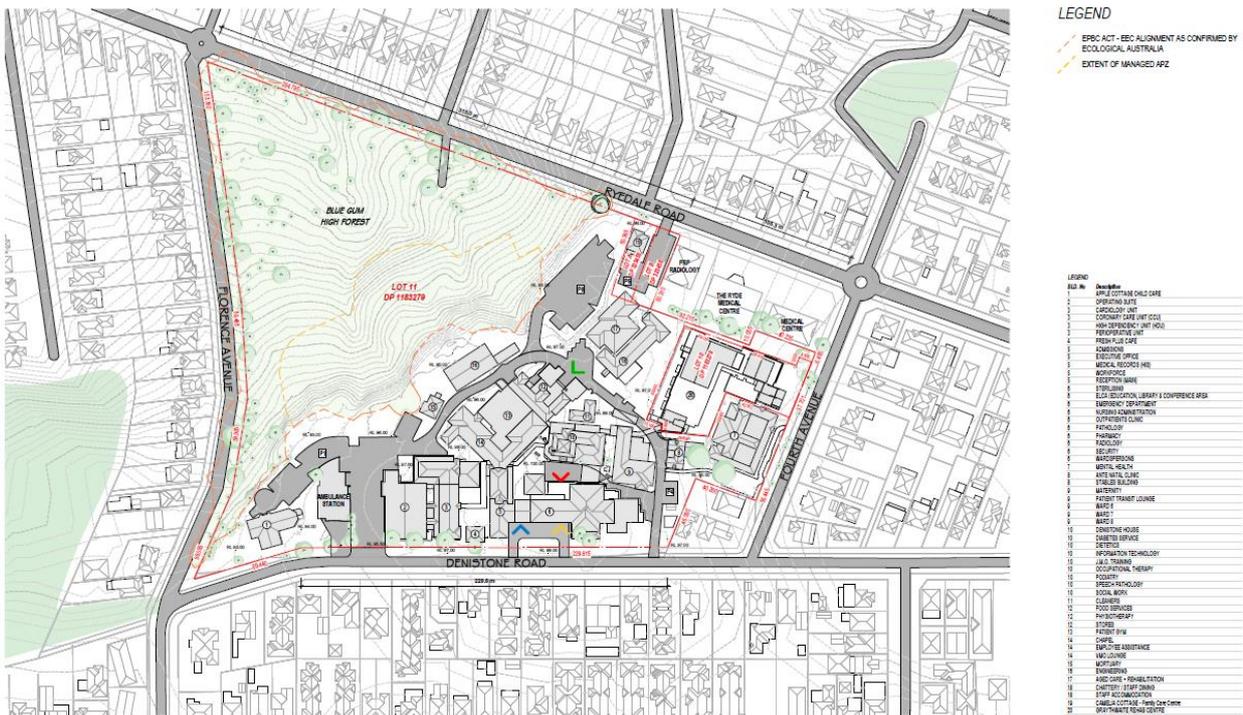
Trigg House although listed in the Ryde LEP as a heritage building has lost most of its original architectural merit with successive and comprehensive additions over time, such that the original character of the building is considered compromised. It is therefore proposed to be demolished.

Urbis has been provided with drawing documentation prepared by STH. This HIS has relied on these plans for the impact assessment include in Section 4.3. Extracts of the proposed plans are also provided overleaf. Full size plans should be referred to for detail.

Table 1 Provided Plans

Author	Drawing No.	Drawing Name	Revision	Date
STH	SSD1_000	Concept Proposal Set - Cover Sheet	4	03/03/2022
STH	SSD1_001	Concept Proposal - Context Plan	4	03/03/2022
STH	SSD1_002	Concept Proposal - Location Plan	4	03/03/2022
STH	SSD1_003	Concept Proposal - Site Analysis Plan	4	03/03/2022
STH	SSD1_004	Concept Proposal - Site Analysis - Bushfire & APZ	3	03/03/2022
STH	SSD1_005	Concept Proposal - Existing Site Layout Plan	4	03/03/2022
STH	SSD1_006	Stage 1 Construction		

STH	SSD1_007	Concept Proposal - Indicative Demolition Plan	4	03/03/2022
STH	SSD1_008	Concept Proposal - Proposed Site Layout Plan	4	07/04/2022
STH	SSD1_009	Concept Proposal - Proposed Envelope / Indicative Massing Elevations - sheet 1	5	07/04/2022
STH	SSD1_010	Concept Proposal - Proposed Envelope / Indicative Massing Elevations - sheet 2	5	07/04/2022
STH	SSD1_011	Concept Proposal - Proposed Envelope / Indicative Massing Sections	5	07/04/2022
STH	SSD1_012	Concept Proposal - Shadow Diagrams	5	07/04/2022
STH	SSD1_013	Concept Proposal - Proposed Envelope 3D View	4	07/04/2022



Concept Proposal - Existing Site Layout Plan
RYDE HOSPITAL REDEVELOPMENT

Figure 2 Existing site layout plan
Source: [STH SSD1_005]



Figure 3 Indicative demolition plan
 Source: [STH SSD1_006]



Figure 4 Proposed site layout plan
 Source: [STH SSD1_008]

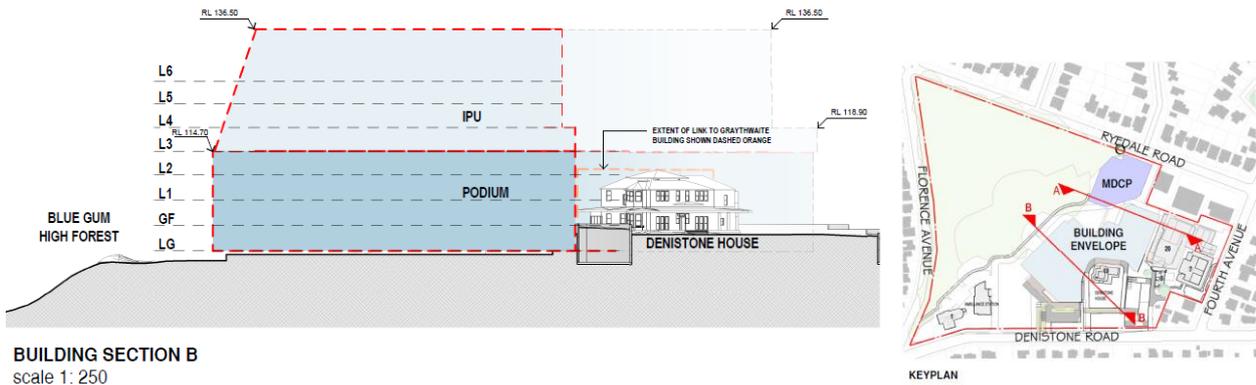


Figure 5 Building section B and keyplan
Source: [STH SSD1_011]

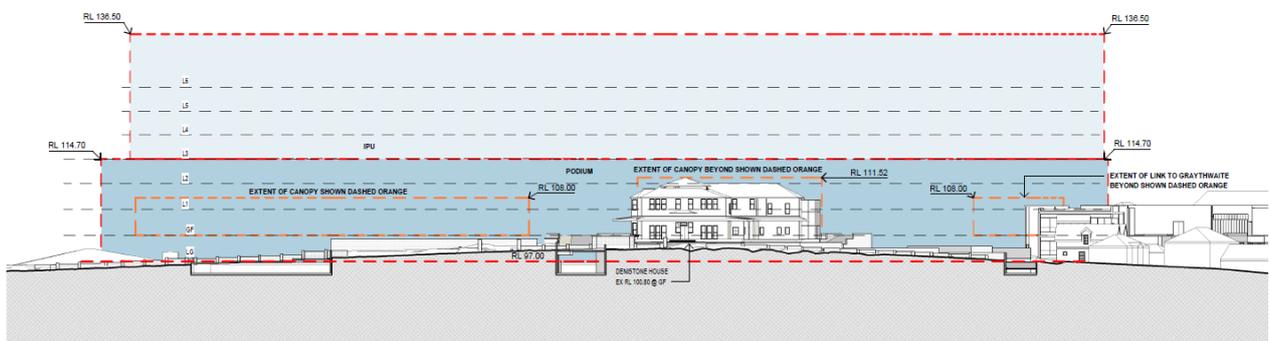


Figure 6 East elevation Denistone Road
Source: [STH SSD1_011]

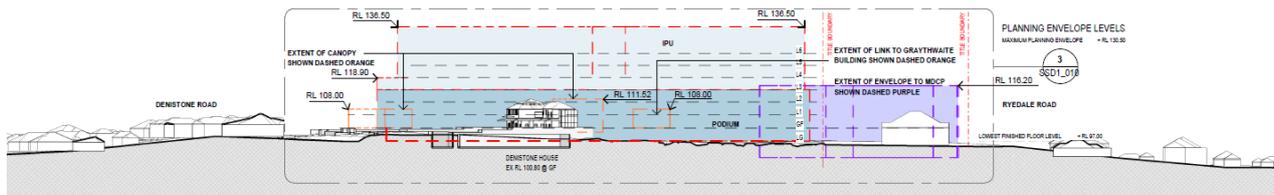


Figure 7 North elevation
Source: [STH SSD1_010]

2. SITE DESCRIPTION – RYDE HOSPITAL CAMPUS

2.1. THE SUBJECT SITE

The Ryde Hospital campus, located at Lot 11 DP1183279 and Lot 10 DP1183279, is bound by Denistone Road, Fourth Avenue, Ryedale Road and Florence Avenue. The Ryde site comprises a total area of 72,333m². The campus is made up of a number of buildings built over a period of approximately 90 years as well as incorporating two historically significant buildings that predate the hospital, being Denistone House and the former Stables, which were constructed in the late 19th century. Also included on the site is the Camellia cottage, an inter-war dwelling which pre-dates the hospital development.

The foundation stones were laid in 1933 and the hospital was opened in 1934 with 56 beds and comprising a casualty department, outpatients, department, public, private and intermediate wards, accommodation, administration and an operating theatre. The hospital was designed by architect Owen Weston and refined by the Government Architect Edwin Evan Smith, with later stages of development designed by his successor Cobden Parkes. Buildings are typically red face brick with a simple stripped Georgian Revival character.

The original hospital buildings and largely survive although substantially altered, such that the original form and facades of the original hospital buildings are largely lost, with some exceptions. The majority of the hospital was built post World War Two with expansion of the hospital in the 1950s and 60s. There is also an overlay of more contemporary (post 2000) development. Building density is generally low scale, between 1-3 storey, with some higher density contemporary development.

The hospital campus sits on a rise overlooking the Paramatta River and has a varying topography over the main building area of about 10 metres. The southern portion of the site slopes steeply to the south (approximately 50m) and comprises an area of Blue Gum High Forest (BGHF) (see the aerial view of the site at Figure 1). The site is enclosed on the Denistone Road frontage with a sandstone fence (c.1937).

A plan of the campus assets is provided below.

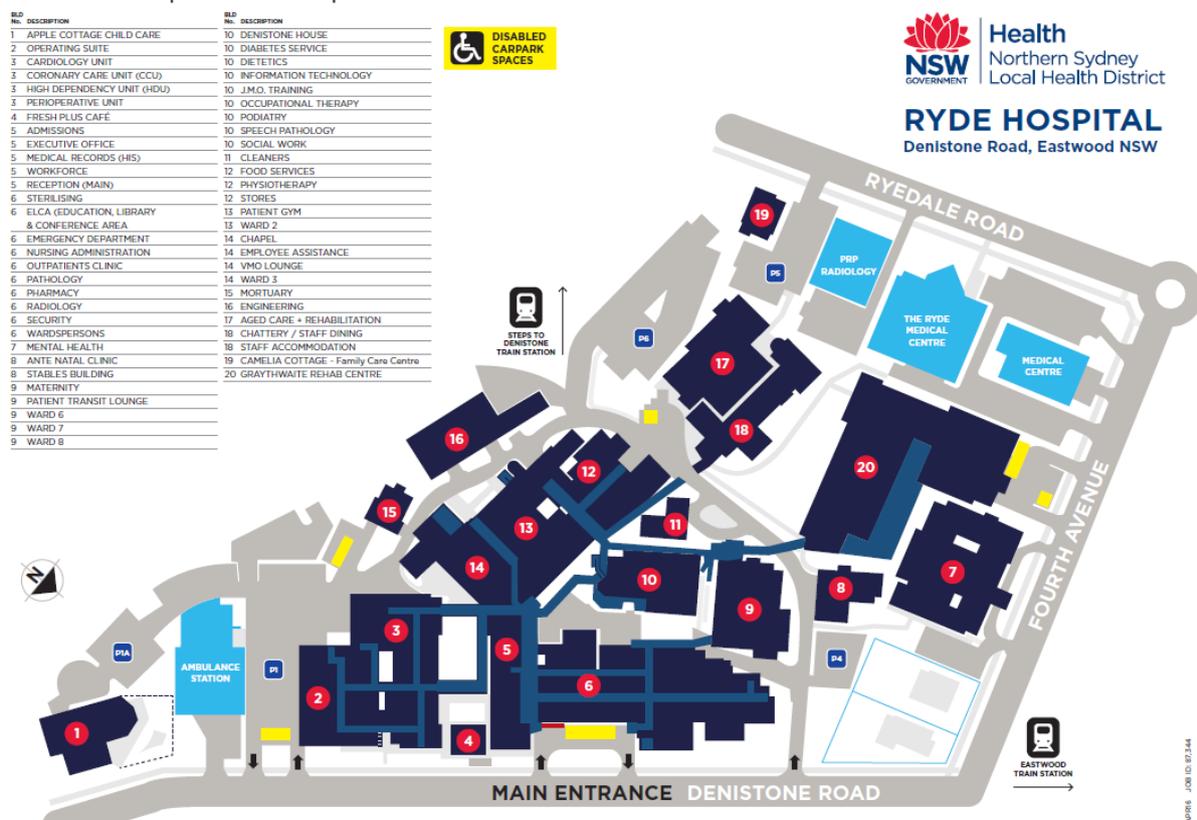


Figure 8 Plan of the campus assets

Source: [Masterplan Study – Tech PWG#1 V1.1 03 June 2021 prepared by NSW Health (Northern Sydney Local Health District) and STH]

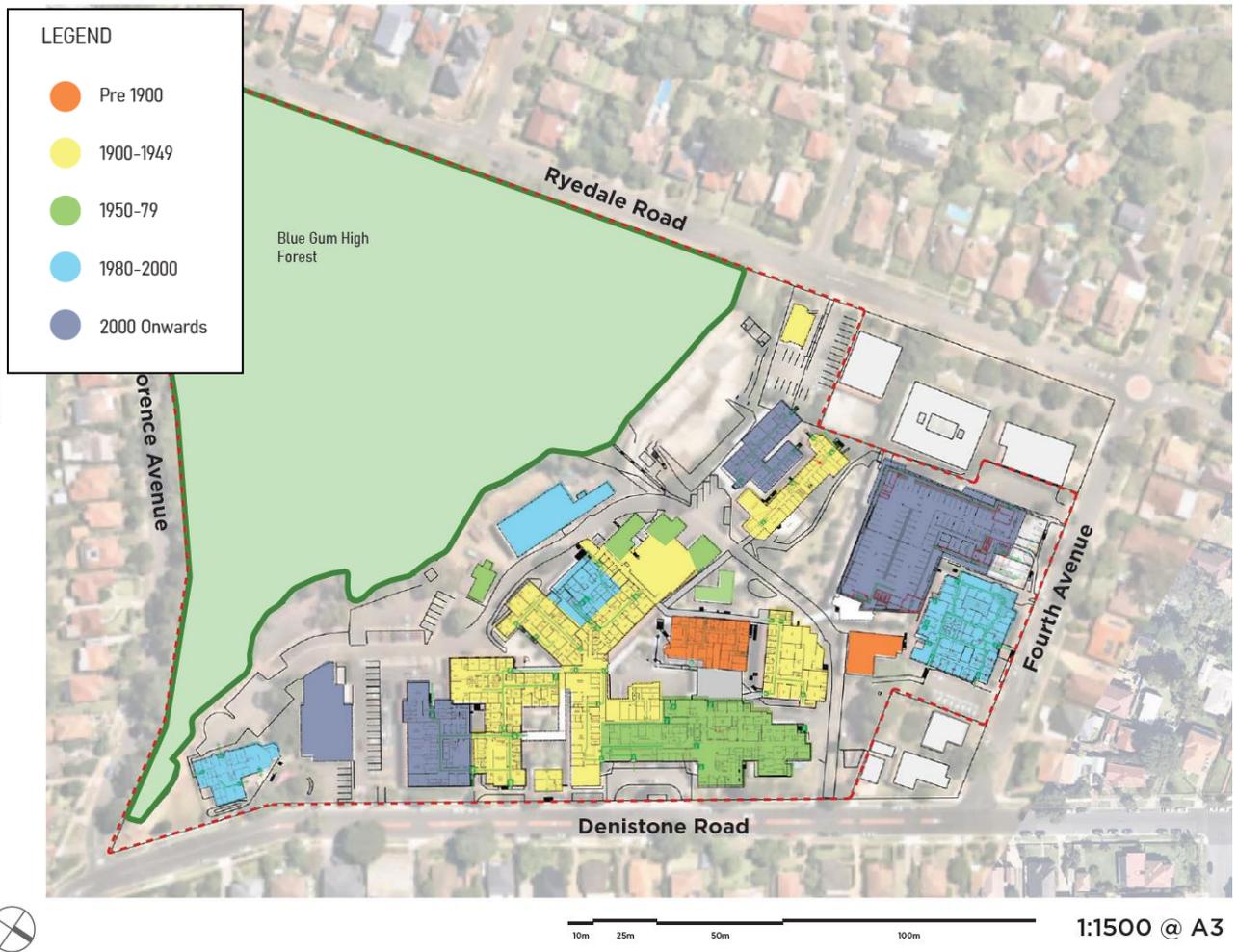


Figure 9 Site plan showing the general phases of development for the site

Source: [Masterplan Study – Tech PWG#1 V1.1 03 June 2021 prepared by NSW Health (Northern Sydney Local Health District) and STH]

Building Name and No #	Description	Image/s
1) Apple Cottage/ Childcare	The childcare building 1, is a Late 20 th century construction, having been constructed between 1986 and 1991.	
2) Operating Theatres	The operating Theatre building is a more contemporary construction having been constructed between 1991 and 2004.	 <p data-bbox="1408 1093 1948 1125">East façade as viewed from Denistone Street.</p>

Building Name and No #	Description	Image/s
3) Operating Theatres/ Spooner House	<p>The former Spooner House was built in 1938 and housed the intermediate and private wards. The building is single storey redbrick construction with a hipped roof partially clad in terracotta tile, and part corrugated iron. windows are typically timber, multipaned and double hung. The building was oriented to the north and faced onto an internal courtyard enclosed on the northern side by the original casualty building (Building 5/6). The original building was symmetrical with two hipped bays at either end and a central entrance portico. The portico has been modified with a new linking addition/ covered walkway to building 5/6. A large addition was constructed to the southwest in the 1970s and a further northern addition, constructed after 2004 connects to building 5 and partially infills the former courtyard.</p>	 <p>Eastern façade of the former Spooner House (from Denistone Street)</p>  <p>Building 3/ former Spooner House at left and showing the modification for the connection to Building 5</p>

Building Name and No #	Description	Image/s
4) Kiosk	<p>The Kiosk was constructed c.1939 as a kiosk. It was presumably originally facebrick, consistent with the adjacent Spooner building and former casualty, but has since been painted. It features a symmetrical façade with a central entry flanked by double hung multi-pane timber windows. The building is a simple structure with a hipped and tiled roof.</p>	
5) Administration Block/ Executive offices	<p>Building 5 contains the original 1934 casualty, outpatients' and private ward building but has been substantially modified with the addition of the 1960s patient services building (Building 6) which connects to building 5 and creates the main hospital entry. The building is brick, with hipped roof clad in terracotta tile. Largely single storey, there is a two storey section located at the western end of the building, in the area of the former private patients ward. Whilst this building was designed with two large dormers and rooms in the roof, analysis of aerials indicates that the present structure reflects a 1960s addition. The southern façade is more intact, being simple facebrick with a series of double hung multipaned timber windows. Two additions have been constructed to the south which connect the building to the former Spooner House and partially infill the former courtyard.</p> <p>See also views of building 6 below.</p>	 <p>The main hospital entry. Building 5 (left) retains part of the original casualty building. Building 6 (right) was constructed in 1969 and connected with building 5.</p>

Building Name and No #	Description	Image/s
		 <p data-bbox="1406 721 2056 826">View between building 4 (left) and 5 (right). This rear elevation shows the original 1933 casualty/ outpatients building.</p>  <p data-bbox="1406 1222 2024 1289">Roof of building 5 with the rear of building 3 at right. Roof is a c.1960s modification</p>

Building Name and No #	Description	Image/s
6) Emergency Department	<p>Date of Construction: 1969 as the Patient Services building.</p> <p>Architect: Mr. A.F. Blackwell and the Builders were W.M Hughes and Sons.</p> <p>The building is a largely two storey brick building with a series of aluminium windows in various arrangements. The façade is simple with minimal detailing. The roof is hipped and clad in terracotta tile. The building has had some modifications including the 1980s single storey addition to the north.</p> <p>The building has been unsympathetically located and blocks views from Denistone Street to Denistone House. The single storey southern section of the building connects to building 5 and necessitated alterations to extend and connect the roof forms between the former casualty and private ward buildings. At the rear building 6 also incorporates the original administration building, however it is modified by additions to the primary Denistone Road façade including removal of the original entrance portico.</p>	 <p>Building 5 and 6 (right)</p>  <p>View of Building 6 and single storey addition at right (c.1970s)</p>

Building Name and No #	Description	Image/s
		 <p data-bbox="1408 735 2000 804">Rear of building 6 which incorporates the remnant admin building (1934)</p>
7) Mental Health building	Building 7 is a Late 20 th century construction, having been constructed between 1991 and 2004.	

Building Name and No #	Description	Image/s
8) The former Stables / The Lodge	<p>Date of Construction:1874. Two storey rear wing addition c.1940. First floor dormers also appear to have been constructed in 1933 with the conversion for accommodation (certainly the eastern dormer was built at this time).</p> <p>The former Stables is located at Building 8 as shown on the campus plan at Figure 5 above. The Stables may also be known as the Lodge; however, this is subject to confirmation by Health Infrastructure.</p> <p>The building was constructed circa 1874 as the stables for Denistone House. The building was converted for use by hospital domestic staff in 1933 and a single storey rear wing was planned at that time. Historical analysis suggests that the two storey rear wing was constructed between 1939 and 1943. There is little internal evidence of the original stable function. The building is of sandstone and rendered masonry construction, symmetrical form with dual projecting gable structures and a central timber shingled central infill (infilled in the 1933). The former Stables are in poor condition, in particular the rear addition and the junctions between the two elements. There is substantial cracking throughout the rear wing. Remnant early/ original internal features include remnant timber floors and lathe and plaster ceilings. The bathroom in the rear wing retains original inter-war wall tiling.</p>	 <p>Principal southern façade</p>  <p>The north façade and c.1939 two storey rear wing</p>

Building Name and No #	Description	Image/s
9)Trigg House	<p>Date of Construction: 1943</p> <p>Architect: Government Architect, Cobden Parkes.</p> <p>Trigg House is located at Building 9 as shown on the campus plan at Figure 8 above. The building was constructed in 1943 as a response to a desperate lack of accommodation. It was built as a result of fundraising for a children’s ward for which substantial donations were received from a Mr Ernest Trigg, the former proprietor of the Meadowbank Manufacturing Company and for whom the building was named. The building was initially planned as a single storey building but was enlarged to a two storey and then a three-storey building with successive donations. Initial plans were designed in the Government Architects office. Nearing completion in 1943, artist Pixie O’Harris was engaged and spent 6 days decorating the walls with murals. It remains to be confirmed if any of these murals survive.</p> <p>The building is of facebrick construction, with a series of double hung windows (typically aluminium). The building has been substantially altered, with the most intact façade being the rear southern façade (the most utilitarian in its original form) and with substantial additions to the north and west, including a major addition and overhead link which connects Trigg House to building 20. The effect of these additions renders the original building form and facades unrecognisable.</p> <p>Internally the building has been variously altered to maintain the wards to a contemporary standard. The original core is retained at the rear (west) and maintains the original terrazzo floor and stair hall; however, the stair balustrade has been altered.</p>	 <p>North façade and overhead link to Building 6</p>  <p>South Façade (the most intact façade)</p>

Building Name and No #	Description	Image/s
		 <p data-bbox="1406 753 2038 785">North façade with substantial contemporary additions</p>
<p data-bbox="161 817 340 880">10) Denistone House</p>	<p data-bbox="394 817 1384 880">Denistone House is located at Building 10 as shown on the campus plan at Figure 8 above.</p> <p data-bbox="394 912 1384 1056">The house was constructed in 1874 and replaced a previous house of the same name. Stone from the original house was reputedly used in the construction of the new Denistone House. The following description is sourced from the Heritage 21 CMP (2016).</p> <p data-bbox="394 1088 1384 1343"><i>Denistone House is a two-storey sandstone Victorian house, with a sandstone portico in the Victorian Regency style and cast iron decorative columns to the original veranda in the Victorian Filigree style. The visible sections of the original building retain a high degree of integrity, in particular the veranda section which involves cast iron posts and a stone columned entry. The original Denistone House has undergone later additions from the 1930's, 1940's and 1970's. Major additions to the rear (north) and east were constructed in 1976.</i></p> <p data-bbox="394 1375 1384 1439"><i>The roof is currently clad in terracotta tiles; however, originally it appears to have been corrugated iron. The main entry to the building is from the eastern façade of</i></p>	 <p data-bbox="1406 1318 2047 1350">Principal southern and eastern façades,</p>

Building Name and No #	Description	Image/s
	<p><i>the building, through the main entrance portico, which was central to this front façade. The portico is supported by square sandstone columns, while its roof retains the original roofing material which appears to be copper welts.</i></p> <p><i>The two front rooms on the ground floor feature sets of three, full length, timber framed sash windows. These sets of windows are repeated on the first floor, giving the impression of symmetry of the front façade. The first floor windows feature decorative sandstone quoining at its corners. The main front entrance features two tall, narrow, ‘sidelight ‘style windows and a timber framed top light window above the timber panelled double doors.</i></p> <p><i>The addition undertaken in the 1970’s is located on what was previously a lawned area near to the rear wing of the original building and adjacent to the front façade. It comprises two floors and a basement level. This extension covers the entire length of the original rear wing and extends to the outer edge of the front veranda. The west elevation of this addition includes numerous fixed aluminium framed windows running along both the ground and first floor. In an attempt to continue the original veranda, the ground floor has been recessed; however the first floor is located above, sheltering the walkway.</i></p> <p><i>The south elevation remains mainly original, featuring a double storey projecting bay containing several full length, timber framed sash windows on each face. The veranda extends around the full length of this façade. Two larger sash windows are situated in the main wall of this façade at ground level and they are repeated at first floor level, however, one such window has been removed in order to provide a steel framed fire escape stair to the first level. While this escape stair is highly intrusive to the southern façade, damage to the actual stonework appears to have been kept to a minimum and new work appears to be largely reversible.</i></p> <p><i>Extensive additions have been completed to the western and northern façades of the original subject building. The original west façade is obscured by the construction of a covered walkway along the ground floor. This covered walkway is constructed with face brick and timber framed three paned sliding and casement</i></p>	 <p data-bbox="1408 762 1890 788">The eastern façade and entrance portico</p>  <p data-bbox="1408 1337 1767 1362">Rear northern façade (c.1976)</p>

Building Name and No #	Description	Image/s
	<p>windows. On both the ground and first floor, the façade and a number of windows and doorways have been modified.</p> <p><i>The northern façade building comprises entirely of modifications. These previous modifications to the north façade during the 1940's and 1970's are clearly defined within the façade, through rendered brickwork that has been treated to appear as mock sandstone. Several other areas of the façade, where alterations have taken place, have been treated in this manner also. The façade is constructed entirely in brick, rendered and treated to give the appearance of mock sandstone. The façade contains openings on all three levels, including the basement, due to the gradient of the site. The opening contains fixed, aluminium framed windows. Two steel fire escapes have been constructed beside the façade, serving the ground and first floor respectively. The basement wall contains a pair of louvred double doors.</i></p> <p>The interior layout is largely intact, with some alterations from the 1930s hospital conversion and some more recent refurbishments. Original features retained include the timber staircase, marble fireplaces, ceilings and cornices, and extensive timber joinery including fireplaces, windows and doors and associated architraves and reveals.</p>	 <p>Rear western façade and covered walkway addition</p>
11) Cleaners Store	<p>The cleaners store building is a simple brick utility building constructed between 1971 and 1984. The building is a facebrick construction with a hipped and tiled roof. The northern façade features high level horizontally proportioned windows with garage door openings to the southern façade.</p>	 <p>Northern façade</p>

Building Name and No #	Description	Image/s
		 <p data-bbox="1406 699 1608 730">Southern façade</p>
12) Kitchen	<p data-bbox="383 756 1391 1169">Building 12 is presently used as the kitchen but originally housed the kitchen, laundry and boiler room (1933) and was part of the original hospital; development, designed by architect Owen Weston, and then refined by the Government Architect, Edwin Evan Smith. The southern extent is more intact, although with some reconstruction and interventions and a number of intrusive services. The former laundry and kitchen roof lanterns appear intact although have been sheeted over. A 1950s addition was added to the kitchen on the northern side, there are some early weatherboard additions to the former laundry and the there is also a 1980s clad extension to the rear. The original eastern extent is less legible due to successive extensions to the former wards and former operating rooms. The overall character is utilitarian and variously modified.</p>	 <p data-bbox="1406 1233 1608 1265">Southern façade</p>

Building Name and No #	Description	Image/s
		 <p data-bbox="1406 667 2056 774">Western façade of the former laundry/ boiler room showing the original roof lantern. The 1980s addition is just visible at left.</p>  <p data-bbox="1406 1204 2072 1311">The roof of building 12 (as viewed from Denistone House) showing the 1950s and 1980s extensions (right) and the original kitchen and laundry (left) lanterns</p>

Building Name and No #	Description	Image/s
13) Wards	<p>Building 13 retains part of the original northern ward building with more contemporary additions to the south. The former northern façade verandah has been infilled and the northern façade obscured by a new covered walkway linking building 5 and Denistone House. The hipped roof and decorative vents remain intact, although the roof has been re-finished in corrugated iron.</p>	 <p>Building 13 (right) with infilled verandah and later walkway in front of the former ward building</p>  <p>Contemporary southern additions.</p>

Building Name and No #	Description	Image/s
14) Chapel	<p>Building 14 retains part of the original southern ward building (1934) however has been extended to the south and south east for a new chapel, circa 1970s. This included extending the main hipped roof form. The former eastern verandah has been infilled. The southern addition is two storey, accommodating the sloping topography and comprises a large projecting eastern bay.</p> <p>The building is of redbrick construction with a hipped and tiled roof with decorative roof vents.</p>	 <p>Original ward building with infilled verandah</p>  <p>1970s/ 1980s extension to the former ward building</p>

Building Name and No #	Description	Image/s
15) Mortuary	<p>The mortuary was constructed in the 1960s and is a simple facebrick single storey utility building with a hipped and tiled roof. The roof extends over the northern façade at the entry. The northern façade also features pairs of double hung timber windows.</p>	
16) Engineering workshop	<p>The engineering workshop was constructed in the early 1980s.</p> <p>The building is two storey timber construction with sheet metal cladding. There are two large vehicle bay door openings to the northern façade, with corrugated iron awnings. Windows are aluminium sliding windows. the roof is gabled and clad in corrugated iron.</p>	

Building Name and No #	Description	Image/s
17) Aged Care and Rehabilitation	Building 17 is a contemporary construction having been constructed after 2004.	
18) The Chatterly/ Nurses Accommodation	<p>The former nurses home was constructed in 1937 and designed in the Government Architects office by then Government Architect Cobden Parkes. The building has been partially modified with the attached covered area to the north and connection to the adjoining building 17 to the south which necessitated the removal of one of the principal (southern façade) semi-circular façade bays. The western façade bay remains. The building is of face brick construction with a hipped terracotta tiled roof. Windows are timber and double hung. A lawn area to the north provides setting for the building.</p> <p>The building has a moderately intact interior including a central corridor with a series of single cellular bedrooms either side of the corridor and a communal dining /sitting room at the eastern end of the ground floor and a matron's suite at the western end of the ground floor. The bedrooms are simple with no significant or distinctive detailing. The dining room was located at the eastern end of the ground floor where the former circular façade bay has been extended. The sitting room retains some early features including wall panelling and fireplace, although the latter has been enclosed. Joinery that formerly enclosed the dining and sitting rooms from the corridor has been removed. The original terrazzo stair is retained.</p>	 <p data-bbox="1408 1236 1568 1268">North façade</p>

Building Name and No #	Description	Image/s
		 <p data-bbox="1406 756 1859 788">The extended communal dining room.</p>
<p data-bbox="165 826 362 928">19) Camellia Cottage / Family Care</p>	<p data-bbox="394 826 1025 858">Date of Construction: pre-1930/ inter-war likely 1920s</p> <p data-bbox="394 884 1366 1024">Camellia Cottage is an inter-war cottage located along the Ryedale Road frontage. The cottage is a former dwelling and has been incorporated into the hospital site and is presently disused. The cottage enjoys impressive views southwest to the Parramatta River.</p> <p data-bbox="394 1056 1366 1273">The cottage is of facebrick construction with a hipped and tiled roof. The primary façade features a timber window bay with leadlight casement windows. The dwelling is largely intact with minor alterations including infill of the verandah and a modest rear addition. The interior is largely intact and displays features typical of the period and typology including decorative plaster ceilings and timber joinery, including French doors and decorative hallway valance.</p>	

Building Name and No #	Description	Image/s
20) Graythwaite Rehabilitation Centre	Graythwaite is a contemporary construction, built after 2011.	
Sandstone Fence	<p>Date of Construction: mid-1930s</p> <p>The original Denistone House fence was a simple timber post and rail. The stone fence was built for the hospital between 1934 and 1937.</p> <p>The principal Denistone Road frontage is enclosed by a sandstone fence which runs the length of the street (with some modification). The fence is in varied condition with some considerable delamination of the capping stones.</p>	

Building Name and No #	Description	Image/s
<p>Various covered walkways</p>	<p>Original hospital development was connected by a series of covered walkways, typically of timber or brick construction with gabled and tiled roofs.</p> <p>There are some contemporary examples reflecting the progression of development.</p>	 <p>Contemporary overhead connection between Graythwaite and Trigg House</p>  <p>Covered walkway between building 18 and the wards</p>

3. HISTORICAL ANALYSIS

The following historical analysis is largely sourced from the following documents:

- Coupe, Sheena, 1984, *A Healthy Memorial, History of the Ryde Hospital*, The Ryde Hospital and Ryde-Hunters Hill Area Health Service
- Heritage 21, 2016, *Conservation Management Plan, Denistone House 1 Denistone Road, Denistone*.

All text from the CMP is shown italicised.

3.1. EARLY LAND GRANTS

This section is sourced from the 2016 CMP.

The land on which the Hospital now stands was part of a 1795 grant to three soldiers of the NSW Corps, William Ternan (30 acres), Humphrey Evans (45 acres) and John Parnice (46 acres).⁴ They made no use of the land and in the same year it passed into the hands of Reverend Richard Johnson, one of the Chaplains of the First Fleet. Johnson left the colony in 1800 and the property was sold to Michael Connor, who in turn transferred it to Roger Connor in 1816. These men are most likely to have been Catholic Irishmen. At the time the property was known as 'Porteous Mount.' In January 1817 the name of Samuel Terry was first connected with the property (as 'security' according to the title.)

By 1830 it was owned by Dr Thomas Foster, surgeon to the 46th Regiment and son in law of Gregory Blaxland. The Foster's son William was destined to become a leading public figure in colonial life. At various times he served as Premier, Colonial Secretary- Secretary for Lands and Colonial Treasurer of New South Wales. In an advertisement in the Sydney Gazette dated June 6th 1830, Dr. Foster referred to his farm, warning trespassers off the property, as follows;

"The undersigned having taken possession of his farm (now called Deniston) consisting of several small farms in the Field of Mars and Kissing Point warns all persons against carrying off timber, traversing the said lands by unauthorised roads etc."

Foster owned the property for some 26 years and built an eight roomed house which he called Deniston in memory of his English birthplace. His wife accompanied him when he left the colony with his regiment. Ten years later he resigned from the army and returned in 1829 to settle in the district with his wife and family. He acquired the nearby 'Brush Farm' in 1831, and appears to have lived there for the rest of his life.

During the 1840s Denistone House and 100 acres of the property were leased to Major Edward Darvall for approximately £400 per annum for a period of twelve years. Darvall Park and Darvall Road were later to be named after Major Darvall, who became a noted local identity. The property was described as bounded on the west by William Bennett's land.

In August 1841 Darvall was visited by the Reverend W.B. Clarke, who wrote that the house contained eight rooms and that the lessee paid £200 rent per annum. The property was again advertised to let in the Sydney Morning Herald on March 8th 1849 and it was subsequently occupied by D. Mackellar and his family. The advertisement read;

"To let, from the 1st of April, the House and Lands of Deniston, within six miles of Parramatta and one and a half of Ryde or Kissing Point, where the steamer calls on her way to Sydney. The House is roomy, with all suitable offices. One hundred acres of good grounds, an abundant supply of water, together with a good garden."

Thomas Foster died at Brush Farm on February 6th, 1856. Denistone appears to have been then acquired by the Hon. John Blaxland M.L.A., his wife's brother, who was most probably acting as executor of the estate. The original house was destroyed by bush fires in approximately 1855, while a Mr. McCulloch was in residence. An article covering the fire, published in the Sydney Morning Herald, reads as follows;

"Attention was attracted by the awful conflagration which was going on at the estate of Dennison, the property of Mr. Blaxland and residence of Mr. McCulloch, solicitor; here the destruction of property was considerable, and in a word, with the exception of a few articles of furniture which were saved, the bare walls of that once fine house are all that is to be seen. The mansion and valuable buildings of Mr. Foster were barely saved from destruction; the orchards and vineyard were greatly injured; several head of cattle too weak to run, were consumed in the conflagrations; a stack of hay belonging to Mr. Tool was burnt. We make no hesitation in stating that to the unparalleled exertion at the risk of their lives, of Mr. Develin

and Mr. Drinkwater, the dwelling house and other valuable property of Mr. Blaxland was saved.

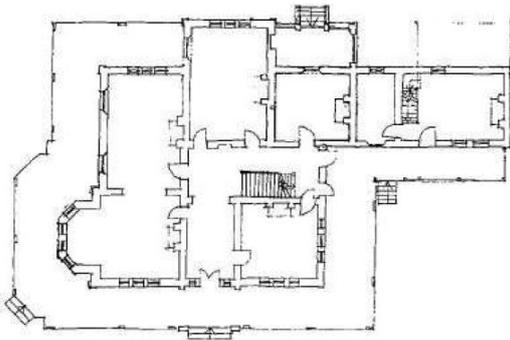
3.2. DENISTONE HOUSE

This section is sourced from the 2016 CMP and supplemented by additional images.

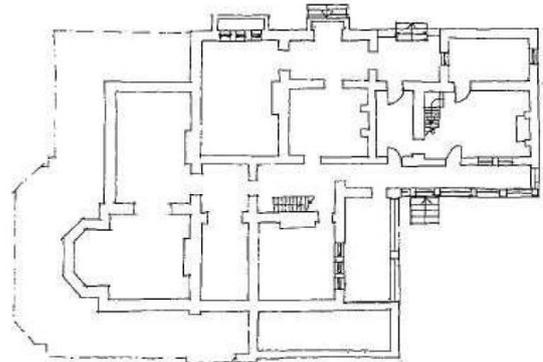
In December 1872 the property, which then comprised approximately 120 acres and enjoyed fine views over the Parramatta River and west to the Blue Mountains, was purchased by Richard Rouse Terry, grandson of Samuel Terry, the former convict who prospered in the early Colony. He paid £6,000. Terry built a new Deniston House in 1874 and lived there until his death in 1898. It was an impressive two storey stone residence, with a two storey rear wing. The property included a fine stone stables block, set to the north of the main house. The stone from the first house was used in the foundations of the new residence. Eastwood and Denistone came to be regarded as 'Terry Territory'. A historical account of the Municipality of Ryde, written by Phillip Geeves mentions the Terrys;

Besides being confirmed sportsmen, the Terrys had a welcome store of civic pride and lent themselves wholeheartedly to local activities.

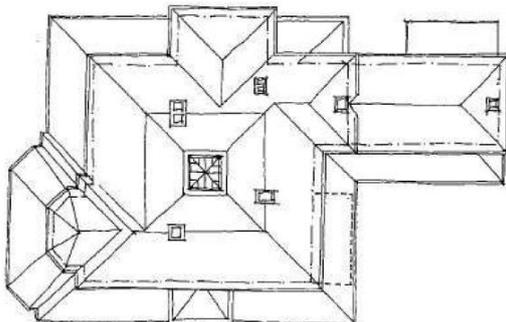
DENISTONE HOUSE RYDE HOSPITAL – 1874 CONJECTURAL PLANS



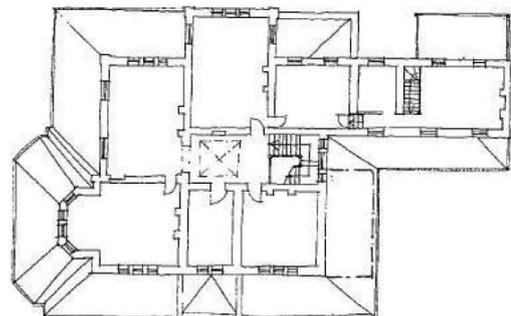
Ground Floor



Basement



Roof



First Floor

Figure 10 Conjectural plans of Denistone House in 1874

Source: [1997 Graham Brooks and Associates, as cited in Heritage 21, 2016 Figure 8]

In August 1875 a correspondent for the Town and Country Journal travelled to Ryde for a day's wallaby hunting at the invitation of Mr. Edward Terry. Despite the hunt being unsuccessful, the reporter was delighted with the beautiful views in the district;

especially the fine land and water scenery taken in from the top of the hill near the fine new house lately built by Mr. Richard Terry.

Nine years later a journalist for the Cumberland Mercury went to have a look at Ryde and called at Denistone House, commenting as follows;

The mansion and surrounding gardens are situated on a plateau with the ground falling away somewhat abruptly in front, leaving to the house a commanding and uninterrupted view of the picturesque country spread map-like at its feet. Immediately in front and beneath you are pretty villas snugly enclosed in their setting of fruit blossoms, whilst here and there, peeping snugly out of the midst of the black and gloomy forest are seen comfortable cottages surrounded by their clearings as though they had been dropped from the clouds, shut off from the outer world by an impenetrable bulwark of silent bush... Turning from the contemplation of the distant landscape and strolling around the tastefully designed and well-kept grounds immediately surrounding the house, evidences are plainly apparent that this is indeed the 'home' of the owner in every sense of the word. The house which is plainly constructed of dressed freestone, is a picture of elegance and comfort of the most unostentatious kind, nothing garish, no effort for striking effect and a total absence of anything approaching the parvenu, very refreshing to behold, beside many of the brick and mortar abominations so frequently seen. In front is a smooth and velvety lawn which was pointed to as the site of the old homestead erected in the early days of the colony, when our progenitors contended hand to hand with the dusky proprietors of the soil for a territory that had been in their undisputed possession from time immemorial. Upon the principle of the survival of the fittest, the old home built and maintained with so much difficulty has, like the untutored savage, yielded to an inexorable fate and given place to a higher order of civilisation. The stables and offices are constructed on the same principles of substantial comfort, and present an appearance quite in keeping with the other portion of the estate... I was forcibly impressed by the sight of a tank about twenty feet long by about twelve inches width and thirty feet deep, and was still more deeply impressed with the philanthropy of the owner upon being informed that during the drought of last summer he placed this magnificent store of water at the unreserved disposal of his neighbours, rich and poor... Dame Fortune was in an unusually discriminating mood when she bestowed her favours so lavishly on the present occupier.

The book Australians at Home: A Documentary History of Australian Domestic Interiors from 1788 to 1914 contains two photographs of the interior of Denistone House in 1892, while Mr. Terry and his family were in residence. One photograph depicts the drawing room and describes it as follows;

"This photograph... shows the impact of late nineteenth century modes of interior decoration on the classic room arrangements of the 1870s. Survivors from the original scheme (the chandeliers, much of the more substantial furniture and many of the objets d'art) tend to be swamped by a plethora of potted palms, odd chairs and attention-seeking ornaments. The informal arrangement of the furniture is crucial to the new look, as is the stylish wall paper with its coordinated floral patterns. The carpet, with its vigorous ferns, palms and flowers, is a typical 1890s rehash of an 1850s design."

The other photograph depicts the dining room and describes it as follows;

Changing fashion had less impact on the dining room of Denistone which, in 1892 could almost have passed for an 1870s interior. The floral arrangements, potted palms and ferns are what give the date away, and the wallpaper must be a fairly recent introduction too. As in the drawing room, a frieze paper has been used as substitute for a dado. The portraits are of Terry and his wife Emma.

The book also mentions the outdoor wc's, installed at Denistone House in 1875;

At Denistone House, Ryde, where external wc's were installed in 1875, the builder was instructed 'to provide and fix in wc's framed seats with hinged flaps with lining round wall. Complete one wc to be of cedar and the linings framed with panels.

The bathroom is also mentioned;

The architect's specifications for the bathroom in Richard Rouse Terry's Denistone House, Ryde, of 1875, indicate the extensive use of lead, the standard material for waterproofing bathroom floors: Line the cistern in roof with 6/bs lead carefully soldered and put 1 1/4" lead pipe and 1 1/4" brass tap to supply the bath below. Line bath with 6/bs lead with circular end and put 2 1/4" brass plug and grating with trap and a 2 1/2" lead waste pipe of length sufficient with an iron waste fixed outside the wall and continued to connect with drain.

After Terry's death in 1898 the Estate was let to a number of tenants and gradually subdivided as the surrounding neighbourhood experienced a property boom associated with development encouraged by the opening of the Northern Railway in 1886 and the arrival of a tramway in 1910. The government took over 17 acres of the property around this time.

Between 1910 and 1913 Henry Hill is listed as living at Denistone. It was at this time that the 'e' appears to have been added to the end of the property name. Various spellings of the name appear, including 'Deniston', 'Denniston' and 'Denistone', however it was not until this century that the present name came into use and was also given to the railway station and suburb.



Figure 11 Denistone House (August 1914). Note the verandah roof and shutter details

Source: [State Library of NSW, Government Printing Office 1 - 32304, Original negative held by State Archives & Records Authority of New South Wales]



Figure 12 Denistone House (August 1914) as shown from the entrance gates (with circular drive)

Source: [City of Ryde, <https://ryde.spydus.com/cgi-bin/spydus.exe/FULL/WPAC/BIBENQ/28349306/12341427,1?FMT=IMG>]



Figure 13 Denistone House and garden, c.1914

Source: [City of Ryde, <https://ryde.spydus.com/cgi-bin/spydus.exe/FULL/WPAC/BIBENQ/28349306/12341427,1?FMT=IMG>]

3.3. CONVALESCENT HOSPITAL FOR MEN

In 1913, 6.8 hectares, including Denistone House, were purchased by the NSW Government for use as a convalescent hospital for men, complementing the Carrara Convalescent Hospital for Women at Vaucluse. Patients began moving into the Hospital in August 1914, although it was not officially opened by the Premier, W.A. Holman, until 25 February 1915.



Figure 14 View of Denistone House with patients (Convalescent Hospital for Men) undated

Source: [State Library of NSW ON 165/673



Figure 15 View of Denistone House with patients (Convalescent Hospital for Men) undated – south façade

Source: [State Library of NSW ON 165/679]



Figure 16 Visitors at the opening of Denistone House as a convalescent hospital for men, 1915

Source: [City of Ryde]



Figure 17 Denistone House, 1915, presentation of the key to Mrs Holman by Mr Flowers

Source: [Heritage 21, 2016, Figure 12]



Figure 18 Convalescent Hospital (Denistone House), south façade, 1914

Source: [State Library of NSW Government Printing Office 1 - 32307, Original negative held by State Archives & Records Authority of New South Wales.]



Figure 19 Convalescent Hospital (Denistone House), east façade, 1914

Source: [State Library of NSW Government Printing Office 1 - 32306, Original negative held by State Archives & Records Authority of New South Wales]



Figure 20 Rear (western) façade of Denistone House c.1917

Source: [City of Ryde, <https://ryde.spydus.com/cgi-bin/spydus.exe/FULL/WPAC/BIBENQ/28349255/12369790,1?FMT=IMG>]



Figure 21 View from the convalescent hospital, 1914

Source: [State Library of NSW Government Printing Office 1 - 32309, Original negative held by State Archives & Records Authority of New South Wales]

In its role as a Convalescent Hospital, Denistone House accommodated up to 27 patients, who were looked after by a matron, one female nurse and four male attendants. The Hospital was practically self-supporting, with its own small dairy herd and large vegetable garden. Mr. Frank Martyn, a former member of the Hospital

Board, who was present at the first meeting held to consider the idea of establishing a hospital, recalled the many trips he made there conveying victims of the pneumonic flu epidemic at the end of WWI.

In 1921 Henry Lawson, the short story writer and balladist is recorded to have spent some time at Denistone House Convalescent Hospital, Eastwood, perhaps before his transfer to Abbotsford where he died the following year.

Despite the success of the property as a convalescent hospital the local community lobbied the Government steadily between 1918 and 1928 to have the buildings and grounds become a Soldiers Memorial Hospital, as a mark of remembrance for those who gave their lives in the Great War. Finally, on 15 March 1928 the Government confirmed that it would be prepared to hand over the full 7.3 hectare property to the Ryde Soldiers' Memorial Hospital Committee. The agreement stipulated that the Committee did not insist on the pound for pound subsidy to which it was entitled for construction costs of new buildings.

3.4. RYDE DISTRICT SOLDIERS' MEMORIAL HOSPITAL

3.4.1. Establishing the Hospital

The choice of the property for a hospital was widely acclaimed, given the hill top, bushland setting. The first ideas for a hospital were for a pavilion style building, incorporating verandahs, with Denistone House to be used as the administration block and offices. These ideas for a 24 bed hospital were discouraged by Mr. Love, Chairman of the Hospitals Commission, who advocated a much larger complex, eventually growing to some 200 beds. Such a project was well beyond the fundraising capabilities of the local community, and funding support was necessary from the Government.

The convalescent patients were not replaced as they progressively moved out. The years between 1928 and 1933 were spent in a series of frustrating exchanges between the hospital committee and the government about the details of the design and funding availability. Eventually the committee's Honorary Architect, Owen Weston, was replaced by the Government Architect, and plans were approved for a building estimated to cost £25,000. Of this cost, the Government provided £20,000. Weston's plans were turned over to the government architect, Edwin Evan Smith, for modification, to bring them into line with government requirements. Following a further dispute with Weston over the plans, and an imminent threat by the Minister for Public Health to allocate funds elsewhere, the problems were resolved by Smith and the building committee.¹

The foundation stone was laid on 8 April 1933 and the completed building opened on 12 May 1934 (then known as the Ryde District Memorial Hospital). It was recorded to have cost £34,000 accommodation for 56 beds were provided. In addition to the new buildings the old Denistone House was converted to a nurses' home for twenty one staff (see plans of the conversion at Figure 27). Denistone House was described as one of the finest nurses' homes in the state, with spacious and lofty rooms, well furnished with walls of deep cream and with cedar joinery. Jacaranda and Magnolia trees were located in the front garden.² The old stone stables were used for domestic staff (see plans and elevations of the conversion at Figure 28). Plans were also drafted for a single storey extension of the Stables building, but a two storey wing was later constructed. The Hospital also had a casualty department, outpatients and an operating theatre as well as public, private and intermediate wards and administrative, kitchen and laundry areas. Plans and elevations are provided at Figure 25 and 26. The grounds featured a vegetable garden and poultry run which provided food for the kitchens and a kiosk, which was provided by the hospital auxiliary and served refreshments at a nominal cost.

The hospital was opened by the Hon E.S. Spooner, MLA, the member for Ryde, and who had campaigned successfully for government funding of the hospital. In its first full year of operation it treated 1229 in-patients and had 5764 out-patient attendance.³

¹ Coupe, 1984,pg. 10.

² Ibid 12

³

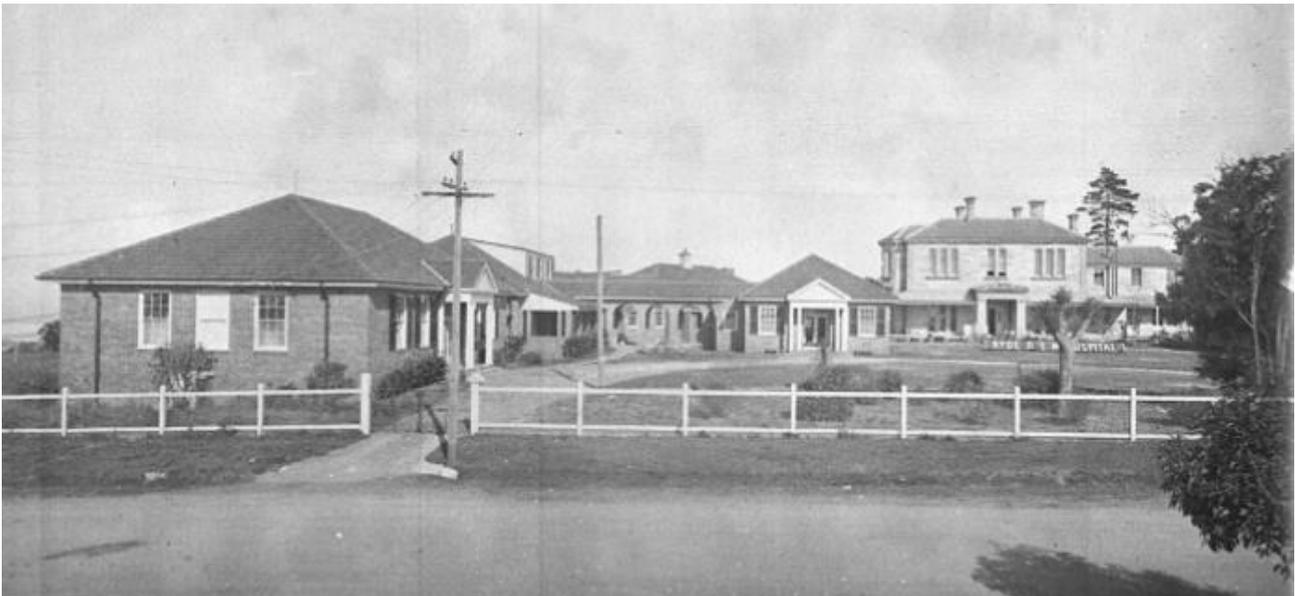


Figure 22 The Hospital as viewed from Denistone Road and showing (from right to left) Denistone House, the administration building and the wards c.1930s. Note the early timber post and rail fence.

Source: [State Library of NSW Home and Away - 7310]



Figure 23 Visitors at the official opening of the Ryde District Soldier's Memorial Hospital, 12 May 1934

Source: [City of Ryde <https://ryde.spydus.com/cgi-bin/spydus.exe/FULL/WPAC/BIBENQ/28349188/12371388,1?FMT=IMG>]



Figure 24 Denistone House (1930s)

Source: [State Library of NSW Home and Away - 3722]

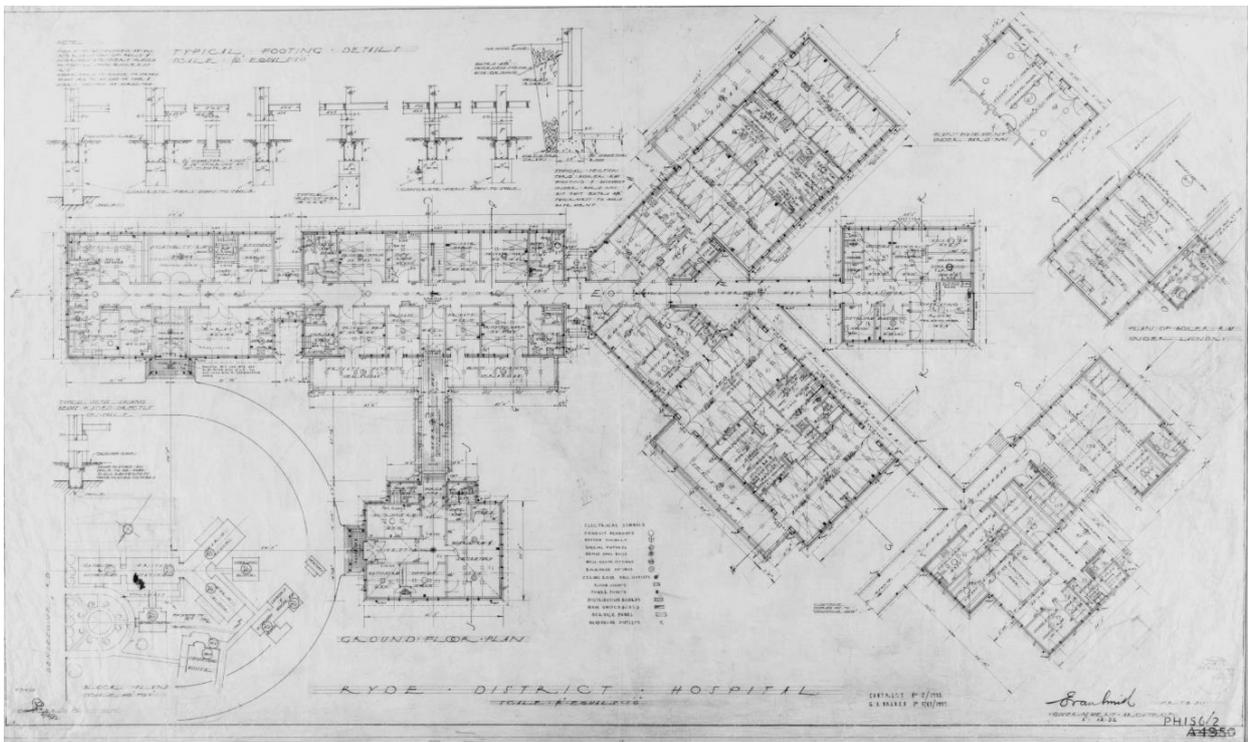


Figure 25 Ground floor plan of the new hospital buildings 1932, showing the casualty, private and general wards and administration area, as well as the operating rooms.

Source: [State Records Authority NRS-21554-12-7-PH156-2]

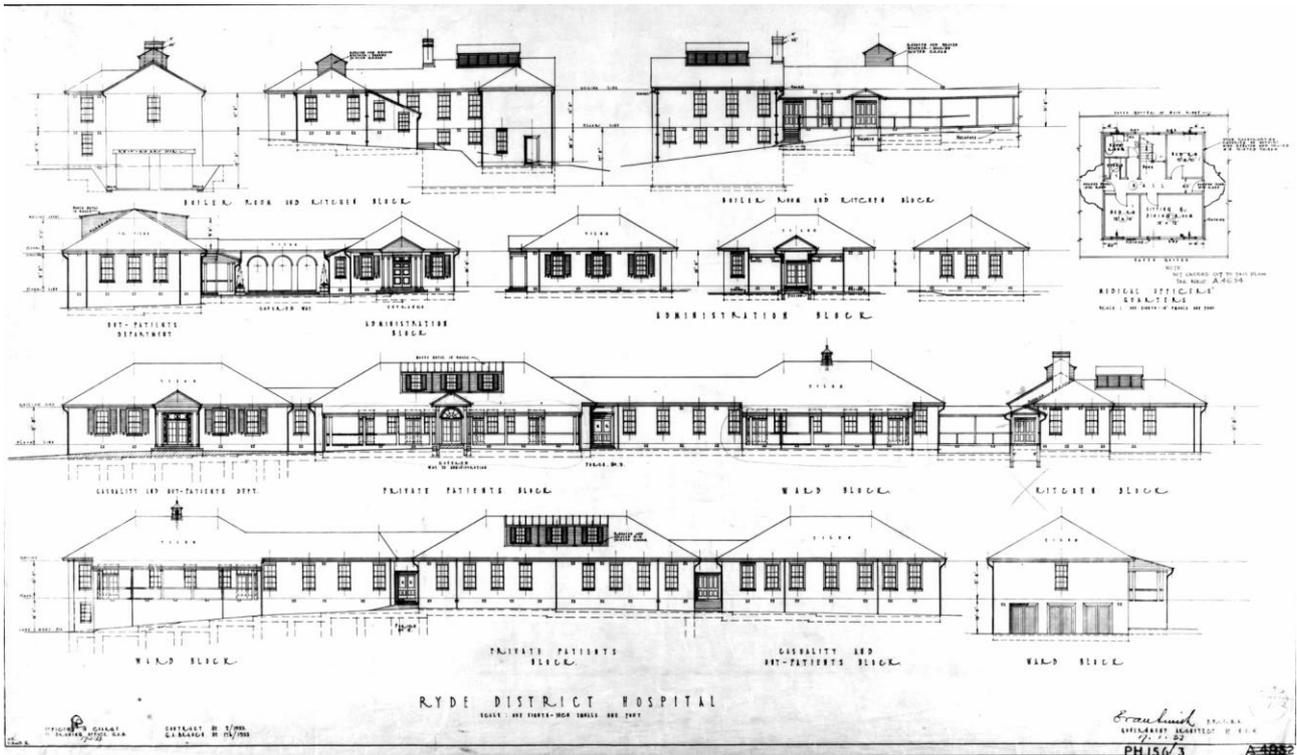


Figure 26 Elevations of the original hospital buildings, showing from left to right top to bottom: boiler room and kitchen block, plan of the medical officers quarters, the outpatients department, covered way and administration block, administration block, casualty and outpatients department, private patients block, ward block and kitchen, the rear elevation of the ward block, private patients block and casualty, and ward block.

Source: [State Records Authority NRS-21554-12-7-PH156-3]

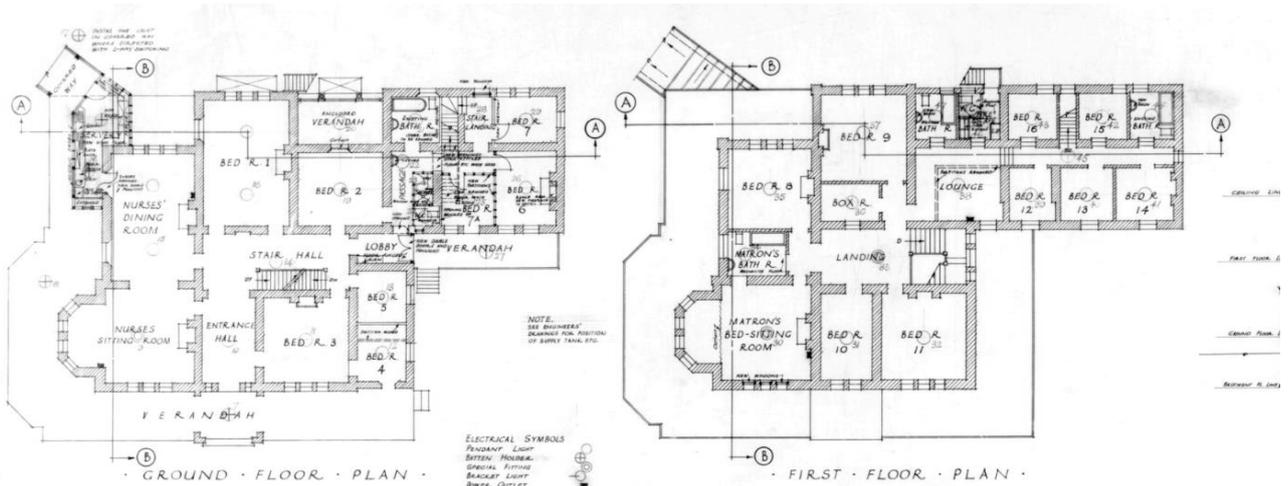


Figure 27 Ground and first floor plans showing the conversion of Denistone House to nurses quarters
 Source: [State Records Authority NRS-21554-12-7-PH156-11]

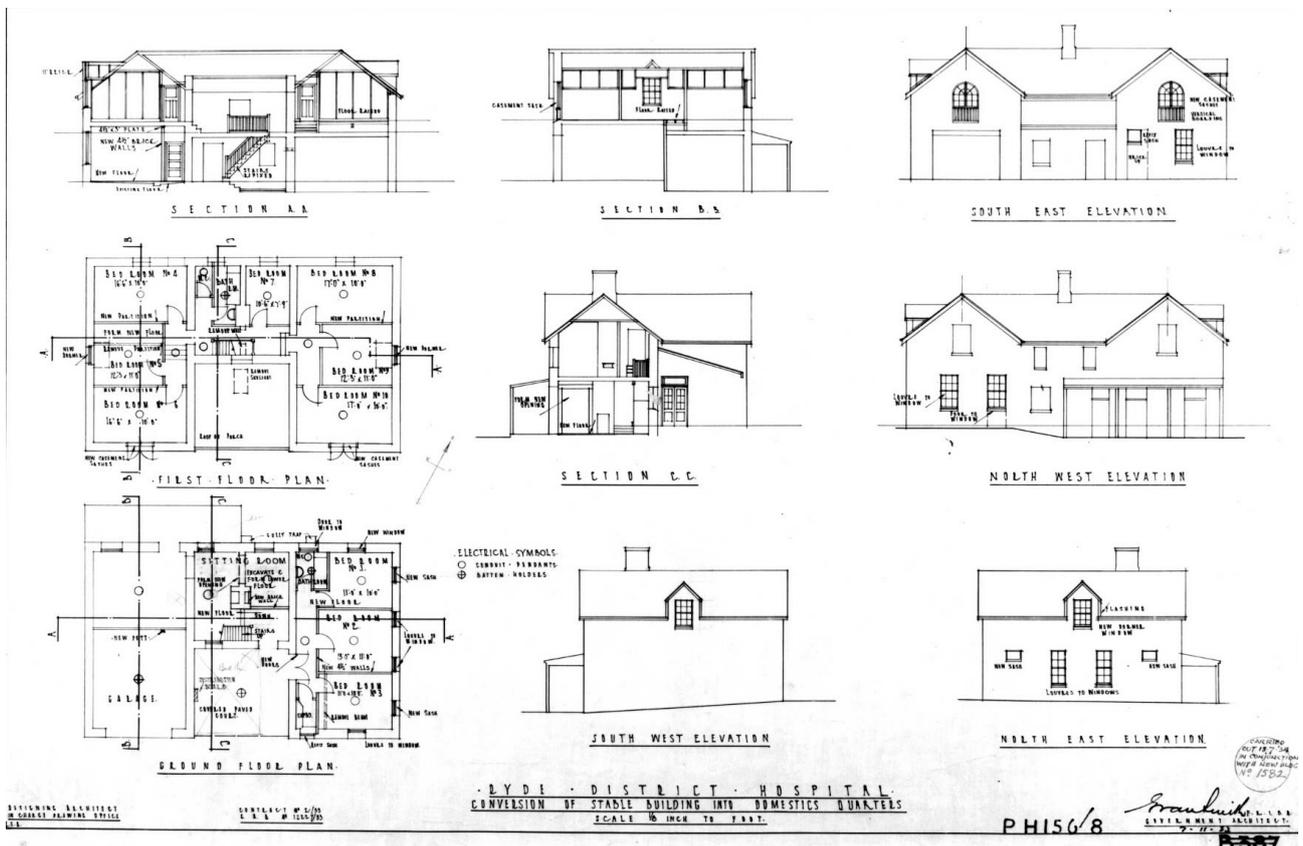


Figure 28 Plans and elevations showing the conversion of the Stables for accommodation for domestic staff
 Source: [State Records Authority NRS-21554-12-7-PH156-8]

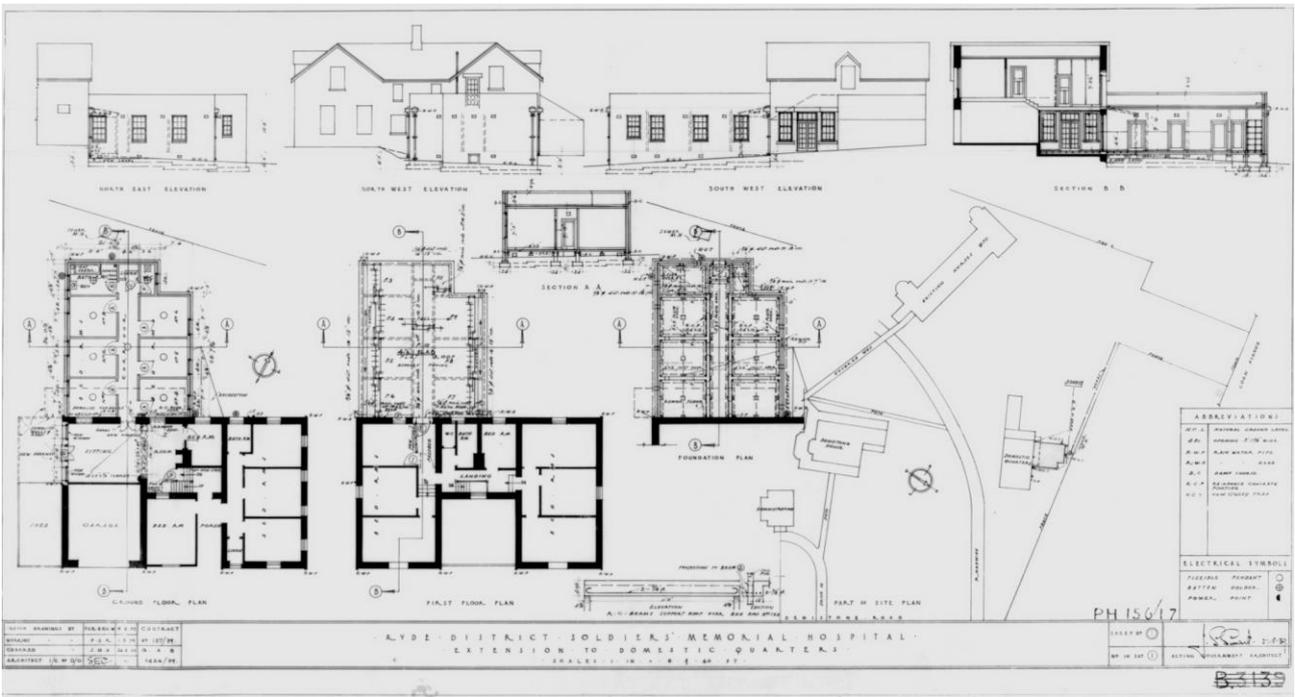


Figure 29 Plans and elevations showing the extension of the Stables for accommodation for domestic staff. A two storey wing was constructed in the 1930s.

Source: [State Records Authority NRS-21554-12-7-PH156-17]



Figure 30 1930s view of the interior of the Hospital – view towards the rear of the admin building and private patients block (buildings 5, 6 and 13) with Denistone House verandah at left.

Source: [State Library of NSW Home and Away - 7312]



Figure 31 Ryde Hospital interior view c.1930s with private ward block verandah at left, one of the general wards (Building 13) and part view of Denistone House at right.

Source: [State Library of NSW Home and Away 7313]



Figure 32 Administration Building and private ward block (c.1930s).

Source: [State Library of NSW Home and Away - 3725]



Figure 33 Ryde Hospital interior view c.1930s showing the kitchen and laundry block/ boiler room and service verandah which connected to Denistone House.

Source: [State Library of NSW Home and Away 3720]



Figure 34 Early hospital building (now demolished) (c.1930s)

Source: [State Library of NSW Home and Away - 3726]

3.4.2. Early Expansion

Within only a short time there were accommodation pressures at the Hospital. By mid-1936 it had been decided that the best way to increase accommodation was to build a new nurses' home and convert Denistone House, the existing nurses' home into a private and intermediate block. While support for this direction was received from the Hospital's Commission, the plan did not eventuate.



Figure 35 The Hospital as viewed from Denistone Road and showing (from right to left) Denistone House, the administration building and the wards (October 1937). Note the new sandstone fence.

Source: [State Library of NSW Home and Away - 8650]



Figure 36 Denistone House (October 1937)

Source: [State Library of NSW Home and Away - 8649]

In 1937 a new proposal was drawn up for Denistone House to be converted into a maternity block. The Hospital was still to receive a nurses' home and a new private and intermediate block. The new nurses' home (Building 18) was opened on 11 December 1937 and Spooner House, the intermediate and private block, on 25 July 1938. Plans and elevations of the new nurses' home are provided below. The nurse's home was designed by Government Architect Cobden Parkes, who had succeeded Edwin Evan Smith in 1935.

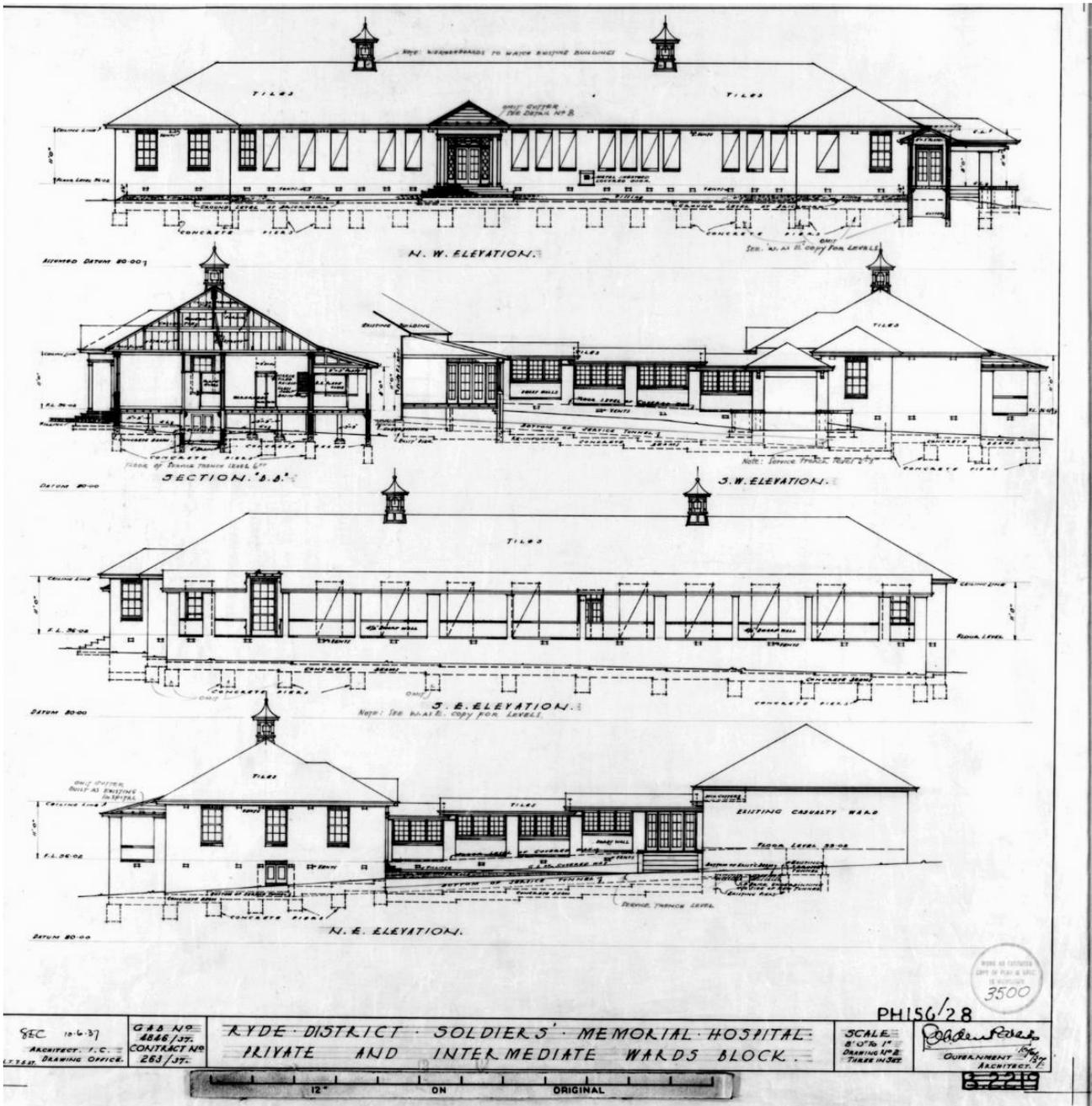


Figure 37 The new private and intermediate wards block (1937)

Source: [State Records Authority NRS-21554-12-7-PH156-28]

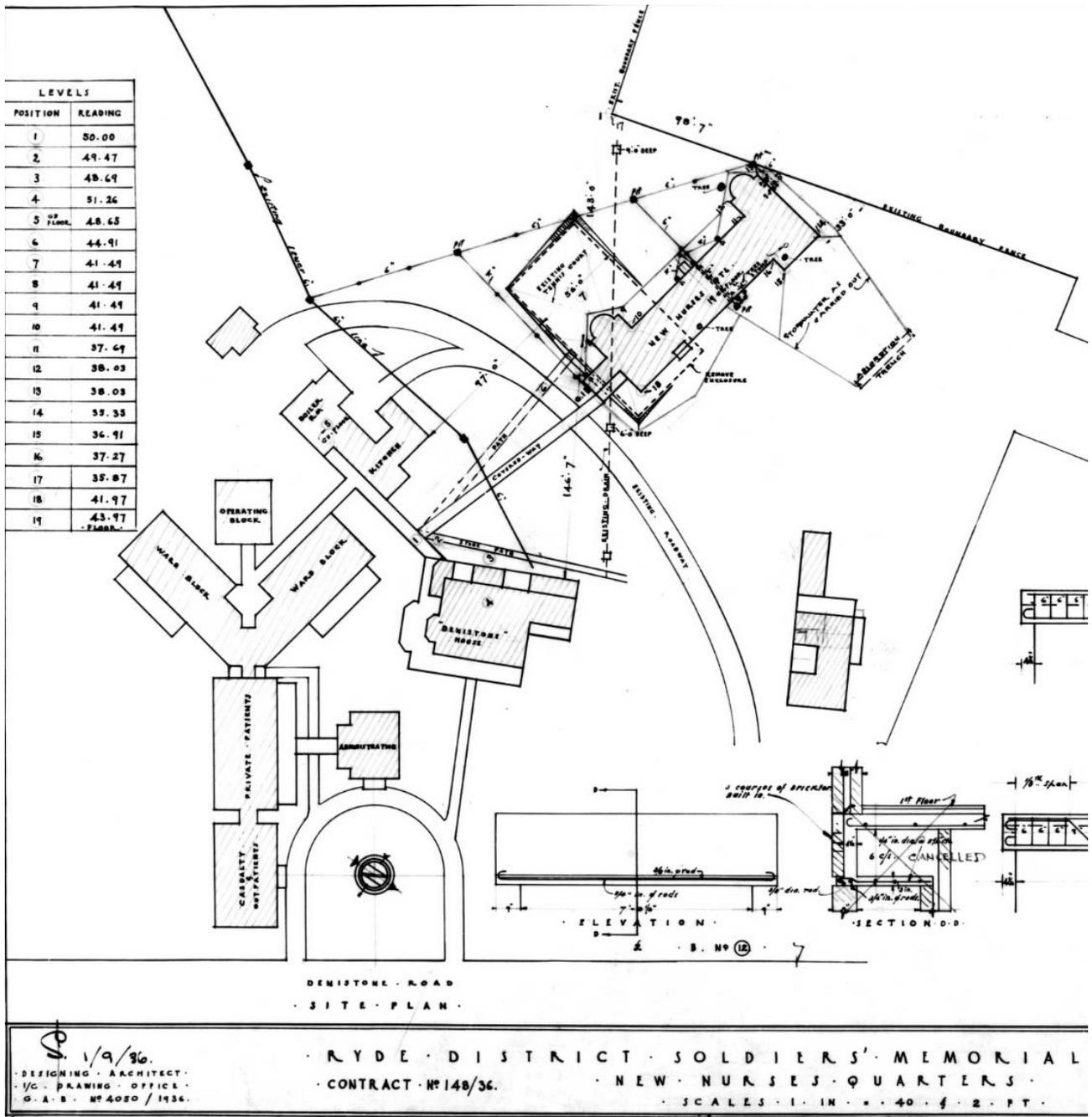


Figure 38 The new nurses block and general hospital layout plan showing the wards, administration building, Denistone House and kitchen block. The new nurses block is noted as being built in the location of the former tennis court (1936).

Source: [State Records Authority NRS-21554-12-7-PH156-20]



Figure 39 The Nurses Quarters (now Building 18) October 1937 shortly before opening in December.

Source: [State Library of NSW Home and Away - 8651]

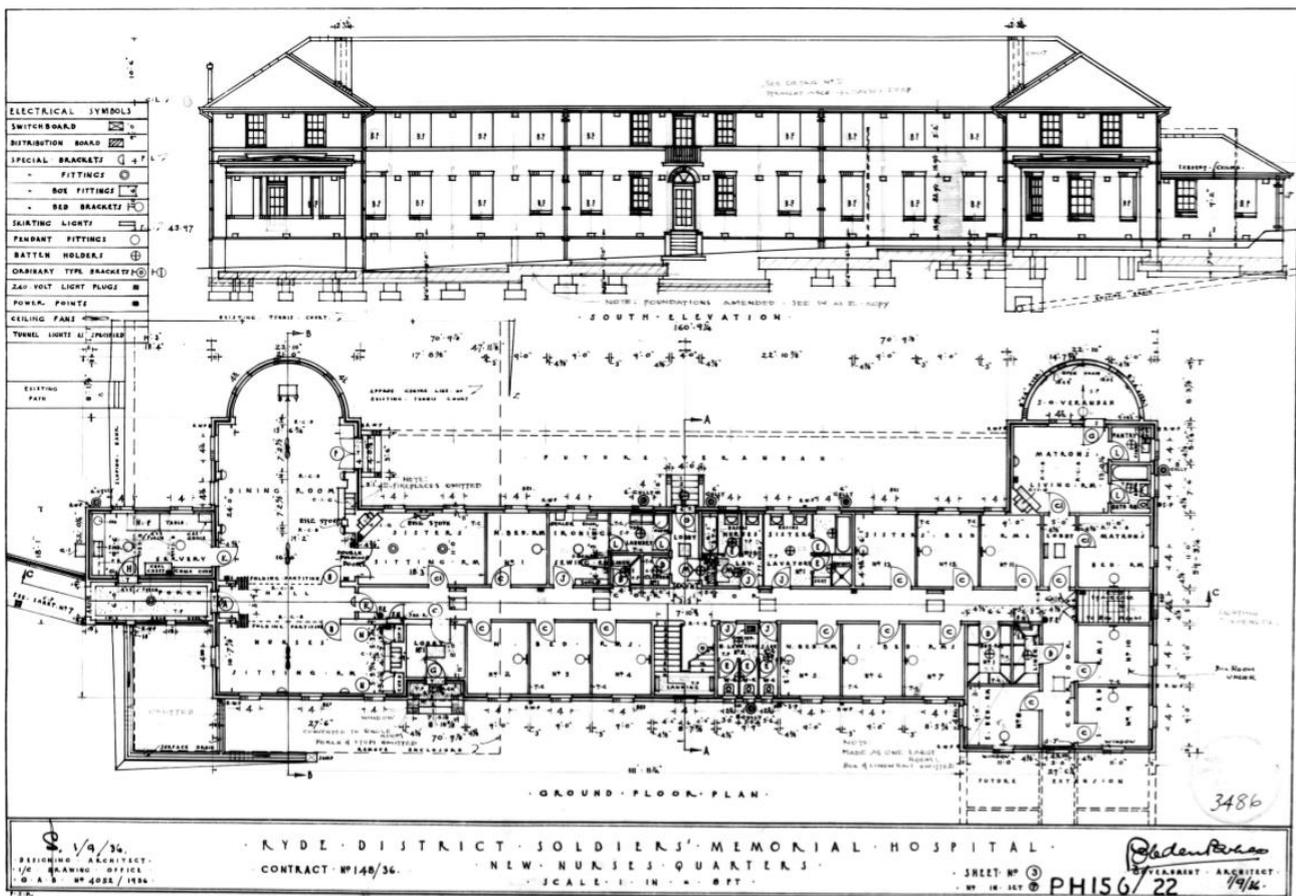


Figure 40 Ground floor plan and principal southern façade of the nurse's home.

Source: [State Records Authority NRS-21554-12-7-PH156-22]

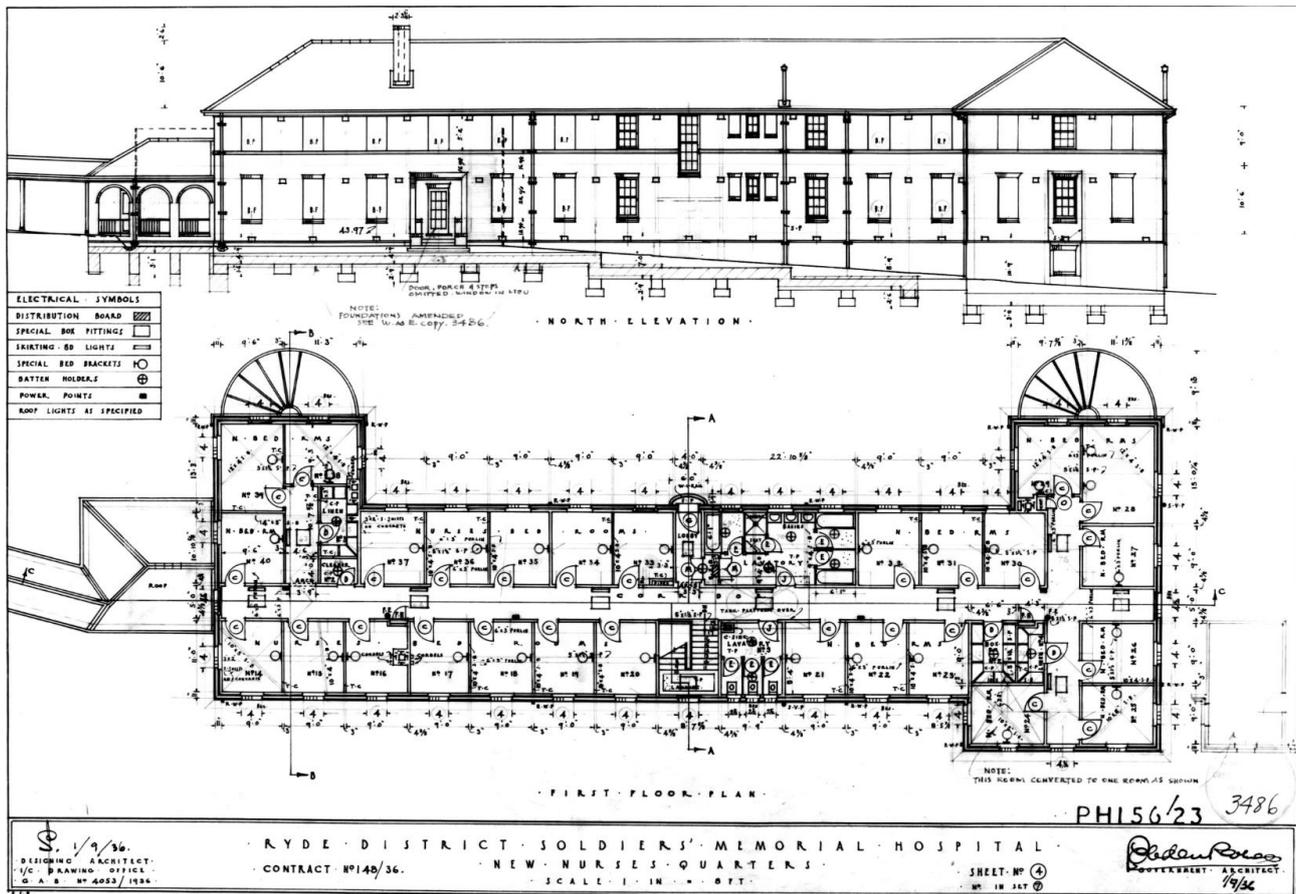


Figure 41 First floor plan and façade of the nurse's home.

Source: [State Records Authority NRS-21554-12-7-PH156-23]

A separate auxiliary was formed to raise funds for the provision of amenities in the new Denistone House maternity unit. The ward was opened on 5 October 1938, with the local press praising the level of equipment provided. Conversion of Denistone House to a maternity block had cost £10,000 and the new facility provided 28 beds. At the time of its opening it was held as a model of the latest equipment and, unlike many other maternity units, one that could be used by any doctor. Denistone House maternity unit was, indeed, unique in that - while standing within the grounds of a general public hospital, it operated as a separate unit, with its own Matron and staff.

As part of the conversion of the old building to a maternity unit considerable changes were made to the rear wing, including changing the first floor level, removing most of the internal walls to install new facilities and modifying the roof form. A new elevation was installed adjacent to the main vestibule and the roof lantern to the vestibule covered over and an elevator was also installed. Sometime between 1937 and 1945 the single storey, timber framed nursery was constructed, extending out from the rear wing towards Denistone Street.

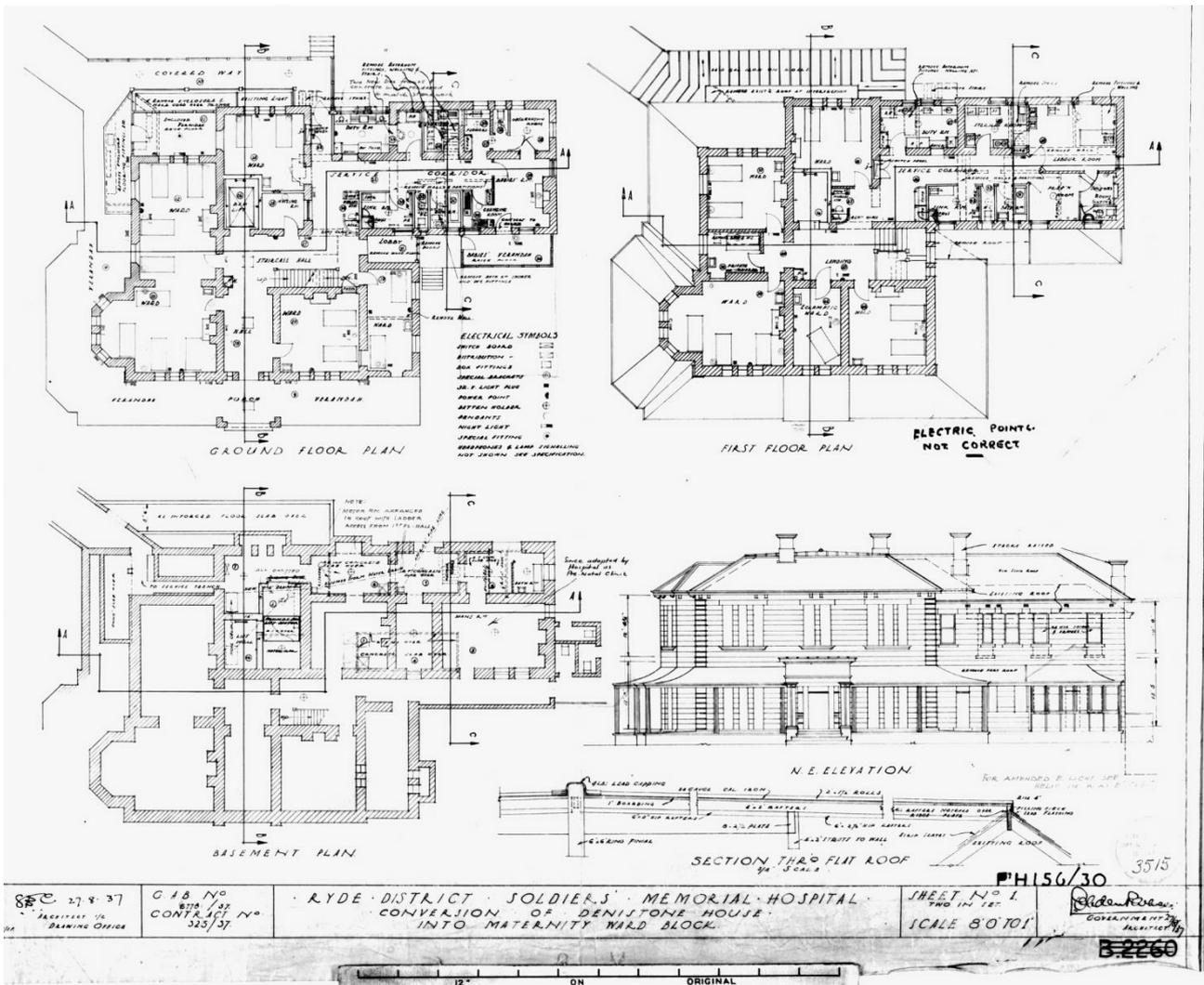
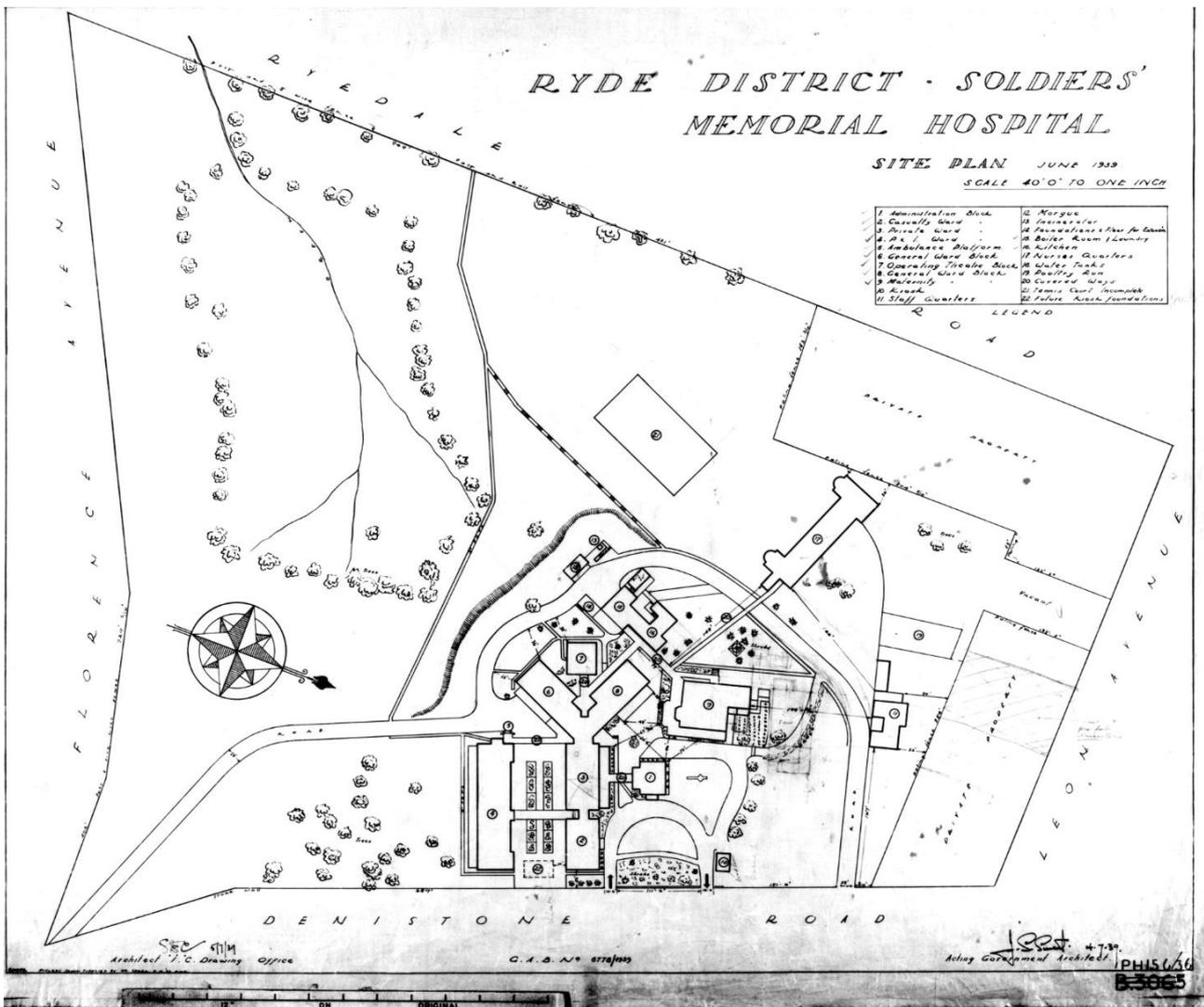


Figure 42 Conversion of Denistone House for the maternity ward

Source: [State Records Authority NRS-21554-12-7-PH156-30]



1. Administration Block	12. Morgue
2. Casualty Ward	13. Incinerator
3. Private Ward	14. Foundations & Floor for Extension
4. P. & I. Ward	15. Boiler Room & Laundry
5. Ambulance Platform	16. Kitchen
6. General Ward Block	17. Nurses Quarters
7. Operating Theatre Block	18. Water Tanks
8. General Ward Block	19. Poultry Run
9. Maternity	20. Covered Ways
10. Kiosk	21. Tennis Court Incomplete
11. Staff Quarters	22. Future Kiosk foundations

Figure 43 1939 plan of the hospital

Source: [State Records Authority NRS-21554-12-7-PH156-36]

The outbreak of the Second World War brought shortages of manpower and supplies to the hospital. The Hospitals Commission issued various notices about the economies that should be made to conserve resources and staff resigned as they were called up for military service. The Public Works Department prepared the hospital so that it could be blacked out and preparations were made for air attacks. Public demands for accommodation increased owing to wartime conditions, for instance, convalescent hospitals which were normally available to transfer patients to, had been taken over by military authorities.⁴ Trigg House was constructed as a result of this desperate accommodation shortage.

The war effort also caused a drain on public funds and the hospital's volunteer fundraisers worked with increased fervour to compensate for the government cutbacks. A particular fundraising effort was announced

⁴ Coupe. Op.cit 13.

in March 1940 for a new children's ward. A few months later the board announced a donation of £4,000, representing half of the anticipated costs, donated by Mr Ernest Trigg, a former proprietor of the Meadowbank Manufacturing Company.⁵ The Board then approached the Government Architect Cobden Parkes with a request for sketch plans of a single storey ward building.

Despite wartime restrictions, the specifications for this building grew during its construction, from the originally planned single storey building, to the present three storey ward building. The hospital board agreed to furnish the bottom floor as the children's ward, with the Hospital's Commission were charged with equipping the two upper floors. Construction began in 1942 and Trigg made two further donations which enabled the extension of the building. In acknowledgement of the substantial and generous donations of Mr and Mrs E.S Trigg, the building was named Trigg House. The pair opened the building along with the then Minister for Health on September 11, 1943. Although officially open, the building was not completed at that time, Trigg House was designed to accommodate a children's ward on the ground floor of about 30 beds, and an additional 40 general beds on the first and second floor.

The artist Pixie O'Harris was engaged for 6 days in June 1943 to decorate the walls in the children's ward with murals. Pixie O'Harris (1903-1991), was a children's book author, illustrator, and largely self-taught artist, known for her murals which she undertook at various children's hospitals around NSW.

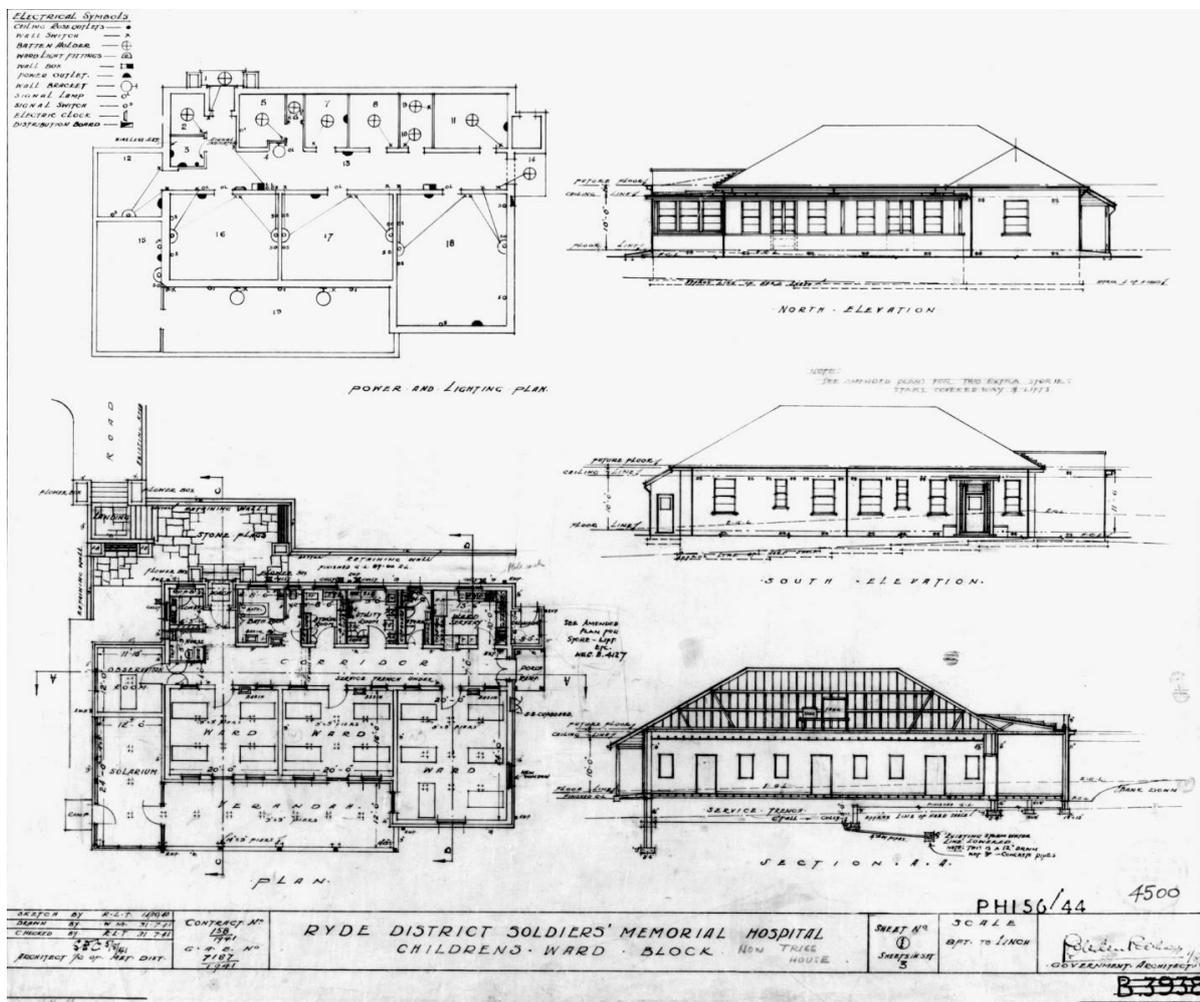


Figure 44 Plan, section and elevations of Trigg House (single storey plan) (1941).

Source: [State Records Authority NRS-21554-12-7-PH156-44]

⁵ Ibid 17

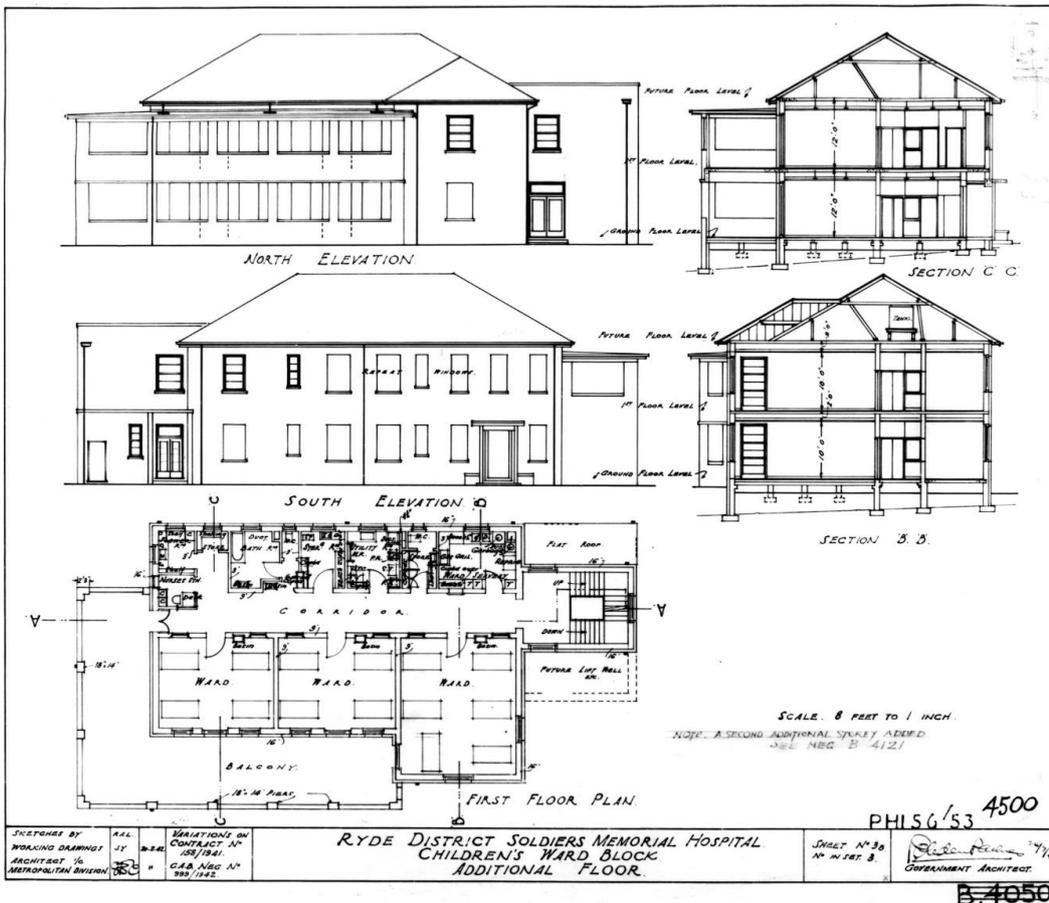


Figure 45 Sections, plan and elevations of Trigg House (two storeys) (1942)

Source: [State Records Authority NRS-21554-12-7-PH156-53]

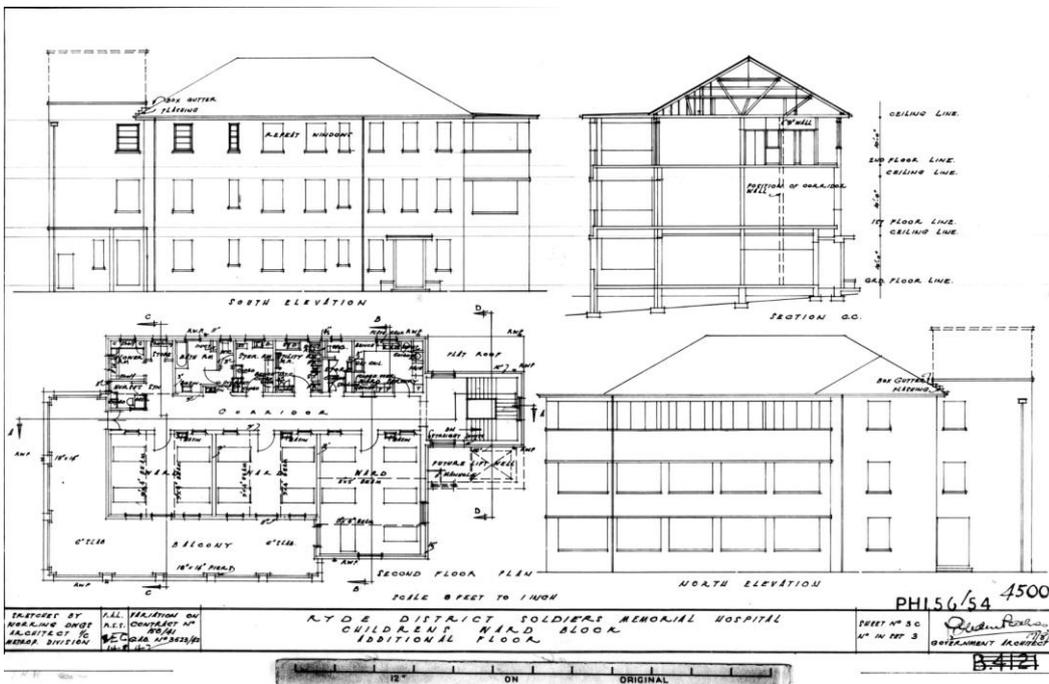


Figure 46 Sections, plan and elevations of the three storey Trigg House (1942)

Source: [State Records Authority NRS-21554-12-7-PH156-54]



Figure 47 Trigg House with the former Nurses Quarters at right and rear of Denistone House at left (September 1943)

Source: [National Library of Australia PIC Online access #PIC/20234/9/47]



Figure 48 Trigg House (September 1943)

Source: [National Library of Australia PIC Online access #PIC/20234/9/49]



Figure 49 Interior of Trigg House and showing example of Pixie O'Harris murals (September 1943)

Source: [National Library of Australia PIC Online access #PIC/20234/9/43]



Figure 50 Sunroom at Ryde Hospital (potential Trigg House) (September 1943)

Source: [National Library of Australia PIC Online access #PIC/20234/9/45]



Figure 51 Trigg House with verandahs infilled (soon after opening in 1943)

Source: [Coupe 1984, page 18]



Figure 52 Detail of one of the O'Harris murals in the children's ward at Trigg House

Source: [National Library of Australia PIC Online access #PIC/20234/9/43]



Figure 53 Detail of one of the O'Harris murals in the children's ward at Trigg House

Source: [National Library of Australia PIC Online access #PIC/20234/9/41]



Figure 54 Detail of one of the O'Harris murals in the children's ward at Trigg House "Miss Winsome Wood Nymph Lives Here"

Source: [National Library of Australia PIC Online access #PIC/20234/9/40]



Figure 55 Detail of one of the O'Harris murals in the children's ward at Trigg House

Source: [National Library of Australia PIC Online access #PIC/20234/9/42]

By 1943, when the three storey Trigg House was opened, the hospital had a potential 227 beds and basinetts. However constant growth pressure led the committee to consider a long term plan for some 650 beds. Part of this planning included the provision of a brand new maternity block, containing 100 beds initially and building up to 150 beds within five years. When this was completed Denistone House could be converted into a second intermediate and private block, to support Spooner House.

In 1945 the building was extended to include a new nursery area on the ground floor, new labour wards on the first floor and new consulting and examination rooms in the basement. This extension was in brick construction with a rendered external finish giving the appearance of sandstone. The brick framed walkway along the western elevation of the building was installed as part of the 1945 work.

The Hospital's Annual Report for the year 1946 to 1947 read;

The Denistone House alterations - the building of the new nursery, provision of new labour rooms and an anti-natal clinic - are, however, almost completed... The Board of Directors made representations to the Hospitals Commission for the building up of the Hospital as was necessary, some three years ago; the policy adopted providing for the increasing of the Hospital accommodation over the next ten years to a total of 650 beds... The Board had in mind that the new Maternity Unit should be one of one hundred beds capable of extension to 150 beds within five years and that when this new Maternity Unit was established, Denistone House would be converted into a second Private and Intermediate Block.

The Annual Report also contained beddage figures. The Denistone House Maternity Section contained 39 beds and 42 bassinets. An Anti-Natal Clinic was established in the basement of Denistone House in 1947. There were Nursery and Labour Ward additions and a Nurses' Recreation Hall was built, which has since been demolished.



Figure 56 Undated panoramic view showing (from left to right) the wards, administration building, Denistone House and Trigg House (post 1943)

Source: [City of Ryde, <https://ryde.spydus.com/cgi-bin/spydus.exe/FULL/WPAC/BIBENQ/28349515/12305313,15?FMT=IMG>]

In July 1971 the adjusted daily average number of patients treated in the Hospital was 226. The nursing staff establishment was for 72 sisters and 156 nurses, also totalling 226. The Hospital was functioning at this time as a registered school for three courses of nursing instruction.

In 1975 the name of the Hospital was changed from 'The Ryde District Soldiers' Memorial Hospital' to 'The Ryde Hospital.' This change was more than that of a shorter name as it seems that there was some confusion about the right of nine soldiers to treatment at the hospital.

In 2016, Ryde Hospital was part of the Northern Sydney Local Health District and fully associated with Sydney University's Northern Clinical School which was headquartered at the Royal North Shore Hospital. It had a bed capacity of 212.

3.4.4. Major Extensions to Denistone House (1976)

By the early 1970s, the facilities at the Hospital were again regarded as inadequate and a campaign to pressure for more funding began. In 1972 Denistone House accommodated 37 beds, well below the Health Commission's own formula which should have seen at least 61 beds. The situation regarding the lack of additional funds was so bad that the Hospital considered moving some of its facilities to underutilised space at the North Ryde Psychiatric Centre, now the Macquarie Hospital, which could be used as an annex. However, when the suggestion was made to move the maternity unit from Denistone House to Ryde a great deal of public concern was raised. It was felt that there would be a danger in allowing general and maternity cases to mix freely with the psychiatric patients, whose behaviour could sometimes be violent.

The problem of the inadequate facilities of Denistone House seemed to be resolved in April 1976 when a grant of \$300,000 was announced to provide new labour wards and nurseries as well as shower and toilet facilities. In line with current hospital trends, the new facilities would allow for fathers to be present at the birth of their babies.

As work progressed on the Denistone House extensions, there was some criticism in the local press that the maternity section had given birth to an architectural monstrosity. The additions were defended on the grounds of cost, with the Hospital's CEO, Mr Cornwell, claiming that;

the hospital had made every attempt to preserve the historic character of Denistone House (pointing out that) a timber nursery, which had been demolished to make way for the two storey addition, had been a potential fire trap.

It was argued at the time by Mr Cornwell that the Hospital Board;

Is conscious of the historic importance of Denistone House, but by the same token it has to provide improved facilities for its patients.

The extension enabled the hospital to provide new nursery facilities, an upstairs labour ward, fathers' room, and improved bathroom and toilet facilities.

It is relatively clear from an inspection of the building fabric that the work included in the 1976 alterations included:

- *The major two storey wing to the east of the old building and its 1945 extension. This masonry structure is finished externally in cement render, with ashlar coursing to replicate the stonework of the older walls;*
- *Alterations at basement level to support the work above; and*
- *Installation of the steel external fire escape stairs into the front elevation of the main house and the rear of the 1945 extension.*

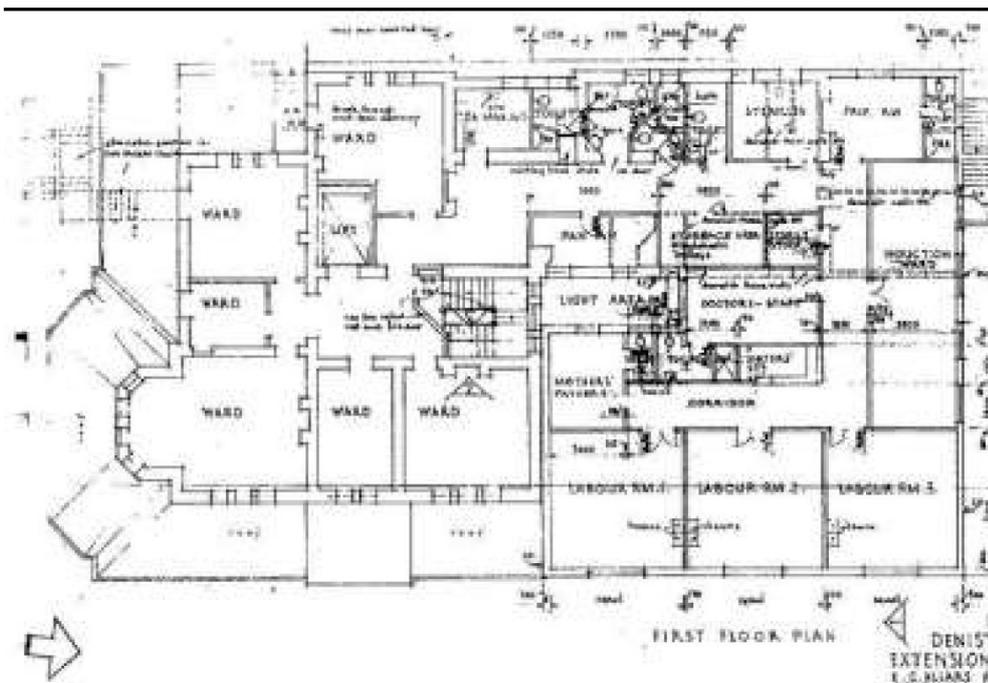


Figure 58 First floor plan showing the extension to Denistone House (1976)

Source: [Heritage 21, 2016, Figure 26)]

3.4.5. Recent History (1977- Present)

In 1983 the 'Ryde Hospital' became the 'Ryde Hospital and Ryde Hunters-Hill Area Health Service' in recognition of its administration of community based services in the district. The Hospital served not only residents of Ryde and Hunters Hill, but also Hornsby, Willoughby, Parramatta and Lane Cove. In November 1983 one of the most significant features of the hospital's growth was the opening of the coronary care – intensive care unit.

The medical centre was also built on the Ryedale Road frontage in 1983 and followed years of contention with the community regarding first the use of residential houses for doctors' surgeries and then the appropriate location for the medical centre. A new maintenance depot was constructed and the old ward 3 was also under reconstruction.



Figure 59 The medical centre on Ryedale Road, opened in June 1983.

Source: [Coupe, 1984, page 43]

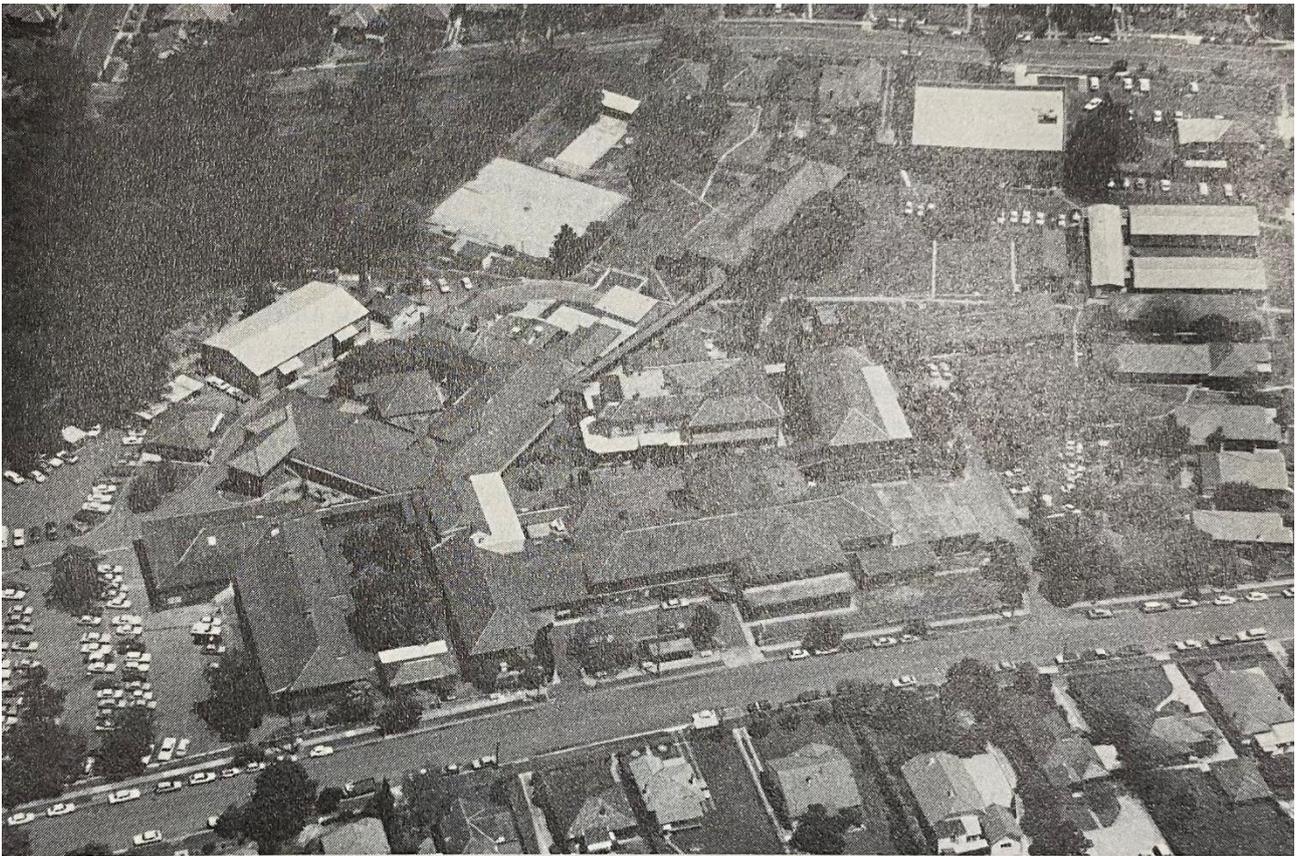


Figure 60 Oblique aerial view, 1984

Source: [Coupe, 1984, page 53]

In June 1985 a series of redevelopments including the upgrading of the accident / emergency department were commenced.

In June 1987 the following new facilities were opened at the Hospital by the NSW Health Minister, Peter Anderson;

- *The Merv and Kate Cutler Geriatric Assessment and Rehabilitation Unit;*
- *The Ward 3 Complex;*
- *The new Pediatric Ward; and*
- *Stage 1 of the redeveloped Accident and Emergency Department.*

These new facilities allowed the Ryde Hospital to become the central unit of the new Macquarie Area Health Service. Part of the funding, comprising \$350,000 was raised by Ryde Hospital from business and professional groups.

In 1996 the Northern Area Health Service considered two options for the redevelopment of Ryde Hospital, after it was asked to reduce its budget by the NSW Government. This met with stiff opposition from local residents and community groups, who feared that their access to acute primary health care would be severely restricted as a result of redevelopment. To date, no further information regarding such a redevelopment has come to light.



Figure 61 The east elevation of the Stables and part view of Trigg House (1992)

Source: [Ryde City Library
<https://trove.nla.gov.au/work/191374814?keyword=ryde%20hospital%20denistone>]



Figure 62 Denistone House, the 1976 addition and adjacent covered area (1995)

Source: [Ryde City Library:
<https://trove.nla.gov.au/work/191374006?keyword=ryde%20hospital%20denistone>]



Figure 63 Spooner House entry (1995)

Source: [Ryde City Library
<https://trove.nla.gov.au/work/191374859?keyword=ryde%20hospital%20denistone&startPos=40>]



Figure 64 The bus stop and entry to emergency (Denistone Road) (1999)

Source: [City of Sydney Archive:
<https://archives.cityofsydney.nsw.gov.au/nodes/view/1862871>]

3.4.6. Aerial views

Following is a series of aerial views dating from 1930 to 2004. The aerial views demonstrate the progressive development and alterations to the hospital site as detailed above.



Figure 65 Aerial view 1930 showing Denistone House and the Stables, grounds and setting including the dwelling known as Camellia Cottage.

Source: [Aerial view (1930)]

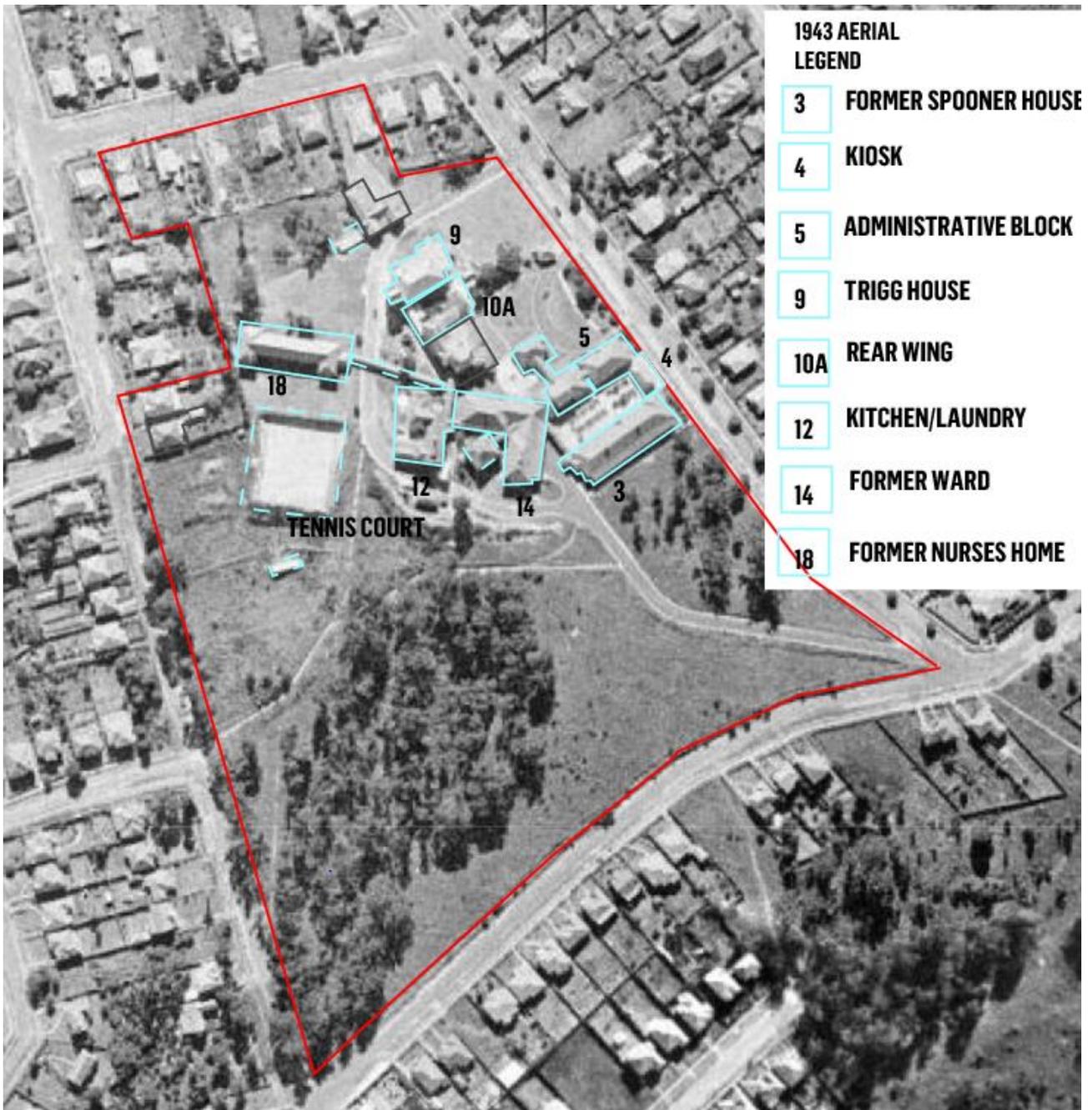


Figure 66 Aerial view 1943 showing Denistone House, the Stables and western wing (now demolished) and new two storey rear wing (1930s), grounds and new hospital development including the administration building, wards, operating ward, kitchen and laundry (all from the initial phase of development) plus the nurses home (1937), Spooner House (1938), Trigg House (1943) and cafeteria (c.1940) and tennis court (late 1930s). Roads are more formalised.

Source: [Aerial view (1943)]



Figure 67 Aerial view 1955

Source: [Aerial view (1955)]



Figure 68 Aerial view 1970, showing the new patients services building (1969) which connected to the former wards building and extensions to the ward buildings, as well as the new mortuary (1960s).

Source: [Aerial view (1970)]



Figure 69 Aerial view 1986, showing the new workshop building, extensions to Spooner House and the former ward buildings, as well as rear additions to Denistone House

Source: [Aerial view (1986)]



Figure 70 Aerial view 1991, showing the extensions to the former ward buildings and the altered roof form and extensions to Trigg House. The new childcare facility is located at the southeastern corner of the site.

Source: [Aerial view (1991)]



Figure 71 Aerial view 2009, showing the extensions to the former ward buildings and the altered roof form and extensions to Trigg House. The new childcare facility is located at the southeastern corner of the site.

Source: [Near Map 2009]



Figure 72 Aerial view 2021, showing overlay of building phases in accordance with aerials above. Building numbers correlate to the table in Section 2.1.

Source: [NearMaps 2021]

4. HERITAGE SIGNIFICANCE

4.1. WHAT IS HERITAGE SIGNIFICANCE?

Before making decisions to change a heritage item, an item within a heritage conservation area, or an item located in proximity to a heritage listed item, it is important to understand its values and the values of its context. This leads to decisions that will retain these values in the future. Statements of heritage significance summarise the heritage values of a place – why it is important and why a statutory listing was made to protect these values.

4.2. STATUTORY LISTINGS

The Ryde Hospital site is locally heritage listed on Schedule 5 of the Ryde Local Environmental Plan (LEP) 2014, being Item No. 47, “Denistone House” and “Trigg House” (Ryde Hospital). The site is also adjacent to Item No. 125, “Open Space, Denistone Park”. The LEP heritage item map is provided below at Figure 73.

Denistone House and the Lodge are also listed on the Department of Health Section 170 Heritage Register.

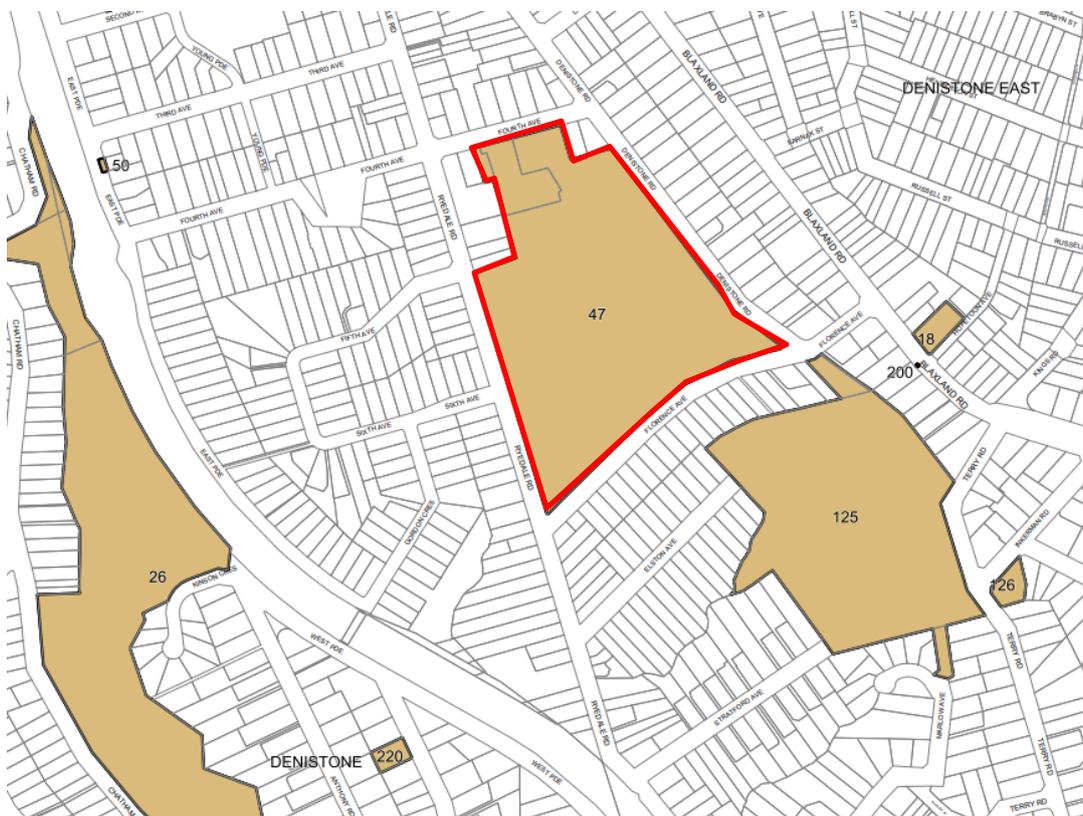


Figure 73 - Extract of heritage map showing subject site outlined in red.

Source: Ryde LEP 2015, Heritage Map HER_002

4.3. ESTABLISHED STATEMENTS OF HERITAGE SIGNIFICANCE

Relevant Statements of Significance are provided below:

4.3.1. Denistone House State Govt Section 170 Register listing

*Of historical significance.*⁶

No statement of significance is provided for the Lodge.

⁶ Heritage NSW State Heritage Inventory listing Item ID 3540681:
<https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=3540681>

4.3.2. Denistone House and Trigg House (Local Govt Listing)

*Significant items on the Ryde Hospital site include (but are not limited to): Denistone House; Trigg House; sandstone fencing along Denistone Road; and the bushland in the south-west corner of the hospital site. Ryde Hospital is of historical significance as a hospital developed on the site from the 1914, incorporating the 1875 Denistone House, originally for use as a convalescent hospital for men, through the 1934 opening of the Ryde District Soldier's Memorial Hospital on the site, through to the modern Ryde Hospital. The site illustrates changes to health care over the 20th century and into the 21st century. The site has historical association with Richard Rouse Terry, who built Denistone House in 1875. Ryde Hospital is of aesthetic significance as a representative district hospital developed from 1914, incorporating the 1875 Denistone House and a significant area of bushland containing a remnant stand of Sydney Blue Gum High Forest vegetation community. The hospital is of social significance to the local community. The hospital has archaeological potential as site of European settlement from 1830.*⁷

4.3.3. Denistone House (Local Govt Listing)

*Denistone House is of historical significance as a place which gave its name to the surrounding suburb, and as a remnant of one of the large colonial estates of the district, though the house itself dates to 1875. Since 1914 the house has been associated with hospital uses. Denistone House, built in 1875 for Richard Rouse Terry, has strong historical association with Richard Rouse Terry, one of the major landholders in the district, and his family. Denistone House is of aesthetic significance as a fine sandstone mansion, on a prominent elevated site, a rare amalgam of a number of different Victorian period architectural styles. Despite later unsympathetic alterations to both the house and its setting, it remains an iconic late Victorian mansion for the Ryde district. The site of Denistone House is considered to have archaeological potential, as the European occupation of the site dates back to 1830. The surrounding buildings and the sandstone cottage located onsite all contain historic significance as part of the origins of the hospital site.*⁸

4.3.4. Denistone House (CMP)

Denistone House is subject to a Conservation Management Plan, prepared by Heritage 21 (August 2016). The following statement of significance has been sourced from the CMP.

Denistone House was constructed by Richard Rouse Terry, grandson of the early nineteenth century convict Samuel Terry who became one of the most successful businessmen in the early Colony. This illustrates that Denistone House displays associational significance at a local level. The house was bought by the NSW Government in 1914 as a convalescent hospital, one of a number of such institutions in the early decades of this century. It remained as such until the 1920s. In 1928 the property was transferred to the Ryde Soldier's Memorial Hospital Committee and became a new District Hospital by 1934, following the construction of new facilities. Denistone House became the original nurses' home followed by a maternity unit in 1938. Presently Denistone House includes office space and medical amenities.

The original aspects of Denistone House demonstrate a fine example of a large stone, two-storey Victorian Georgian, Victorian Regency and Victorian Filigree residence. The residence incorporates a myriad of architectural features which are characteristic of the mentioned styles including the stone entry porch, cast iron column veranda, sandstone quoining, moulding on chimney, panelled doors and finely executed stone work. There is also a considerable degree of internal detailing, joinery and spatial layout remaining. Denistone House retains representative value due to its existing architectural features and floor plan which depict the Victorian mansion style that housed the wealthy in the late nineteenth century.

*The building is considered a rare example at the local level of the Victorian Regency residence adapted and reused as a hospital, this is due to its intact nature. The physical fabric retains the ability to reveal some characteristics of the early planning and layout of the building, which does not appear to remain in the documentary record.*⁹

⁷ Heritage NSW State Heritage Inventory listing Item ID2340008:
<https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=2340008>

⁸ Heritage NSW State Heritage Inventory listing Item ID2340199:
<https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=2340199>

⁹ Heritage 21, 2016, Conservation Management Plan, Denistone House 1 Denistone Road, Denistone, pg 61

4.3.5. Denistone Park

Acquired by Ryde Council in 1938, Denistone Park is of historical significance as evidence of early 20th century expansion of open space by Ryde Council, as it was a planned park, and as part of the 2nd subdivision of the Denistone Estate in 1914. Denistone Park is of aesthetic and research significance as an urban bushland park which contains a spectacular canopy of Blue Gums and many species from the endangered Sydney Turpentine-Ironbark vegetation community (Blue Gum dominant), including rare and threatened species.¹⁰

4.4. URBIS ASSESSMENT OF HERITAGE SIGNIFICANCE

4.4.1. Assessment of Heritage Significance

The Heritage Council of NSW recognises four levels of heritage significance in NSW: Local, State, National and World. The level indicates the context in which a heritage place/item is important (e.g. local heritage means it is important to the local area or region). Heritage places that are rare, exceptional or outstanding beyond the local area or region may be of State significance. The following significance assessment has been undertaken for the Ryde Hospital.

Table 2 – Assessment of heritage significance

Criteria	Significance Assessment
<p>A – Historical Significance <i>An item is important in the course or pattern of the local area's cultural or natural history.</i></p>	<p>Ryde Hospital is of historical significance as a hospital developed on the site from the 1914, incorporating the 1874 Denistone House, originally for use as a convalescent hospital for men, through the 1934 opening of the Ryde District Soldier's Memorial Hospital on the site, through to the modern Ryde Hospital. The site illustrates changes to health care over the 20th century and into the 21st century. Much of the original and early hospital buildings survive, although the majority are heavily modified.</p> <p>The former Denistone House is considered to be one of the oldest estates in the region, dating from the 1830's. The site has historical association with Richard Rouse Terry, who built Denistone House in 1874.</p> <p>Denistone House and the Lodge were incorporated into the Hospital as the original nurses' home and, in 1938, the maternity unit.</p> <p>Ryde Hospital and Denistone House demonstrates associative significance at the local level.</p>
<p><u>Guidelines for Exclusion</u></p> <p>has incidental or unsubstantiated connections with historically important activities or processes <input type="checkbox"/></p> <p>provides evidence of activities or processes that are of dubious historical importance <input type="checkbox"/></p> <p>has been so altered that it can no longer provide evidence of a particular association <input type="checkbox"/></p>	<p><u>Guidelines for Inclusion</u></p> <p>shows evidence of a significant human activity <input checked="" type="checkbox"/></p> <p>is associated with a significant activity or historical phase <input checked="" type="checkbox"/></p> <p>maintains or shows the continuity of a historical process or activity <input checked="" type="checkbox"/></p>

¹⁰ Heritage NSW State Heritage Inventory listing Item ID2340180:
<https://www.hms.heritage.nsw.gov.au/App/Item/ViewItem?itemId=2340180>

Criteria	Significance Assessment
<p>B – Associative Significance</p> <p><i>An item has strong or special associations with the life or works of a person, or group of persons, of importance in the local area's cultural or natural history.</i></p>	<p>Ryde Hospital was initially designed by the Ryde Soldiers' Memorial Hospital Committee's Honorary Architect, Owen Weston, before being turned over to the Government Architect, Edwin Evan Smith, for modification, to bring them into line with government requirements. Later stages of development were designed by his successor (Government Architect) Cobden Parkes. Development of the Hospital is associated with the Government Architects office and the provision of health services on behalf of the state government.</p> <p>Denistone House and the Lodge were constructed in 1874 by Richard Rouse Terry, grandson of the early nineteenth century convict Samuel Terry who became one of the most successful businessmen in the early Colony. It replaced another large house also known as Denistone House, built in the 1830s by Dr Thomas Foster, son in law of Gregory Blaxland, the well-known explorer.</p> <p>Ryde Hospital and Denistone House demonstrates associative significance at the local level.</p>
<p><u>Guidelines for Exclusion</u></p> <p>has incidental or unsubstantiated connections with historically important people or events <input type="checkbox"/></p> <p>provides evidence of people or events that are of dubious historical importance <input type="checkbox"/></p> <p>has been so altered that it can no longer provide evidence of a particular association <input type="checkbox"/></p>	<p><u>Guidelines for Inclusion</u></p> <p>shows evidence of a significant human occupation <input type="checkbox"/></p> <p>is associated with a significant event, person, or group of persons <input checked="" type="checkbox"/></p>

Criteria	Significance Assessment
<p>C – Aesthetic Significance</p> <p><i>An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in the local area.</i></p>	<p>Denistone House is a fine example of a large, stone, two storey Victorian Regency residence which is also relatively intact, with some modifications.</p> <p>It contains a number of significant features which enhance the significance of the former residence, including the stone entry porch, cast iron column supported veranda and finely executed stone work. There is also a considerable degree of internal detailing, joinery and spatial layout remaining, at least in the main areas of the building, including the living, dining and bedroom areas, front hall and main stair.</p> <p>The Lodge/ former Stables is a fine example of a Victorian Regency stables building, the original form of which remains legible with a sympathetic interwar rear wing addition.</p> <p>Denistone House and Stables demonstrate aesthetic significance at the local level.</p> <p>The remnant stand of Sydney Blue Gum High Forest vegetation community is of aesthetic significance.</p> <p>The Ryde Hospital buildings reflect stripped examples of the inter-war Georgian Revival style, with a consistent character of red brick, 1-2 storey and with hipped and tiled roofs. The buildings are not aesthetically distinctive, rather they reflect representative development of a district hospital and many have been modified.</p> <p>The Ryde Hospital does not meet this criterion.</p>
<p><u>Guidelines for Exclusion</u></p> <p>is not a major work by an important designer or artist <input checked="" type="checkbox"/></p> <p>has lost its design or technical integrity <input checked="" type="checkbox"/></p> <p>its positive visual or sensory appeal or landmark and scenic qualities have been more than temporarily degraded <input type="checkbox"/></p> <p>has only a loose association with a creative or technical achievement <input type="checkbox"/></p>	<p><u>Guidelines for Inclusion</u></p> <p>shows or is associated with, creative or technical innovation or achievement <input type="checkbox"/></p> <p>is the inspiration for a creative or technical innovation or achievement <input type="checkbox"/></p> <p>is aesthetically distinctive <input checked="" type="checkbox"/></p> <p>has landmark qualities <input type="checkbox"/></p> <p>exemplifies a particular taste, style or technology <input checked="" type="checkbox"/></p>

Criteria	Significance Assessment
<p>D – Social Significance</p> <p><i>An item has strong or special association with a particular community or cultural group in the local area for social, cultural or spiritual reasons.</i></p>	<p>The hospital is likely to be of social significance to the local community as a provider of health services and further to the hospital and medical community.</p> <p>Ryde citizens congregated in 1917 to voice their interest in erecting a memorial to perpetuate the memory of the men who served in World War I. This resulted in the Hospital being renamed “The Ryde District Soldier’s Memorial Hospital’. Its association as a soldiers memorial however diminished with the renaming in the 1970s.</p> <p>While the NSW government has provided the basic funding needed for the running of the hospital, the hospital also benefits and has historically benefitted from generous donations of benefactors and the fundraising efforts of the Ryde community and the various hospital programs and auxiliary committees. These have facilitated development and expansion of the hospital including development of the children’s ward in the 1940s (Trigg House).</p> <p>There may also be potential social significance attached to the former nurses’ home and maternity ward.</p> <p>Ryde Hospital and Denistone House likely demonstrates social significance at the local level, however there is an opportunity for this to be further quantified via community survey or study.</p>
<p><u>Guidelines for Exclusion</u></p> <p>is only important to the community for amenity reasons <input type="checkbox"/></p> <p>is retained only in preference to a proposed alternative <input type="checkbox"/></p>	<p><u>Guidelines for Inclusion</u></p> <p>is important for its associations with an identifiable group <input checked="" type="checkbox"/></p> <p>is important to a community’s sense of place <input checked="" type="checkbox"/></p>
<p>E – Research Potential</p> <p><i>An item has potential to yield information that will contribute to an understanding of the local area’s cultural or natural history.</i></p>	<p>While it is beyond the scope of this report to assess historical archaeological potential, the hospital has been previously identified as having archaeological potential as a site of European settlement from 1830. This may include remains of the original Denistone House, believed to be located to the east of the original house, as well as outbuildings and ancillary structures such as the former tennis court.</p> <p>Blue Gum High Forest in the Sydney Basin Bioregion, is listed as a critically endangered ecological community under the Threatened Species Conservation Act and has research potential.</p>

Criteria	Significance Assessment
<p><u>Guidelines for Exclusion</u></p> <p>the knowledge gained would be irrelevant to research on science, human history or culture <input type="checkbox"/></p> <p>has little archaeological or research potential <input type="checkbox"/></p> <p>only contains information that is readily available from other resources or archaeological sites <input type="checkbox"/></p>	<p><u>Guidelines for Inclusion</u></p> <p>has the potential to yield new or further substantial scientific and/or archaeological information <input checked="" type="checkbox"/></p> <p>is an important benchmark or reference site or type <input type="checkbox"/></p> <p>provides evidence of past human cultures that is unavailable elsewhere <input type="checkbox"/></p>
<p>F – Rarity</p> <p><i>An item possesses uncommon, rare or endangered aspects of the local area’s cultural or natural history.</i></p>	<p>Denistone House is considered a rare example at the local level of the Victorian Regency residence adapted and reused as a hospital. The physical fabric retains the ability to reveal some characteristics of the early planning and layout of the building, which does not appear to remain in the documentary record.</p> <p>Blue Gum High Forest in the Sydney Basin Bioregion, is listed as a critically endangered ecological community under the Threatened Species Conservation Act and therefore is regarded as rare.</p>
<p><u>Guidelines for Exclusion</u></p> <p>is not rare <input type="checkbox"/></p> <p>is numerous but under threat <input type="checkbox"/></p>	<p><u>Guidelines for Inclusion</u></p> <p>provides evidence of a defunct custom, way of life or process <input checked="" type="checkbox"/></p> <p>demonstrates a process, custom or other human activity that is in danger of being lost <input type="checkbox"/></p> <p>shows unusually accurate evidence of a significant human activity <input checked="" type="checkbox"/></p> <p>is the only example of its type <input type="checkbox"/></p> <p>demonstrates designs or techniques of exceptional interest <input type="checkbox"/></p> <p>shows rare evidence of a significant human activity important to a community <input type="checkbox"/></p>
<p>G – Representative</p> <p><i>An item is important in demonstrating the principal characteristics of a class of NSWs (or the local area’s):</i></p> <ul style="list-style-type: none"> • <i>cultural or natural places; or</i> • <i>cultural or natural environments.</i> 	<p>Ryde Hospital is a representative district hospital developed largely in the inter-war and post-war periods from 1934.</p> <p>Due to the intact nature of Denistone House, it is a fine example of a residence in the Victorian Regency architectural style at the local level. As such, the residence incorporates a myriad of architectural features which are characteristic of that style as well as materials, such as sandstone quoining, mouldings on chimney, panelled doors, veranda colonnade and cast iron.</p> <p>Ryde Hospital and Denistone House demonstrates representative significance at the local level.</p>

Criteria	Significance Assessment
<u>Guidelines for Exclusion</u>	<u>Guidelines for Inclusion</u>
is a poor example of its type <input type="checkbox"/>	is a fine example of its type <input checked="" type="checkbox"/>
does not include or has lost the range of characteristics of a type <input type="checkbox"/>	has the principal characteristics of an important class or group of items <input checked="" type="checkbox"/>
does not represent well the characteristics that make up a significant variation of a type <input type="checkbox"/>	has attributes typical of a particular way of life, philosophy, custom, significant process, design, technique or activity <input type="checkbox"/>
	is a significant variation to a class of items <input type="checkbox"/>
	is part of a group which collectively illustrates a representative type <input type="checkbox"/>
	is outstanding because of its setting, condition or size <input type="checkbox"/>
	is outstanding because of its integrity or the esteem in which it is held <input type="checkbox"/>

4.4.2. Statement of Heritage Significance

Ryde Hospital is of heritage significance for its historic, associative, and representative values and likely for its social significance. Aspects of the site also demonstrate rarity and research values.

Ryde Hospital is of historical significance as a hospital developed on the site from 1914, incorporating the 1874 Denistone House and former Stables building, originally for use as a convalescent hospital for men, through the 1934 opening of the Ryde District Soldier's Memorial Hospital on the site, through to the modern Ryde Hospital. The site illustrates changes to health care over the 20th century and into the 21st century. Much of the original and early hospital buildings survive, although the majority are heavily modified.

The former Denistone House is considered to be one of the oldest estates in the region, dating from the 1830's. The site has historical association with Richard Rouse Terry, who built Denistone House in 1874, and Dr Thomas Foster, who built the original house in the 1830s. Development of the Hospital is also associated with the Government Architects office, and specifically Edwin Evan Smith and Cobden Parkes, and the provision of health services on behalf of the state government.

The Ryde Hospital buildings reflect stripped examples of the inter-war Georgian Revival style, with a consistent character of red brick, 1-2 storey and with hipped and tiled roofs. The buildings are not aesthetically distinctive, rather they reflect representative development of a district hospital developed largely in the inter-war and post-war periods from 1934, with much of the original development having been modified.

The hospital is likely to be of social significance to the local community as a provider of health services and further to the hospital and medical community. Community interest is demonstrated by donations and the fundraising efforts of the Ryde community and the various hospital programs and auxiliary committees, which have facilitated development and expansion of the hospital. In particular, there may be potential social significance attached to the former nurses' home and maternity ward.

While it is beyond the scope of this report to assess historical archaeological potential, the hospital has been previously identified as having archaeological potential as a site of ongoing European settlement from 1830. This may include remains of the original Denistone House, believed to be located to the east of the 1872 house, as well as outbuildings and ancillary structures such as the former tennis court.

The remnant stand of Blue Gum High Forest is considered to have aesthetic significance. Blue Gum High Forest in the Sydney Basin Bioregion, is also listed as a critically endangered ecological community under the Threatened Species Conservation Act and therefore is regarded as rare and demonstrates research potential.

Denistone House and the Lodge are also of individual heritage significance for their historic, associative and aesthetic values.

Denistone House is a fine example of a large, stone, two storey Victorian Regency residence which is also relatively intact, with some modifications. Significant features include the stone entry porch, cast iron column supported veranda and finely executed stone work. There is also a considerable degree of internal detailing, joinery and spatial layout remaining, at least in the main areas of the building, including the living, dining and bedroom areas, front hall and main stair.

The Lodge/ former Stables is a fine example of a Victorian Regency stables building, the original form of which remains legible with a sympathetic interwar rear wing addition.

Denistone House is considered a rare example at the local level of a Victorian Regency residence adapted and reused as a hospital. The physical fabric retains the ability to reveal some characteristics of the early planning and layout of the building, which does not appear to remain in the documentary record.

4.4.3. Schedule of Significant Elements

Components of the site have been graded below in relation to their contribution to the site's overall heritage significance. Different components of a place may contribute in different ways to its heritage value. The gradings of significance developed by the Heritage Council of NSW have been modified as part of this report for Ryde Hospital as follows:

Grading	Justification	Status
Exceptional	Rare or outstanding elements that directly contribute to the place's overall heritage significance; they retain a high degree of integrity and intactness in fabric or use; they should be retained and conserved; any change should be minimal and retain significant values or fabric	Fulfils criteria for local or state listing
High	Element demonstrates a key aspect of the place's overall heritage significance; they have a high degree of original fabric or they retain their original use; they should be retained and conserved; alterations do not detract from significance	Fulfils criteria for local or state listing
Moderate	Element contributes to the place's overall heritage significance; they may have been altered but they still have the ability to demonstrate a function or use particular to the site; change is allowed so long as it does not adversely affect the place's overall heritage significance	Fulfils criteria for local listing
Little	Element may be difficult to interpret or may have been substantially modified, which detracts from its heritage significance; change is allowed so long as it does not adversely affect the place's overall heritage significance	Does not fulfil criteria for local or state listing
Neutral	Elements do not add or detract from the site's overall heritage significance; change allowed	Does not fulfil criteria for local or state listing
Intrusive	Elements are damaging to the place's overall heritage significance; can be considered for removal or alteration	Does not fulfil criteria for local or state listing

The schedule refers to buildings and structures but does not include interiors of buildings. Denistone House is subject to a Conservation Management Plan and reference should be made to that document for detailed investigation of Denistone House. The below excludes landscape elements and reference should be made to the submitted arboricultural report.

Table 3 Schedule of Significant Elements

Structure	Date	Gradings
Building 1 Apple Cottage/ Childcare	1986-1991	Neutral
Building 2 Operating Theatres	1991-2004	Neutral
Building 3 Operating Theatres/ Former Spooner House	1938/ additions post 2004	Little
Building 4 Kiosk	1934	Moderate
Building 5 Administration Block/ Executive Offices	1934/ additions 1960s	Little
Building 6 Former Patient Services / Emergency Department	1969/ additions 1980s	Little
Building 7 Community Mental Health Building	1991-2004	Neutral
Building 8 Former Stables / The Lodge	1874 Inter-war wing and infill	High Moderate
Building 9 Trigg House	1943/ modified late 1980s and in conjunction with Building 20	Little
Building 8 Denistone House	1874	Exceptional
Building 11 Cleaners Store	1971-1984	Little
Building 12 Kitchen/ Laundry	1934/ Additions 1980s and post 2004	Moderate Additions little or neutral
Building 13 Former Ward (northern)	1934	Little
Building 14 Former ward (southern) / Chapel	1934/ 1980s addition	Moderate 1980s additions – Little
Building 15 Mortuary	1960s	Little
Building 16 Engineering Workshop	1980s	Neutral
Building 17 Aged Care and Rehabilitation	Post 2004	Neutral
Building 18 Former Nurses Home	1937	Moderate
Building 19 Camelia cottage	c.1920s	Moderate
Building 20 Graythwaite Rehabilitation Centre	After 2011	Neutral

Structure	Date	Gradings
Walkways (1930s/ 1940s)	1930s/ 1940s	Little
Walkways	Various/ contemporary	Neutral/ Intrusive
Stone Fence	c.1937	Moderate

5. IMPACT ASSESSMENT

Below, the potential impact of the proposal is assessed against the applicable heritage-related statutory and non-statutory planning controls which relate to the site and the proposed development.

5.1. GENERAL HERITAGE IMPACT ASSESSMENT

The below general assessment considers the key heritage issues of the concept redevelopment and Stage 1 SSSDA works, with the proposal assessed further against relevant statutory provisions and heritage guidelines in subsequent sections 5.2 and 5.3.

5.1.1. Conservation and Retention of Denistone House and the Stables

Denistone House is assessed to be of exceptional heritage significance and the visible sections of the original building retain a high degree of integrity, in particular the veranda section which involves cast iron posts and a stone columned entry. The building has however undergone significant additions from the 1930's, 1940's and 1970's. Major additions to the rear (north) and east were constructed in 1976 on a former lawn area. Extensive additions have been completed to the western and northern façades of the original building. The original west façade is obscured by the construction of a covered walkway along the ground floor. The 1970s alterations and additions, attached walkways, fire stairs and the covered ambulance bay are assessed in the CMP to be intrusive.

The setting of the item is also altered and arguably compromised by unsympathetic additions, proximate development and structures including the awning structure to the northeast of Denistone House. Trigg House has also obstructed visual connections between the House and former Stables (Building 8) and Building 6 has entirely obscured the original view of Denistone House from Denistone Road.

Denistone House will be retained and conserved to the highest extent feasible, whilst allowing for a viable, ongoing and compliant use. The proposal includes the retention and conservation of the original portion of Denistone House and removal of intrusive additions which will assist to conserve and restore original building facades, form and setting and provide a better curtilage for the building. A key aspect of the proposal is the reinstatement of the historical setting and views to Denistone House by removing building 6 and providing a generous landscaped forecourt area for the community. Both Denistone House and the Stables will front onto a new public green space that will open onto Denistone Road, creating a new public amenity, as well as enhancing and making prominent the two heritage buildings within the redevelopment. Proposed site landscaping reinterprets aspects of the original 19th century cultural landscape including the circular drive and connections to the Stables, as well as reinstating appropriate tree plantings.

The proposal also maintains significant views and vistas to the Parramatta River district which was a key aspect of the original colonial development of the site. The building envelope and design allows a visual and physical landscape connection to the retained Blue Gum High Forest and broader river and district views.

Proposed demolition of Trigg House (assessed below in section 5.1.5) also assists to re-establish a visual and physical landscaped connection between the House and the former Stables and serves to make these buildings more prominent in the setting.

The existing Critically Endangered Blue Gum High Forest (BGHF) to the southern slopes of the site will be retained and enhanced where possible under the guidance of bushfire engineering to manage this existing natural asset of the place in the context of the masterplan for the site.

The former Stables was constructed in 1874 as the stables for Denistone House. It was converted in 1933 for accommodation use in conjunction with the hospital with works to the interior and also including the timber shingled infill to the front façade. The first floor dormers also appear to have been constructed at this time (certainly the eastern dormer) and the rear two storey wing was constructed c.1940. The original extent of the stables is demonstrated by the sandstone construction, with the inter-war wing addition being constructed in rendered masonry with ashlar coursing and reflecting the inter-war hospital expansion. The rear wing was sympathetically designed, in the Georgian Revival style.

The original sandstone Stables building is assessed to be of high significance while the inter-war rear wing and infill are assessed as being of moderate significance. The proposal retains the former Stables, whilst allowing for a viable, ongoing and compliant use (to be determined).

Overall, the proposal is considered to have a positive heritage impact on Denistone House and the former Stables, and the proposal presents a significant opportunity to greatly improve the setting of the buildings, reverse inappropriate and intrusive additions and further to provide for much needed conservation works to

Denistone House in conjunction with the adaptation and reuse. . Such outcomes are unlikely except in conjunction with a major redevelopment such as posed by the subject SSDA.

Further detailed proposals will consider appropriate alterations and additions to these buildings and provide for their ongoing conservation and adaptive reuse in conjunction with heritage advice.

5.1.2. Major Redevelopment in the vicinity of Denistone House and the former Stables and view analysis

The main building zone for the Concept Proposal is located to rear of Denistone House and comprises a 6-7 storey building envelope (when viewed from Denistone Road to the east). The siting and irregular building form also extends forward of the building line of Denistone House to the south of the house. The disparity of scale is acknowledged however the proposal seeks to mitigate potential impacts by providing a lower scale podium to respond to Denistone House with the upper levels modulated and setting back to reduce bulk and scale. The proposed hospital building incorporates substantial setbacks from Denistone Road, which allows for a generous landscape setting and wide views to the heritage building.

While it is acknowledged that the building will be apparent in views behind Denistone House, future detailed development applications will further consider the building envelope and façade articulation, modulation and materiality to further respond to the heritage building and mitigate potential impacts, including consideration of views from Denistone Road.

As outlined above, the proposal creates and reinterprets a generous landscape setting for the house and reinstates views to Denistone House from Denistone Road. The concept proposal re-establishes the house as a separate and independent built form in the redevelopment and as the centrepiece in the new public realm. The new development is setback from the house and separated via a new loop road which provides access to the new hospital building while making the heritage building a prominent aspect of arrival to the site. Future site landscaping presents an opportunity for the interpretation of lost cultural plantings with the addition of feature marker trees and reinstatement of the circular carriage loop as an ornamental drive as well as the extension of the drive connecting to the Stables. Proposed site landscaping will soften views and assists to create a hierarchy of the space and arrival sequence which makes the heritage building more prominent, with the proposed hospital building forming a backdrop beyond the building.

There is an opportunity for proposed landscaping to continue in the through site link beneath the building envelop which would allow for a terraced amphitheatre which connects to the remnant forest and district views. Proposed site landscaping should also incorporate and acknowledge Aboriginal cultural heritage and connecting with country via landscape design.

The former Stables building is viewed in the context of the retained and lower scaled Graythwaite building and the new landscape setting which re-establishes the connection with the House. The Stables are not dominated by the proposed building envelope.

Landscape design is subject to a future detailed development application (SSDA) however indicative concept sketches are provided below.



Figure 74 Indicative concept sketch showing Denistone House and Stables in the arrival landscape
 Source: [STH SSDA Design Report, February 2022]



Figure 75 Concept design – view to Denistone House from Denistone Road, and showing potential marker tree plantings
 Source: [GANSW Presentation March 2022, Ryde Hospital Redevelopment]

5.1.3. Removal of Original and Early Hospital Buildings

The proposed Concept redevelopment retains Denistone House and the former Stables, being the only remnant buildings from the first residential occupation of the site (1874) and requires the demolition of all early hospital buildings from the 1934 conversion and subsequent post-war hospital development. The proposed stage 1 works for the creation of a works zone requires the demolition of buildings 11, 17 and 18, discussed in further detail in section 5.1.4 below.



Figure 76 Indicative demolition plan
 Source: [STH SSD1_006]

The hospital was opened in 1934 comprising a casualty department, outpatients department, public, private and intermediate wards, accommodation, administration and an operating theatre. The hospital was designed by architect Owen Weston and refined by the Government Architect Edwin Evan Smith, with later stages of development designed by his successor Cobden Parkes. Original and early hospital buildings largely survive although substantially altered, such that the original form and facades of the original hospital buildings are largely lost, with some exceptions. Early and original hospital buildings are evidenced at buildings 3, 4, 5, part of building 6, 9, 12, 13, 14, 18 and 19, in varying degrees of integrity. The most intact examples are the former nurses' home (Building 18) and Camellia cottage (Building 19), although Camellia cottage was not built for the hospital, rather it reflects the expansion of the hospital and the acquisition of neighbouring residential sites. Camellia cottage is not considered to be a fine example of the period or typology.

The Ryde Hospital buildings reflect stripped examples of the inter-war Georgian Revival style, with a consistent character of red brick, 1-2 storey and with hipped and tiled roofs. The buildings are not aesthetically distinctive, rather they reflect representative development of a district hospital, and many have been heavily modified. Early hospital buildings are typically graded as being of little or moderate significance, having regard for the extent of alterations and additions (refer to the schedule of significant elements at section 4.4.3).

A number of factors have informed the identification of a developable area and the proposed redevelopment including (but not limited to):

- Retention of highly significant heritage buildings (Denistone House and the former Stables) and the opportunity to reinstate the original setting and views and reverse intrusive alterations and additions.
- Leveraging the frontage to Denistone Road, including creating a new urban area for the community while readdressing the significant heritage buildings of Denistone House and The Stables as a significant redevelopment strategy within the community.

- Clinical requirements and maximising the site development footprint.
- General building condition and the fact that much of the architectural integrity of the original hospital buildings (from 1934) is lost.
- The age of each building and its current use, and its suitability for future clinical requirements.
- Haphazard additions resulting in poor intuitive wayfinding and clinical adjacencies as well as diminishing heritage significance.
- Significant BCA and DDA non compliances.
- Non compliances to current Australasian Health Facility Guidelines (AusHFG).
- The cost of rectification works to ensure compliance.
- Site limitations including the remnant Blue Gum High Forest and significant associated bush fire implications/ APZ.
- Connection to Country, understanding that Country is everywhere.

The following buildings have been identified to be retained on site due to either their comparative recent builds, location within the site, and compliance with the BCA and AusHFG;

- The Child Care facility (B1)
- Community Mental Health (B7)
- Graythwaite Rehabilitation Building (B20)

Buildings 1, 7 and 20 are assessed to be of neutral heritage significance as comparatively contemporary buildings. Their retention therefore does not contribute to the heritage significance of the place.

It is acknowledged that the demolition of the remaining inter-war and to a lesser degree some post-war development of the hospital site will impact on the historical values of the place and its ability to demonstrate the progression of the hospital development in the 20th century. While their contribution to the site is acknowledged, the site is highly constrained in terms of a development zone and clinical needs, and the retention of the buildings is not feasible. The early hospital buildings are no longer fit for purpose, with a review of the current buildings on site highlighting their age and non-compliance to modern guidelines for use, as well as non-compliance to the BCA. Much of the original and early building stock does not allow for the required upgrades to bring the buildings to a level sufficient to meet contemporary models of care.

Having regard for assessed significance (low to moderate), the fact that they reflect generic examples of the period and the extent of alterations to the extant buildings, and in the context of necessary hospital expansion and redevelopment, the removal of early hospital buildings is supported. The proposed redevelopment will create a new and comprehensive health care hub that meets the health needs of the local population, providing effective treatment and taking advantage of new models of care and technologies.

Options to retain a representative example of inter-war building stock were considered but were not feasible.

The Hospital site should be subject to archival recording prior to demolition of any inter-war and post-war development. Heritage interpretation is also an essential part of the conservation process, and a Heritage Interpretation Strategy should be prepared in conjunction with any proposed redevelopment to interpret the diverse heritage values of the place including the establishment and historical development of the site for the Ryde District Soldiers Memorial Hospital.

5.1.4. SSSA Stage 1 - Proposed Demolition of Buildings 11, 17 and 18.

SSSA Stage 1 works include the establishment of a work zone, which requires the demolition of buildings 11, 17 and 18 and associated earthworks and site clearance. The remainder of works will be subject to further staged applications.

As outlined in section 2.1 above, building 11 is a simple brick utility building constructed between 1971 and 1984. The building is assessed to be of little heritage significance and the proposed demolition will have no heritage impacts.

Building 17 is a contemporary construction having been constructed after 2004 and is assessed to be of neutral heritage significance. While the CaRES Building (B17) is identified as a recent addition to the campus its retention is not feasible due to its location in the centre of the campus, and it therefore limits the development area and potential. The proposed demolition will have no heritage impact.

The former nurses' home (Building 18/ The Chatterry) was constructed in 1937 but has been partially modified with an attached covered area to the north and connection to the adjoining building 17 to the south which necessitated the removal of one of the principal (southern façade) semi-circular façade bays. The building is assessed to be of moderate heritage significance.

It is acknowledged that the former nurses' home is one of the sites most intact inter-war hospital buildings, although it has been altered including works to the principal southern façade. The demolition will have some impact on the historical values of the hospital site and its ability to demonstrate the progression of the hospital development in the 20th century. The building is not considered to be aesthetically distinctive and reflects representative development of a district hospital. While its contribution to the site is acknowledged, the site is highly constrained in terms of a development zone, and the retention of the building is not feasible owing to its position in the centre of the site and its contribution is not considered such that it should limit or preclude the hospital redevelopment. See also discussion in section 5.1.3 which outlines the many considerations in identifying the development zone.

The building should be subject to archival recording prior to demolition. Heritage interpretation is also an essential part of the conservation process, and a Heritage Interpretation Strategy should be prepared in conjunction with any proposed redevelopment to interpret the diverse heritage values of the place. The strategy should include interpretation of Building 18 and its important function as the nurses home.

5.1.5. Proposed Demolition – Trigg House

The SSDA concept proposal includes the demolition of Trigg House. Trigg House is included in the LEP listing.

Trigg House was constructed in 1943 and was initially planned as a single storey building but was enlarged to a two storey and then a three-storey building. The building is of facebrick construction, with a series of double hung windows (typically aluminium). The building has been substantially altered, with the most intact façade being the rear southern façade (the most utilitarian in its original form) and with substantial additions to the north and west, including a major addition and overhead link which connects Trigg House to building 20. The effect of these additions renders the original building form and facades unrecognisable.

Internally the building has been variously altered to maintain the wards to a contemporary standard. The original core is retained at the rear (west) and maintains the original terrazzo floor and stair hall; however, the stair balustrade has been altered. Nearing completion in 1943, artist Pixie O'Harris was engaged and spent 6 days decorating the walls with murals. It remains to be confirmed if any of these murals survive.

The building has been assessed to be of little heritage significance and is considered to have been compromised by the extent of alterations and additions, such that the original form and facades are unlikely to be retrieved. The building is also unsympathetically located as it blocks views and connections between Denistone House (Building 10) and the Stables (Building 8) and compromises the original setting of the former Denistone Estate buildings.

It is acknowledged that Trigg House is referenced specifically in the LEP listing but having regard for the above, it is Urbis' view that the removal of Trigg House is able to be justified and further that the removal facilitates an improved setting and connection for the original Denistone Estate buildings which would have a positive heritage impact.

The potential for remnant murals should be investigated and the murals should be recorded and interpreted as part of any redevelopment.

5.1.6. Historical Archaeological Assessment

Reference should be made to the submitted Historical Archaeological Assessment (Urbis 2022). Generally, the subject site has high historical archaeological potential as a site of European settlement from 1830 onwards. Historical archaeological resources may include the structural remains of the original Denistone House constructed c.1830 (located to the east of the extant structure), outbuildings including stables buildings, deep features including privies and cesspits which were likely located within outbuildings, artefactual finds associated with intentional or incidental deposition, as well as ephemeral evidence of early agricultural activities (including crop marks and post holes). While it is unlikely that ephemeral evidence of

early agricultural activities would be retained, structural remains and deeper sub-surface features are likely to be retained despite subsequent disturbance due to the robust nature and depth of such deposits.

It is likely that archaeological resources such as structural remains or privies and their associated artefactual assemblages would be of local significance for their research potential. Archaeological remains may provide information not knowable through historic records regarding the construction and daily functioning of the original Denistone House, and their association with the establishment of the suburb of Denistone.

5.2. STATUTORY CONTROLS

5.2.1. Ryde Local Environmental Plan 2014

The table below provides an assessment of the proposal against the relevant provision for heritage conservation as found in the *Ryde LEP 2014*. Ryde Council DCP 2014 has been reviewed and the document has limited heritage provisions which are not immediately applicable to the subject SSDA. The Council's fact sheet on Heritage Conservation in Ryde refers to Heritage Council of NSW guidelines including *How to Carry Out Work on Heritage Buildings and Sites* and *Principles of Conservation Work on Heritage Places*. The subject proposal has been assessed with regard to relevant questions posed in Heritage NSW's (former Heritage Office/Heritage Division) 'Statement of Heritage Impact' guidelines in section 5.3.

Table 4 Assessment against the Ryde Local Environmental Plan 2014

Clause	Response
<p>(1) Objectives</p> <p><i>The objectives of this clause are as follows:</i></p> <p><i>(a) to conserve the environmental heritage of Ryde</i></p> <p><i>(b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,</i></p> <p><i>(c) to conserve archaeological sites,</i></p> <p><i>(d) to conserve Aboriginal objects and Aboriginal places of heritage significance</i></p>	<p>1) The subject SSDA seeks Concept approval for redevelopment of the Ryde Hospital site with a concept building envelope. The SSDA also seeks approval for Stage 1 works including clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works. The concept redevelopment anticipates substantial demolition of extant site buildings, with retention of some more recent development and retention of significant heritage buildings, being Denistone House and the former Stables, as well as retention of the significant sandstone fencing to Denistone Road. The proposal includes demolition of Trigg House which has previously been identified as being of heritage significance, but which Urbis' further assessment has determined to be compromised. The subject SSDA is considered in detail below and in the general assessment provided in section 5.1 above.</p> <p>This report does not consider Aboriginal Cultural heritage or historical archaeological significance. Reference should be made to the submitted Aboriginal Cultural Heritage Assessment Report (ACHAR) and Historical Archaeological Assessment prepared by Urbis.</p> <p>A summary statement with regard to European archaeological potential and significance is provided in section 5.1.6.</p>
<p>(2) Requirement for consent</p> <p><i>Development consent is required for any of the following:</i></p> <p><i>(a) demolishing or moving any of the following or altering the exterior of any of the following (including, in the case of a building, making changes to its detail, fabric, finish or appearance):</i></p>	<p>2) Consent is required for works to a heritage item. This report is submitted as part of and in support of a State Significant Development Application for redevelopment of the Ryde Hospital site.</p>

Clause	Response
<p>(i) a heritage item,</p> <p>(ii) an Aboriginal object,</p> <p>(iii) a building, work, relic or tree within a heritage conservation area,</p> <p>(b) altering a heritage item that is a building by making structural changes to its interior or by making changes to anything inside the item that is specified in Schedule 5 in relation to the item,</p> <p>(e) erecting a building on land:</p> <p>(i) on which a heritage item is located or that is within a heritage conservation area, or</p>	
<p>(4) Effect of proposed development on heritage significance</p> <p><i>The consent authority must, before granting consent under this clause in respect of a heritage item or heritage conservation area, consider the effect of the proposed development on the heritage significance of the item or area concerned. This subclause applies regardless of whether a heritage management document is prepared under subclause (5) or a heritage conservation management plan is submitted under subclause (6).</i></p> <p>(5) Heritage assessment</p> <p><i>The consent authority may, before granting consent to any development:</i></p> <p>(a) on land on which a heritage item is located, or</p> <p>(b) on land that is within a heritage conservation area, or</p> <p>(c) on land that is within the vicinity of land referred to in paragraph (a) or (b),</p> <p><i>require a heritage management document to be prepared that assesses the extent to which the carrying out of the proposed development would affect the heritage</i></p>	<p>4 and 5) The subject redevelopment presents some significant heritage benefits, notably the retention and conservation of Denistone House and the former Stables. The concept includes the demolition of later additions to Denistone House which are assessed as intrusive, and which allows for the original form and facades of the building to be restored. The proposal also includes removal of poorly sited development which has entirely blocked views of the house from Denistone Road. The proposal creates and reinterprets a generous landscape setting for the house and reinstates views to Denistone House from Denistone Road and re-connects the house and Stables. The concept proposal re-establishes the house as a separate and independent built form in the redevelopment and as the centrepiece in the new public realm. Proposed site landscaping provides an opportunity for the interpretation of lost cultural plantings with the addition of feature marker trees and reinstates the circular carriage loop as an ornamental drive. There is also an opportunity for site landscaping to continue in the through site link beneath the building envelope which would connect to the remnant forest and district views, an important aspect of the original siting of Denistone House.</p> <p>The proposed concept includes a building envelope with detailed design subject to a future development application. The building envelope is located behind Denistone House and incorporates a varied but generous setback between 41 and 83m from Denistone Road. The proposed building envelope is substantial however has sought to mitigate potential impacts of scale by providing a setback to the envelope to the upper floors. . The modulated building form and siting allows for generous and wide views to the house from Denistone Road and as outlined above the proposed landscaping and road access make the house a prominent and independent feature in the landscape and an important part of the arrival sequence. Future detailed development applications will further consider the building envelope</p>

Clause	Response
<p><i>significance of the heritage item or heritage conservation area concerned.</i></p>	<p>and façade articulation, modulation and materiality to further respond to the heritage building, mitigate potential impacts of scale and ensure that the building provides a sympathetic backdrop to the heritage building.</p> <p>The proposal retains the significant sandstone fence to Denistone Road, which was constructed as part of the hospital development. Some minor alterations are anticipated to facilitate the reconfigured site access however any removed sections are able to be reused to infill redundant entries.</p> <p>The existing Critically Endangered Blue Gum High Forest (BGHF) which dominates the southern slopes of the site will be retained where possible under the guidance of bushfire engineering to manage this existing natural asset of the place in the context of the masterplan for the site.</p> <p>The proposal does include the demolition of Trigg House; however, it is Urbis' view that the building has been compromised by the extent of alterations and additions, such that the original form and facades are unlikely to be retrieved. The building is also unsympathetically located as it blocks views and connections between Denistone House (Building 10) and the Stables (Building 8) and compromises the original setting of the former Denistone Estate buildings. The removal facilitates an improved setting and connection for the original Denistone Estate buildings which would have a positive heritage impact.</p> <p>Early and original hospital buildings are evidenced at buildings 3, 4, 5, 9,12, 13, 14, 18, and 19, as well as part of building 6, in varying degrees of integrity. These buildings are variously assessed as being or little or moderate significance depending on their integrity. The concept proposal does include the demolition of all inter-war and post-war hospital development and the stage 1 DA includes demolition of building 18 to allow for construction of the works zone. As outlined in section 5.1 above, it is acknowledged that the wholesale demolition of the remnant hospital buildings will have an impact on the legibility of the early/ mid-20th century establishment and development of the hospital. The bulk of these buildings however are located in the centre of the site within the development zone. As outlined above, the proposed building envelope is driven by clinical and site requirements and constraints and does not allow for the retention of these buildings. Having regard for assessed significance, the fact that the buildings reflect generic examples of the period, the extent of alterations to the extant buildings, the redundancy of the existing built stock from a clinical perspective and in the context of necessary hospital expansion and redevelopment, the removal of early hospital buildings is supported. The proposed redevelopment will create a new and comprehensive health care hub that meets the health needs of the local population, providing effective treatment and taking advantage of new models of care and technologies.</p>

Clause	Response
	<p>It is recommended that an Archival Recording be prepared prior to any works and further that a Heritage Interpretation Strategy is prepared in conjunction with any proposed redevelopment to interpret the diverse heritage values of the place. Interpretation should incorporate all relevant phases including the establishment and residential occupation as a gentlemen's country estate/residence its reuse as a Convalescent Hospital and the redevelopment for the Ryde District Soldier's Memorial Hospital. Interpretation should also consider the social history of the place.</p> <p>The subject site is in the vicinity of Denistone Park. The Park is of historical significance as evidence of early 20th century expansion of open space by Ryde Council, as it was a planned park, and as part of the 2nd subdivision of the Denistone Estate in 1914. Denistone Park is of aesthetic and research significance as an urban bushland park which contains a spectacular canopy of Blue Gums and many species from the endangered Sydney Turpentine-Ironbark vegetation community (Blue Gum dominant), including rare and threatened species. The subject proposal retains the remnant Blue Gum Forest which contributes to the setting of Denistone Park. Proposed redevelopment of the developed northern section of the campus will have no further heritage impact on the nearby park.</p> <p>This Heritage Impact Statement is provided in support of the proposed SSDA and to assist the consent authority in their assessment of the subject proposal. This HIS satisfies the requirement for a heritage management document to be provided as required by Clause 5.</p>

5.3. HERITAGE NSW GUIDELINES

The proposed works are addressed in relation to relevant questions posed in Heritage NSW's (former Heritage Office/Heritage Division) 'Statement of Heritage Impact' guidelines.

Table 5 Heritage NSW Guidelines

Clause	Discussion
<p>The following aspects of the proposal respect or enhance the heritage significance of the item or conservation area for the following reasons:</p>	<p>As outlined above, the subject redevelopment presents some significant heritage benefits, notably the retention and conservation of Denistone House and the former Stables. The concept includes the demolition of later additions to Denistone House which are assessed as intrusive, and which allows for the original form and facades of the building to be restored. The Stables and rear wing are also retained, and the proposal will provide for necessary conservation works to the building which is in poor condition.</p> <p>The proposal re-establishes Denistone House as a separate and independent built form in the redevelopment and as the centrepiece in the new public realm. The proposal creates and reinterprets a generous landscape setting for the house and</p>

Clause	Discussion
	<p>reinstates views to Denistone House from Denistone Road and re-connects the house and Stables by removing poorly sited later development. The concept proposal site landscaping provides an opportunity for the interpretation of lost cultural plantings with the addition of feature marker trees and reinstates the circular carriage loop as an ornamental drive. Proposed landscaping also continues in the through site link beneath the building envelope which connects to the remnant forest and district views.</p> <p>The proposal retains the significant sandstone fence to Denistone Road, which was constructed as part of the hospital development.</p> <p>The existing Critically Endangered Blue Gum High Forest (BGHF) which dominates the southern slopes of the site is also retained and enhanced.</p> <p>With regard to the concept building envelope, the proposal is sympathetic in terms of its siting and responds to the heritage item in the creation of a lower scale podium and modulated building form as detailed above.</p>
<p>The following aspects of the proposal could detrimentally impact on heritage significance.</p> <p>The reasons are explained as well as the measures to be taken to minimise impacts:</p> <p>The following sympathetic solutions have been considered and discounted for the following reasons:</p>	<p>The proposal includes the demolition of Trigg House and remnant inter-war and post war hospital building stock. This is assessed in detail below and above in section 5.1 and 5.2.</p> <p>The current SSDA proposal is the result of a collaborative exercise to determine an appropriate site for the hospital redevelopment within the NSLHD catchment area. A Masterplan Study produced by Silver Thomas Hanley and TSA Management in July 2021 considered two development location opportunities, including the redevelopment of the existing Ryde Hospital Campus location, as well as the development of a new hospital on the Macquarie University site, located at Macquarie Park Sydney. Urbis provided heritage advice to the master planning exercise.</p> <p>Six masterplan options were then developed for the Ryde Hospital site which looked at different options for siting and modulation of the building massing. The current SSDA proposal has been developed from the preferred masterplan options analysis.</p> <p>The consultant team has worked with Health Infrastructure NSW to develop the existing Ryde Hospital site to become a contemporary hospital to meet the future needs of the local communities within the area. This has included review of the extant site development and heritage assessment as detailed herein.</p> <p>Options to retain any of the remnant inter-war and post-war building stock as a representative example of establishment and expansion for the Ryde District Soldiers Memorial Hospital in the</p>

Clause	Discussion
	<p>1930s were also considered but were not feasible. Buildings 5 and 6 are inappropriately sited and demolition allows for the reinstatement of views to Denistone House from Denistone Road and the creation of the new landscape forecourt. Demolition of Trigg House (building 9) allows the reinstatement of the visual setting and connection between Denistone House and the former Stables. Demolition of building 5,6 and 9 is therefore encouraged from a heritage perspective. Similarly, the demolition of Building 4 further enhances the creation of the new landscape setting. Buildings 12, 13, 14, and 18, are located within the development zone and retention of any of these buildings within that zone would compromise the clinical requirements and reduce the site development footprint. The contribution of the buildings is not considered to warrant this. Although Building 19 (known as Camellia cottage) is outside of the main building development zone, its retention is not considered necessary as it was not built for the hospital, rather it reflects the expansion of the hospital and the acquisition of neighbouring residential sites. It therefore does not significantly contribute to the overlay of hospital development.</p> <p>The retention of building 3 was also considered. The former Spooner House (Building 3) was built in 1938 and housed the intermediate and private wards. The original redbrick building was symmetrical with two hipped bays at either end and a central entrance portico. The portico has been modified with a new linking addition/ covered walkway to building 5/6. A large addition was constructed to the southwest in the 1970s and a further northern addition, constructed after 2004 connects to building 5 and partially infills the former courtyard. However, building 3 is proposed to be demolished as it allows for future expansion of the Hospital.</p>
<p>Demolition of a building or structure</p> <p>Have all options for retention and adaptive re-use been explored?</p> <p>Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?</p> <p>Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?</p> <p>Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?</p>	<p>The subject SSDA seeks Concept approval for redevelopment of the Ryde Hospital site with a concept building envelope. The concept DA anticipates demolition of all inter-war and post-war hospital development. The SSDA also seeks approval for Stage 1 works including clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works.</p> <p>The proposed demolition has been assessed in section 5.1 and 5.2 above.</p> <p>Having regard for assessed significance, the fact that the buildings reflect generic examples of the period, the extent of alterations to the extant buildings, the redundancy of the existing built stock from a clinical perspective and in the context of necessary hospital expansion and redevelopment, the removal of early hospital buildings is supported.</p>

<p>Clause</p>	<p>Discussion</p>
<p>Major partial demolition</p> <p>Is the demolition essential for the heritage item to function?</p> <p>Are particular features of the item affected by the demolition (e.g. fireplaces in buildings)?</p> <p>Is the detailing of the partial demolition sympathetic to the heritage significance of the item (e.g. creating large square openings in internal walls rather than removing the wall altogether)?</p> <p>If the partial demolition is a result of the condition of the fabric, is it certain that the fabric cannot be repaired?</p> <p>Is the resolution to partially demolish sympathetic to the heritage significance of the item?</p>	<p>Demolition facilitates the creation of a new and comprehensive health care hub that meets the clinical and health needs of the local population, providing effective treatment and taking advantage of new models of care and technologies.</p> <p>With regard to Trigg House, it is reiterated that the Urbis' view that the building has been compromised by the extent of alterations and additions, such that the original form and facades are unlikely to be retrieved. The removal also facilitates an improved setting and connection for the original Denistone Estate buildings which would have a positive heritage impact.</p> <p>The concept proposal includes the demolition of later additions to Denistone House. This includes removal of the 1970s northern addition, attached walkways and the southern fire stair which impacts on the principal southern façade. These additions are assessed as intrusive, and the proposed demolition therefore has a positive heritage impact in that it allows for the original form and setting of the item to be restored and provides for the conservation and restoration of the building facades. Conservation works should be guided by the preparation of a Schedule of Conservation Works.</p> <p>The interior of Denistone House remains largely intact, with the exception of the rear wing and some modifications in conjunction with the 1930s hospital conversion. Future detailed applications will consider alterations and additions to the interior to facilitate the ongoing and compliant use of the building, while retaining the significant building layout and nominated significant fabric and finishes including timber joinery, fireplaces and the original stair.</p>
<p>New development adjacent to a heritage item</p> <p>How does the new development affect views to, and from, the heritage item?</p> <p>What has been done to minimise negative effects?</p> <p>How is the impact of the new development on the heritage significance of the item or area to be minimised?</p> <p>Why is the new development required to be adjacent to a heritage item?</p> <p>How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?</p>	<p>The proposed concept includes a building envelope only. The concept building envelope is assessed in section 5.1.2 and 5.2.1.</p> <p>Future detailed development applications will further consider the building envelope and façade articulation, modulation and materiality to further respond to the heritage building, mitigate potential impacts of scale and ensure that the building provides a sympathetic backdrop to the heritage building.</p>

Clause	Discussion
<p>Is the development sited on any known, or potentially significant archaeological deposits?</p> <p>If so, have alternative sites been considered? Why were they rejected?</p> <p>Is the new development sympathetic to the heritage item?</p> <p>In what way (e.g. form, siting, proportions, design)?</p> <p>Will the additions visually dominate the heritage item?</p> <p>How has this been minimised?</p> <p>Will the public, and users of the item, still be able to view and appreciate its significance?</p>	
<p>New landscape works (including car parking and fences)</p> <p>How has the impact of the new work on the heritage significance of the existing landscape been minimised?</p> <p>Has evidence (archival and physical) of previous landscape work been investigated? Are previous works being reinstated?</p> <p>Has the advice of a consultant skilled in the conservation of heritage landscapes been sought? If so, have their recommendations been implemented?</p> <p>Are any known or potential archaeological deposits affected by the landscape works? If so, what alternatives have been considered?</p> <p>How does the work impact on views to, and from, adjacent heritage items?</p>	<p>The existing Critically Endangered Blue Gum High Forest (BGHF) which dominates the southern slopes of the site will be retained and enhanced where possible under the guidance of bushfire engineering to manage this existing natural asset of the place in the context of the masterplan for the site.</p> <p>The principal Denistone Road frontage is enclosed by a sandstone fence which runs the length of the street (with some modification). The original Denistone House fence was a simple timber post and rail, and the stone fence was built for the hospital between 1934 and 1937. The fence is retained in the concept proposal although some modification is anticipated in conjunction with changes to site access, sandstone components are able to be retained, conserved and reused.</p> <p>The cultural landscape of Denistone House has been altered by the progressive development and expansion of the hospital site. The historical record documents that the original house was accessed via a circular drive from Denistone Road. The CMP also documents significant cultural plantings in the vicinity of Denistone House which have since been lost. The proposal creates and reinterprets a generous landscape setting for the house and reinstates the important historical views to Denistone House from Denistone Road as well as re-establishing the physical and visual connection to the former Stables building. The concept proposal re-establishes the house as a separate and independent built form in the redevelopment and as the centrepiece in the new public realm. As outlined above, proposed site landscaping provides for the interpretation of lost cultural plantings with the addition of feature marker trees and reinstates the circular carriage loop as an ornamental drive. Proposed landscaping also continues in the through site link beneath the building envelop which connects to</p>

Clause	Discussion
	<p>the remnant forest and district views which was an important aspect of the location and siting of the house. Proposed site landscaping should also incorporate and acknowledge Aboriginal cultural heritage and connecting with country via landscape design.</p> <p>The proposal does include provision of on-grade car parking however this is set within the landscaped grounds which assists to soften the hardstand area and ensures that it will not be visually dominant.</p> <p>Reference should be made to the submitted Arboricultural report.</p>

6. CONCLUSION AND RECOMMENDATIONS

This Heritage Impact Statement is provided in support of the proposed SSDA and to assist the consent authority in their assessment of the subject proposal. The HIS considers potential impacts to the heritage listed hospital site and the proximate heritage listed Denistone Park. A detailed impact assessment of the proposed works has been undertaken in Section 4.3 of this report. Overall, the proposal demonstrates some significant heritage benefits which would not otherwise be achieved except in the context of a major redevelopment, notably the demolition of unsympathetic and substantial additions to heritage items and removal of poorly sited development to re-establish significant historical settings and views. Some heritage impacts are acknowledged however, with regard to the extent of demolition of development associated with the inter-war establishment and post war expansion of the site for the Ryde District Soldiers Memorial Hospital. Key aspects of the assessment are listed below:

- The current SSDA proposal is the result of a collaborative exercise to determine an appropriate site for the hospital redevelopment within the NSLHD catchment area. The current SSDA proposal has been developed from an initial site masterplan which considered two potential development locations and developed a further masterplan options analysis following the section of the Ryde Hospital site. The consultant team has worked with Health Infrastructure NSW to develop the existing Ryde Hospital site to become a contemporary hospital to meet the future needs of the local communities within the area. This has included review of the extant site development and heritage assessment as detailed herein.
- The SSDA facilitates the creation of a new and comprehensive health care hub that meets the clinical and health needs of the local population, providing effective treatment and taking advantage of new models of care and technologies.
- The subject SSDA demonstrates some significant heritage benefits, notably the retention of Denistone House and the former Stables, which are assessed to be of exceptional heritage significance, as well as the conservation of Denistone House. The concept includes the demolition of later additions to Denistone House which are assessed as intrusive, and which allows for the original form and facades of the building to be restored. This has a positive heritage impact.
- The concept proposal re-establishes the house as a separate and independent built form in the redevelopment and as the centrepiece in the new public realm. The proposal creates and reinterprets a generous landscape setting for the house and reinstates the important historical views to Denistone House from Denistone Road, through removal of the intrusively sited building 6, as well as re-establishing the physical and visual connection to the former stables building through the removal of Trigg House (building 9). Proposed site landscaping (subject to a future development application) should be informed by historical documentation and provide for the interpretation of lost cultural plantings with the addition of feature marker trees, as well as reinstating the former circular carriage loop as an ornamental drive. There is an opportunity for proposed landscaping to continue in the through site link beneath the building envelope creating a terraced amphitheatre which connects to the remnant forest and district views which was an important aspect of the location and siting of the house.
- Original interior layouts of Denistone House remain or are discernible, with the exception of the rear wing. Significant original features include ceilings, door and window joinery, decorative plaster arches, fireplaces and the original timber stair. Internal alterations and additions will be subject to a further development application. It is acknowledged that alterations and additions may be required to allow for a viable, ongoing and compliant use. Any new work, alterations or additions should not dominate the heritage character of the place and should be respectful of the building's heritage character, principal spaces and identified elements of heritage significance. Further alterations may be feasible within the rear wing, which has been subject to previous alterations and additions.
- The main building zone for the Concept Proposal is located to rear of Denistone House and comprises a building envelope only. The siting and irregular building form also extends forward of the building line of Denistone House to the south of the house. The disparity of scale is acknowledged however the proposal mitigates potential impacts by modulating the envelope to allow for a lower scale podium to respond to Denistone House with the upper levels setting back to reduce bulk and scale. The proposed hospital building incorporates substantial setbacks from Denistone Road, which allows for a generous landscape setting and wide views to the heritage building.
- Future detailed development applications will further consider the building envelope and façade articulation, modulation and materiality to further respond to the heritage building and mitigate potential impacts.

- The subject proposal retains the significant sandstone street front fencing, albeit anticipating some modification in conjunction with changes to vehicle and pedestrian site access in line with the Stage 1 concept.
- Trigg House has been assessed to be of little heritage significance and is considered to have been compromised by the extent of alterations and additions, such that the original form and facades are unlikely to be retrieved. The building is also unsympathetically located as it blocks views and connections between Denistone House (Building 10) and the Stables (Building 8) and compromises the original setting of the former Denistone Estate buildings. Having regard for the above, it is Urbis' view that the removal of Trigg House is justified.
- The concept proposal includes substantial demolition of existing 20th century building stock. Early and original hospital buildings are evidenced at buildings 3, 4, 5, 6 (part only), 9, 12, 13, 14, 18 and 19, in varying degrees of integrity. The Ryde Hospital buildings reflect stripped examples of the inter-war Georgian Revival style. The buildings are not aesthetically distinctive, rather they reflect generic examples of development of a district hospital, and many have been heavily modified. Early hospital buildings are typically graded as being of little or moderate significance, having regard for the extent of alterations and additions.

It is acknowledged that the demolition of the remaining inter-war and to a lesser degree some post-war development of the hospital site will impact on the historical values of the place and its ability to demonstrate the progression of the hospital development in the 20th century. While their contribution to the site is acknowledged, the early hospital buildings are no longer fit for purpose, the site is highly constrained in terms of a development zone and clinical needs, and the retention of the buildings is not feasible. Having regard for assessed heritage significance, the fact that the buildings reflect generic examples of the period, the extent of alterations to the extant buildings, the redundancy of the existing built stock from a clinical perspective and in the context of necessary hospital expansion and redevelopment, the removal of all early hospital buildings (inter-war and post-war) is supported.

- Options to retain a representative example of inter-war building stock that best interprets the original hospital development and function were considered but ultimately were not feasible.
- Stage 1 works include clearing a portion of the site for a work zone, including demolition of buildings 11, 17 and 18 and associated site works. Building 11 is a later utility building and building 17 is of more contemporary construction, with demolition proposed due to site location. Demolition of these buildings has no heritage impact. It is acknowledged that the proposed demolition of building 18 will have some impact on the historical values of the place however the retention of the building is not feasible owing to its position in the centre of the site and its contribution to the site is not considered such that it should limit or preclude the hospital redevelopment.
- The existing Critically Endangered Blue Gum High Forest (BGHF) which dominates the southern slopes of the site will be retained where possible under the guidance of bushfire engineering to manage this existing natural asset of the place in the context of the masterplan for the site.
- Proposed redevelopment must have regard to the archaeological resource. Reference should be made to the submitted Aboriginal Cultural Heritage Assessment Report (ACHAR) and Historical Archaeological Assessment.

For the reasons stated above, the proposed works are recommended for approval from a heritage perspective subject to proposed recommendations outlined below. Recommendations should inform staged development of the project and where appropriate, conditions of consent.

RECOMMENDATIONS

- A suitably qualified heritage consultant should be engaged to provide ongoing advice throughout the subsequent SSD applications, as well as ongoing design development, contract documentation and construction stages of the project.
- The future detailed development application for the Hospital building should further consider the building envelope and façade articulation, modulation and materiality to further respond to Denistone House, mitigate potential impacts of scale and ensure that the building provides a sympathetic backdrop to the heritage building.

- Prior to any works being undertaken a Photographic Archival Recording should be undertaken of the place and must be prepared in accordance with the NSW OEH Heritage Division's Guidelines for 'Photographic Recording of Heritage Items Using Film or Digital Capture'. Archival Recording should be provided for the hospital site as a whole. Individual Archival Recordings should also be provided for buildings of moderate heritage significance which are proposed to be demolished and should include interiors, for example, the former Nurses Home (Building 18).
- Prior to any demolition or redevelopment of Trigg House (Building 9), the building should be subject to an Archival Recording. Any remnant Pixie O'Harris murals should be investigated and recorded.
- Interpretation is an essential part of the conservation process. A Heritage Interpretation Strategy should be prepared for the site by a suitably qualified heritage consultant in conjunction with any proposed redevelopment. The Heritage Interpretation Strategy should identify significant themes and narratives for interpretation, as well as identifying locations, media, and indicative content for interpretation. Interpretation should be developed throughout detailed design and construction phases in conjunction with the project architect and other specialists as required. A variety of methods may be used to interpret the significant values of the place and may include conserving original features and fabric, reconstructing missing or damaged elements based on documentary and/or archaeological evidence, introducing interpretative devices, preserving evidence of original finishes and fabric, facilitating access for specialist study and/or presentation in publications and websites.
- Interpretation should have regard for proposed use. Interpretation should incorporate all relevant phases of development and occupation of the site including its establishment and residential occupation as a gentlemen's country estate/residence, its reuse as a Convalescent Hospital and the redevelopment for the Ryde District Soldier's Memorial Hospital in the 1930s. Interpretation should also consider the social history of the place.
- New landscape works, including new designs for gardens, landscape and plantings, particularly within the immediate setting of Denistone House and Stables, should seek to interpret its key phases in a cohesive and meaningful manner, and be designed to reflect its cultural heritage values. New plantings around Denistone House and Stables should incorporate known historical plantings. A landscape masterplan is to be developed for the site which responds in a cohesive manner to the key phases of the item and its historic landscape uses, including meaningful interpretations of the original residential phase.

7. BIBLIOGRAPHY AND REFERENCES

7.1. BIBLIOGRAPHY

Coupe, Sheena, 1984, *A Healthy Memorial, History of the Ryde Hospital*, The Ryde Hospital and Ryde-Hunters Hill Area Health Service

Heritage 21, 2016, *Conservation Management Plan, Denistone House 1 Denistone Road, Denistone*

NSW Department of Finance and Services, Spatial Services, available at: <<https://maps.six.nsw.gov.au/>>

Google Maps 2020, Aerial view of subject site, available at:
<<http://maps.google.com.au/maps?hl=en&tab=wl>>.

7.2. REFERENCES

Apperly, R., Irving, R. and Reynolds, P. (eds) 2002, *A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present*, Angus and Robertson, Pymble.

Australia ICOMOS 1999, *The Burra Charter: 2013 The Australia ICOMOS Charter for Places of Cultural Significance*, Australia ICOMOS, Burwood.

Heritage Office and Department of Urban Affairs & Planning 1996, *NSW Heritage Manual*, Heritage Office and Department of Urban Affairs & Planning (NSW), Sydney.

Heritage Office 2001, *Assessing Heritage Significance*, Heritage Office, Parramatta.

[Note: Some government departments have changed their names over time and the above publications state the name at the time of publication.]

8. DISCLAIMER

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