Heritage Impact Statement

Tamworth Base Hospital

June 2012

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TABLE OF CONTENTS

FIGURES:

TABLES:

Executive Summary

Urbis has been engaged by NSW Health Infrastructure to prepare the following Heritage Impact Statement. The report was prepared to assess the heritage significance of the Tamworth Base Hospital and the impact of the proposed development. The redevelopment was determined with consideration for the heritage constraints of the site.

Urbis was initially involved with the heritage assessment of the site in 2009, in association with Coffey Projects, to determine constraints for development on this locally heritage listed site.

The Tamworth Base Hospital has historic significance at a local level for its establishment in 1881 and its consistent use as a hospital since that period, and as a focus of the Tamworth community for over 150 years. The site has local associational significance for links to Brudelin and other local identities who have been instrumental in establishing and donating to the hospital.

The original hospital building has aesthetic significance at a state level for its original design by JW Pender and for subsequent additions by WL Vernon In addition the site contains representative examples of buildings from the 1920s,30s and 50s,such as Dean House, The Children's Wing and Johnston House The site is of social significance as a provider of hospital services for over 150 years..

Urbis has undertaken extensive external and internal, inspection of buildings and the site. The main items worthy of heritage investigation were considered to be The Main Block, the Renal Unit, Dean House, The Kitchen Wing, Johnston House, and the Children's Wards 8, 9 and 10.

Only the Main Block and Dean House are considered worthy of conservation.

Although the Renal Unit is of interest as one of the few remaining early site buildings (1922), it has been determined that the building has been substantially altered and does not demonstrate significance to a degree that would warrant retention.

Although the Kitchen wing is of interest as a representative 1950s structure and has a moderate degree of integrity, with the original structure evident despite additions, it is considered that the building does not demonstrate significance to a degree that would warrant retention.

As no works are proposed to the Main Building or to Dean House and the new hospital building sits behind the main building and does not impact on its setting, it is concluded that the subject proposal does not impact on the identified significance of the site as the new buildings and alterations to existing hospital buildings are separate from the identified built heritage elements.

The following conclusions/recommendations have been made in consideration of the proposed redevelopment to ensure the ongoing retention of the significant heritage values of the site:

1) The trees identified as NT 003 and 004 require relocation. These trees will relocate well and can be positioned in the central area of the site to complement the new works.
2) The potential archaeological resource requires consideration as there is potential for remains associated with numerous site buildings of varying periods. There are few basements and some areas of the site would be considered to have been minimally disturbed. A monitoring brief may be required for the redevelopment however no investigations are required prior to construction.
3) The extent of any potential Aboriginal archaeological resource is unknown however if any Aboriginal remains were discovered during works, works should immediately cease and the National Parks and Wildlife Service should be contacted for further advice, as required under Section 91 of the *National Parks and Wildlife Act 1974.*

1 Introduction

1.1 BACKGROUND

Urbis has been engaged by NSW Health Infrastructure to prepare the following Heritage Impact Statement. This Heritage Statement addresses the proposed Tamworth Hospital redevelopment.

The subject site contains numerous buildings of differing ages. The "Main Group of Hospital Buildings" is listed on the 2010 Tamworth Regional Local Environmental Plan. The "Main Hospital Block, 31 Dean St", is listed on the Register of the National Estate. A number of significant trees have also been listed on the Tamworth Council "Significant Tree Register" including the avenue of date palms along Moffitt Drive and three other specimens located near Dean House, the Physiotherapy Unit and Renal Unit respectively (refer section 2.8).

The "Main Group of Buildings" is not specifically defined in terms of the actual buildings included so this Statement provides an assessment and consideration of the significance of the site and its built environment and the impact on those buildings.

1.2 SITE LOCATION

The subject site spreads out in a north easterly direction from the corner of Dean and Johnston St. The hospital is located in North Tamworth, north of the main town centre.

FIGURE 1 – LOCATION OF THE SUBJECT SITE

[Source: Telstra Corporation 2007]

FIGURE 2 – AERIAL VIEW OF SITE

[Source: Google Maps]

1.3 METHODOLOGY

This Heritage Impact Statement has been prepared in accordance with the NSW Heritage Manual „Assessing Heritage Significance' (2001) guidelines.

The philosophy and process adopted is that guided by the Australia ICOMOS Burra Charter 1999.

1.4 AUTHOR IDENTIFICATION

Stephen Davies (Director) prepared the Impact Statement. Historical Research was compiled by Fiona Binns, largely sourced from existing documents and from existing site plans, photographs and aerials.

Unless otherwise indicated all site photographs were taken by Urbis.

The authors would like to acknowledge the use of the following documents in the compilation of the site history:

- Carey, Jim, (Public Affairs Officer Tamworth Regional Council) *Tamworth and Districts Early History.* September 2006.
- Hobden, Jim*, From Bark Hut to Base Hospital: A History of Tamworth Hospital 1840-1983.* Published by Tamworth Base Hospital Centenary Committee. 1983

The authors would also like to gratefully acknowledge Suzanne Streeter (Tamworth Hospital Archivist) for her assistance with the compilation of historical information.

1.5 THE PROPOSAL

Proposed works include:

- Demolition of the:
    1. Physiotherapy building
    2. Palliative Care building
    3. Clinics Building
    4. Renal Unit
    5. Kitchen/Dining Room
    6. Area stores Building
    7. Green Shed and,
    8. The Blood Bank
- Relocation of two trees identified as being of “significance”, and
- Erection of a new hospital building of four floors

No works are proposed to the 1884 Main Building or to Dean House.

This report was written with reference to the architectural drawings by MSJ Architects.

2 Site Description

The Tamworth Hospital is located at 31 Dean Street Tamworth and is known as Lot 2, DP 533835, Lot 99 and Part 109 of DP 753848.

FIGURE 3 – THE SUBJECT SITE

PICTURE 1 – PART VIEW OF THE ORIGINAL 1883 HOSPITAL

PICTURE 2 – THE 1973 BRUDELIN WING.

The site is solely used for hospital purposes, and stands on the original 10 acre block made over to the Trustees of the Benevolent Society in 1881.

The hospital was opened in 1884, and the earliest extant building on the site dates from 1883. Other key extant buildings relating to subsequent phases of development include:

- 1920s - The Isolation Block (now Renal Unit) 1921;
- 1930s - Dean House 1934 and Private and Intermediate ward, 1938 (NB, this refers to the front section only)
- 1940s - New Children's Ward and Obstetrics, 1942
- 1950s - New Kitchen Block 1951 likely the domestic services facility and TB wing 1956.
- 1960s - Johnston House 1965, the former Nurses training school and former medical Superintendants cottage.
- 1970s – The Swimming Pool 1970, the Brudelin Wing 1973 (designed 1969), and rebuilding of the Children's Ward 1979 as well as the Dental Clinic and Pathology New England facility, the Blood Bank and ambulance workshop. Modifications to the Kitchen win and Dean House.
- 1980s – Additions to the hydrotherapy facility (Ward 11), the children's ward, the blood bank, the Clinics building and likely construction of the Rotary Hostel and Lodge
- 1990s- The CADE unit and Banksia Mental Health Unit and the UDRH building that appears to have been constructed in the late 1990s or early 2000s.
- Post 2000 – The PADP shed and Ronald McDonald House accommodation.

The site slopes upwards from the corner of Dean and Johnston Streets, and despite a picturesque setting it has few cultural landscape items of significance. Significant trees and landscape elements have been included in section 2.8.

To the north and east of the site is open space, predominately grassland. To the west of the site is the heritage listed Correctional Centre. To the south of the site along Johnston St there is a motel and a number of residences.

There is no evidence available at this stage to indicate that the internal street or road pattern within the hospital grounds is of historical significance (other than the diagonal entry road off the corner of Dean and Johnston Sts with its associated plantings), or that development has followed any masterplan or historic development pattern. There were major redevelopments proposed in 1930 and in 1947 however neither of these proposals was executed.

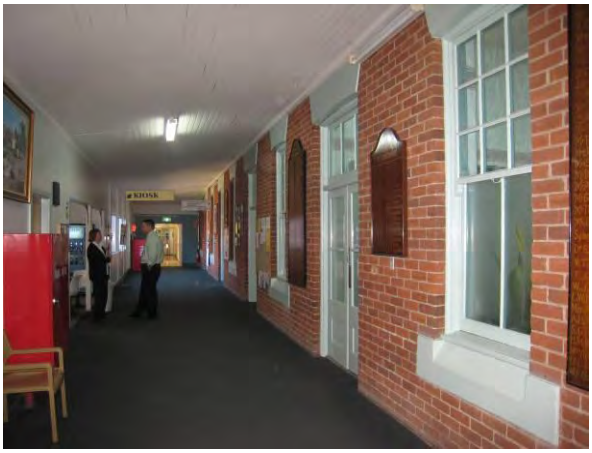
Urbis has undertaken extensive external and, in some cases internal, inspection of buildings and the site. The main items of heritage interest are considered to be The Main Block, the Renal Unit, Dean House, The Kitchen Wing, Johnston House, and the Children's Wards 8, 9 and 10.

2.1 THE MAIN BLOCK

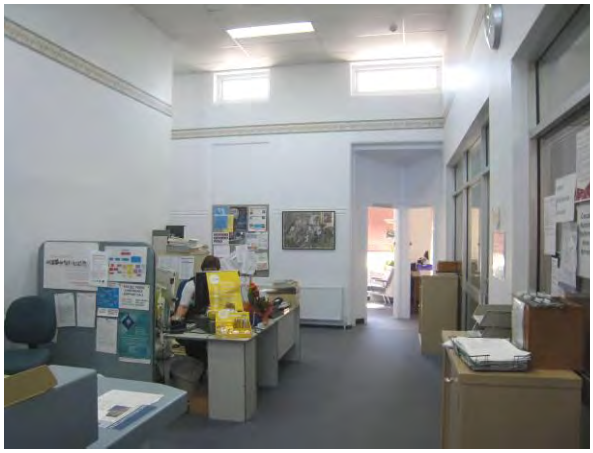
FIGURE 4 – THE 1883 HOSPITAL BUILDING

PICTURE 3 – THE PRINCIPAL ENTRY

PICTURE 4 – MODIFIED REAR ELEVATION



PICTURE 5 – VIEW OF THE EAST WING FROM THE ENCLOSED VERANDAH



PICTURE 6 – ONE OF THE MEDICAL ADMINISTRATION OFFICES.

The building known as the Main Block is the original 1884 building on the site, designed by JW Pender, with the addition of a 1906 wing to the south and further amendments by government architect Walter Liberty Vernon in 1909. It was constructed as the hospital however it is now used primarily for administration. It is a single storey (with basement) Victorian face brick and painted brick building that is primarily rectangular in plan form with series of hipped slate roofs (with a metal ridge vent) and a long verandah with a corrugated iron roof along the main southern façade. This verandah is broken by the projecting wings. At the western and eastern ends of the building the verandahs have been infilled to form corridors, and the facebrick structure is evident internally. There are rendered quoins and the windows openings have rendered sills and lintels. The majority of the timber joinery remains intact.

The building is no longer visible in the round, due to the number of connections on the north, east and west facades. The original north façade is obscured by a long lean to addition.

Internally, the building interiors have been altered although the joinery is generally intact, and there is evidently a timber floor under the carpet. The ceilings of the infilled verandah are timber boarded and raked, while the remainder of the (high) ceilings in the building are plaster and possibly pressed metal from various periods.

2.2 THE RENAL UNIT

FIGURE 5 – EXTERNAL VIEW OF THE RENAL UNIT

PICTURE 7 – WESTERN ELEVATION OF THE RENAL WARD WITH LEAN TO ADDITIONS FLANKING THE ORIGINAL BUILDING.

PICTURE 8 – THE SOUTHERN ELEVATION GABLE END.

The Renal Unit, believed to date from 1921, was originally a long rectangular, single story, face brick building with some remnant timber joinery. The terracotta pitched roof has timber boarded eaves at the north and south elevations, and boxed eaves running the length of the north elevation. The north and south elevations also have timber vents at the apex of the gable – these gable ends are the only decorative feature of the architecture of the building. There is a steel clad lean-to addition running the length of the building along the east façade, and a number of steel clad additions on the west façade, obscuring the original building. The north façade remains as the only unobstructed façade, with the south façade truncated by steel-roofed open walkways. It is difficult to read the external form of the building generally, as it has been much altered.

The interiors were only partially inspected internally and appear to be altered, with works including modifications to openings and finishes. The interior is only minimally detailed and is not distinct.

FIGURE 6 – INTERIOR OF THE RENAL UNIT

PICTURE 9 – CORRIDOR VIEW

PICTURE 10 – THE RECEPTION AREA

2.3 DEAN HOUSE

FIGURE 7 – EXTERIOR VIEWS OF DEAN HOUSE

PICTURE 11 – DEAN STREET ELEVATION

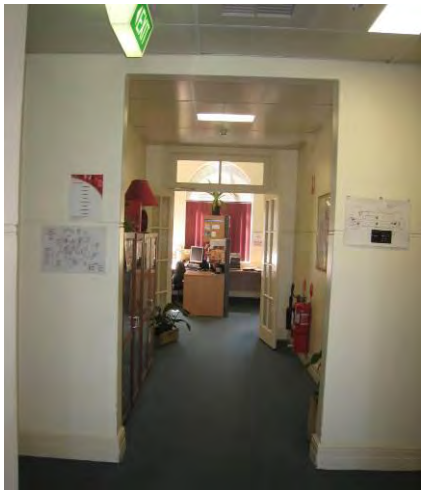
PICTURE 12 – SOUTHERN ELEVATION OF DEAN HOUSE,

Dean House was constructed in 1934 and was built and likely designed by the Public Works Department. It is a two storey face brick building with a terracotta tiled roof and simple brick chimneys. The building is oriented east/west with entries at both the east and west elevations, where it appears that covered loggias have been infilled with aluminium windows. The ground floor northern elevation loggia has also been infilled. Many of the original timber framed multi -paned sash windows are existing.

Internally Dean House is one of the more intact of the early hospital buildings and includes original features such as joinery, including skirtings, ceiling cornices, picture rails, doors (both internal timber doors and semi glazed loggia doors) and battened ceilings as well as the fireplace within the conference room. The floor plan is largely intact, with some modifications to rooms and room entries. New kitchenettes have also been provided.

FIGURE 8 – INTERIOR VIEWS OF DEAN HOUSE

PICTURE 13 – THE GROUND FLOOR CONFERENCE ROOM WITH ORIGINAL TIMBER FIREPLACE AND DETAILING



PICTURE 14 – VIEW FROM THE GROUND FLOOR SOUTHERN ENTRY TO THE NORTHERN VERANDAH ENCLOSURE.

2.4 THE KITCHEN WING,

FIGURE 9 – EXTERNAL VIEWS OF THE KITCHEN WING

PICTURE 15 – NORTH ELEVATION

PICTURE 16 – VIEW OF THE WESTERN ELEVATION SHOWING ACCRETIONS.

The Kitchen Wing is a two storey face brick building, dating from 1951, with a tiled roof (appears to be a concrete tile) and brick parapeted gables on the north and south facades. Along the west elevation is a single storey wing and a small upper storey section that appear original however the ground floor verandah has been infilled on the western side. The form of the ground floor is intact internally on the western side, though obscured by accretions. Along the east elevation is a steel roofed open walkway, and an addition at the southern end of the Building links it to the Main Block. The building has timber framed sash windows with timber transoms dividing each sash. Generally, however, the exterior is austere and institutional in its design.

Internally the building has been modified to accommodate contemporary industrial kitchen facilities (for the staff and hospital patients). On the upper level the building also houses office, security and storage areas with the upper floor accessed via a two storey timber enclosed external stair. While there are some likely intact internal features including ceiling cornices (in particular on the upper floor office areas) the interior is not highly detailed and is not considered significant.

FIGURE 10 – INTERIOR VIEWS OF THE KITCHEN WING

Picture 17 – Ground floor industrial kitchen servicing the patients

Picture 18 – First floor staff dining area

2.5 JOHNSTON HOUSE

FIGURE 11 – EXTERNAL VIEWS OF JOHNSTON HOUSE

PICTURE 19 – THE SOUTHERN JOHNSTON STREET ELEVATION

PICTURE 20 – THE NORTHERN WING (REAR).

Johnston House is a four storey face brick residential building, constructed in 1965 and designed by Cuninghame and Armstrong Architects from Newcastle (1961). In plan it is a Y-shape with 3 wings, with a low pitched terracotta hipped roof and overhanging eaves lined with timber boards. The bricks appear slightly rusticated. The windows are aluminium framed and vertically proportioned, and have concrete projecting window surrounds, with the bottom of each of the three window panes being translucent. Projecting balconies mark the junction of the wings on the southern elevation. There is a single storey addition to the east side of the north wing and the northern lift core has been added – other than this the exterior appears relatively intact.

The building was designed as nurses quarters and recreation areas, and was largely designed as a series of small accommodation rooms. The building has been modified in association with new uses and on the ground floor and first floor west wing this is most evident where the original floor plan has been partially demolished to create enlarged and open plan office areas. The original configuration is more intact on the upper floors where many of the rooms have been used as individual office suites, which is a more sympathetic use. A selection of rooms have also continued to be used for accommodation and feature original furnishings. Bathrooms are also intact on the second floor as is the nurses study albeit with modifications to the fireplace and the linen store (with dumb waiter/ linen lift). Modifications have been made to facilitate private access to the second floor, including enclosure of the northern stair and modifications to the ground floor western stair in association with a new external stair access. The kitchen on the second floor has been modified.

FIGURE 12 – INTERIOR VIEWS OF JOHNSTON HOUSE

PICTURE 21 – GROUND FLOOR WEST WING

PICTURE 22 – LEVEL TWO NORTHERN WING.

2.6 CHILDREN'S WARDS 8, 9 AND 10.

FIGURE 13 – EXTERNAL VIEWS OF THE CHILDREN'S WARD (TA18)

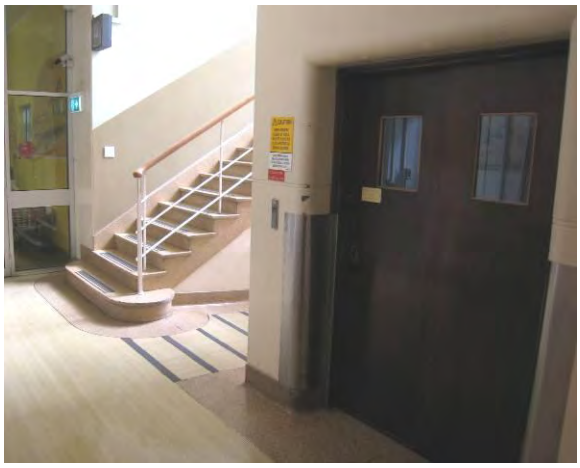
PICTURE 23 – NORTHERN ELEVATION OF THE CHILDREN'S WARD

PICTURE 24 – PRINCIPAL SOUTHERN ELEVATION OVERLOOKING THE EXIT ROAD TO DEAN STREET. FAÇADE FEATURES INFILLED LOGGIAS.

The Children's Wards and Obstetric block were opened in 1942 and appears to be architect designed, although to date this has not been confirmed. The building is sited on the location of the former nurses quarters (circa 1900) and it is not known whether the current structure (which likely began construction in 1938) built on or demolished that earlier structure. The building is a two to three storey face brick building with a terracotta tiled hipped roof and boxed eaves. It is connected to the west elevation of the 1884 building with a projecting parapetted tower element with a glass brick panel. Many of the timber framed sash windows survive, although there are many aluminium framed windows that may be infilling of earlier loggias, or may indicate additions to the original structure. On the north façade there is a curved projecting wing with a flat metal deck roof which appears to have originally been a double storey loggia.

It was extensively refurbished in 1979, and the extent of the alterations need to be more clearly established (however it appears that some of the original internal Pixie O'Harris murals have been removed, with the remaining murals concentrated in the entry to the ward). The original stair lobby and lift car are intact, however the remaining interiors have been variously refurbished; detailing is minimal and is not considered distinct (with the exception of the murals).

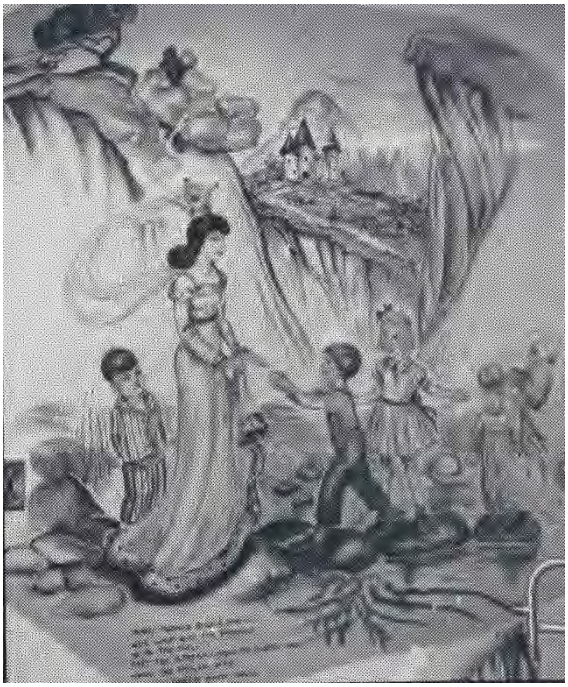
FIGURE 14 – INTERIOR VIEWS OF THE CHILDREN'S WARD



PICTURE 25 – THE INTACT STAIR LOBBY AND LIFT CAR

PICTURE 26 – ONE OF THE PIXIE O'HARRIS MURALS AT THE ENTRY TO THE WARD

FIGURE 15 – TWO OF THE FORMER SITE MURALS BELIEVED TO HAVE BEEN REMOVED.



PICTURE 27 AND PICTURE 28 – TWO OF THE PIXIE O'HARRIS MURALS. THE MURAL AT RIGHT WAS NOTED AS ONE OF THE FAVOURED MURALS. IT IS UNDERSTOOD THAT THE MURALS WERE TYPICALLY DESIGNED IN CONJUNCTION WITH THE PATIENTS AND SOMETIMES DEPICTED THEM.

SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 74

2.7 CORRUGATED SHED

FIGURE 16 – DOMESTIC SERVICES BUILDING

PICTURE 29 – VIEW OF THE NORTHERN AND EASTERN ELEVATIONS

This single storey corrugated shed is brick veneered on one elevation, and has a corrugated steel roof. It is likely that the building was constructed circa 1951 as part of temporary kitchen facilities while the new kitchen block was being constructed. Internally it has fibro lined walls and ceilings with battens, and is very utilitarian.

There is a similar shed to the south, which is in equally poor condition (this second shed is not noted on the plans).

2.8 LANDSCAPE ELEMENTS

It is likely that the strong diagonal entry road off the intersection of Johnston and Dean Streets represents the location of the original drive. The road from the front gate to the hospital entrance was first paved in 1916 by volunteer council employees free of charge. The road was then re-surfaced in 1937 with bitumen donated by Shell, Vacuum, Texaco and the Atlantic Union Oil Company together with Sulcor Quarry[1]. The work was undertaken by volunteers from the engineer's branch of Tamworth Council, supervised by Mr. Cross, the engineer.[2]

The site includes a number of significant trees which are independently listed on the Tamworth City Council Register of Significant Trees, these include the following:

- The White Box (*Eucalyptus albens*) situated between Dean House and Ward 9 on the southern side of the exit road. The tree is approximately 18m high, and is estimated to be over 100 years of age. It is assumed to be a remnant of the site's original vegetation prior to the development of the hospital.[3]
- The group of 24 date palms (*Phoenix dactilyfera*) lining the original hospital drive (Moffitt Drive). The trees have a range of 7-9m heights with a canopy spread of 5-8m. It is likely that the trees were planted circa 1920[4], which would make them roughly contemporary to the first paving of the drive in 1916. It is noted that the car parking on the western zone has encroached on the plant root zone of the palms however it is not determined whether this is affecting the condition of the trees. The trees are significant as a distinctive landmark element that sharply delineates the main approach to the hospital.[5]
- The Canary Island Date Palm (*Phoenix canariensis*) in the garden behind the Physiotherapy building. The tree is significant as a remnant of the hospitals kitchen garden that was used to supplement its requirement for fresh fruit and vegetables[6].
- The Cotton Palm (*Washingtonia filifera*) situated between the renal/ paediatrics unit and the Nioka Palliative Care unit. The size of this tree (approximately 12m with canopy of 4.5m) suggests an age of approximately 100 years which would suggest it had been planted in the early stages of the hospital. The register further notes that more information is required to supplement the Statement of Significance.[7]

[1] Hobden, Jim, From Bark Hut to Base Hospital: A History of Tamworth Hospital 1840-1983. Published by Tamworth Base Hospital Centenary Committee. 1983. pg 87

[2] Ibid

[3] Tamworth City Council Register of Significnat Trees, Registration sheet No. NT 001

[4] Tamworth City Council Register of Significnat Trees, Registration sheet No. NT 002

[5] Ibid.

[6] Tamworth City Council Register of Significnat Trees, Registration sheet No. NT 003

[7] Tamworth City Council Register of Significnat Trees, Registration sheet No. NT 004

3 History

The early history of white settlement in Tamworth and nearby areas is inextricably bound to the ambitions and activities of the Australian Agricultural Company - often known by the simpler title of the A.A. Company.

Part of the momentum for its formation can be attributed to the findings of Commissioner J.T. Bigge who, in 1819, conducted a detailed investigation into conditions in the NSW colony. Bigge's inquiries (three comprehensive reports in total) were set against the background of needs such as that of moving the colony out of its convict phase and the wool industry's importance to the British economy. He recommended that, as a matter of urgency, joint stock ventures should be established to develop fine-wool growing, and that settlers be given economic incentives to open up and settle new areas. In suggesting these directions, Bigge's had been particularly impressed by the example of John Macarthur's application of capital to breeding merino sheep. The company was formed in London in December 1824, and incorporated by Royal Charter for the "cultivation and improvement of wastelands in the colony of New South Wales and other purposes amongst which was the production of fine merino wool as an article of export to Great Britain"……..

The AA Company was given an initial land grant of one million acres (405,000 hectares) in an unsettled area of its choice – subject to certain conditions. In return for the land grant, the company was to be responsible for the health, education, public worship, maintenance of law and order and general administration in its area. It was also required to allow for public through-roads and to provide gainful employment to a number of the Colony's convicts. 313,298 acres (121,410 hectares) which extended from the southern bank of Peel River at what was to become Tamworth as far as Nundle, Attunga and Duri.

Something of the "natural setting" of early urban Tamworth can be understood from the written descriptions of John Crawford, the first teacher at the National School, in 1855. He mentioned possums the screams of possums and the gaze of native bears from trees, proliferations of Bathurst burrs growing as tall as men after rain, and stumps everywhere (even the location of some buildings being referenced by their proximity to well-known stumps)[8].

The early Tamworth hospitals

The first hospital in Tamworth was a small slab hut with a bark roof and earth floor, and is believed to have opened in the late 1840s. This became known as the Ebsworth St hospital. However by the 1850s the demand for hospital accommodation had increased because of the increase in the workforce of the Australian Agricultural Company (a large employer in the area), and because of the increasing number of travellers and those using Tamworth as a base to work the diggings gold at nearby Peel, Bingara and Rocky River.

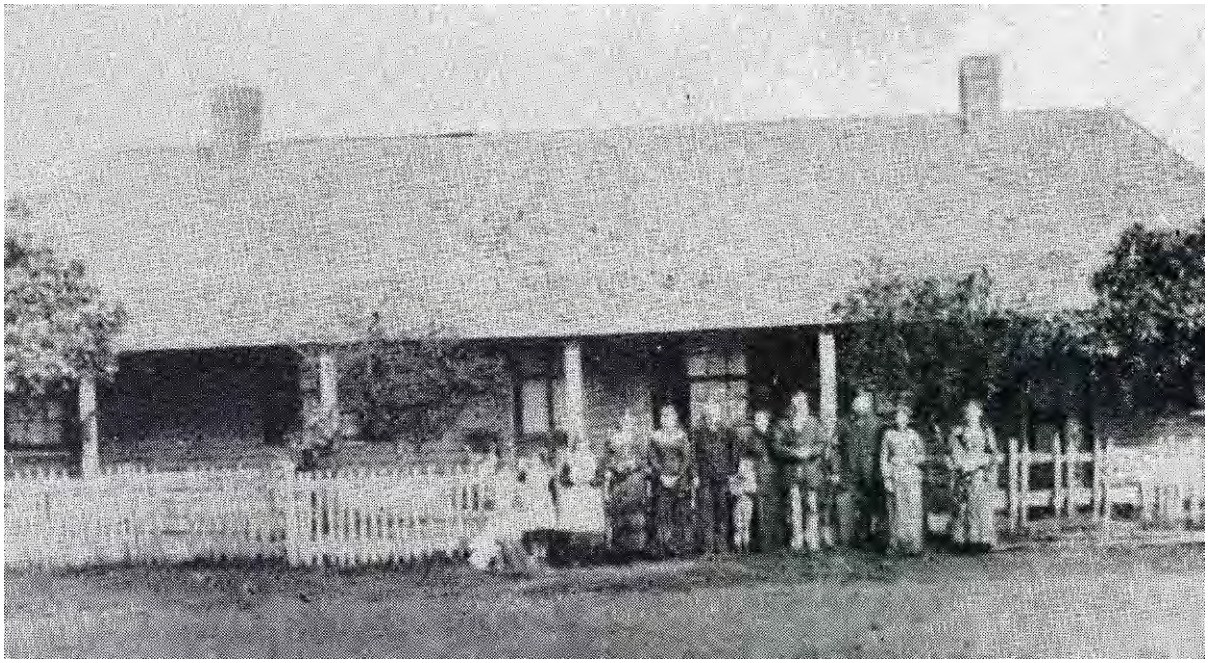
Following a public meeting in 1854, the Tamworth hospital and Benevolent Society was formed with the aim of facilitating the erection of a modern hospital. During 1854 a site was secured in Peel St – possibly as a gift from John Gill who held all of the surrounding land in the area. Funds for the hospital building were raised both locally and with Government assistance, and the building was constructed of brick with a shingle roof, and four small wards. Two other buildings associated with the hospital were constructed nearby (one being a mortuary).

The hospital affairs were controlled by the Hospital and Benevolent Society until 1862 when the hospital was incorporated as Tamworth District Hospital.

The Peel St Hospital was recorded as being "in a very pitiable and deplorable condition" in 1884, and "inadequate" and "in a deplorable state" in January 1885. It was abandoned in October 1885.

[8] Carey, Jim. Tamworth and Districts Early History: http://www.tamworth.nsw.gov.au/data/portal/00004792/content/16693001160356172810.pdf

FIGURE 17 – THE PEEL STREET HOSPITAL



PICTURE 30 – EARLY PLAN OF THE ORIGINAL HOSPITAL BUILDING. THE PLAN IS UNDATED HOWEVER CERTAINLY PREDATES THE 1906 ALTERATIONS.

SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 106

Development of the current hospital

In 1881 an application was submitted to the Government for a ten acre block opposite the newly constructed goal, which was approved, and the site was made over to the Trustees of the Benevolent Society. In 1883 plans for the new hospital were developed by JW Pender, an architect from West Maitland, and in late 1883/early 1884 construction was commenced by Burke and Wilson. The building was completed and handed over by October 1884; however the hospital did not commence operation until October 1885 due to a lack of furniture and equipment.

Alterations were noted as early as 1887 when roof repairs were made to the original hospital building and 1889 when the original building was first repainted. In 1906 a donation saw the addition of the operating theatre to the front of the main 1884 building. Various other alterations and expansions are recorded throughout the early 1900s, alterations took place in 1910 (the nature of the additions is unknown however they were noted as “extensive”) in association with the ongoing need to increase the hospitals patient capacity with further alterations to the male ward in 1911 and the nurses quarters in 1914.

The early hospital site provided its own fruit and vegetables and also kept their own fowls. A dairy was first established in 1924 however the intervention of the Second World War and regulations in pasteurisation brought an end to the dairying activities.

While a number of early Victorian and early 20th century structures have been noted in the historical development of the site, including the 1866 mortuary, the early isolation block, the former RMO’s residence (in front of the main building) and the detached laundry and new nurses quarters (both dating to 1900) these structures have long since been demolished and the following history principally considers the remaining site buildings.

The isolation ward (renal unit) was constructed in 1922 followed by Dean House in 1934 which was built by the Department of Public Works, to provide on-site accommodation for the nursing staff. The private and intermediate wards (front section of current wards 8,9 and 10) were constructed circa 1938 however it is not known whether the construction built on or demolished an earlier structure (the former nurses quarters circa 1900) which is known to have been on that site. It I likely that the 1938 works were contemporary to the construction and development of the Children’s Ward and Obstetric block which was

opened in 1942. The children's ward was then modified in 1946 with verandah enclosures to allow for expansion of patient facilities, the Pixie O'Harris murals were painted in 1951 and the ward was also substantially modified in 1979. The new kitchen wing was constructed circa 1951 and the TB ward with associated nursing accommodation was constructed circa 1956 (now Palliative Care and Clinics buildings, though each have been substantially modified). The nurses training school (now Physiotherapy department) was constructed in the early 1960s, to the north west of the TB ward, on the opposite side of the road.

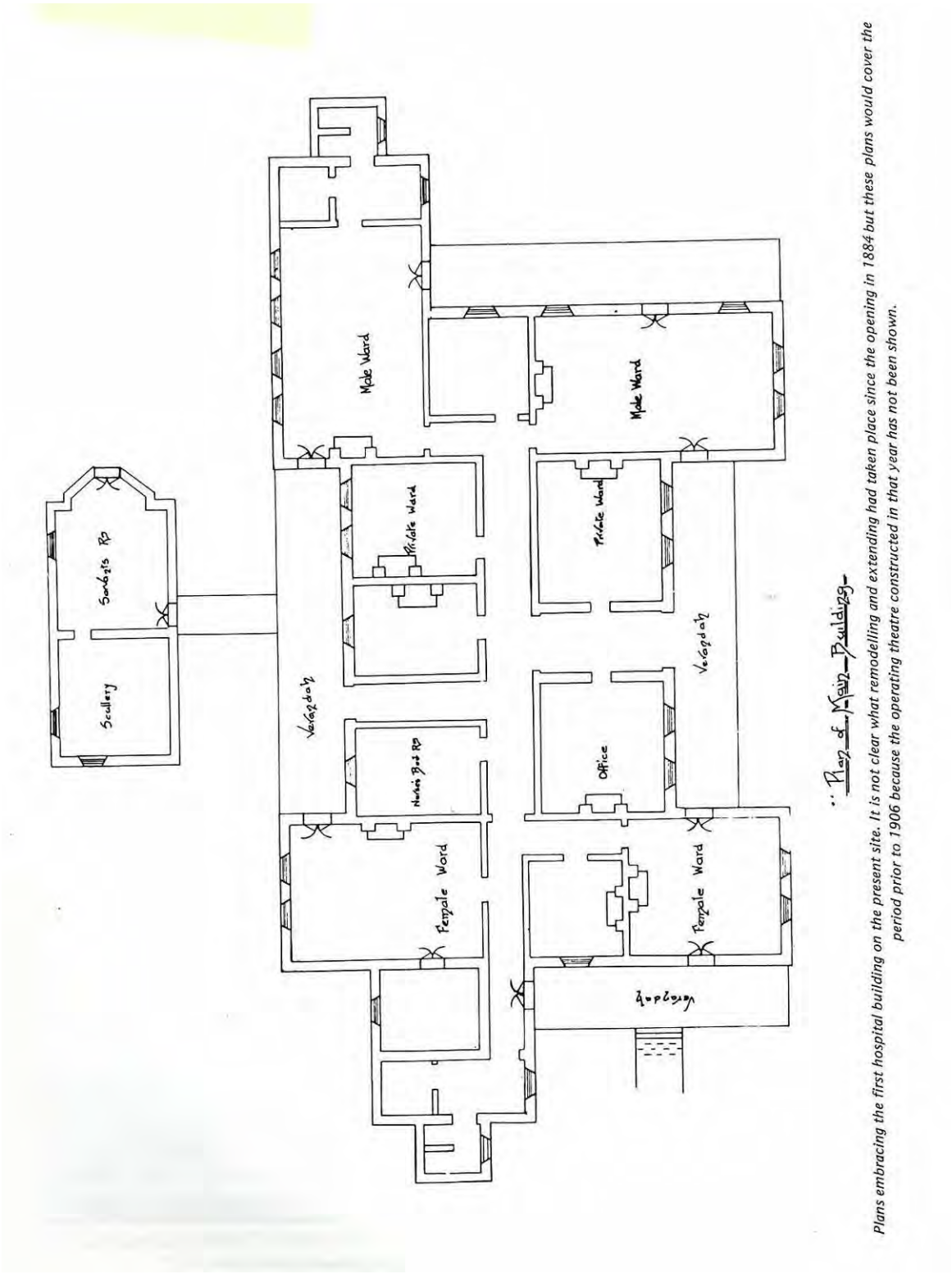
Johnston House, a prominent and large building on the site, was constructed for nursing staff in 1965. The building replaced various temporary quarters around the site and provided a second purpose built facility following on from Dean House. The building comprised 108 bedrooms with lounge and study facilities, recreational areas and terraces. The Medical Superintendents cottage was constructed the same year (now used as accommodation for the diabetes centre), and the imposing Brudelin Wing was constructed in 1973. Facilities were expanded with the development of the new laundry and boiler house (circa 1968 and extended in 1979), the rehabilitation pool (circa 1970), the circular blood bank (1979 with later extension) and the Ambulance workshop (begun in 1979.) The dental clinic and pathology buildings were also built in the 1970s.

Post 1970s works also included expansion of the hospital site into the north eastern and northwestern quadrants of the site. More recent works have included the development of the Diabetic Centre, the CADE and Banksia Mental Health Units and probably the Koolkuna building and the UDRH building (in front of the Brudelin wing) all of which were likely to have been constructed in the 1990s. The Rotary Hostel and Lodge were also constructed some time between 1983 and 2000. The PADP shed and Ronald MacDonald House accommodations were constructed since 2000. It is understood that the PADP shed was only recently completed (circa 2009).

The site has a long association with the Government Architects Branch and Public Works who have designed and constructed a number of site buildings, however it is also noted that throughout the site development, the hospitals own tradesmen have been actively involved in building works. In the Victorian period, works to the hospital grounds were undertaken by prison labour.

The expansion and development of the site is demonstrated in the following collection of site maps, aerials and plans (refer figure 18) and an existing site plan has been provided at Appendix A which provides dates for the various site buildings.

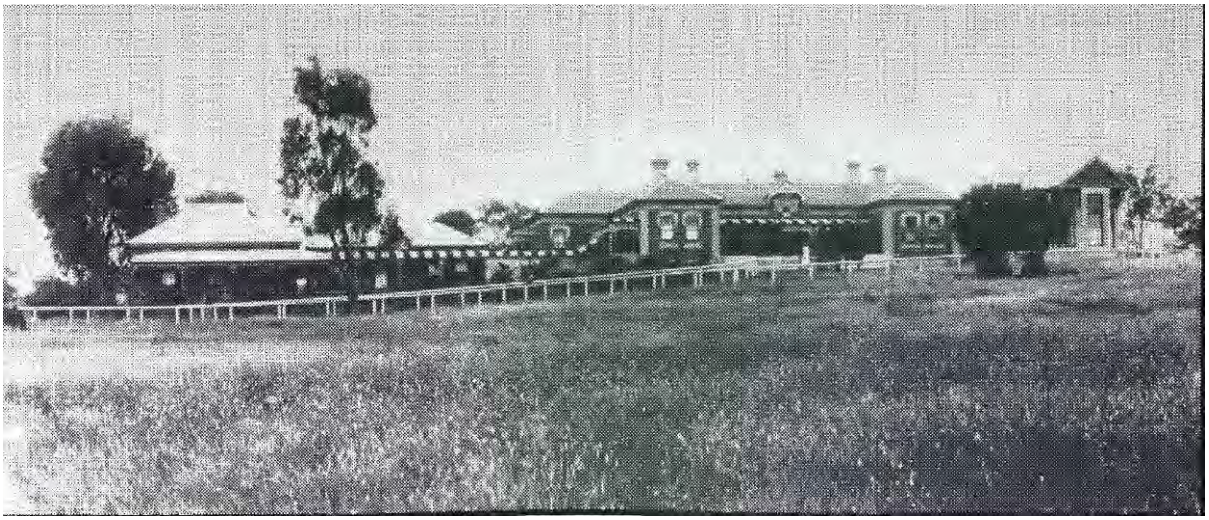
FIGURE 18 – AERIAL VIEWS, PHOTOS AND SITE PLANS DOCUMENTING SITE DEVELOPMENT.



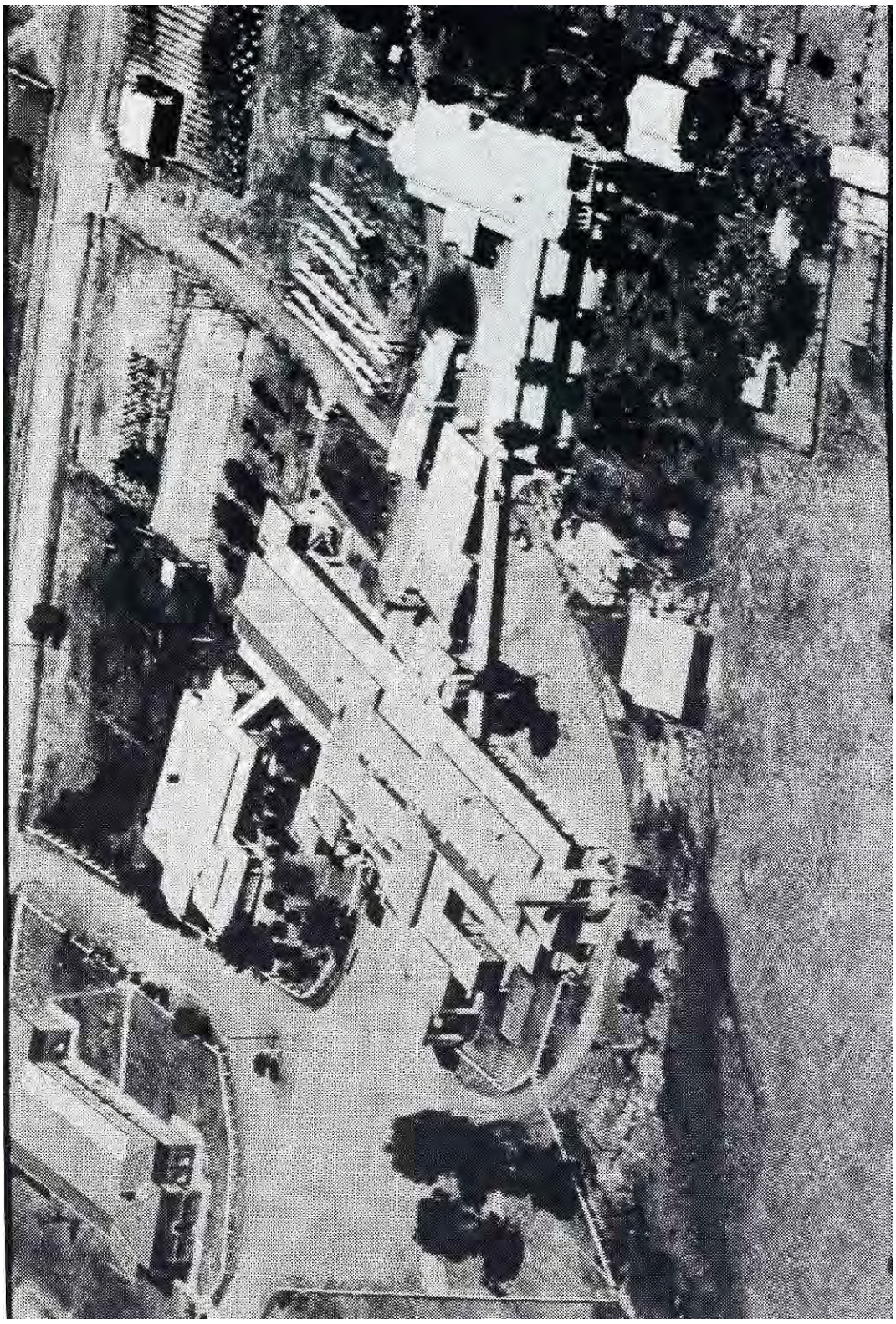
PICTURE 31 – EARLY PLAN OF THE ORIGINAL HOSPITAL BUILDING. THE PLAN IS UNDATED HOWEVER CERTAINLY PREDATES THE 1906 ALTERATIONS.

SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 106

PICTURE 32 – CIRCA 1900 VIEW OF THE HOSPITAL, PRIOR TO THE 1906 ADDITIONS.
SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 52

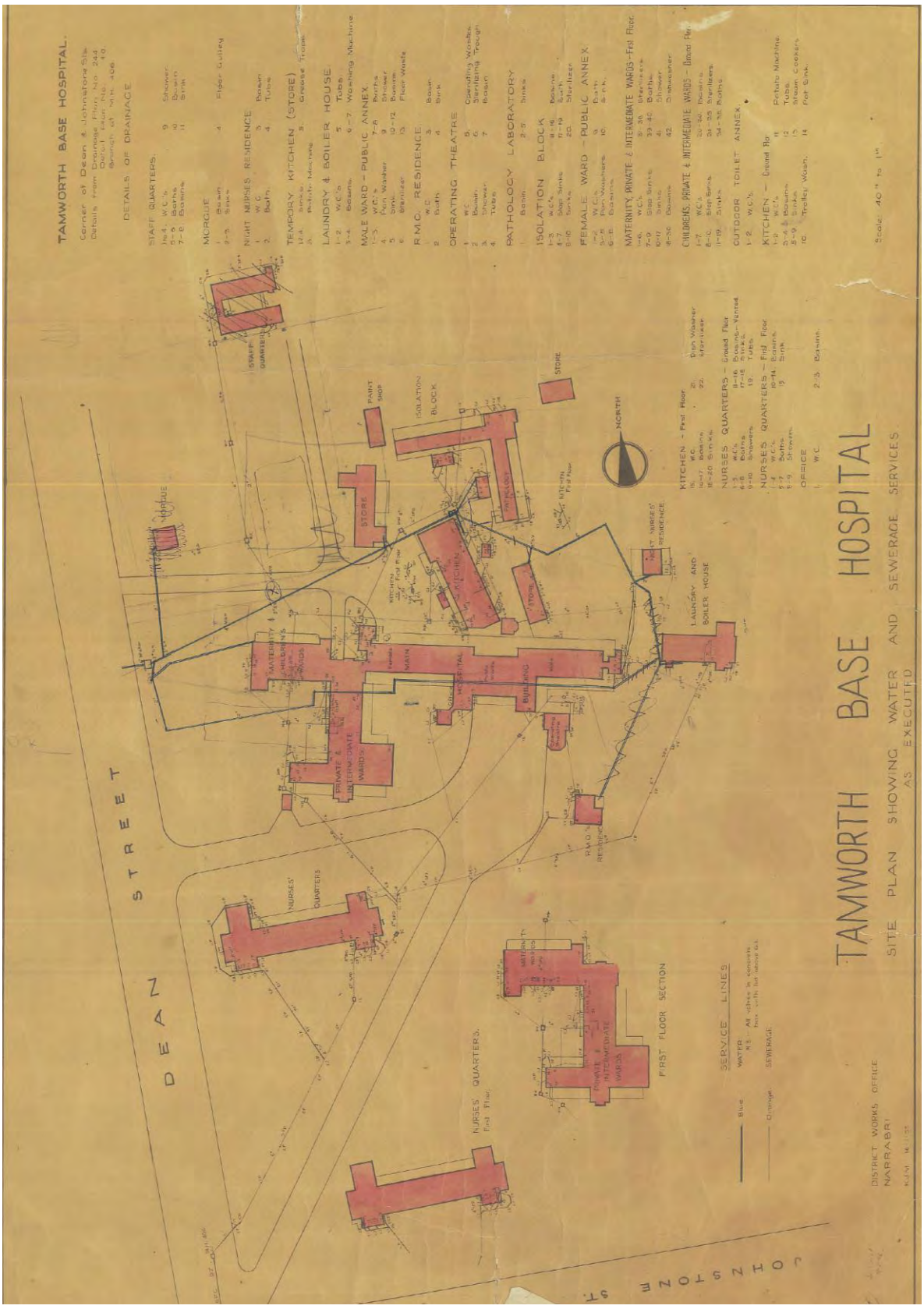


PICTURE 33 – 1918 VIEW OF THE HOSPITAL SHOWING THE VICTORIAN NURSES QUARTERS AT LEFT (NOW DEMOLISHED) AND THE 1906 ADDITION FOR THE OPERATING THEATRE AT RIGHT.
SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 7



PICTURE 34 – 1934 AERIAL VIEW OF THE HOSPITAL SITE SHOWING THE ORIGINAL HOSPITAL BUILDING, THE FORMER KITCHEN WING, THE ISOLATION WARD (RENAL UNIT) AND THE NEWLY BUILT DEAN HOUSE. THE GROUNDS ALSO FEATURE A TENNIS COURT, GARDENS AND WHAT APPEAR TO BE FOOD CROPS. SMALLER STRUCTURES IN THE FOREGROUND HAVE SINCE BEEN DEMOLISHED, ALONG WITH THE STRUCTURE AT THE TOP RIGHT HAND CORNER ON DEAN STREET, WHICH MAY BE A RESIDENCE.

SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 35

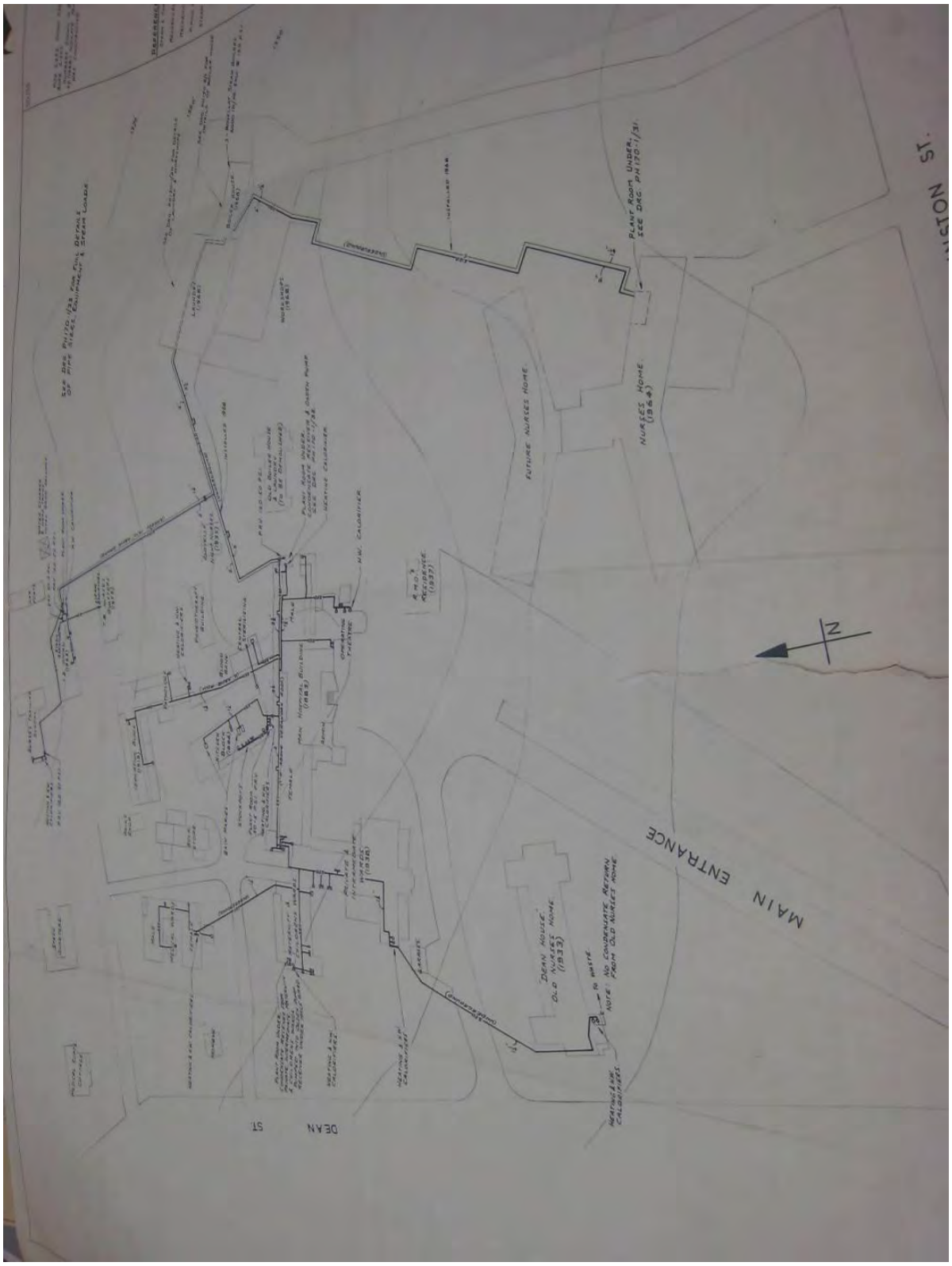


PICTURE 35 – 1953 SITE PLAN PRODUCED BY THE DISTRICT WORKS OFFICE, NARRABRI
SOURCE: TAMWORTH HOSPITAL

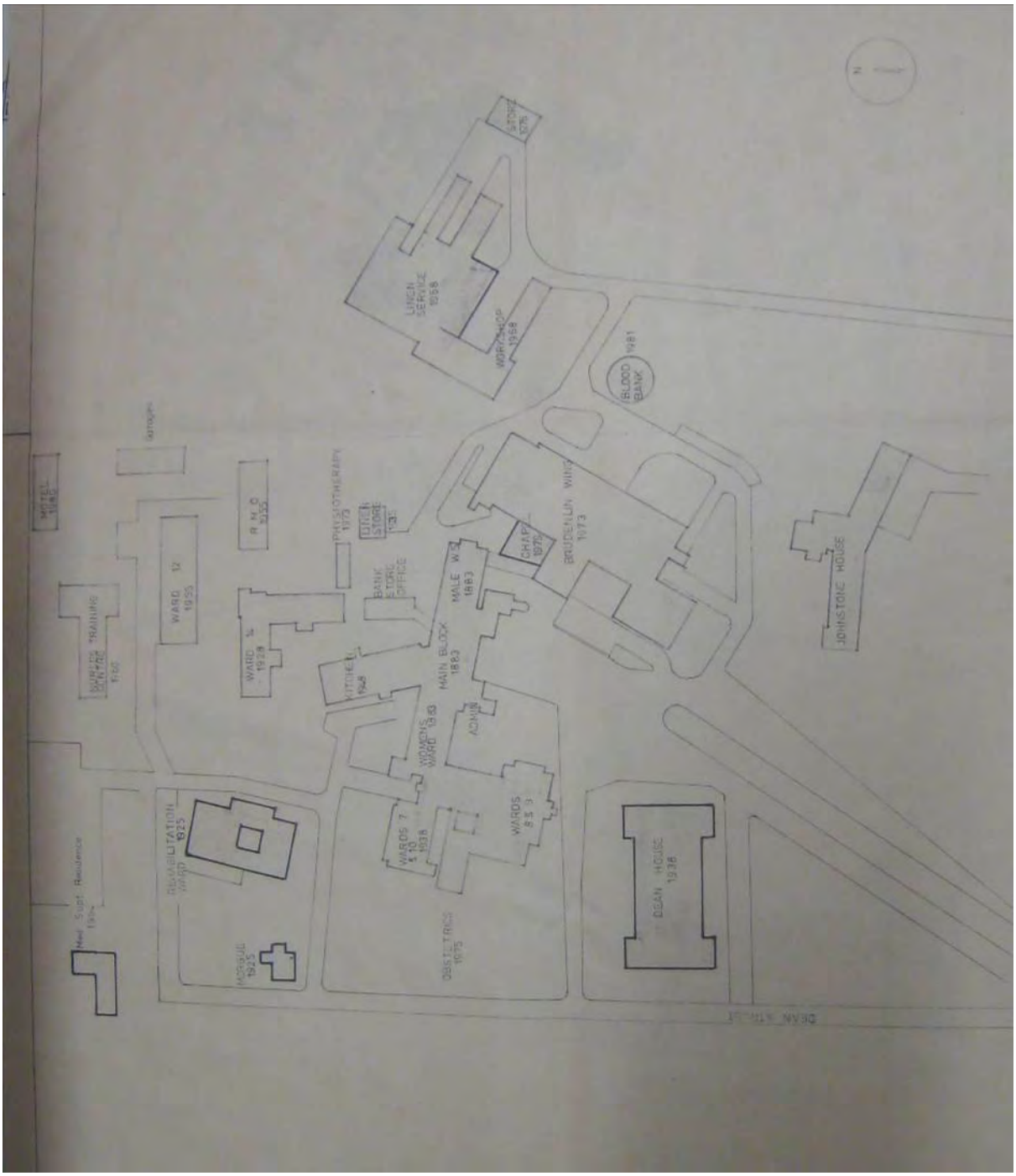
PICTURE 36 – 1957 AERIAL VIEW
SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 5

PICTURE 37 – 1965 AERIAL PRESENTED BY G.A SOLOMONS ESQ. ON THE OPENING OF THE NEWLY BUILT JOHNSTON HOUSE (SHOWN AT RIGHT). THE VIEW ALSO SHOWS SOME ADDITIONAL DEVELOPMENT IN THE NORTHEAST AND NORTHWEST QUADRANTS.

SOURCE: TAMWORTH HOSPITAL ARCHIVE



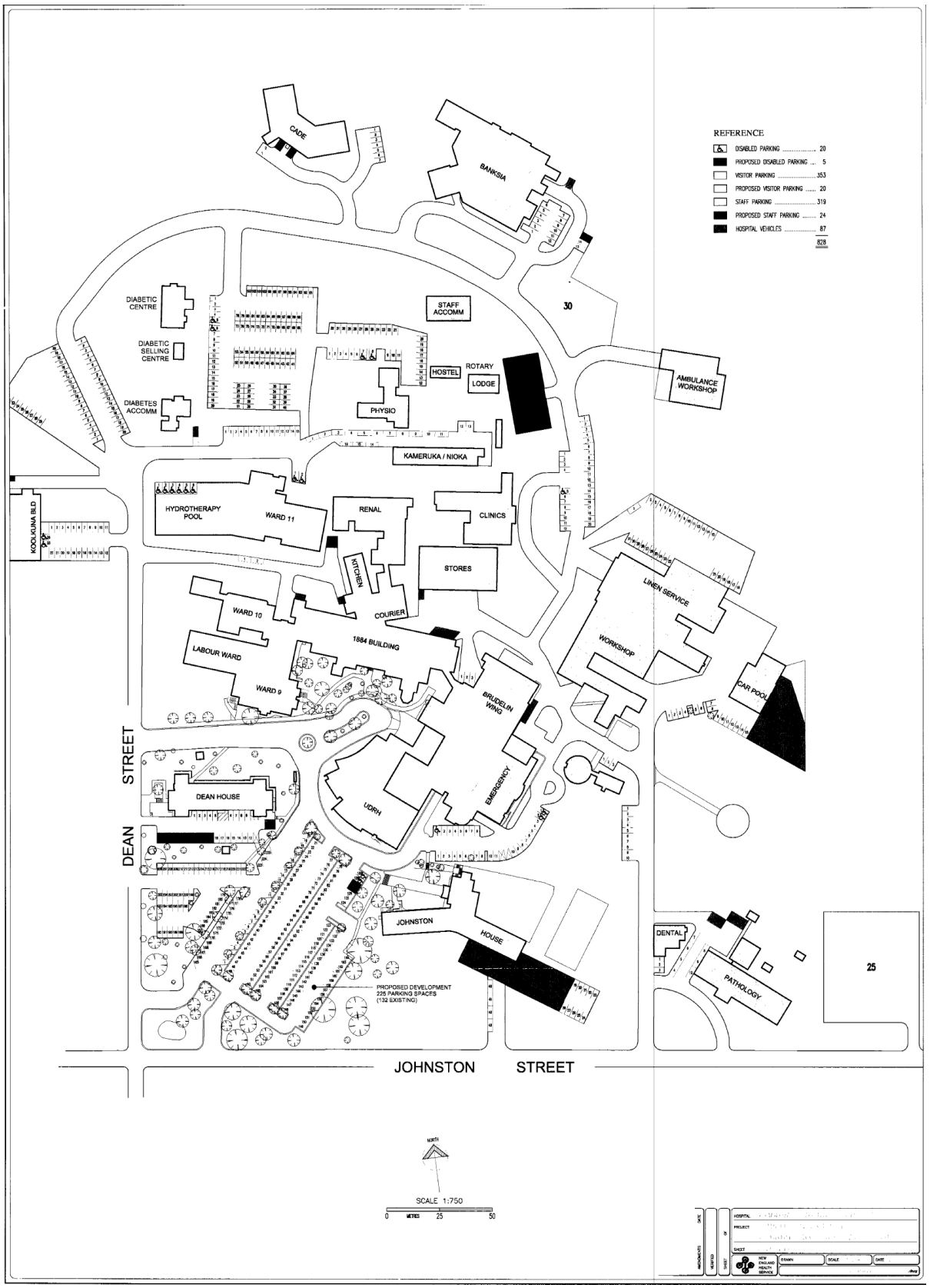
PICTURE 38 – 1968 SITE PLAN
SOURCE: TAMWORTH HOSPITAL



PICTURE 39 – 1982 SITE PLAN DRAWN BY THE DEPARTMENT OF PUBLIC WORKS (PLAN ROOM NUMBER NA4-337)
SOURCE: TAMWORTH HOSPITAL

PICTURE 40 – 1983 AERIAL OF THE TAMWORTH BASE HOSPITAL (WITH EASTERLY ASPECT)
SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 20

PICTURE 41 – 1983 AERIAL OF THE TAMWORTH BASE HOSPITAL (WITH MORE NORTHERLY ASPECT)
SOURCE: FROM BARK HUT TO BASE HOSPITAL: A HISTORY OF TAMWORTH HOSPITAL 1840-1983. PAGE 22



PICTURE 42 – CIRCA 2001 SITE PLAN
SOURCE: TAMWORTH HOSPITAL

4 Assessment of Significance Tamworth Base Hospital

4.1 ASSESSMENT CRITERIA

The following assessment of heritage significance has been prepared in accordance with the „Assessing Heritage Significance' (2001) guideline from the *NSW Heritage Manual*.

[Note: An item will be considered to be of state or local heritage significance if, in the opinion of the Heritage Council of NSW, it meets one or more of the following criteria.]

TABLE 1 – HERITAGE SIGNIFICANCE

Criteria	Description	Significance Assessment
A – Historical Significance	*An item is important in the course or pattern of the local area's cultural or natural history.*	The Tamworth Base Hospital has historic significance at a local level for its establishment in 1881 and its consistent use as a hospital since that period. The site has therefore been a focus of the Tamworth community for over 150 years.
B – Associative Significance	*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.*	The site has local associational significance for links to Brudelin and other local identities who have been instrumental in establishing and donating to the hospital.
C – Aesthetic Significance	*An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in the local area.*	The original hospital building (1884) has aesthetic significance at a state level for its original design by JW Pender and for subsequent additions by WL Vernon (1906). In addition the site contains representative examples of buildings form the 1920s,30s and 50s and significant tees.
D – Social Significance	*An item has strong or special association with a particular community or cultural group in the local area for social, cultural or spiritual reasons.*	The site is of social significance as a provider of hospital services for over 150 years.
E – Research Potential	*An item has potential to yield information that will contribute to an understanding of the local area's cultural or natural history.*	The potential archaeological resource requires further investigation It is acknowledged that the site is highly altered and disturbed, however there are few basements and some resource may survive which may be of significance to require monitoring.
F – Rarity	*An item possesses uncommon, rare or endangered aspects of the local area's cultural or natural history.*	The site is not rare.
G – Representative	*An item is important in demonstrating the principal characteristics of a class of NSW's (or the local area's):* ▪ *cultural or natural places; or* ▪ *cultural or natural environments.*	The site is representative of institutional sites in continual use, in that there are a variety of building types on the site. However, it is unusual that there has not been a masterplan or overarching architectural or planning vision for the development of the site.

4.2 STATEMENT OF SIGNIFICANCE

The Tamworth Base Hospital has historic significance at a local level for its establishment in 1881 and its consistent use as a hospital since that period and as a focus of the Tamworth community for over 150 years. The site has local associational significance for links to Brudelin and other local identities who have been instrumental in establishing and donating to the hospital.

The original hospital building (1884) has aesthetic significance at a state level for its original design by JW Pender and for subsequent additions by WL Vernon (1906).

In addition the site contains representative examples of buildings form the 1920s, 30s and 50s,such as Dean House, The Children's Wing and Johnston House. There are a number of identified significant trees associated with the planning of the hospital grounds.

The 1883 Building and Dean House are considered to be the only two buildings that reach the threshold of significance for conservation.

The Children's Ward 8, 9 &10, Johnston House, the Kitchen Wing and the Renal Unit are worthy of recording prior to demolition.

The site is of social significance as a provider of hospital services for over 150 years

The potential archaeological resource requires further investigation as there are few basements and some resource may survive which may be of significance to require monitoring. The site is representative of institutional sites in continual use, in that there are a variety of building types on the site. The site is a product of organic rather than planned growth.

5 Impact Assessment

5.1 HERITAGE LISTING

The “Main Group of Hospital Buildings” is listed on the 2010 Tamworth Regional Local Environmental Plan. The “Main Hospital Block, 31 Dean St”, is listed on the Register of the National Estate. A number of significant trees have also been listed on the Tamworth Council “Significant Tree Register” including the avenue of date palms along Moffitt Drive and three other specimens located near Dean House, the Physiotherapy Unit and Renal Unit respectively (refer section 2.8).

Tamworth	Main group of hospital buildings	31 Dean Street	Lot 2, DP 533835; Lot 99, Part Lot 109, DP 753848	Local	I361

Heritage Map Sheet HER-004C

5.2 STATUTORY CONTROLS

5.2.1 LOCAL ENVIRONMENTAL PLAN

The proposed works are addressed in the table below in relation to the relevant clauses in the LEP.

TABLE 2 – RELEVANT LEP CLAUSES

CLAUSE	DISCUSSION
5.9 Preservation of trees or vegetation ((1) The objective of this clause is to preserve the amenity of the area, including biodiversity values, through the preservation of trees and other vegetation. T(2) This clause applies to species or kinds of trees or other vegetation that are prescribed for the purposes of this clause by a development control plan made by the Council. **Note.** A development control plan may prescribe the trees or other vegetation to which this clause applies by reference to species, size, location or other manner. ((3) A person must not ringbark, cut down, top, lop, remove, injure or wilfully destroy any tree or other vegetation to which any such development control plan applies without the authority conferred by: ((a) development consent, or ((b)a permit granted by the Council. T(4) The refusal by the Council to grant a permit to a person who has duly applied for the grant of the permit is taken for the purposes of the Act to be a refusal by the Council to grant consent for the carrying out of the activity for which a permit was sought. T(5) This clause does not apply to a tree or other vegetation that the Council is satisfied is dying or dead and is not required as the habitat of native fauna. T(6) This clause does not apply to a tree or other vegetation that the Council is satisfied is a risk to human life or property. ((7) A permit under this clause cannot allow any ringbarking, cutting down, topping, lopping, removal, injuring or destruction	There are three individual trees and a row of trees on the site included on the Council’s significant tree register. NT001- Eucalyptus Albens- white box, situated between Dean House and Ward 9 – on the southern side of the exit road- is not affected by the proposed development. NT002- row of Phoenix Dactylifera- date palm- planted on either side of Moffit Drive- entry to hospital are not affected by the proposed development. NT003- Phoenix Caneriensis- Canary Island Date Palm- in garden behind the physiotherapy building. It has been determined that the tree can and should be transplanted. NT004- California Washingtonia- Cotton Palm- growing between the Renal/Paediatrics Unit and Palliative Care Unit. It has been determined that the tree can and should be transplanted. .

CLAUSE	DISCUSSION
of a tree or other vegetation:	
t(a) that is or forms part of a heritage item or that is within a heritage conservation area, or	Not applicable
t(b) that is or forms part of an Aboriginal object or that is within an Aboriginal place of heritage significance,	Not applicable
(unless the Council is satisfied that the proposed activity:	
i(c) is of a minor nature or is for the maintenance of the heritage item, Aboriginal object, Aboriginal place of heritage significance or heritage conservation area, and	Not applicable
((d) would not adversely affect the heritage significance of the heritage item, Aboriginal object, Aboriginal place of heritage significance or heritage conservation area.	Not applicable
Note. As a consequence of this subclause, the activities concerned will require development consent. The heritage provisions of clause 5.10 will be applicable to any such consent.	
T(8) This clause does not apply to or in respect of:	
t(a) the clearing of native vegetation:	
t((i) that is authorised by a development consent or property vegetation plan under the *Native Vegetation Act 2003*, or	Not applicable
t((ii) that is otherwise permitted under Division 2 or 3 of Part 3 of that Act, or	Not applicable
t(b) the clearing of vegetation on State protected land (within the meaning of clause 4 of Schedule 3 to the *Native Vegetation Act 2003*) that is authorised by a development consent under the provisions of the *Native Vegetation Conservation Act 1997* as continued in force by that clause, or	Not applicable
t(c) trees or other vegetation within a State forest, or land reserved from sale as a timber or forest reserve under the *Forestry Act 1916*, or	Not applicable
((d) action required or authorised to be done by or under the *Electricity Supply Act 1995*, the *Roads Act 1993* or the *Surveying and Spatial Information Act 2002*, or	
((e) plants declared to be noxious weeds under the *Noxious Weeds Act 1993*.	
Note. Permissibility may be a matter that is determined by or under any of these Acts.	
5.9AA Trees or vegetation not prescribed by development control plan	
T(1) This clause applies to any tree or other vegetation that is not of a species or kind prescribed for the purposes of clause 5.9 by a development control plan made by the Council.	Not applicable
T(2) The ringbarking, cutting down, topping, lopping, removal, injuring or destruction of any tree or other vegetation to which this clause applies is permitted without development consent.	Not applicable

CLAUSE	DISCUSSION
5.10 Heritage conservation **((1) Objectives** The objectives of this clause are as follows: t(a) to conserve the environmental heritage of the Tamworth Regional Council area, t(b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views, t (c) to conserve archaeological sites, t(d) to conserve Aboriginal objects and Aboriginal places of heritage significance.	Not applicable
R(2) Requirement for consent Development consent is required for any of the following: ((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): a (i) a heritage item, ((ii) an Aboriginal object, ((iii) a building, work, relic or tree within a heritage conservation area, ((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, (c) disturbing or excavating an archaeological site while knowing, or having reasonable cause to suspect, that the disturbance or excavation will or is likely to result in a relic being discovered, exposed, moved, damaged or destroyed, ((d) disturbing or excavating an Aboriginal place of heritage significance, ((e) erecting a building on land: (i) on which a heritage item is located or that is within a heritage conservation area, or ((ii) on which an Aboriginal object is located or that is within an Aboriginal place of heritage significance, s(f) subdividing land: o(i) on which a heritage item is located or that is within a heritage conservation area, or o(ii) on which an Aboriginal object is located or that is within an Aboriginal place of heritage significance.	Of the four significant tree registrations on the site two will require relocation due to the works on the new hospital wing. These two trees, being NT 003 and NT004 should be relocated on the site within the vicinity of the main building if possible. The proposal is to retain those buildings on the site identified as being of heritage significance. No works are proposed to a building of identified significance in this report. Whilst a number of buildings are to be demolished it has been assessed that they are not of such significance or have been so altered that they do not reach the threshold for conservation. The two buildings of identified significance, being the1884 Main Building and Dean House are to be retained for their current functions. There are also other buildings on the site which are to be retained as they are but these buildings are not considered to be significant. There are no known archaeological relics on the site however a watching brief is recommended if any potential relics are uncovered during construction. There are no known aboriginal objects or places known to exist on the subject site. It has been heavily disturbed since 1833 The site is a heritage item and this statement has assessed the significance of the site and determined those places to be of interest. The proposed new hospital building is set back from the rear of the Main building. There is an entrance proposed to the new wing located behind the Main Building with an associated access driveway. This will maintain separation between the two buildings and the proposed hospital wing will not impact on an appreciation or understanding of the Main Building. Dean House which is located forward of the Main Building will not be impacted by the proposed new building. The site Is not proposed to be subdivided.

CLAUSE	DISCUSSION
(3) When consent not required However, development consent under this clause is not required if:	Consent is required for this site.
f(4) Effect of proposed development on heritage significance 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).	This Heritage Impact Statement has been prepared to assist the consent authority.
H(5) Heritage assessment The consent authority may, before granting consent to any development: ((a) on land on which a heritage item is located, or ((b) on land that is within a heritage conservation area, or ((c) on land that is within the vicinity of land referred to in paragraph (a) or (b), r 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 significance of the heritage item or heritage conservation area concerned.	This Heritage Impact Statement , which includes a heritage assessment of the „Main Group of Hospital Buildings', is considered to be the suitable document for the subject application and is considered to satisfy the provisions of this clause.
H(6) Heritage conservation management plans The consent authority may require, after considering the heritage significance of a heritage item and the extent of change proposed to it, the submission of a heritage conservation management plan before granting consent under this clause.	A CMP is not considered necessary for this application as there are no works proposed to identified items.
(7) Archaeological sites The consent authority must, before granting consent under this clause to the carrying out of development on an archaeological site (other than land listed on the State Heritage Register or to which an interim heritage order under the *Heritage Act 1977* applies): ((a) notify the Heritage Council of its intention to grant consent, and (b) take into consideration any response received from the Heritage Council within 28 days after the notice is sent.	Not applicable
A(8) Aboriginal places of heritage significance:	Not applicable
(9) Demolition of nominated State heritage item	Not applicable
(10) Conservation incentives	Not applicable

5.2.2 DEVELOPMENT CONTROL PLAN

The proposed works are addressed in the table below in relation to the relevant provisions in the DCP.

TABLE 3 – DEVELOPMENT CONTROL PLAN

PROVISION	DISCUSSION
There are no provisions in the Tamworth DCP that apply to the subject site.	

5.3 HERITAGE OFFICE GUIDELINES

The proposed works are addressed in relation to relevant questions posed in the Heritage Office's „Statement of Heritage Impact' guidelines

TABLE 4 – RELEVANT QUESTIONS

QUESTION	DISCUSSION
The following aspects of the proposal respect or enhance the heritage significance of the item or conservation area for the following reasons:	NSW Health Infrastructure are proposing a new hospital on the site to upgrade the current facilities. This heritage assessment and impact statement was commissioned to inform the subject proposal. The proposal requires the demolition of non-significant items and the continuing use of the most important item- being the 1884 Main Block.
The following aspects of the proposal could detrimentally impact on heritage significance. The reasons are explained as well as the measures to be taken to minimise impacts:	The buildings on the site have been generally subject to ongoing change over time and most of the buildings from the 1940's, 50's and later have had significant changes involved with hospital operations and requirements under strict budgets. These changes have diminished any merit the buildings may have had for retention and therefore except for the two buildings assessed as having enough significance to retain, being the Main Building and Dean House, they are not worthy of conservation. The significant row of trees on the front drive and the eucalyptus NT001 are to be conserved. The other two palms that are registered are close to the proposed works, including a car park and require on-site relocation.
The following sympathetic solutions have been considered and discounted for the following reasons:	The proposal has been informed by the heritage assessment and therefore there is no requirement to currently assess solutions as the current proposal has been the result of a process of master planning the site since 2009. The proposal satisfies both the heritage and functional aspects of the hospital use.
Demolition of a building or structure	
Have all options for retention and adaptive re-use been explored? Can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site? Is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible? Has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?	The options for the site have been explored over many years and have had regard to the heritage assessment of the site. The significant buildings are to be conserved and most buildings on the site are to be retained as part of the overall operation of the site. The buildings to be demolished involve some of the central buildings that may have had some significance if they had not been so degraded over time. They do not reach the threshold of significance for retention. This report has been prepared by recognised heritage consultants and the significance assessment was carried out prior to the proposed plans being prepared.
Partial Demolition	
Is the demolition essential for the heritage item to function? Are important features of the item affected by the demolition (e.g. fireplaces in buildings)? Is the resolution to partially demolish sympathetic to the heritage significance of the item?	No changes are proposed to the identified items.

QUESTION	DISCUSSION
If the partial demolition is a result of the condition of the fabric, is it certain that the fabric cannot be repaired?	
New development adjacent to a heritage item How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects? How is the impact of the new development on the heritage significance of the item or area to be minimised? Why is the new development required to be adjacent to a heritage item? How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance? Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected? Is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)? Will the additions visually dominate the heritage item? How has this been minimised? Will the public, and users of the item, still be able to view and appreciate its significance?	The „Main group of Hospital Buildings'- not defined- is the heritage item on this site. The site was never properly assessed when the listing was made and there is no other detailed assessment except for this Urbis report. The nature of hospitals is that change over time occurs with the changing technology of health care. Tamworth Base Hospital was never a planned hospital site and has grown over time in an uncoordinated manner. This has led to the alteration and addition to buildings as was seen necessary to upgrade the medical services. The new hospital building of 4 floors is set behind the significant Main Building. The heritage item will maintain its separation and will be read independently of the later buildings on the site. All hospital buildings on the site are seen as a complex of different styles and periods and the current proposal does not diminish the contribution the identified buildings make in heritage terms. The proposal is to erect a new four storey hospital building to the rear of the Main Building. It will be separated from the main Block by a new access road. The road will provide a buffer between the heritage item and the new development. The Main block forms part of the overall complex and has been associated with the larger Brudelin building over time. There have been some unsympathetic positioning of buildings in relation to the Main Building however the proposed hospital building will not impact on the presentation and understanding of this block as it sits behind the Main Block and does not interrupt the presence of the Main Block as approached from Moffitt Drive.
Tree removal or replacement Does the tree contribute to the heritage significance of the item or landscape? Why is the tree being removed? Has the advice of a tree surgeon or horticultural specialist been obtained? Is the tree being replaced? Why? With the same or a different species?	Refer to the discussion above in relation to the trees in Section 5.2.1- Clause 5.9 of the LEP.

6 Conclusion and Recommendations

The Tamworth Base Hospital has historic significance at a local level for its establishment in 1881 and its consistent use as a hospital since that period, and as a focus of the Tamworth community for over 150 years. The site is of social significance as a provider of hospital services for over 150 years.

Urbis has undertaken extensive external and, in some cases internal, inspection of buildings and the site. The main items of heritage interest are considered to be The Main Building (TA 19). This building is considered to be of state significance for its aesthetic and historic values while Dean House is valued as a locally representative example of a building from the 1930s, with social significance to the local community. The Main Building and Dean House are currently occupied and are not the subject of the application as no work is proposed to them under the current application.

Although the Renal Unit is of interest as one of the few remaining early site buildings (1922), it has been determined that the building has been substantially altered and does not demonstrate significance to a degree that would warrant retention.

Although the Kitchen wing is of interest as a representative 1950s structure and has a moderate degree of integrity, with the original structure evident despite additions, it is considered that the building does not demonstrate significance to a degree that would warrant retention.

It is concluded that the subject proposal does not impact on the identified significance of the site.

The following conclusions/recommendations have been made in consideration of the proposed redevelopment to ensure the ongoing retention of the significant heritage values of the site:

1) The trees identified as NT 003 and 004 should be relocated on site.

2) The potential archaeological resource requires consideration as there is potential for remains associated with numerous site buildings of varying periods. There are few basements and some areas of the site would be considered to have been minimally disturbed. A monitoring brief may be required for the redevelopment however no investigations are required prior to construction.

3) The extent of any potential Aboriginal archaeological resource is unknown however if any Aboriginal remains were discovered during works, works should immediately cease and the National Parks and Wildlife Service should be contacted for further advice, as required under Section 91 of the *National Parks and Wildlife Act 1974.*

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

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