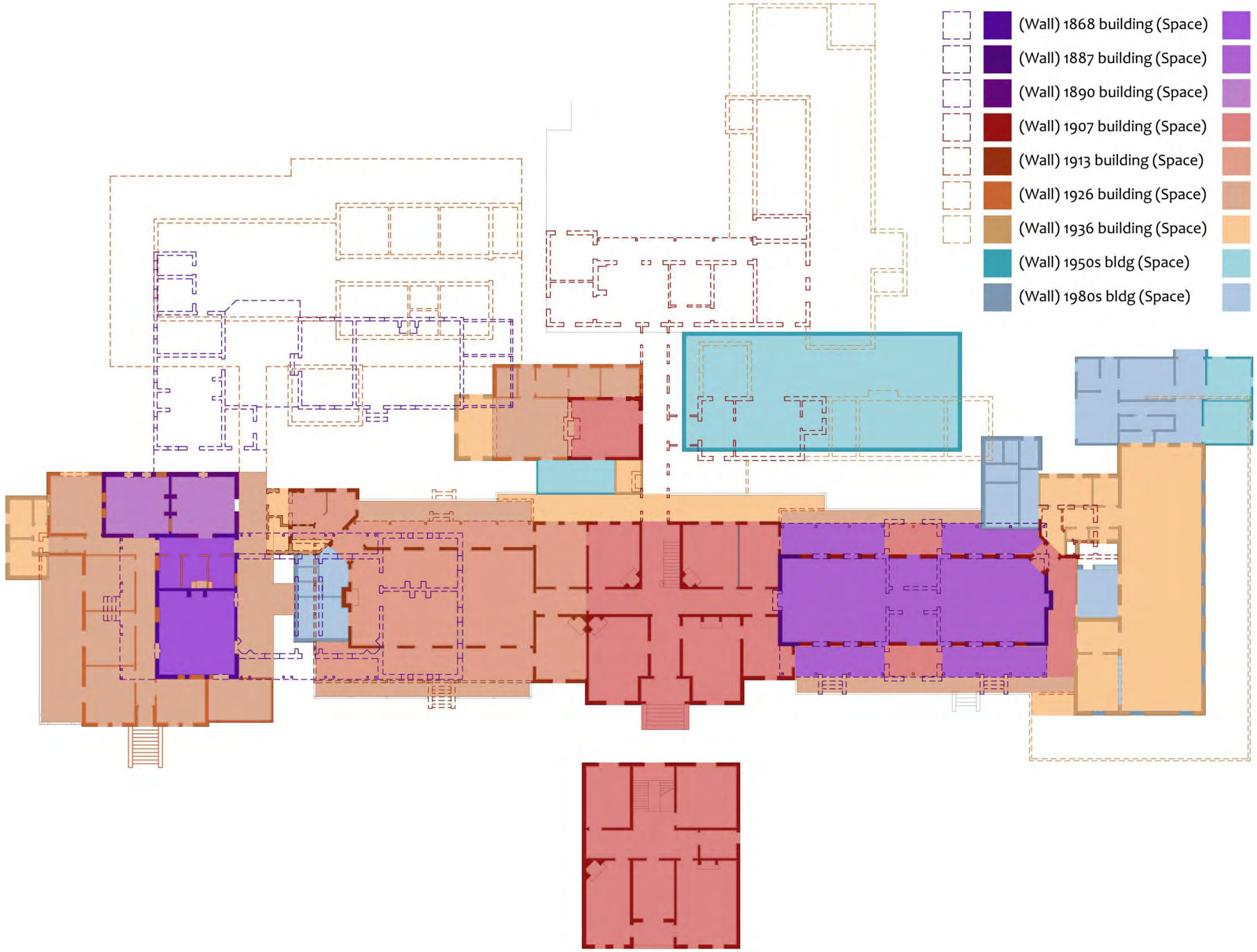

Figure 58 Phases of Development

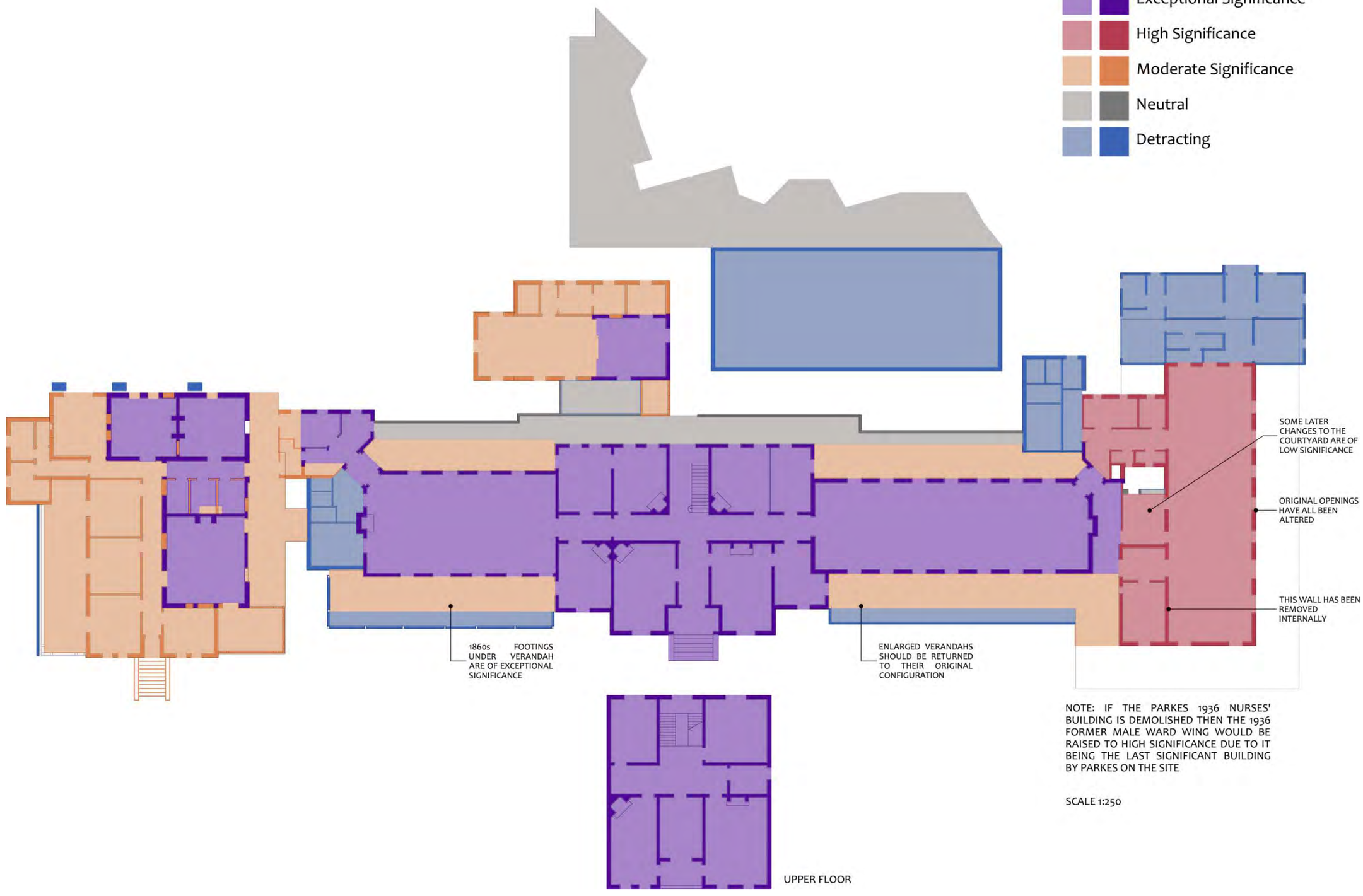

Figure 59 Significance

Figure 60 site plan significance & dates

Figure 61 1868 building exterior corner showing original pilaster

Figure 62 1868 building interior showing only original intact room

Figure 63 1868 building exterior showing original chimney

Figure 64 1887/1907 building interior showing old fever ward

Figure 65 1887/1907 building interior - 1907 windows, later architraves

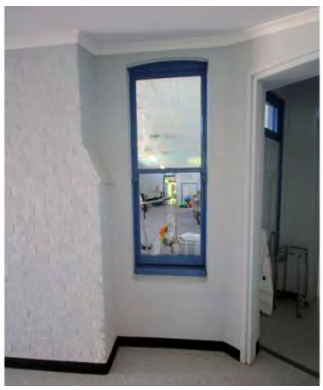

Figure 66 1887 building exterior showing original chimney with 1907 window

Figure 67 1887 building exterior showing original quoining

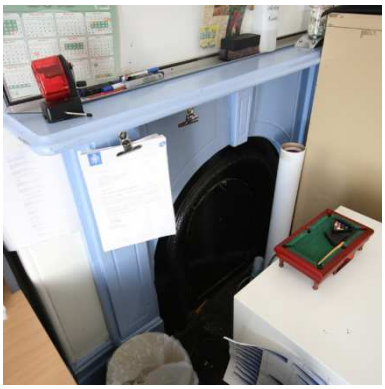

Figure 68 c1890 additions to 1868 building interior showing early fireplace

Figure 69 c1890 additions to 1868 building interior showing early intact doorset. All other architraves were stripped out 1926

Figure 70 Completed hospital building with 1887, 1907 and 1913 wings. Intrusive infill to verandah greatly reduces the aesthetic impact of the building.

Figure 71 1907 foundation stone

Figure 72 1907 building exterior showing intact main entry door

Figure 73 1907 building exterior showing intact main entry door

Figure 74 1907 building exterior showing intact main entry door inside brick arch

Figure 75 1907 building exterior showing entry

Figure 76 1907 building exterior showing central wing

Figure 77 1907 building exterior showing feature windows

Figure 78 1907 building exterior showing feature windows

Figure 79 1907 building exterior showing feature windows

Figure 80 1887/1907 building exterior showing highlight ventilation window – note Flemish bond to brickwork

Figure 81 1907 building exterior showing central wing

Figure 82 1907 building exterior showing central wing in context of 1913 wing. This view would be greatly enhanced through recovery of verandah.

Figure 83 1907 building exterior showing roof ventilator

Figure 84 1907 building exterior showing original chimney

Figure 85 1907 building exterior rear showing how hospital services can impact heritage. Generally there is sensitivity in the servicing of the old building.

Figure 86 1907/1913 building exterior rear showing car park and current chapel building in context

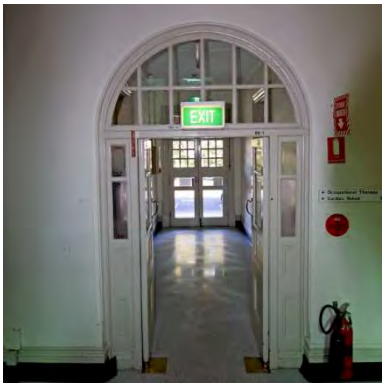

Figure 87 1907 interior showing intact original doors

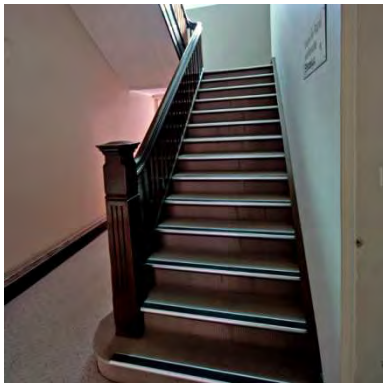

Figure 88 1907 interior showing intact original stairs

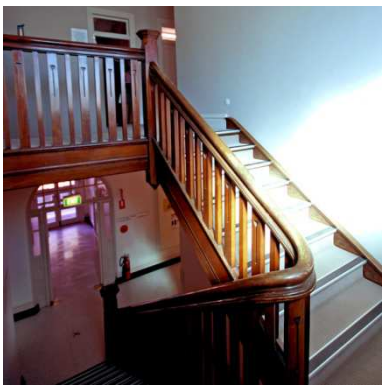

Figure 89 1907 interior showing intact original stairs

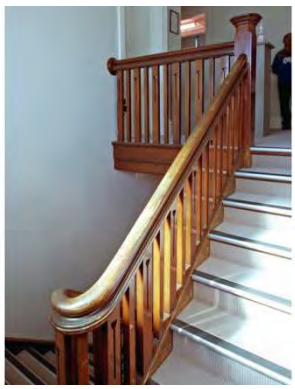

Figure 90 1907 interior showing intact original stairs

Figure 91 1907 interior showing main hallway to wards. Intact joinery throughout

Figure 92 1907 interior upper floor showing intact original nurses' quarters

Figure 93 1907 interior upper floor showing intact original nurses' quarters – original marble fireplace

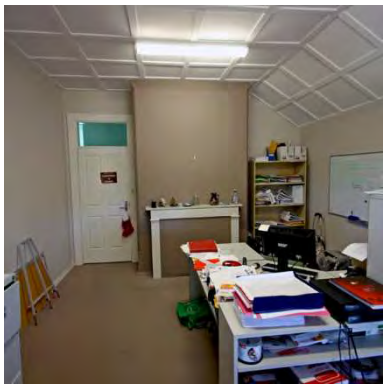

Figure 94 1907 interior upper floor showing intact original nurses' quarters

Figure 95 1907 exterior upper floor showing balcony doors

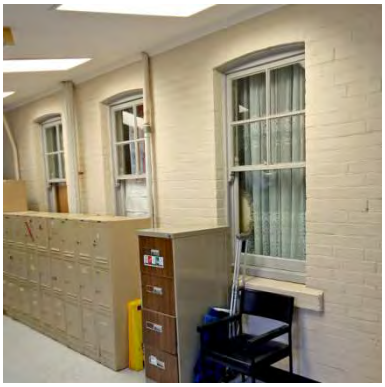

Figure 96 1907 exterior lower floor showing 1907 central wing windows

Figure 97 1887/1907 exterior lower floor showing 1907 windows from former verandah side

Figure 98 1887/1907 exterior lower floor showing 1926 modified window into door

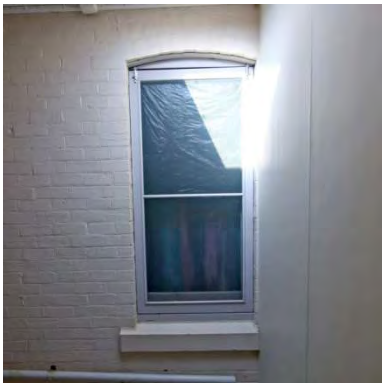

Figure 99 1913 building exterior from verandah showing McRae modified Vernon's window type, and strangely the sill height

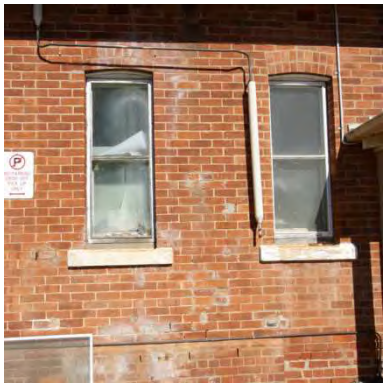

Figure 100 1913 exterior showing intact bathroom windows

Figure 101 1926 additions to 1868 building exterior showing remodelled south elevation

Figure 102 1926 additions to 1868 building exterior showing change to hipped roof

Figure 103 1926 additions to 1868 building exterior showing verandah. The c1970 louvres have not survived well and are now detracting from the building

Figure 104 c1890/1926 additions exterior north face showing modifications to wall including the junction between the two

Figure 105 c1890 additions exterior north face showing 1926 windows cut into wall. The discoloured mortar shows where bricks were removed. Wells' drawings show these as 12 pane d/h

Figure 106 1926 additions exterior north face showing window cut into face c1936 by Parkes

Figure 107 c1890 external wall where the soft bricks are being seriously damaged by air conditioning unit – the units need to be removed

Figure 108 c1890 external wall at junction with 1926 addition where the stronger bricks are not suffering as greatly.

Figure 109 1868 building exterior showing 1926 door cut into wall

Figure 110 1936 kiosk – east elevation – the large openings originally had no windows

Figure 111 1936 kiosk – north elevation – the opening to the left originally had no framing

Figure 112 1936 kiosk – from south west. This building is largely intact but could be presented better

Figure 113 1936 nurses' building exterior showing typical window

Figure 114 1936 nurses' building exterior showing main entry

Figure 115 1936 nurses' building exterior showing later fire stairs

Figure 116 1936 nurses' building exterior from the north east

Figure 117 1936 nurses' building exterior Showing the intact eastern bay and transverse balcony with openings infilled by later windows

Figure 118 The c1980s addition to the 1936 nurses' building – this addition blocks the long northern open verandahs on the original building

Figure 119 1936 nurses' building exterior western bay housing the conference room – later additions have greatly impacted this face

Figure 120 1936 nurses' building exterior from the north west – the chimney can be seen through the tree

Figure 121 1936 nurses' building exterior western balcony, also infilled with later windows

Figure 122 1936 nurses' building exterior from the west. The vertical join can be seen to the left of the third window from the end

Figure 123 1936 nurses' building fire stairs

Figure 124 1936 nurses' building exterior inner court view of east bay. The vertical join is more evident on this facade, as is the impact upon the building's proportions

Figure 125 1936 nurses' building exterior from the east

Figure 126 1936 nurses' building east view of balcony with later infilled windows

Figure 127 1952 former domestics home exterior from north west – this building was demolished in the Stage 1&2 works 2012

Figure 128 1962 boiler house exterior from south west – this building was demolished in the Stage 1&2 works 2012

Figure 129 1962 boiler house exterior from north west – this building was demolished in the Stage 1&2 works 2012

Figure 130 1968 administration building exterior from entry of 1907 building looking towards Myall Street

Figure 131 1968 administration building and 1907 hospital exterior from looking west

Figure 132 1975 morgue building

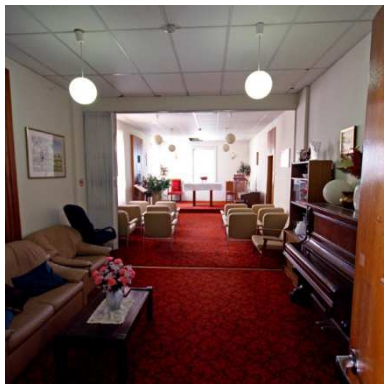

Figure 133 Current chapel room. The first division is the extent of the 1907 fabric. The rear part is made up of 1925 and 1936 fabric. The fireplace was removed c1978.

Figure 134 The hospital from the south west showing the rise in ground level that provides a good view point

Figure 135 View of the heritage block from the south east is one of the better views, completely blocked by the 1968 administration building

Figure 136 The view from Myall Street to the main heritage block. The 1968 building intrudes on this view and reduces the public's appreciation of the heritage streetscape.

Figure 137 The 1968 building very effectively blocks the heritage streetscape to Myall Street, which is a major design element in all of the original buildings

5.1 Curtilage Zone

The historic buildings within the site of the larger hospital campus were all designed in the period before the Second World War, and at this early stage the hospital site had not yet expanded into the large campus it now occupies. The site had only just been expanded to include the site of the 1936 Nurses' Building. The buildings all addressed Myall Street and were designed as a group of related buildings with each architect being influenced by the preceding designs as to how to maintain the unity of the group.

The concern for the **public realm** in pre-war buildings was paramount and even subordinated function if necessary. These designs focus their features on the public street to the south and the north side of the buildings was the "back of house" where the utility buildings were placed. Unfortunately many of these utility buildings have since been demolished.

What this translates to when we need to establish a protection zone around these heritage buildings is that the group were meant to be read together, and that they were meant to be seen from the street. The curtilage zone must thus extend out to Myall Street, with splayed sides to ensure that views to the buildings are not intruded upon. However, at the rear there is no such need for a large viewing zone, and the curtilage zone can be a minimal zone of about 6-8m to allow for these areas to be appreciated. There is one view from the north east of Vernon's central wing that demonstrates the modelling of his designs, so that vantage may also be protected.

The curtilage zone does not preclude work being carried out within the zone, but it should require that any work within the zone be compatible with the heritage buildings within the group. It should also require any currently unsympathetic buildings and works to be removed in the long term, as resources are available.

In the long term a way should be found to remove the 1968 Ambulatory Care, Administration and Pathology buildings and relocate these services elsewhere. The verandahs to the 1907 and 1913 buildings should be restored to their original forms, and the 1936 f. Male Ward building should be restored along with its verandah.

In the event there is a need for new buildings within the curtilage zone the following parameters need to control any works. The buildings should:

1. Address Myall Street as a public face
2. Conform to the general alignment of the original buildings as a setback from Myall Street – no buildings should stand in front of this alignment
3. Respect the scale and massing of the heritage buildings, which have main central blocks with setback wings with verandahs
4. Note that many of the heritage buildings have a three-dimensional character designed to be seen from numerous viewpoints
5. Respect the overall scale of two storeys maximum
6. Respect that the heritage buildings have a unity from an ordered and regular Georgian character, although

this has been interpreted in numerous ways

7. Note the material character of the buildings without necessarily replicating the palette

A restored core heritage block with its original verandahs and wings, free from detracting buildings would greatly enhance the public realm and be a landmark feature for the rest of the hospital.

One important aspect of the curtilage zone is that it gives the site owners and those assessing future works a defined heritage precinct where heritage values need to be considered. The heritage listing is by law across the whole site, and it is only the curtilage diagram that specifically defines the zone of heritage influence on the site.

5.1.1 Landscaped Forecourt

The forecourt along Myall Street in front of the heritage buildings needs to have the later intrusive buildings removed. It will also need to have its landscaped character addressed. Many of the plantings in this zone have been haphazard and future plantings should be considered as to how they can enhance the public realm and the appreciation of the buildings. This zone should have significant landscaping and emphasise a soft zone.

The zone is also open to be used for parking and could accommodate dense parking areas if they were broken up with landscaping. Parking immediately in front of the central block of the Vernon building (as is currently the practice) should be avoided in future and an open zone should be kept for major building entries. Parking signs and the like should be located in less significant areas.

Disabled access ramps into the heritage buildings need to be designed a great deal more sympathetically than those currently on site. When reinstating verandahs to the buildings the disabled ramps should be incorporated at corners at the ends of the building and designed to blend into the verandah materials.

Figure 138 Curtilage diagram establishes the heritage precinct and defines the significant and intrusive items – *Adaptive Architects Pty Ltd 2016*

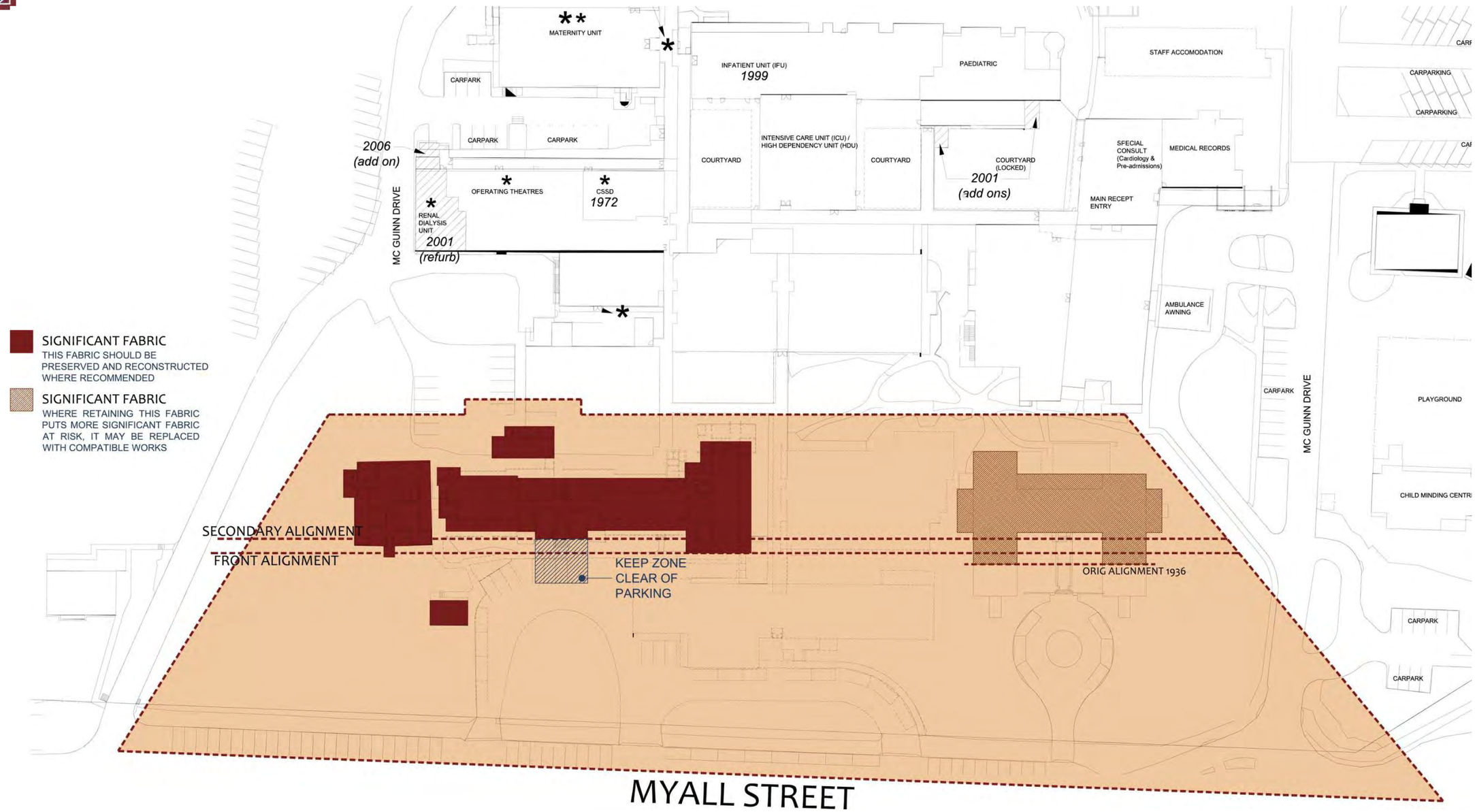

Figure 139 Curtilage diagram demonstrating extent of heritage setting, and note on value of 1936 f. Nurses Building – *Adaptive Architects Pty Ltd 2016*

6 Description of Proposal

6.1 Scope of Works

The proposed scope of works for the SSD application consists of the following elements.

Stage 4 – Site preparation works

- *Demolition of George Hatch and Existing Nurses Administration*
- *Demolition of Existing Surgical Ward (S Block)*
- *New Construction – Temporary Corridor Bypass Link*
- *New Construction – 1 permanent corridor bypass link south*

A new 3-storey clinical building comprising:

Ground Level

- *Medical Imaging*
- *Emergency Department, including Short Stay Unit*
- *A refurbished and expanded Main Entry*

Level 1

- *Renal Dialysis Unit*
- *Ambulatory Care Services*

Level 2

- *20 bed CCU/ Cardiovascular/ Stroke Unit*
- *12 bed ICU*
- *Cardiovascular Suite*

Level 3 – Plant Area

Other associated works

- *Expansion of at grade car parking facilities and improved access and wayfinding.*
- *Dedicated ambulance access off Myall Street*
- *Amendments to the Cobbora Road roundabout to facilitate entry to the Hospital*
- *Demolition of Playmates/Doctors Accommodation*
- *Demolition of external component of existing Ambulatory Care Unit*
- *Landscaping including tree removal and other public domain works*
- *Upgrades of related engineering services infrastructure supporting Stage 4.*
- *Refurbishment of the two ICU ensuites within the medical inpatient ward (G-ward).*

6.1.1 Work stages

Figure 140 Key for plans below - *Rice Daubney 2016*

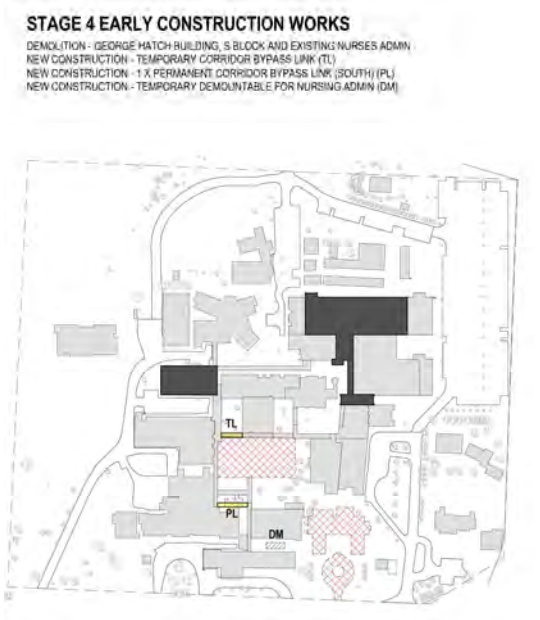

Figure 141 The enabling works include the demolition of the 1936 former Nurses' Building (George Hatch) - *Rice Daubney 2016*

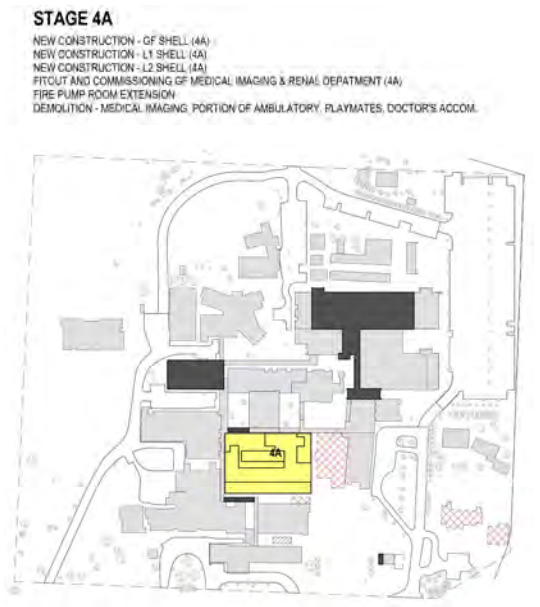

Figure 142 Stage 4A includes the building of part of the clinical building that will form the backdrop to the heritage precinct - *Rice Daubney 2016*

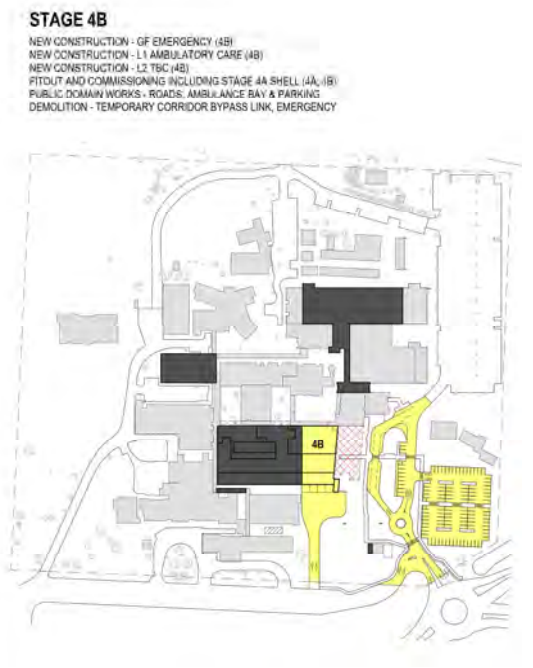

Figure 143 Stage 4B extends the clinical building and introduces the ambulance entry - *Rice Daubney 2016*

6.2 Siting and Landscape

The removal of the 1936 Nurses' Building will place the new 3 storey clinical building as an exposed backdrop for the heritage precinct. It will not be directly located inside the curtilage area, but will affect the character of the area due to its size and the proposed use of the foreground.

In the proposed works the area of the demolished 1936 Nurses' Building will become the ambulance entry point and soft landscaping.

Figure 144 Stage 4C further extends the clinical building and includes the landscaped forecourt and the proposed masonry markers for the historic building alignment - *Rice Daubney 2016*

Figure 145 The full extent of demolition over the course of the complete works. The only building of heritage value is the 1936 former Nurses' Building (George Hatch) - *Rice Daubney 2016*

6.3 External Form

As a building outside the curtilage zone, the new clinical building does not need to conform to the material and form recommendations noted at 5.1 above. The elevation (Fig 149 below) is expressed with modular panels and window setouts, but the main expression is formed by the timber sun shading structures arranged in bands across the elevation.

Figure 146 Presentation aerial 3D image of the proposed works with the area of the demolished 1936 Nurses' Building in the foreground. – *Rice Daubney 2016*

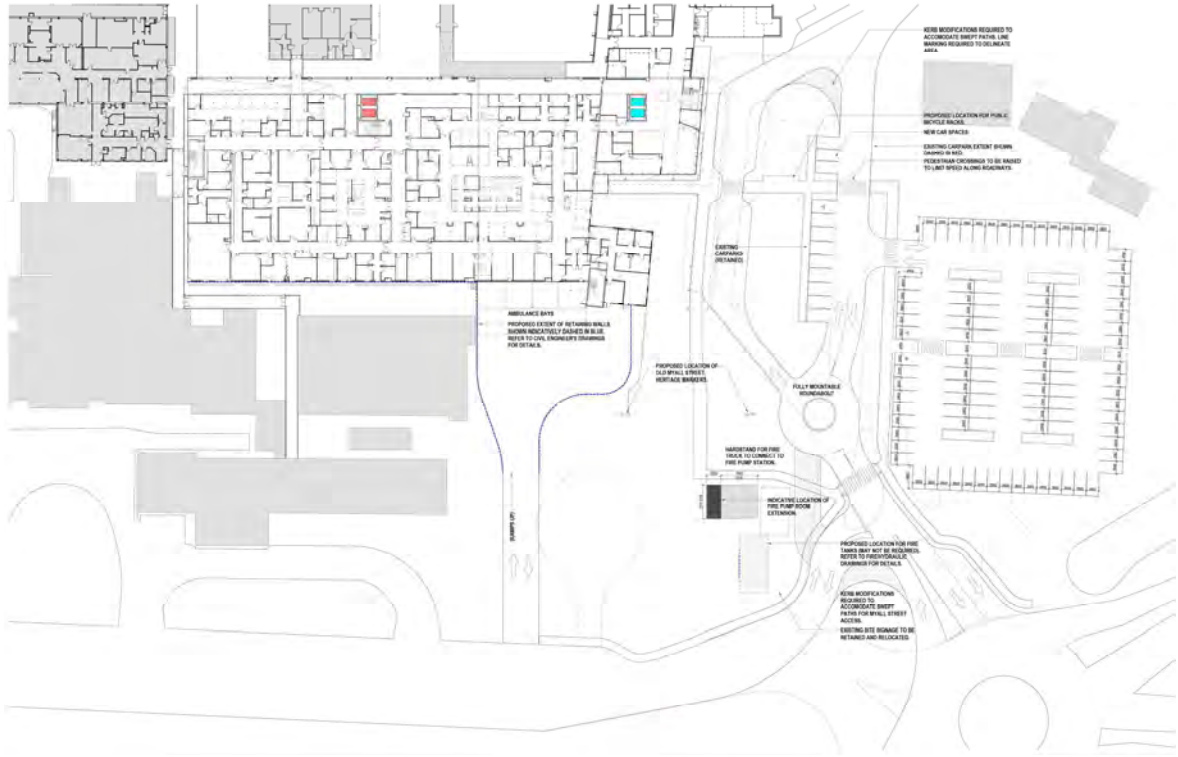

Figure 147 Detailed Ground Plan – The Myall Street forecourt of the large clinical building will be made up of parking, driveways and planting – *Rice Daubney 2016*

Figure 148 Detailed Ground Plan overlaid with curtilage zone – The new clinical building to the immediate north of the curtilage zone brings the central functions of the hospital into close proximity with the heritage core buildings, which will ensure they continue to be used and preserved. The demolition of the 1936 Nurses' Building leaves a large gap at the right side of the heritage curtilage area. The Myall Street frontage remains historically important and any new development should use the heritage policies prepared in 2014 for this area. – *Rice Daubney 2016 with Adaptive Architects overlay*

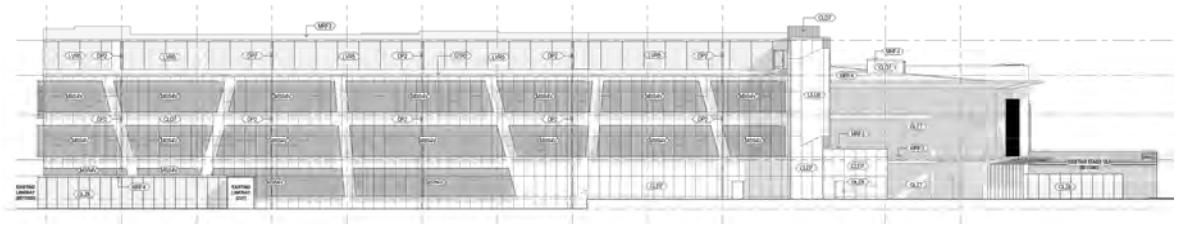

Figure 149 Proposed elevation to Myall Street – as a backdrop that is outside the curtilage zone, this building does not need to borrow character elements or materials from the heritage precinct. The shading devices shown will be graded from a light timber to a brick red colour at the Vernon building end in a gesture to acknowledge the heritage precinct. – *Rice Daubney 2016*

7 Assessment of Heritage Impact

7.1 Impact of the development on the Heritage significance of the item

7.1.1 Primary significance

The primary significance of the heritage precinct on the site is its historical importance, historic associations and aesthetic character.

7.1.2 Works Impacting Heritage

The main element that has heritage impact is the demolition of the 1936 Nurses' Building in order to provide a dedicated ambulance entry to the three storey clinical building.

This removes the largest remaining building of the Cobden Parkes era, removes a historically important element in the development of the hospital, removes part of the unified aesthetic group of buildings, and also removes an important element in the Myall Street alignment of historic buildings addressing the public realm. Each of these issues needs to be addressed in the mitigation of impacts proposal, along with a justification for the need to demolish the building.

The new clinical building will form a backdrop to the Myall Street group and has only one small protrusion into the heritage curtilage zone. As such it does not need to incorporate elements of the historic group.

The remainder of the works are remote from the heritage zone and do not impact heritage fabric. This includes the demolition of the two cottages off the main site known as the Doctors Accommodation and Playmates Children Centre, which are both buildings from the 1980s with no heritage significance.

7.1.3 Impact on existing fabric

The demolition of the 1936 Nurses' Building will have an impact upon significant heritage fabric and the setting of the heritage precinct. While the building has been affected by detracting additions, from the 1938 extensions onwards, the building is an element of moderate significance.

Unfortunately this is a case of needing to sacrifice an element of moderate significance in order to ensure the preservation of the main heritage block that contains the exceptional and high significance elements. The preservation of the heritage core around the 1907 Vernon wing depends on it remaining in use, and this depends on the hospital's main functions remaining in relatively close proximity.

The proposed design ensures that the central hospital functions remain close to the heritage core precinct. This ensures the heritage core buildings will continue to be used and maintained, and may encourage future expenditure in their conservation. Without this proximity the heritage buildings would be a lot harder to fill and they would become vulnerable to the problems associated with a lack of use.

The consequence of the proximity of the large clinical building is that it then limits the options for such things as the ambulance access to the building. In hospital design it is important to avoid conflicts in the emergency service flows in order to ensure the medical services are efficient and effective. This is most important in the areas around casualty and

the ambulance entry, as these are the most urgent medical cases.

HDR Rice Daubney Director, Joe Mihaljevic, explains that, "*emergency flows have two types of flows, ambulant and ambulance presentations. The two should not mix as the emergency and the front entry of the hospital are justified toward the visitor/carer car parking for easier access that provides a dedicated access for the Ambulance traffic flow separate from the ambulant entries. This also makes provision for other emergency services vehicle parking such as Police vehicles. The aim is to provide patient centred care with privacy and dedicated flows to emergency care*".

This means that the ambulance entry cannot share the same entry as the public. The public entry to the site is through a narrow point, which provides no space for the entry of ambulances. This needs to be near the Emergency Department, which is positioned by the complex flows within the building.

"*This being the case the George Hatch Building* [1936 Nurses' Building] *in its current position was inhibiting the dedicated ambulance traffic flow. With its demolition it will facilitate all the appropriate flows into the Emergency department*."

MITIGATION:

In order to mitigate the loss of significance in the demolition of the 1936 Nurses' Building the following should be carried out.

- A *photographic* and *measured drawing archival record* to NSW Heritage Office guidelines be prepared ensure the historic and aesthetic significance is preserved
- An *Interpretation Plan* to NSW Heritage Office guidelines be prepared to explain the history and early development of the site from the 1860s up to the 1950s and be installed in a public place to raise awareness of the heritage significance of the site. An early idea for this is that an animated 3D presentation could be produced that showed how the buildings on the site were introduced, modified and demolished. This presentation could be on a recurring loop in the foyer of the hospital.
- In order to interpret the consistent public address of the heritage buildings towards Myall Street the proposal will include banded brick and rendered markers on the alignment in the area where the 1936 former Nurses' Building once stood. This will be in the forecourt landscaped area, and may include some interpretation panels explaining the design of the historic buildings.

Figure 150 Two brick and rendered markers sit in the landscaped forecourt and interpret the Myall Street alignment of the heritage precinct (cf Fig 139). - *Rice Daubney 2016, overlayed with notes*

- That the new works activate the southern end of the hospital campus ensuring ongoing compatible uses for the core heritage block
- That the new works activate the heritage precinct with new surrounding uses to raise the profile of the heritage block and raise the priority for funding reconstruction works to the heritage block
- That the new works activate the heritage precinct with new surrounding uses to raise the priority of demolishing the detracting buildings in the foreground of the heritage curtilage zone, improving the landscaping and car parking areas, and the general presentation of the precinct
- A commitment by Health Infrastructure to reconstruct the 1936 Male Ward and its verandah when funds permit to ensure the legacy of Cobden Parkes' contribution to the site is preserved along with the retention of his Kiosk and additions to the chapel

7.1.4 The impact on the setting, landscape or horticultural features

The loss of the 1936 Nurses' building reduces the sense of a heritage streetscape along Myall Street.

It replaces the 1936 Nurses' building with a landscaped area and the ambulance drive. While it is a gap in the streetscape, it will not detract from the core heritage block as it is not close enough to affect its streetscape.

There are more pressing issues for the core heritage block in terms of its setting. It has the detracting buildings and poorly planned parking areas as its immediate context, and the infill of its verandahs also affect its ability to demonstrate its significance. These two items should be the primary aims for restoration of this precinct in future works.

Once completed the ambulance entry will effectively be a new landscaped forecourt to the new large clinical building, which is in keeping with the landscaped surrounds of the campus, particularly to the Myall Street frontage. It does not intrude on the heritage setting.

MITIGATION

- As noted above, the proposed banded brick and render markers in the landscaped forecourt will physically interpret the Myall Street setback alignment and the consistent address toward the public realm of Myall Street.

7.1.5 Any impact on significant views to or from the heritage item

The sense of a streetscape along Myall Street will be altered, but the views to the core heritage block will not be affected by the proposal. The Myall Street streetscape was heavily impacted by the detracting building in the foreground and could not be readily experienced without knowing the history of the site.

MITIGATION

- An *Interpretation Plan* to NSW Heritage Office guidelines is the best way to experience the design intent of the various architects who worked on the progressive development of the site. It can convey relationships that have been impeded by later development, lost through the demolition of the 1936 Nurses' building, along with the relationships with Vernon's early

outbuildings, and Parkes' significant contribution to the site.

7.1.6 Details of the size, shape, scale of, setbacks for, and materials used in any proposed buildings or works

The new clinical building is a large structure within the context, but it does not unduly impact the heritage precinct as it is outside the edge of the curtilage zone and is in keeping with the other structures in the campus. The heritage precinct is very focussed towards the public realm of Myall Street and does not have a strong focus on the rear (northern) aspect, which developed long after the heritage buildings were designed.

MITIGATION

The new building will make a gesture to acknowledge the heritage precinct along its south elevation. The timber sun shading structures will be a light timber colour on the eastern end but will gradually shift to a brick red colour at the end adjacent to the core heritage block. In this way the new building will acknowledge the colour palette of the original buildings. The banding across the face of the new building will also connect to the banding on Vernon's building.

7.1.7 Retaining related use of site

The proposal involves no change of use for the site, and instead enhances the existing hospital facilities.

Most importantly the new works enhance the long term use of the core heritage buildings, which will be important in their long term preservation.

7.1.8 Whether any archaeological site or potential archaeological site would be affected

The new large clinical building will occupy a zone that once housed the isolation ward and the military wards. However, these buildings were timber buildings that would not have left much evidence behind, and their sites were then occupied by large hospital buildings from the late 1960s and 2001. There would very little chance of any intact archaeological potential on this area of the site.

The demolition of the 1936 Nurses' building will uncover the sub-floor zone of the building. This area may contain small objects from the 1930s and onwards, but none are likely to be of sufficient importance to warrant any special treatment.

FUTURE WORKS: While not included in the works covered by this application, we should continue to note the archaeological potential of footings from the c1868 kitchen and laundry, and the c1874 isolation ward/dining and operating theatre buildings present to the immediate north of the heritage core block for any future works. This potential has no relationship to the proposal covered by this report.

8 Consideration of Alternatives

The design has been through a number of variations in the normal process of design development, and the present scheme is far superior in terms of heritage impact than the previous scheme, which also demolished the 1936 Nurses' building but then introduced a large building into the heritage curtilage zone.

One alternative to demolishing the 1936 building would have been to demolish the two 1968 buildings between the core heritage block and the 1936 nurses' building. While this would have achieved a number of heritage aims in one move, it would have had a significant impact on the workings of the hospital as both these 1968 buildings are presently in use.

The only other possible entry point for ambulances would be from the western end, and this is not satisfactory as it is very difficult to reach this entry point from the main roads, and the whole hospital campus would need redevelopment to achieve this end.

The 1936 Nurses' building simply ended up in the wrong position as the hospital has developed. Fortunately the core heritage block is not under any similar threat as it is in a fairly safe position well away from the main thoroughfare and the entry to the hospital campus.

9 Conclusion

The proposed works have been assessed against the heritage significance of the heritage precinct and the assessment has found some heritage impact. This impact sacrifices a building of moderate significance in order to ensure the long term survival and preservation of the more significant core heritage block. This impact can be mitigated by archival records, interpretation and through a number of physical design gestures to the significance of the core precinct.

We have identified the heritage fabric in detail to inform future decision making processes on site, and provided a curtilage zone to inform the design process.

Dubbo Health Service includes an important group of heritage buildings that show the impact of changing hospital practice and the rapid development of medical knowledge and its impact upon the fabric of the buildings that house it. Dubbo is rare in having surviving fabric elements that date back to the very infancy of medical practice in the 1860s, and then examples of the changing and developing understanding of health needs through the advent of the twentieth century and up to the Second World War. These buildings form an attractive group due to the design skill and cooperative approach of the various architects who worked on the site, and drew inspiration from each other to maintain a unified approach to the various buildings. This group would be enhanced if in the long term they could be restored to their earlier forms and allowed to address Myall Street without impediment.