



Figure 3.129 The walkway was also also constructed in 1938 and has terrazzo floor finish on concrete slab and brick base. Brick columns support the flat roof over.



Figure 3.130 The Gerathy Wing is a simple brick structure with small timber framed windows and flat roof.



Figure 3.131 The western façade of the Gerathy Wing and Lady Grose Home.





Figure 3.132 The curved corner detail and brick detailing and finishes such as the battened eaves remain. Some landscaping and paving has been added around the building and some changes such as alteration of openings are also visible.



Figure 3.133 An addition three bedrooms, show bathroom and lavatory were added to the south western corner of the building in c. 1955. A steel stair is also located on the southern facade of the addition.



Figure 3.134 The “rear”, southern façade of the building faces the access road and service buildings in the mid section of the site. A demountable structure has also been added to the open area behind the building.





Figure 3.135 The brickwork at the south western section of the building indicates the extend of the 1950s addition. The southern façade also retains the curved bay with the main stair and a separate concrete and brick stair and arched opening accessing the laundry and service area in the building.



Figure 3.136 The eastern facade of the building faces a staff car parking area and features an expressed chimney.



Figure 3.137 The access to the building from the staff car parking area.



Figure 3.138 The ground floor verandah space which retains terrazzo floor finish, timber framed windows and doors.



Figure 3.139 The entry door on the ground floor verandah.



Figure 3.140 The entry and corridor. The entry retains arched openings including recessed blind arches on each side, rendered wall finish with profiled dado line and simple timber joinery.

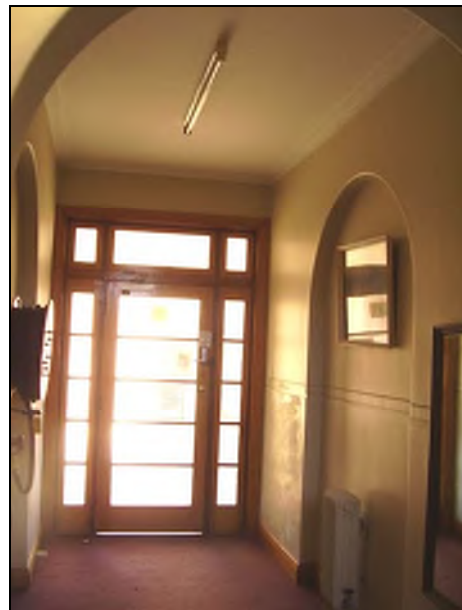




Figure 3.141 The ground floor corridor which has simple rendered walls with profiled dado detail and concrete slab ceiling over.



Figure 3.142 The entry and stair hall.



Figure 3.143 The stair has terrazzo finish and retains the original steel balustrade and curved stair window at the mid floor landing.

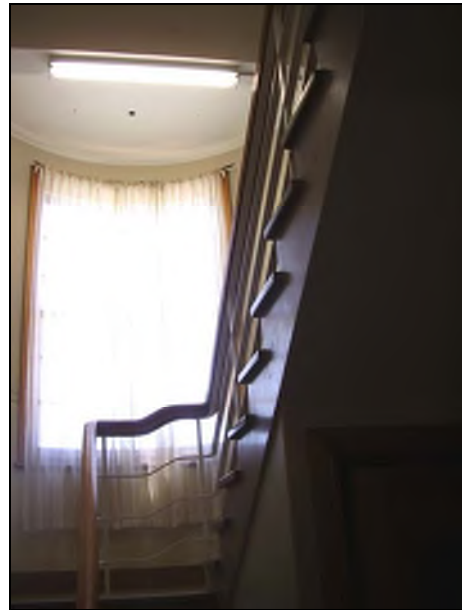


Figure 3.144 The first floor landing that retains the original steel balustrade with timber handrail and simple finishes.



Figure 3.145 The first floor corridor which is bounded by the bedrooms, amenities and sitting rooms.



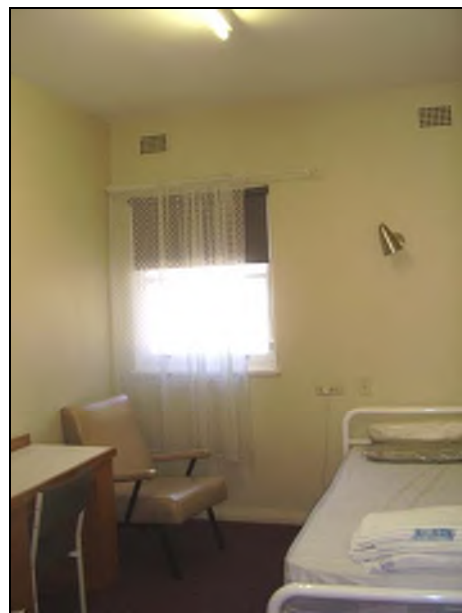
Figure 3.146 Typical bedroom which is simply finished.



Figure 3.147 The first floor balcony which also has terrazzo floor finish, solid brick balustrade and batted ceiling.



Figure 3.148 The Gerathy Wing is simply finished. The rooms are accessed via a corridor which extends along the western side of the wing.



2. The West Wing

The West Wing is a single storey face brick building which was constructed in three stages in the 1930s and 1940s. Located to the west of the main building in the north western corner of the site, the Wing has hipped roof clad in tiles, timber framed windows and doors and a curved bay (former sitting room) at the northern end, overlooking Goldsmith Street. Internally the building is simply finished and also has a typical double loaded corridor layout. Single storey enclosed walkways connect the building to the main building and surrounding buildings.



Figure 3.149 The West Wing is located in the north western corner of the site and is a single storey face brick structure with hipped roof clad in tiles and timber framed windows and doors.



Figure 3.150 The northern end of the building features a curved end bay with flat roof over clad in metal sheeting and timber framed windows and doors. Constructed as a sitting room it is surrounded by planted garden and also overlooks Goldsmith Street.



Figure 3.151 Constructed as a sitting room the end bay is surrounded by planted garden and also overlooks Goldsmith Street.



Figure 3.152 The Wet Wing is also constructed close to the Albert Street frontage. Simple bracketed awnings have been added to the west facing windows.



Figure 3.153 A separate entry is located at the south western section of the building.



Figure 3.154 The interior of the building has a typical double loaded corridor layout and is simply and minimally finished.

3. Maternity

The Maternity Wing is a single storey face brick Post war building period building with hipped roof clad in tiles and timber framed windows and doors. The building is sited close to the Albert Street frontage in the mid section of the site. A gabled roofed canopy supported on round columns and clad in matching tiles extends from the northern section of the building to the street frontage. The entry also has aluminium framed doors. Another entry/ egress with concrete ramp is located mid way along the western façade of the building. The building is also bounded by a driveway and car parking area to the south and courtyard accessing the Training buildings to its immediate east.



Figure 3.155 The Maternity wing is located close to the Albert Street frontage and is a simple storey face brick building with hipped roof clad in tiles.



Figure 3.156 A gable roofed canopy extends from the northern end of the building to the Albert Street frontage.



Figure 3.157 The canopy and attached wing are a later addition to the building and site. Other modifications include the aluminium framed doors and signage.



Figure 3.158 The western facade also has another entry and concrete ramp.



Figure 3.159 The south western façade.



Figure 3.160 The southern façade of the building.



Figure 3.161 The eastern façade of the building faces a courtyard and access to the Training buildings which are located to its immediate east.

4. Training - the Zella Fife, Margaret Tustian Annexe & Uni demountable

The Training Centre is a single storey face brick building with gabled roof clad in corrugated steel and timber framed windows and doors. Constructed in two stages in the 1950s the building comprises two wings with “L” shaped footprint and is located in mid western section of the site nestled between the Maternity wing and two wings of the 1960s multi-storey building. A contemporary steel demountable with low pitched gabled roof (for the University of Sydney) abuts the southern façade of the building which appears to have been modified to suit.



Figure 3.162 The building is a simple single storey face brick structure located in the western section of the site and to the west of the multi-storey 1960s building.



Figure 3.163 A demountable (Uni) building abuts the southern façade of the building.



Figure 3.164 A demountable (Uni) building abuts the southern façade of the building.



Figure 3.165 The south western façade of the southern wing which has a battened sheet finish to the gable end.



Figure 3.166 The main entry is located at the junction of the two wings of the building. The Zella Fife Memorial Lecture Theatre (1956) which extends in a north south orientation and the southern wing, the Margaret Tustian Memorial Annexe (1959).



Figure 3.167 The north western facade.

5. Antenatal Clinic

The Antenatal Clinic is a small, single storey face brick building with hipped roof clad in pressed metal sheeting to resemble tiles and rolled metal and timber framed windows and doors. Constructed as a Mortuary in the 1940s the building is located close to the western site boundary. The building entry “faces” a driveway and access extending from Albert Street and is also framed by a concrete breeze block wall.



Figure 3.168 The Antenatal Clinic is a small face brick building located close to the Albert Street frontage. The building has hipped roof clad in pressed metal and metals sheeting with rolled joints.

The “front”, northern façade of the building facades a driveway and has timber and glass panelled doors and large windows which are screened from the street by a concrete breeze block wall.



Figure 3.169 The western and southern facades of the building. Security screens have been added to the building with services.



Figure 3.170 The eastern façade of the building which faces a recently formed car parking area.

6. 1960s Multi-level building

The 1960s block is a three and five storey late 20th century concrete and brick structure with flat roof and aluminium framed windows. The building comprises three wings and is located to the south of the main building in the mid section of the site. The northern (Emergency) wing has been constructed to and abuts the main building with infill added at ground level to provide connection between the building and original eastern pavilion. A brick and glass octagonal structure (originally noted as a solarium) extends from the western wing (3 Level Main Block) and a semi detached concrete stair extends from the eastern (Theatre) wing of the building. A twenty bed ward and rehabilitation centre (SARU) has recently (2013) been constructed to the southern façade of the building.



Figure 3.171 The 1960s building is a highly visible addition to the Hospital with the three and five storey building visible from Goldsmith Street and main entry to the site.



Figure 3.172 The northern (Emergency) wing is constructed to the main building with door opening onto the open, elevated walkway between the central and eastern pavilions of the main Hospital building.



Figure 3.173 The 1960s building from the front circular driveway.



Figure 3.174 The elevated walkway and connection to the northern wing of the 1960s building.



Figure 3.175 The north eastern façade of the building.



Figure 3.176 The three and two storey wings. Infill at ground level connects the northern wing with eastern pavilion (at left).



Figure 3.177 The north eastern facade of the building. A lightweight bridge also connects the building to the upper storey of the eastern pavilion..





Figure 3.178 A concrete stair is attached to the eastern, Theatre wing of the building.



Figure 3.179 The eastern facade and concrete stair of the Theatre wing.



Figure 3.180 The building is also visible and accessible from the service road that extends from the Faithfull Street frontage.



Figure 3.181 A two storey ward and rehab unit has recently (2013) been constructed to the southern facade of the building.



Figure 3.182 Sun-shading louvres have been added to the western façade of the northern, Emergency wing which faces an open courtyard space also bounded by the 3 storey main block, remainder of the original kitchen wing and rear of the western pavilion.



Figure 3.183 The courtyard space which is also bounded by the northern end of the Maternity block. A gabled canopy has also been added to the northern facade of the 3 storey main block.





Figure 3.184 The southern facade of the western, main ward wing of the building also rises above the buildings in the mid western section of the site.



Figure 3.185 The north western corner of the building and attached octagonal “solarium”.



7. The Sub Acute Rehabilitation Unit (SARU, 20 bed ward)

SARU is a contemporary one and two storey building clad in sheeted cladding panels with low pitched roof clad in metal sheeting and aluminium framed window and doors. A recent addition to the site it is located to the south of the 1960s building and main Hospital building.

The building incorporates contemporary architectural form and fabric and replaced an old laundry and amenities block. The eastern façade has a loading dock at ground level and faces the service road which extends from the Faithfull Street frontage. The building also has concrete paving and landscaping including rehab elements to the south and west of the structure.



Figure 3.186 The eastern facade of the building which faces the service/ access road.



Figure 3.187 The service entry and loading dock area.



Figure 3.188 The south eastern corner of the building.



Figure 3.189 New paths and landscapes elements have been added around the building and particularly to the south.



Figure 3.190 The south western façade.



Figure 3.191 The paving and landscape elements, including rehab fixtures located to the south of the building.



Figure 3.192 The western façade of the building.

8. Jennings House – Renal Unit, Physiotherapy & Occupational Therapy Centre

Jennings House is a single storey face brick building with gabled and flat roof sections clad in terracotta tiles and steel sheeting and timber and aluminium framed windows and doors. The building comprises two sections and was also built in two stages (1950s and 1970s). Located in the south western section of the site the building is setback from the main cluster of buildings with recently sealed path and landscaping located between. The building is also bounded by a low concrete block wall and sealed car parking area to its west, accessed from Albert Street. An open grassed area and helipad is located to the immediate south of the building.



Figure 3.193 The western façade of the building which retains the original double gable timber boarding and vent and sheeted finish to the gable ends.



Figure 3.194 The entry to the Renal Unit and 1950s part of the building has a flat roof porch supported by a simple column.



Figure 3.195 The 1950s, western portion of the building retains timber framed windows. Note the landscaping, path and railing recently added to the front of the building.



Figure 3.196 The eastern wing was added in the 1970s and accommodates Physio and Occupational Therapy. The entry also has a flat roofed canopy supported on simple steel posts.



Figure 3.197 The northern façade of the 1970s addition to the building.



Figure 3.198 The eastern and southern façade of the 1970s addition to the building. A concrete ramp also extends along the north eastern façade.



Figure 3.199 The connection between the two wings of the building.



Figure 3.200 The rear, southern facade of the building faces the helipad.

9. Asset Management

The Asset Management building is a two storey, face brick, glass and steel late 20th century (c. 1959-1960) service type building with low pitched gabled roof clad in metal sheeting. Originally constructed as a boiler house, the upper level has large areas of glazing and the southern wall is fully glazed. The building is located in the mid section of the site and is surrounded by access roads and sealed areas.



Figure 3.201 The “front” façade of the building faces east and has lightweight infill and a roller door opening at ground level. Aluminium framed windows and louvres extend along most of the upper facades.



Figure 3.202 The southern façade of the building is fully glazed.



Figure 3.203 The “rear” of the building.

10. The Workshop & associated structures

The Workshop building is a single storey face brick, steel and glass structure with low pitched gabled roof supported on exposed steel trusses and clad in metal sheeting. Constructed in c. 1959-1960 the building is located on the southern side of the service road extending from Faithfull Street in the mid section of the site. The “front” facade of the building faces the roadway and has a concrete apron. Parking and sealed areas surround the building. A steel skillion roofed shed has been added to the southern façade of the building.



Figure 3.204 The northern façade of the building with has brick and both aluminium and steel framed glazed windows.



Figure 3.205 A concrete apron and sealed areas extends around the front and western side of the building.



Figure 3.206 A skillion roofed shed/structure has been constructed to the southern facade of the building.



Figure 3.207 The eastern and northern façade of the building which “face” the central service road.

11. Community Health Centre

The Community Health facility is a low lying, one and two storey face brick and steel structure with pitched roof forms clad in corrugated steel metal sheeting. Located in the north eastern corner of the site and corner of Goldsmith and Faithful Streets the building was constructed in three stages in the late 20th and final southern wing constructed in the early 21st century. The building is highly visible on the corner and has main entry on Goldsmith Street. A sealed driveway and car parking is located to the west of the building which is otherwise mostly surrounded by open grassed areas.



Figure 3.208 The building is a brick and steel structure with architectural form typical of the late 20th century (c. 1980s).



Figure 3.209 The main entry is located on the Goldsmith Street frontage, close to the corner of Faithfull Street.



Figure 3.210 The entry and western wing which was constructed as part of the first addition to the building. The western wing is also bounded by a modern steel palisade fence and planting.



Figure 3.211 The rear of the central and western wings of the building. Note the car parking area and open grassed areas around the building.



Figure 3.212 The rear of the southern wing of the building which appears to have been constructed after 2005.



Figure 3.213 The southern wing faces and open setback along the Faithfull Street frontage.

12. Early Childhood Centre

Early Childhood Centre is a single storey lightweight building with boarded cladding elevated above ground level on concrete block piers and low pitched gable roof clad in metal sheeting. The building also has aluminium framed windows. The building is located close to the Faithfull Street frontage with open grassed area and some mature trees located between. It is also located to the immediate south of the service access it is also bounded by a small sealed car parking area to its north and fenced play area to its west.



Figure 3.214 The Early Childhood Centre is a simple lightweight building located close to the Faithfull Street frontage.



Figure 3.215 The northern end of the building.



Figure 3.216 The building is located to the immediate south of the service access with some car parking located to its immediate north.

13. Chisholm Ross Centre

The Chisholm Ross Centre is a large single storey face brick and sheet clad building with steel clad parapeted and skillion roofs and aluminium framed windows. The building is located in the south eastern section of the site and corner of Clifford and Faithfull Streets and has main entry with cantilevered canopy facing Clifford Street. Constructed in two stages (1998 and 2013) the building comprises a number of wings radiating from the main, central block and is surrounded by service and open grassed areas.



Figure 3.217 The entry facing Clifford Street.



Figure 3.218 The building comprises a number of wings constructed in two stages.



Figure 3.219 The Centre is also located adjacent to an access Road extending from Clifford Street which also access a car parking area.



Figure 3.220 View of the western wings.



Figure 3.221 The Centre is located close to the Clifford Street frontage.



Figure 3.222 One of the later, eastern wings.



Figure 3.223 The eastern wings.

14. Biomedical Engineering, Waste Management & other service buildings

The Biomedical Engineering, Waste Management and associates structures are simple steel buildings with pitched roof forms also clad in steel sheeting. The group of buildings are located to the south east of the main buildings and accessed via the service roads extending from Faithfull and Clifford Streets.



Figure 3.224 The Biomedical Engineering and Waste Management Building are part of a group of simple steel structures located to the south east of the main Hospital buildings.



Figure 3.225 The group are accessed by two service roads and are surrounded by sealed area.



Figure 3.226 The Biomedical Engineering building.



Figure 3.227 The Biomedical Engineering building.



Figure 3.228 The Waste Management Building.



Figure 3.229 The Waste Management Building.



Figure 3.230 One of the other service buildings

15. The Power & Generator Room & other substation elements

The Power and Generator Room is a single storey face brick and steel structure with wide, extended eaves and low pitched gabled roof clad in steel sheeting. Constructed in c. 2012 the building has various sized openings and is surrounded by a concrete apron. The building is located in the south western corner of the site, on the corner of Albert and Clifford Street and is located near the former substation buildings and elements.



Figure 3.231 The recently constructed Power and Generator Room located near the corner of Albert and Clifford Streets.



Figure 3.232 The Albert Street façade of the structure which has wide, extended eaves and concrete apron around the building.



Figure 3.233 The northern and eastern façades of the building.



Figure 3.234 A substation is located close to the building and street corner.



Figure 3.235 The former substation and other slabs and service elements located to the north of the Power and Generator Room and south of the Antenatal Clinic.



Figure 3.236 The former substation.



Figure 3.237 The former substation.

Other service elements and a demountable building are also located to the south of Lady Grose House.



Figure 3.238 One of the other service buildings



Figure 3.239 Demountable located to the south of Lady Grose House and north of the main service road extending from Faithfull Street.



Figure 3.240 The north and eastern façades of the demountable which is mounted on concrete block piers.

3.3 Summary analysis of the site and buildings

The documentary and physical analysis above indicates that the Goulburn Base Hospital site has evolved since its establishment in 1887.

The initial development of the site included the two and then three two storey pavilions and attached single storey wings and connections constructed in 1887-1890. The Hospital originally occupied a 5 acres site with main address to Goldsmith Street. The building was setback from the street frontage with sweeping circular driveway, timber fences, garden and plantings located between. The site was subsequently expanded and construction of an attached single storey operating theatre and pathology wing and detached isolation ward followed various minor modifications and additions to the main building.

Works to the main building in the 1920s were followed by the construction of a new, detached two storey Nurses' Home on the extended portion of the site. The building, "Springfield House", named in honour of its benefactor also addressed Goldsmith Street with lawn and plantings in provided in front of the building. Inadequate accommodation for nurses and staff continued to be a problem so the first Nurses' Home was supplemented by another Nurses' Home (Lady Grose House) constructed in 1938 to its immediate south and connected by a covered walkway. Both buildings were designed by the Government Architect's office. An addition was constructed to the south western corner of Lady Grose House in c. 1955 and both wings were connected by another two storey brick building (the George Gerathy Wing) in the 1960s.

Further expansion occurred in the 1930s with the extension of the single storey wing on the northern side of the western pavilion and construction of new sitting room and semi-detached private wards to its west. The private wards wing, now known as the West Wing, was subsequently extended in the late 1930s and early 1940s when a curved "solarium" was added to the northern end. The expansion of the West Wing was followed by the construction of the Maternity Wing and detached Mortuary (now Antenatal Clinic) also in the late 1940s.

Further works were carried out to the main building in the 1940s with the addition of a new kiosk to the east of the main entry in the late 1930s/ early 1940s and in 1942 with the addition of a new Children's Wing. This building also had a verandah facing Goldsmith Street and curved "solarium" at the north western corner of the building. This wing has subsequently been modified and converted for use as administration and medical records with new covered ramp and entry also added to the north western corner.

Expansion of the hospital facilities continued in the 1950s with the construction of a number of single storey buildings designed by the Government Architect's Office including the Zella Fife building and attached Margaret Tustian Annexe also the TB Ward (now Renal Unit/ Jennings House), substation building, Boiler House (now Asset Management) and Workshop building. Other facilities and buildings included a laundry and domestic block and Medical Superintendent's Residence, however, these have since been demolished.

The 1960s perhaps brought about the most significant change with the construction of a new multi-storey building in 1964-1965. Also designed by the Government Architect's Office it was located immediately behind the main, original structure and replaced a number smaller buildings and additions in this area. It would appear in addition to the provision of new facilities and wards the eastern pavilion was also modified and upgraded to connect into the new structure. A number of the additions were also added to the building with further modification of the infilled verandahs on the eastern side. However, the upper level of the eastern pavilion essentially remains intact.

During the 1970s and 1980s major "renovations" of the existing buildings and facilities were undertaken and included the removal of the original slate roofing and brick chimneys of the original three pavilions and associated wings in c. 1972. Jennings House and rehab centre was also extended and re-opened in 1976.

Whilst the site had been expanded in 1889, the eastern side of the site remained relatively undeveloped to the 1980s with only the Medical Superintendent's Residence located close to the Faithfull Street frontage. By this time a service road also extended from the mid section of this frontage and accessed the service and maintenance buildings. Staff parking had also been formed to the east of the Nurses' Homes. However, following the preparation of a Master Plan and some assessment in the late 1970s the Community Health Centre was constructed in the north eastern corner of the site. The original structure has since been extended twice with the southern wing constructed in c. 2013.

A helipad was also provided in the southern section of the site in the 1990s. The Chisholm Ross Centre was constructed in the south eastern corner of the site in 1998. A car park was formed to the east of the facility about this time. The Chisholm Ross Centre, which addresses Clifford Street comprises a number of wings and was extended in c. 2013. The Medical Superintendent's Residence that occupied the south eastern corner of the site was demolished to facilitate the contemporary additions.

In 2012 a new Power and Generator building was constructed in the south western corner of the site. This period also brought another major change with the construction of the new 20 bed ward and rehab facility (SARU) in the mid section of the site in 2013. The construction of this building also necessitated the removal of the laundry and domestics block that was located to the south of the multi-storey 1960s block. It is also assumed that the new service structures and demountable for the University students and new landscaping were provided around the building around this time.

It is clear that the interior of most of the buildings have undergone successive change and modifications as expected for ongoing Hospital uses. The external imagery, character and primary form and fabric of the original three pavilions mostly remains and is discernible despite a number of changes. A sense of the internal layout and some internal features such as the iron stairs also remain.

4.0 Assessment of Significance

4.1 Comparative analysis

The 1887 Hospital building was not the first purpose built hospital in Goulburn, however, was the largest and now remains as the only “early” hospital building in the area. The building is one of a number of buildings designed by prominent local architect EC Manfred and retains classical details and elements visible on a number of his buildings. EC Manfred set up his office in Goulburn in 1880 and an early project included additions to the earlier Hospital building in Sloane Street. He designed a number of houses, villas and attached dwellings in addition to various commercial and “civic” buildings. In 1881 he remodelled the Mechanics’ Institute. Other works undertaken in the same period as the Hospital include the Dimmey’s Store front and tower erected in 1887; the old Town Hall, constructed in 1888; the old Fire Station built in 1890; the Masonic Temple constructed in 1890 and St John’s Orphanage building of 1912. Similar features including including pitched roof forms and classical arches are evident.

It has been noted that his Hospital “pavilion” design was based on Hospital designs of the period and allowed for the separation of uses and wards. Manfred may have been influenced by the design and layout of other Hospitals such as the Royal Prince Alfred complex in Sydney. Designed by George Allan Mansfield, under whom Manfred studied, and constructed prior to the Goulburn buildings in 1876-1882, originally incorporated central administration block with two pavilions in an “H” shaped arrangement.⁶⁰ A plan of the site c. 1893 (**Figure 4.9**) indicates that it was based on a standard pavilion design for “General Hospitals” of the period and shows certain similarities with main administration wing facing a curved front driveway, kitchen wing at its rear and two side wings which were to be built at a later stage. The central Administration block remains with brick and stone Victoria and Albert wings extending from the main central block (**Figure 4.10**).



Figure 4.1 The 1860s Mechanics Institute on the corner of Montague and Auburn Streets was extended toward the Post Office when the Manfred façade was added.⁶¹



Figure 4.2 The Auburn Street façade of the Mechanics’ Institute on the corner of Montague and Auburn Streets.

⁶⁰ State Heritage Inventory, Heritage Database No. 5012305.

⁶¹ Goulburn & District Historical Society, “A Goulburn Walk to view the architecture of EC Manfred”.



Figure 4.3 Dimmey's Store front and tower located on the corner of Auburn and Montague Streets designed by Manfred and constructed in 1887.



Figure 4.4 The old Town Hall located on Auburn Street constructed in 1888.



Figure 4.5 The old Town Hall incorporates French details but also the red brick of the period.



Figure 4.6 The old Fire Station constructed in 1890.



Figure 4.7 The Masonic Temple designed by Manfred, constructed in 1890 and later extended by HC Manfred in 1928.⁶²



Figure 4.8 St John's Orphanage which was constructed in 1912. The facility also underwent some alterations and additions and closed in 1975. The building is now privately owned and has been affected by a fire.

(Source: Wikipedia)

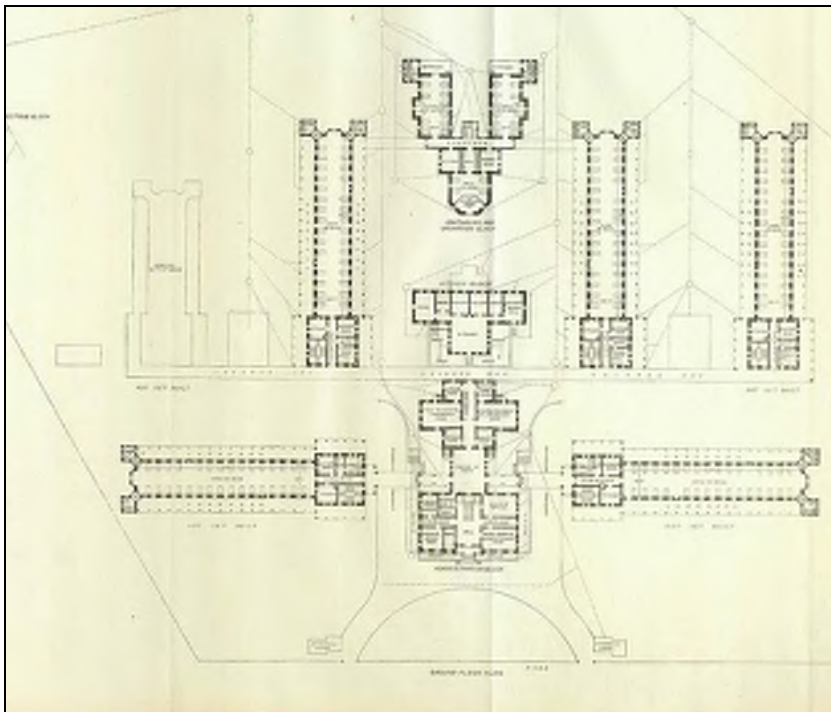


Figure 4.9 Pavilion Hospital design (Class 1) and c. 1893 layout of Prince Alfred Hospital

(Source: Wikipedia, Prince Alfred Hospital)

⁶² Goulburn & District Historical Society, "A Goulburn Walk to view the architecture of EC Manfred".

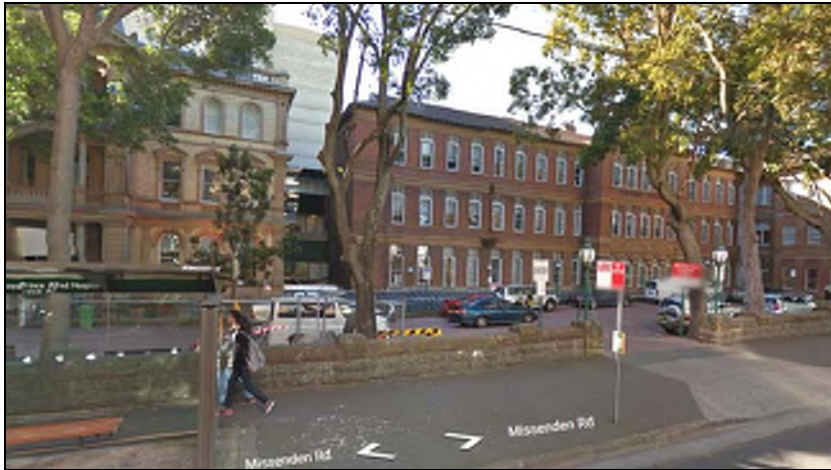


Figure 4.10 One of the other service buildings

(Source: Google Street View)

Bathurst Base Hospital was also constructed just prior to the Goulburn Hospital in 1880-1886. Designed by Sydney architect William Boles, who won a design competition it also comprised of central administration block with a tower and two long wings which originally catered for separate male and female wards. Arcaded covered walkways were also used to connect the wards and corner pavilions. The building also featured face brick facades with brick and stone details and hipped roof forms clad in slates. Whilst the building was more elaborate with differing details, it was also setback from the street frontage with sweeping driveway and garden area located in front of the main block.



Figure 4.11 Bathurst Base Hospital.

(Source: Google Street View)

The various additions and later Hospital buildings were largely designed by the Government Architects' Office under the direction of various Government Architects including George McCrae (1912-1923), Gorrie McLeish Blair (1925-1926), Richard Macdonald Seymour Wells (1926-1929), Edwin Evan Smith (1929-1935), Cobden Parkes (1935-1958) and Edwin Herbert Farmer (1958-1973). Other buildings including the 1989 Pathology Ward and Chisholm Ross Centre are associated with local and Sydney based architectural firms.

Apart from the 1919 wing which was designed by the Government Architects and included details to match the original building, the buildings and additions incorporate standard building form and materials associated with the respective periods of development. A typical double loaded corridor arrangement is visible in most of the wards and two purpose built Nurses' Homes on the site. The multi-storey building, constructed in the 1960s under the direction of EH Farmer demonstrates the form, details and style associated with a number of institutional type buildings designed by the government during this period.

4.2 Evaluation criteria

The following assessment of heritage significance has been prepared using the current evaluation criteria established by the New South Wales Heritage Branch.

Criterion (a) – An item is important in the course, or pattern, of NSW’s cultural or natural history (or the cultural or natural history of Goulburn)

The site is of local historic significance as part of a government reserve and early subdivision of the town of Goulburn.

The original Hospital building was not the first purpose built Hospital in Goulburn, however, the establishment of Hospital on this site in 1887 and expansion of the site in 1889 is of some local historic significance and represents the growth and development of Goulburn and surrounds during this period. The subsequent expansion of the Hospital facilities and buildings represent changes in the provision of health care in the local and wider area.

Criterion (b) - An item has strong or special association with the life or works of a person, or group of persons, of importance in NSW’s cultural or natural history (or the cultural or natural history of Goulburn)

The site and Hospital has strong association with the local community and early trustees and identities such as member of the Gannon and Faithfull families who were instrumental in the establishment and early development of the site. It is associated with the Goulburn Health Services, SNSWLHD and its predecessors.

The original Hospital building is associated with EC Manfred, a highly regarded local architect and his son who were also responsible for some early modifications and additions to the building.

The majority of the buildings on the site are also associated with the Government Architect’s Office under various Government Architects including Colonel RMS Wells, Cobden Parkes and EH Farmer.

Criterion (c) - An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the cultural or natural history of Goulburn)

The original three two storey pavilions and associated single storey connections are good examples of late Victorian period buildings that despite some alterations and additions retain a strong sense of their external form, character and details. The main one and two storey central pavilion in particular is of high aesthetic significance as a visually prominent, original element of the Hospital that retains original details and fabric. With the curved driveway, which reflects the original access, associated front lawn and two mature trees it makes a positive contribution to the Goldsmith Street streetscape.

Early alterations and additions including the infilled verandahs and balconies to the eastern pavilion and kinked wing attached to the eastern two storey pavilion (c. 1919) are of some significance, however, have been heavily modified and altered. The changes have impacted on their overall integrity and significance.

Springfield House (1927-28) and Lady Grose Home (1939) are both good representative and competent examples of Inter-war period buildings that despite some changes, alterations and

additions retain a strong sense of their original character and details including face brick facades, open verandahs and balconies, timber windows and doors and roof form. Both buildings are relatively large and robust and due to the openness and low scale of the eastern section of the site are visually prominent elements. The front setback is significant and enhances the visibility of Springfield House.

The West Wing and other later buildings date from subsequent phases of development and are similarly good, representative examples of Post-war, late 20th and early 21st century buildings that incorporate standard details, materials and construction techniques that are not unique or rare in the local or wider context. The multi-storey block (1960s building) is a representative example of a late 20th century hospital building that incorporates standard material, details and elements that makes no particular contribution to the site and area.

Criterion (d) - An item has strong or special association with a particular community or cultural group in NSW (or Goulburn) for social, cultural or spiritual reasons

The site is of high social significance as a Hospital that has served the local community and wider region since its opening in 1889. Its classification as a “base” Hospital in the 1950s has reinforced its use and significance to the wider area.

Criterion (e) - An item has potential to yield information that will contribute to an understanding of NSW’s cultural or natural history (or the cultural or natural history of Goulburn)

The Hospital buildings are good examples of Hospital, accommodation and service buildings which retain fabric, details and spaces that have the potential to indicate various design and health care philosophies of their respective periods. However, each have also undergone some change, additions and modifications which may obscure some information.

The later buildings on the site similarly remain as examples of the successive periods, however, generally incorporate standard construction materials and techniques and do not have the potential to yield any new information that is not available elsewhere.

Criterion (f) - An item possesses uncommon, rare or endangered aspects of NSW’s cultural or natural history (or the cultural or natural history of Goulburn)

The original pavilion remains as a good example of EC Manfred’s work and only remaining early Hospital in the area. However, overall the site does not possess any uncommon or endangered aspects.

Criterion (g) - An item is important in demonstrating the principal characteristics of a class of NSW’s:

- cultural or natural places; or
- cultural or natural environments

(or a class of Goulburn’s cultural or natural places; or cultural or natural environments).

The site significantly remains a district and base Hospital that continues to serve the local and wider area. It retains a range of buildings and elements which represent the ongoing growth and development of the area and provision of health care services.

4.2 Statement of Significance

The significance of site as indicated on the State Heritage Inventory Database⁶³ relates to the original 1887 building and its historical association with local architect EC Manfred. The Statement of Significance is as follows:

Goulburn Base Hospital is significant locally for the late Victorian style of its central building and pavilions, erected in 1887. The building was designed by the noted Goulburn Architect, EC Manfred.

This is reiterated by Statement of Significance on the Department of Health S 170 Register⁶⁴ which also notes its contribution to the area:

Of architectural and historical significance as a major institutional work of the local architect EC Manfred. A large Federation period hospital with major streetscape impact on Goldsmith Street in Goulburn.

Goulburn Base Hospital is of local historic, aesthetic and social significance as a purpose built hospital that retains strong evidence of its original establishment on the site and subsequent stages of development which reflect the growth and development of Goulburn and surrounding areas. Although not the first purpose built hospital in Goulburn, the site significantly retains much of the original 1887 building which continues to be a prominent feature of Goldsmith Street. Designed by highly regarded, local architect EC Manfred, it is a good example of a late Victorian style building that despite various alterations and additions retains a strong sense of its early external form, character and fabric, particularly main one and two storey pavilion and two, attached two storey pavilions and associated wings.

The main one and two storey central wing in particular is of high aesthetic and social significance to the local community as a visually prominent, original element of the Hospital that retains original details and fabric. With the curved driveway, which reflects the original access, associated front lawn and two mature trees it makes a positive contribution to the Goldsmith Street streetscape.

Early alterations and additions including the infilled verandahs and balconies to the eastern pavilion and kinked wing attached to the eastern two storey pavilion (c. 1919) also appear to be designed by EC Manfred or his son and are of some significance, however, have been heavily modified and altered. The changes have impacted on their overall integrity and have reduced its significance.

Springfield House (1927-28, also known as Community Mental Health) and Lady Grose Home – Nurses' Accommodation (1939) are both good representative and competent examples of Inter-war period buildings associated with the Government Architect's office, that despite some changes, alterations and additions retain a strong sense of their original character and details including face brick facades, open verandahs and balconies, timber windows and doors and roof form. Both buildings are relatively large and robust and due to the openness and low scale of the eastern section of the site are visually prominent elements. The buildings are of some social significance due to their use as Nurse's homes and relationship to the Hospital. However, overall the buildings are typical of this type of building and incorporate standard form, materials and construction techniques that are not unique or rare.

The West Wing and other later buildings date from subsequent phases of development and are similarly good, representative examples of Post-war, late 20th and early 21st century buildings that incorporate standard details, materials and construction techniques that are not unique or rare in the local or wider context. The multi-storey block (1960s building) is also associated with

⁶³ Office of Environment and Heritage, *Goulburn Base Hospital, Central Building, Pavilions*, Database number: 2933144.

⁶⁴ Office of Environment and Heritage, *Central Building and former Pavilions*, Database number: 3540268.

the Government Architect's Office, however, is a representative example of a late 20th century hospital building that incorporates standard material, details and elements that makes no particular contribution to the site and area.

The various changes to the site and buildings, ongoing upgrades and later additions also represent the requirement for changing and expanding health care services and facilities in the local and wider area.

5.0 Grading of Significance

Grading reflects the contribution the element makes to the overall significance of the item, and the degree to which the significance of the item would be diminished if the component were removed or altered. The Goulburn Base Hospital site has been assessed to determine a relative grading of significance into five levels. This process relates to a number of factors including:

- original design quality;
- degree of intactness;
- relative age and authenticity (if original or replaced);
- extent of subsequent alterations;
- association with important people or events;
- ability to demonstrate a rare quality, craft or construction process.

The standard five grade system had been applied to assess the individual contribution of each element to the overall significance of the item. This system is a valuable planning tool and assists in the development of a consistent approach to the treatment of the various building elements. The grades of significance generate different requirements for retention and conservation of individual spaces and elements. The following grades are defined as:

Exceptional Significance

Includes fabric that makes the greatest direct contribution to the item's significance. This includes rare or outstanding original fabric and spaces of particularly historic and aesthetic value and unaltered original elements and features.

High Significance

Includes elements and features that make an important contribution to the recognition of the item's significance albeit the fabric may not be in good condition. This may include elements that have been altered or created as part of generally sympathetic alteration to the building. This category is like to include much of the extant fabric from the early phases of construction and many reconstructed early or original elements wherever these make an important contribution to the significance of the item.

Moderate Significance

Includes fabric and relationships that are supportive of the overall significance of the item and have some heritage value, but do not make an important or key contribution to that significance. Also includes elements and features which were originally of higher significance but have been compromised later, less significant modifications or elements that have deteriorated beyond repair and cannot be reconstructed in a technologically feasible manner.

Little Significance

Includes fabric which detracts from the heritage value of the item. Also includes most of the fabric associated with unsympathetic alterations and additions made to accommodate changing functional requirements. These elements are generally of neutral impact on the significance of the item.

Intrusive

Includes fabric which adversely affects the significance of the item or fabric created without respect for the intangible values of the building. Removal of elements of this category would directly increase the overall heritage value of the item.

5.1 Grading of Significant Buildings, Elements and Spaces

Grading	Buildings, Elements and Spaces
Exceptional	<ul style="list-style-type: none"> ▪ The one and two storey central pavilion and its presentation and imagery as presents to Goldsmith Street.
High	<ul style="list-style-type: none"> ▪ The entry loop/ curved driveway and forecourt including two mature trees; ▪ the two, two storey eastern and western pavilions and attaching wings (front east and west corridors) and single storey wing at the rear of the main wing; also ▪ the front setback and forecourt area, but not the planting or garden beds along Goldsmith Street in front of Springfield House.
Moderate	<ul style="list-style-type: none"> ▪ The early single storey wing (part of the existing Pharmacy) at the rear of the main wing; ▪ part of the early addition (kinked wing, c. 1919); ▪ Springfield House; ▪ Lady Grose Home; and ▪ Native mature trees along the Faithfull Street frontage and row of trees at the north eastern end of Albert Street.
Little	<ul style="list-style-type: none"> ▪ The garden edging and fences around the site which relate to later periods of development and associated trees and planting along the Goldsmith Street frontage including the palm in front of Springfield House; ▪ the later additions and infill to the main building and between the three two storey pavilions also concrete ramp and ambulance bay in front of the building; ▪ the infilled verandah and enclosed, enlarge verandah on the eastern façade of the eastern pavilion and infill connection to the west side of the eastern pavilion; ▪ the additions to the eastern pavilion and existing kiosk structure; ▪ the 1960s block including the three and five storey wings and attached solarium at the western end and stair at the eastern end; ▪ the West Wing; ▪ the Maternity wing and associated entry, canopy and attaching enclosed passageways; ▪ the Antenatal Clinic; ▪ the Zella Fife and Margaret Tustian Annexe and associated Uni demountable; ▪ Jennings House and Physio and Occupation Therapy addition; ▪ Admin and Medical Records (former Children's Ward) and associated concrete ramps and steps and canopies; ▪ the Pathology Addition; ▪ the George Gerathy Wing; ▪ the Community Health Building; ▪ the Chisholm Ross Centre;

Little continued	<ul style="list-style-type: none">▪ Early Childhood Centre;▪ the Workshop, Assets Management building, Biomedical Engineering, Waste Management and associated sheds and service structures and courtyards;▪ the helipad and associated pathways;▪ the Power Generator room, earlier substation and other service elements around the site;▪ recent landscaping and planting; and▪ the various roads and driveways accessing the site and sealed car parking areas.
Intrusive	<ul style="list-style-type: none">▪ Service elements on the Goldsmith Street frontage and near the existing main entry to the site.



Figure 5.1 Grading of significance diagram.

6.0 Description of the proposal

It is currently proposed to undertake alterations and additions to the site including the construction of a new four storey Clinical Services building as outlined in the Project Delivery Strategy (September 2017) prepared on behalf of Health Infrastructure and architectural drawings prepared by Billard Leece Partnership Pty Ltd.

The current proposed works are largely restricted to the north eastern section of the Goulburn Base Hospital site. The existing primary access and main entry to the Hospital buildings on Goldsmith Street will be retained. Buildings and spaces that have been identified as being of exceptional and high significance to the site will also be retained.

The proposed works are summarised as follows:

- Construction of a new four storey acute services building comprising the following;
 - 10 bed ICU/ HDU/ CCU and 28 Medical beds IPU Beds (26 Medical beds and 2 Palliative Care beds on Level 2;
 - 28 surgical beds (includes 4 x 23 hour) and Perioperative Suite including 3 Operating Theatres, 1 Procedure Room, 8 Recovery Bays, Day Procedure Units and support on Level 1;
 - 32 bed Sub-acute IPU comprising 20 rehabilitation beds; 10 Geriatric Evaluation and Management (GEM) beds and 2 Palliative Care beds; 5 bed Maternity Inpatient Unit including 2 Birthing Rooms plus 1 Assessment Room and 2 Special Care Nursery Cots; 6 bed Paediatric Inpatient Unit; and Main Entry and new Front of House (FOH) including retail on the Ground level; and
 - Emergency Department with 10 spaces and 3 ambulance bays; Emergency Department Short Stay Unit; and Clinical Support Services including Medical Imaging (MRI shell) on the Lower Ground Level;
- Ambulatory Care Services delivered via;
 - A new 8 chair Oncology Unit;
 - Medical Day procedures and Consult Clinics including specimen collection, located within a vacated space within the existing SARU building (with flexibility to convert these spaces back to beds should the CSP projections be realised); and
 - Integrated Ambulatory Care strategies incorporated into inpatient services (ie Maternity and Paediatrics) and

Other associated works include:

- Three (3) on-call/ emergency overnight bedrooms provided in a refurbished vacated space;
- Brain Injury Unit/ Transitional Living Unit provided in a refurbished house owned by the LHD on Faithful Street;
- physical linkages back to clinical support (including CSSD) and non-clinical support services;
- demolition of vacated buildings including the Specimen Collection/ Pathology Collection building and existing Admin/ admissions, HIM and Reception building (other buildings have been addressed as part of an REF);
- new on-grade car parking facilities and improved access and way finding, including new Ambulatory Services entry off Albert Street; and
- upgrades of ICT and engineering services infrastructure.

The proposed new building is located in the north eastern section of the site and is setback from the Goldsmith Street frontage.

The new building is contemporary in architectural character, materials and details and incorporates one and two storey links to the main buildings to the west. These links are streamline and similarly contemporary and have been designed to work with and around the highly significant and remaining historic fabric and features of the main Hospital pavilions.

Landscaping and car parking are proposed between the building and Goldsmith frontage and area to its east, between the new building and existing Community Health Building which will be retained. The car parking areas have direct access from Goldsmith and Faithful Streets.

7.0 Assessment of Heritage Impact

The above analysis indicates that Goulburn Base Hospital is of high local significance. The architectural character, form and detail of the 1887 main building and associated eastern and western pavilions and attached wings and connections, front circular driveway and garden setback and open character of the Goldsmith Street frontage make the strongest contribution to the significance of the site and demonstrates the growth and development of Goulburn.

Some other elements such as open spaces around the site boundaries and setback of the larger elements are also of significance. The remainder of the site, buildings and elements have generally evolved and have been developed in accordance with changing requirements, growth and development of the area and changes in the provision of healthcare in the local and wider context, which is typical of Hospital sites throughout NSW.

7.1 SEAR

In relation to point 7 Heritage. The proposed works have been carefully considered and options have been developed and assessed in consultation with Health and Hospital staff.

The proposed alterations and additions including new Clinical Services building are proposed to improve the use and facilities of the Hospital site and will have acceptable impact on the cultural significance of the Hospital site and surrounding conservation area.

The works are largely confined to the north eastern section of the Hospital site which has previously undergone some change and has evolved in accordance with Hospital and local requirements and has been identified as an area that can sustain further change.

The proposed removal of the existing Specimen Collection/ Pathology Collection (kinked) building and existing Administration/ admissions, HIM and Reception building are considered acceptable. The Admissions/HIM building was identified as being of little cultural significance on the site and is a simple building incorporating standard materials and construction techniques. The proposed removal opens up the main street frontage and will allow improved views to and appreciation of the exceptional part of the existing Hospital building which is a positive impact.

The existing Specimen Collection/ Pathology Collection (kinked) building and Reception are part of the early development of the site. The buildings have been identified as being of “moderate” significance as they have been extensively modified. The buildings no longer meet operational requirements. Any potential adverse impacts are reduced by the retention of the exceptional and highly significant buildings and elements and proposed improvements and landscaping along the street frontage.

The proposed car parking and landscaping along the Goldsmith Street frontage will improve the use and amenity of the site and will have no adverse impacts on any exceptional or highly significant elements on the site. Whilst hard paving is proposed, the area will be essentially be open and will allow improved views to and from the historic buildings and improved address. Any potential impacts will be reduced by the retention of the wide Goldsmith Street proportions and verge and will be softened by improved landscaping and new trees and plantings.

The proposed new Clinical Services Building has been designed to sit into the site and is setback from the highly significant buildings and elements and street frontages. Whilst four storey the building form has been articulated and incorporates flat roof sections and streamlined details that reduce the apparent bulk and scale of the structure. Low scale, one and two storey links with flat roofs are proposed to connect with the existing Hospital buildings and ensure that the highly significant Hospital pavilions, the face brick facades and main pitched roof forms remain highly evident and are able to be interpreted.

The setback of the building is consistent with the findings and recommendations of the Heritage Assessment. Any potential adverse impacts are also reduced by the separation and setback of the larger building and proposed open areas (car parking areas) and landscaping around the building.

The proposed internal changes to the existing buildings are also considered acceptable. The historic buildings have undergone some internal changes and modifications, which is typical for Hospital uses. However, the primary form and external architectural imagery and elements including external face brick facades, brick and stone details, pitched roofs and associated elements which make the primary contribution to the significance and interpretation of the historic character of the site will be retained. Remaining internal features such as the original entry spaces, hallways and stairs will also be retained.

Changes to other buildings and elements such as the SARU unit and other buildings will have no adverse heritage impacts. These buildings are modern additions to the site and will create no additional impacts to the significant areas.

The works are confined to the site and are setback from the street frontages. As such it is considered that there will be no adverse impact on the conservation area.

7.2 NSW Office of Environment and Heritage criteria

The relevant questions have been considered in detail below.

Is the demolition essential for the heritage item to function? Are important features of the item affected by the demolition?

The proposed demolition of the Specimen Collection/ Pathology Collection building and existing Admin/ admissions, HIM and Reception building is considered essential in order to meet current and anticipated needs of the Hospital and wide area it supports.

The changing and evolving needs of the Hospital have shifted and need for expansion and additional facilities is recognised. The existing buildings no longer meet operational requirements and are currently partially vacant. The buildings have been previously adapted for other uses, however, are still considered inadequate.

The buildings have been identified as being of moderate significance as their integrity and significance have been diminished by the previous changes. The removal will also have the benefit of opening up and increasing the front setbacks and improving access and visibility of the site.

Any potential adverse impacts of the proposed demolition is reduced by the retention of important features, buildings and elements identified as being of exceptional and high significance on the site and preparation of a photographic archival recording.

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

The proposed demolition and associated works are intended to enable a well considered and co-ordinated programme that overall aims to consolidate and improve Hospital facilities and services on the existing site. A number of options have been considered. Any potential heritage impacts of the proposed works on the Hospital and conservation area are minimised by:

- the retention of the street layout and subdivision pattern of the area;
- the retention of the existing site boundaries and street frontages;

- the retention and improvement of the existing primary setbacks and street verges and street parking;
- the retention of the existing curved driveway and landscaping in front of the 1887 building;
- the retention of the primary form and elements identified as being of exception and high significance;
- by the retention of Hospital uses and community services on the site and provision of improved services and facilities;
- by the articulation of the proposed new building and additions and flat roof forms that reduce the apparent bulk and scale of the building;
- by the use of low scale and simple connecting links that will highlight and allow continued views to and from the historic pavilions and appreciation of the original architectural features;
- by the use of contemporary architectural language and materials which will add another layer in the development of the site and highlight and emphasise the historic building fabric; and
- by the provision of open areas and improved landscaping, trees and plantings around the site.

How does the new development affect views to, and from the item? Will the public and users of the item, still be able to view and appreciate its significance?

Whilst the proposed new building is four storeys and will be a visible feature of the site, the proposed new building sits into the site and has been setback from the Goldsmith Street frontage and has also been setback from historic buildings. The primary elements, the main 1887 pavilions and original entry, curved driveway and garden area with other improvements will be retained and continue to be visible and able to be appreciated by users of the site and visitors alike.

Is the development sited on any known, or potentially significant archaeological deposits?

The site has not been identified in the Goulburn Archaeological Management Plan (2009).

The proposed new building occupies an area that has been previously developed (during the 20th century).

The archaeological potential of the subject area is, however, considered to be low with the potential for any early below ground resources in the subject area likely to have been disturbed by construction of the 20th century buildings and car parks, roadways and addition of ancillary buildings and services.

The buildings also incorporate typical form, standard construction materials and techniques that are not likely to reveal any new information that is not available elsewhere. All of the buildings, including the historic buildings have also undergone some changes and upgrades which are likely to have impacted on the potential for archaeological resources in roof, wall and floor cavities.

7.3 Conclusion and recommendations

The Hospital has continued to evolve and grow since its establishment in the 1880s. The ongoing development is part of its significance and typical for Hospital sites which are affected by the changing needs and requirements of the local community but also changing and evolving building, clinical and healthcare standards.

The proposed works are considered to have acceptable heritage impact on the cultural significance of Goulburn Base Hospital and surrounding conservation area. The works have been designed to retain and enhance the historic buildings and aspects.

Any potential adverse impacts will be reduced by:

- the ongoing use of the site as a Hospital with associated community services and improved services for the short and longer term;
- the retention of the exceptional and highly significant features and elements on the site;
- by setback of buildings from the street frontage and retention of significant open spaces that allows continued and improved views to and from the buildings and site;
- by the articulation of the proposed new buildings and low scale of connecting links and use of contemporary architectural and design that is in contrast and does not mimic but rather highlights the historic buildings; and
- by the provision of improve open spaces, landscaping, trees and planting.

The following is also recommended to reduce potential heritage impacts;

- preparation of a Photographic Archival Recording of the buildings proposed to be demolished and their context; and
- incorporation of interpretive elements that will recall the history and development of this section of the site in the new building and public areas.

8.0 Appendix

8.1 Select plans sourced from Plan Services, Office of Finance and Services

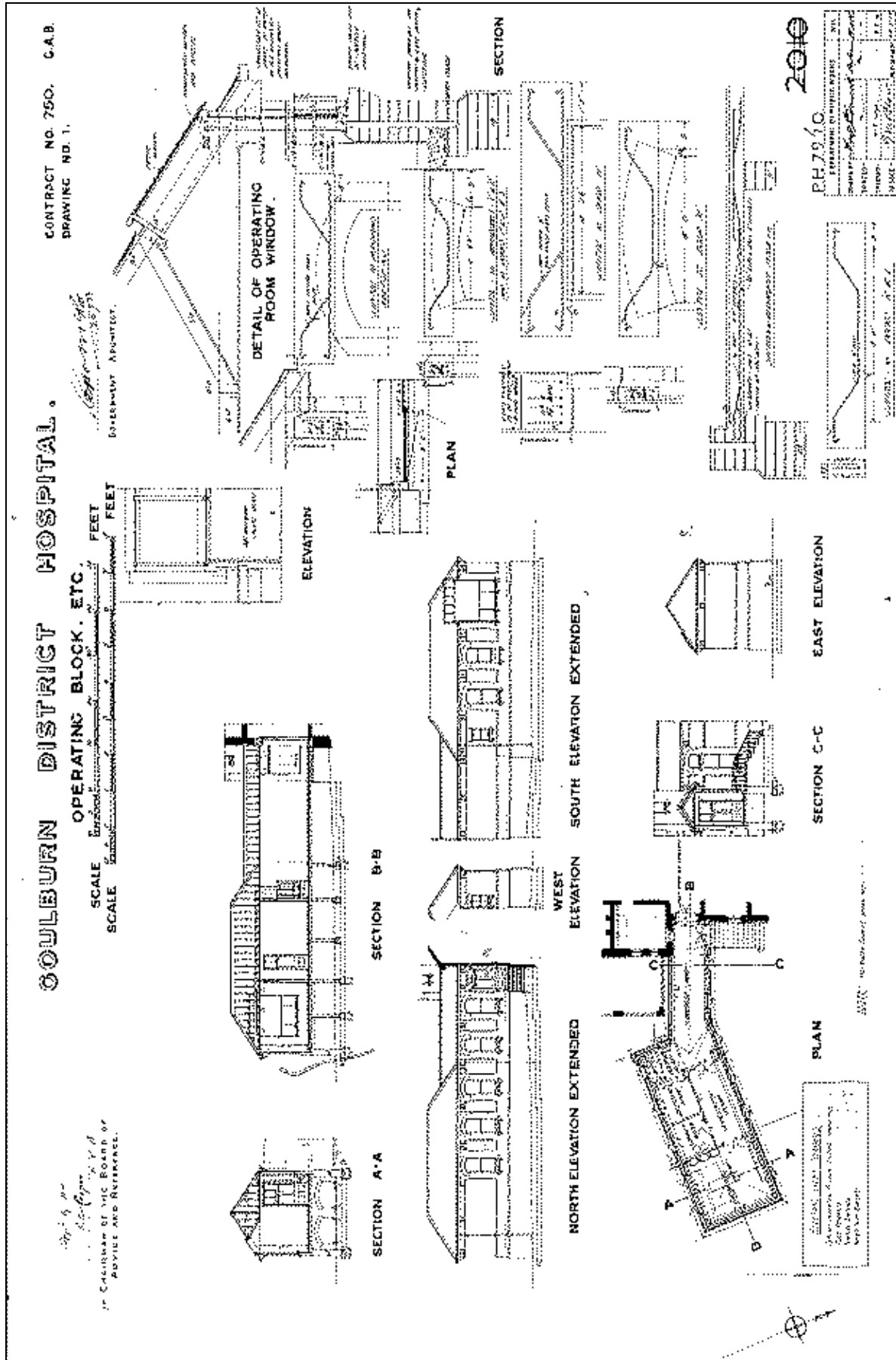


Figure 8.1 Drawing relating to Operating Theatre wing addition dated 1918 (PH79/10).

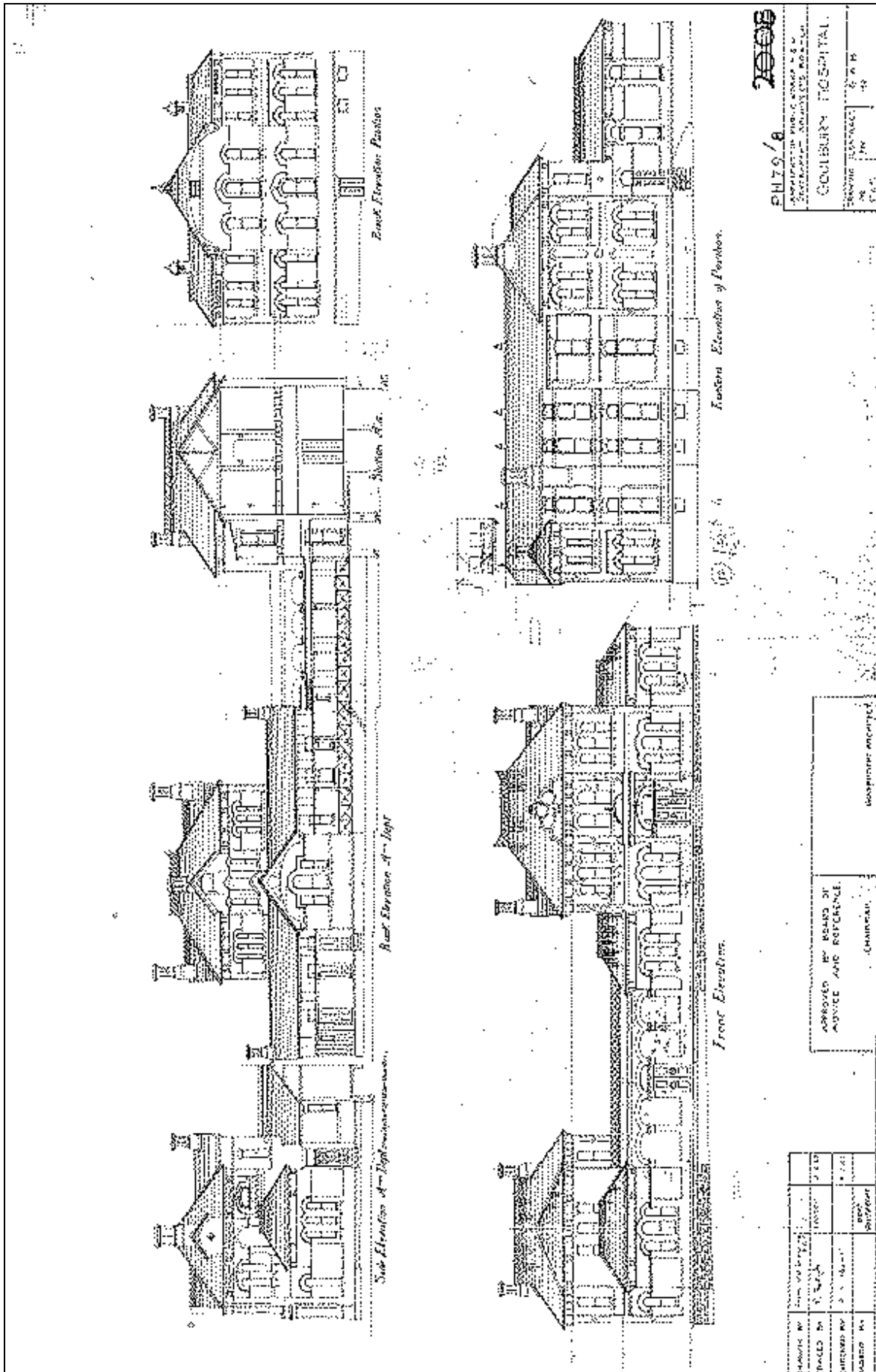


Figure 8.2 Tracing of original drawings completed in 1923 (PH79/8).

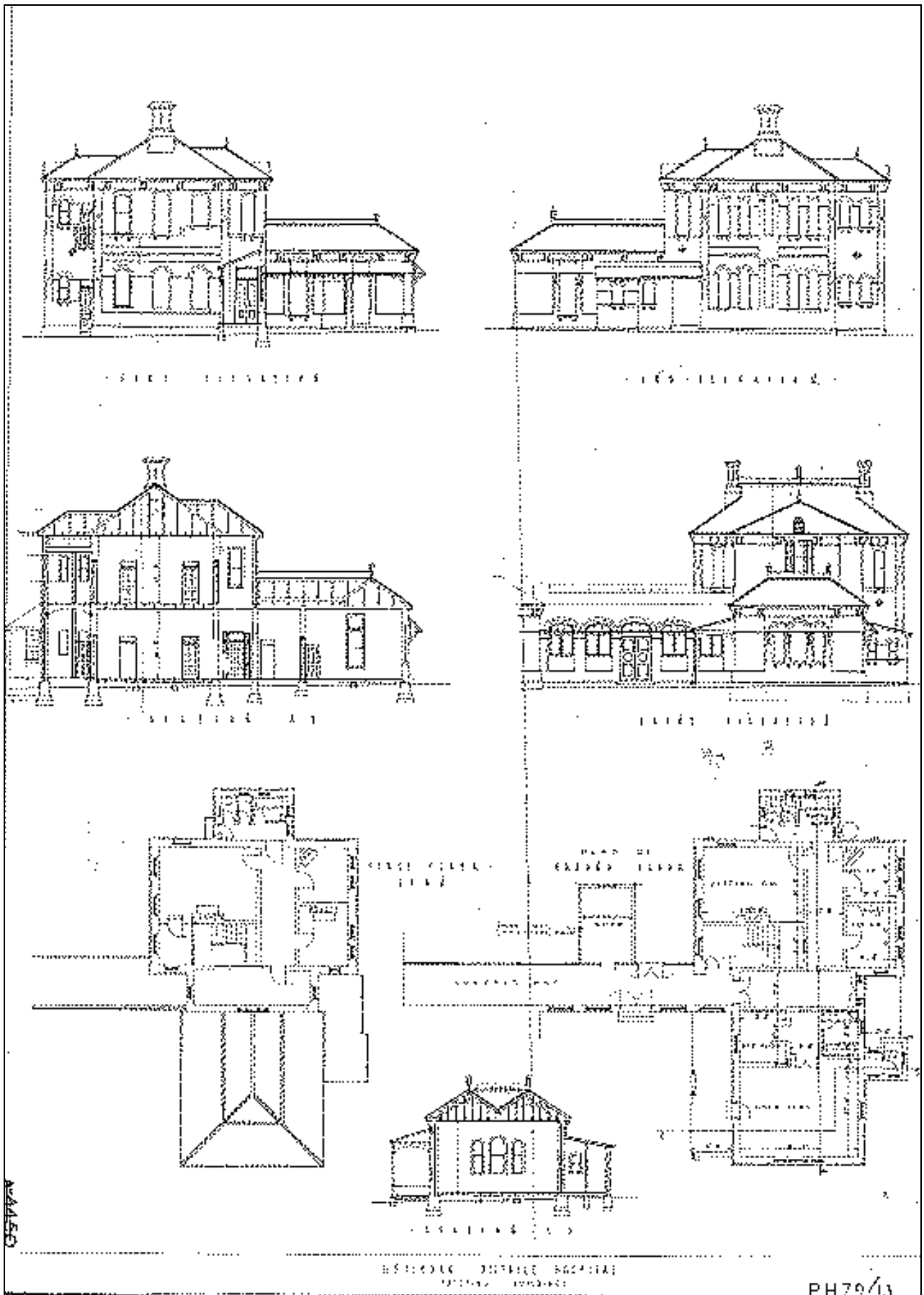


Figure 8.3 Tracing of original drawing (showing western pavilion, PH79/13).

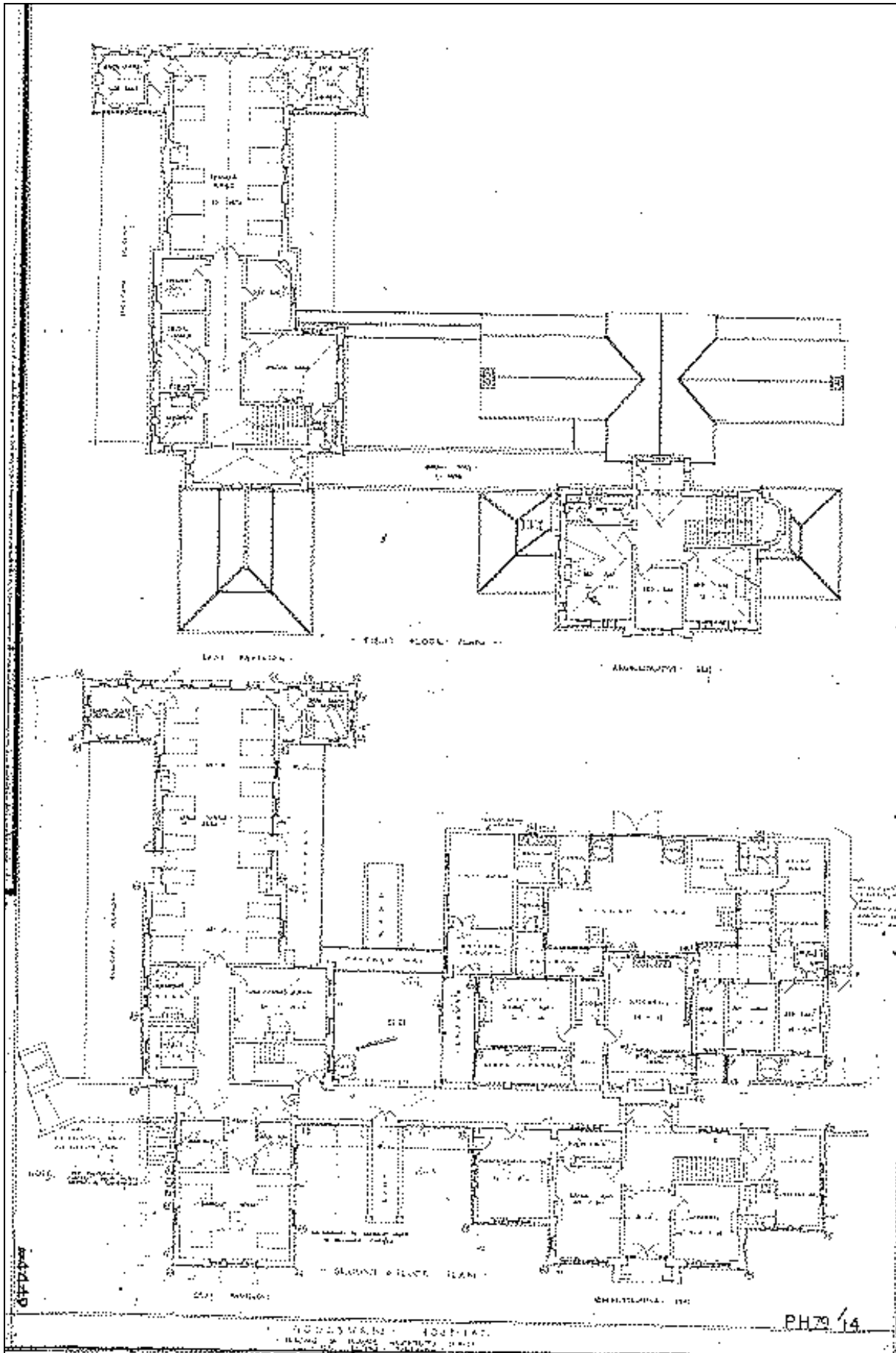


Figure 8.4 Tracing of original drawing (showing eastern pavilion and additions to the rear central wing, PH79/14).

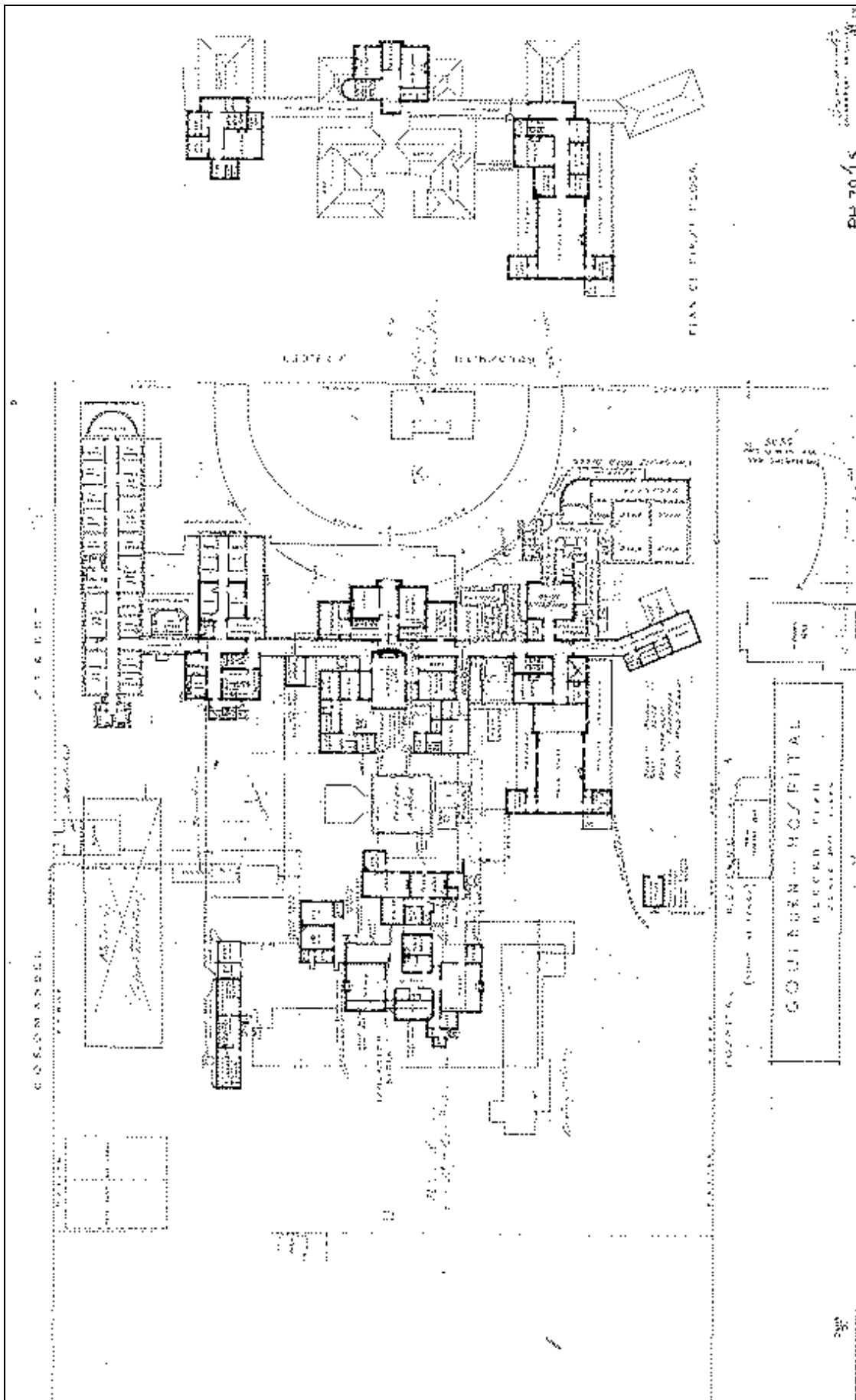


Figure 8.5 Record plan 1930s showing proposed Childrens' Ward and associated additions (PH79/15).

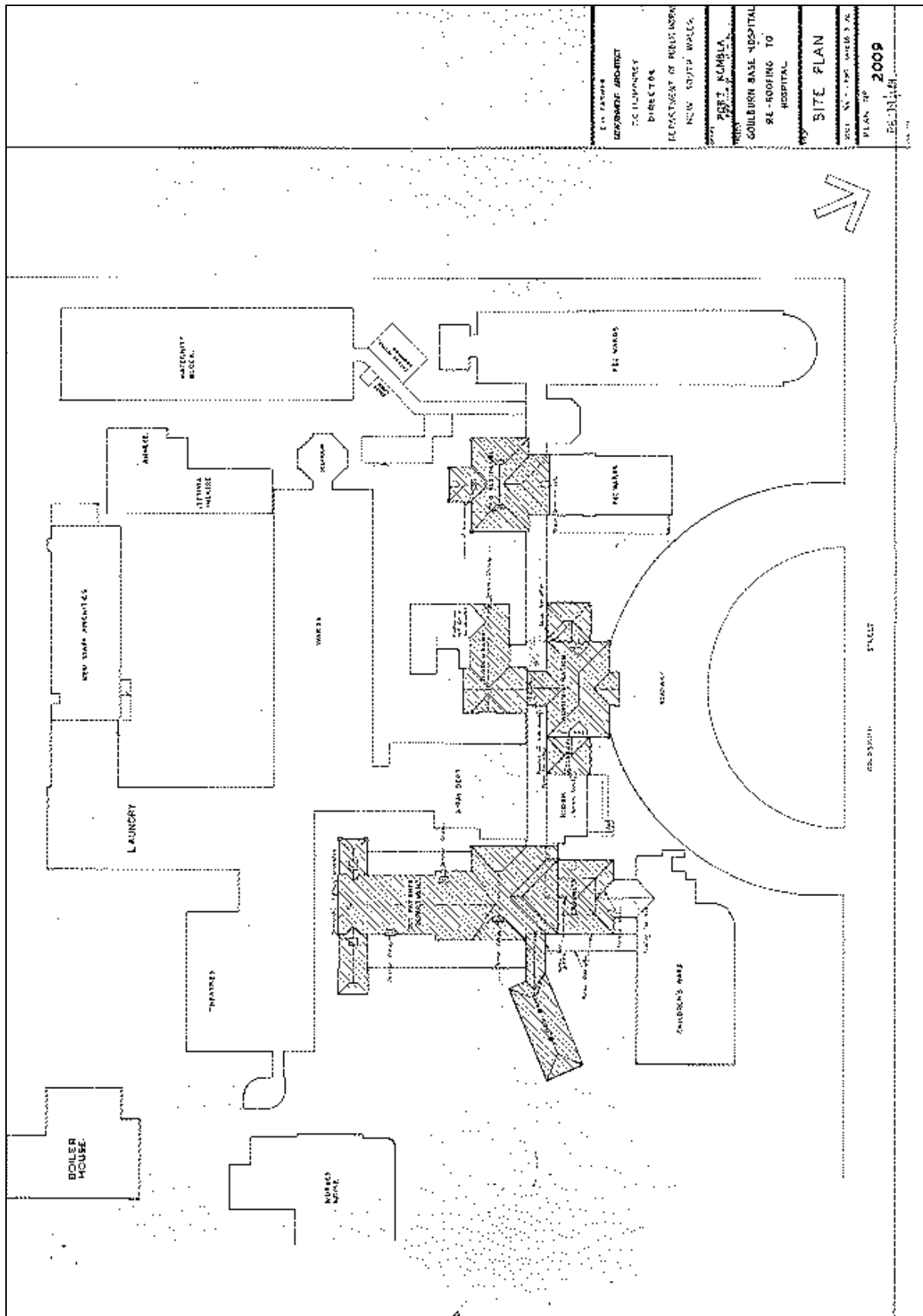


Figure 8.7 Site plan showing re-roofing of Hospital buildings 1972 (PH79/184)

9.0 Addendum

9.1 Options analysis

This options analysis has been prepared in response to the NSW Office of Environment and Heritage, Heritage Division comments on the exhibition of Goulburn Base Hospital Redevelopment (SSD8667) outlined in their letter dated 23 April 2018.

The initial comment provided to the DA Coordinator, Key Sites Assessment of the Department of Planning & Environment refers to this SOHI and is as follows.

- *The existing Specimen Collection/ Pathology Collection (kinked) building and Reception buildings are part of the early development of the site and identified as being of “moderate” significance in the SOHI as they have been “extensively modified” and “no longer meet operational requirements”. It is unclear why the development necessitates the demolition of these elements as a revision of the proposal could see the retention, or the adaptation and incorporation of these elements into the new development. The SHI submitted refers to previous considerations of the heritage options discussions held with the NSW Health but does not provide detailed assessment of what other options were considered for the development of the site. This information should be provided prior to further assessment of this SSD.*

Following on from this point, it was recommended that prior to the determination that the following be provided:

- *An amended SOHI which includes detailed options analysis describing the alternative solutions that have been considered for the site and the reasons why these options were discounted.*

9.1.1 Background

The above analysis indicates that the Hospital has undergone some change and expansion. A number of new buildings have been added to the site since the initial establishment in 1887 (when construction of the original pavilions began). The early buildings have traditionally been adapted to suit and connect to the new buildings to enable ongoing Hospital uses for the local and wider community and to cater for evolving medical practices, technologies and functions.

The central pavilion and two storey parts of the eastern and western pavilions (identified as being of Exceptional and High significance) largely retain their external form, fabric and details. Some changes, such as the removal of original chimneys and cast iron details on the roof and replacement of the original roof cladding has occurred, however, the two storey pavilions remain as visually prominent elements along the Goldsmith Street frontage. The interiors also retain the main connecting corridor spaces and some early details, however, have undergone various upgrades which would be expected for nearly 130 years of continuous Hospital use.

Areas identified as being of Moderate significance, such as the original single storey wing (Reception area) of the eastern pavilion have also been adapted for ongoing use and have been incorporated into later infill and additions. Whilst part of the early fabric their significance has been reduced by the level of changes and their integration with various additions and loss of integrity.

Various options, opportunities and constraints were discussed during the initial site and heritage investigations and design stages of the project. Consultation between the design and management teams, building occupants and users defined the use and operational requirements.

Informal discussions with members of the Goulburn & District Historical Society Inc also Hospital staff and building occupants indicated a high regard for particularly the “two storey” pavilion buildings and front garden areas along the Goldsmith Street frontage.

The various additions and later buildings were regarded as being secondary and noted only in practical and functional terms. Hospital staff were vocal in the functional and spatial shortcomings of these buildings, parts of which were vacant or deemed unsuitable or increasingly difficult to use.

Local newspaper articles from as early as the 1940s referred to the debate about the “classification” of the Hospital. The classification to a “base” hospital in 1951 was an important step in the development of the site and meant that the site was able to cater for and provide a certain level of services for the local and wider community. Local needs and requirements relating to the expanding and an aging population and community mental health have also required an expansion of services which was considered important. Goulburn currently retains this classification and remains the largest Hospital in the Southern NSW Area Health District.

The ongoing growth and development of the Hospital has contributed to its cultural significance. The early elements remain as a reminder of the the early development of the site, however, as a major Hospital serving a wide catchment area there is a need to also balance current and potential, ongoing expansion of Hospital facilities and make best and highest, practical use of the site.

9.1.2 Options & opportunities

On-going use of the site as a base Hospital that meets current and future use requirements with appropriate functional and spatial relationships is the primary aim of the project and it is considered will enhance the significance of the place. A Hospital has operated on this site since the opening of the initial pavilion buildings in 1889.

Full or partial retention particularly of elements associated with the early development of the site, items identified as being of Exceptional, High and Moderate significance is generally an ideal heritage outcome.

In recognition of the cultural and community values of the place, areas identified as being of Exceptional and High significance are proposed to be retained. Their current form, location, condition and layout provide opportunities for re-use. Some further adaptation and repairs to these parts of the building are proposed, however, the form, fabric and remaining details of the two storey pavilions remain a visible and tangible part of the history of the place and will be enhanced by the retention and proposed improvement of the front setback and garden setting.

The opportunities for the areas identified as being of Moderate significance, in this case, are not as clear cut. With regards to the existing Specimen Collection/ Pathology Collection (kinked) building and Reception buildings their form, location, condition and layout have been obscured since the 1940s and have been affected by ongoing and incremental changes in an attempt to make use of the existing facilities but which have reduced their cultural values.

In relation to these areas, the following options were discussed:

1. retention of the remaining early fabric with:
 - a. possible reinstatement of missing or lost elements; or
 - b. further adaptation and additions; and if functional, use or spatial requirements could not be met
2. recording, removal and interpretation of these elements.

Option 1 - Retention

This option would involve the retention of the existing Reception area and Specimen Collection and Pathology (kinked) wings. As noted, these areas are not as intact as areas rated of Exceptional or High significance and have been affected by various additions.

The single storey, northern projection of the eastern pavilion (Reception area) was originally an Accident Ward with Nurses' room and bathroom. It was later used as a Childrens' Ward and used to access the Childrens' Wing addition (1943). Some infill was added along the eastern side of the wing in the early 1940s and has since been modified. Infill has also been added to the western side of the structure to create an ambulance bay and to the front (north of the structure). These extensions connect to a stair and access ramp that extend from the Goldsmith Street frontage that were added in the 1990s. The interior has been successively modified and is now used as the main entry to the Hospital with Administration and Records located in the former Childrens' Ward and infill addition added to its northern façade.

Part of the north western corner, wall and roof of the northern projection of the eastern pavilion (current Reception area) remain. The northern and eastern facades have, however, been subsumed into the building and have been altered and finished as internal walls and early openings have also been infilled and modified. The two remaining external openings have been altered. Retention of the existing single storey wing would require some intervention, stripping back and removal of the various 20th century additions and reinstatement or adaptation of external walls and details, openings, windows and doors and possibly the face brick external finish.

The existing Specimen Collection and Pathology (kinked) wing was constructed in 1919, 30 years after the original pavilions. Plans for the addition prepared by the Government Architects Office show the single storey wing which was sited on an angle with narrow, kinked connection extending from the main east/west corridor and spine of the existing Hospital building. It is not clear why the addition was sited in this manner which differs to the regular layout and siting of earlier and most of the later buildings on the site. Possibly to "enclose" the front garden area, however, this was soon diminished by the construction of the much larger former Nurses' Home to its east in 1928 and Childrens' Ward addition to its north in 1943. As such it is not a highly visible or recognisable feature of the Hospital. The facades, however, reflected the brick details of the original building designed by local architect, EC Manfred. A foundation stone was also placed and remains in the base of the northern façade.

The 1919 addition is a narrow and relatively small wing that originally contained an operating theatre and associated spaces. Its size and form indicates that it was a secondary element and it was never intended to compete with the earlier, main Hospital pavilions. A Block Plan dated 1963 (**Figure 8.3**) show various accretions had been added to the structure by this time and another semi detached structure had also been constructed to its south. In the early 1970s the whole Hospital underwent renovations and by the late 1970s it was used as Blood Bank. During this period the roof cladding was also replaced. In 1989 the wing was extended (lengthened) and a large, Pathology building was constructed to its southern façade.

The wing retains the original northern façade and part (eastern end) of the southern façade and associated details, however, the changes, particularly to the eastern end of the wing, including addition of an external door, brick and concrete stair and extension with the installation of services and poor repairs to the brickwork and joints have impacted on the integrity and condition of the structure. The interior has also been successively modified and retains several small rooms connected by a corridor with modern floor and ceiling linings. Some windows and doors have also been replaced.

In addition to the limited size, the "kink" and siting of the wing was considered to be a constraint and at odds with the primary pattern and geometry of the existing and proposed buildings in this section of the site.

Functionally it is also currently problematic. It is currently connected to the 1989 Pathology addition by an awkward wedged shaped infill. The narrow access, confined nature and odd connections affect the current use and it is believed would affect possible future use, optimum connections and efficiency of the spaces.

The design and particularly the internal layout of the site and Hospital as a whole have been carefully considered and informed by the identified and required functional and spatial relationships and access.

The Reception, admissions and records areas are proposed to be accommodated and fit into the new additions to provide optimal use and connections between interrelated areas and appropriate access. The Specimen Collection and Pathology are also proposed to be relocated and accommodated in the 1989 Pathology addition which is proposed to be improved and rationalised.

The retention of the existing Reception and Specimen Collection and Pathology (kinked) wings would be ideal and would present opportunities for interpretation. However, due to the level of changes, particularly to the Reception area further intervention and adaptation would be required to reinstate and/ or to integrate these areas with existing and proposed facilities. Given the extent of previous changes, it was questioned if this option would greatly enhance the use or significance of the place. There is concern that the incremental changes have previously sought to “retain” and “re-use” existing facilities, however, have occurred at the cost of reducing, watering down and obscuring the original fabric and details without necessarily improving Hospital operations.

The current works are viewed as an opportunity to vastly improve Hospital operations and facilities in a viable and sustainable manner as a priority whilst also recognising the long Hospital use and sense of the history of the site.

Option 2 – Recording, removal and interpretation

This option would involve the recording of the single storey Reception and Specimen Collection and Pathology (kinked) wings in their current form and context, removal and provision of interpretative elements in publically accessible areas of the Hospital.

Whilst part of the early fabric of the complex, the changes to these single storey elements have impacted on their integrity. Both areas have long been obscured and affected by later additions to the site and incremental changes in an effort to provide improved use and facilities. The level of changes particularly to the Reception area would require further work to the fabric and the kink and form the Specimen/ Pathology wing which is also at odds with the primary layout of the complex limits the opportunities for practical use and integration.

The front façade of the building (the three early pavilions) was originally symmetrical. The western pavilion has also been incrementally altered since the 1930s and single storey additions, which have been identified as being of Little significance, are now proposed to be removed.

The option to remove the Reception and Specimen Collection/ Pathology Collection (kinked) wings would reinstate a sense of the symmetrical layout about the central pavilion and is intended to highlight the two storey pavilions and associated front garden area, which have been rated as being of Exceptional and High significance and will be retained. The two storey pavilions are also highly regarded by the local community and Hospital staff and will remain as a strong reminder of the early character and imagery of the Hospital.

Some further resolution of the area to the front of the original pavilions is required, however, any potential adverse impacts of the proposed removal of these areas will be reduced by;

- the retention of the Exceptional and Highly significant and recognisable elements and areas and a sense of their late 19th century character, imagery and primary setting;
- preparation of a photographic archival recording of the areas proposed to be removed and their context; and
- by the interpretation of the early elements proposed to be removed by way of landscaping, built elements and/ or signage.

It is also recommended that the stone plaque currently located at the base of the northern façade of the Specimen Collection/ Pathology Collection (kinked) wing be retained and incorporated and displayed in a public area as part of the on-site interpretation.