

STATEMENT OF HERITAGE IMPACT GOULBURN BASE HOSPITAL – BUILDING O FAÇADE REMEDIATION AND ADAPTIVE WORKS

This report has been prepared on behalf of Health Infrastructure to accompany the Section 4.55 Modification Application and to assess the potential heritage impacts of the proposed façade works to Building O at Goulburn Base Hospital, No. 130 Goldsmith Street, Goulburn (the site).

1.0 Background & Heritage Listing Status

A major redevelopment of the Goulburn Base Hospital (GBH) is currently in progress with works being carried out in accordance with REFs and approval (SSD 8667).

Planning commenced in 2015 and resulted in the construction of the new Clinical Services Building (CSB) over the eastern portion of the site. The building is connected to the original and early Hospital pavilions and buildings which are located to the west of the new building and continue to address Goldsmith Street.

Demolition, as approved, of the former Administration and Hospital Records wing that extended towards the Goldsmith Street frontage and ambulance bay area have now been completed and have exposed a wall that encloses part of the retained connecting link between the early Hospital pavilions and new CSB.

The wall at ground floor level, which was originally both external and internal, has been subject to successive alterations and additions over the years. Prior to demolition it was internal. The demolition has revealed a largely rendered surface and infill with various openings below the exposed face, rendered and painted brick walls. The façade also retains evidence (flashing line) of the removed gabled roofs.

It is currently proposed to retain the internal and external corridors and walkways and adapt the exposed wall below the awing level and approved awnings. New structural support, openings and a painted, rendered finish is proposed. The face brick parapet and first floor façade including the gabled shadow lines above the awning will be retained.

Goulburn Base Hospital is not listed on the State Heritage Register, however, the Central Building and original 1887 Pavilions have been listed on the Department of Health S170 Register and have been recognised by the National Trust of Australia (NSW). The Central Building and former Pavilions have also been listed as a local item under Schedule 5 of the Goulburn Mulwaree Local Environmental Plan 2009 (L181). The site is also located in the Goulburn Residential Conservation Area (West).

As such any proposed works must consider the potential impacts on the cultural significance of the site, primary buildings and elements and their setting, surrounding streetscapes and conservation area context.

This report refers to the findings of the Heritage Assessment prepared by our office (PMA, dated February 2016) and Statement of Heritage Impact reports prepared since that time in relation to the new Clinical Services Building and associated works and other new facilities on the Hospital site.

The proposed works have been assessed with reference to Goulburn Mulwaree Council planning documents and standard criteria. The purpose of the report is to outline the current proposed works, options discussed and how any potential heritage impacts are reduced and mitigated.

2.0 Historical overview

The history of the site has been well documented. The current Hospital is the third general Hospital to be constructed in Goulburn and was constructed over two land grants between 1887 and 1889. Designed by local architect, EC Manfred, the Hospital was planned on the pavilion system and was officially opened on 11th October 1889 by Mayor, HS Gannon.

Early photographs show the central pavilion framed by two similarly detailed, two storey pavilions with single storey connections and bays. The two pavilions provided separate wards each side of the main, central administration block. A circular driveway was also constructed along the Goldsmith frontage. Several improvements were made in the early 1900s and new buildings and facilities have been successively added. In 1919 a single storey wing with operating facilities was completed. Constructed on an angle and later adapted for other uses, it now forms the connection between the original Hospital pavilions and new CSB.

The first block of wards was constructed in 1933 with the second block following in 1937. This block, “The West Wing”, located at the north western corner of the site was extended in 1943. Two Nurses’ Homes, designed by the Government Architects Office, were constructed on the eastern side of the site in the 1920s and late 1930s. These and associated additions were demolished to enable the construction of the CSB.

The Hospital continued to expand in the 1940s. A new Children’s Ward was constructed in 1943. It was later converted for use as Administration and Medical records. The wing was also modified in the late 20th century to create the new entry. Following a review of options it was also recorded and has recently been demolished to make way for the new Hospital entry.

A Maternity Ward was completed in 1949. Located close to the Albert Street frontage it now has a separate entry facing the street. A covered walkway also connects it to the main buildings.

In 1951 the Hospital was officially gazetted as a “base” hospital, the sixth in NSW. The term is derived from military use and applies to a large rural, central hospital which could provide a range of facilities and that would not require sending patients to Sydney. Goulburn retains this classification and remains the largest Hospital in the Southern NSW Area Health District.

The facilities at the Hospital continued to expand with other wards and training facilities added in the 1950s. By this time some infill had been added between the central, original pavilion and the eastern pavilion. A kiosk was located in this area, along the main east-west corridor. The kiosk was later relocated and an ambulance bay has also since been added to this area. The infill and ambulance bay have also been recently removed.

Discussions relating to the construction of a new Hospital building also began, however, it wasn’t until 1964 that it was announced that a new multi-storey building would be constructed. Opened in October 1966, the modern building designed by the Government Architects Office with a prominent five storey tower, provided new wards, operating theatres and other much needed facilities.

Major “renovations” were also carried out in the 1970s including re-roofing of the old Hospital buildings and additions to existing wards. Other additions to the building included the Ambulance bay and associated infill at the front of the building.

Additions to the site included the construction of the Health Commission Offices (now Community Health Centre) on the corner of Goldsmith and Faithfull Streets. This building has been extended twice since that time. The 1980s and 1990s also saw the addition of the Pathology Building and the Chisholm Ross Centre on the corner of Faithfull and Chisholm Street which opened in 1997 and has since been extended. A notable change to the central section of the site was the construction of a new ward and rehabilitation building (the Sub Acute Rehabilitation Unit (SARU)) completed in c. 2013. Constructed at the rear of the 1960s block it replaced the early laundry and service buildings.

Construction work on the CSB commenced in 2019 following detailed assessment, consultation and ongoing review and revision of the design that considered the heritage values of the original and early buildings and their setting and Goldsmith Street address and context.

Today, it is clear that the buildings have continually been upgraded and replaced to ensure that the Hospital remains a functional facility with a range of medical and associated services. Works have been ongoing so that the site can continue to operate in an efficient, up-to-date, compliant and viable manner for the local and wider region into the future.

3.0 Assessed significance

The significance of site as indicated on the State Heritage Inventory (SHI) Database¹ 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 Register² 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.

The findings of the Heritage Assessment (PMA, February 2016) are summarised as follows and the grading of buildings and elements has also been included (**Figure 3.1**).

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.

¹ Heritage NSW SHI, Goulburn Base Hospital, Central Building, Pavilions, Database number: 2933144.

² Heritage NSW SHI, Central Building and former Pavilions, Database number: 3540268.

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.

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 group of 1950s buildings and wards in the mid-section section of the site are representative examples of simple, single storey, utilitarian and institutional structures designed by the NSW Government Architect's Office. The buildings have some associational value, however, make limited visual contribution to the site and area and have undergone various upgrades and additions to enable on-going use.

The multi-storey block (1960s building) is also associated with the Government Architect's Office, however, is a representative example of a late 20th century, multi-storey hospital building that incorporates standard material, details and elements. The building is a visible element and forms a backdrop to the historic buildings and site.

The various changes to the site and buildings, ongoing upgrades and development also represent the requirement for changing and expanding health care services and facilities in the local and wider area. The ongoing use and development of the site for health care services also enhances its significance.

Significance of the subject area

The subject walls are located along the main east-west corridor space that originally and continues to connect the original Hospital pavilions. As such, the corridor space and connection has been rated as being of High significance.

The external and internal walls and spaces have, however, been successively modified and upgraded to suit ongoing Hospital uses.

The former entry and Hospital Administration area, ambulance bay and infill (now demolished) were rated as being of Moderate and Little significance due to the extent of changes and as part of later infill and additions to the Hospital.

The northern wall remains, however, has lost much of its early fabric, details and integrity at ground floor level.

The parapet and walkway at first floor level and upper storey façade of the eastern pavilion remain and are considered to be of High significance.

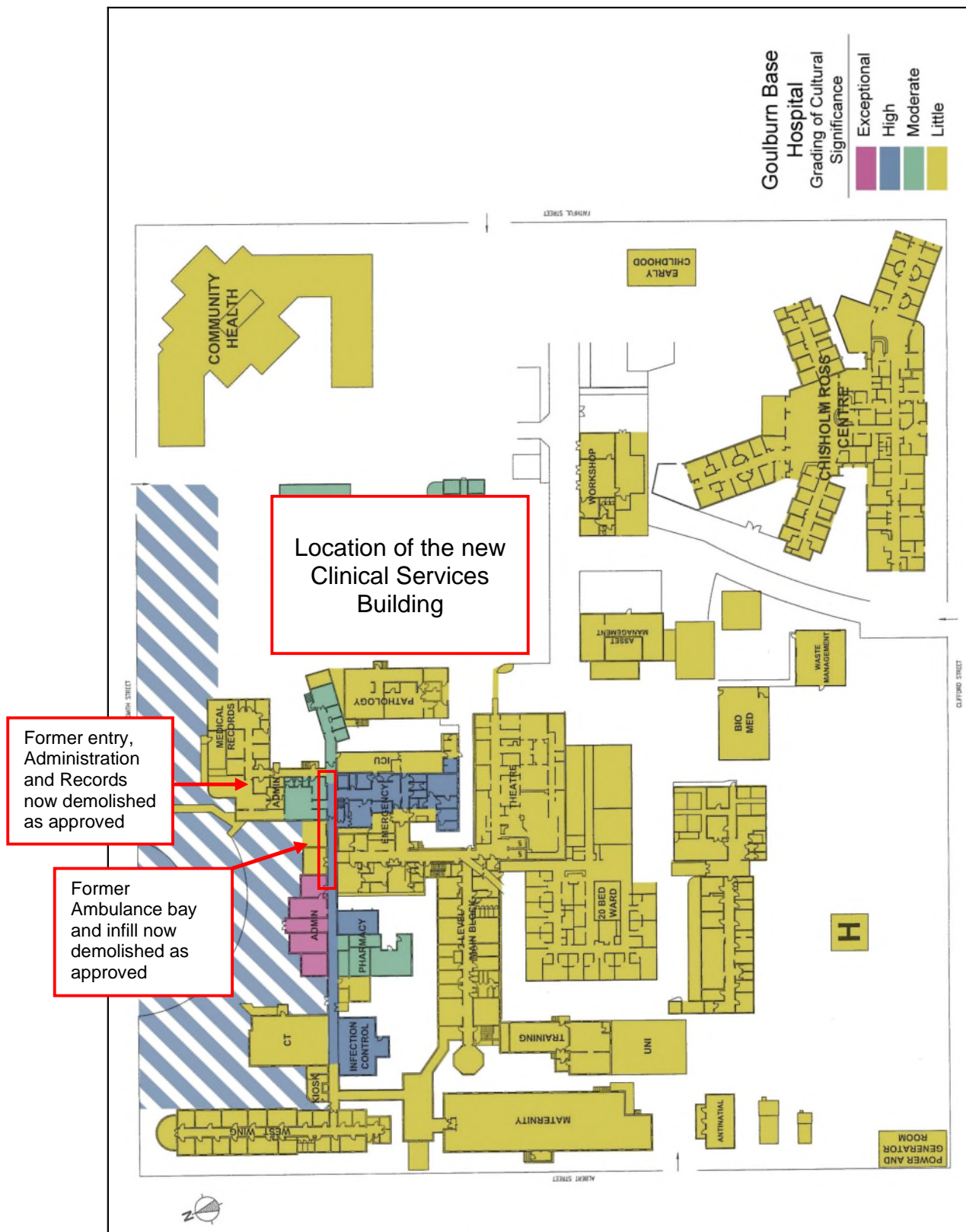


Figure 3.1 Grading of significance diagram (PMA 2016). The location of the subject wall is indicated.

4.0 The existing situation & current proposed works

The approved demolition works have revealed rendered and modified walls with some wide openings, brick and lightweight infill.

The eastern facade of the one and two storey central pavilion and specifically the eastern façade of single storey section has been largely rendered and painted. The former infill/ addition was constructed to the façade. The removal of the wall has fully exposed the north eastern corner (indicated **Figure 4.1** & **Figure 4.2**)

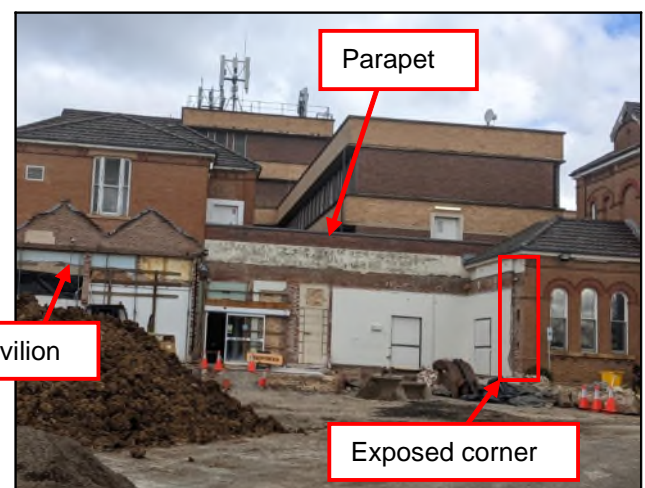
The internal corridor and open walkway at first floor level with the rendered and face brick parapet remain and will continue to connect the central and eastern pavilions. The wall below the parapet and ground floor of the eastern pavilion indicate a number of changes and modifications. The façade also retains evidence of the former roofs.



Figure 4.1 The subject area just prior to demolition.



Figure 4.2 The area following the demolition which has revealed rendered and modified walls and parapet above the main corridor and bounding the first floor open walkway. The north eastern corner of the single storey section of the main pavilion has also been fully exposed. The earlier gabled roof form of the eastern pavilion is also apparent (at left).



It is currently proposed to make good and adapt the exposed wall sections to the east of the central Hospital pavilion as illustrated in the architectural drawings prepared by STH Pty Ltd.

It is proposed to retain as much of the existing walls as possible and particularly maintain the integrity and structure of the eastern, single storey section of the central pavilion, existing corridor, first floor walkway and parapet connecting to the eastern pavilion.

The exposed north eastern corner, the plinth and details of the eastern, single storey section of the central pavilion is proposed to be repaired using salvaged bricks. The existing rendered finish of the east facing wall is proposed to be retained and repaired. The existing opening, which is a later alteration, is proposed to be infilled and rendered to match. The existing corbelled brick and eaves details and roof will be retained.

An existing opening at the western end of the north facing wall is proposed to be retained and adapted to provide a fire egress door. A new aluminium framed door and sidelight are proposed. A new large window is also proposed to the former ambulance bay door at the eastern end of the same wall.

Additional structural support, waterproofing and footings are proposed at the ground floor level of the northern façade of the eastern pavilion with new brick infill walls and openings. A new fascia is proposed to conceal new structural beams. The new wall is proposed to be rendered and vertically proportioned fixed windows are proposed. The face brick first floor façade and existing timber window will be retained. It is proposed to cut back the flashing of the former gabled roof sections, but retain the gabled shadow (ghost) line and make good and repair the exposed face brick for interpretive purposes.

The rendered finish is proposed to be painted a light, relatively neutral colour that is proposed to complement the face brick of the original pavilions and CSB cladding panels.

Overall, the works are proposed to rationalise and improve the walls and facades that have been affected by past alterations and additions and have been exposed by the approved demolition works and to stabilise and minimise damage to the retained walls and structure.

5.0 Heritage Impact Assessment

5.1 Goulburn Mulwaree Local Environmental Plan 2009 & DCP 2009

In accordance clause **5.10 Heritage conservation** of the GMLEP 2009:

(4) Effect of proposed development on heritage significance

The consent authority must, before granting consent under this clause in respect of a heritage item or heritage conservation area, consider the effect of the proposed development on the heritage significance of the item or area concerned. This subclause applies regardless of whether a heritage management document is prepared under subclause (5) or a heritage conservation management plan is submitted under subclause (6).

(5) Heritage assessment

The consent authority may, before granting consent to any development:

- (a) on land on which a heritage item is located, or*
- (b) on land that is within a heritage conservation area, or*
- (c) on land that is within the vicinity of land referred to in paragraph (a) or (b),*

require a heritage management document to be prepared that assesses the extent to which the carrying out of the proposed development would affect the heritage significance of the heritage item or heritage conservation area concerned.

The significance of the site largely relates its ongoing use as a Hospital and its historic, aesthetic and social significance and values as a purpose built hospital that retains strong evidence of its original establishment and subsequent stages of development which reflect the growth and development of Goulburn and surrounding area.

The architectural character of the original Hospital pavilions and their contribution to the Goldsmith Street streetscape and their association with local architect, EC Manfred, has also been noted.

The proposed works, modifications and adaption of the walls to the east of the central pavilion, are considered acceptable from a heritage point of view and will create no additional adverse impact on the fundamental significance of the Hospital.

The buildings will significantly continue function as part of the Hospital. The historic and aesthetic character, the primary form, one and two storey scale of the central pavilion and its connection to the western and eastern pavilions will be retained. The existing face brick facades, brick and stone details will be retained and remain face brick and stone. The damaged, north eastern corner will also be repaired and reinstated to match.

The associated, highly significant open front setback, garden and relationship to the Goldsmith Street frontage will also remain. The historic and early architectural character and its primary setting will remain highly visible and able to be interpreted.

As a functioning Hospital, the building and particularly the subject area have previously undergone various alterations and additions to cater for ongoing use and services. The walls have been affected by infill, cutting in and addition of new openings and walls and addition of rendered, lightweight and painted finishes and services.

The existing walls and parapets will be largely retained. The retention, repair and reinstatement of the plinth details of the front, north eastern corner of the eastern single storey section of the central wing is considered a positive. The other details of the façade, the corbelled brick details below the eaves and existing roof form and cladding will also be retained.

The retention and provision of a new rendered finish to the walls below the canopy and awning level is proposed to prevent additional undue damage to the building form and structure, particularly the eastern single storey wing and parapeted walkway, and to rationalise and repair the existing varying brick and rendered walls.

Due to the extent of changes, there are concerns that reconstruction and reinstatement of the earlier details or removal of the later, cement rendered finish would cause additional damage and potentially affect the integrity of the remaining structure and parapet. Introduction of modern claddings and finishes was not considered appropriate in this location. Retention of a rendered finish is intended to provide a compatible finish that acknowledges and interprets the changes to the area and does not detract from the remaining face brick and details. Existing openings have also been retained to reduce change and provide a necessary egress and light.

The provision of new structure and adaption of the ground floor of the eastern pavilion is also considered acceptable. The existing wall was originally internal and has also undergone various modifications and changes. The proposed rendered brick wall with vertically proportioned openings does not seek to mimic or replicate original details, but rather also recognises changes and highlights the retained brick structure. The integration of some additional structure is required, however, will have no adverse impact.

The primary two storey form and details including details of the first floor façade, eaves and main roof form have been retained. The shadow (ghost) line and interpretation of the former double gable roof will also remain. The existing and highly significant connections, the internal corridor and the open, parapeted walkway between the central and the eastern pavilion at ground and first floor levels will also significantly be retained.

The work to the façade is confined to ground floor level. Any potential adverse heritage impacts are also reduced by the awning which will screen and shadow the walls, setbacks and the proposed landscaping and buffering and interpretive elements around the buildings. The overall form and character of the early pavilions will remain visible from the Goldsmith Street frontage.

The works are confined to the site and are setback from the Goldsmith Street frontage with improved (approved) car parking area, landscaping and planting to be provided between. As such it is considered that the proposed modification will be no adverse impact on the surrounding streetscapes and conservation area.

In relation to the Heritage objectives and controls of the GMDCP 2009, section **3.3.2 Alterations and Additions:**

Controls	Response
<i>A. Avoid changes to the front elevation - locate new work to the rear of, or behind the original building section.</i>	The proposed modifications affect areas that have previously undergone successive changes, alterations and additions and areas revealed by the approved demolition works. The works are on the front elevation, however, have been kept simple so that the primary form and intact facades and details of the exceptional and highly significant Hospital pavilions remain intact, highly visible and are able to be appreciated.
<i>B. Design new work to respect the scale, form, massing and style of the existing building, and not visually dominate the original building.</i>	The existing scale, form, massing and style of the building have been retained. The proposed modification and adaption of the affected wall areas are proposed to repair, stabilise and maintain the integrity of the remaining structure and not visually dominate or detract from the original and unaltered brick forms and details.
<i>C. The original roof line or characteristic roof elements are to remain identifiable and not be dwarfed by the new works.</i>	The existing original roof and parapet lines of the Hospital pavilions have been retained and will remain identifiable.
<i>D. Retain chimneys and significant roof elements such as gables and finials where present.</i>	No chimneys are extant, however, the significant roof elements particularly the open, parapeted walkway between the central and eastern pavilion has been retained.
<i>E. Ensure that the new work is recognisable as new, “blending in” with the original building without unnecessarily mimicking or copying</i>	The new work is intended to read as altered and modified areas and not blend in or mimic the original details. The new work will highlight and allow the existing historic brick and stone details to remain visible and able to be interpreted.

<p><i>F. Complement the details and materials of the original roof including ridge height and slopes without compromising the ability to interpret the original form.</i></p>	<p>The proposed work is intended to minimise impact on the parapet, elevated walkway and roof form.</p>
<p><i>G. New materials are to be compatible with the existing finishes. Materials can differentiate new work from original building sections where appropriate, for example by the use of weatherboards where the original building is brick or by the use of “transitional” materials between old and new.</i></p>	<p>The materials and details are considered appropriate and compatible to the building will not detract from the historic fabric on the site or area.</p> <p>The render is intended to be interpreted as modified and adapted areas and allows the historic face brick structure to remain visually dominant.</p>
<p><i>H. Retain front verandahs. Reinstating verandahs, and removing intrusive changes is encouraged, particularly where there is physical and/ or historic evidence.</i></p>	<p>The remaining primary details of the historic pavilions will be retained.</p> <p>The affected walls have been previously extensively modified. Remaining early brick walls have also been largely rendered.</p> <p>Some physical and historic evidence remains, however, the removal of the render would damage the walls and potentially the wall, parapet and roof structure above.</p> <p>The previous changes are such that reinstatement of early details would require wholesale removal and reconstruction that would require additional structure and similarly create undue damage to remaining primary details.</p>

5.2 Heritage NSW criteria

The relevant questions have been considered in detail below.

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

The proposed modification of the walls is consistent with the aim to retain the historic character and features and improve the Hospital use which also contributes to the significance of the place and its contribution to the area. Any potential heritage impacts of the proposed modifications on the significance of the Hospital and surrounding conservation area are minimised by:

- the retention of the street layout and Hospital site boundaries;
- the retention of the setback from the Goldsmith Street frontage and retention of the open and landscaped frontage and primary address of the Hospital buildings;
- the retention of the existing main access and curved driveway and setting of the main 1887 Hospital pavilions;
- the retention of the elements identified as being of exceptional and high significance;
- the repair and reinstatement of the north eastern exposed corner of the single storey section and use of matching salvaged bricks;
- the retention of existing face brick and wall details where possible including the corbelled brick and eaves details and existing roof, rendered and face brick parapet and details of the first floor of the eastern pavilion including the face brick facades and details, window, eaves and roof and retention of the gabled shadow line that interprets the early roof form;

- the repair and stabilisation of the facades including the addition of new supporting structure;
- the use of existing openings to provide a necessary egress and natural light in the significant internal corridor space;
- the use of a compatible (painted rendered) finish that interprets changes to this section of the building and does not detract, but rather highlights the intact, original brick structure and details; and
- by the adaption of the ground floor of the eastern pavilion and provision of appropriate vertically proportioned windows along the corridor.

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?

The proposed works are confined to the existing building and setback and will have no adverse impact on primary views along Goldsmith Street or appreciation of the residential context in the conservation area.

The proposed walls and modifications will be visible on site, however, will be overshadowed by the proposed awning/ canopy and will also be visually dominated by the historic two storey face brick pavilions and brick and stone details.

The front setback and primary setting and views to and from the historic Hospital pavilions will also be retained and not affected by the proposed modifications which are confined to the ground floor level. The historic pavilions and connecting parapets will continue to be highly visible and able to be interpreted and appreciated as being part of the late 19th century development of the site and area.

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

The potential for archaeological resources in the affected areas is considered to be low and disturbed by past alterations and additions and recent approved demolition works.

The area retains early fabric and details, however, these have also been affected by past changes and similar, early details remain evident in the attached sections of the building.

Some minor excavation will be required, however, overall the works seek to minimise impact and damage to the existing retained building structure including footings, floor, wall and ceiling/ roof fabric. The potential for resources in floor, wall and ceiling cavities is also low due to the changes and replacement of floor, ceilings and roof claddings. However, should any resources be uncovered during the works, advice will be sought from a qualified archaeologist.

5.3 Conclusion and recommendations

The proposed modifications to the ground floor walls of Building O at Goulburn Base Hospital are considered acceptable from a heritage point of view and will create no additional adverse impact on the cultural significance of the site or its identified significant elements.

The Hospital use of the site and identified exceptional and highly significant buildings will be retained and continue to enhance the significance of the sit and area.

The highly significant Hospital pavilions have been largely retained and will remain highly visible and able to be appreciated.

The works are confined to areas that have previously undergone successive change, alterations and additions. The works seek to stabilise, repair and minimise damage to the remaining structure and details.

Any potential heritage impacts on the significance of the Hospital and conservation area are also reduced and minimised by:

- the retention of the setback from the Goldsmith Street frontage and retention of the open and landscaped area along the primary address and in front of the Hospital buildings;
- the retention of the existing main access and curved driveway and setting of the 1887 Hospital pavilions;
- the retention, stabilisation and repair of elements identified as being of significance, particularly the two storey form and details of the 1887 pavilions and the front, north eastern corner of the single storey section of the central pavilion, existing face brick details, parapet and roof;
- the retention of the significant connections, the ground floor corridor and external open walkway at first floor level and parapet between the central and eastern pavilions;
- the use of a simple and compatible finish that indicates change and does not mimic or detract from but rather highlights the remaining face brick and stone details; and
- by the retention gabled shadow line that also interprets the past form.

The ongoing use of the site as a Hospital with associated uses is considered a positive impact that enhances the significance of the site.

The proposed works will have no impact on the primary views to and from the buildings and along Goldsmith Street. The cultural values and historic fabric of the site and conservation area will remain visible and able to be interpreted.

On this basis there should be no hesitation in approving the proposed modification on heritage grounds.