GBA Heritage

CONSERVATION MANAGEMENT PLAN

ROYAL NORTH SHORE HOSPITAL

PACIFIC HIGHWAY, ST LEONARDS

February 2017

Source Cover Image: Nearmap

ROYAL NORTH SHORE HOSPITAL, ST LEONARDS

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Contents

Executive Summary

This *Conservation Management Plan (CMP)* for the Royal North Shore Hospital (RNSH), St Leonards, has been prepared for NSW Health Infrastructure to guide the on-going management of the significant heritage elements within the site.

It is the intention of NSW Health Infrastructure to progressively develop the RNSH site to provide the contemporary health services required for the community, and to be a leading health and medical research and training centre.

This process began in 2006 with an application to the Department of Planning for a Concept Plan to be approved under Part 3A of the *Environmental Planning and Assessment Act*. The Concept Plan was approved on 13 April 2007 as Major Project MP 06_0051. The first building to be completed was the Research and Education Facility (Kolling Building), approved as MP 06_0192. An amendment to the Concept Plan was approved in 2008 with a Preferred Project application, and the first major stage of the redevelopment was approved as MP 08_1072. Several applications were made, and approved, to amend the MP 06_0051 Concept Plan during the staged construction of MP 08_0172.

This *CMP* is divided into sections, dealing with the physical description of the site, the assessment of the site's significance, constraints and opportunities arising from the significance and policies for conserving the significance in the future use and management of the site. A summary of the historical development of the site has been prepared separately and is included as an appendix to this *Conservation Management Plan*.

Conservation can be regarded as the management of change. It seeks to safeguard that which is important in the built environment within a process of change and development. As such, it is one of the functions of this document to establish policies and recommendations for the conservation and adaptive re-use of the significant components of the RNSH site in a way that protects and enhances their heritage value.

The Royal North Shore Hospital at St Leonard's is important within the local community for its long-established provision of health care services. The North Shore Hospital was founded in 1888 in Crows Nest, and moved to the current site as the Royal North Shore Hospital in 1902. Since its construction it has provided a leading role in health care for the north shore communities. Whilst a substantial proportion of the buildings across the hospital site are contemporary developments, they maintain the continuous provision of health care established by the first phase of development at the beginning of the twentieth century.

The hospital complex is an amalgam of architecture from various historical periods, beginning with the initial Federation era development (Buildings 29, 30, 31 and 33). Successive periods of growth are represented across the site, as demonstrated with many clinic and services buildings including interwar functionalist, postwar, late twentieth century and contemporary structures. While the most recent phase of redevelopment (2005-2014) has dramatically changed the built landscape of the hospital and moved the functional centre of the complex closer to the junction of Reserve Road and Westbourne Street, the progressive evolution of the expanding hospital campus can still be read in the surviving buildings across the broader site.

The 1960s development of the western part of the hospital site for an entirely new hospital block, for example, is still discernible through the Chapel. Similarly, that part of the hospital designated for essential services fronting onto Herbert Street and Eileen Street still retains elements such as the 1929 chimney and the late 1950's Stephenson and Turner designed boiler house (Building 21). Interwar expansion of patient facilities is still evident in the Princess Elizabeth (Building 35) and World War II Wakehurst (Building 36) Pavilions in proximity to the original Federation complex.

The original Federation Hospital complex, set back from Reserve Road, no longer serves as the centerpiece of the Royal North Shore Hospital owing to extensive multistoreyed hospital redevelopment in recent years. The original hospital group has been effectively severed from the broader operational campus context by the formation of the French's Place roadway. However the primary elements of the group, comprising the Administration Block (Building 31) and two pavilion wings (Buildings 29 and 30) still retain high visibility along the Reserve Road approach, within their garden setting.

The original kitchen block (Building 33) is a heavily modified functional structure that contributes to the setting of these buildings, illustrating the Federation-era planning for hospital design excellence. While the buildings have been modified, particularly the pavilions and the former kitchen block, their form and arrangement can still be clearly read within the hospital landscape. As a group, they serve as a good local example of the scale and quality of institutional architecture from this historical period.

Planning for the future development of the hospital site should retain and conserve the original and significant components of the site, Buildings 29, 30 and 31, and their setting. Elements identified as making some contribution to the setting of these buildings and thus enhancing appreciation and understanding of the historical development of the overall hospital site should also be retained where possible.

This *Conservation Management Plan* documents the heritage characteristics and significance of the site as a whole, and provides polices for the management of the historic components within it in planning for its on-going use as a hospital campus.

Introduction

1.0

1.1 Background

This *Conservation Management Plan (CMP)* for the Royal North Shore Hospital (RNSH), St Leonards, has been prepared for NSW Health Infrastructure to guide the on-going management of the significant heritage elements within the site.

The main objective of this *CMP* is to develop an understanding of the heritage characteristics and significance of the site as a whole and to provide guidelines for the management of the historic components within it in planning for the on-going use of the site.

It is the intention of NSW Health Infrastructure to progressively develop the RNSH site to provide the contemporary health services required for the community and to be a leading health and medical research training centre.

This process began in 2006 with an application to the Department of Planning for a Concept Plan to be approved under Part 3A of the *Environmental Planning and Assessment Act*.

The Concept Plan was approved on 13 April 2007 as Major Project MP 06_0051. The first building to be completed was the Research and Education Facility (Kolling Building) , approved as MP 06_0192.

An amendment to the Concept Plan was approved in 2008 with a Preferred Project application and the first major stage of the redevelopment was approved as MP 08_1072. Several applications were made, and approved, to amend the MP 06_0051 Concept Plan during the staged construction of MP 08_0172.

NSW Health Infrastructure is reviewing the current Concept Plan to ensure the re-use of surplus buildings and land is managed to provide for the long term needs of the community. This process is to be staged and implemented, providing complementary uses and upgrade and refinement of the health services required, as health needs change, demand for services increases, and technology evolves.

1.2 Report Structure

This *CMP* has been prepared in accordance with the guidelines of *The Conservation Management Plan*, by James Semple Kerr, and *The Burra Charter: the Australia ICOMOS Charter for Places of Cultural Significance*, 2013, also known by its more common title *The Burra Charter.*

This *CMP* also follows guidelines for the preparation of Conservation Management Plans set out in the *NSW Heritage Manual.* The aim of these documents is to assist with the identification of items of heritage significance. This assessment assists in providing guidance on substance, structure and methodology for the writing of effective conservation management documents.

This *CMP* is divided into sections, dealing with the physical description of the site, the assessment of the site's significance, constraints and opportunities arising from the significance and policies for conserving the significance in the future use and management of the site. A summary of the historical development of the site has been prepared separately and is included as an appendix to this *CMP*.

1.3 Site Identification

The Royal North Shore Hospital is sited on an area of approximately 13 hectares of land north of the Pacific Highway, and west of Herbert Street, at St Leonards. It is identified by the NSW Land and Property Information (LPI) as Lot 210 DP 1172133.

The site is bounded on the eastern side by Herbert Street, with Reserve Road running through the site to intersect with Westbourne Street near its northern boundary. A portion of the site, comprising a multistorey car park adjacent to the North Shore Private Hospital, lies north of Westbourne Street and is bounded by Reserve Road to the east.

For the purposes of this report the RNSH site is divided into five precincts:

- Original Hospital Precinct
- Northern Precinct
- Southern Precinct
- Western Precinct
- North-Western Precinct

It should be noted that some portions within the North-Western and Southern Precincts described in Section 2.0 and Appendix 1 of this report no longer form part of the public hospital campus but have been included in this report due to their former association with the site for hospital use.

1.4 Authorship

This *CMP* has been prepared by Gail Lynch, Associate Director, Dr Christina Amiet, Senior Heritage Consultant, and Mark Mawdsley, Heritage Consultant, of GBA Heritage Pty Ltd, and has been reviewed by the Director, Graham Brooks. Unless otherwise noted all of the photographs and drawings in this report are by GBA Heritage Pty Ltd.

Figure 1.1
Location map showing the subject outlined red

Source: Google Maps

Figure 1.2
Aerial photograph, dated 2 July 2016, showing the hospital looking north

Source: Nearmap 2016

1.5 Report Limitations

While this report is limited to the analysis of European cultural heritage values, GBA Heritage recognises that for over forty thousand years or more Aboriginal people have occupied the land that was later claimed as a European settlement.

Recommendations have been made on the basis of documentary evidence viewed and inspection of the existing fabric.

Although archaeological and landscape assessment of the subject site is outside the scope of this *CMP* policies for the recommended management of these aspects of the site's significance have been included, based on the recommendations of the 2006 Godden Mackay Logan *Royal North Shore Hospital, St Leonards, Archaeological Assessment* and the Taylor Brammer *Royal North Shore Hospital, St Leonards Tree Study (*2005) and *Royal North Shore Hospital, St Leonards Tree Heritage Management Strategy Proposed additional facilities* (2016).

1.6 Copyright

Overview of the Site Development

2.0

2.1 Introduction

A summary of the historical development of the RNSH site has been prepared separately as *Royal North Shore Hospital St Leonards Historical Summary* (GBA Heritage, December 2016) and is included as an appendix to this *CMP*. The table and diagrams in this section provide an overview of the evolution of the built development of the site. It includes approved changes until 2016, some of which have yet to take place.

2.2 Summary of Built Development

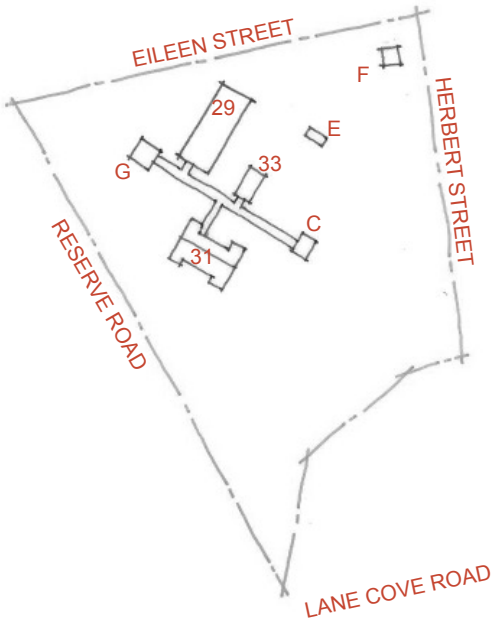
Building No.	Building Name	Year of Construction	Year of Demolition (where applicable)
Main Block 1	Main Block Stage 1	1964	2014
Main Block 2	Main Block Stage 2	c.1974-76	2014
1	Acute Services Building - Main Hospital	2009-11	
2	Community Health Centre	2010-11	
3	Chapel	1968	
4	Rotary Lodge	c.1978-80	2009
4 (Formerly 53)	Douglas Building	c.2000-03	
5	Staff Recreation Centre	1978-82	2009
5	Clinical Services Building	2012-14	
6	Sturt House	1956	2009
6	Kolling Building	2009-10	
7	Diabetic Services (pre-Hospital development)	c.1910	2016 approval for demolition
8	Drug and Alcohol Unit	1950	
9	Lanceley Cottage (pre-Hospital development)	c1908	2016 approval for demolition

10	Thoracic	1956	2009/2010
11	Vindin House	1929-31	2010
11A	Vindin House West Wing	1944	2010
12	Aged Care & Rehabilitation	1976-77	2010
13	Maternity: Alec Thomson	1936	2008-09
14	Student Accommodation	1976	2010
15	Student Accommodation	1969-70	2010
16	Block 5	1950	2010
17	Animal House	1930s	2010
18	Wellcome Laboratory	1960	2010
19	Laundry and Mortuary	1959; 1925	2009
20	Engineer Workshops	1941	c2009
21	Boiler House	1959	
	Boiler House chimney	1929	
22	Facilities	1932	
23	Clinical Teaching/ Kolling Institute	1963	2010
24	Norman Nock Lecture Theatre	1963	2010
25	Kolling Institute	1932	2010
26	Wallace Freeborn Professorial Block	1967-73	2010
27	Day Surgery	c.1942	2009
28	Hydrotherapy pool	1977-78	c2009
29	Block 1B	1902-03	
30	Block 1A	1914	

31	Administration / Resident Medical Officers Building (now Vanderfield) Building	1902-03	
31A	X-Ray Department	1920s & 1940s	
32	Ansto Body Protein	c.1940	
33	Orthotics (Former Kitchen Block)	1902-03	
34	CJ Cummins	1964-5	2016 approval for demolition
35	Princess Elizabeth Pavilion	1934	
36	Wakehurst	1941/47	
37	Radiation Oncology	1960/1985	2016 approval for demolition
38	Child Care Centre	1950/1960	2016 approval for demolition
51	School of Nursing	1987	2016 approval for demolition
52	Centenary Lecture Theatre	1987	c2009
P1 (Formerly 43)	Multi-storey Car Park	c1980s	
P2	Multi-storey Car Park	2014	
D1	Demountable 1 (on Building 52 site)	c2009	2016 approval for removal
D2	Demountable 2 (rear of Building 31)		

2.3 Diagrammatic Overview of the Development Phases

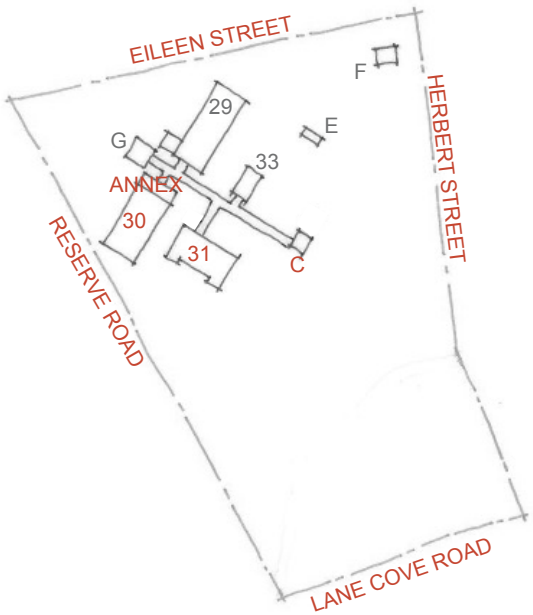
Figure 2.1
Diagram showing the RNSH buildings and extent of the site c.1904.
Sketch prepared by GBA Heritage (Not to Scale)



BUILDING LEGEND	
C	Infectious Diseases Building
E	Laundry
F	Mortuary
G	Operation Block
29	Pavilion Wing
31	Administration Block
33	Kitchen Block

NORTH

Figure 2.2
Diagram showing the RNSH buildings and extent of the site c.1914
Sketch prepared by GBA Heritage (Not to Scale)



BUILDING LEGEND

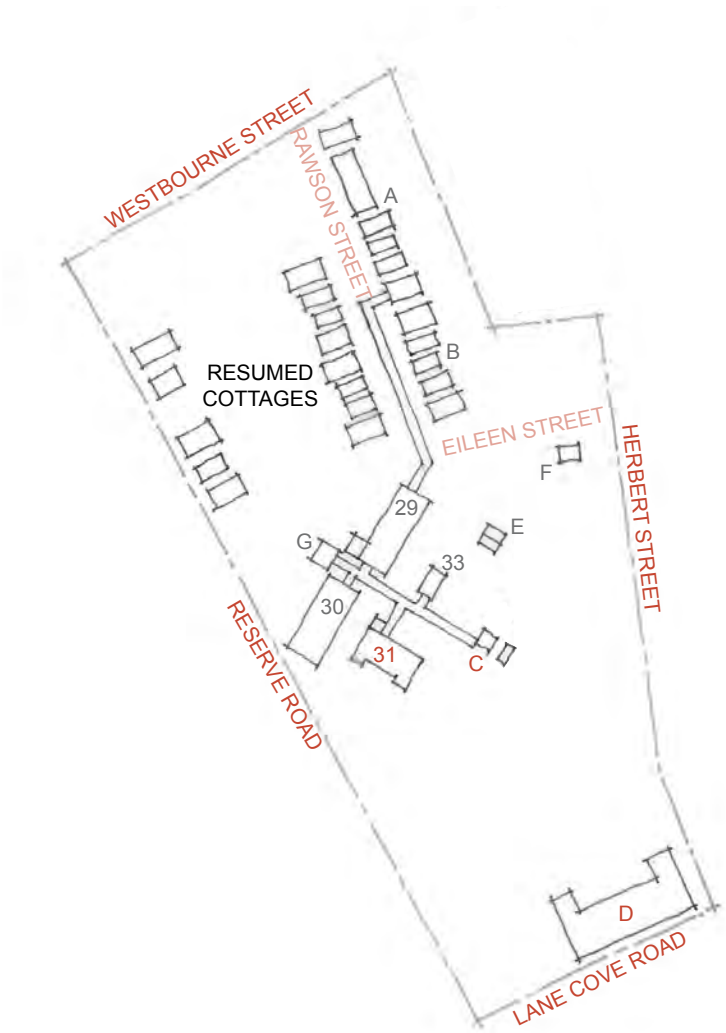
GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ ALTERED SINCE PREVIOUS PHASE

C	Infectious Ward Addition
29/30	Annex to First Pavilion Wing
30	Second Pavilion Wing
31	Administration Block First Floor Extension

NORTH

Figure 2.3
Diagram showing the RNSH buildings and extent of the site c.1922
Sketch prepared by GBA Heritage (Not to Scale)



BUILDING LEGEND

GREY - EXISTING BUILDINGS

A	Infectious diseases (Resumed Cottages)
B	Maternity Ward (Resumed Cottages)

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

C	Infectious Diseases Addition
D	Outpatients Building
E	Extension to Laundry
31	Administration Block Extension

NORTH

Figure 2.4
Diagram showing the RNSH buildings and extent of the site c.1943
Sketch prepared by GBA Heritage (Not to Scale)

BUILDING LEGEND

GREY - EXISTING BUILDINGS

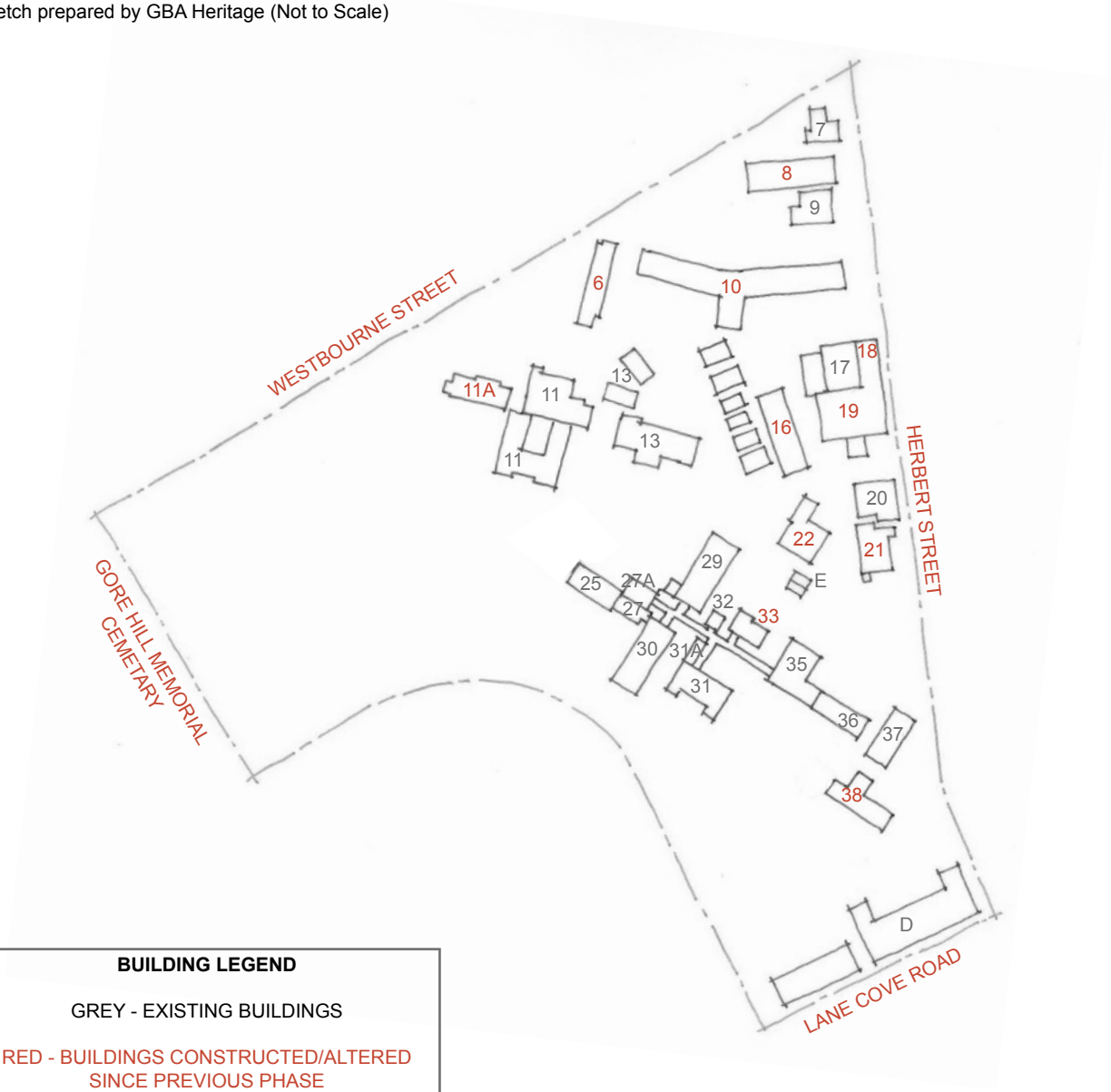
7	(Resumed Cottage)
9	(Resumed Cottage)

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

11	Vindin House
13	Alec Thomson Maternity Block
17	Animal House
19	Mortuary
20	Laundry (later Workshop)
21	Boiler House and Chimney
22	Workshop
25	Kolling Institute
31A	X-Ray Facilities
32	Waiting Room
33	Kitchen Block Extension
35	Princess Elizabeth Pavilion
36	Wakehurst Wing
C	Infectious Diseases Demolished
F	Original Mortuary Demolished

NORTH

Figure 2.5
Diagram showing the RNSH buildings and extent of the site c.1960
Sketch prepared by GBA Heritage (Not to Scale)



BUILDING LEGEND

GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

6	Sturt House
8	Staff Residence (later Drug & Alchol Unit)
10	Thoriac Block
11A	Vindin House
16	Orthopedic Ward
18	Wellcome Laboratory
19	Extension to Building 19 (Laundry)
20	Workshop
21	New Boiler House
27	Day Surgery
27A	Day Surgery
33	Kitchen Block Addition
37	Oncology Ward
38	Refreshment Kiosk
21	Original Boiler House Demolished
G	Operation Block Demolished

NORTH

Figure 2.6
Diagram showing the RNSH buildings and extent of the site c.1970
Sketch prepared by GBA Heritage (Not to Scale)

BUILDING LEGEND

GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

1	Main Block - Stage 1
3	Chapel
13	Partial Demoltion and Extension of Alec Thomson Maternity Block
15	Student Accommodation
23	Clinical Teaching Block
24	Norman Nock Lecture Theatre
26	Wallace Freeborn Block
34	CJ Cummins Block
37	Extensions to Oncology Ward
38	Extensions to former Kiosk and Reuse as a Childcare Centre

Figure 2.7
Diagram showing the RNSH buildings and extent of the site c.1980
Sketch prepared by GBA Heritage (Not to Scale)

BUILDING LEGEND

GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

2	Main Block - Stage 2
4	Rotary Lodge
5	Staff Recreation
12	Aged Care & Rehab
14	Student Accommodation
28	Hydrotherapy Pool
35	Extension to Princess Elizabeth Addition
38	Extension to Kiosk
42	Resumed Building
43	Multi storey carpark (P1)
44	Resumed Building

NORTH

Figure 2.8
Diagram showing the RNSH buildings and extent of the site c.1990
Sketch prepared by GBA Heritage (Not to Scale)

BUILDING LEGEND

GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

4	Rotary Lodge Addition
13	Alec Thomson Maternity Block extended
38	Extensions to the Childcare Centre
43	Extended with addition of upper levels
51	Teaching Facilities
52	Centenary Lecture Theatre

NORTH

Figure 2.9
Diagram showing the RNSH buildings and extent of the site c.2005
Sketch prepared by GBA Heritage (Not to Scale)

BUILDING LEGEND

GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

4	Douglas Building
34	Extension to CJ Cumins
37	Extension to Oncology
D	Outpatients Building Demolished

NORTH

Figure 2.10
Diagram showing the RNSH buildings and extent of the site c.2016
Sketch prepared by GBA Heritage (Not to Scale)

BUILDING LEGEND

GREY - EXISTING BUILDINGS

RED - BUILDINGS CONSTRUCTED/ALTERED SINCE PREVIOUS PHASE

SS	Substation
P2	Multilevel Carpark
D1	Demountable (52)
D2	Demountable
1	Main Hospital - Acute Services Building
2	Community Health
5	Clinical Services
6	Kolling Institute (Second)
1	Main Block 1 Demolished
2	Main Block 2 Demolished
4	Rotary Lodge Demolished
5	Staff Recreation Demolished
6	Sturt House Demolished
7	Diabetic Services approved for demolition
9	Lanceley Cottage approved for demolition
10	Thoracic Block Demolished
11/11A	Vindin House Demolished
12	Aged Care and Rehab Demolished
13	Alec Thomson Maternity Block Demolished
14/15	Student Accommodation Demolished
16	Orthopedic Ward Demolished
17	Animal House Demolished
18	Wellcome Laboratory Demolished
19	Laundry and Mortuary Demolished
20	Workshops Demolished
23	Clinical Teaching Demolished
24	Norman Nock Block Demolished
25	Kolling Institute Demolished
26	Wallace Freedborn Block Demolished
27	Operating Block Demolished
27A	Day Surgery Demolished
28	Hydrotherapy Pool Demolished
34	CJ Cummins approved for demolition
37	Radiation Oncology approved for demolition
38	Childcare Centre approved for demolition
51	School of Nursing approved for demolition
52	Centenary Lecture Theatre Demolished
D1	Approved relocation to the west of Building 3 (2016)

NORTH

Site Description

3.0

3.1 The Site Precincts

The Royal North Shore Hospital site is located on a large parcel of land, identified by NSW LPI as Lot 210 DP 1172133. It is divided by Reserve Road and Westbourne Street, with secondary internal roads, and bounded to the east by Herbert Street and to the south by land containing two commercial tower blocks that front the Pacific Highway.

The hospital site has been subject to gradual expansion and evolution, with distinct phases of development and redevelopment, most markedly in recent years. Commencing as a smaller site located between Herbert Street and Reserve Road the hospital has expanded to Westbourne Street and beyond, and now encompass both sides of Reserve Road. For the purposes of the analysis in this report the hospital site has been divided into five precincts that correspond to various phases of land acquisition and development. The precincts, described below, have distinct functions and character. They are:

- Original Hospital Precinct
- Northern Precinct
- Southern Precinct
- Western Precinct
- North-Western Precinct.

Original Hospital Precinct
The Original Hospital Precinct, initially developed as the first stage of growth in 1902-3, presents to Reserve Road as a strong visual element within the hospital landscape. It is characterised by the strong Federation presence of the Administration Building (Building 31, also known as the Vanderfield Building) which faces onto Reserve Road behind a formal garden and circular driveway. A large Demountable Building (D2) has been erected immediately to the rear of Building 31. This is a temporary structure that was used to facilitate the decanting of services in buildings that were demolished to construct the new hospital facilities in the Northern Precinct.

To the north and rear of the Vanderfield Building are the remaining buildings from the first stage of hospital development, consisting of the two two-storeyed pavilion wings (Buildings 29 and 30) and a former Kitchen Block, now Orthotics (Building 33). This original group of buildings is complemented by an Interwar era waiting room (Building 32), since adapted for new uses. Open covered walkways remain at the rear of Buildings 29 and 30.

Figure 3.1
Aerial view showing the dense built form in the Original Hospital Precinct
Source: Nearmap November 2016

Figure 3.2
The Vanderfield Building (Building 31), viewed from Reserve Road

Figure 3.3
View of the eastern side of the Original Hospital Precinct showing the former Waiting Room, (Building 32) between the Kitchen Block (Building 33) and the Pavilion Wings (Buildings 29 and 30) and the covered walkways

South east of the Administration Building (Building 31) are two multi-storeyed hospital buildings: the Princess Elizabeth Pavilion (Building 35) and the Wakehurst Wing (Building 36) that have been effectively connected to Building 33 by enclosed walkways. The Radiation Oncology wing (Building 37), that is to be demolished in 2017, is a one and two storey building wrapping around the southern end of Building 36 that was most recently used for specialist treatment service units such as oncology.

To the east of the early group of buildings (Buildings 29-33) are a number of ancillary, functional and support structures that provided essential hospital services. These buildings are accessed from the Herbert Street entrance, formerly known as Eileen Street. Building 22 serves as workshop, engineering and dispatch facilities and the former Boiler House (Building 21) has been adapted for use as a site office for the hospital redevelopment project.

A redundant chimney stack (Building 21 Chimney) is located immediately south of this building, at its western corner. The chimney was located at the rear of an earlier boiler house (since demolished) which filled the space between the chimney and the street. Although the new boiler house was constructed in close proximity to the chimney it has no apparent functional connection. There are two large, established trees behind the chimney limiting the visual connection with the early buildings.

Figure 3.4
Building 21 and the redundant chimney on the eastern side of the Original Hospital Precinct, viewed from Herbert Street

Figure 3.5
The Cummins Unit (Building 34) and the Wakehurst Wing (Building 36)

Southern Precinct

The Southern Precinct is characterised by its primary use for the provision of learning and training services. While the adjacent land fronting onto the Pacific Highway has been redeveloped with two multistorey office buildings that are functionally unconnected with the Hospital, most of the buildings within the Southern Precinct are focussed on the provision of student services. They include the Child Care Centre (Building 38), the School of Nursing (Building 51) and a Demountable Building (D1) that replaced Building 52. The CJ Cummins Building (Building 34), a postwar mental health facility is also located in this precinct. Vechicle access to this precinct, and to the buildings in the south of the Original Hospital Precinct is from Reserve Road. The landscaping in this area includes a partial avenue of palms of varying ages and condition. These buildings and the associated landscaping are largely to be demolished in 2017 (Building D1 is to be relocated).

Northern Precinct

The Northern Precinct of the hospital site has been comprehensively redeveloped in recent years. It is now dominated by substantial multistorey hospital buildings: the main Acute Services Hospital (Building 1) to the north of the original Federation-era pavilion wings and Administration building; the new Kolling Building (Building 6), located on the corner of Reserve Road and Westbourne Street; the Community Health Centre (Building 2), located along the eastern boundary of the site on Herbert Street, and the Clinical Services Building (CSB, Building 5), fronting Westbourne Street.

The functional centre of the hospital complex is formed by the intersection of Reserve Road and Westbourne Streets, with the modern multi-storeyed hospital buildings loosely clustered around this junction, extending along the Westbourne and Herbert Street boundaries of the site.

In the north eastern corner of this precinct there is a group of established trees and the remnant pre-hospital development, which comprises the two former early twentieth century residences (Building 7 and 9), one used as a brick works office, that were resumed for hospital use in the early interwar period. The 1950s Drug and Alcohol services Building 8 is sited between these two buildings. Buildings 7 and 9 and their associated landscaping are to be demolished in 2017.

Figure 3.6
The Acute Services Building (Building 1) in the Northern Precinct

North Western Precinct

This portion of the site, bounded by Reserve Road to the east and Westbourne Street to the south, contains a utilitarian multistorey car park, adjacent to the six-storey North Shore Private Hospital facility.

Figure 3.7
Car Park P1 in the North Western Precinct

Western Precinct

On the western side of Reserve Road, and bounded to the north by Westbourne Street, is a portion of the hospital site that was first developed in the 1960s and 1970s period and recently redeveloped. The remnant early buildings in this precinct are Building 4, the Douglas Building, and Building 3, the Chapel.

The site of the Main Block 2 has been excavated in preparation for future development and a new multistorey carpark (P2), with covered, above ground links to Buildings 1 and 4, has been constructed. The landscaping in this precinct is contemporary.

Figure 3.8
View of the Western Precinct showing the Douglas Building (Building 4) on the left and Car Park P2 on the right

Figure 3.9
View to the Western Precinct from the north showing the Chapel (Building 3) at the corner of Reserve Road and Westbourne Street

Figure 3.10
Site plan of the Royal North Shore Hospital, showing the location of current buildings on the site. Note that buildings that are no longer in hospital use are not included in this map

Source: www.nslhd.health.nsw.gov.au/Hospitals/RNSH/Documents/RNSH-Visitor-Parking-Map.PDF

Figure 3.11
Aerial photograph of the Royal North Shore Hospital, coloured yellow and marked with the location of the five precincts referenced in this report. The Southern and North Western Precincts include land that was acquired for hospital use and is no longer part of the public hospital campus.

Source: NSW LPI 2016

3.2 Building Descriptions

Building Number / Name	Image	Description
1 Acute Services Building (ASB)		The Acute Services Building is the largest building within the RNSH complex and is located directly north of the Original Hosipital Precinct. Completed in 2011, it houses the majority of the hospital services. It comprises nine levels, and the rooftop helipad is a prominent feature of the building. The building is clad is alucabond panels. The majority of the panels are silver; however, coloured sections are used between windows in certain portions of the elevations. A number of elevated walkways extend to nearby buildings. The main entrance is on the west elevation, identified by the timber pergola. A cafe is located adjacent to the entrance. The entrance to the emergency ward is located on the south elevation.
2 Community Health Centre		The Community Health Centre was completed in 2011. It is located along Herbert Street, to the north of the reinstated Eileen Street roadway. It is a multistorey L-shaped building and steps down as it extends to the south. The lower two storeys are face brick while the upper levels are alucobond, again a mix of silver and coloured panels. The main entrance is along Herbert Street and can be identified by the glass cantilevered awning.

P2 Car Park Building		P2 is a multi storey carparking structure located directly north of the Douglas Building. Completed in 2014, the appearance of the building is of contemporary, exterior materials include concrete, glass, alucobond panels and orange perforated metal panels. Elevated walkways extend to both Building 1 and the Douglas Building (4). Vehicle access is located on the south east corner of the building. The south and west elevations of the building are the most visible elevations and they are significantly less transparent when compared with the appearance of carpark P1.
3 Chapel		Dedicated in 1968, the Lincoln Hynes Memorial Chapel is a modest and restrained late twentieth century ecclesiastical building. Its simple profile adheres to standard church design with its traditional rectangular plan and features a steeply pitched roof in “A” frame design. Entrance to the building is from the south, with a rounded leadlight set into the glass panelled southern wall. The northern elevation incorporates modern abstract leadlight windows. Design details include the expressed timber structure and connection points. The building is located at the intersection of Reserve Road and Westbourne Street, and is therefore a prominent element within the hospital landscape.
4 (was 53) Douglas Building		The Douglas Building is a seven storey, Late Twentieth Century Modernist structure completed in 2003. The exterior presents with a series of coloured panel cladding interspersed with glass. The facade has metal spandrels and compressed fibre cement window panels, with the chosen colour scheme for the building contrasting strongly with the more vibrant contemporary hospital buildings of the recent development, and with the face brick of early twentieth century structures on the site. The panelling across the exterior is designed as strong horizontal bands to break up the green, yellow and blue tones. Currently provides Maternity, New Born Care, Paediatrics, Severe Burns Injury Unit and Women’s Health Ambulatory Care services.

5 Clinical Services Building		The Clinical Services Building (CSB) is a multistorey 'L' shaped building located to the south of Westbourne Street, at the north east corner of Building 1. Silver alucobond panels are used as the predominant cladding material; however, face brick is expressed at the lower levels. The north elevation is defined by a central glazed recess that extends vertically, while on the upper floor it extends the entire width of the building. The south portion of the building is two levels lower than the north portion and expresses grey horizontal banding on its east elevation. An elevated walkway provides a link to Building 1; the truss structure is expressed on the exterior.
6 Kolling Building		The Kolling Building, located on the corner of Reserve Road and Westbourne Street, is the tallest building on the site. It is a contemporary rectilinear building that was the first phase of the hospital redevelopment process. The slab edges are expressed and the limited material pallette includes unpainted and painted concrete, glass, terracotta tiles and metal louvres.
7 Diabetic Services (former) (Former residence and North Sydney Brick & Tile Office) (Demolition approved in 2016)		Building 7 is a single storey heavily modified and extended late Federation vernacular cottage with face brick walls, half timbered gable and roof of part terracotta and part corrugated metal sheeting with exposed rafters. Prior to its acquisition it was used an office for the North Sydney Tile and Brick Company and its aesthetic attributes include decorative patterned and engraved brickwork used to advertise the company products. The principal entrance to the building has been relocated from Herbert to Westbourne Street, with the original currently concealed behind weatherboard hoarding. Similarly, sidelight windows have been boarded up. Other, visible window fabric throughout the cottage has been replaced in aluminium. The dwelling was extended in the late 1970s to accommodate changes in use. It now includes a kitchen, tutorial rooms and aluminium sliding doors on the rear (western) elevation. Along the Westbourne Street elevation is a 1990s extension.

8 Herbert Street Clinic Detoxification Unit		Building 8 (also known as Block 6/Herbert Street Clinic Detoxification Unit) is of three storeys, postwar functionalist in design, with face brick exterior and tiled roof. It features distinctive strongly banded verandahs along the north-east oriented elevation. The facade is in deteriorated condition.
9 Lanceley Cottage (Demolition approved in 2016)		Lanceley Cottage (also previously known as Rainham or Kumalle) is a single storey asymmetrical Federation building that is relatively intact externally. It has face brick walls and a return verandah on the north, with a typical secondary half-timbered and stuccoed gable on its Herbert Street elevation. The verandah features timber posts with minor decorative detailing, with a terracotta tiled roof including posts and Federation finials. Recently used as the Construction Site Office and sited on the periphery of the hospital site, it has lost its domestic context.
21 Boiler House		Building 21 is a part two, part three and part five storey structure originally designed by Stephenson and Turner and constructed in 1958 to replace an earlier boiler house on the site. It presents with face brick external walls, large expanses of glass panels along the southern elevation, concrete floors and a separate freestanding, accompanying chimney that dates from 1929. The southern elevation is dominated by five sections of paned glass of both vertically and horizontally oriented panels. The building has an asymmetrical footprint, with the main component being the substantial brick, rectangular coal chute with flat roof that features centrally located gates for the crane. Stepping down to the three storey portion is an area incorporating metal-fronted openings along the western elevation as well as the primary access point into the building. Just below the roofline is a band of horizontal single paned windows. There is evidence of various additions and modifications, most recently in 2009 for reuse as the Thiess Site office.

21 Chimney		The Royal North Shore Hospital boiler house chimney is a 120 foot high (36.5 meters) tapered brick chimney with a squared base. A remnant fuel stove is located in the base, with a small operable door on the south face of the base. It is located on the eastern side of the Hospital site, set back approximately 19 metres from Herbert Street. The chimney was constructed in 1929 for use with an earlier boiler house that has been demolished. It no longer has any functional value.
22 Facilities/ Clinical Technology Service Workshop (formerly Engineering and Dispatch)		The Engineering Building is a part two and part three storey collection of service buildings, constructed in various phases. Its primary elevation, oriented to the north-west, was constructed as part of an interwar laundry in the early 1930s. Originally a rectangular structure, it has been successively modified, resulting in an erosion of its integrity. Materials include face brick walls, concrete floors, timber, metal deck roofing and terracotta roof tiles. Other changes to the building include alterations to brickwork and the replacement and enclosure/ modification of selected windows and openings and lift/hoist doors in the post-1950s period. On its western elevation is an area intended for a delivery counter, designed by Stephenson and Turner in 1948, as well as a laundry delivery ramp. On its south-west is a 1980 extension built of brick and corrugated iron sheeting with a flat roof and a series of glass louvres along its western and eastern elevations.

29 Block 1B Health Information Services (Medical Records)		Building 29 (Block 1B) is a two storey brick Federation Free style building constructed in 1902 and subsequently modified with the enclosure of its verandahs and later conversion from patient accommodation to laboratory, clinical and physiotherapy gymnasium use. The pitched tiled roof has exposed rafters and in the centre there is a large octagonal roof ventilator. The face brick walls are detailed with painted pebbledash on the upper portion of the exterior. The two storey enclosed form of the former pavilion wing displays evidence of the mid-twentieth century modifications and late twentieth century exterior fire stairs. Surviving original elements include early wrought iron balustrading, lift fitout with original call button, as well as architectural details on both the exterior and interior of the building. The interior of the former pavilion has been substantially modified to accommodate new uses, but retains decorative ceiling panels in selected areas, oriel windows and parquetry on the ground floor level. Fabric added as part of the attachment of later hospital buildings at the north elevation remains in some places.
30 Block 1A Nutrition Services, Occupational Therapy, Physiotherapy and Social Work Department		'A' Block is a two storey pavilion wing building with face brickwork, timber floors and the typical Federation-era tiled roof with exposed rafters. Externally, the pavilion demonstrates several aspects of Federation architectural detailing, but the building has been substantially modified to accommodate upgrades in the mid-twentieth century and later changes in use since the 1970s. The exterior brickwork features roughcast stucco or white painted concrete. The Reserve Road (western) elevation was modified in the mid-twentieth century and there is an unsympathetic stairwell addition on the southern side of the building. Along the southern elevation the majority of the verandah has been enclosed and window openings filled, but the original form of the pavilion wing is still legible and a small portion of the original verandah has been left intact. The northern elevation is visually dominated by the 1950s green panelling which has interrupted the glass and aluminium-fitted windows along the length of the building. Fabric added as part of the attachment of later hospital buildings at the north elevation remains.

31 Vanderfield Building (formerly Administration/ Block)		The Administration Building is a symmetrical Federation Free style brick and sandstone structure with a hipped tiled roof, four terracotta chimneys and arcaded verandah on the ground floor that was constructed in two stages. The front portion comprises two storeys with an additional basement level on the southern side, visible at the rear. It features original multi-paned leadlight windows, sashes and timber doors, with semi-circular headed first floor windows and pebbledash finish to the upper portion of the external walls. Many features were restored during 1988 works as part of the hospital centenary celebrations. Restoration work also included the front circular garden setting, which was present during the initial phase of the hospital's development. While its southern side elevation has high integrity and features a offset oriel window, the north-west elevation has been modified to accommodate changing uses of the internal spaces, including the bricking up of a side entry and windows. The rear of the building has been extended and modified, beginning with a substantial pre-World War I addition to the upper level; subsequent significant changes include the gradual enclosure of the rear verandah, the interface with the rear addition (identified as Building 31A) and the insertion of stairs during the 1940s period. The building addresses a formal garden forecourt with circular drive and reinstated landscape elements. It is currently used a base for fundraising and volunteer services, Chaplaincy and Pastoral Care, and Corporate Communications.
31A Rear extension to the Vanderfield Building		A number of rear extensions have been constructed since the original construction of the Vanderfield Building. The east wall of the two storey 1940's component is the junction between Building 31 and 31A. Building 31A is the single storey rear extension on the north east corner of the main building, seen with the lighter colour roof in the aerial image on the left.

32 Ansto Body Protein		Building 32 is a single storey Interwar Georgian Revival style building originally constructed as a patient waiting room and later adapted for use as an Ansto-Body Protein unit. It is connected to the adjacent Federation-era hospital buildings by covered walkways. Its face brick exterior incorporates simple timber sash windows with six-paned glass, with a tiled roof and boxed eaves above. The north and west facades have been rendered and painted and there is little remnant original or early fabric internally.
33 Orthotics (former Kitchen Block)		Building 33 is a two storey face brick building, part of which was originally constructed as the hospital kitchen block in 1902. A portion of the early building is recognisable with the presence of the Federation detailing on the north elevation. Evidence of modifications carried out during the 1940s and 1950s, as well as a post-1955 single storey extension on its eastern elevation are visible from the exterior. Following the transferal of patients to the new Main Block II hospital building in 1978, the original kitchen use was made redundant and further alterations were undertaken to accommodate new workshop and office uses for the building. The original use and form of the building no longer remains legible.
34 CJ Cummins (Demolition approved in 2016)		Opened in 1965, the CJ Cummins Unit is a distinctive three storeyed, sixteen-sided polygon with an inner landscaped courtyard and garden. The exterior utilises an exposed steel frame and has a glassed walkway connector at first floor level with Buildings 35 and 36. The principal entrance has been refitted with a late twentieth century upgrade, and there is a 1996 extension on the northern elevation. Details include reinforced concrete floors and metal roof deck, and face brick walls at the base, with prefabricated panels on the upper levels of the building's exterior.

35 Princess Elizabeth Pavilion		Building 35 (also known as C Block, or Block 4 North) is an Interwar Functionalist style building constructed in the early 1930s. It has a face brick exterior reaching four storeys in height. Windows are a combination of original timber and glass, and modern glass and aluminium, while the exterior incorporates strong, heavy slab concrete balconies that are highlighted by the use of white banding. The building has been heavily modified with numerous extensions, both to the east and north. Presently, the building connects via a glass walkway with the adjacent Building 34. The Wakehurst Building is located directly to the south and the enclosed walkway extends to the north. It is currently used for Consultation Liaison.
36 Wakehurst		Formally opened in 1941, Wakehurst (also known as Block 4 East) is a five storey face brick Functionalist structure. The exterior shows a strong vertical emphasis with the central stairwell when viewed from the south-west as part of the overall horizontal massing of the building. An additional level has been added after construction. Windows across the building are a combination of original timber, multi-paned sashes and late twentieth century aluminium windows, arranged with strong design influence into vertical and horizontal pattern. It is currently used for OH & S, Academic Psychiatry, Employee Assistance Program, General Practitioner and Staff Services.
37 Radiation Oncology (Demolition approved in 2016)		This is a single storey, irregularly shaped facility built in 1960 and subsequently modified and extended in 1963, 1976 and 1994, which is reflected in the range of materials used in the various stages of construction. Its first stage was a brick postwar unit with plant room under. On the northern elevation a modified bullnose awning sits below the tiled roof, with the brick exterior set with large single paned, timber framed windows. Access to the building is via the 1970s stage of development, through upgraded glass and aluminium doors. To the rear of the building are the more recent phases, with squat, or cubed single storey utilitarian and prefabricated bunker-style additions which extend the building as a whole close to the Herbert Street alignment.

38 Child Care Centre (Demolition approved in 2016)		Originally built in 1950 as a kiosk, Building 38 has been extended and modified using a design by Stephenson and Turner to cater as a Child Care Centre. It is a part one, part two storey face brick building with cement tiled roof, timbered gable ends and a band of single paned windows across the facade. It was modified during the late 1980s, with an extension made to the south end of the building that incorporated a gable porch. The north-east elevation has timber and glass sliding doors and single paned windows. Entrance to the building is gained via the western elevation, where there is a reduced balcony, gate and concrete ramp. On the roof there is a remnant ventilator from its original kiosk use.
P1 Car Park (43)		The public car parking building extends along the western edge of Reserve Road North. The concrete structure is expressed and comprises six elevated concrete slabs. Metal balustrades define the perimeter of each slab. It appears that the top three levels of the carpark are a later addition. The balustrades for the upper portion are of a slightly different appearance. There are two enclosed stair structures, one centre of the south elevation and one near the vehicle entry. The vehicle ramp is located on the north west corner; its semicircular form projects from the rectilinear structure. A later extension, north of the vehicle entry, makes use of both steel and masonry balustrades.
51 School of Nursing (Demolition approved in 2016)		Building 51 is a Late Twentieth century face brickwork building of two storeys in height. It has exposed rafters, and the main entrance into the building is located on the eastern elevation, facing the Child Care Centre. It is identified by a small covered porch with a plaque noting the Sinclair Knight Merz Laboratory. The building has been built above ground and the foundation space is visible. Aluminium window joinery has been used throughout.

D1 Demountable (52)		D1 is a large, temporary demountable building that replaced the Centenary Lecture Theatre Approval to demolish this building and remove the associated palms was granted in 2016.
D2 Demountable		Highset single storey demountable structure located in the courtyard to the rear of Building 31, the Administration Building. Encircling verandah and the exterior painted white and grey. It is proposed to remove this building in 2017.

3.3 Condition and Integrity of 20th Century Buildings

The condition of the twentieth century buildings on the site is generally poor and their integrity is low. The purpose built hospital buildings have been successively modified, extended, and amalgamated during the past century. These buildings required alterations to accommodate changes in technology and attitudes to the provision of contemporary health care services for an increasing population.

The pavilion style layout that Shervey envisaged in his masterplan bears little resemblance to the complex that has evolved. It appears that the masterplan was discarded within a short period of time after the initial development. New buildings and extensions completed prior to WWII are sympathetic to both the layout and aesthetic of the original design. Proposals for additional buildings, not envisaged in the original masterplan, appear as early as 1919, and the original masterplan was never completed.

In recent years maintenance of the older buildings on the hospital site has been limited to essential works given that under the approved and funded Concept Plan they are to be made redundant and many are to be demolished.

The Original Hospital Precinct and the Southern Precinct contain a collection of tightly packed and interconnecting buildings; in most instances the original building envelopes are difficult to discern. Building fabric in these precincts dates from varying periods, and many new buildings and extensions were constructed in the current architectural style of the time. In general, the *ad hoc* nature of

extending and adapting existing facilities has severely diminished the integrity of the early and original structures and their setting.

A variety of pedestrian connections between these buildings remain with some open covered walkways still present and others now completely enclosed. There is little landscaped area between the buildings, with most open space given over to providing vehicle access and parking.

The redevelopment undertaken in the Northern and Western Precincts since 2005, to replace the ageing hospital facilities has impacted on the setting of north west oriented pavilion wings (Buildings 29 and 30). The removal of buildings attached to the north of 29 & 30 has retained the junctions with the surviving buildings to minimise the impact on these buildings that needed to remain in active use throughout the construction period. Where these remnant junctions are visible from the public domain, they are currently screened with printed fabric. Conservation works undertaken in 2016 included replacement of the terracotta tiles onf the roofs of Building 29 and Building 30.

The diagram in Figure 3.19 summarises the phases of construction and major alterations to the form of Buildings 29 and 30. The successive adaption necessary has resulted in a substantial loss of both internal and external integrity. Similarly, the integrity of Building 33 has been eroded by the need for continuous change.

With the exception of the modified areas at the rear, the integrity of Building 31 (the Vanderfield Building, formerly known as the Administration Block) is generally high, although there is evidence of the need for maintenance. Internal fabric, such as joinery, flooring and stairs, is substantially intact.

As the centrepiece of Shervey's masterplan Building 31 (the Administration Building) was set back from Reserve Road behind a formal landscaped garden. When viewed from the south (Lane Cove Road, now the Pacific Highway) the hospital buildings were a prominent group in an elevated position at the top of an embankment that sloped away to the south. Whilst the setting to Reserve Road has been retained the subsequent development to the south has eroded the integrity of the original setting.

Two of the three remaining twentieth century buildings in the Northern Precinct, Buildings 7 and 9, are former residences and predate the hospital use of the site. A modification to the Concept Plan approval (MP06_0192) was approved on 16 February 2016, permitting the demolition of these two buildings.

The integrity of Building 3, the modest Chapel building in the Western Precinct, is high. It currently has a somewhat isolated position at the corner of Reserve Road and Westbourne Street as the built development in its vicinity is yet to be replaced.

Figure 3.12
The original pavilion wings (Buildings 29 and 30) have lost their context and setting through recent hospital redevelopment

Figure 3.13
The junctions of buildings attached to the north of Buildings 29 and 30 were retained when they were removed and are currently screened with printed fabric to improve the aesthetic

Figure 3.14
View of the current context of the Vanderfield Building (31) with the circular driveway seen in the foreground and the development in the Southern Precinct and at St Leonards Station seen beyond

Buildings 21 and 22 have been extended and adapted since their original construction. Building 21 was most recently modified for use as a site office and Building 22 is still used as a maintenance and facilities base. It is noted the Concept Plan approval permits demolition of both of these buildings.

Although the Building 21 chimney was once a distinctive landmark in the local area its visual prominence has been diminished by progressive development within the Hospital site and the recent high rise development in the vicinity. Its functional integrity was lost when its boiler house was demolished and the new, Building 21 boiler house was constructed in 1959.

Buildings 35, 36 and 37 is a group of buildings that has evolved in an *ad hoc* manner over a number of years, with new buildings and extensions reflecting the architectural style of the period of construction. The early buildings are multi storey while the most recent buildings at the rear are single storey. The original entry has now been internalised by an enclosed walkway. These buildings were not part of Shervey's original masterplan and integrity of the complex is low. The condition of these buildings appears to be fair. The approved Concept Plan envisages these buildings will be demolished.

Approval was obtained for the demolition of Buidlings 7, 9, 34, 37, 38, 51 and Demountable D1, and associated site works and landscaping, in a Review of Environmental Factors in 2016. This approval also included the construction of a new demountable building adjacent to the site of Building 9 which is to be used as a Childcare Centre. These works are to commence in early 2017.

The following diagrams summarise the phases of construction and major alterations to the form of Buildings 29, 30, 31 and 33.

Figure 3.15
The 1929 chimney, while once a distinctive landmark within the local landscape, has been diminished by the hospital redevelopment and the construction of high rise buildings in the vicinity

Figure 3.16
Building 9, Lanceley Cottage, at the Herbert Street frontage of the site, adjacent to the Clinical Services Building

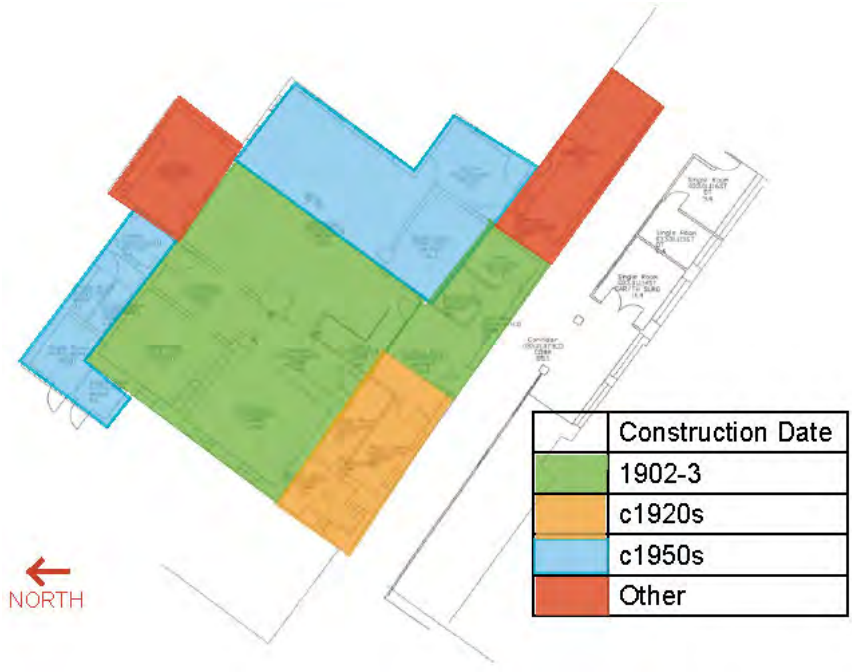
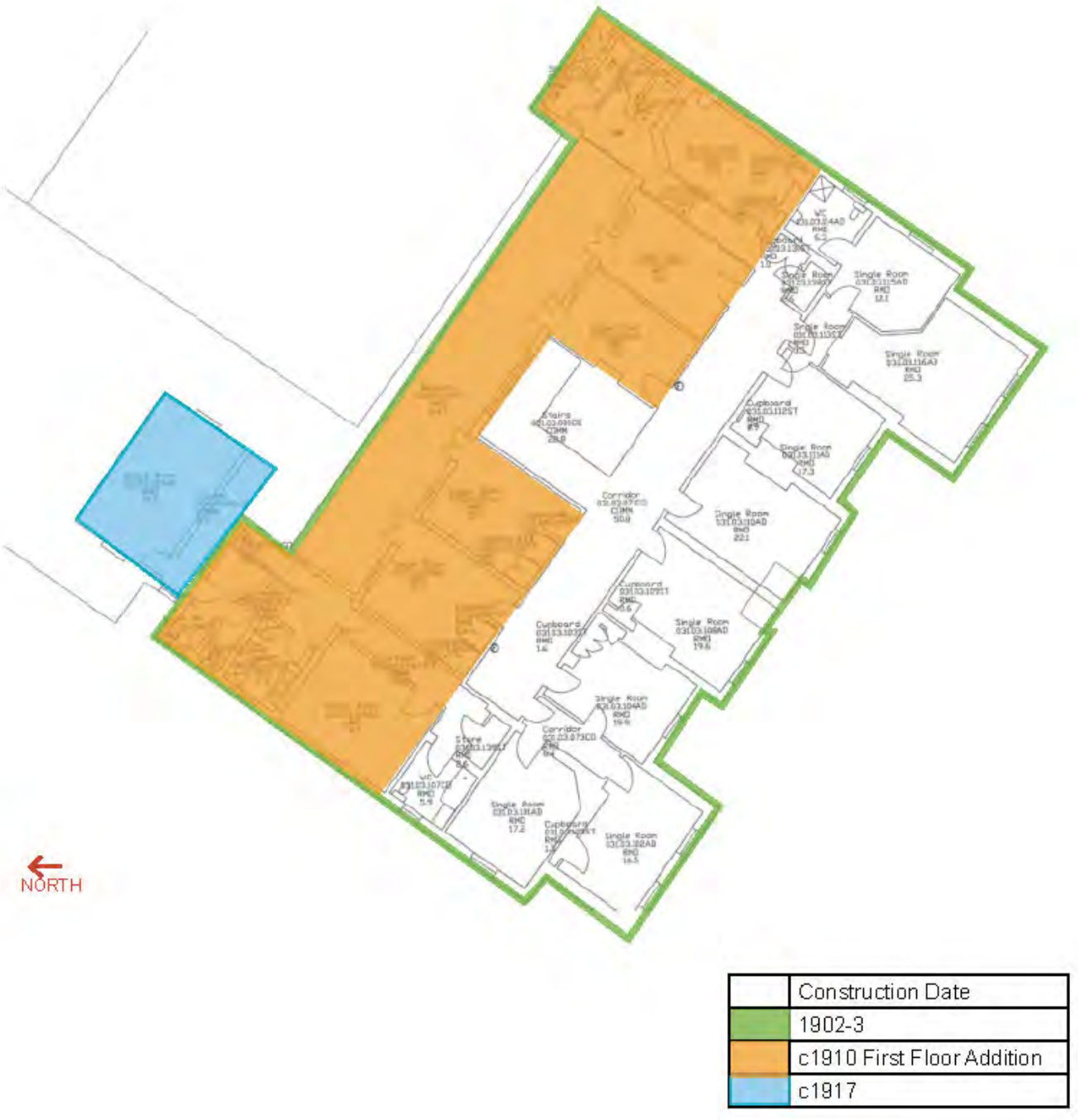


Figure 3.17
Diagram showing an analysis of the phases of construction of the Building 33 components overlaid on the ground floor footprint. It is noted that the original southern wall appears to have been demolished as part of later modifications

Figure 3.18
Diagram showing an analysis of the phases of construction of the Building 29 and 30 components

	Construction Date
	1902-3
	1906
	1912-4
	1949-1951
	1978-9
	Other

Figure 3.19
Diagram showing an analysis of the phases of construction of the Building 31 components, shown on the Ground Floor building footprint



3.4 Integrity of the Landscaping

The *Tree Heritage Study - Royal North Shore Hospital,* prepared by Taylor Brammer Landscape Architects in April 2005 to accompany the Concept Plan application concluded:

> *The landscape to the hospital has developed over time with a number of layers of planting as described above being evident. The plantings are a reflection of species popular at the time and are evidence of contemporary domestic landscape attitudes, particularly of the north shore area. While there are characteristic areas of mature landscape, the legacy of multiple layers of planting and various gardeners' interests dominate the landscape form and character of the place. Evidence of planting of a more substantial vision is limited to the Phoenix canariensis to the southern part of the site and the planting around Building 31. No trees on site are listed as part of the Willoughby City Council LEP.*

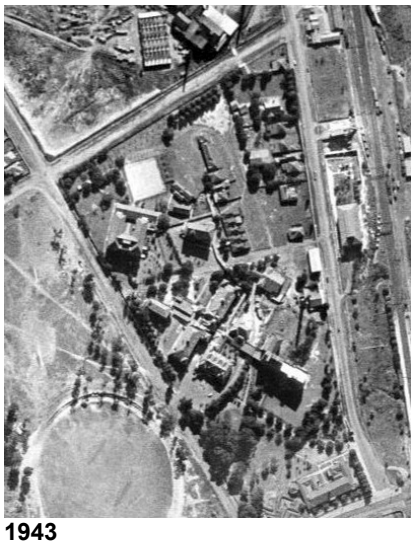
It also notes that the original driveway layout to Building 31 remains although the materials and edging have been modified and that the trees in the middle of the lawn pre-date 1945.

The adjacent aerial photographs, sourced from NSW LPI and Nearmap, show the evolution of the planting on the eastern side of the hospital site, with the 1930 photograph (top) providing little evidence of formal planting at this time, with the exception of a row of trees on the alignment of the embankment to the south of Building 31 and at the Herbert Street frontage of the Outpatients Department and along Reserve Road to the north of The Administration Building (31).

The 1943 aerial (centre) shows the addition of a row of trees at the Pacific Highway frontage of the Outpatients Department and the palm trees along the access road from Herbert Street, north of the Outpatients Department, as well as the maturing of earlier planting on the site.

Planting at the north east corner of the site associated with the domestic residences is also evident in the early images. The removal of trees in this area and in the Southern Precinct was approved in 2016. Taylor Brammer Landscape Architects, in conjunction with treeiQ, prepared a *Royal North Shore Hospital, St Leonards Tree Heritage Management Strategy Proposed additional facilities* (2016) to support a Review of Environmental Factors approval. This report the avenue planting along the internal road (Reserve Road) has been diluted overtime.

1930



1943

2016

Figure 3.20
Series of aerial photographs showing the evolution of the hospital landscape; top 1930, centre 1943, bottom 2014

Source: NSW LPI (1930, 1943) and Nearmap (2016)

Archaeological Potential

4.0

An Archaeological Assessment of the site was undertaken by Godden Mackay Logan (GML) in 2006 and documented in their report *Royal North Shore Hospital, St Leonards Archaeological Assessment* (May 2006). This report analyses the pre-Hospital occupation history of the site in five categories that relate to the phases of land acquisition and summarises them in the following table. These areas correspond to the precinct referencing adopted throughout this report.

Precinct	***Pre-Hospital occupation history***
The Original Hospital site	*Originally part of Gore's Farm and then Crown Land until August 1899 when it was reserved for the Hospital site.* *Land likely to have been unimproved open pasture/trees.*
The Southern Extension	*Part of a grant to Edward Wollstonecraft, which was eventually subdivided and sold in 1909 to Lanceley, from whom it was resumed for Hospital use in 1912.* *Likely to have been unimproved/ unoccupied land.*
The Northern Extension	*Originally part of Gore's Farm and then Crown Land. Likely to have been unoccupied and unimproved at the time of subdivision and sale. By 1915, 32 dwellings were constructed on individual lots.* *A large portion of the Northern Extension was resumed in June 1919 and thereafter the remaining land in this precinct was cumulatively resumed and purchased for Hospital use.*
The Western Extension	*Originally part of Gore's Farm and then Crown Land. Likely to have been unimproved until 1951.*
The Northwestern Extension	*Part of a grant to James Williamson, Henry Anser and Thomas Jennings. By 1907, the block had been subdivided and sold. By 1930, 21 lots had been improved.*

The Archaeological Assessment report contains the following Summary of Heritage Significance for the site, in relation to its potential for archaeological significance.

> *The potential historical archaeological resource at Royal North Shore Hospital is likely to relate primarily to the pre-Hospital early twentieth century suburban subdivision and cottage development of a portion of the site, and the truncated and disturbed landscape, services and ancillary building remains of the early Hospital phases of the site. There is a slight chance that deeper remains from Gore's early nineteenth century occupation of the site could be retained in some areas, but their location and anticipated degree of survival is very uncertain.*
>
> *In general, the anticipated archaeological resource is unlikely to be of substantial heritage significance. Some remains, however, such as those associated with Gore's occupation, or intact deposits relating to Building 7 (1910) and Building 9 (1908) (Lanceley family occupation) could be of Low-Medium, Local significance if they have survived intact in undisturbed deposits. This, however, is unlikely.*
>
> *None of the potential archaeological resources are anticipated to be of State or High Local significance, and none, based on the assessments above, would be of sufficient integrity to warrant open area research archaeological investigation or conservation in situ. It is likely that most would only require archaeological monitoring during works which may disturb them.*

Figure 4.1
Diagram prepared by GML in 2006 showing areas identified as have potential to contain archaeology of Low to Medium significance coloured in blue, with the areas that have since been redeveloped coloured red
Source: *Royal North Shore Hospital, St Leonards - Archaeolgical Assessment*, GML page 54

Dominic Steele Consulting Archaeology prepared the *Aboriginal Archaeological and Cultural Heritage Impact Assessment Royal North Shore Hospital St Leonards, NSW* report in July 2006 to accompany the Concept Plan application. This report concluded:

> *The survey did not locate any items of Aboriginal cultural heritage or areas of Aboriginal archaeological potential. No items of Aboriginal cultural heritage have been registered on the DEC AHMS Aboriginal Site Register within or immediately adjacent to the subject land.*
>
> *The subject land is situated on a hilltop with residual soils, in which Aboriginal cultural remains can be expected to have been largely restricted in the past to open campsites (stone artefacts) and culturally modified (scarred or carved) trees. The high impact of the construction and use of the hospital complex has ensured that most if not all traces of the original Aboriginal occupation of the area will not have survived. Any surviving Aboriginal cultural remains will be isolated or low density scatters of Aboriginal stone artefacts in totally disturbed contexts. These would have no archaeological significance and would be largely impossible to detect during construction works.*
>
> *No intact or extensive Aboriginal cultural remains are considered likely to survive within the Royal North Shore Hospital site. There are therefore no adverse Aboriginal cultural heritage impacts anticipated from any future works within the site and there are no further requirements for additional archaeological works to be undertaken in relation to the current or any future proposals at the site.*

Assessment of Cultural Significance

5.0

5.1 Introduction

This section of the report analyses the significance of the site as a whole and includes a relative grading of the significance of the items contained within the site. It includes a Statement of Significance for each of the four individually listed heritage items within the site.

Heritage, or "cultural" value is a term used to describe an item's value or importance to our current society and is defined as follows in *The Australia ICOMOS Burra Charter,* 2013, published by Australia ICOMOS (Article 1.0):

Cultural significance means **aesthetic, historic, scientific, social** or **spiritual value** for past, present or future generations.[1]

This section establishes the criteria which are used to understand significance and identifies the reasons for the cultural value of the site and its components.

Significance may be contained within, and demonstrated by, the fabric of an item; its setting and relationship with other items; historical records that allow us to understand it in terms of its contemporary context, and in the response that the item stimulates in those who value it.[2] The assessment of significance is not static. Significance may increase as more is learnt about the past and as items become rare, endangered or illustrate aspects that achieve a new recognition of importance.

Determining the cultural value is at the basis of all planning for places of historic value. A clear determination of significance permits informed decisions for future planning that will ensure that the expressions of significance are retained and conserved, enhanced or at least minimally impacted upon. A clear understanding of the nature and degree of significance will determine the parameters for, and flexibility of, any future development.

A historical analysis and understanding of the physical evidence provides the context for assessing the significance. These are presented in the preceding sections. An assessment of significance is made by applying standard evaluation criteria to the facts of the item's development and associations.

5.2 Comparative Analysis

Assessment of the significance of the subject site has included comparison with a number of sites within Australia and reviewed in an international context with an inspection of the World Heritage Listed Hospital de Sant Pau, Barcelona. Although comparative operational

1 *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance*, (2013), p.2.
2 ie "social", or community, value

sites within Australia demonstrate a similar combination of historic and contemporary buildings they each have their own unique combination of cultural, historical, architectural, environmental and social influences. The Australian Heritage Places Inventory identifies items across the country, with some demonstrating several of the features found at the Royal North Shore Hospital site, either as representative of one key characteristic or with multiple factors of heritage significance. Other places with similarities to the subject site have been compared using inventory statements, rather than heritage analyses or conservation plans. Such a comparison is necessarily reliant on the accuracy of available documentation and interpretation of very brief descriptions.

The comparative analysis has included comparison with, but was not limited to, the following sites.

Hospital de Sant Pau, Barcelona (Included on the World Heritage List)
The Hospital de Sant Pau, Barcelona was constructed in the same era as the initial phase of development at the Royal North Shore Hospital. It is included on the World Heritage Listed as part of the entry for the Palau de la Música Catalana and Hospital de Sant Pau, Barcelona, works of architect Lluís Doménech i Montaner. The hospital complex comprises a prominently located administration building and eighteen pavilions with subterranean connections that were designated for use by different medical specialities. A new hospital facility was constructed at the rear of the original hospital in 2009 and the historic hospital buildings are being progressively conserved and adapted for re-use.

Figure 5.1
Aerial photograph showing the layout of the World Heritage Listed Hospital de Sant Pau and the new hospital development to its north

Source: Google Maps

Royal Prince Alfred Hospital, Sydney

The Royal Prince Alfred Hospital is an inner-city complex that has served the Sydney community since the nineteenth century. The site comprises buildings from a range of historical periods and architectural building styles; from Victorian to contemporary twenty-first century multistoreyed hospital blocks.

The Royal Prince Alfred Hospital, initially founded on the northern side of Missenden Road, saw the resumption of land on the southern side for ongoing expansion and development throughout the twentieth century. To facilitate the much-needed hospital buildings, existing residential dwellings were demolished on the southern side of Missenden Road.

The centrepiece of the original Prince Alfred Hospital is the Administration Block, a three storey Victorian Free Classical structure designed by George Allan Mansfield and constructed in 1876-1882. The design of the Administration Block with its original pavilion wings was illustrative of late nineteenth century institutional design and high quality construction technologies. Set prominently along MIssenden Road, it makes a striking contribution to the streetscape. It is accompanied by the Victoria and Albert Pavilions, designed by Walter Liberty Vernon constructed in 1901-1904, both of which are of high historical and architectural significance and make a significant contribution to the hospital landscape. As a group, the Administration Block and Victoria and Albert Pavilions have landmark qualities.

Key buildings within the Royal Prince Alfred Hospital include: the 1880 Immunology Building (formerly the Pathology Department and Morgue); the 1889 Kent, Budden and Greenwell Resident Mediccal Officer's Quarters; the 1936 Nurses Home; the Cobden Parkes-designed Neurosurgery and Psychiatry Block (1937); the Interwar Moderne King George V Memorial Hospital (1941); Gloucester House (1936, designed by Stephenson Meldrum and Turner and opened as one of the first purpose-designed private hospital wards in Australia); Fairfax Institute of Pathology (1942, designed by Stephenson and Turner); Chapel (1955) and the 1957 Queen Mary Building for Nurses.

It is an extensive group of high quality architecture, many of which have been designed by significant nineteenth and twentieth century architects. Although a substantial proportion have been modified and extended during successive phases of growth, the buildings overall retain a good sense of integrity and legibility. As a group, the Royal Prince Alfred Hospital illustrates successive phases of the site development that reflect the advances in both medical and construction technologies, and includes garden settings, gates and fencing, and curtilage that complement the buildings and the historical periods of their development.

Portions of the hospital site have been extensively redeveloped from the beginning of the twenty-first century, necessitating the demolition of some earlier buildings. Prominent twenty first century buildings on the site include the Clinical Services Block, the Chris O'Brien Life House and the Charles Perkins Centre.

The Royal Prince Alfred Hospital has strong associations with the medical and broader social community for its long-established and ongoing provision of health care to the Sydney community. The Hospital has historical and social connections through the Royal Prince Alfred Museum and Archives, which handles a wide range of documentary and archival material, photographs, equipment and ephemera relating to the buildings, staff and changing medical technologies since the hospital's establishment.

The Royal Prince Alfred Hospital Group is listed in the *Sydney Local Environment Plan 2012* as an item of local heritage significance. The NSW Heritage Inventory has no Statement of Significance for this item but describes it as:

> *Royal Prince Alfred Hospital Group includes; King George V Memorial Hospital for mothers and babies; Administration Block; Gloucester House; Queen Victoria and Albert Pavilions; Medical Officers' Quarters (formerly Nurses House).*
> *The Victoria and Albert Pavilion is a three storey Federation Free Classical style red brick building, c. 1904, with rear extensions, c.1943. Designed by Walter Liberty Vernon.*
> *The Medical Officer Quarters is a three storey Victorian Free Gothic style, c. 1892, with Federation Arts and Crafts style additions, c. 1914, perimeter fences, gates and site (with landscaping).*
> *The King George V Memorial Hospital is a seven storey steel, concrete and brick Inter-War Functionalist style building, designed by Stephenson & Turner.*
> *Gloucester House is a four storey brick Inter-War Functionalist style building built in 1936.*
> *The Administration Block is a three storey Victorian Free Classical style sandstone and brick building built in 1876. Designed by Mansfield Brothers.*

The Royal Prince Alfred Hospital Admission Block and the Victoria and Albert Pavilions are listed on the NSW State Heritage Register which notes the following Statements of Significance:

> *Admission Block*
> *The Administration Block, both internally and externally, is an item of exceptional significance. It is a major surviving item of the original hospital; the historic core that has been in continuous use. The building is a fine example of the work of George Allan Mansfield, first president of the Institute of Architects. The three surviving facades and roof form are a finely detailed example of Victorian architecture. Together with the Victorian and Albert wings the group has an important landmark quality as one of the most imposing facades in Sydney.*
>
> *Victoria & Albert Pavilions*
> *The Victoria and Albert Pavilions form part of the Royal Prince Alfred Hospital Precinct which is of high historical and architectural significance. These substantial buildings have high streetscape value.*

Figure 5.2
Aerial photograph showing the layout of the Royal Prince Alfred Hospital, distributed on both sides of Missenden Road, Camperdown

Source: Nearmap November 2016

Thomas Walker Convalescent Hospital Precinct, Concord
Thomas Walker Convalescent Hospital, Hospital Road, Concord is listed on the NSW Stae Heritage Register. It has a park like setting on the banks of the Parramatta River.

Funded by a bequest from Thomas Walker the convalescent hospital complex was designed by John Sulman, reflecting the Nightingale principles for pavilion hospital design and their adoption in Australia. The complex is currently the Rivendell Adolescent Unit. The following Statement of Significance for the site is sourced from the NSW State Heritage Register (no. 00115):

> *The Thomas Walker Convalescent Hospital is of national heritage significance as a rare major institution which has survived along the foreshores of the Parramatta River from the 19th century. Along with Carrington Centennial Hospital, the Thomas Walker Convalescent Hospital is the only other convalescent hospital to have survived from the 19th century.*

The recreation hall/chapel which is located in the main administration building of the hospital is a very rare, highly decorated intact example of a recreational hall/chapel forming part of a hospital complex.

The hospital is important because it reflects Florence Nightingale's influence on 19th century convalescent hospital design principles and their adoption into Australian architecture. It also reflects the influence of Australian hospital administrators and American publications on its design.

The Estate is a rare surviving late 19th century major institution of a private architect's design in Australia and is John Sulman's finest work in this country. It features a large number of Italianate motifs and decorative elements which reflect Sulman's first hand experience of Italian architecture as a result of his continental travels. Additionally the buildings reflect Sulman's use of advanced building science concepts including one of the first known uses of 'cavity walls' (or hollow walls) to insulate interiors against harsh summer sun rays.

The hospital embodies the late 19th century concept of competition designs for the creation of major institutions. It is important for its social links with women in allowing them to pursue career opportunities.

The grounds of the hospital are of national heritage signficance as an intact example of Victorian/Edwardian institutional gardens which have maintained an institution throughout their whole existence. They are a bold, effective piece of institutional gardening, integral with an architecturally exceptionally important late 19th century hospital building and probably designed by its architect, Sir John Sulman. The grounds are of aesthetic value as an important landscape feature on the shore of the Parramatta River. The grounds are featured by elements of high architectural quality such as the Watergate, which is an extremely rare building type in Australia (no other examples have been found to date), and the Landgate, which is probably the most elaborate building type of its kind to have survived in Australia from the 19th century. Other important garden elements of note are the axial driveway and the paths, edged in bricks, and fountains which feature in the courtyards.

The prime cultural significance of the Thomas Walker Convalescent Hospital estate and its buildings is that it is a 'palimpsest'; a many layered site, which encompasses all of the above mentioned broad and capricious backgrounds from the first Aboriginal habitation, through the spectra of 200 years of white settlement, to that of its latest use by the Rivendell Adolescent Unit.

The main building is part of the grand architecturally coherent group designed by Sir J Sulman in the Queen Anne style and built by philanthropist Sir Thomas Walker in the late 19th century as a hospital. It is set in notable parklike grounds, a landmark on the Parramatta River. The site is important for its connections with the Walker family and late 19th century philanthropy, its design quality

and craftsmanship, its association with the architect John Sulman and its location with other local health and welfare facilities.

The symmetrical design is evident in the aerial photograph below.

Figure 5.3
Aerial photograph showing the Thomas Walker Convalescent Hospital Precinct

Source: Nearmap November 2016

Lidcombe Hospital Precinct

Lidcombe Hospital was closed in 1995, following 102 years of service. Its initial adaptive re-use was as accommodation for the media during the 2000 Olympic Games. It was later rezoned as medium density residential and developed as the Botanica estate. The site is listed on the *Auburn Local Environmental Plan 2010* and the NSW State Heritage Register (no.01744) with the following Statement of Significance noted:

> *Lidcombe Hospital is of outstanding significance in the history of NSW health care, operating for over a century from 1893-1995 as a major State Asylum for the aged and infirm, then an important State teaching hospital specialising in geriatric care and rehabilitation. Lidcombe Hospital became a leader in geriatric care and rehabilitation practices in the 20th Century. The expansion, then the closure, of the hospital reflects the changes in State and Commonwealth government health care policies over the twentieth century. The site has significance for its association with innovative medical practitioners, specialists in geriatric heath care, nurses and the local community for over a century. As the site of the Media Village, the place also has associations with the 2000 Sydney Olympic Games, which provided short-term accommodation for approximately 5,000 visiting journalists.*

The precinct contains an exceptional and rare collection of fine, intact architecture and landscapes of the Victorian, Edwardian, Interwar and late-20th Century styles, together with outstanding examples of asylum and institutional planning from leading Colonial, Government and private architects from the 19th and 20th Centuries. The asylum and hospital planning is an exceptional example of the 19th century advancements in health care along the principles of Florence Nightingale, where it was considered healthy to surround hospital and asylum buildings with gardens as part of patient treatment and the buildings were designed with particular attention to natural light, ventilation and climate control for the care of patients. The collection of reformatory, asylum and hospital buildings include dormitories designed by James Barnet (1885-1887), the former Dining Hall (1885), the Superintendent's Residence (1887) and nine wards designed by Walter Liberty Vernon (1893-1906). All reformatory and asylum buildings are designed in harmony around the central Village Green and unite qualities of shelter and surveillance, community and destitution, within a landscape both picturesque and functionally self-sufficient. The Recreation Hall and Chapel (1963) designed by Ken Woolley, the No. 1 Nurses Quarters (1910), Herdsman's Cottage (c1885), Boiler House and Chimney (1901) and the later Nos 2 and 3 Nurses Quarters (1931 and 1939) all contribute to the aesthetic and historic qualities of the place.

The nine Vernon-designed wards, individually and collectively, are outstanding examples of hospital pavilion buildings in a bungalow form, which are a deliberate continuation of the hospital pavilion typology found in some French and British Colonies of the time, with innovative design variations demonstrating the early use of the colonial vernacular in NSW public buildings and advancements in design for patient care. Australian designs for naturally ventilated hospital wards were well known internationally. Vernon's work demonstrated greater attention to light and ventilation than English examples and landscaping of a much higher standard. The ward buildings demonstrate Vernon's deliberate (and early) use of the Australian Colonial vernacular in his design of public buildings, particularly the wrap-around verandah as a means of climate control, rather than the Italianate arcade or colonnade. The building designs of Vernon at Lidcombe Hospital thereby represent one of a series of public buildings built in NSW, such as the Lands Board Office, the Bourke Courthouse and Grafton Experiment Farm buildings, that mark the search for a distinctly Australian architecture, an architecture that drew on the colonial vernacular. (Boyd)

The earliest roads demonstrate the pattern of development of the Lidcombe Hospital site and the location of the former farming activities and isolation facilities of the earlier Asylum and hospital periods, including Farm Road, Mance Avenue, Brooks Circuit, Main Avenue, Church Street, Sussex Street, Copeland Road and Peden Lane. Landscape plantings including the hoop pines and phoenix palms, tallowwoods, brush boxes, iron barks, pepper trees and spotted gums contribute to the aesthetic qualities of the precinct, including a surviving grove of eucalypts situated on a separate

portion of the former hospital site. The Village Green, at the centre of the precinct, is of outstanding significance at a State level for its historic and aesthetic qualities.

The archaeological resource of the site has the potential to contribute to our understanding of the early modifications of the landscape through farming activities and the development of early institutional care for the aged, infirm and the destitute. The Hospital was the site of first Septic Tank system constructed on a large scale to service an institution in Australia. Remains of the Tank are now located on an adjacent site but infrastructure associated with this system may survive.

The Lidcombe Hospital site has played a significant role in the development of the surrounding suburban areas and the growth of the local area as an employer. It has also acted as a physical barrier to development within the area. The Lidcombe Hospital has continued to be held in high esteem by the local community, including in the present day a number of local community groups, for its cultural, social and landscape values.

Figure 5.4
Aerial photograph showing the layout of Lidcombe Hospital Precinct. The site has an irregular boundary of Joseph Street, Weeroona Road, Cobden Parkes Crescent, College Street and Herdsman Avenue, and the grounds forming part of the Lidcombe Hospital Precinct have been redeveloped for residential use.

Source: Nearmap November 2016

Maryborough Hospital, QLD
Queensland State Heritage Register, no.601907

The Queensland State Heritage Register database listing for the Maryborough Hospital is as follows:

The site demonstrates the growth of Maryborough from a small settlement to a large provincial town in the latter part of the nineteenth century and through the twentieth century. The Maryborough Hospital is exceptional and rare in demonstrating the development of hospital sites in Queensland from the nineteenth century through the twentieth century. The site retains buildings from all periods of its development and many of these buildings are substantially intact.

Centre block, C Block and the 1887 medical superintendent's residence are rare surviving hospital buildings from the nineteenth century. C Block is a rare surviving example of a pavilion planned ward in Queensland, an extensive number of such hospital wards were constructed but few have survived twentieth century development. The site is important for its potential to reveal further information about the planning and development of hospitals dating from the nineteenth century.
The first complex constructed on the new hospital site comprised three brick buildings, a central administrative core flanked by wards, as well as a separate medical superintendent's residence and a palisade fence with gates along Walker Street. These were designed by colonial architect JJ Clark and based on contemporary principles of hospital design about the pavilion plan.

Two of the nineteenth century buildings extant at the Maryborough Hospital, namely C-Block and Centre Block, are remnants of a pavilion planned hospital. The original 1887 complex comprised three buildings, a central administrative core flanked by two storeyed pavilion wards, those to the east for women and those to the west for men. Of these buildings only sections of the administrative core, Centre Block, and the men's wards, C Block, remain. The Centre Block housed offices and consulting rooms on the ground floor and residential quarters on the first floor..

Figure 5.5
Aerial photograph showing Maryborough Hospital, Queensland

Source: Google Maps

5.3 Analysis of Cultural Significance

The NSW Heritage Office (now the Heritage Division of the NSW Office of Environment and Heritage) evaluation criteria for potential LEP heritage or State Heritage Register listing set a high threshold for entry. Terminology such as “important”, “special” and “strong” establish the need for a property to be more than just average in its heritage values if it is to be listed. The following commentary discusses how each of the criteria relate to the subject site.

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 the local area)

The Royal North Shore Hospital at St Leonard’s is important within the local community for its established and ongoing provision of health care

services. The North Shore Hospital was founded in 1888 in Crows Nest, and moved to the current site as the Royal North Shore Hospital in 1902-03. Since its construction it has provided an ongoing role in health care for the north shore communities. Whilst a substantial proportion of the buildings across the hospital site are contemporary developments, they continue the pattern of community health care established by the first phase of development at the beginning of the twentieth century. The north and west sections of the hospital site that were resumed for expansion of the original hospital site have been extensively revitalized with the recent construction of the Kolling Building (Building 6), the Clinical Services Building, Community Health Centre (Building 2) and Acute Services (Building 1). Across the North and West Precincts, the few surviving buildings from the previous phases of hospital development are the Interwar Georgian Revival style building constructed as a waiting room (Building 32), the 1934 Princess Elizabeth Pavilion, the 1940s Wakehurst Wing, the 1960s Chapel (Building 3), the Douglas Building, c.2003 (Building 4), and Building 8.

The remnant early buildings of the Original Hospital Precinct (29, 30, 31, and 33) no longer serve as the centerpiece of the Royal North Shore Hospital in terms of function or presentation, owing to extensive multistoreyed hospital redevelopment in recent years. However, as a group they illustrate the functionality of an early twentieth century core hospital group. This group has been effectively severed from the broader functional campus context by the formation of the French's Place roadway.

Building 29 is important as part of the original Hospital precinct built in 1902-1903. Designed by A.E. Shervey, it makes a clear and substantial contribution to an understanding of the original hospital complex in historical and architectural terms. It reflects the pattern of development and early twentieth century growth of the north shore community, and is the first purpose-built pavilion wing building in the area.

Building 30 is important as an expression of the original Federation design of AE Shervey's hospital complex. Constructed in 1914, it forms part of the key design concept that reflected the best practice in hospital design and development during the early twentieth century period, and has strong historical connections as part of the first purpose-built hospital complex on the north shore.

Building 31, known as the Administration Block or the Resident Medical Officer's Quarters (renamed the Vanderfield Building c.2006), is of high significance for its historical function, architecture and social significance. It retains its circular drive and front garden setting which forms a focus for the core original Federation group. The ascribed significance applies to the Pre-World War I footprint of the building, not the rear addition identified as Building 31A or the covered walkways constructed in later phases of development. Building 31 serves as the representation of the institution of public health services on the North Shore and is the landmark historical building on the site.

Its design demonstrates the symbolic and architectural importance placed on government institutions and the role of public health. It was intended

by A.E. Shervey to serve as the formal, main building of the group, with its detailed primary elevation facing onto Reserve Road and included a front garden setting to enhance its symbolic role and aesthetic qualities.

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 the local area)

Given the evolving nature of the site, when considering the complex as a whole, the Royal North Shore Hospital does not have strong or special associations with any individuals or groups of persons of importance in local or New South Wales' cultural or natural history.

Building 31, the former Administration Block, has associations with Governor Sir Harry Rawson, who laid the foundation stone on 13 June 1902. It is also associated with the then- Premier of NSW, Sir John See, who formally opened the building in 1903. At a local level the building is associated with Sydney architect A. E. Shervey, who designed the original hospital complex, and is also connected with Roger Vanderfield O.B.E., A.O, who was respected within the community for his 50-year contribution and working relationship with the Royal North Shore Hospital.

Buildings 29 and 30 have significance for their association with Sydney architect A.E. Shervey, who designed the original hospital complex.

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

The Royal North Shore Hospital is predominantly comprised of a collection of large-scale contemporary buildings loosely radiating from the intersection of Westbourne Street and Reserve Road. These new buildings provide evidence of contemporary technologies and serve as examples of the contemporary design and practice of health care. Whilst practical in design and function, these buildings form a visually aesthetic modern group that dominate the built landscape of the hospital, particularly within the viewlines along Herbert Street. They present as well-executed but not unusual examples of their architectural type. Within the modern built landscape of the hospital, the 1960s Chapel remains as a modestly scaled, simply detailed reminder of the postwar phase of the hospital's development.

The hospital complex is an amalgam of architecture from various historical periods, beginning with the initial Federation era development (Buildings 29, 30, 31 and 33). Successive periods of growth are represented across the site, as demonstrated with many clinic and services buildings including interwar functionalist, postwar, late twentieth century and contemporary structures.

While the most recent phase of redevelopment (2005-2014) has dramatically changed the built landscape of the hospital and moved the functional centre of the complex closer to the junction of Reserve Road and Westbourne Street, the progressive evolution of the expanding hospital campus can still be read in the surviving buildings across the broader site: the 1960s development of the western part of the hospital site for an entirely new hospital block, for example, is still discernible through the Chapel. Similarly, that part of the hospital designated for essential services fronting onto Herbert Street and Eileen Street site access still retains elements such as the 1929 chimney, the late 1950's Stephenson and Turner-designed boiler house (Building 21); and interwar expansion of patient facilities with the construction of the Princess Elizabeth (Building 35) and World War II Wakehurst (Building 36) Pavilions in proximity to the original Federation complex.

The group of Federation era buildings that make up the original hospital complex (Buildings 29, 30, 31 and 33) have significance for their ability to demonstrate early twentieth century hospital design, with Building 31 in particular serving as a reminder of the more modest scale and high quality architectural style of the Federation era. The administration and pavilion group still retains high visibility along the Reserve Road approach.

They are a relatively uncommon collection of surviving institutional buildings which, although modified and adapted for new uses, are still capable of illustrating their original form and function. Buildings 29 and 30, as the two storey Federation era pavilion wings, have had their verandahs enclosed and been subjected to repeated alterations to the fabric, particularly during the second half of the twentieth century. They illustrate the standard of technological innovation in the design of hospital ward buildings during this period, and are oriented to the north west to maximise sun exposure, as per accepted hospital design of the time.

Building 29 is significant as an example of a Federation pavilion ward. Although modified, it retains its essential form and footprint, and has remnant elements including a lift mechanism, roof ventilator, gas fittings and original details such as pressed metal ceilings, doors and window openings. The fabric and layout of the building retains legibility and is able to demonstrate the building's function and role within the original hospital complex.

Although constructed in 1913-1914, Building 30 has significance as the second pavilion wing of the design originally conceived by AE Shervey. It is sited in accordance with established hospital design of the period, and retains original external and internal elements that serve to illustrate its initial function within the early hospital complex.

Building 31 (Vanderfield/RMO Quarters/Administration Block) is a high quality example of its architectural type, and within its garden setting the two storey building represents the original landmark centerpiece of the Federation hospital complex. As such, the building is of State significance for its important architectural and aesthetic qualities. As the uniting structure within the original hospital complex, the building had an important functional and symbolic role, and was designed and built as such. It is a symmetrical Federation Free Style structure of a modest two storeys with

a hipped, tiled roof. On the ground floor level the primary elevation of the building is highly intact and features an arcaded verandah facing out onto a garden setting and looking towards Reserve Road, with semi-circular headed first floor windows and roughcast finish to external walls below the eaves. Sash and leadlight windows are original, as are the timber doors on the main (Reserve Road) elevation, with many features restored during 1988 works as part of the hospital centenary celebrations. Restoration work also included the front circular garden setting, which was present during the initial phase of the hospital's development. While its southern side elevation has high integrity and features a offset oriel window, the north-west elevation has been modified to accommodate changing uses of the internal spaces, including the bricking up of a side entry and windows. The rear of the building has been extended and modified, beginning with the early first floor additions and an X-Ray Department; subsequent significant changes include the gradual enclosure of the rear verandah, rear addition and the insertion of additional stairs during the 1940s period. However, despite these changes to the rear of the building the footprint is clearly legible and it is considered a high quality, finely executed and relatively intact example of its type.

Building 33 is the former kitchen block, a functional structure that has had a series of one and two storey additions and has been subsequently modified for alternative uses, resulting in the heavily modified interiors.

Near the Herbert Street boundary, a distinctive 1929 chimney structure remains; while it is not considered a high quality or well crafted example of its type, it serves as a visual landmark in the built landscape although its significance under this criterion has been diminished by progressive development within the Hospital site and the recent high rise development in the locality.

Building 31 was designed to be the landmark building on the Royal North Shore Hospital site. It meets the threshold for state (SHR) listing under this criterion as a well executed example of a hospital administration building. Its finely detailed exterior reinforces its central role in the Federation hospital complex. While relatively modest in scale, its aesthetic and architectural qualities nonetheless expresses the ascribed significance and role of the Royal North Shore within the community. Its predominantly intact architectural form and presentation, complete with restored front garden form, makes a strong contribution to the hospital built landscape.

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

The Royal North Shore Hospital has a strong and long-running association with the North Shore community as for more than a hundred years it has been the focus for the provision of health services and care for the area.

As an administration and accommodation building in continued use since its construction, Building 31 has associations within the medical and nursing communities at a local level. The building is of social significance to both the medical and broader communities and serves as an illustration of the sense of reassurance and authority projected by the public face of institutionalized health at the beginning of the twentieth century.

Building 29 has social significance within the medical fraternity, with generations of hospital staff training and working in this first, purpose-built pavilion. As it remained in use as one of the main patient accommodation blocks until made redundant by the 1960s-1970s site development, the building is firmly associated with the public health of the north shore community.

Similarly Building 30 has social significance within the medical fraternity, with generations of hospital staff training and working in this early purpose-built pavilion. As it remained in use as one of the main patient accommodation blocks until made redundant by the 1960s-1970s site development, the building is firmly associated with the public health of the north shore community.

The Chapel has a degree of social significance for its spiritual and social role within the hospital community, both for patients and for hospital staff. However, a formal evaluation of its level of significance to the community has not been undertaken.

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 the local area)

The built form and landscape of the Royal North Shore Hospital site has been continuously modified in response to the needs of the community, with the evolution of the site reducing its archeological potential.

The Royal North Shore Museum and Archives, located on the ground and first floors of Building 31 respectively, contain extensive primary material relating to the growth and community of the hospital since its establishment and are a valuable resource that contributes to the understanding of the provision of health services on the site and the evolution of its buildings and landscape.

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

Much of the Royal North Shore Hospital complex has been comprehensively redeveloped in recent times. The main, predominantly modern functional and utilitarian structures are similar to those that are found throughout contemporary hospital sites across New South Wales. Within the Original Hospital Precinct is a group of Federation-era buildings that provide evidence of the first healthcare facility on the site; it is comprised of the

main Administration Block (Building 31), two pavilion wings (Buildings 29 and 30) and a former kitchen block (Building 33).

Building 3 (Chapel) is a relatively uncommon example within the local context of an ecumenical church designed specifically for a hospital site.

Building 29 is an example of an increasingly rare and endangered pavilion ward block dating from the early twentieth century. Subsequent alterations to the fabric have modified its presentation and function; its original form and intent, however, is still clearly legible. Other examples of the built fabric, including the roof ventilators, remnant gas fittings and internal spatial arrangements of the former wards, are now uncommon surviving examples, being design-specific to the period of construction.

Its role is reinforced by its siting in connection with the other remaining buildings of the original hospital group (Building 30, 31, and 33). It illustrates hospital design concepts and philosophies of health practices from the Federation era.

As a former pavilion wing, Building 30 is of an architectural style that is increasingly rare. Despite extensive modifications to its form its fabric, it retains examples of original fabric including roof ventilators and internal spatial arrangements of the former wards, which are now uncommon examples of a design specific to this historical period, owing to repeated and progressive redevelopment of hospital sites throughout Sydney and the wider NSW context.

The Administration Block (31, also known as the Vanderfield Building, RMO Quarters) is an uncommon, relatively intact and high quality example of the early twentieth century architectural Federation Free style hospital administration building. While there have been extensions and modifications to the fabric at the rear of the building, the early footprint is clearly legible and its primary (west) elevation, in particular, has high integrity. It is a relatively rare surviving example of a Federation hospital administration block that is in good condition, has a legible original footprint and which maintains a sense of its original function, presentation and setting.

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 the local area's cultural or natural places; or cultural or natural environments)

As an institution, the Royal North Shore Hospital is a contemporary medical facility that caters for the broader community. Its gradual expansion and redevelopment throughout the twentieth and twenty-first centuries has shifted the central focus from the original hospital precinct, with its early Federation era Administration Building and accompanying pavilion wings and kitchen block behind, to a broader focus on development across the northern and western parts of the hospital site. The original hospital group has a diminished context following the construction of new roadways such as Frenchs Place, which has unsympathetically severed the Federation group of buildings from its role as part of a wider hospital campus.

Building 29 has significance for its demonstration of the main qualities and characteristics of late nineteenth century pavilion wing hospital design. As a Federation era building, its design and orientation reflects the medical philosophies of the period. While the building has been repeatedly modified, it retains the main qualities and form of this particular architectural style, and in conjunction with the other surviving Federation buildings that make up the original hospital complex (Buildings 30, 31 and 33) it illustrates the way in which Federation hospitals operated on a day-to-day basis.

Building 30 demonstrates the style of pavilion wings found in late nineteenth and early twentieth century hospital design. When viewed in association with the other surviving Federation buildings (Buildings 29, 31 and 33) it contributes to an understanding and appreciation of the philosophy behind institutional design for the period. Its siting and north-north-east orientation reflects its status and function within the 1903 hospital complex.

As an individual item, Building 31 (Vanderfield Building, former RMO Quarters) has significance at both local and State level as an excellent surviving illustration of an early twentieth century hospital administration structure. The building retains its prominent position addressing Reserve Road in a garden setting. It has high integrity as an individual item and is complemented by the accompanying pavilion wings (albeit modified). Its architectural presentation reflects the sense of authority and reassurance project by public institutions in the early twentieth century.

5.4 Statement of Significance

Royal North Shore Hospital Site
The Royal North Shore Hospital at St Leonard's is important within the local community for its long-established provision of health care services. The North Shore Hospital was founded in 1888 in Crows Nest, and moved to the current site as the Royal North Shore Hospital in 1902. Since its construction it has provided a leading role in health care for the north shore communities. Whilst a substantial proportion of the buildings across the hospital site are contemporary developments, they maintain the continuous provision of health care established by the first phase of development at the beginning of the twentieth century.

The hospital complex is an amalgam of architecture from various historical periods, beginning with the initial Federation era development (Buildings 29, 30, 31 and 33). Successive periods of growth are represented across the site, as demonstrated with many clinic and services buildings including interwar functionalist, postwar, late twentieth century and contemporary structures. While the most recent phase of redevelopment (2005-2014) has dramatically changed the built landscape of the hospital and moved the functional centre of the complex closer to the junction of Reserve Road and Westbourne Street, the progressive evolution of the expanding hospital campus can still be read in the surviving buildings across the broader site.

The 1960s development of the western part of the hospital site for an entirely new hospital block, for example, is still discernible through the Chapel.

Similarly, that part of the hospital designated for essential services fronting onto Herbert Street and Eileen Street still retains elements such as the 1929 chimney and the late 1950's Stephenson and Turner-designed boiler house (Building 21). Interwar expansion of patient facilities is evident in the Princess Elizabeth (Building 35) and World War II Wakehurst (Building 36) Pavilions in proximity to the original Federation complex.

The original Federation Hospital complex, set back from Reserve Road, no longer serves as the centerpiece of the Royal North Shore Hospital owing to extensive multistoreyed hospital redevelopment in recent years. The original hospital group has been effectively severed from the broader operational campus context by the formation of the French's Place roadway. However the primary elements of the group, comprising the Administration Block (Building 31) and two pavilion wings (Buildings 29 and 30) still retain high visibility along the Reserve Road approach, within their garden setting.

The original kitchen block (Building 33), contributes to the setting of these buildings, illustrating the Federation-era planning for hospital design excellence. While the buildings have been modified, particularly the pavilions and the former kitchen block, their form and arrangement can still be clearly read within the hospital landscape. As a group, they serve as a local example of the scale and quality of institutional architecture from this historical period.

Building 29

As one of the key component buildings of a rare surviving group that comprises the original Hospital complex, and in its own right, Building 29 has heritage significance at a local level.

Building 29 (also known as B Block, and the former Carey/Dibbs ward block) is a modified pavilion wing constructed in 1902-1903 as part of the first phase of construction of the Royal North Shore Hospital. It has heritage significance through its role as the first purpose-built hospital ward block on the North Shore, and for its demonstration of both the overall design of hospitals during the late nineteenth century period, and for the design of pavilion (also known as Nightingale) wings, which were constructed in accordance with specific requirements for patient health. Its window and door arrangement, roof ventilators, lift and overall form, illustrates aspects of health, conforming to the accepted dictates of the period in relation to ventilation, observation, etc.

Designed by architect A. Shervey, the former pavilion wing is important for its role in interpreting the functionality of early twentieth century hospitals. Building 29 is a two storeyed Federation Free Style structure of face brick and roughcast render finish that is oriented to the north-west. It features corner towers, projecting stringcourses, and vertically proportioned, multi-pane, double hung timber sash windows with sandstone window heads. On the eastern tower, there is an oriel window. The pyramidal roofs of the towers are clad with terracotta tiling and topped with a decorative roof ventilator. The open verandah between the eastern towers has been replaced by the present large two storey bay window element.

Despite successive alterations and additions, key characteristics remain to illustrate its former role and layout. Distinctive elements such as the ventilators and lift mechanism reinforce its early use. Former verandah spaces can be readily interpreted, and throughout the modified interior there are numerous remnant original fittings and fabric including pressed metal ceilings, gas fittings, and doors, that testify to its earliest phase of operation. Its mid-twentieth century remodelling phase is illustrated through features such as the etched glass ward numbers above the doorways. Similarly, the current uses of the building have not eroded the basic internal spaces and corridors, which remain consistent with the pavilion architectural design.

Building 29 has social significance within the medical fraternity, with generations of hospital staff training and working in this first, purpose-built pavilion. As it remained in use as one of the main patient accommodation blocks until made redundant by the 1960s-1970s site development, the building is firmly associated with the public health of the north shore community.

As an individual element, it is a rare and endangered form of architecture; taken in conjunction with the other early hospital buildings, it is part of an collection of Federation buildings that clearly demonstrate the key characteristics of hospital design from that era. Aesthetically, it has significance as depicting technical achievement for that historical period, in accordance with the model of 'good' hospital design of the late nineteenth and early twentieth century.

Building 30

As one of the key component buildings of a rare surviving group that comprises the original Hospital complex, Building 30 has heritage significance at a local level.

Building 30, constructed in two stages (1906; 1912-1914), is a pavilion wing that has been substantially modified for later twentieth century uses. Built as a companion pair for Building 29, the pavilion was constructed as part of the earliest phase of expansion in response to the overwhelming demand for medical treatment on the North Shore. Designed by architects Joseland and Vernon, it has a close visual relationship with Building 29, and follows the intent of the original hospital design prepared by A. Shervey in 1901. It has historical significance in its complementary visual and functional role adjacent to Building 29.

Constructed in Federation Free Style using face brickwork and roughcast render finish, the two storey building has been substantially modified both externally and internally. The southern end of the building, presenting to Reserve Road, features two projecting corner towers constructed in facebrick and detailed to match Building 29. The open verandah between the two corner towers was replaced by the present large two storey bay window element in the mid-twentieth century. Its verandahs have been enclosed and adapted for new uses, and are less legible than those in Building 29. The western portion of the connecting element between Buildings 29 and 30, the northern towers of Building 30 and the elements between were constructed in 1906 of face brick, detailed to match the

northern pavilion. The connection walkway has timber boarding on he upper floors and most of the original decorative metal balustrading. The hipped tiled roof extends from the stairwell tower, and features timber lining boards above the exposed supporting timbers.

Although there has been greater erosion of fabric and spaces, its overall external form and layout can still be read. Similarly, the current uses of the building have not eroded the basic internal spaces and corridors; these remain consistent with the pavilion architectural design. Some interior fabric and elements have survived, but its integrity has been degraded in terms of fabric details.

As an individual item, Building 30 has a lesser degree of heritage significance due to its diminished integrity; however its siting alongside the main Administration Block, together with its contribution to the overall group of early hospital buildings, enhances its cultural heritage value as a rare surviving example of a pavilion wing.

Building 30 has social significance within the medical fraternity, with generations of hospital staff training and working in this early purpose-built pavilion. As it remained in use as one of the main patient accommodation blocks until made redundant by the 1960s-1970s site development, the building is firmly associated with the public health of the north shore community.

Building 31/Vanderfield Building/ former Administration Block/RMO Quarters

Building 31 (Vanderfield/RMO Quarters/Administration Block) is a high quality example of its architectural type, and with its garden setting the two storey building represents the original landmark centrepiece of the Federation hospital complex. Designed by A.E. Shervey and opened in 1903, the building is of State significance for its important architectural and aesthetic qualities. As the uniting structure within the original hospital complex, the building had an important functional and symbolic role, and was designed and built as such.

It is a symmetrical Federation Free Style structure of a modest two storeys with a hipped, tiled roof. On the ground floor level the primary elevation of the building is highly intact and features an arcaded verandah facing out onto a garden setting and looking towards Reserve Road, with semi-circular headed first floor windows and roughcast finish to external walls below the eaves. Sash and leadlight windows are original, as are the timber doors on the main (Reserve Road) elevation, with many features restored during 1988 works as part of the hospital centenary celebrations.

Restoration work also included the front circular garden setting, which was present during the initial phase of the hospital's development. While its southern side elevation has high integrity and features a offset oriel window, the north-west elevation has been modified to accommodate changing uses of the internal spaces, including the bricking up of a side entry and windows. The rear of the building has been extended and modified, beginning with the early first floor additions and an X-Ray Department; subsequent significant changes include the gradual enclosure of the rear

verandah, rear addition and the insertion of additional stairs during the 1940s period. However, despite these changes to the rear of the building the footprint is clearly legible and it is considered a high quality, finely executed and relatively intact example of its type.

The former Administration Block (Building 31) has associations with Governor Sir Harry Rawson, who laid the foundation stone on 13 June 1902. It is also associated with the then- Premier of NSW, Sir John See, who formally opened the building in 1903. At a local level the building is associated with Sydney architect A. E. Shervey, who designed the original hospital complex, and also connected with Roger Vanderfield, who was respected within the community for his 50-year contribution and working relationship with the Royal North Shore Hospital. The building is of social significance to both the medical and broader communities and serves as an illustration of the sense of reassurance and authority projected by the public face of institutionalized health at the beginning of the twentieth century.

Building 32

Building 32 is an Interwar Georgian Revival structure that was constructed in c.1940 as a patient waiting room. The building is sympathetic in style to the adjacent facilities which make up the original Federation-era hospital complex, and reflects the continuing growth of the Royal North Shore Hospital during the first half of the twentieth century.

The building has been subsequently and repeatedly modified for uses as a kiosk, staff canteen, storage room and as the Ansto-Body Protein Unit. Externally, the modest single storey brick building is intact, barring a 1970s timber door on the south-west. Internally, the fabric has been modified to accommodate its changing uses, leaving little original fabric as a result.

Its adaptation for new uses reflects its changing function within the original hospital complex site and a shift in attitudes towards facilities. While it serves as a modest part of the overall original hospital group of buildings, as an individual element it is not considered to meet the threshold for heritage listing at a local level.

Building 33

Building 33 forms part of the original hospital complex built in 1902-1903. As a former kitchen block, it served in a support capacity to the main hospital structures. It is the only surviving ancillary building associated with the original hospital complex.

The building has been repeatedly modified and extended, and as such has severely diminished integrity. Its original footprint and form can no longer be easily read owing to the extent of change to its fabric. Externally, the fabric shows intervention, principally through the additions dating from the 1950s and 1970s periods. Internally, there is remnant evidence of its former kitchen use through the ceiling vents, but otherwise the majority of internal fabric is not contributory to the building.

As part of the group of the original hospital complex, the building has contributory significance; however, as an individual element the building is heavily modified and diminished integrity, and no longer clearly demonstrates its original form and function.

5.5 Grading of Significance

The Royal North Shore Hospital has been carefully assessed to determine a relative grading of significance into five levels. This process examines a number of factors, including:

Relative age
Original design quality
Degree of intactness and general condition
Extent of subsequent alterations
Association with important people or events
Ability to demonstrate a rare quality, craft or construction process

Grading reflects the contribution the element makes to the overall significance of the item (or the degree to which the significance of the item would be diminished if the component were removed or altered).

EXCEPTIONAL SIGNIFICANCE
Includes rare or outstanding building fabric that displays a high degree of intactness or can be interpreted relatively easily.

HIGH SIGNIFICANCE
Includes the original extant fabric and spaces of particular historic and aesthetic value. Includes extant fabric from the early phases of construction.

MODERATE SIGNIFICANCE
Includes building fabric and relationships which were originally of higher significance, but have been compromised by later, less significant modifications.

LITTLE SIGNIFICANCE
Includes most of the fabric associated with recent alterations and additions made to accommodate changing functional requirements. These are components generally of neutral impact on the site's significance.
INTRUSIVE
Recent fabric, which adversely affects the significance of the site.

Grading has been established as a valuable tool, to assist in developing appropriate conservation measures for the treatment of the building and its various elements.

This CMP updates the previous assessments and to provide a relative grading of elements within the Royal North Shore Hospital site to guide its ongoing use. It takes account of the current condition of the place and the redevelopment of the broader hospital site, examining a number of

factors including: relative age, original design quality, degree of intactness and general condition, extent of subsequent alterations, association with important people or events and ability to demonstrate a rare quality, craft or construction process.

Given that contemporary cultural heritage practice typically applies the grading of 'exceptional' to sites, or elements, of particular or outstanding natural or cultural heritage value, those site elements originally identified as exceptional have been revised accordingly.
Examples of sites that are exceptional under current use of the term include the Sydney Opera House, Port Arthur and the Daintree Forest.

In general, good conservation practice encourages the focussing on change, or upgrading of, an historical building/site to those areas or components, which make a lesser contribution to significance. The areas or components that make a greater or defining contribution to significance should generally be left intact or changed with the greatest care and respect.

Building Number	Site Element	Grading of Significance
1	Acute Services Building	Little
2	Community Health Centre	Little
	Clinical Services Building	Little
3	Chapel	Moderate (Social only)
4	Douglas Building	Little
6	Kolling Building	Little
7	Diabetic Services (former)	Little
8	Drug and Alcohol Unit	Little
9	Lanceley Cottage	Little
21	Boiler House	Little
21 Chimney	Boiler House Chimney	Moderate
22	Engineer Workshops	Little
29	Block 1B	High
30	Block 1A	High
31	Vanderfield Building (formerly Administration / RMO)	High
31A	Building 31 Additions (former X-Ray Department)	Intrusive
32	Ansto Body Protein	Little
33	Orthotics (former Kitchen Block)	Moderate
34	CJ Cummins	Little
35	Princess ELizabeth Pavilion	Little
36	Wakehurst	Little

37	Radiation Oncology	Little
38	Child Care Centre	Little
51	School of Nursing	Little
D1	Demountable	Little
D2	Demountable	Intrusive
P1	Car Park	Little
P2	Car Park	Little
	Covered walkways	Little - Intrusive

5.6 Significance of the Landscape

The *Tree Heritage Study - Royal North Shore Hospital* (Taylor Brammer Landscape Architects, April 2005) identified locations within the hospital site where there were significant trees and vegetative elements, as summarised in the following diagram which has been marked up to show areas that have been redeveloped since this report was prepared. An updated report (*Royal North Shore Hospital, St Leonards Tree Heritage Management Strategy Proposed additional facilities)* was prepared in 2016 in relation to plantings in the Southern Precinct and the north east component of the Northern Precinct. Recent approval has been obtained to remove and relocate the partial avenue of *Phoenix canariensis,* identified as item 1 in the diagram.

Figure 5.6
Diagram showing the location of the significant vegetative elements present on the site at the time of the 2005 survey coloured in green, with the areas that have since been redeveloped coloured red. The numbered items are described as in the report as:

1 Partial avenue of Phoenix canariensis, indicated marked with a dashed line, approved for removal and relocation in 2016

2 Trees and palms that make up the landscape curtilage to Building 31

3 The large and established Ficus macrocarpa var'. 'hili' and to a lesser extent the Cinnamomum camphor, as these later trees are now coming to the end of their useful life and are exhibiting some characteristics of senescence

5 Lines of Lophostomen confertus to Reserve Road and Westbourne Street

6 Groups of Syncarpia glomulifera trees.

Source: Taylor Brammer Landscape Architects, *Royal North Shore Hospital Tree Heritage Study,* 2005, page 3

5.7 Curtilage Analysis

The New South Wales Heritage Office (now the Heritage Division of the NSW Office of Environment and Heritage) publication *Heritage Curtilages*[3] defines "heritage curtilage" as the area of land surrounding an item or area of heritage significance which is essential for retaining and interpreting its heritage significance. Heritage curtilage can be classified as one of four types:

- Lot Boundary Curtilage: for places where the legal boundary of the allotment is defined as the heritage curtilage. The allotment should, in general, contain all significant related features, for example outbuildings and gardens within its boundaries.

- Reduced Heritage Curtilage: for places where an area less than the total allotment is defined as the heritage curtilage. Applicable where not all parts of a property contain places associated with its significance.

- Expanded Heritage Curtilage: for places where the heritage curtilage is larger than the allotment. Particularly relevant where views to and/ or from a place are of significant.

- Composite Heritage Curtilage: for larger areas that include a number of separate related places, such as heritage conservation areas based on a block, precinct or whole village.

The *Willougby LEP 2012* Heritage Map 5 identifies the curtilage of the listed items within the hospital site, Buildings 29, 30, 31, 32 and 33, as their built footprint. This reduced curtilage is considered to be appropriate.

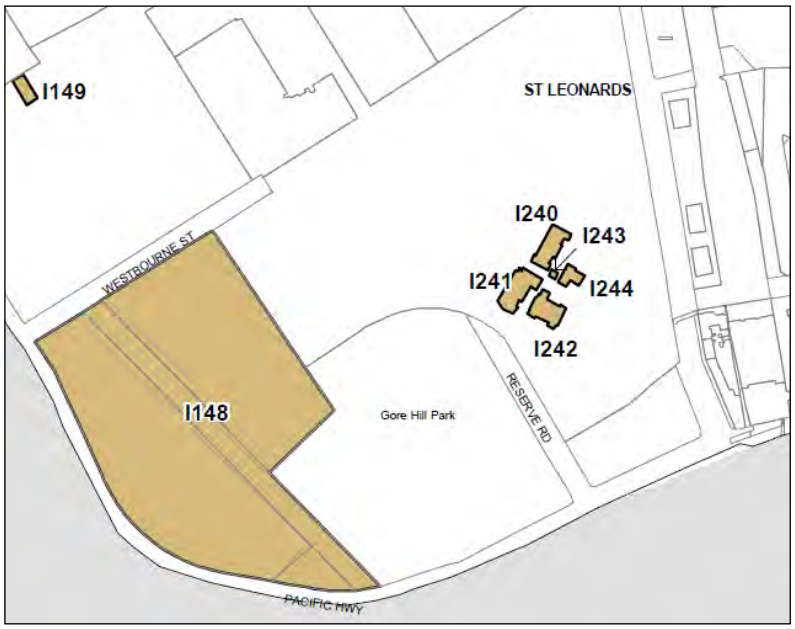


Figure 5.7
Extract from the *Willoughby LEP 2012* Heritage Map 5 showing the reduced curtilage identified for Buildings 29, 30, 31, 32 and 33

Source: www.legislation.nsw.gov.au

3 Warwick Mayne-Wilson, *Heritage Curtilages*, NSW Heritage Office and the Department of Urban Affairs and Planning, NSW, 1996

Constraints and Opportunities

6.0

6.1 Introduction

This section outlines various major issues to be considered in the formulation of conservation guidelines for future planning for the site. It takes into consideration matters arising from the Statement of Significance and procedural constraints imposed by cultural conservation methodology such as that of the Australia ICOMOS *Burra Charter.* It identifies all statutory and non-statutory listings that apply for the site and describes constraints and opportunities arising from these listings.

6.2 Issues Arising from the Statement of Significance

Considering the Statement of Significance, the original and significant components of the site, Buildings 29, 30 and 31, and their setting, should be retained and conserved in accordance with the principles of *The Burra Charter*.

Those elements identified as making some contribution to the setting of these buildings and thus enhancing appreciation and understanding of the historical development of the overall hospital site should be retained where possible. These elements are the Chapel, Building 3, the Building 21 Chimney, Building 32, the former Waiting Room, and the former Kitchen Block, Building 33.

6.3 Heritage Management Framework

6.3.1 Current Heritage Listings

The following statutory and non-statutory lists have been reviewed in relation to the subject site: World Heritage List, National Heritage List, NSW State Heritage Register, *NSW Health Heritage and Conservation (S170) Register* and the *Willoughby Local Environmental Plan (LEP) 2012*. A number of individual buildings within the site are listed as individual items of heritage significance and the applicable listings are summarised in the following table.

Element	S170 Register	LEP Schedule
Building 7 Former Diabetic Unit	Yes	No
Building 9 Lanceley Cottage	Yes	No
Building 29 Pavilion Wing	No	Yes
Building 30 Pavilion Wing	No	Yes
Building 31 Vanderfield (Former Adminstration / RMO Building)	No	Yes
Building 32 Ansto-Body Protein	No	Yes
Building 33 Orthotics (Former Kitchen)	No	Yes

6.3.2 NSW Heritage Act 1977

State Heritage Register
The *NSW Heritage Act 1977* (Amended) is an Act to conserve the environmental heritage of New South Wales. The *Act* established the Heritage Council of NSW, and recently the State Heritage Register. Section 4 of the *Act* defines State heritage significance as being:

…relation to a place, building, work, relic, moveable object or precinct, means significance to the State in relation to the historical, scientific, cultural, social, archaeological, natural or aesthetic value of the item.

Section 60 of the *NSW Heritage Act* requires approval be gained from the Heritage Council when making changes to a heritage place listed on the State Heritage Register.

Section 118 of the *NSW Heritage Act* sets out minimum requirements for maintenance and repair of items listed in the State Heritage Register. These requirements are detailed in the *Heritage Regulation 2005*. In summary, the listed item must be protected from damage or deterioration due to weather, measures must be in place to prevent damage from fire and vandalism, and essential maintenance and repair must be carried out to prevent serious or irreparable damage or deterioration.

No part of the subject site is currently listed on the NSW State Heritage Register (SHR) and no formal approval is required under the *NSW Heritage Act* for development of the site.

NSW Health NSW S170 Register
The *NSW Health Heritage and Conservation Register* was prepared under s170 of the *NSW Heritage Act* which requires that details of items of environmental heritage owned, occupied or under the control of the Department be entered in a register.

As Buildings 29, 30, 31, 32, and 33 have been listed on the *Willoughby LEP 2012* heritage schedule they must be added to the *NSW Health Heritage and Conservation Register.*

S170 of the *NSW Heritage Act* requires the responsible public agency provide a written notification to the NSW Heritage Council of any proposal to remove any item from its s170 Register, transfer ownership, cease to occupy or demolish any building or work that is entered on its register. A minimum of 14 days notice is required.

Archaeological Management

Under the *NSW Heritage Act 1977* the disturbance or excavation of land containing or likely to contain relics can only take place when an Excavation Permit has been granted by the Heritage Council. A "relic" is defined in the *NSW Heritage Amendment Act 2009* as:

> *Any deposit, artefact, object or material evidence that:*
> *(a) relates to the settlement of the area that comprises New South Wales, not being Aboriginal settlement, and*
> *(b) is of State or local heritage significance*

All "relics" are protected under the *Heritage Act,* regardless of whether or not the place is listed as a heritage item on a local, State or national level. For places listed on the State Heritage Register, an Excavation permit is obtained under Section 60 of the *Heritage Act.* For all other places, the disturbance of relics requires an Excavation Permit under Section 140 of the *Heritage Act.*

An Archaeological Assessment of the Royal North Shore Hospital was made as part of the preparation of the *Concept Plan* for its redevelopment. The assessment report, *Royal North Shore Hospital, St Leonards Archeological Assessment,* 2006, prepared by Godden Mackay Logan, identifies areas of archeological potential within the site on the diagram reproduced in Figure 4.1. This diagram shows there to be some areas within the hospital site that are of potential Low to Medium significance.

6.3.3 NSW Parks and Wildlife Act 1974

The *NSW National Parks and Wildlife Act (1974)* provides statutory protection for Aboriginal heritage and provisions for its management.

The Dominic Steele Consulting Archaeology report *Aboriginal Archaeological and Cultural Heritage Impact Assessment Royal North Shore Hospital St Leonards, NSW* (July 2006) concluded:

> *No intact or extensive Aboriginal cultural remains are considered likely to survive within the Royal North Shore Hospital site. There are therefore no adverse Aboriginal cultural heritage impacts anticipated from any future works within the site and there are no further requirements for additional archaeological works to be undertaken in relation to the current or any future proposals at the site.*

and recommended that:

> *I. No Aboriginal archaeological or cultural heritage constraints have been identified during the completion of this study that would prevent the proposed future upgrade and redevelopment works within the current boundaries of the hospital complex from proceeding as intended.*

II. The proposed upgrade and redevelopment works should proceed as currently proposed and no further Aboriginal archaeological work is required to be undertaken prior to the commencement of development works should consent be obtained from Council.

6.3.4 Concept Plan Approval

The Concept Plan application for development of the RNSH site (MP 06_0051) was approved under Part 3A of the *NSW Environmental Planning and Assessment (EP&A) Act 1979* as the Minister for Planning had formed the opinion that pursuant to clause 6 of the *State Environmental Planning Policy (Major Projects) 2005* the project is a Major Project.[1]

The current Concept Plan approval, as modified, for the redevelopment of the RNSH site as eight precincts, includes consolidation of the hospital use on the site, conceptual road design and parameters for maximum building heights and floor areas.

Condition C2 of this approval identifies a number of buildings excluded from the demolition approval. It requires that every effort is made to retain these buildings as long as possible and that further design documentation demonstrate the need to demolish these items if required. Buildings 10 and 19, which were included on the original list, have been removed to construct the new acute hospital and community health facility buildings following approval of applications to modify the approval. Buildings 7 and 9 were deleted from this list in 2016 in a modification to MP 06-0051.

The remaining buildings under this condition are Buildings 3, 29, 30, 31, 32, 33 and the Building 21 chimney stack.

The heritage management conditions of this approval also require that all subsequent applications for development be accompanied by a landscaping plan which identifies significant landscaping features and provides for their future management and maintenance.

1 Concept Plan Application (MP 06_0051) Director Generals Requirements (DGRs), accessed at Department of Planning Major Project Register web link, http://majorprojects.planning.nsw.gov.au/page/

Figure 6.1
Approved Project Application, as amended, for the Acute Hospital and Community Health Centre (MP 08_0172) layout overlaid on the approved Concept Plan (MP 06_0051) diagram
Source: *RNSH Concept Plan MP06_0051 Amendment Environmental Assessment Report*, Hassell, November 2010, page 5

6.3.5 Local Government Heritage Management

The following buildings within the RNSH site are listed a heritage items of local significance in Schedule 5 of the *Willoughby LEP 2012*:

- I240, *Pavilion Wing Building, Block 1B (including original interiors)* - Building 29
- I241, *Pavilion Wing Building, Block 1A (including original interiors)* - Building 30
- I242, *Resident Medical Officers (RMO) Building—known as Vanderfield Building (including original interiors)* - Building 31
- I243, *Anstro—Body Protein Building (including original interiors)* - Building 32
- I244, *Orthotics Building (including original interiors)* - Building 33

Amendments to the approved Concept and Project Plans made under the transitional arrangements applying to Part 3A of the *EP&A Act* are not required to consider the provisions of the *Willoughby LEP 2012.*

Approval from Willoughby City Council is required for any alterations or additions to the site made under Part 4, 79(c) of the *NSW Environmental Planning and Assessment Act 1979*. The relevant operative statutory regulations of the *Willoughby LEP 2012* are in clause 5.10 Heritage conservation. The objectives of these provisions are:

> *5.10 Heritage conservation*
> *Note. Heritage items (if any) are listed and described in Schedule 5. Heritage conservation areas (if any) are shown on the Heritage Map as well as being described in Schedule 5.*
>
> *(1) Objectives*
> *The objectives of this clause are as follows:*
> *(a) to conserve the environmental heritage of Willoughby,*
> *(b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,*
> *(c) to conserve archaeological sites,*
> *(d) to conserve Aboriginal objects and Aboriginal places of heritage significance.*

The guidelines of the *Willoughby Development Control Plan (DCP)* Part H Controls for Heritage Items and Conservation Areas may also be applicable to future development of this site. The relevant aims in Part H of this DCP are:

> *a) to guide future development within a framework of conservation;*
> *b) to ensure that the significance of Heritage Items is identified and retained;*
> *d) to ensure that alterations and extensions to existing buildings respect those buildings and do not compromise the significance and character of the individual heritage items or of the Heritage Conservation Areas;*
> *e) to ensure that new sustainable development respects the context and is sympathetic in terms of form, scale, character, bulk, orientation and setback, fabric, colours and textures and does not mimic or adversely affect the significance of Heritage Items and Heritage Conservation Areas and their settings;*
> *f) to encourage a sustainable high quality of design for any new development in achieving compatibility with the heritage significance of individual Heritage Items and Heritage Conservation Areas;*
> *g) to provide controls for the development of land within the vicinity of Heritage Items and Heritage Conservation Areas.*

6.4 Non-Statutory Heritage Agencies

Australia ICOMOS
Australia ICOMOS is a professional body of conservation practitioners, represented by the Australian National Committee of the International Council on Monuments and Sites (ICOMOS).

Australia ICOMOS has developed and published a Charter for the Conservation of Places of Cultural Significance, generally known as the *Burra Charter*. This document establishes principles and methodologies for conservation work in Australia, based primarily on an understanding of the heritage values of a place and then appropriate responses to looking after the place in relation to various management issues and requirements. Its status is advisory, not statutory, but it has become widely recognised as establishing the basic methodology for conservation work in Australia.

6.5 Physical Condition

It is understood that the early buildings on the site are generally in sound condition although most are in need of some repair and / or maintenance. They have all been heavily modified by later alterations and additions.

In particular, work is required to reinstate the northern facades of Buildings 29 and 30 impacted by the addition, and removal, of Buildings 26, 27 and 28. Despite the changes to the building fabric, it is possible to recapture much of the integrity within an adaptive re-use programme.

6.6 Owners Requirements

The State government is committed to building a 21st century health care system for NSW that retains its core focus on the needs of the community. When it was prepared it was envisaged that the Royal North Shore Hospital Concept Plan (MP 06_0051) would take some ten years to fully realise. The aims of the Concept Plan are[2]:

Provide new 'state of the art' hospital facilities with high quality care standards.

Facilitate the delivery of improved health, education, research and community facilities on site.

Provide improved access to and between different health and community services on site.

Provide flexible building design to allow for future modification and expansion to meet anticipated growth in demand for services and changes in clinical practice.

2 *RNSH Concept Plan Environmental Assessment*, Urbis, July 2006

Encourage supplementary and support private hospital health facilities on lands core to the RNS public hospital.

Ensure development provides harmony and balance with the surrounding areas.

Facilitate the broader redevelopment of St Leonards and surrounding environs.

Introduce a wide range of uses onto the site consistent with the site's proximity to the StLeonards Station, including commercial, retail and residential uses, whilst maintaining as a dominant feature, the RNS hospital and complementary health activities.

Provide a high quality urban environment through careful design of buildings and a well designed public domain.

Improve and enhance the public domain, including a variety of public areas and pedestrian and vehicular connections through the site.

Retain significant heritage items, within a campus-wide strategy for adaptive reuse.

Enhance access to public transport, including walking, cycling, rail and bus networks.

Provide adequate car parking on site in a way that maintains pedestrian safety, the quality of public space and built form.

The initial projects undertaken as part of the approved Concept Plan (as modified) are nearing completion and the hospital operations are being consolidated in the Northern and Western Precincts of the site.

NSW Health Infrastructure is reviewing the current Concept Plan to ensure the re-use of surplus buildings and land is managed to provide for the long term needs of the community. This process is to be staged and implemented, providing complementary uses and upgrade and refinement of the health services required, as health needs change, demand for services increases, and technology evolves.

The viability of any proposed re-use options, or health related use, need to include consideration of the cost implications of any required building code compliance upgrades and the provision of equitable access.

This CMP has been commissioned to guide the on-going management of the significant heritage elements within the site as it evolves.

6.7 RNSH Community Groups

The RNSH community stakeholders include the staff, student, user and visitor population and those with former associations with the hospital site. Within the RNSH staff community there are a number of professional groups interested in achieving particular outcomes with the site redevelopment. These include the provision of child care facilities, accommodation for staff, students and patient families, and appropriate spaces to house the RNSH Museum and Archival collections, currently housed in the Vanderfield Building (Building 31).

Conservation Policies

7.0

7.1 Introduction

Conservation can be regarded as the management of change. It seeks to safeguard that which is important in the built environment within a process of change and development. As such, it is one of the functions of this document to establish policies and recommendations for the conservation and continued use, or adaptive re-use, of the significant components in the Historic Hospital Precinct of the RNSH site in a way that protects and enhances their heritage value. In this way, the owners and managers of the site will be able to formulate proposals within a known framework of acceptable directions, and planning authorities will be able to assess those proposals against the criteria.

7.2 Principal Conservation Policies

Background
Components of the RNSH site, and their setting, have been identified as being of considerable heritage significance, with others identified as making some contribution to the setting of these buildings and thus enhancing appreciation and understanding of the historical development of the overall hospital site.

Willoughby City Council has included Buildings 29, 30, 31, 32 and 33 on the heritage schedule of its Local Environmental Plan as items of local heritage significance. This tightly packed, interconnecting group of buildings forms the Historic Hospital Precinct.

The buildings of high significance within this group are Building 31 (Administration/Vanderfield Building) and Buildings 29 and 30 (the Pavilion Buildings).

The RNSH Museum and Archives located in Building 31, the Vanderfield Building, are considered to be movable heritage collections of some significance. The photographs and plaques displayed in this building complement these collections. It is also likely that there are various items of moveable heritage located in the older buildings across the site that are soon to be redundant. Such items may include photographs, plans, plaques, machinery/ equipment and archival documents.

Policy 1
The significant components from the original phase of the site's development for hospital use should be retained and conserved as part of its continuing use or in its adaptation for re-use. These are Buildings 29, 30 and 31, the Administration and Pavilion Buildings.

Policy 2
Conservation of Buildings 29, 30 and 31 should be in the form of on-going or new compatible uses that respect and utilise the current scale, form and internal configuration.

Policy 3
Future changes to fabric and form of Buildings 29, 30 and 31 should respect their visual significance and architectural integrity and respond accordingly.

Policy 4
The components identified as being moderately significant elements of the hospital site should be retained where possible. These are the Building 21 Chimney and Buildings 3 (Chapel) and 33 (former Kitchen Block).

Policy 5
Any proposal to remove or relocate the Chapel (Building 3) should be preceded by an assessment of the level of its social significance.

Policy 6
Future planning for the site should recognise the relative value the local community has placed on the early buildings in the Original Hospital Precinct with their identification as items of local heritage significance (Buildings 29, 30, 31, 32 and 33).

Policy 7
Those buildings that are individually listed as heritage items on the *Willoughby LEP 2012* heritage schedule (Buildings 29, 30, 31, 32 and 33), should be added to the *NSW Health Heritage and Conservation Register*.

Policy 8
The moveable heritage collection of the RNSH should be identified and documented and a Strategy prepared for its management, in accordance with the guidelines endorsed by the NSW Heritage Council.

7.3 Application of the Burra Charter

Background
The Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (known as the *Burra Charter*) is widely accepted in Australia as the underlying methodology by which all works to sites/buildings, which have been identified as having national, state and regional significance are undertaken.

In order to achieve a consistency in approach and understanding of the meaning of conservation by all those involved a standardised terminology for conservation processes and related actions should be adopted. The terminology in the *Burra Charter* is a suitable basis for this.

Policy 9 Application of the *Burra Charter*

Procedures for managing changes to the components of the RNSH site that are of demonstrated cultural significance should be in accordance with the recognised conservation methodology of the *Burra Charter.*

Policy 10 Consistent Terminology

The following terms apply to the historic fabric of the site and are included here to assist in understanding of the intent of the conservation requirements in this section.

Place means a geographically defined area. It may include elements, objects, spaces and views. Place may have tangible and intangible dimensions.

Cultural significance means aesthetic, historic, scientific, social or spiritual value for past, present or future generations. Places may have a range of values for different individuals or groups.

Fabric means all the physical material of the place including components, fixtures, contents, and objects.

Conservation means all the processes of looking after a place so to retain its cultural significance.

Maintenance means the continuous protective care of a place, and its setting. Maintenance is to be distinguished from repair which involves *restoration* or *reconstruction*

Preservation means maintaining a *place* in its existing state and retarding deterioration.

Restoration means returning a *place* to a known earlier state by removing accretions or by reassembling existing elements without the introduction of new material.

Reconstruction means returning a *place* to a known earlier state and is distinguished from restoration by the introduction of new material into the fabric.

Adaptation means changing a place to suit the existing use or a proposed use.

Use means the functions of a place, including the activities and traditional and customary practices that may occur at the place or are dependent on the place.

Compatible use means a use, which respects the cultural significance of a place. Such a use involves no, or minimal, impact on cultural significance.

Setting means the immediate and extended environment of a place that is part of or contributes to its cultural significance and distinctive character.

Related place means a *place* that contributes to the *cultural significance* of another place.

Related object means an object that contributes to the cultural significance of a place but is not at the place.

Associations mean the connections that exist between people and a *place.*

Meanings denote what a place signifies, indicates, evokes or expresses to people.

Interpretation means all the ways of presenting the *cultural significance* of a *place*.

7.4 Conserving the Early Buildings and Their Setting

Background
The RNSH complex is an amalgam of architecture from various historical periods sited alongside the contemporary medium rise hospital facilities. The Historic Hospital Precinct is set back from Reserve Road, where the original Administration Block (Building 31) and Pavilion Buildings (29 and 30) remain a visually prominent feature of the site.

Building 31, the Vanderfield Building, was planned to be the centrepiece of a functional and aesthetically distinctive group of hospital buildings. It was sited to address Reserve Road, and set behind a formal landscape area. Although the original master plan was not completed and other early buildings have been replaced, Buildings 29, 30, 31 and 33 remain as evidence of the initial hospital development on this site.

The form, arrangement and aesthetic of the Federation era buildings is clearly evident, particularly in Building 31 which has retained its architectural integrity. The strong visual presence of Buildings 29, 30 and 31 remains in approaches along Reserve Road.

As is common at hospital sites in New South Wales, these buildings have evolved to be a tightly packed group, with interconnections and covered walkways linking them to adjacent buildings. The primary presentation of these buildings is to Reserve Road with the northwest facade of Buildings 29 and 30 currently obscured by the remnants of later additions and former connections.

Although the Boiler House Chimney was once a distinctive landmark in the local area, its visual prominence has been diminished by progressive development within the hospital site and the high rise development in the locality. The redundant structure provides evidence of the hospital support services that were located at the Herbert Street frontage of the site.

Policy 11
Refinement of the Concept Plan should retain a clearly readable Historic Hospital Precinct within the Original Hospital Precinct that includes the formal landscaping at the front of the Vanderfield Building (31).

Guidelines
The line of the facade of any new high rise building in Precinct 4A of the Concept Plan should be set back a minimum of 25 metres from the centre of the circular lawn at the front of Building 31.

New development to the southeast of Building 31 should be set behind the front of this building and have a minimum separation of 11 metres. A similar setback should be adopted for new buildings in the vicinity of Buildings 30 and 33.

There should be no new buildings added to the northwest of Buildings 29 and 30.

Policy 12
The design and siting of new buildings introduced to the east and south of the retained, original buildings must be planned to maintain the visual presence of these buildings, in particular Building 31.

Policy 13
There should be no new structures introduced between the Vanderfield Building (31) and Reserve Road and the legibility of the early circular driveway should be retained and enhanced.

Policy 14
There should be no new built form introduced between the Vanderfield Building (31) and the Pavilion Buildings (29 and 30), other than minor structures to provide covered access between them.

Policy 15
The temporary structure, Demountable Building D2, should be removed from the rear of Building 31 at the earliest opportunity.

Policy 16
Any new built form introduced to the rear of the Vanderfield Building (31) should be limited to a light weight, largely transparent structure that interprets the former link between this building and the former Kitchen Block (33).

Policy 17
New elements should not attempt to replicate the original features. They should be of a contemporary design and character but remain respectful of the power and mixed character of the old, in accordance with Article 22.2 of *The Burra Charter*.

Policy 18
Future landscaping of the site should not obscure views to or from the Historic Hospital Precinct.

Policy 19
Care should be taken to ensure that any vacant, redundant buildings identified as being of high or moderate significance are water tight and secure.

Policy 20
The planning and design for new buildings in the Western Precinct should consider the relationship between their form and scale and that of the single storey Chapel (Building 3) at the corner of Reserve Road and Westbourne Street.

7.5 Conservation of Landscape Elements

Background
The 2005 *Tree Heritage Study - Royal North Shore Hospital* (Taylor Brammer Landscape Architects) notes that the characteristic planting of the site is important in the context of the built environment and the legacy of the hospital as a major part of the social fabric of the lower north shore.

Policy 21
The condition and life expectancy of the extant significant landscape elements identified in the 2005 *Tree Heritage Study* should be reviewed to inform the planning for new / upgraded landscaping.

Policy 22
The following vegetative elements should be retained where possible: trees and palms that make up the landscape curtilage to Building 31, the large and established *Ficus macrocarpa var'. 'hili'* and *Cinnamomum camphor* west of the Boiler House chimney, the lines of *Lophostomen confertus* to Reserve Road and Westbourne Street and any remaining *Syncarpia glomulifera* trees east of Building 29.

Policy 23
Given the contemporary approach to water conservation and landscape / garden maintenance it may not be appropriate to reinstate former planting and a new species palette for the site may need to be identified that interprets and continues the earlier approaches to planned planting.

Policy 24
Future landscaping and plant selection for the site should be planned in consultation with a heritage landscape specialist.

Policy 25
Applications for future projects should be accompanied by a landscaping plan which identifies significant landscaping features and provides for their future management and maintenance.

Policy 26
It is desirable that the historical alignments of Reserve Road, Eileen Street and Westbourne Street be retained.

7.6 Conservation of the Historic Hospital Precinct

Background
The condition and integrity of the early buildings in the Historic Hospital Precinct varies considerably and is reflected in the assessed level of significance assigned in Section 5.5, Grading of Significance. Building 31 remains relatively intact, and Buildings 29 and 30 present as readily identifiable twentieth century pavilion ward hospital buildings, despite successive modifications. These are complemented by the former Kitchen Block (Building 33) and former Waiting Room / Ansto Body Protein Building (Building 32).

Policy 27
As the buildings in the Historic Hospital Precinct can no longer support the function for which they were designed it is appropriate that they be adaptively re-used. It is likely that the larger buildings (Buildings 29 and 30) will be able to accommodate multiple uses within the Hospital Campus.

Policy 28
Modification of Buildings 29, 30, 31, 32 and 33 is acceptable, and expected, in their adaptation for new uses within the campus, provided it is undertaken in accordance with the policies in this report.

Policy 29
Active use of the outdoor areas around the retained buildings in the defined Historic Hospital Precinct is appropriate and should be encouraged.

Policy 30
New uses that are selected for any particular building should be compatible with its significance and integrity and carefully consider its capacity for change.

Policy 31
Proposals for new uses need to be carefully considered to ensure the primary significance of these buildings as examples of Federation era institutional architecture, planning and operation is retained.

Policy 32
During preparation of schemes for future uses for Buildings 29, 30 and 31, care should be taken to respect the scale and character of the existing interior spaces, external openings and general character of the building.

Policy 33
In the context of the ongoing or new use of the Buildings 29 and 30, the retention of large spaces is desirable when they suit the available functions. New internal partitions should respect this spatial quality wherever possible.

Policy 34
New uses that are selected for any particular internal space of Buildings 29, 30 and 31 should adopt the principle of 'loose fit' whereby the functional and spatial requirements of each use are tailored to suit the available space, in contrast to the approach that alters the building to suit the requirements of the new use.

Policy 35
In general, future changes should be focused on areas or components, which provide a lesser contribution to the overall significance and are therefore less sensitive to change.

Policy 36
Any work that affects fabric, space or relationships of components with a High assessed heritage value should be confined to preservation, restoration, reconstruction and adaptation as defined in *The Burra Charter* and should be carefully maintained.

Policy 37
In relation to elements of Moderate significance, the principles of *The Burra Charter* should be followed as above; work involving the reduction (or even the removal) of a particular element may be an acceptable option, where it is necessary for the proper function of the place and is beneficial to, or does not reduce, the overall significance of the place.

Policy 38
Elements with a Little assessed heritage value are of slight significance and do not intrude on the place in a way that reduces significance. Both retention and removal are acceptable options.

Policy 39
Intrusive elements reduce the overall significance of the place, despite their role as illustrations of continuing use. The preferred long-term option is for their removal.

Policy 40
Prior to any major upgrade of these buildings a detailed Fabric Survey should be undertaken to identify the condition, integrity and significance of the built elements. A Conservation Work Schedule should then be prepared and implemented.

Policy 41
All existing facebrick walls are to be retained and left unpainted.

Policy 42
Where render, plaster or paint finishes have been applied to facebrick walls, investigations should be undertaken in consultation with a suitably experienced heritage consultant to determine whether or not it is feasible to remove this finish and expose the facebrick. If it is found that the facebrick finish cannot be exposed, the surface should be made good, and painted in a colour to complement the original brickwork.

Policy 43
Original timber flooring, windows and doors and joinery are to be retained. Clear finished timber should remain unpainted.

Policy 44
Location and visual presentation of new services within these buildings should generally remain subservient and respectful to the scale, dignity and presentation of the existing building.

Policy 45
New internal elements should not attempt to replicate the original features. They should be of a contemporary design and character but remain respectful of the power and mixed character of the old.

Policy 46
In order to reinstate, or reconstruct parts of these buildings, sufficient information must be available to guide the design and documentation of the work. Such information includes documentary evidence, archaeological material and evidence held within the fabric of adjacent components. Reinstatement of missing fabric, or detailing known to be consistent with such traditional beginnings, or reconstruction should only take place within the context of retention of cultural significance of a particular element and of the building.

Policy 47
While reconstruction or reinstatement should return an element to a known earlier state, building practices or construction details which are known to be defective should not be adopted. Reinstated or reconstructed fabric should be 'date stamped' in discreet ways, to indicate the work is of this nature.

Policy 48
Where possible, damage or scarring caused by earlier fit-outs or service installations should be repaired to match the original and original fabric reinstated.

Policy 49
If original or early architectural elements have to be removed or concealed in order to achieve code compliance, then the appropriate approach should be one of "reversibility".

Policy 50
Proposals to upgrade the environmental efficiency of the services infrastructure should take into account a 'whole building' approach and be considered for their physical or visual impact on the spatial and architectural integrity of the building in its own right.

Policy 51
A permanent location for the collections of the RNSH Museum and Archives, currently located in Building 31, should be identified in the strategic planning for the on-going management of the site.

7.7 Specific Policies for the Conservation of Buildings 29 and 30

Background
The integrity of Buildings 29 and 30 has been compromised by successive additions and external and internal modification. Extensive remedial works are required to the north facade of Buildings 29 and 30 to remove the retained junctions with the buildings that were demolished to construct the new Acute Hospital.

However, the former verandah spaces can be readily interpreted, and the basic internal spaces and corridors remain consistent with the pavilion architectural design. Throughout the modified interiors of both buildings, there are remnant original fittings and fabric, including pressed metal ceilings and gas fittings in Building 29.

Policy 52
Retain overall form and imagery of the two interconnected pavilion buildings.

Policy 53
There should be no vertical additions to these buildings, no new additions to the south east (rear) facade and no additions to the south west facades and north east.

Policy 54
There should be no additions to the front (north west) of these buildings other than to provide shade structures associated with an on-going or new use. If required these should be minor structures, designed to read as light weight, contemporary elements that complement the imagery and materials of these buildings.

Policy 55
Consideration should be given to re-instating or interpreting the front verandahs. Given the extensive changes to these facades a new contemporary treatment may be appropriate, provided that remnant original fenestration and joinery is retained.

Policy 56
A detailed analysis of the fabric on the north west facade, including that on the bridge link, that remains from the junctions with demolished buildings should be undertaken prior to its removal, and photographic and archival evidence used as the basis for the reconstruction of missing elements where appropriate.

Policy 57
Installation of any new enclosures within the larger internal volumes of Buildings 29 and 30 should recognise the tradition that such enclosures are clearly expressed as new, self contained units and can be readily removed or altered in the future without affecting significant fabric.

Policy 58
Further investigation is required to inform the planning and design of any future scheme to revise the existing link between Buildings 29 and 30.

Policy 59
A Conservation Works Schedule and On-going Maintenance Schedule should be prepared and submitted with any application for the adaptive re-use of these buildings.

7.8 Specific Policies for the Conservation of Building 31

Background
Building 31 is of high significance as a well designed and finely executed Federation Free Style building that remains relatively intact. Conservation and maintenance works are required to ensure the ongoing role of the building as the symbolic heart of the original hospital, and will need to be undertaken on a regular basis.

The original presentation and setting of the building is still legible, and much of the internal layout and fabric is still extant. However, the rear of the building has been successively adapted and modified and its original verandah enclosed. There is an opportunity to sympathetically modify this portion of the building, if desired, without degrading the otherwise high integrity of Building 31.

Policy 60
To minimise the deterioration of building fabric due to the effects of weathering and use, inspections should be carried out and, where required, essential maintenance and remedial action undertaken.

Policy 61
Potential future uses for Building 31 should be limited to those that do not require external alteration.

Policy 62
A suitable use for the building should be adopted that is a loose fit and which enables the retention of significant fabric, layout and details such as stairs.

Policy 63
Changes to Building 31 should respect its heritage significance and presentation and be limited to the rear, in the former verandah spaces, and those spaces where the fabric has been previously modified.

Policy 64
There should be no vertical additions to this building and no additions to the north, west and south facades.

Policy 65
Changes required to provide equitable access to the building should be confined to the rear of the building. These must be carefully designed and sited to respect the important primary presentation of Building 31, and its significant fabric.

Policy 66
Any proposed partitioning or reconfiguration of the internal spaces should be confined to the secondary spaces, and all such work should be readily reversible.

Policy 67
All original and early external and internal fabric should be retained and conserved.

Policy 68
Intrusive additions and fabric, including covered walkways, should be removed.

Policy 69
The Royal North Shore Hospital Museum and Archives collections should be appropriately housed and maintained, and, if relocated, a permanent repository is to be identified.

Policy 70
A Conservation Works Schedule and On-going Maintenance Schedule should be prepared and submitted with any application for the adaptive re-use of this building.

7.9 Specific Policies for the Conservation of Building 33

Background
The integrity of Building 33 has been diminished as a result of repeated alterations and additions for changing uses, throughout the twentieth century, and the original form of the former kitchen block can no longer be easily read. Given the extent to which the building has been modified, it is capable of further alterations to its fabric in order to facilitate an appropriate and compatible new use.

Policy 71
Prior to any proposed work to Building 33, a comprehensive investigation and analysis should be made to identify significant remnant original or early fabric, and an assessment made to identify areas where change may acceptably be carried out in those areas which have been previously altered and extended.

Policy 72
The existing building footprint should not be expanded to accommodate any future use.

Policy 73
If desired, the later additions to the southern and eastern sections of the building may be removed and replaced with a compatible and sympathetic single storey structure, provided that such new work does not result in an expanded building footprint.

Policy 74
There is an opportunity for change to the western facade, given this does not form part of the original or early facade or presentation of the building.

Policy 75
Any proposed changes to the western facade should be carefully and respectfully designed to be sympathetic to the building's spatial relationship with Building 31 and the intervening courtyard.

7.10 Archival Recording

Policy 76
An archival recording, of significant external and internal fabric, should be completed prior to undertaking any major works to Buildings 29, 30, 31 or 33.

Policy 77
An archival recording is to be prepared to document the setting, exterior and interior of any built element of Moderate, or higher, significance that is to be demolished.

Policy 78
An archival recording is to be prepared in accordance with the NSW Heritage Council endorsed guidelines "*Photographic Recording of Heritage Items using Film or Digital Capture*".

7.11 Management of Archaeological Resources

Background
The 2006 Archaeological Assessment, prepared by Godden Mackay Logan, concludes there are some areas of the site that have the potential to be of Low or Moderate archaeological significance.

Policy 79
Advice should be sought from an appropriately qualified archaeologist when preparing Project Applications for any area identified as having archaeological potential.

Policy 80
Management of archaeological resources associated with the Royal North Shore Hospital site shall be undertaken in accordance with the recommendations and consent conditions of any Excavation Permit that is required under the provisions of the *NSW Heritage Act.*

7.12 Appropriate Skills and Experience

Background
The *Burra Charter* encourages the use of skilled and appropriate professional direction and supervision for a range of disciplines for conservation activities.

The attitudes, skills and experience required, and creative approaches taken in the context of a conservation project are quite different to those applied to the design and construction of new buildings.

Policy 81
To ensure the essential features of the RNSH site are retained and managed in future development, the advice of a Heritage Consultant should be sought as options for the refinement of the Concept Plan are progressed.

Policy 82
The advice of a Heritage Consultant should be sought when preparing schemes for the adaptive re-use of buildings in the Historic Hospital Precinct.

Policy 83
The approach to the conservation of the historic building fabric should be based on a respect for the existing significant fabric. Competent direction and supervision should be maintained at all stages, and any maintenance work should be implemented by professionals and/or tradespeople with appropriate conservation experience and knowledge of traditional building skills.

Policy 84
The preparation of any future development schemes for the Historic Hospital Precinct should be guided by the guidelines and policies outlined in this *CMP.*

Implementing the Plan

8.0

This *Conservation Management Plan* has been prepared to provide guidelines for the on-going use and conservation of the RNSH and to ensure that the heritage value of the place is maintained and enhanced. This section sets out the implementation guidelines for the policies.

The current owners are to:

- Review and adopt this *Conservation Management Plan (CMP).*
- Seek and implement the advice from a Heritage Consultant when preparing schemes for development of the listed heritage items and adjacent areas within the hospital campus.
- Provide for long-term maintenance of the Historic Hospital Precinct.

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9.0

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Appendix 1: Historical Summary

Royal North Shore Hospital St Leonards Historical Summary, GBA Heritage, February 2017

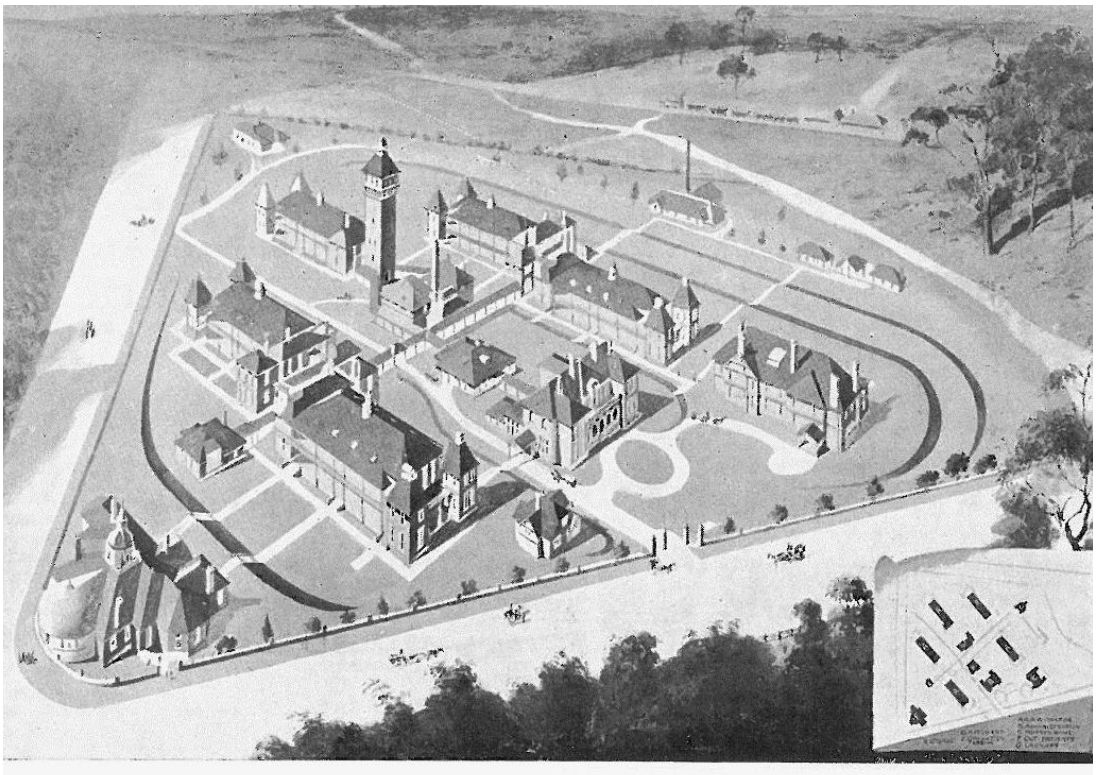
GBA Heritage

HISTORICAL SUMMARY

ROYAL NORTH SHORE HOSPITAL

PACIFIC HIGHWAY, ST LEONARDS

February 2017



Cover image: Original design for Royal North Shore Hospital, reproduced in the Royal North Shore Hospital Annual Report 1908

ROYAL NORTH SHORE HOSPITAL, ST LEONARDS

ISSUE	DESCRIPTION	DATE	ISSUED BY
A	Draft for Review	24/11/14	GL
B	Draft for Review	15/12/16	GL
C	Final Draft	22/02/17	GL
D	Report Finalised	28/02/17	GL

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Contents

Introduction

1.0

1.1 Background

This Historical Summary for the Royal North Shore Hospital (RNSH), St Leonards, has been prepared to inform the preparation of a Conservation Management Plan for the site. It places the more recent stages of redevelopment into a broader historical context.

1.2 Report Objectives

The main objective of this summary is to consolidate the historical information gathered for the site during the last decade of development and planning.

1.3 Site Identification

The subject site is located on the northern side of the Pacific Highway, and adjacent to Gore Hill Park. It is bounded on the eastern side by Herbert Street, with Reserve Road running through the site to intersect with Westbourne Street near its northern boundary. A portion of the site, comprising a multistorey car park and the North Shore Private Hospital, lies north of Westbourne Street and is bounded by Reserve Road to the east. It is described by NSW Land and Property Information (LPI) as Lot 210, DP 1172133.

For the purposes of this report the RNSH site is divided into five precincts:

- Original Hospital Precinct
- Northern Precinct
- Southern Precinct
- Western Precinct
- North-Western Precinct

It should be noted that some portions within the North-Western and Southern Precincts described in this report no longer form part of the public hospital campus but have been included in the historical summary due to their former association with the site for hospital use.

1.4 Authorship

This report has been prepared by Dr Christina Amiet, Senior Heritage Consultant, of GBA Heritage Pty Ltd, and has been reviewed by the Director, Graham Brooks. Unless otherwise noted all of the photographs and drawings in this report are by GBA Heritage Pty Ltd.

Figure 1.1
Location map showing the subject coloured red

Source: Google Maps 2016

Figure 1.2
Aerial photograph, dated 2 July 2016, showing the hospital site looking north

Source: Nearmap 2016

Figure 1.3
Aerial photograph of the Royal North Shore Hospital, coloured yellow and marked with the location of the five precincts referenced in this report. The Southern and North Western Precincts include land that was acquired for hospital use and is no longer part of the public hospital campus.

Source: NSW LPI 2016

Figure 1.4
Site plan of the Royal North Shore Hospital, showing the location of current buildings on the site. Note that buildings that are no longer in hospital use are not included in this map

Source: www.nslhd.health.nsw.gov.au/Hospitals/RNSH/Documents/RNSH-Visitor-Parking-Map.PDF

1.5 Report Limitations

This report is limited to the investigation of the European history of the site. Recommendations have been made on the basis of archival plans viewed and inspection of the existing fabric.

1.6 Sources

This report consolidates information drawn from a variety of reports prepared over the past decade, together with information drawn from published sources such as Geoffrey Sherington's 1988 publication *The Royal North Shore Hospital 1888-1988: A Century of Caring.* The main reports consulted as part of this history include:

- City Plan Heritage, *Royal North Shore Hospital, St Leonard's Heritage Assessment: Volumes 1 and 2*, February 2005
- Taylor Brammer, *Royal North Shore Hospital, St Leonards Tree Heritage Study*, April 2005
- Godden Mackay Logan, *Royal North Shore Hospital Concept Plan Heritage Impact Statement*, May 2006
- Godden Mackay Logan, *Royal North Shore Historical Archaeological Assessment*, May 2006

1.7 Copyright

Establishment of the North Shore Hospitals

2.0

The provision of health services on the north shore in the nineteenth century was, by virtue of its geography, extremely limited. North shore residents who were seriously ill or injured had no access to proper medical care and depending in the seriousness of the illness or accident, had to be ferried or rowed across Sydney harbour to the main Sydney Hospital. While proper health care was patently required in north Sydney, it was several decades before it eventuated.

Medical assistance arrived in the form of the cottage hospital, which was constructed on Willoughby Road, Crows Nest. The foundation stone was laid in 1887 by New South Wales Premier Sir Henry Parkes and the hospital built on land donated by prominent north shore identity David Berry. While the cottage hospital was well provided for financially and was invaluable to the local community, it was a small health centre and could not, in any way, keep up with the demand for medical care as the population grew throughout the late nineteenth century. A total of fourteen beds were available for patients, with an outpatient service as well as consulting and examination rooms. The north shore's need for hospital beds quickly outgrew these fourteen beds, and within short order the hospital staff began to set up a 'tent city' in the grounds as a way to circumvent the chronic shortage of beds. Although it was a temporary measure to alleviate the worst problems arising from the lack of medical treatment, the cottage hospital was an important development in the isolated community 'across the harbour.'

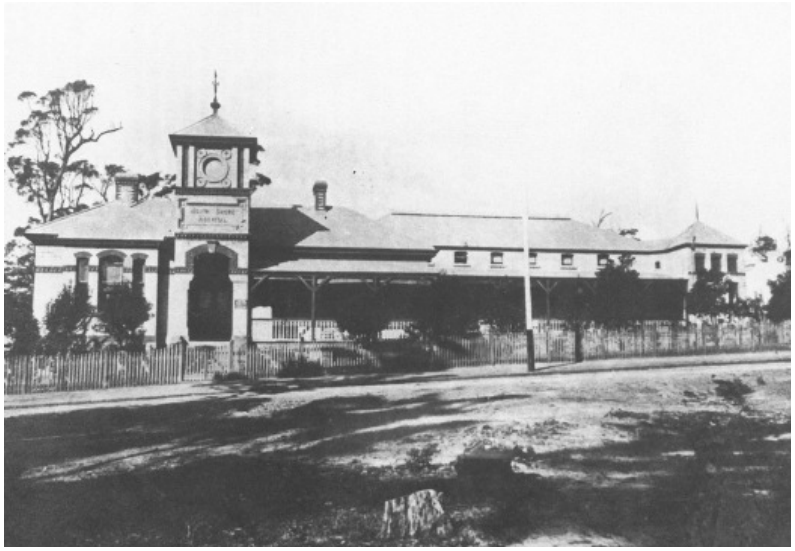


Figure 2.1
North Shore Cottage Hospital

Source: RNSH Collection

Continually aware of the cottage hospital's shortcomings, the Hospital Committee continued fundraising efforts with a view to expanding both the centre and the range of services available on the north shore. Eventually, in 1898, the Minister for Lands was approached with a request for a site that was suitable for hospital purposes. The delegation, comprising representatives from both the North Sydney and Willoughby Councils, petitioned specifically for land within the Gore Hill Reserve, as it was ideally situated close to the newly built St Leonards' train station.

This was land that had been originally granted to the Provost-Marshall William Gore. Since his death, however, the original crown grant had been subdivided and an 8-acre reserve established next to the Gore Hill Cemetery. The hospital site was likely part of Gore's farm, but there appeared to be little surviving evidence that any built elements or related farming activities were carried out on the property. By 1894 this land had become classified as a 'recreation reserve.'[1]

In 1897 the process to subdivide the land was underway, with the Department of Land's eventual plan subdividing both 107 suburban lots and larger parcels. The original subdivision plan was modified in August 1899 when the southern part of the land was reserved for the hospital site (Reserve No.29732) and withdrawn from the intended land sale.[2] The boundaries of this proposed hospital site comprised a newly formed road (Eileen Street) to the north, a small creekline to the south (described as 'falling into Flat Rock Creek'), Herbert Street to the east, and Reserve Road to the west.

In addition to the eight acres of land, a sum of twenty thousand pounds was promised to contribute towards construction costs of the anticipated new hospital buildings.[3]

In the vicinity of the newly proclaimed hospital site was the main base of operations for the North Shore Brick and Tile Company, which had been formed in 1889 by E.R. Lanceley in association with partners J Bagnery and HO Weynton. Having leased and then purchased the Gore Hill Brickworks at Lane Cove Road and Elizabeth Street, they then proceeded to acquire land for their No. 2 Yard, which was located immediately north of the hospital site, along Herbert Street. Lanceley, as one of the company directors and a local identity who was to have close involvement with the Royal North Shore Hospital, was one of several people who built and occupied cottages in the vicinity of the Herbert Street brickworks.[4]

1 Godden Mackay Logan, *Royal North Shore Historical Archaeological Assessment,* May 2006
2 Godden Mackay Logan, *Royal North Shore Hospital Archaeological Assessment*, May 2006 p.8
3 *The North Shore and Manly Times*, 14 June 1902
4 Godden Mackay Logan, *Royal North Shore Hospital Historical Archaeological Assessment*, p.8

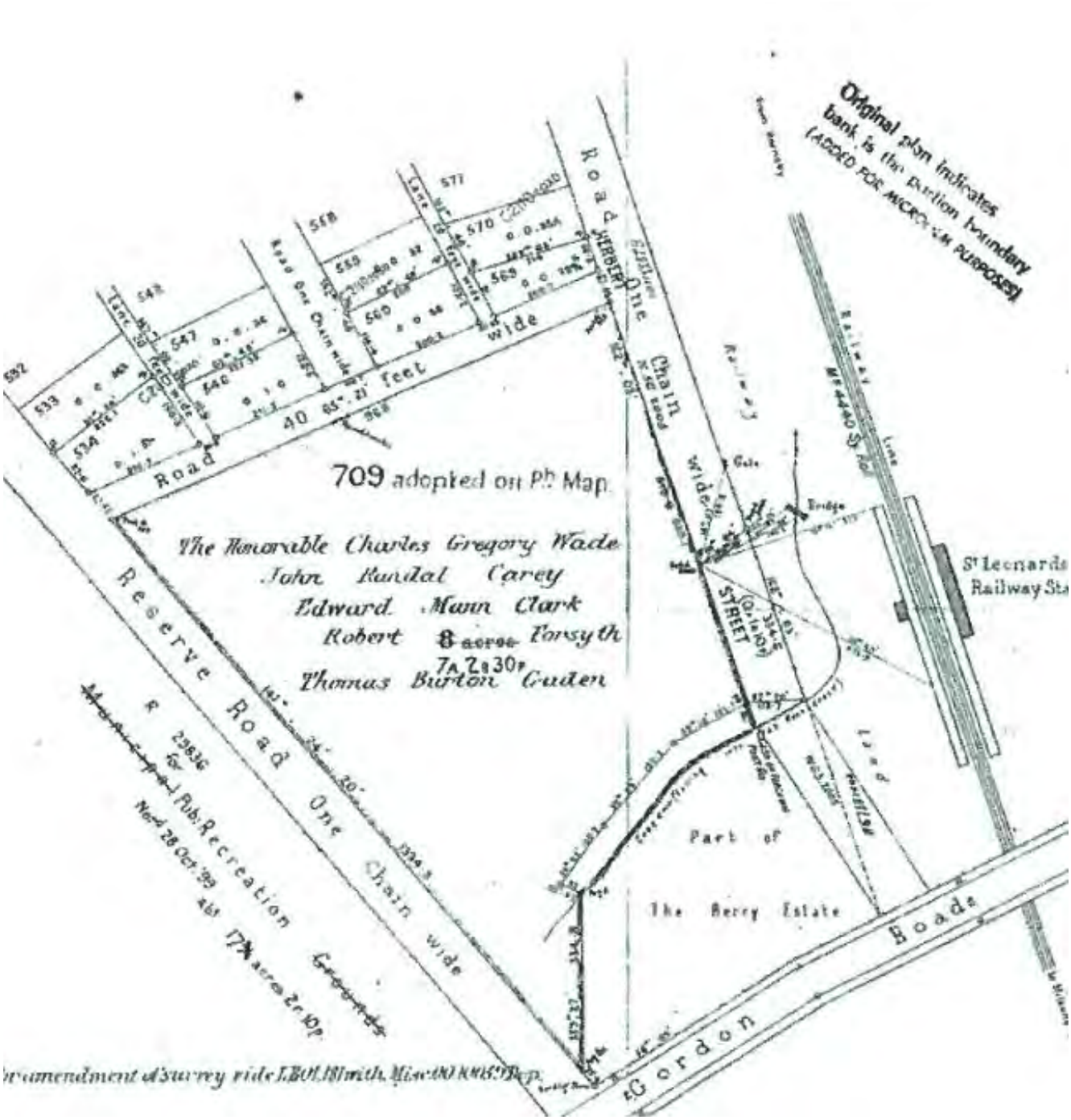


Figure 2.2
Plan showing the original Hospital site, 1899

Source: Reproduced from Godden Mackay Logan, *Royal North Shore Hospital Historical Archaeological Assessment*

Designing the North Shore Hospital

3.0

Early in 1901 the Hospital Committee initiated a competition for submissions for the design of a new 200-bed Hospital to be built on the site near St. Leonard's Station. Prizes of £100 and £25 were offered for the two best designs, with the decision made by a three-man committee of Hospital President Randal Carey; Government Architect Walter Liberty Vernon; and Dr Norton Manning, former Inspector of the Insane, medical advisor to the government and president of the Board of Health, who in his last years served as a consultant in health affairs. Twenty entries were received; of these, the successful design was one which was "b*ased on the separate pavilion principle…the most up-to-date."*

The winning design for this prestigious competition was by Sydney architect Albert Edward Shervey, with Mr T. Tidswell awarded second prize. Born in 1866,[5] Shervey had for a time joined forces with another local architect to form the partnership of Shervey and Lenthall, Architects. The firm received substantial goodwill in the Sydney community for designing the Searle memorial, dedicated to a 23- year old sculler, which was erected in the Parramatta River.

For his competition design, Shervey had selected the pavilion wing style of accommodation, which allowed for ready penetration of sunlight and fresh air. These cornerstones to early twentieth century health policy were reinforced during these years by the plague pandemic, which first appeared in Sydney in 1900 and re-appeared annually until 1909, heightening community awareness of health and hygiene.

Shervey's design for a hospital made of traditional, robust materials, was costed at fifty thousand pounds; while a substantial sum, it would ensure that the hospital would be of the most up-to-date in every regard. His design was demonstrably different from his competitors in that his interpretation of the pavilion principle resulted in the verandahs featuring sunshades to shield the patients from the harsh Australian glare. Conversely, of course, this meant that the wards – which were otherwise of the typical pavilion form, with a centre of the ward occupied with hospital equipment and the patient beds arranged in rows on either side of the ward – were extremely cold in the winter months.

Shervey's design for the new hospital hinged upon the use of Nightingale, or pavilion, wings, with all of the main buildings to be constructed in brick with stone dressings and slate roof. The centrepiece of the new hospital was the administration building, facing onto Reserve Road and featuring a circular drive to reinforce its status within the hospital scheme; the remaining proposed buildings, including secondary services, were to be built around this primary building. Directly behind the administration building was a kitchen services block, connecting to the administration building by a covered walkway. The kitchen also serviced four two storey ward pavilions.[6]

5 New South Wales Registry of Births, Deaths and Marriages, no. 9373/1866
6 *Sydney Morning Herald*, 8 July 1901, p.4

The design was one that reflected the accepted tenets of public health philosophy and design. The crucial considerations in mid-to- late Victorian institutional design, which applied equally to hospitals or prisons, were features such as architectural regularity and uniformity in the design of cell and ward blocks, constant air circulation, the capacity for monitoring occupants/inmates quarters and the capacity to remove inmates to an isolated area or building.

The evolution of the pavilion wing (or Nightingale wing, named such for reformer Florence Nightingale) design resulted in buildings or wards that were almost completely free standing and detached on at least three sides. Along each length of the building, the window openings were to match, resulting in a symmetrical architectural form. Hospital beds were arranged to march along the length of the ward between the windows, to provide maximum circulation without directly exposing the patients to inclement weather. Within each pavilion were cross-ventilated lobbies, towers, and areas dedicated to specific functions, catering for sanitation and service, all of which was to support an optimum number of 28 to 32 beds.[7] Typically, a pair of pavilion wing buildings were separated by a centrally positioned Administration block, which reinforced its authoritarian roles in the hospital hierarchy. This nineteenth century design favoured by British institutions was expertly adopted by Shervey in his own submission, with his Administration Building sited squarely as the most prominent structure within his hospital complex.

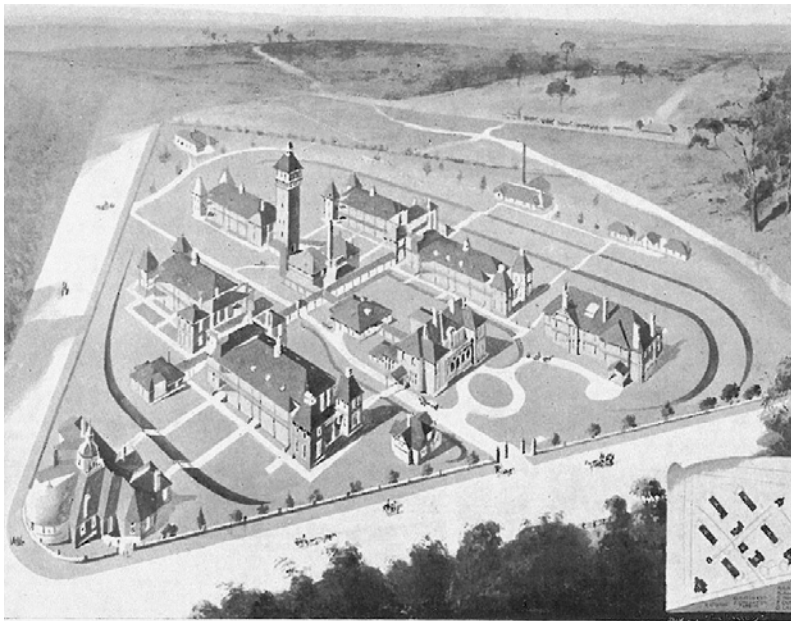


Figure 3.1
Shervey's original hospital design, as later reproduced in the 1908 Annual Report. The original plan of this image was the basis for the sketch published in *The Daily Telegraph* in June 1902

Source: Royal North Shore Hospital Annual Report, 1908

7 J Taylor, *The Architect and the Pavilion Hospital*, p.6.

The projected costs of the first phase of Shervey's design were put out to tender, with the lowest submission calculated as being £20,945. As this was much in advance of the funds available, it was decided to approach the State Premier with a request that some further assistance should be given, as "*it appeared to your Committee that it would be most undesirable in the face of the urgent growing requirements of the District to cut down the building in any way."*

The appeal for additional funds proved successful, with a further ten thousand pounds secured, and the Hospital Committee were finally in a position to proceed with the first phase of the development.[8]

However, at the time that the construction was about to proceed, Shervey became embroiled in a local scandal which seemed to tarnish his reputation and eventually was likely to have become the motivation for his departure for England in the years following. Weeks before the foundation stone ceremony for the hospital was to have been carried out, his wife, Emily Eileen Shervey, applied for a judicial separation on the grounds of adultery. The pair had been separated since 1899, but legal proceedings were instituted after Shervey admitted to adultery, at a timing that coincided with reports of an 'intimate' female friend committing suicide from the local ferry.[9] While the design work for the North Shore Hospital was unaffected by his personal life, it is entirely possible that it blighted his future ability to work, as he filed for bankruptcy in November 1902[10] and despite his expressed willingness to be involved in other hospital designs, as with the new Gundagai Hospital in 1903,[11] he did not appear to have been commissioned. With the exception of a small number of domestic residences built on the north shore, Shervey's North Shore Hospital design is believed to have been the most significant example of his work in the Australian context before he relocated to Hampshire in England in 1905, within the Borough Architect's Office.

Despite his personal problems, Shervey was present for the foundation stone-laying ceremony of the heart of his design: the Administration Building. The stone was formally laid by His Excellency Vice-Admiral Sir Harry Holdsworth Rawson, R.N., K.C.B., Governor of the State of New South Wales, on 13th June 1902.[12]

The status of the new North Shore Hospital was raised later in 1902, when an application to use the word 'Royal' in the name of the hospital was duly granted in September.

8 Annual Report of the Royal North Shore Hospital Committee, 1901
9 *Evening News*, 26 April 1902, p.2
10 *Evening News*, 5 November 1902, p.3
11 *The Gundagai Independent Pastoral and Mining Advocate,* 9 May 1903, p.3
12 *Sydney Morning Herald*, 14 June 1902, p.7

Construction of the Royal North Shore Hospital, 1903-1914

4.0

4.1 Initial Construction

While the funding for the first phase of development had been secured, ongoing sources of revenue were required throughout the construction phase. In November 1902 the *Sydney Morning Herald* reported that:

An open-air fete in aid of the funds of the Royal North Shore Hospital, now in course of construction at St Leonards, will be held this afternoon at Pymble. The promoters have prepared an interesting programme, including musical selections by the band of the 5th Infantry Regiment and the Police Band. There will be several stalls and numerous attractions, including a fancy dress cricket match, a tug-o'-war, and many other contests. The opening ceremony will be performed by Mr Dugald Thomson, MP."[13]

By December of that year, the construction works were in full swing and Shervey's design was beginning to take shape. The Hospital's Annual Report exulted at the rapid progress, noting that by the end of the year, the Administration building, together with one Pavilion wing, and Infectious Building, Operation Block, and the Kitchen, Laundry and Mortuary Blocks were "*now almost completed, and will be ready for occupation about the middle of February….. When opened, this portion of the Hospital will be found one of the best equipped in the State.*"[14]

Figure 4.1
The official ceremony for the laying of the foundation stone

Source: Sherington, *A Century of Caring*

13 *Sydney Morning Herald*, 8 November 1902, p.4
14 *Royal North Shore Hospital Annual Report*, 1902

The North Shore Hospital's design and construction phase coincided with the early years of the plague pandemic in Sydney (1900-1909), which meant that hygiene was uppermost in public awareness as well as under intense debate in public health circles. Those in public health had been monitoring the pandemic closely, watching as the plague radiated out from South China in 1893, reaching Hong Kong in 1894, Bombay in 1896, Noumea in 1899 and Australia by January 1900.[15]

As a result, great attention in the local newspapers was paid to the design of the new hospital, which adopted the principles advocated by the most respected health reformers. Key to the design was the need to combine sunlight and air circulation with high standards of cleanliness and sanitation. While the north shore was, by virtue of its geography, isolated from the quarantining and plague resumptions underway in the city, the need for high standards was forcibly borne in on the minds of the public. The resulting design by Shervey combined the psychological reassurance of the use of traditional materials such as sandstone and brick with public building detailing to convey a message of familiarity and reliability to the public.

In April 1903, the *Sydney Morning Herald* reported that:
The new buildings erected to supply the hospital requirements of the northern suburbs have been completed, and although they have not at present been formally handed over by the contractor, it is understood that they will be ready for occupation within a month. For a considerable time the accommodation available at the old hospital on the Willoughby-road has proved inadequate to the growing necessities of the district, and with the occupation of the new and larger premises a long felt want will be supplied. [16]

Shervey's hospital was praised as:
...an up-to-date institution, and [it] is of considerable architectural attractiveness. It is erected upon some eight acres of land fronting Reserve-road, off the Lane Cove-road, and in close proximity to the St. Leonards railway station….. The completed design was on the pavilion principle, and five ward pavilions were provided, each containing 40 beds. A nurses' home and other necessary outbuildings were also included in the plans, which were eventually adopted. But so as to bring the construction within the means at their disposal, the committee decided to erect for immediate requirements, the administration block, one ward pavilion, two isolation rooms, and the "infectious," operation, kitchen, laundry, and mortuary blocks only. A tender was accepted for this work at £19,805, and the work has been carried out under the supervision of Mr Shervey. Provision is made in this first portion for 50 beds out of the completed design of 200 beds, and the committee has used every endeavour to see that all the most modern ideas have been embodied, and are of the opinion that when opened the hospital will be found to be one of the best equipped in the State. Surgical appliances of the latest description for the operating block have

15 For an analysis of the plague pandemic, see M. Kelly, *Plague Sydney 1900*; and P. Curson and K McCracken, *Plague in Sydney: the anatomy of an Epidemic.*
16 *Sydney Morning Herald*, 22 April 1903, p.5

Figure 4.2
View of the Administration Block (Buildling 31), set within its embankment. The Operation Block can be seen on the left, the Kitchen Block can be seen on the right (Building 33)

Source: Royal North Shore Hospital Archives

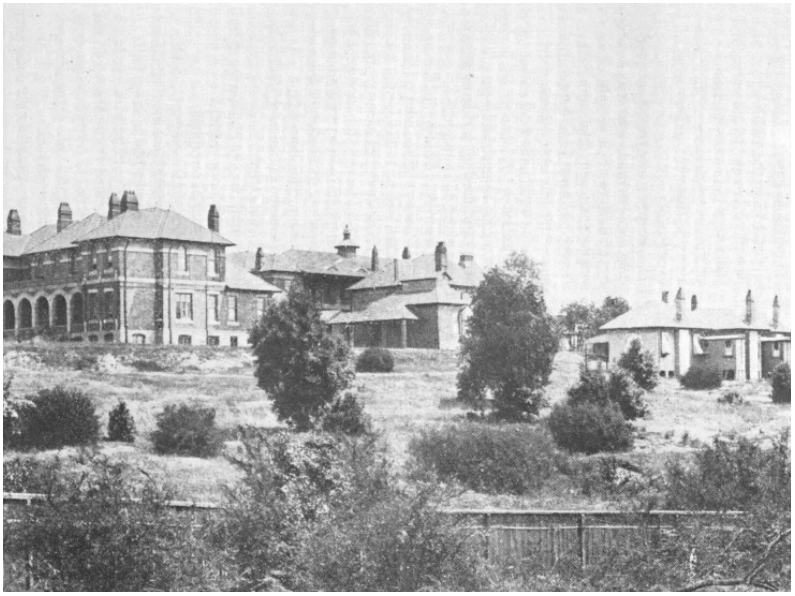


Figure 4.3
View of the Royal North Shore Hospital from Reserve Road, c.1908, showing, from left to right, the Administration Block, Kitchen Block and Infectious Building. The Pavilion Wing is visible behind the Kitchen Block.

Source: Royal North Shore Hospital Archives

Figure 4.4
1905 photograph showing the main Administration Block and the original Operating Block at far left, which was demolished during World War II

Source: Sherington, *A Century of Caring*

been purchased by the committee, which was also called-upon to provide the necessary fittings and furniture, besides expending large sums in carrying out drainage work and asphalting.[17]

As it stood on the day of its formal opening, the hospital was only a partial realisation of Shervey's design. It boasted his centrepiece administration block (Building 31), which:
is placed in the centre, facing Reserve-road, around which are grouped the other blocks and pavilions.... the administrative block stands 30 ft back from the road. The receiving room is shown at the side, the first floor being devoted to residential quarters for the medical staff [and] the general wards are approached from the main corridor by a covered bridge....[18]

The new hospital only had one pavilion wing (Building 29) built, holding 48 beds for patients. In addition to the essential amenities blocks with kitchen behind, there was also a cottage reserved for the quarantine and treatment of infectious diseases cases. The site around the hospital was landscaped, with a carved embankment seen in photographs and plans of the site.[19]

The first stage of development, costing a total of £34,251 for the building works, was officially declared open by NSW Premier Sir John See on 10th June 1903. Shervey attended the opening as a member of the official party, with his design receiving glowing reports from the local media and the Hospital Committee.

"*The block plan shows the pavilions on an axial line bearing north-north-east so that all sides have the sun during the day – an aspect imperative in all hospital design. The pavilions are so arranged to provide for economy of administration and control, as well for completion in three distinct stages. The buildings are to be carried out with stone dressings, the design being Renaissance, the dressing sparingly used on the score of expense, but introduced with architectural effect. As in all modern hospital construction, the floors and ceilings are shown to be fireproof of concrete with steel or iron girders; whilst the walls are finished in Keen's cement. All the buildings are to be roofed with slate, and the question of a constant water supply is oversome [sic] by elevated tanks having a storage capacity of 10,000 gallons. The ventilation is to be carried out on the 'Tobin' system, an inlet near the floor level carried in the centre of the wall to a height of about 8 ft., discharging into receivers, one over and one under each bed. An exhaust fan is provided to pump all vitiated air from the wars through ventilators on the sanitary towers placed over each building*.[20]

17 *Sydney Morning Herald*, 22 April 1903 p.5
18 *Sydney Morning Herald*, 8 July 1901, p.4
19 Godden Mackay Logan, *Royal North Shore Hospital Concept Plan: Heritage Impact Statement*, May 2006, p.9
20 Cited in G. Sherington, *A Century of Caring*, p.18

Shervey's design, in particular, was praised by both Governor See and by the broader Australian medical community, as a design that was:

"as near perfection as possible….. The hospital is up to date, and one of the finest, in many respects, to be found in any country, possessing all the modern conveniences and appliances for the successful treatment of its inmates.

One of the most notable features about the place is the abundant light and splendid provision for pure air, two of the most valuable disinfecting and remedial agencies known to rational medicine. There are no dingy, dark corners to be found anywhere; everything looks bright and cheerful, even to the matron, nurses, and house physician. All this is essential to the success of such an enterprise.[21]

All told, the new pavilion wing accommodated a total of 40 patients. These were divided into male and female wards of twenty patients each (known as Carey and Dibbs Ward respectively, in honour of Major Randal Carey, the Hospital President, and Mrs Sophia Dibbs, hospital benefactress and mother of prominent St. Leonard's politician, Sir George Dibbs.)

The luxury of having vacant beds, however, was short-lived. With only one of the two planned pavilion wings constructed, the 40 available beds were soon in high demand and patient accommodation "*taxed to its utmost.*" With the exception of its first few weeks of operation, the Royal North Shore Hospital operated at capacity, with its day-to-day pattern of activity being one of overcrowding and 'making do.' This had been predicted from the day of its opening:

The present up-to-date structure is the result of those efforts [to provide health care for the growing north shore population], and for the time being the requirements of the district are met, but if the development that has marked progress of the [community] continues, it is evident that another section of the completed design will be necessary in the near future."[22]

The immediate issue of overcrowding, which had so long proved contentious for the original cottage hospital, was soon a typical characteristic of the new, purpose-built facility. By December 1905 the *Sydney Morning Herald* was reporting that

"*The accommodation at the Royal North Shore Hospital has for some time past been severely overtaxed, more especially in the female ward, which will not accommodate all the would-be patients. The institution has beds for 60 patients, and temporary beds have also been provided; but still there is a demand for further extension*."[23]

21 *The Australasian Good Health*, Vol. 6 No. 7, 1 July, 1903 pp.149-150
22 *Sydney Morning Herald*, 11 June 1903, p.5
23 *Sydney Morning Herald*, 22 December 1905, p. 9

Figure 4.5
The main entrance hall of the Administration Block (Building 31)

Source: Reproduced from Sherington, *A Century of Caring*

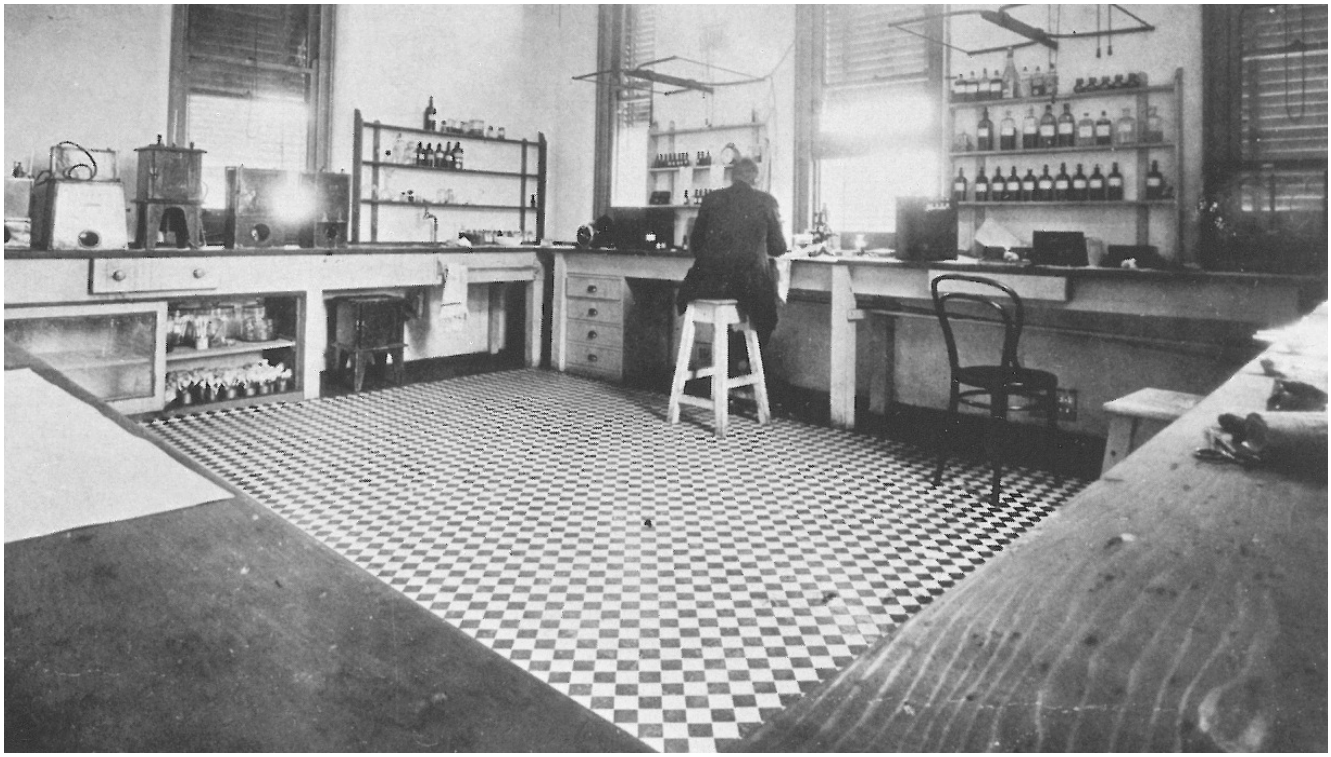


Figure 4.6
The Pathological Laboratory for Tuberculin Dispensary, added to the rear of the Administration Block (Building 31) c.1910

Source: Reproduced from Sherington, *A Century of Caring*

Figure 4.7
Sophia Dibbs Ward (later Ward B2), on the upper floor of the original pavilion wing (Building 29), 1903

Source: Reproduced from Sherington, *A Century of Caring*

Figure 4.8
Carey Ward (later B1) on the ground floor of the original pavilion wing (Building 29)

Source: Reproduced from Sherington, *A Century of Caring*

4.2 Early Modifications & Additions

Within the space of two to three years, the verandahs of Carey and Dibbs wards (Building 29) had been adapted to serve as *ad hoc* dormitories, rather than used for their original purposes of ensuring patient exposure to light and air. The overcrowding was such that by 1906 the Hospital Committee was making concerted fundraising efforts to build annexes of a second ward pavilion, to be used as a temporary overflow ward.

The time for the construction of Shervey's second stage of his hospital design had clearly arrived. As a stopgap measure, the original cottage hospital at Crows Nest was sold to the Sisters of Mercy to help raise the money for the building of the proposed annexes, and local contractor Baldwin Bros were commissioned, at a cost of £1,589, to carry out the work. The annexes were to be immediately put to use as "*temporary ward[s] and will provide accommodation for 18 beds, thus relieving to a great extent the pressure upon our space, which during the past year has at times been inconveniently great*."[24]

The new brick annexe featured stone dressings and a tile roof to blend with the original hospital building, and comprised a pair of seven-bed wards and two 'special' wards that each held a further two beds.[25] It was formally opened by His Excellency the State Governor, Admiral Sir Harry H. Rawson, on 22nd January, 1907 and praised as a high quality addition to the hospital:

The new wing is of attractive design, being constructed of brick with tiled roof and steel and concrete floors. It provides accommodation for 18 additional beds and is thoroughly up to date in its sanitary fittings. It has been erected at a cost of about £1800. Although temporarily used as a ward it is intended to ultimately become an additional administrative wing. [26]

Shervey, however, was not present on this occasion. By this date he had cut his losses in Sydney, having failed to capitalise on his success with the Royal North Shore Hospital, and departed to take up employment in England, where his early experience with designing the Searle memorial stood him in good stead for the design of the Bournemouth War Memorial in Dorset in 1920-22.

Although the new annexe was lauded by all, it was recognised that this was an interim measure as a way to resolve the most pressing problems in serving the north shore's rapidly-growing population. In addition to the ever-present issue of overcrowding, the hospital committee was only too well aware that the existing hospital buildings were in heavy use and consequently required regular maintenance works:

24 *Royal North Shore Hospital Annual Report,* 1906
25 *Royal North Shore Hospital Annual Report,* 1907
26 *Sydney Morning Herald,* 23 January 1907, p.4

Although the present buildings (which have been occupied for six years) have been kept in good order, they will shortly require to be painted and renovated, internally and externally, and this work will cost a considerable sum.

In the interim, however, the staff were pleased with the construction of nurses' quarters in the administration building, with its "balcony [that] affords them a place to sleep out."[27]

The 1908 *Annual Report* took the opportunity to reinforce their vision for the hospital by publishing Shervey's plan of the final complex. When completed, it was to be bounded by Reserve Road and Eileen Street, and leading into Lane Cove Road by means of a track. A total of five pavilion buildings was projected, together with a substantial chapel on the corner of Eileen Street and Reserve Road, and a laundry with distinctive chimney located near the southern boundary, close to Lane Cove Road. (see Figure 3.1)

Building 31, the Administration Block, was altered shortly after the initial construction of the building. The upper level was extended eastwards, either side of the central stair. On both of the rear corners of the building, two storey bays were built. The hipped rooves of these bays are set below the primary roof form. It appears that this rear extension was used to provide additional accommodation for the nurses. A single storey extension was constructed c.1917, located on the north east corner of the building.[28] This was followed by a small hipped roof building constructed adjacent to this extension. (Refer Figure 9.10). These extensions provided both a 'Night Casualty' room and a small X-Ray room.

The Administration Block depicted in Shervey's plan closely resembles the building as photographed in 1906, (See Figure 4.3). While the design of this early alteration appears sympathetic to Shervey's vision, the addition remains visible in the face brick even today This early extension marked the departure from the original masterplan no more than a decade after construction commenced.

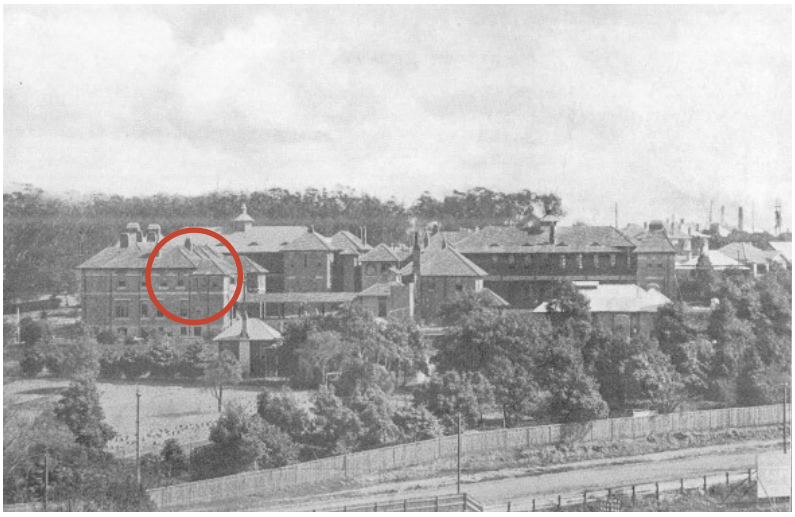


Figure 4.9
View towards the Administration Block (Building 31). Comparing this image with Figure 4.3, taken in 1906, A substantial extension to the upper level was completed c.1910. The extension provided additional accommodation for the nurses.

Source: Royal North Shore Annual Report 1916

27 *Royal North Shore Hospital Annual Report*, 1910
28 *Royal North Shore Hospital Annual Report*, 1921

4.3 Construction of the Second Pavilion Wing

The Hospital Committee took the longer view, aiming towards the construction of additional hospital amenities in terms of both a new pavilion and additions to the infectious wards,[29] and in 1910 the pressure on staff and patients was such that finally the Committee "*had plans and specifications prepared for the extension of the Hospital and tenders were called for the carrying out of the work…..*

Portion of the extensions have been carried out, viz., extension of the administration block, providing additional accommodation for nurses, the amount of the contract, about £1000, being paid for out of the Hospital funds. The tender for the extension of the ward to provide for the further accommodation of patients (now more than ever urgently needed) has, however, been held over pending the present Government satisfying themselves as to the [necessity of the work].[30]

The new pavilion wing building design (Building 30) generally adhered to Shervey's original concept and layout, but detailed plans were prepared by architects Joseland and Vernon in 1910, again a move away from the hospital's reliance on Shervey's vision for the hospital.

Funding was again required to build the new two storey pavilion, and the Hospital Committee approached both of the mayors of the North Shore municipalities as well as the Acting Chief Secretary, the Hon. Fred Flowers, for financial help. As a result of their efforts, Flowers promised £6,000 "*for the erection of the balance of the second pavilion, which will soon be added.*"

The project was extended across two financial years to keep pace with the promised funds but progressed rather more slowly than expected. This caused considered issues in the day-to-day running of the hospital, as the work meant that the hospital was:
deprived of ward accommodation for 18 beds for the whole year, so that only 65 beds were available in the wards. At times during the year the demand for medical and surgical relief was so great that beds had to be placed just wherever there was a convenient space in the wards and verandahs, and patients were accommodated on stretchers and trollies until beds were available for them, the heaviest number of admissions being during the month of February, when 107 patients were admitted for treatment.[31]

The building work itself was carried out by the Department of Public Works, but as they used day labour the timeframe for completion was pushed back. By January 1913 the new pavilion wing building was in a "*well advanced"* stage of construction, and "*expected to be handed over by Public Works Department at an early date,*" but not yet complete. Prior to completion, though, the Hospital needed to source additional funding, with the Board successfully receiving a further £12,500. These additional funds were intended for the

29 *Evening News*, 1 February 1909, p.7
30 *Royal North Shore Hospital Annual Report,* 1910
31 *Royal North Shore Hospital Annual Report* 1913

provision of a new laundry and power-house, nurse's home, out-patient's department and tuberculin dispensary, and additions to the operating theatre.

Once finally finished in 1914 the administrative and functional arrangements of the new pavilion wing duplicated those already existing on the site, and the ground floor of the building (named the "Hospital Saturday Fund") dedicated to male patients, while the upper floor ("Northern Suburbs Hundred") Ward reserved for female patients. This was recognised by the local community as "*most effective and satisfactory*."[32] In addition to the new wards, the Hospital Committee was able to fund a tuberculosis dispensary and pathological laboratory (located in the Administration Building).

The new wards meant that there could be a further patient classification: the new pavilion wing catered for medical patients, leaving the Carey and Dibbs wards in the original pavilion as reserved for surgical patients.

Figure 4.10
Construction of the second pavilion (later A Block/Building 30) c.1912. Note the completed annex of the 1912-1914 pavilion (centre) compared with the main body of the pavilion wing (right). Building 31 is visible beyond the construction of Building 30, the rear extension has been completed.

Source: RNSH Archives

32 *Sydney Morning Herald,* 22 June 1914, p. 7

Figure 4.11
The newly completed second pavilion (A Block/ Building 30), 1914

Source: RNSH Archives

Figure 4.12
View showing the newly completed pavilion wing (Building 30) adjacent to the Administration Block (Building 31), c.1914

Source: RNSH Archives

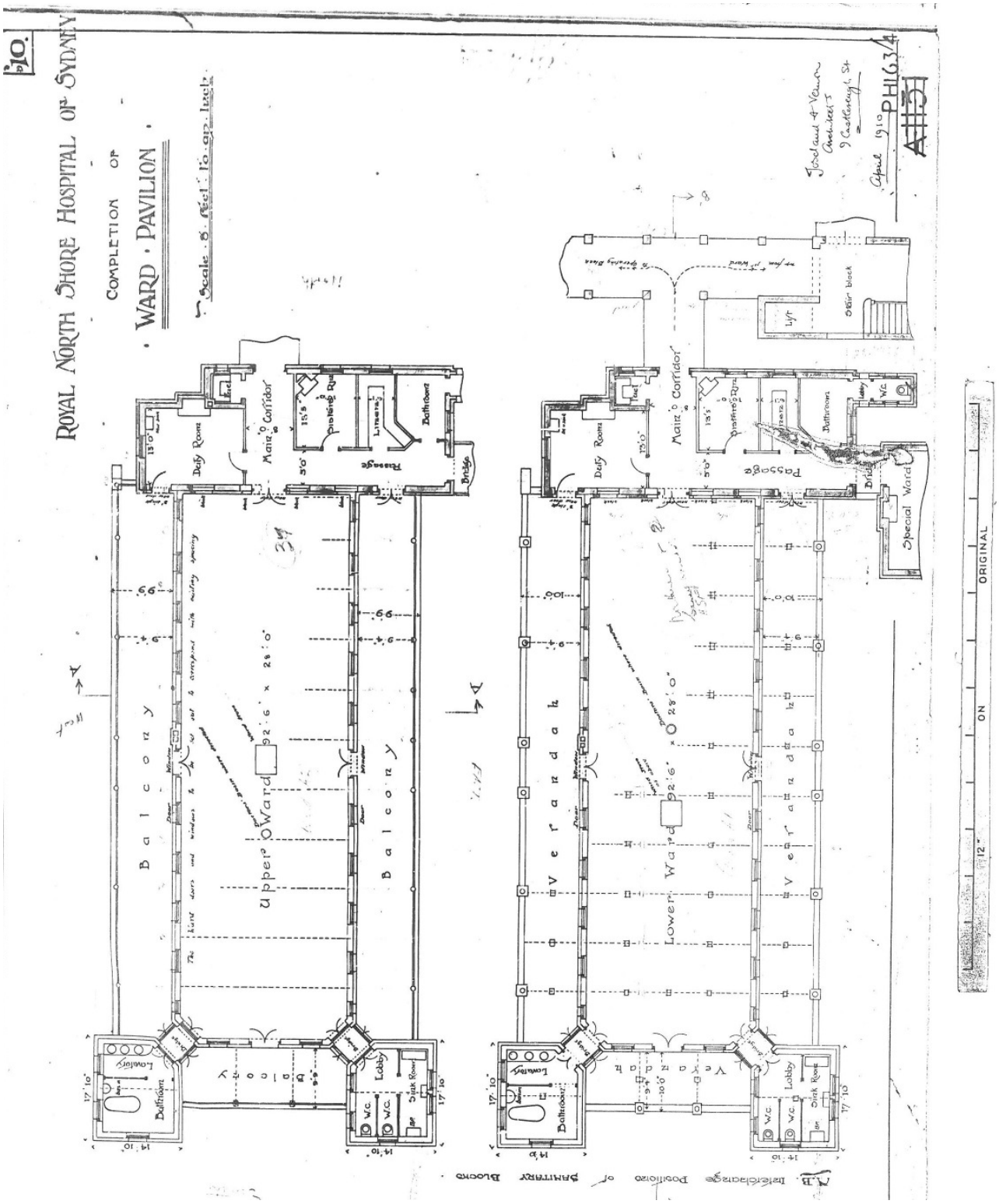


Figure 4.13
Ward Pavilion, designed by Joseland and Vernon, 1910. The annex at the east end (top of page) had previously been completed. Refer to Figure 4.10

Source: PH163-4, NSW Department of Finance and Services

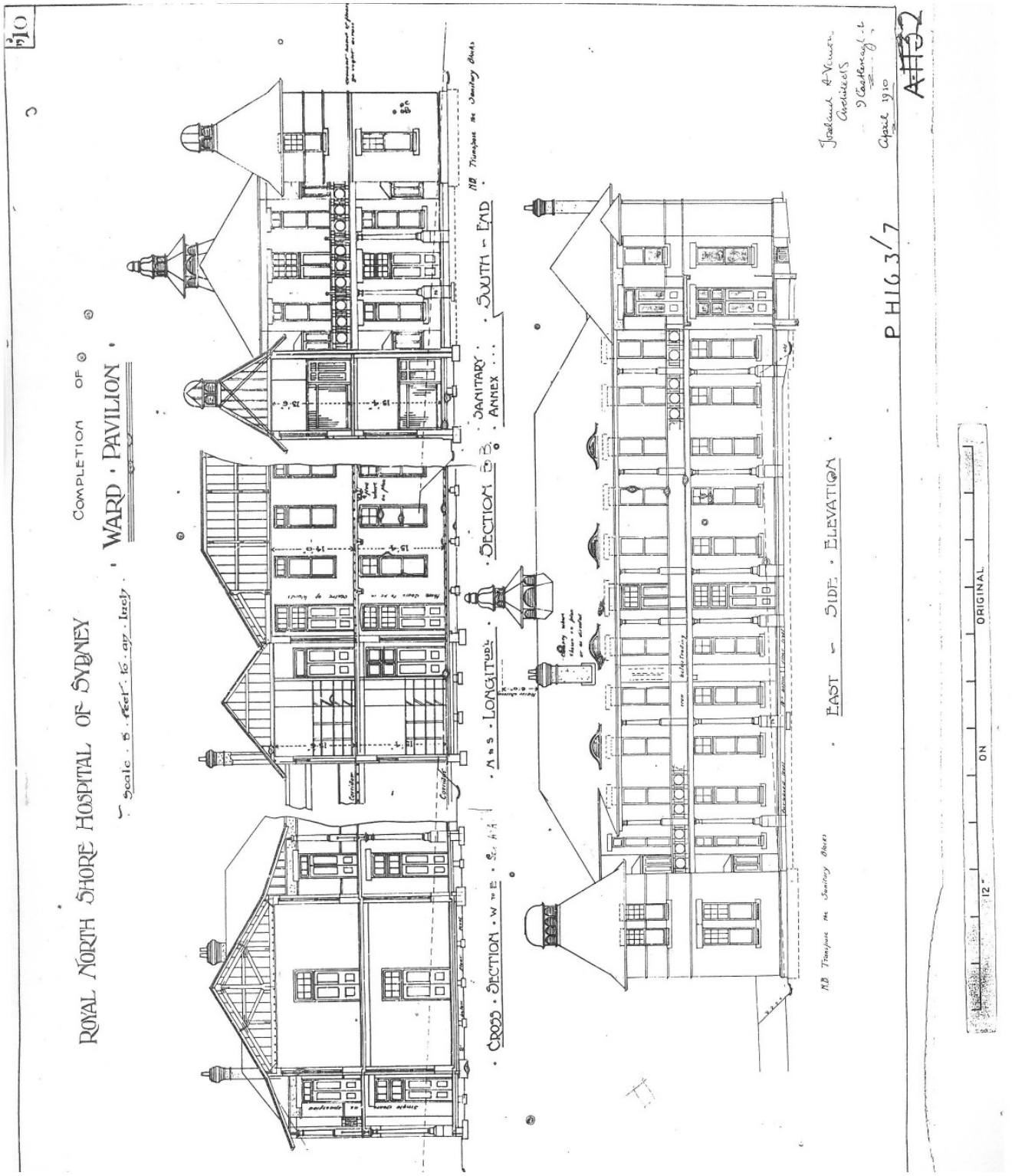


Figure 4.14
Ward Pavilion, designed by Joseland and Vernon, 1910

Source: PH163/7, NSW Department of Finance and Services

4.4 The Need for Further Expansion

One negative outcome arising from the additional pavilion wing was that no further accommodation had been made for nurses' living quarters, and the existing nursing staff were hard-pressed to keep up with the demands on their time. The newly finished pavilion meant that in total, only half of Shervey's original design had been built, and any available space was put to use, with 'temporary' children's wards squeezed into small rooms at each end of the wards. The *Annual Report* bemoaned the state the affairs, noting that:
With the opening of the new ward pavilion the available nurses' quarters have been taxed unreasonably, and your Directors are now faced with the fact that any further extension of the Institution requiring additional nurses must be suspended until further accommodation is provided for them.

The solution to the needs of the rapidly expanding hospital lay in the acquisition and development of more land abutting the site, and in 1912, the government had resumed a large parcel of property that fronted Lane Cove Road (later the Pacific Highway), thereby providing a prominent view of the hospital site within the early twentieth century streetscape.

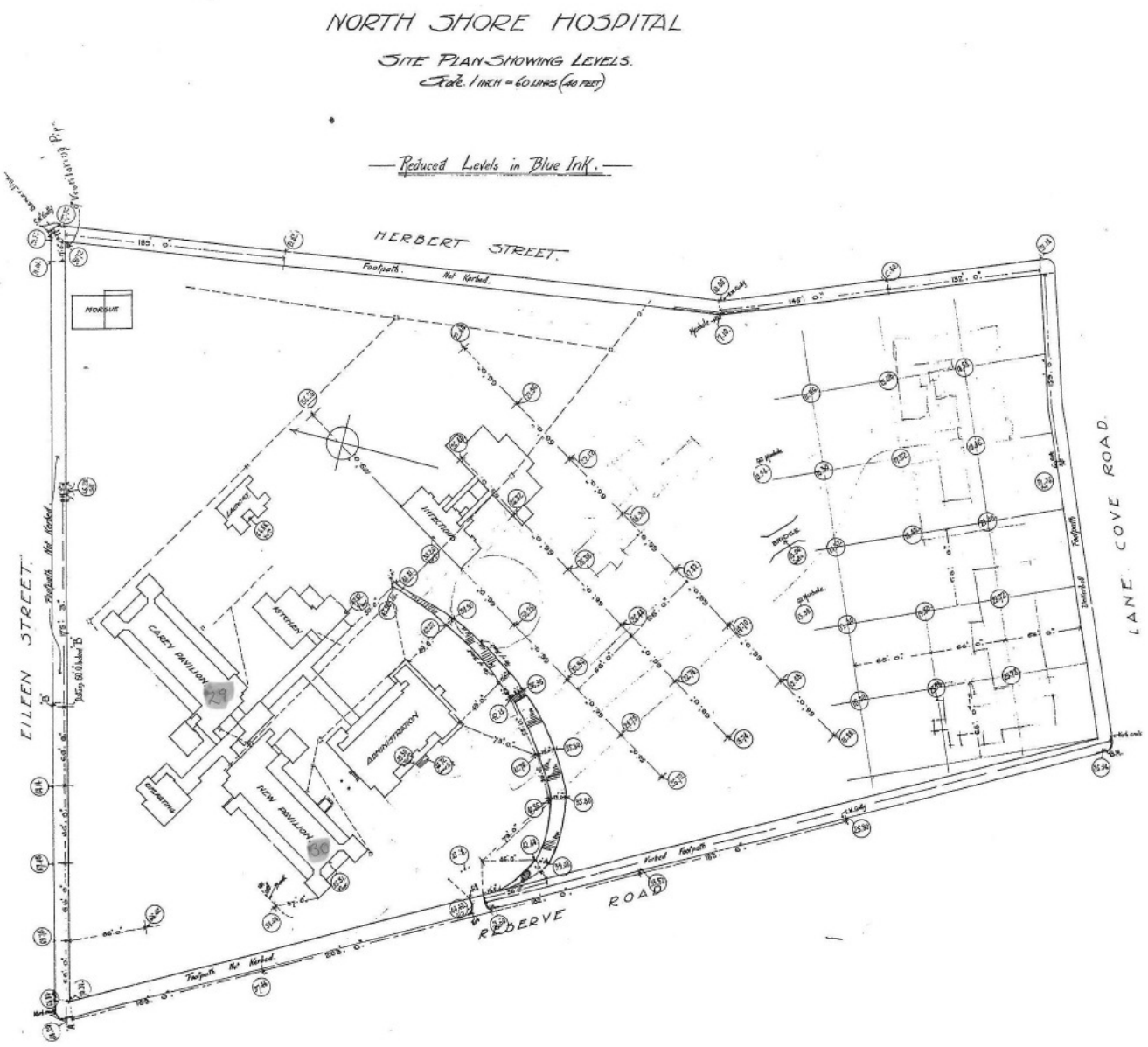


Figure 4.15
Site Plan, 1914, showing both the extant buildings and those proposed for future construction, such as the distinctive Outpatients building at far right, adjacent to Lane Cove Road.

Source: PH163/15, NSW Department of Finance and Services

Hiatus: World War One

5.0

Although the 1912 resumption of land signalled the hospital's intention to continue its growth, a hiatus was forcibly implemented by the outbreak of World War I. Consequently, the 1914 survey (see Figure 4.15) of the hospital site showed that approximately half of Shervey's design had been constructed. Hostilities in various theatres of war meant that medical staff were highly sought after, and a significant proportion of the Royal North Shore staff departed, leaving the remainder to care and treat the patients in their stead. In addition to depleting the staff to patient ratio and the difficulties involved in securing medical supplies and other needed goods, the war meant that building works ground to a halt except for the most essential works. Beds already in use by the local community were commandeered by the Principal Medical Office of the NSW Military Forces, and provision made for tents in the hospital grounds, to further accommodate the expected large number of service personnel returning from the front.[33]

World War I brought with it a raft of new medical technologies owing to the casualties from various theatres of war. The horrors of war, with mechanised weaponry and the introduction of twentieth century technologies such as tanks, resulted in new types of injuries that had to be treated – in particular, reconstructive surgeries and psychiatric issues became high visibility within the hospital context. These medical fields made enormous strides as a result, but placed additional pressures on the already-substantial issue of overcrowding within the patient wards. In 1917 the Principal Medical Officer at Victoria Barracks approached the Hospital Board to suggest that the Royal North Shore Hospital might consider taking invalided soldiers. This was seized upon by the administration as a way to justify additional expansion of the hospital whilst ostensibly serving a public agenda. However, when the Defence Department backed away from the proposal, nursing staff found themselves sleeping on the balconies of the hospital wings until at least 1920.[34]

Those few construction works carried out on the site during the wartime years were absolutely vital to the effective running of the hospital. Pressure on the Hospital's amenities such as the laundry, kitchen and other service areas was excessive, and the government quickly realised that the hospital could not bear up under the burden of staffing an overcrowded hospital with only a proportion of the staff unless some of the basic amenities were there to support daily routines. Services at this date were still modest, with the kitchen staff doing double duty and the laundrymaids, who were still washing linens by hand, at the end of their tether.

33 Annual Report of the Royal North Shore Hospital, 1917
34 Sherington, *A Century of Caring*, p.35

At the end of December 1915, the Minister for Public Health, the Hon. George Black, provided financial support of £700, intended to help fund the cost of a temporary laundry building and laundry machinery. The Hospital Board also provided £1,000 towards the laundry development. The laundrymaids, while provided with a larger building in which to work, were supplemented in August 1916 by power machinery, installed at the same time as an extension at a cost of £1,027 9s. 5d. Subsequent upgrades included a steam disinfector room and equipment, and in 1916 part of the hospital was wired for the purposes of electrical lighting with the old gas lights replaced with new fittings.[35] The following year, this was followed by a set of rooms reserved for use as an X-Ray Department, which formed a rear extension of the main administration building.[36]

35 Rice, *The Close of an Era*, p.29
36 *Royal North Shore Hospital Annual Report,* 1917

Early Inter War Development, 1917 -1932

6.0

6.1 Original Hospital Precinct

Hard on the heels of those injuries inflicted during World War I was the influenza pandemic of 1919, which required an immediate and effective response from all hospitals. Beginning in Europe in early 1918, it had spread quickly, reaching Sydney by the end of that year; in January 1919 New South Wales was formally declared as infected, and schools, churches and other public venues were closed.[37] As with the other hospitals in the Sydney area, the Royal North Shore Hospital was proactive in attempting to cope with the approaching public health emergency:

Figure 6.1
Nursing staff outside Buildling 30 during the influenza pandemic, 1919

Source: RNSH Museum

37 For an overview of the influenza pandemic and its impact upon New South Wales, see R. Arrowsmith's *A danger greater than war: NSW and the 1918-1919 influenza pandemic*

On the 28th March…this hospital arranged to receive cases of pneumonic influenza. As a result, within twenty-four hours two wards were cleared of all patients, bad cases being transferred to other wards, those sufficiently convalescent being sent home, and accommodation was thus available for 65 cases. More than half the nursing staff were isolated in a special compound, and two wooden buildings were erected within sixty hours to serve as nurses' dining room and sitting room. …. The whole course of the epidemic was one which will not be easily forgotten by the staff of this hospital."

Almost as an afterthought, and long after the installation of electric lighting in the main Administration block, x-ray unit and other key departments, advertisements were placed in the local newspapers for the installation of electric light in four wards of the Royal North Shore Hospital. The hospital accepted the tender submitted by Gore Hill resident H. Francis, for the work.[38]

Once the crises of war and disease had passed, the hospital could return to its former orderly practices. It would seem that the return to normality was accompanied by despondency, despite the fact that the problem of overcrowding was hardly a new situation to be dealt with:
…it is regrettable to report that one difficulty which your Directors has had to face through many years in the past has again obtruded itself during last year, and that is that the annual expansion of the Institution is considerably retarded, owing to the unsatisfactory financial conditions under which your Board has to labour. At the commencement of the year the ward accommodation was taxed to its utmost, and such a condition was maintained throughout the year, without any relief by provision of additional ward accommodation. The result has been that whilst it is possible to record an increase in the number of patients treated upon that of the previous year, yet the Hospital cannot credit itself with the patients that it has turned away through having no accommodation for them.

….The number of available beds in the general wards for medical and surgical patients continues to be restricted to a much lower limit than the demands upon them warrant, owing to the lack of funds for the provision of extra buildings. It has been a continual anxiety to the Medical Superintendent to discriminate daily between urgent and non-urgent cases for the few beds which become available through the discharge of convalescent patients. A large waiting list of patients, particularly of women requiring operative treatment, is constantly on record, and as a result your Directors are much concerned for there appears little hope of relief in the immediate future from this ever increasing responsibility.

In the gynaecological section, which has accommodation for 30 beds, necessity has demanded that a number of these beds should be surrendered for the inrush of ordinary urgent surgical patients, which was accepted at first as a temporary measure, but which now has become a permanent restriction on the development of this work.

38 *Construction and Local Government Journal,* Sydney, 24 November 1919, p.4

Figure 6.2
Dibbs Ward (B1 - Building 29) at Christmas, 1925

Source: RNSH Museum

Figure 6.3
Northern Suburbs Hundred Ward (Building 30) Christmas 1925

Source: RNSH Museum

Figure 6.4
Building 30 (A Block) 1933

Source: RNSH Museum

In the male section also great difficulty has been found in making available beds for patients requiring long and arduous treatment owing to the fact that beds are constantly required for urgent cases and accidents, which must not be occupied unduly by chronic cases….[39]

There were only a small number of improvements to be made to the main pavilion wards during the 1920s and 1930s period. In the early 1920s the four patient wards were painted, and in 1927 a roof was erected on the western balcony of Northern Suburbs Hundred Ward, "*which was left incomplete by the Public Works Department when erected in 1913*." This "*considerable benefit… has added space for a couple more beds.*"[40] This was in relation to "*the installation of steam radiator system in each of the main wards"* and the removal of the inadequate fuel stoves used since the hospital opened in 1903.

Figure 6.5
Photograph showing the verandah and eaves details of Building 30, circa early 1920s

Source: RNSH Museum

39 Royal North Shore Hospital Annual Report, 1923
40 Royal North Shore Hospital Annual Report, 1927

This improvement was accompanied by the erection of sterilizing rooms, which were set up on the balconies of both floors of the pavilion buildings. In the early 1930s the installation of an electric lift into the original 1902-3 Shervey wing pavilion proved a godsend for the staff.

The limited funding available to the Hospital during the 1920s had to extend across the whole of the expanded site. The hospital's priorities in the 1920s was on the provision and upgrade of services, such as new (and less hazardous) x-ray machines, a new mortuary and cool store, and a small amount of money reserved for landscaping purposes as only the area out front of the Administration Building, overlooking Reserve Road, showed evidence of deliberate landscaping. This last consideration, although lowest ranked in terms of practicality, was attended to owing to the interest expressed by Board member Mr H.G. Lanceley, who "*very kindly prepared the grounds at the Hospital for tree planting, by treatment of a large area with explosives.*" The proposed work to the ground was also viewed enthusiastically by Vice-President G.F. Bailey, who drew up a landscape plan for the grounds around the main hospital buildings, and the Curator of the Botanic Gardens supplied "*ornamental trees, shrubs, palms, etc for the beautification of the Hospital grounds*."

The 1931 site plan reproduced in Figure 6.6 shows an x-ray department added at the rear of the administration building (Building 31).

The Government provided funds for the construction of additional wards to the existing Infectious Diseases Cottage (marked C on Figure 6.8), and the pattern of development during this period reflected the perceived need to segregate departments and place distance between the buildings.

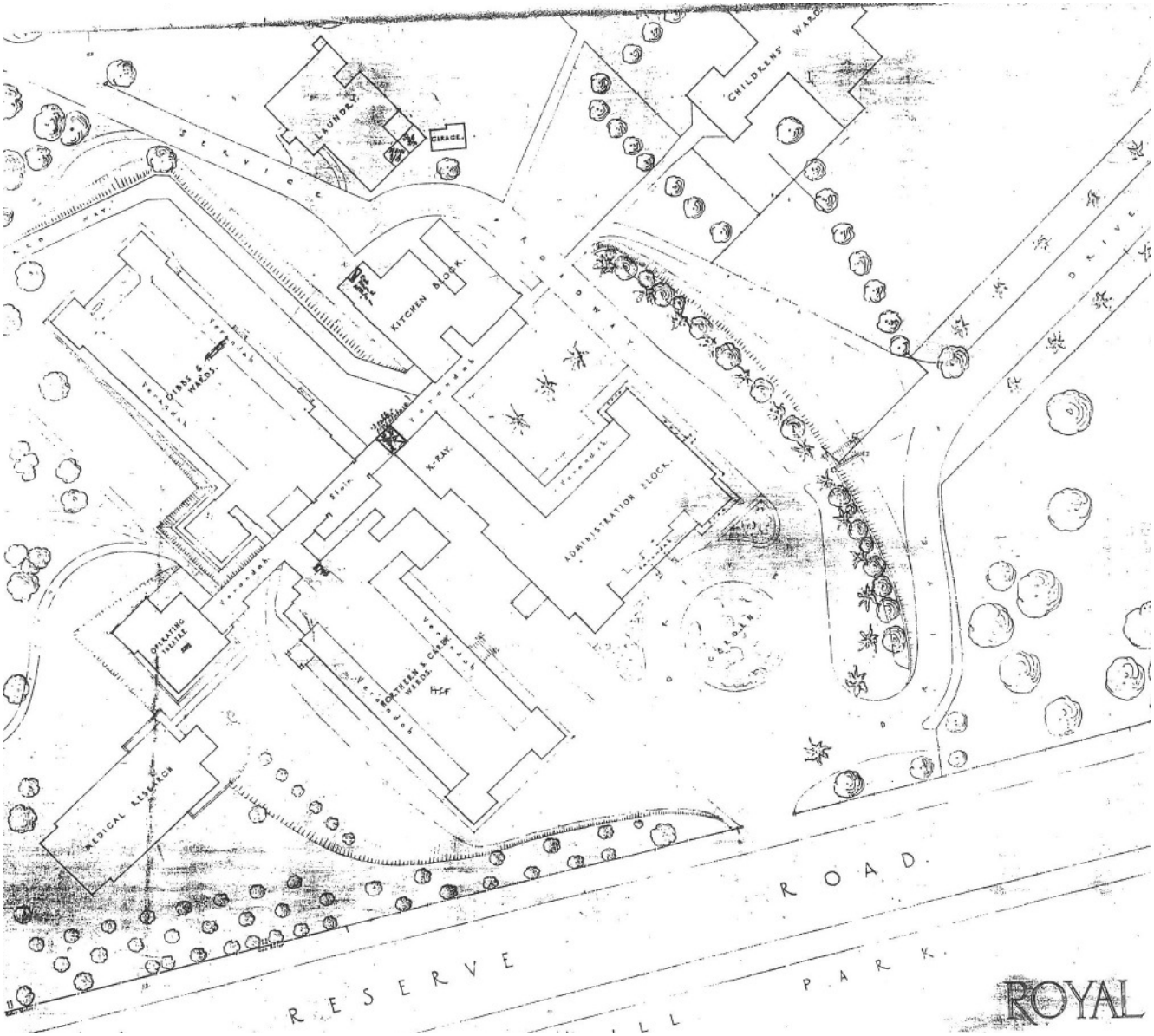


Figure 6.6
1931 site plan of the RNSH, showing expansion of the hospital facilities

Source: NSW Department of Finance and Services

6.2 Northern Resumption and Development

As part of the response to the influenza crisis, in June 1919 the government resumed 6¼ acres of land around the hospital. This comprised a number of properties along the east and north of the hospital, fronting onto Herbert Street, Gore Road (now Westbourne Street) and Reserve Road. The alignments of Eileen and Rawson Streets were also included as part of the resumed area, and covered walkways were erected over the Eileen Street roadway to protect nursing staff during inclement weather conditions.

This resumed land had originally been allotments that were sold between the years 1899-c1904. Some of these parcels had been purchased by the North Sydney Brick and Tile Company as part of their No.2 Yard, whilst other lots had been acquired and development for residential purposes. The main resumption date was 13 June 1919 with a total of 33 allotments resumed; this was followed in 1921 with an additional acquisition at the corner of Eileen Street and Herbert Street in February 1921, and the purchase of five further parcels of land fronting Herbert Street. All of these lots had dwellings on them, including 'Rainham', the home of Edward Lanceley (Building 9). Much later in 1965, the final building on the block, the former office of the North Shore Brick and Tile Company, was purchased (Building 7).[41]

Of the original 1919-1920 resumption, it was reported that:
The resumed area consists of eight acres, which contained 26 cottages. Five of the cottages have been turned into 1 maternity wards which will accommodate 25 patients in single rooms; five into Infectious diseases wards, and the rest into nurses quarters and a pathological institute. Mr. George also announced that Mr. McGirr had promised a suitable area to build a sanatarium in connection with the hospital. The visitors inspected the new area and were entertained at tea by the matron and nurses in a marquee on the lawn.[42]

Figure 6.7
The infectious diseases cottages

Source: Sherington, A Century of Caring

41 Godden Mackay Logan, *Royal North Shore Hospital Concept Plan: Heritage Impact Statement,* p.10
42 *Sunday Times*, 5 December 1920, p.2

The 1919 *Annual Report* noted that these cottages along Herbert Street to the north of the Hospital were intended for use "*by the nursing staff, who under present circumstances are unpleasantly overcrowded.*" These cottages were a godsend during the influenza outbreak. The impact of the pandemic upon both the resources and the reserves of the Hospital could not be overstated:

More than half the nursing staff were isolated in a special compound, and two wooden buildings were erected within 60 hours to serve as nurses' dining-room and sitting-room. The Honorary Medical Staff adjusted their services in such a way that certain medical officers were in charge of each ward for definite periods. The whole course of the epidemic was one which will not be easily forgotten by the staff of this Hospital.

During the period from the 28th March to the 31st July, 534 cases were admitted. During the height of the epidemic, urgent cases were refused admission owing to the available accommodation being fully taxed, but latterly when a special convalescent Hospital was opened at Crow's Nest Public School, the Hospital was enabled to transfer those of its patients sufficiently convalescent into that place, and to again fill up the special wards. The strain upon the nursing staff was terrific; unlike ordinary practice, every case was an urgent one, and out of a staff of 34 nurses twenty contracted the disease, but every member of the staff continued to loyally assist in the efforts to cope with the work.[43]

Figure 6.8
Aerial view of the hospital site, 1922, showing resumed cottages (A) which were converted for use in the care of Infectious Diseases patients, resumed cottages (B) which were adapted for use as maternity cottages, (C) was the original Infectious Diseases Cottage, then converted to a Children's Ward, and the new Outpatients building (D) near Lane Cove Road

Source: Royal North Shore Hospital Annual Report, 1922

By 1922, the Royal North Shore Hospital was taking definite shape. An aerial photograph of the site in 1922 (see Figure 6.8) showed the expansion of the Hospital past its original boundaries, to encompass those cottages to the north that had been resumed and put to use for maternity beds and for nurses' accommodation. All of these cottages were connected via covered walkways which ran both west and south to the main hospital buildings; these walkways were essential given all of the natural treed growth had

43 *Royal North Shore Hospital Annual Report,* 1919

been cut down, leaving this zone bare. At the centre of the site was Shervey's Administration building, with its distinctive curved driveway feature. Beyond the ancillary service buildings offset and to the rear of the primary buildings (including the original Infectious Diseases Cottage – marked "C" on the aerial photograph), lay both open undeveloped land and a paddock used for sporting events.

Figure 6.9
Resumed cottages adapted for use as maternity wards and nursing staff accommodation

Source: Sherington, *A Century of Care*

In practical terms, one of the most urgent items to address was the need for a new morgue. As the RNSH was expanding and with hospital services under added strain owing to the influenza pandemic, new facilities had to be installed and the older services upgraded to conform with changing medical standards and technologies. The existing morgue on the site was disdainfully referred to by Hospital Chairman Walter Mullens Vindin as "*an old shed*." In this, "*conditions were almost indescribable…[with] several wooden tables – the bodies leaving the wards…. Were taken down on trolleys, with just a grey blanket covering them and placed on one of the tables, then covered with a tin cover. Great care had to be taken that the cover was put on properly and fitted firmly, as the place was infested with rats.*[44]

A new mortuary, therefore, was high on the list of the hospital's priorities. Plans for a new Mortuary Block were prepared by the Department of Public Works Government Architects Branch in 1924. The new building facilities included space for a mortuary, postmortem room, cool room, and chapel. Ramps on the northern and southern side of the building provided access. The northern entrance opened to a vestibule which was adjacent to the chapel, mortuary and postmortem room. The southern entrance provided direct access from the verandah to the mortuary. The building was erected in 1925 at a cost of £1,465.

Once the new mortuary (Building 19) was complete, the first mortuary was demolished to provide space for workshop buildings. Attention then turned to a variety of building projects that were carried out during the late 1920s and early 1930s period. These

44 Royal North Shore Hospital Annual Report, 1925

interwar years saw a dramatic building boom across the whole of the hospital land, pushing its operational boundaries to its fullest Westbourne, Herbert and Reserve Road extent.

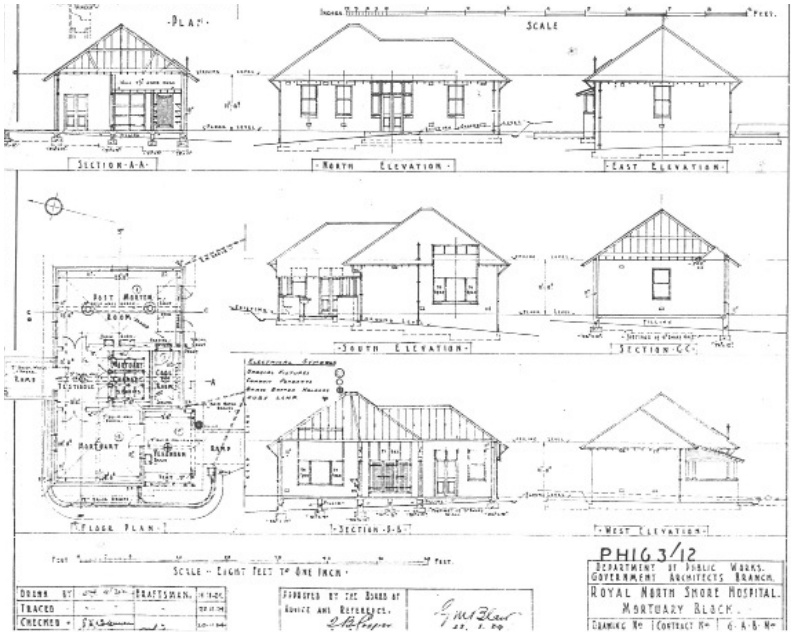


Figure 6.10
New Mortuary Block

Source: PH163/12, NSW Department of Finance and Services

The new mortuary facility was soon joined by other, equally essential services in the vicinity of the Herbert Street boundary. Two such facilities was the construction of a workshops building (Building 22): the core of the building constructed for use as the main laundry and power house, intended to replace the original hospital laundry facility, which was located closer to the core hospital blocks. In total, £12,500 was provided for the construction works. These were joined in the late 1920s by the construction of the boiler house chimney, completed in 1929. This was located at the rear of the first boiler house (since demolished) which filled the space between the chimney and Herbert Street. The tapered brick chimney was set back from the streetfront by approximately 19 metres, and comprised a square base; the chimney itself reached 120 feet (approximately 36.5 metres) in height.

Also in the immediate area was a Research Laboratory (Building 17 - Animal House) constructed during the 1930s period and enlarged and modified during the third quarter of the twentieth century.[45]

However, the most significant projects during this period was the construction of Vindin House (Building 11), and the Kolling Institute, (Building 25) both situated to the north of the original pavilion wings.

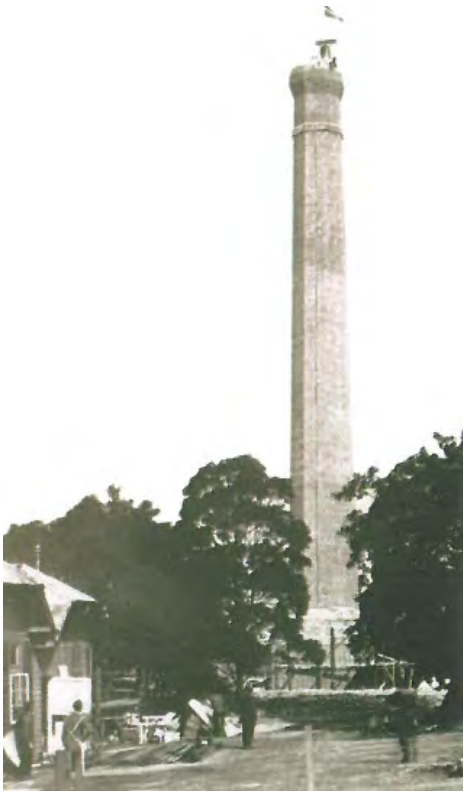


Figure 6.11: The chimney upon completion in 1929

Source: Sherington, *A Century of Caring*

45 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment*, p.145

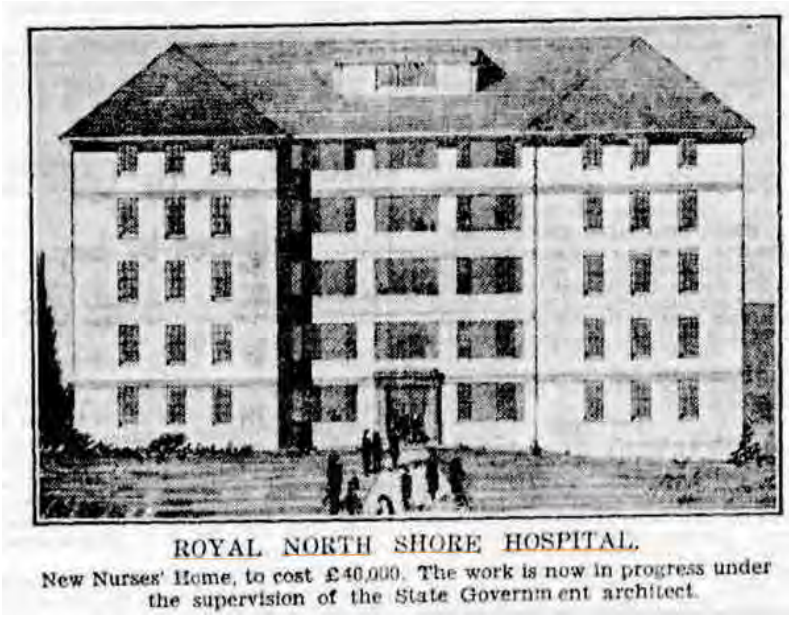
Figure 6.12
The RNSH as seen from the east side of Herbert Street c.1930s. From left to right; Administration Building (31), Infectious Diseases (C), Princess Elizabeth (35), Pavilion Ward (29,) Workshops (22), and the original boiler house and chimney, with Vindin House (11) in the background.

Source: RNSH Museum

Vindin House

Almost since its initial construction, the Royal North Shore Hospital had been falling far short in providing adequate accommodation for its nursing staff. The Annual Reports throughout the 1900-1920s period routinely recorded problems of overcrowding, with nurses obliged to camp out on the verandahs or in any available nooks and crannies, and later, in resumed cottages along Herbert Street and across the whole of the hospital site. In some cases, doctors' consultation rooms and former patient waiting areas were used as *ad hoc* dormitories for the nursing staff.[46] The plan for a purpose-built Nurses' Home was the long-overdue response to this chronic shortage of space, and it had been acknowledged that the absence for proper accommodation for the nursing staff prevented extension of the hospital usefulness in some directions, as nurses could not be added to the staff.[47]

Initial plans were prepared for the new nurses' home as early as 1919, but as the 1920s progressed the hospital's finances became ever more restrictive. The Chief Secretary, Mr Lazarini, was severe in his condemnation of the existing state of nursing accommodation, expressing the hope that the time would soon come when a decent block of buildings would be erected, and that "*the wretched shacks called nurses' quarters*" would be abolished. He would do all he could personally to see that the building of the new home for nurses was commenced next year.



ROYAL NORTH SHORE HOSPITAL.

New Nurses' Home, to cost £40,000. The work is now in progress under the supervision of the State Government architect.

Figure 6.13
Sketch of the proposed new Nurses' home

Source: *Sydney Morning Herald*, 31 July 1919

46 City Plan Heritage, *Royal North Shore Hospital, St Leonards Heritage Assessment* , February 2005, p.235
47 *Sydney Morning Herald*, 17 March 1927 p.12

However, the situation became more dire, following the outbreak of fire amongst the Herbert Street cottages that were being used by the nurses as sleeping quarters. Whilst none of the nursing staff appeared to have been injured by the blaze, "*several nurses suffered heavy losses of personal property*", and "t*wo cottages were destroyed and a third greatly damaged.*"[48]

After the 1928 fire, insurance monies covering just such an eventuality were paid out, enabling the Hospital to continue its policy of resumption of adjoining land parcels. By the early 1930s the Hospital controlled property extending within boundaries of Herbert Street, Reserve Road and Gore Road.[49] The insurance money covered the costs for the purchase of Lanceley Cottage (previously known as Rainham and later Building 9) in September 1928,[50] together with a further four single storey dwellings that could be readily adapted for hospital use. This work was undertaken with a view to eventually and gradually demolishing the cottages as they were no longer needed. The Federation-era cottage 'Rainham" was used at varying intervals for a variety of purposes according to the most urgent needs of the hospital at the time; it served variously as nursing staff accommodation, community health services, midwifery staff and isolation staff quarters.[51]

A year after the fire, construction of Vindin House (Building 11) finally commenced in 1929 on the site of Oakleigh Cottage, which had been resumed and adapted for use as the hospital's early pathological services laboratory until purpose-built premises were formally opened (Institute of Medical Research - Building 25). Once redundant, Oakleigh was demolished in 1929-30[52] and work on the first purpose-built nurses' home on the hospital site could commence. In July 1929, the *Sydney Morning Herald* reported that: *The work of erecting the new nurses' home at the Royal North Shore Hospital is proceeding under the supervision of the Government Architect. The first set of plans prepared was discarded and a complete new set of drawings prepared in order to reduce the cost per occupant to an absolute minimum. Under the new scheme the main building will be of five floors in height, arranged around a courtyard, through which on the main axis a covered way will connect with the dining-room block, the latter being a single-story building, closing the quadrangular courtyard. The buildings will be of fireproof construction, the main walls carried up in brickwork, and the floors of reinforced concrete, the partition walk generally being allowed for in terracotta. The main building is planned to provide accommodation for 191 nurses and domestic staff, and In addition includes sitting-rooms, writing-rooms, and adequate toilet and lavatory conveniences. Across the front of the building between the projecting wings a verandah and balconies over will be provided to each floor.*

48 *Daily Advertiser (Wagga Wagga)* 6 June 1928, p.6
49 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* p.234
50 Sherington, *A Century of Care*, flyleaf
51 City Plan Heritage *Royal North Shore Hospital Heritage Assessment*, p. 112
52 City Plan Heritage *Royal North Shore Hospital Heritage Assessment*, p.234

The dining-room block contains large dining and recreation rooms for nurses, a dining-room for domestic staff, kitchenette and laundrette.

The building will be served by two passenger lifts and four staircases, and a feature of the planning .will be the provision in each of the bedrooms for built-in wardrobes and dressing tables. It is expected that the entire scheme will be erected at a cost of about £40,000. [53]

Nurses' quarters at Royal North Shore Hospital.

Figure 6.14
The completed Vindin House, 1931 (Building 11)
Source: *Sydney Morning Herald*, 15 September 1931

Although the project was hampered by financial limitations owing to the financial depression, the eventual development still managed to accommodate 200 nurses appropriately, with high quality fittings. Items, such as chairs, were custom designed by Matron West. Less crucial furniture was recycled from the demolished cottages across the hospital site. There were no locks on any of the rooms, so that the supervisors could check on nurses at will, and although there was a lift, this was declared off-limits to the more junior staff. Vindin House was self-contained, boasting accommodation, dining, recreation and other social spaces in which activities such as graduation ceremonies and balls could be held.[54]

Vindin House was officially opened in September 1931 by Lady Street:

On Saturday afternoon Lady Street opened the recently completed nurses' quarters at the Royal North Shore Hospital.

This, as shown in illustration, is a brick building of five floors, planned with the wings forming an Internal courtyard through which, on the main axis, a path connects with the dining-room and recreation block, the latter being a single-story building, which connects the wings and closes the rectangular court.

53 *Sydney Morning Herald,* 31 July 1929, p.9
54 Godden Mackay Logan, *Royal North Shore Hospital Concept Plan: Heritage Impact Statement*, p.11

The Government Architect, who designed the building, planned it with the object of keeping the costs to a minimum whilst providing the accommodation required. Picked common bricks form the external wall faces. The structure is fireproof throughout. The floors are of reinforced concrete and the partitions of terracotta. Accommodation is provided for the matron and 190 nurses as well as the domestic staff.

In addition to the bedrooms, there are sitting rooms and adequate toilet and lavatory accommodation on each floor. Verandahs have been provided across the front of the building between the projecting wings and the balconies.

The dining-room block contains large dining and recreation rooms for nurses, dining-room for the domestic staff, with kitchen and laundry services The building is served by two passenger lifts and four staircases. The work was carried out by Mr. George Hogden, contractor, under the supervision of the Government Architect, at a cost of £32,152/18/8.[55]

Kolling Institute

In conjunction with the construction of Vindin House, a second major development was underway to the northwest of the Federation pavilion wings. In 1929, Eva Kolling had donated five thousand pounds to the Royal North Shore Hospital in order to partly cover the costs of a laboratory, on the proviso that her gift was matched by the State Government.[56] Her second condition was that the building be named in honour of her late husband, Charles Kolling. The *Sydney Morning Herald* reported that the proposed new building was to be constructed in brick rendered in cement. On the ground floor:
there will be a large chemical room laboratory and other rooms. On the first floor a library will be provided also an experimental ward with bathrooms and lavatories attached. There will also be a number of other rooms on this floor. The building will possess all the

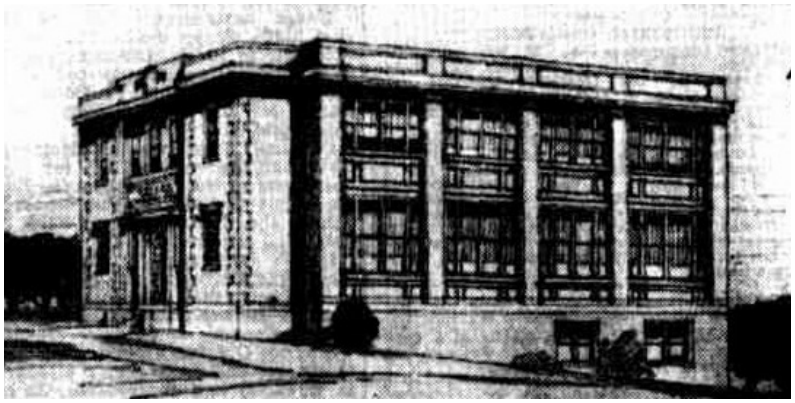


Figure 6.15
Sketch of the proposed Kolling Institute,

Source: *Sydney Morning Herald*, 10 July 1929

55 *Sydney Morning Herald*, 15 September 1931 p.5
56 City Plan Heritage, Royal North Shore Hospital Heritage Assessment, p.61

latest fittings and appliances for every branch of research work. The architect is Mr. P. H. B. Wilton, and he has completed the drawings. When erected the research laboratory will be a great acquisition to this hospital.[57]

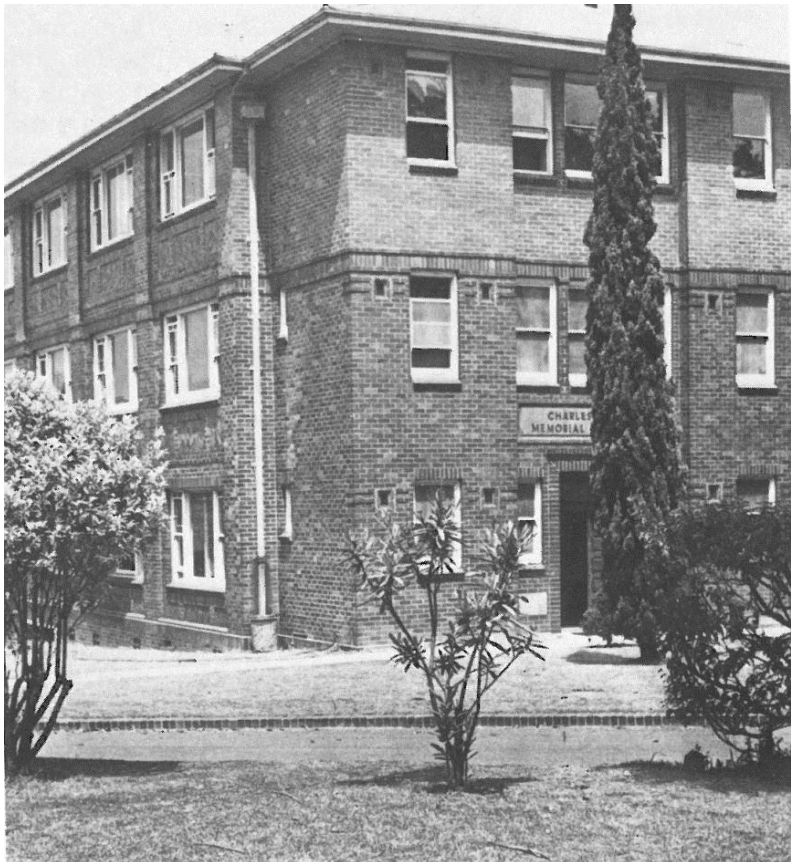


Figure 6.16
Kolling Institute, c.1948 (Building 25). The original building has had a third storey added by this time

Source: Sherington, *A Century of Caring*

The Kolling Institute (Building 25) was completed in 1932, and the decision was made to formally open the Nurses' Home (Vindin House) and the Kolling Institute on the same day. The opening coincided with both the 42nd annual meeting, and a presentation ceremony where nurses who had successfully passed their exams were given their certificates. It was regarded as "*a great day in the history of the Royal North Shore Hospital*:

"*Judge Thomson presided over a large gathering. The year, he said, had been one of progress, and a particularly gratifying feature lay in the fact that the directors had not been compelled to close down any of the beds. The tradesmen had been particularly forbearing in the matter of their accounts, many having waited months for their money. Careful management had enabled the directors to reduce the cost of each bed by £12 a year. One heavy burden was the interest on the over-draft, which amounted to £3484. New buildings had cost £1979 and new equipment £ 1047, most of which had been spent in furnishing the nurses' home. The hospital now ranked as one of the three "A" grade hospitals in New South Wales.*

57 *Sydney Morning Herald*, 10 July 1929, p.11

The Chief Justice (Sir Philip Street) said, "Service in the cause of the afflicted and suffering is twice blessed. It is blessed in respect of those who get it and of those who give it." Lawyers, he proceeded, were commonly supposed to be less altruistic than other men, but, judging by the number of lawyers he saw near him, that was probably wrong, for these gentlemen were out that day in the interests of a great philanthropic institution.

Sir Philip concluded by saying that if Australians would face the future with courage and confidence, he was convinced that the country would get over its difficulties.

The gathering then proceeded to the Nurses' Home, which was declared open by Lady Street, and afterwards to the Charles Kolling Memorial, which was declared open by Mrs. Kolling.[58]

Once opened, the Kolling Institute was inspected by interested parties, with the Sydney Morning Herald reporting in glowing terms of its potential:

The Charles Kolling Memorial Laboratory, Royal North Shore Hospital, opened a week ago, was made possible by a gift of £5000 by Mrs. Eva Kollling, In memory of her husband, augmented by private donations. About twelve years ago an Institute of Medical Research was established at the hospital as a result of special endowments. Already valuable contributions to international medical literature have been made from the institute. It is proposed to develop this still further. The facilities to be provided at the Kolling Laboratory will make this possible.

The building is of two floors with basement and flat roof, with parapet. It covers a ground area of 40ft by 80ft. The main feature of the design is to provide the greatest convenience for artificial lighting on both floors.

On the ground floor are the main pathological and bacteriological laboratories of ten rooms, with one-bed wards for special cases under observation, and preparation rooms. The basement contains the clean-up machines, with calorifier, a dark-room for microphotography, and storeroom. On the first floor are the library and museum. These contain shelving in Queensland silky oak, which wood has been used in the construction of the staircase. There is a spacious laboratory for physiological chemistry, and small rooms for the director and for basal metabolism work.

The cost was about £8000. The architect was Mr. F. H. B. Wilton, and the contractors Messrs. Girvan Brothers, St. Leonards.[59]

58 *Sydney Morning Herald* 14 September 1931 p.3
59 *Sydney Morning Herald*, 15 September 1931 p.4

6.3 Southern Resumption and Development

In addition to the cottages resumed along Herbert Street, the land along the southern edge of the Hospital site, located along Lane Cove Road and resumed in 1912 as part of the hospital's long term vision for the future, was finally developed, with the construction of an Outpatients and Venereal Clinic building (Building D) viewed by the medical authorities as playing an important role in quashing the spread of disease.

Work commenced on the new building without ceremony, and it was not until March 1921, when work was well underway, that a celebration was held to mark the laying of the foundation stones.[60]

The 1922 aerial photograph of the hospital site (see Figure 6.8) showed that on the far south of the hospital site, adjacent to Lane Cove Road/Pacific Highway, was the Outpatient's and Venereal Clinic building, with separate entrances denoting specialities of treatment.

Figure 6.17
Looking south from the chimney stack towards the Outpatients Department, c.1930s

Source: Sherington, *A Century of Caring,* page 60

60 *Sydney Morning Herald,* 15 March 1921

Figure 6.18
Aerial view of the hospital site, 1930

Source: NSW Land and Property Information

Changing Management and Direction, 1930-1939

7.0

7.1 Financial Pressures

Once the high-profile projects in the northern part of the site were complete, another substantial improvement, undertaken through 1930-1931, was carried out on the second pavilion wing (Building 30). For many years the roof of the pavilion had been subject to severe leaking during rainy weather. While aware of the need to repair the roof, the penny-pinching required during the depression years meant that this work was left undone, and the few financial resources available had been taken up by the construction of new building projects such as Vindin House and the Charles Kolling Institute. The Hospital Board found itself in an unenviable position, endeavouring to provide new and urgently needed services while simultaneously deciding which maintenance could be deferred for another year. When the Hospital became so financially strapped that they lacked the funds to purchase basic food and medical supplies, the Board was forced to admit publically to their dilemma, and owing to "*the total collapse of commerce and industry*", the hospital board considered itself to be "*Faced with a national financial depression, and it would [therefore] be natural for the Board to realize bitterly its utter helplessness in being able to see a way out of its difficulties when confronted with an increasing debt side by side with a considerably increasing service thrust upon it.*"

The Board was greatly fortunate in that when its dire financial position was known, the broader north shore community rallied around. In response to their confession, many businesses waived payment of long-outstanding bills or extended unlimited credit for however long the hospital required to get back on course. Local businesses also donated both goods and supplies in appreciation for what the hospital was attempting to do in straightened circumstances.

As financial pressures began to ease during the mid- to late- 1930s, the Hospital Board's attention returned to the by-now familiar issue of the over-crowded state of patient accommodation in the pavilions. However, rather than focus on the ongoing problem of bed capacity, a new emphasis was laid, this time on the need for the modernization of patient care and ward design.

This broader 'new direction' had its impact on the pavilion wards. In accordance with mid-twentieth century medical protocol, the administration considered it desirable to segregate medical from surgical cases, in order to provide the best possible accommodation for the various special types of disease in smaller wards. It was emphasized that:

Each ward could be equipped specially for the work which it had to perform, and staffed with nurses whose services would be devoted entirely to one type of ailment, instead of the present method of having patients of various kinds nursed indiscriminately in one ward. With the erection of an up-to-date surgical block it is considered that the existing ward pavilions could be converted to accommodate medical cases and, if necessary, sub-divided for the specialties referred to.

7.2 Refurbishment and Modernisation

As part of this broader goal, it was proposed that the adjacent operating theatre, by then "*quite inadequate for modern theatre services*" be demolished and the site used for expansion of the ward accommodation. Refurbishment of the pavilion ward accommodation, to modernize the amenities and the conditions under which patients were treated, was designed as best for both patients and hospital staff, allowing the use of equipment in smaller wards which were not then available within the large pavilion wards. For the duration, modernization of the pavilion wards was limited to a superficial level, albeit a level that was much appreciated by patients and staff. In 1936 the wards were cheered by the installation of modern and "*very efficient wireless sets"*, courtesy of the Directors of 2UW and the Smith Family.

Contemplation of schemes for modernizing the pavilion wards continued, with the Board enthusiastic to show that the Hospital was at the cutting edge of hospital design and care. It was felt that the pavilion buildings could be adapted for specialist departments as well as some patient wards, while a new multi-storeyed building catering for private and intermediate patient accommodation was touted as the hospital's goal. Arguments in favour of the plan hinged on the retention and upgrading of the pavilions:

As the existing buildings were planned on the pavilion system, so that any section of the Hospital's activities could be enlarged, your Board has given careful consideration to the matter and is satisfied that any scheme of future development should incorporate the existing buildings. …

[P]rovision will made in the main ward block for an out-patients' department and dispensary on the lower ground floor, X-ray and other adjuncts on the main ground floor; a special theatre section, as well as the general wards for surgical and special patients. In addition to this, it is proposed to commence the erection of a private and intermediate block to accommodate approximately sixty patients.

Funds reserved for the Hospital rebuilding programme were also put to good use for the construction of new workshops, operating theatre, kitchen upgrading and modernization of administration areas and patient waiting rooms.[61] As part of this work, a small

61 *Annual Report of the Royal North Shore Hospital*, 1941

waiting room (Building 32) was constructed during the 1930s directly behind the Administration Building and adjacent to the pavilions. This was a single storey symmetrical Inter-War Georgian style building, designed in order to be architecturally compatible with the nearby Federation group with similarities such as similar face brickwork and exposed eaves batons. It served as a waiting room for patients and was completed by the time of the 1940 survey of the hospital site.[62]

This newly proactive approach to the modernisation of the hospital wards saw a shift in emphasis from the pavilions away to the provision of new, multi storey hospital blocks. By this pre-World War Two stage, the hospital had become sufficiently established so as to require the construction of patient wards dedicated to particular medical specialties, of which the most urgently required was that of a purpose-built children's block and maternity ward.

Princess Elizabeth Pavilion

The first of these projects was the building of the children's block: in the years preceding the construction of a childrens' –only unit, the original infectious Diseases Ward, which had been contained within a cottage on the site south and set behind the main administration and services buildings had been adapted for use as the first Children's Ward. This served as a 'band-aid' solution to the problem of accommodation until the construction of the Princess Elizabeth Pavilion (Building 35), built to its north in 1934. The then-redundant cottage was then re-adapted in 1935, this time for the Nurses Preliminary Training School, and in 1939 the entire cottage was relocated across the Hospital site to a new position close to the north of the Alec Thomson Maternity Block (Building 13). This relocation was essential in order to allow construction of the Wakehurst Wing (Building 36), which was to eventually attach to the Princess Elizabeth Pavilion.

In 1932 the State Government offered a sum of ten thousand pounds to the Royal North Shore to assist in the costs of building the Princess Elizabeth Pavilion, which was to be a unit for the accommodation of minors (Building 35). In addition to this sum, the Hospital was able to scrape together a further five thousand pounds, through the kindness of the Hospital Trust and the Ladies Committee. The funds were sufficient to cover the costs for an 80-bed hospital ward, to be built as a four storey structure (including basement) with external face brick, timber floors and a partly tiled, part flat roof.[63]

Construction of the new hospital block was rapid, and in mid-1933 it was reported that the childrens ward block at the Royal North Shore Hospital was nearly complete:

62 1940 plan, PH163/73, held by NSW Department of Finance and Services
63 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment* p.189

The block is five stories, including basement. The main entrance to the building is by way of an arched portico into the vestibule of the administration section, a single-story unit comprising doctors' and sisters' room waiting room, etc.

From the administrative section, which is on the ground floor level, an eight feet wide corridor gives access to the elevator and main stairs, which serve all floors. The basement is devoted to special treatment rooms and a large gymnastic treatment room 57ft by 25ft. Apart from the administration section the ground first, and second floors are similar in layout and each provides the following accommodation. Three six-bed wards each with access to 12ft wide balcony, three single wards, ward pantry, dressing room also sanitary annexe and stores. On the first floor a large open sun balcony is provided.

The third floor is entirely devoted to the purposes of an operating unit, with anaesthetic and sterilising rooms, doctors' and sisters' rooms recovery ward stores and other conveniences.

Steam heating, sterilising and hot water services have been provided on all floors, and special electric installation made in all wards for treatment wireless and general purposes. The building is constructed of brick cavity walls on reinforced concrete footings, and roofs covered with French pattern tiles. The floors throughout are of fireproof construction with wood finish superimposed where necessary.

This work is being carried out by the building construction branch of the Public Works Department from plans and specifications by the Government architect.[64]

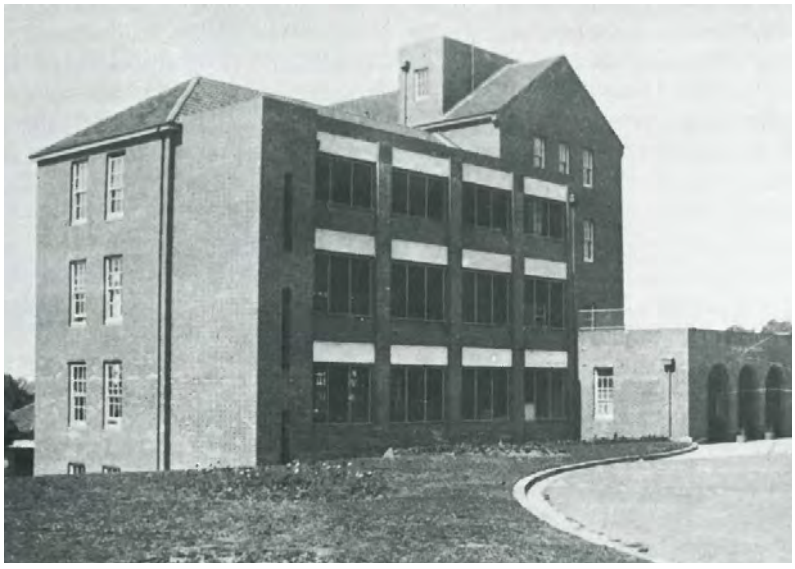


Figure 7.1
The Princess Elizabeth Pavilion, (Building 35) opened in 1934. It has been extended to both the north and the east since construction. This photos shows the first extension, completed in 1972.

Source: Sherington, *A Century of Caring*

64 *Sydney Morning Herald*, 20 June 1933 p.4

Alec Thomson Maternity Pavilion

As with the children's ward, no specific unit had been built during the early years of the Hospital to accommodate the specific needs of maternity patients. They had initially been housed as one of many undifferentiated groups within the Federation pavilions and subsequently, as overcrowding became ever more pressing, maternity patients began to be housed in resumed cottages along Herbert Street. Such accommodations were put under greater pressure following the Herbert Street fire, which reduced housing for both the nursing staff and maternity patients alike.

It was readily acknowledged that the hospital administration had shortcomings, and that these were derived from "*the leeway of the previous 25 years.*" The Hospital Commission opined that in its early years there "*had been no preconceived idea of hospital buildings, which had not been co-ordinated for economical and efficient management.*" The then-Minister for Health, Mr Fitzsimons, announced at the annual meeting in 1935 that the maternity block was about to become a reality, and that intermediate and private ward blocks were also on the cards:

Judge Thomson, who presided [over the Commission], said that extra accommodation was needed for X-ray services, a new surgical block, cancer clinic, dental clinic, better accommodation for treatment of infectious diseases, a ward for tuberculosis patients, and accommodation for private and intermediate patients.

The new maternity block was viewed as both the outcome of both the pressing needs of the hospital, and as an instrument in the ideological eugenics battle of the 1930s for the greater population of the country by those of European bloodstock. With the non-indigenous, white population declining in numbers since the early twentieth century, "*the erection of the maternity block… would help check the decrease in the birth-rate. The Royal North Shore Hospital was a credit to the board and its officers."* [65]

Figure 7.2
The Alec Thomson Maternity building, (Building 13) photographed after alterations in the 1950s

Source: Sherington, *A Century of Caring*

65 *Sydney Morning Herald,* 21 October 1935, p.5. See Also D Wyndham, *Eugenics in Australia: Striving for National Fitness*, Galton Institute, London, 2003

Upon completion, the new maternity building (Building 13) had cost a total of twenty thousand pounds. It was considered the most modern in the entire Sydney area in terms of both its arrangement and its equipment, including an air-conditioned nursery for premature babies, "*which may mean the saving of many lives."* It was to be opened by the Minister for Health, Mr Fitzsimons, on October 24, 1936, despite the fact that:
Only half of the complete design had been built, providing the same accommodation as was available in the old maternity wards, but the directors of the hospital were confident that the money necessary for the other half would soon be available.

The old maternity section comprised five small cottages, converted into as many six bed wards, which came into use 15 years ago.

Since then an average of 600 babies a year was born there. The nurses worked under great inconvenience. [66]

With buildings such as the maternity, children's, and nurses' home completed and the pavilions at least temporarily refurbished, the hospital was able to take stock and consider options for the ongoing development and growth of the Royal North Shore Hospital. A study was commissioned and a report prepared by architects Stephenson and Turner on the various options for the future development of the hospital site. It addressed the existing limitations of the hospital infrastructure and endeavoured to capitalise on the advantages of the site in order to resolve the hospital's most pressing difficulties to the best of their limited financial abilities.

The most crucial needs for the hospital complex was a new kitchen, boiler room and operation theatre, together with associated secondary services including a new laundry and outpatients departments. These factors were considered to be essential and without improvements made in these areas, the effective expansion of the hospital was not possible. It was reported that:
"Negotiations now proceeding between the Government and the board of directors of the Royal North Shore Hospital may result in a rebuilding scheme involving an expenditure of £500,000.

This is connected with the urgent necessity stated to obtain at the hospital for additional accommodation in the general section, which has been estimated at 150 beds. There has been no Increase in this quarter since 1913, though buildings for children's and maternity cases have been erected in recent years.

The matter has been before the directors for some time, with a view to determining the best manner of dealing with the general hospital position. As an alternative to further additions to the present accommodation, plans for complete new buildings on another site In the hospital grounds are under consideration.

66 *Sydney Morning Herald*, 2 October 1936 p.17

The Premier (Mr. Stevens) and the Minister for Health (Mr. Fitzsimons) are to visit the hospital soon to discuss the proposal with the directors. The result of the visit may be a decision to erect new buildings on another site. This has been recommended by the consulting architects.[67]

This late -1930s period of evaluation and self-reflection came hand-in-hand with dramatic changes at the administrative level, many of which were determinedly resisted by the Board and hospital staff. A proposal to bring the Royal North Shore Hospital under the auspices of the *General Hospital Act* was met with fierce resistance, and after prolonged disputes over even the most straightforward of hospital routines such as meals and timetabling, the Hospital Board was dismissed and a new Board appointed in early 1938. The new Board was comprised of seven members appointed by the hospital subscribers and a further five appointed by the government. This new policy was hotly contested:

"*The vice-chairman of the board of the Royal North Shore' Hospital (Mr. T. E. Rofe) said to-day that the action of the Hospitals Commission in setting up a medical appointments committee, with power to review appointments of medical men to hospital staffs, was an attack upon the liberty of the hospital boards. Mr. Rofe added that he would resign from the board if it was not given the power to make its own appointments without restriction."* [68]

Ultimately, the old guard failed despite their most strenuous efforts to retain the upper hand, and the government went ahead with the new system of management. Under the new system, modern financial protocols were introduced throughout the Hospital, and any protests by the long-serving staff were swept aside as the new Board sought to introduce modern technologies and standards throughout the institution.[69] Ongoing clashes between Board members persisted, however, throughout the lead up to the outbreak of World War II, and eventually an Inquiry was launched into the management of the Hospital in the wake of allegations of conspiracy and unfair dismissals. Following intensive analysis of the circumstances by the Royal North Shore Hospital Inquiry, "*The board of the Royal North Shore Hospital was removed from office.*" This action was taken as a result of the report of Mr. Scobie, S.M., who inquired into the administration of the hospital. The report scathingly criticised the Chairman of the Board (Mr. Hirst) and the Secretary (Mr. Russell), and recommended the removal of all directors.[70]

67 *Sydney Morning Herald,* 11 May 1937, p.8
68 *Daily Advertiser,* 22 July 1938 p.1
69 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* p.236
70 *Newcastle Morning Herald and Miner's Advocate*, 18 October 1939

World War Two Development

8.0

8.1 Wartime Protection

The outbreak of World War II had less of a detrimental impact upon the ongoing development of the hospital than that of World War I and the influenza pandemic that had followed hard on its heels. It served in stark contrast with the 1914-1918 years, in which the hospital had to scrimp and save in order to meet key expenditures. The relative stability of the hospital, functionally speaking, was likely due to the more settled nature of the hospital by the mid-twentieth century, with a greater range of services already available. Having the prior experience of World War I also meant that the hospital staff – many of whom were already employed at the Royal North Shore Hospital for the first war – knew to expect an increase in patient numbers and a commensurate decrease in staff, supplies and funding.

In anticipation of hostilities, the hospital implemented emergency precautions in several of the most heavily populated – and therefore most vulnerable- buildings. In the pavilion wings (Buildings 29 and 30) and the Princess Elizabeth Wing (Building 35), the main buildings were reinforced against potential air raids, with the external walls reinforced using additional brickwork and the interiors reinforced with large timber beams and struts:
"the beams that were used must have set some sort of record for height. They were big beams which went along the floors of Carey and H.S.F.. They went right to the ceiling and they had struts to support them."

In addition, the Princess Elizabeth Pavilion (Building 35) was reinforced, using timber beams with brick piers erected in the basement and throughout selected rooms. The windows were also modified and concrete blocks installed outside, with L-shaped concrete slabs used to protect the entrances to the building. Concerns over the stability of the stair hall were alleviated by construction of a new concrete lintel to its base.

These reinforcement beams and struts proved a hindrance in the day to day operation of the wards. Moving beds from one end of the wards to the other meant that the struts had to be navigated around and over. It was decided to relocate the critically ill patients to the basement, and the ambulatory patients reorganised to take up residence on the upper levels as they were the least problematic patients to evacuate in the event of an emergency. Opportunities to escape the buildings in emergencies became limited, as the timber sash windows were fitted with cross bars and netting. Where possible, patients were removed from the hospital altogether and rehoused in private dwellings in the local area and private hospitals, as the Royal North Shore Hospital braced itself to receive an influx of war wounded.

The temporary changes to the Hospital buildings remained in place throughout the majority of the war years, and the prospect of ridding the buildings of these encumbrances was greatly anticipated: *"We are still handicapped by the structural and other air-raid precautionary measures restricting valuable space in the wards; we look forward to the opportunity of removing these obstructions as soon as possible to permit the complete remodeling of the four large wards*."[71]

As with other key hospital buildings, the Administration Block was protected from air raids with the use of inserted posts to support the ceilings, windows and doors were strapped to minimise breakage, glazed panels in the entry vestibule removed and the entrances to the building were sandbagged and new brick walling installed. Windows throughout the building were fitted with blackout curtains and screens as per wartime regulations.

Eventually, in 1944 the hospital made the decision to remove these encumbrances, and the timber beams and concrete taken out. An opportunity was also seized at this time to empty the pavilion wards and transfer them to the new Wakehurst Wing (Building 36); this was done in order to carry out maintenance work on the pavilions:

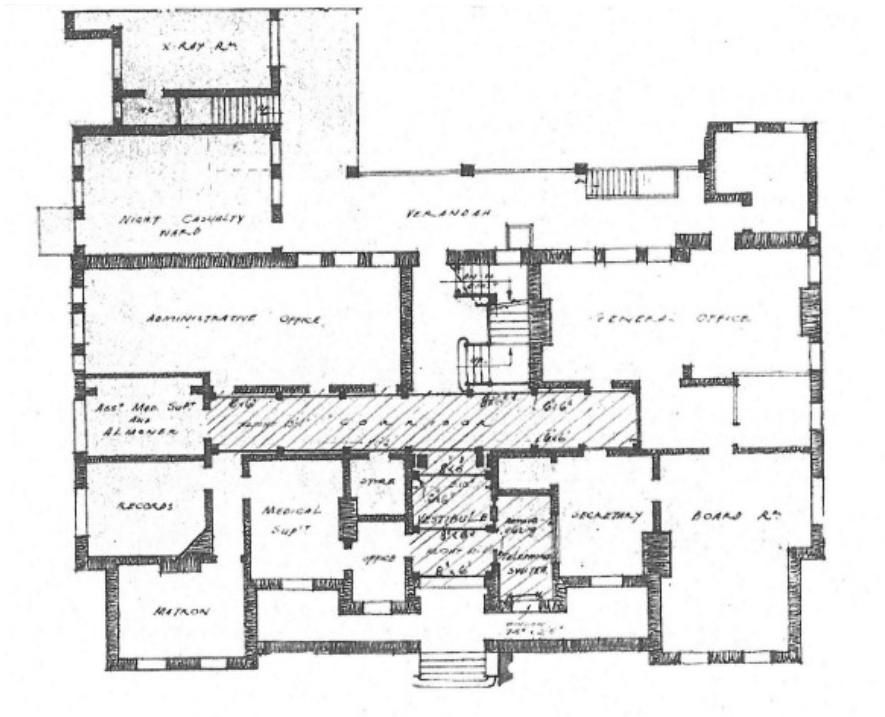


Figure 8.1
Drawings prepared for the restrengthening works of the Administration Building (Building 31). The central corridor shows a number of posts along each wall.

Source: RNSH Collection

71 *Royal North Shore Hospital Annual Report,* 1943-44

8.2 Mid-War Development

In the mid-war years, the Hospital was fortunate enough to be able to expand its capacity by the completion of the Wakehurst Wing (Building 36), which was formally opened in 1941 by Lady Wakehurst, wife of the Governor of NSW. Designed as a new pulmonary block and as an extension to the Princess Elizabeth Pavilion, the construction process was hampered when the builder filed for bankruptcy. One of the few positive outcomes of this halt was the decision made to add a further two storeys to the building, so that the eventual building comprised a total of 5 storeys, used for private and intermediate patients, for a nurses' sick bay and one ward dedicated to pulmonary patients.[72] As with the Princess Elizabeth building and the pavilions, the new Wakehurst Wing was fitted with precautionary air –raid measures.

Figure 8.2
The Wakehurst wing, (Building 36) as photographed in the 1950s

Source: Sherington, *A Century of Caring*

Carey and Hospital Saturday Fund Wards were reconditioned after removal of the supporting timbers by the Government Architect's Branch, and when this work was completed the Board made arrangements for Dibbs and Northern Suburbs Hundred Wards to be painted and for the rewiring of Dibbs Ward and the installation of modern ward lighting, including a light at the head of each bed.

Aside from the reinforcement of the ward buildings, the hospital undertook additional development, with a purpose-built, bomb-proof building intended for use as operating theatres. This was located adjacent to the pavilion wards but progress was slowed due to the exigencies of war:

The construction of the new operating theatres and the remodelling of the kitchen is proceeding but, owing to man-power and supply difficulties, the work is taking longer than would be the case in normal times.[73]

72 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment*, p.194
73 *Royal North Shore Hospital Annual Report,* 1941-42

The 1943 *Annual Report* was proud to announce the erection of "*new operating theatres embodying many new features and equipment for the benefit of doctors and patients, to the necessary enlargement of the kitchen and installation therein of modern cooking facilities and to other improvements by way of extension of the boiler house and erection of new electricity sub-station."*

This new boiler house and sub-station (Building 21) were part of an upgrade of services, and followed the construction of a workshops building (Building 20) on the corner of Eileen and Herbert Streets. The 1941-42 building was a two storey structure that consisted of a plumbers workshop and a timber store, designed by the Government Architect's Office[74] The upper floor featured eight paned windows to provide maximum light.

The new Herbert Street workshop building was soon followed by Building 17, known as Animal House - although a portion may have been erected as a temporary structure during the mid-1930s, the first concrete evidence of its presence on the site was via the 1943 aerial photograph. This was built adjacent to the mortuary at the rear of the hospital site, on land that was previously undeveloped and featured an empty paddock with a track winding through the site towards the original mortuary building (later site of Building 20). The Animal House comprised two small brick buildings oriented around a courtyard,[75] and it was located in this area in order to be able to graze sheep on the as-yet undeveloped paddock, with some suggestions that the Animal House attendant doubled as the morgue attendant.

The Hospital was also beginning to look ahead, with plans in mind for updating the hospital once the war was over: "*Plans were in hand also for the remodelling of the four original wards of the Hospital, with a view to the provision of up-to-date service annexes and the segregation of patients*."[76] These plans were made possible by the Minister for Health, who promised fifty thousand pounds, with £8,000 dedicated towards the provision of additional nursing accommodation on the site, in order to alleviate the cramped living conditions experienced by the staff.[77] This was sufficient to allow for the construction of the Vindin House West Wing (Building 11A), constructed in 1944.

8.3 Changes to the Administration Block

In the Administration Block (Building 31) changes were made at both ground and first floor levels in plans drawn in October 1940. With the exception of the entry vestibule being broken up, the majority of the rooms on the ground floor at the front of the building were left unaltered; these comprised the Boardroom, the Secretary's office, Telephone Switch, Medical Superintendent and Matron's

74 PH163/60, NSW Department of Finance and Services
75 City Plan Heritage, Royal North Shore Hospital Heritage Assessment, p.144
76 Royal North Shore Hospital Annual Report, 1944
77 *Sydney Morning Herald,* 4 February 1943 p.7

offices, and Records. The Assistant Medical Superintendent's and Almoner's Office was converted for use by the hospital's Dietician and House Sister, and the external doorway on the north-west wall was reduced into a window opening. While the plans indicated that the side entry steps were to be removed, this work was not carried out. The adjoining Administrative Office was also modified, and was split between administration and a new waiting room, with a small, separate office space with glass partitioning, a false ceiling added, and windows inserted into the eastern wall. In the Night Casualty department at the rear of the original Administration Building, a new rubber floor was laid, the existing doors and windows were removed and new windows inserted. The internal walls, W.C., basins and baths were removed and the room upgraded with a new fitout including steel partitions and curtain rods. Within the X-Ray room addition at the rear of the building, new stairs were constructed and a new x-ray room built.

On the southern side of the ground floor level, changes to the fabric were more modest. An internal wall was removed and glass partitioning inserted to the Accountant's Office, and internal walls removed from within the General Office space in the south-east corner of the building. Hardwood stairs on the rear verandah led up to the first floor level.

Works to the first floor and part basement levels were relatively limited, with a new Honorary Medical Officers' Room and an upgrading and refit of the bathrooms and facilities. New roofing was added to the rear half of the building and its X-ray department's extension (Building 31A).

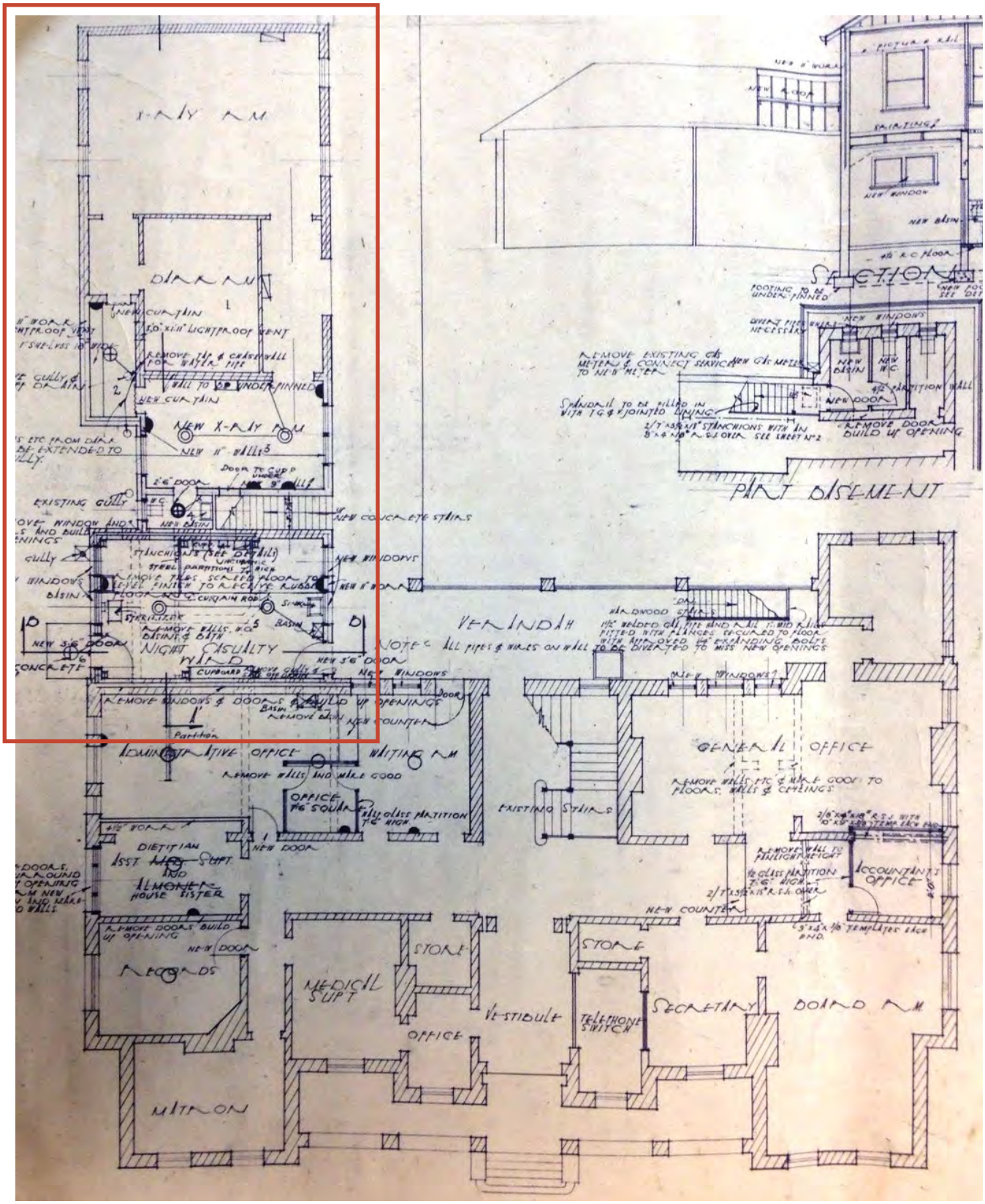


Figure 8.3
Detail of 1940 plan showing works to the Administration Block. The rear extension was altered and a partial upper level was constructed.
Source: RNSH Collection

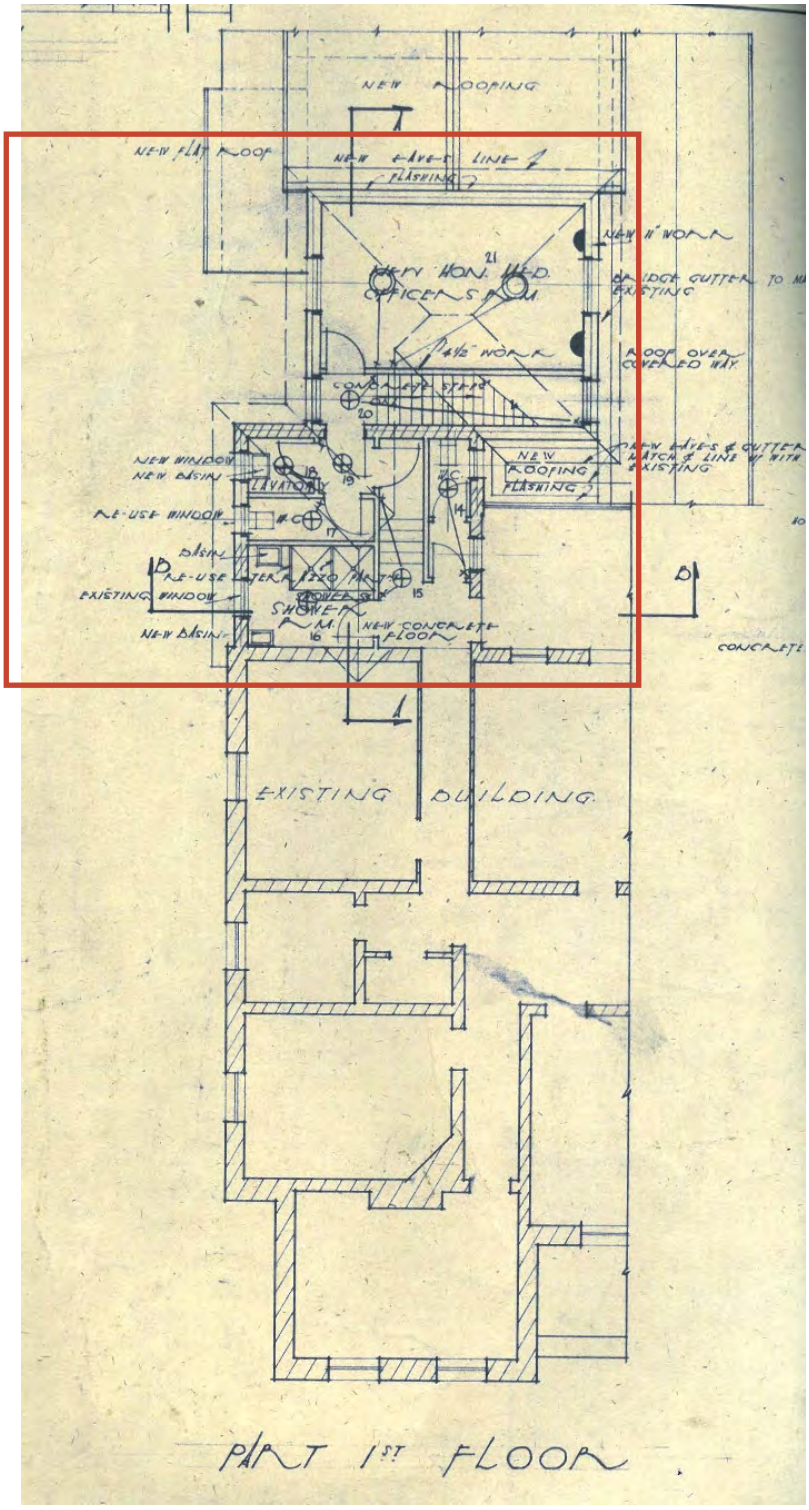


Figure 8.4
Detail of 1940 plan showing proposed work to the first floor level.
Source: RNSH Collection

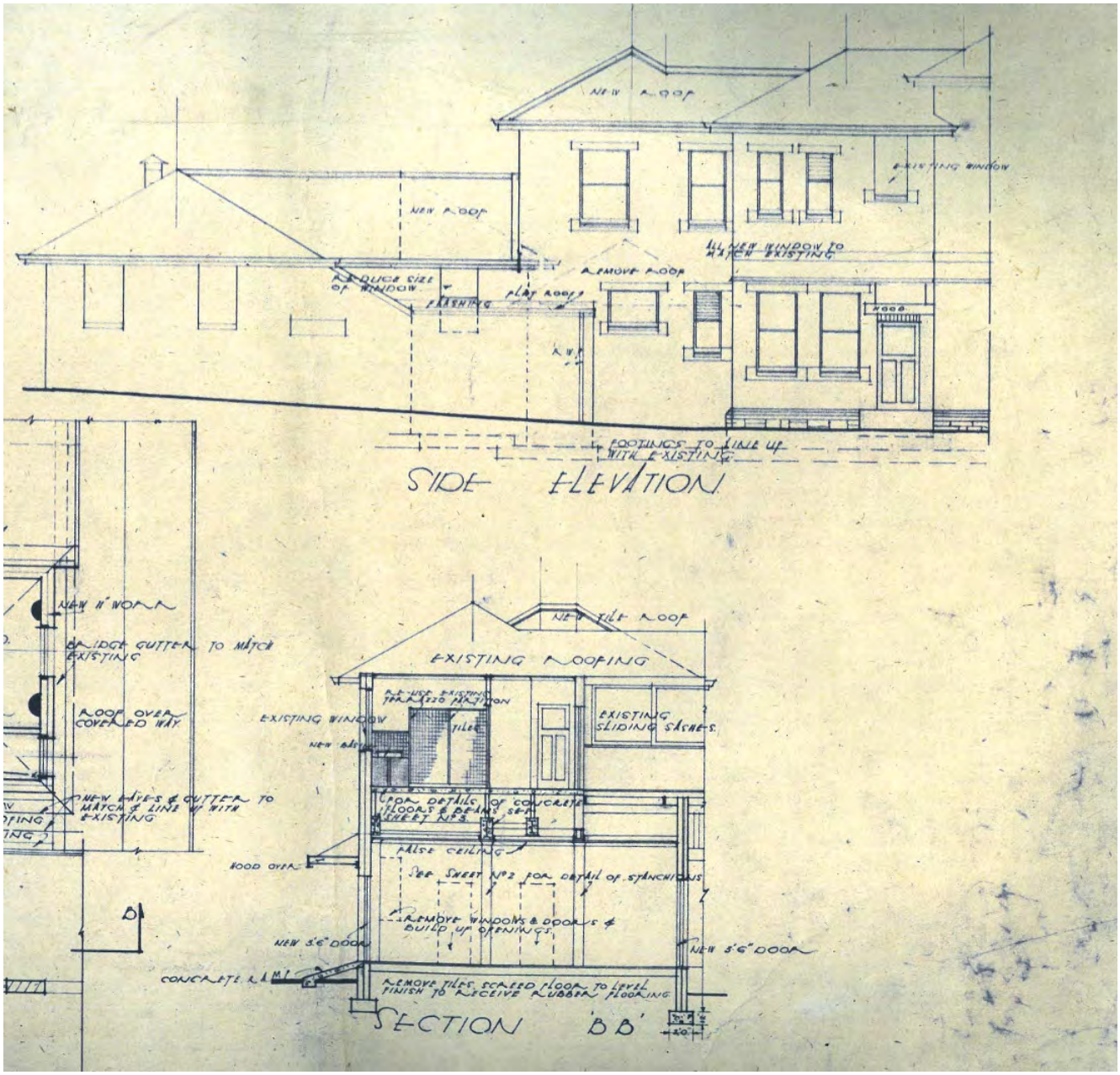


Figure 8.5
Detail of 1940 plan showing side elevation and Section BB
Source: RNSH Collection

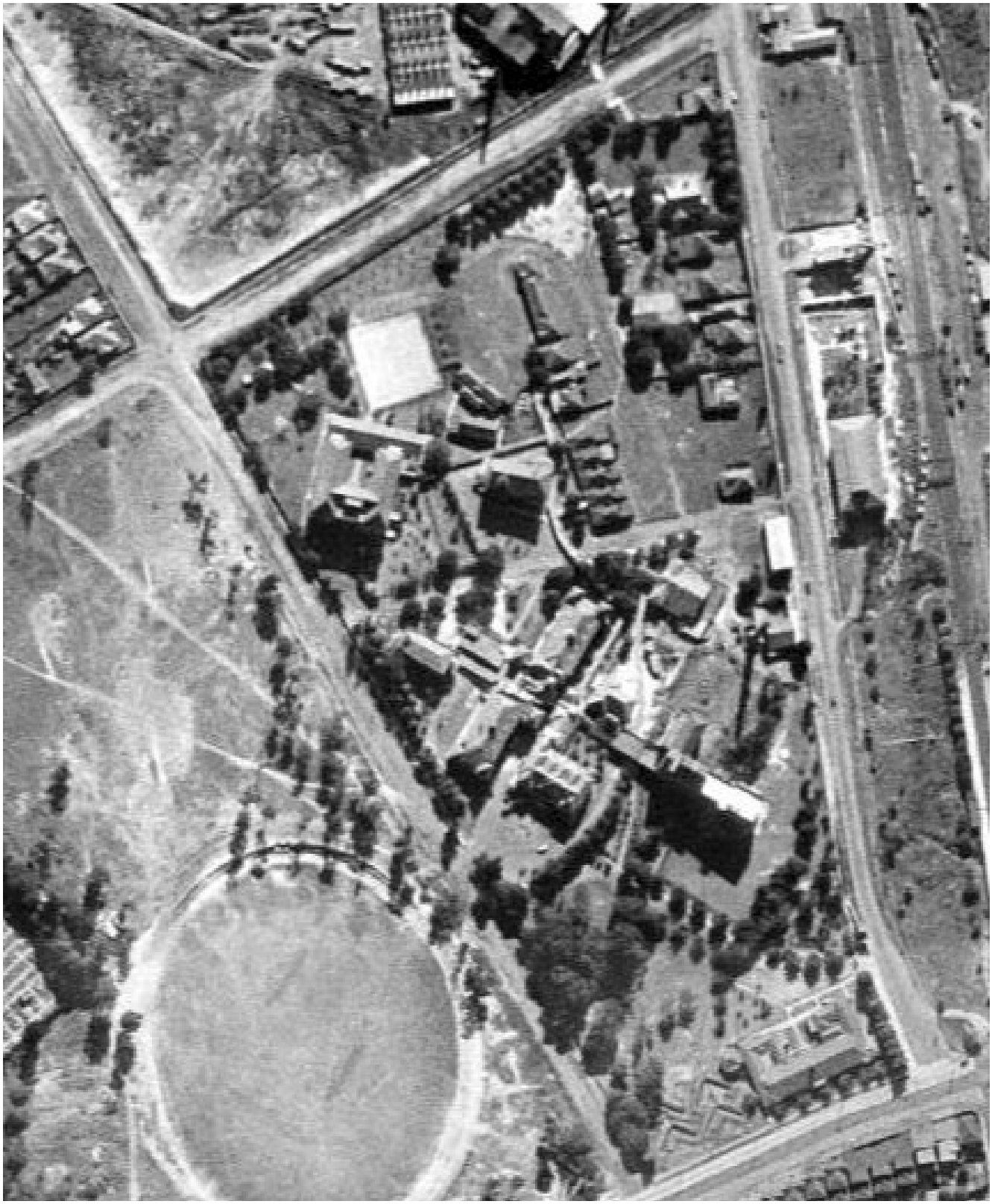


Figure 8.6
1943 aerial of the Royal North Shore Hospital site

Source: NSW Land and Property Information

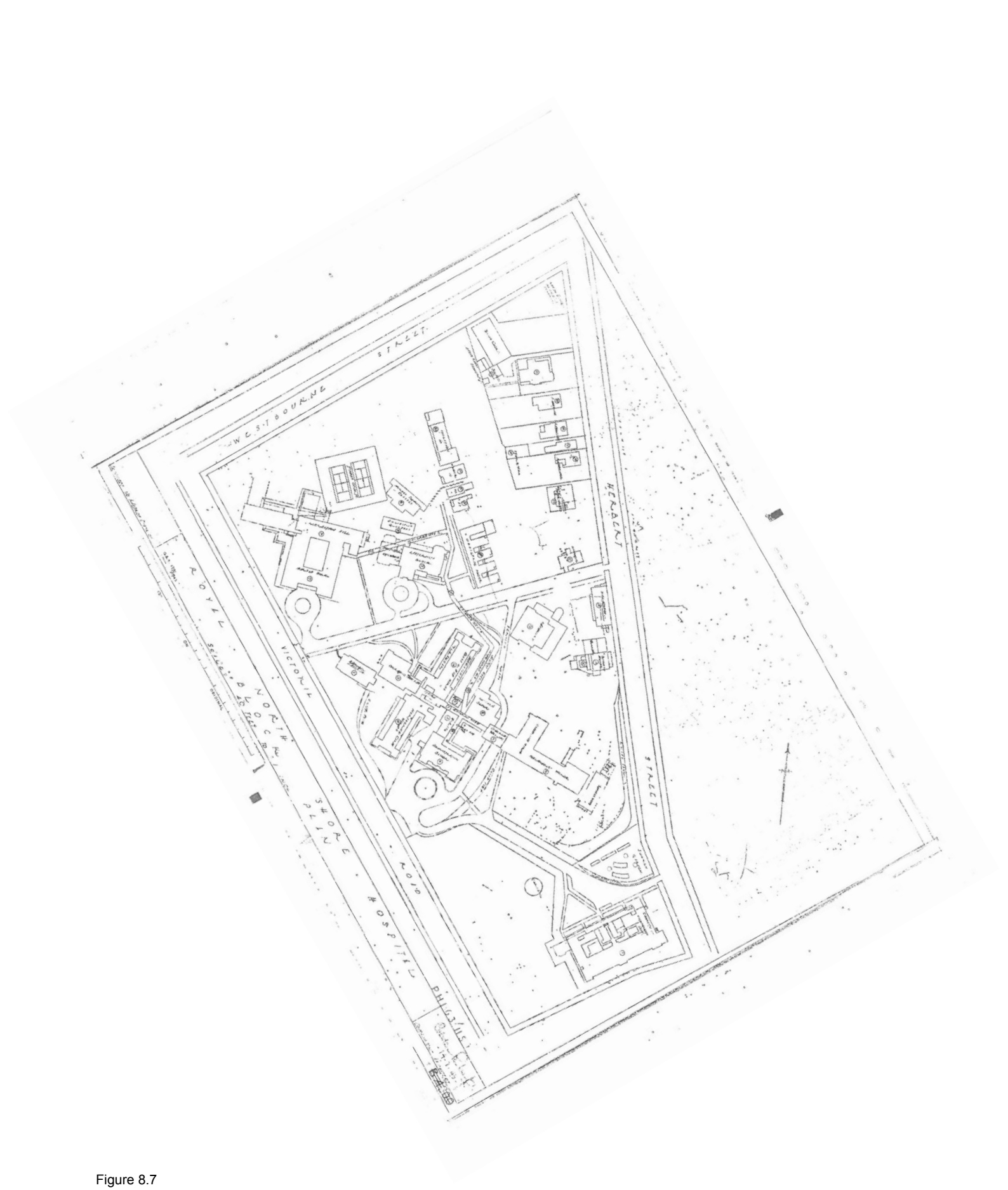


Figure 8.7
1943 site plan of the Royal North Shore Hospital site

Source: PH163/115, NSW Department of Finance and Services

Early Postwar Development, 1945-1960s

9.0

9.1 Introduction

With the end of the war, the Hospital was able to pick up where it had left off, and the Board revived plans that had been drawn up by architects Stephenson and Turner in the late 1930s. While they preferred to consider the construction of an entirely new hospital of eight storeys, as recommended by Stephenson and Turner, the Board recognised that in the short term there was work that needed to be done on the existing buildings in order to ensure their viability. As a result, a series of functional, low to medium grade buildings began to mushroom throughout the hospital site, in many cases being shoehorned into increasingly smaller pockets of undeveloped land.

9.2 Original Hospital Precinct

£11,898 was allocated towards the proposed remodelling of the four original wards of Carey, Dibbs, Hospital Saturday Fund and Northern Suburbs Hundred (Buildings 29 and 30), a "*necessary temporary expedient until such time as the proposed multi-storied hospital can be built*."

To carry out this work, the patient intake had to be necessarily reduced as the works progressed. Both pavilion wings were upgraded: the 1902 pavilion (with its Carey and Dibbs wards rebadged as B1 and B2) was first, followed by the 1912-14 wing of the Hospital Saturday Fund and Northern Suburbs Hundred wards (subsequently A1 and A2).

For both A and B Blocks (Buildings 30 and 29), part of the verandah roof was demolished to allow for the construction of new eaves, with tiles to be re-used, and other additions such as a sloped extension of the main roof form, louvred capping and the use of a flat iron roof for the covered walkway with vertical spandrels. On the east elevation of each wing, portions of the original ground floor verandah were demolished, retaining the central part to be enclosed and modified to become small rooms for storage, sterilizing, medicines/ dressings, flower rooms, and clinical Room. At the southern end of the demolished B1 (Carey) verandah, the original doorway was removed and a new window inserted; at the northern end of the former verandah, the corner covered way was demolished and a new wall and window blocked in. Similar work was carried out to the A Block ground floor verandah fabric.

Similarly, the verandah at the northern entrance of B1 (Carey) was demolished to allow for the construction of a projecting glazed solarium, with original openings and windows bricked up. For Hospital Saturday Fund ward (A1), the southern verandah and entrance to the building was reconfigured with a duplicate projecting and glazed space, with the existing window and openings bricked up.

Work was also carried out on the west verandahs of both pavilion wings, with demolition of original fabric and new extended verandah spaces constructed with the laying of a concrete floor, insertion of a reverse double door swing and the addition of a storage room for patients' clothing. For A1, work also included construction of a new ramp access.

Internally, remodelling comprised the formation of new wards using partitioning, to create six bed wards. Internal doors were removed and some cupboards and openings bricked up, with new tile, concrete or terrazzo flooring, doors and fittings inserted in selected areas such as the Calorifier Room, Utility Room, Bathrooms and Ward Servery. New flyscreens and doors were designated for areas such as the ward servery room.

The drawings showed that similar reconfiguration and remodelling was carried out on the upper level of each pavilion wing. Plans for A2 (Northern Suburbs Hundred), showed the upper level balcony space was retained, but the balcony itself was demolished and replaced by a new, slightly extended balcony space and balustrade. On the opposite side of A Block, another small first floor balcony was removed and replaced by a new flat iron roof over the Central Dressings Room; adjacent, a new wall ran from the first floor up to eaves height. An existing covered way was demolished to allow for the construction of a new wall and window. All up, it was reported that:

"*Good progress has been made with the work which shows promise of being completed by the end of 1951*."

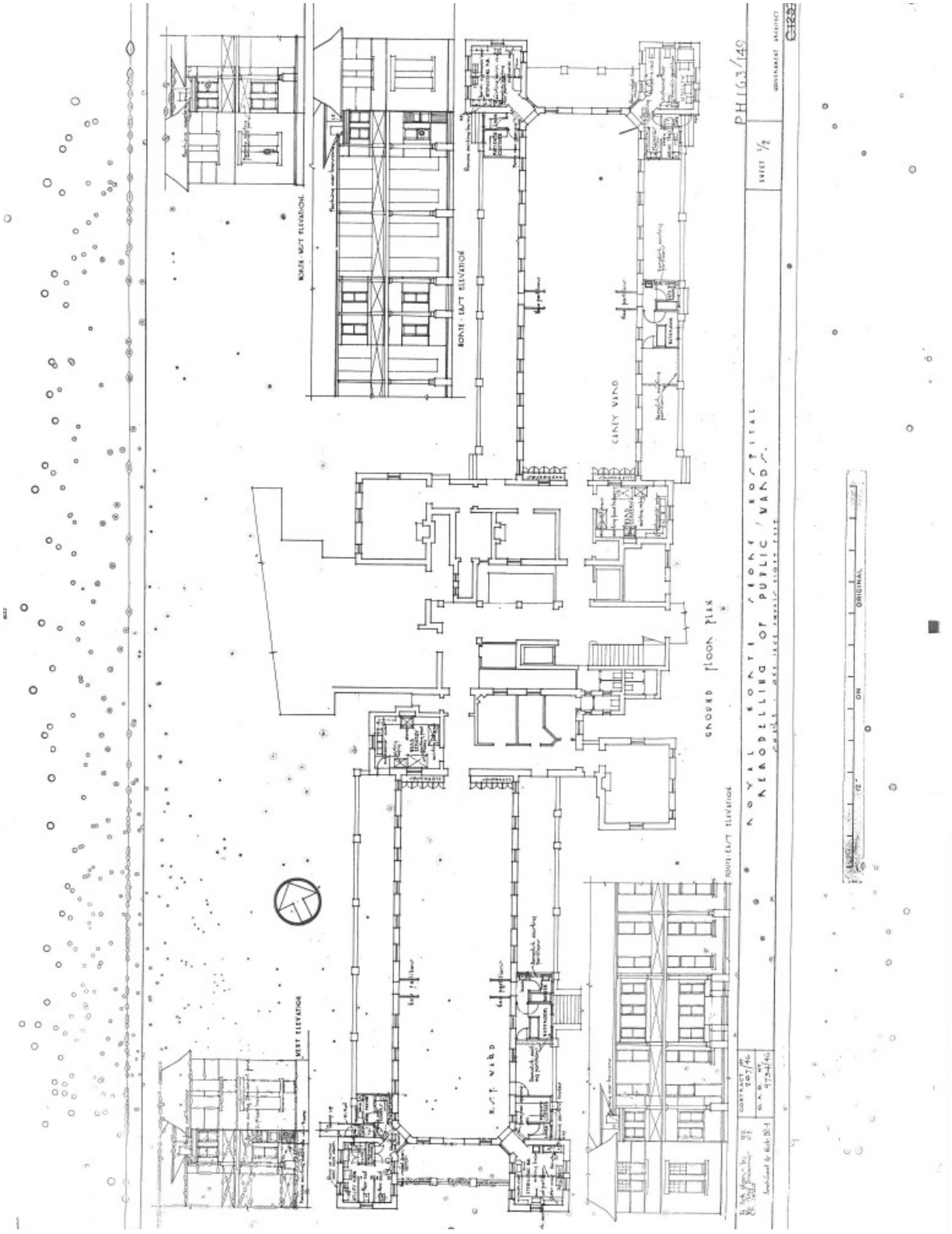


Figure 9.1
Remodelling of Public Wards (Buildings 29 and 30), 1946
Source: PH163/149 NSW Department of Finance and Services

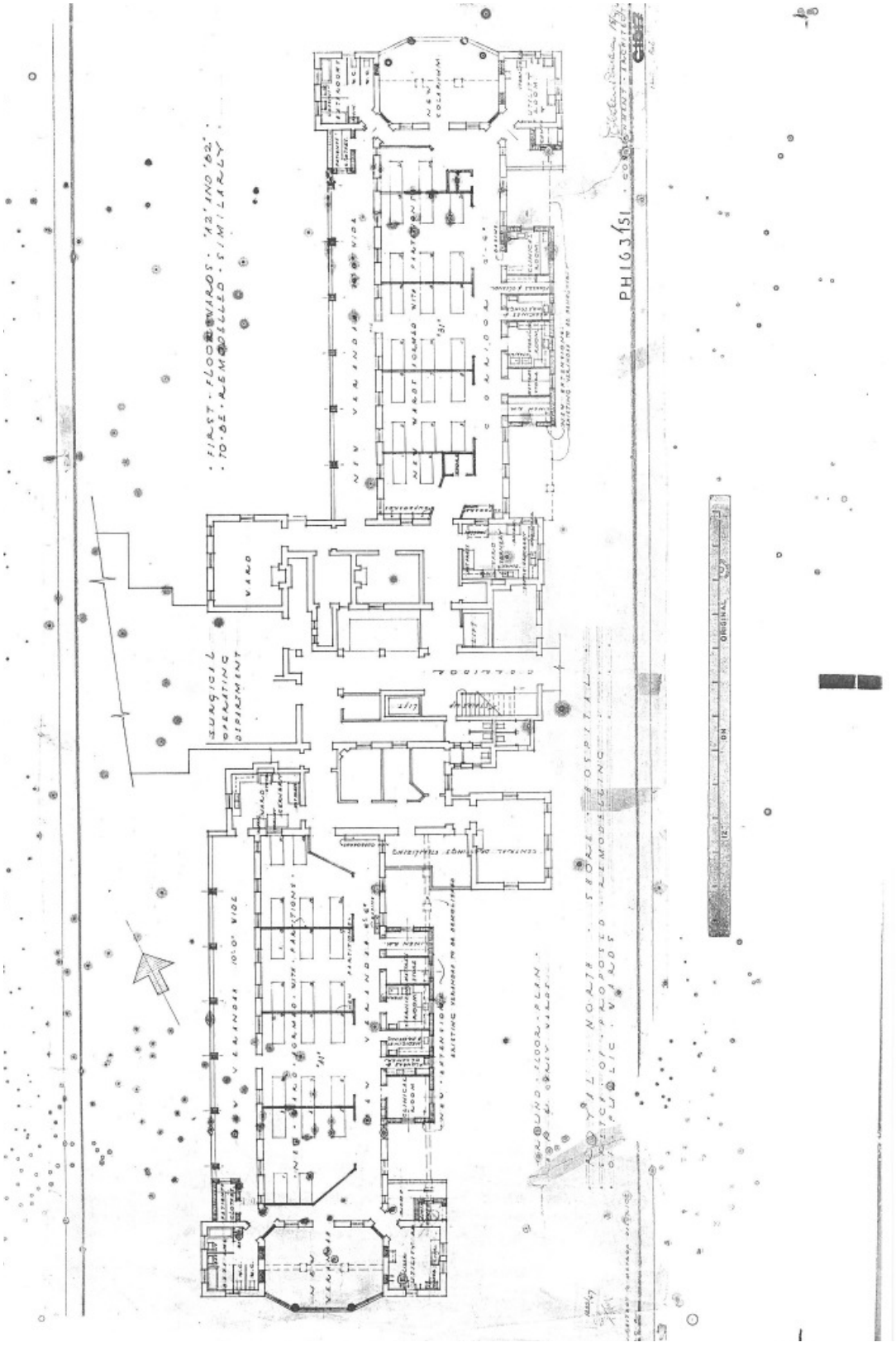


Figure 9.2
Sketch of Proposed Remodelling of Public Wards (Buildings 29 and 30), 1947
Source: PH163/151, NSW Department of Finance and Services

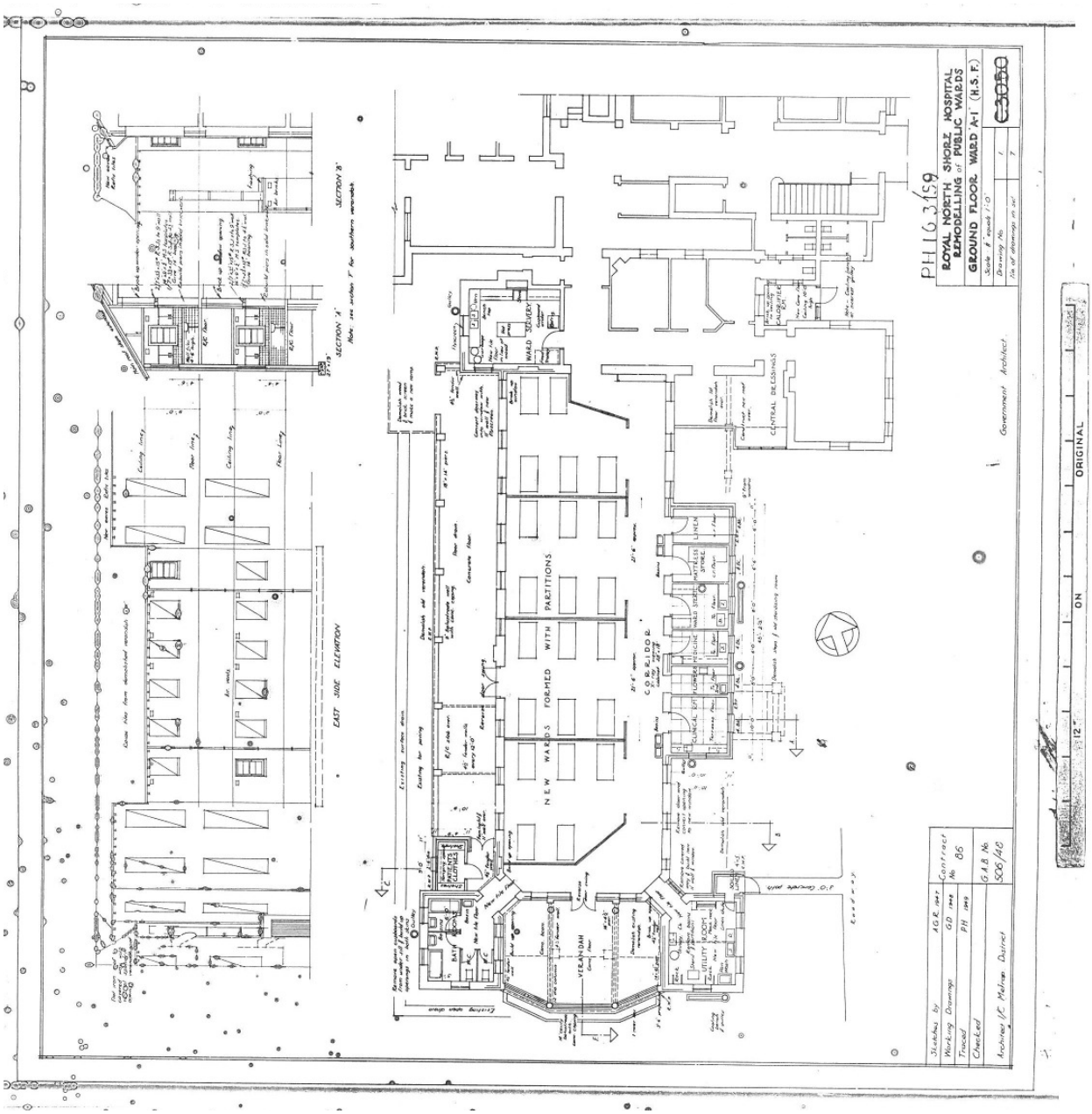


Figure 9.3
Remodelling of A Block "Ward A1" (Building 30), 1948

Source: PH163/159, NSW Department of Finance and Services

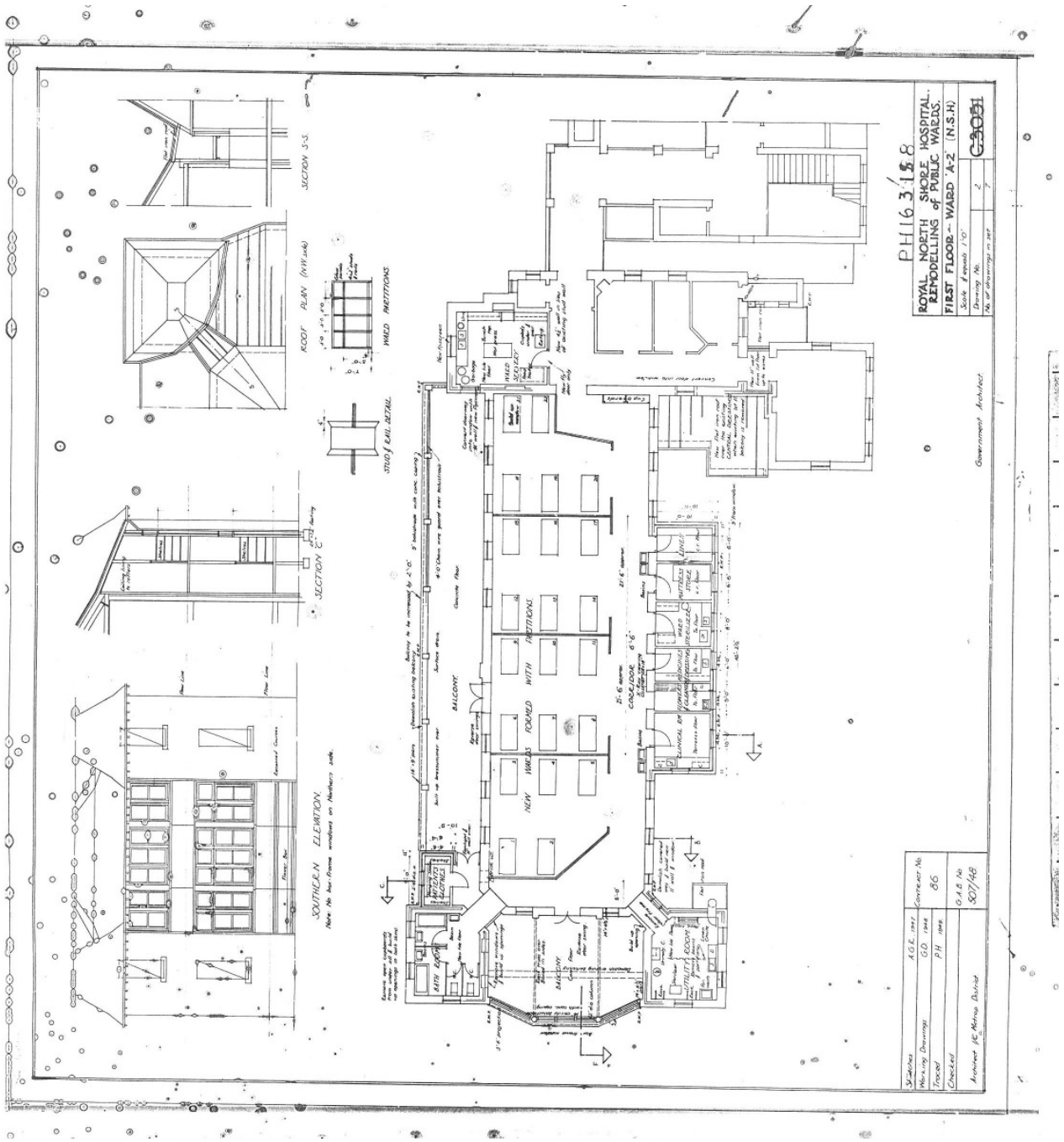


Figure 9.4
Remodelling of Ward A2 (Building 30), 1948

Source: PH163/158, NSW Department of Finance and Services

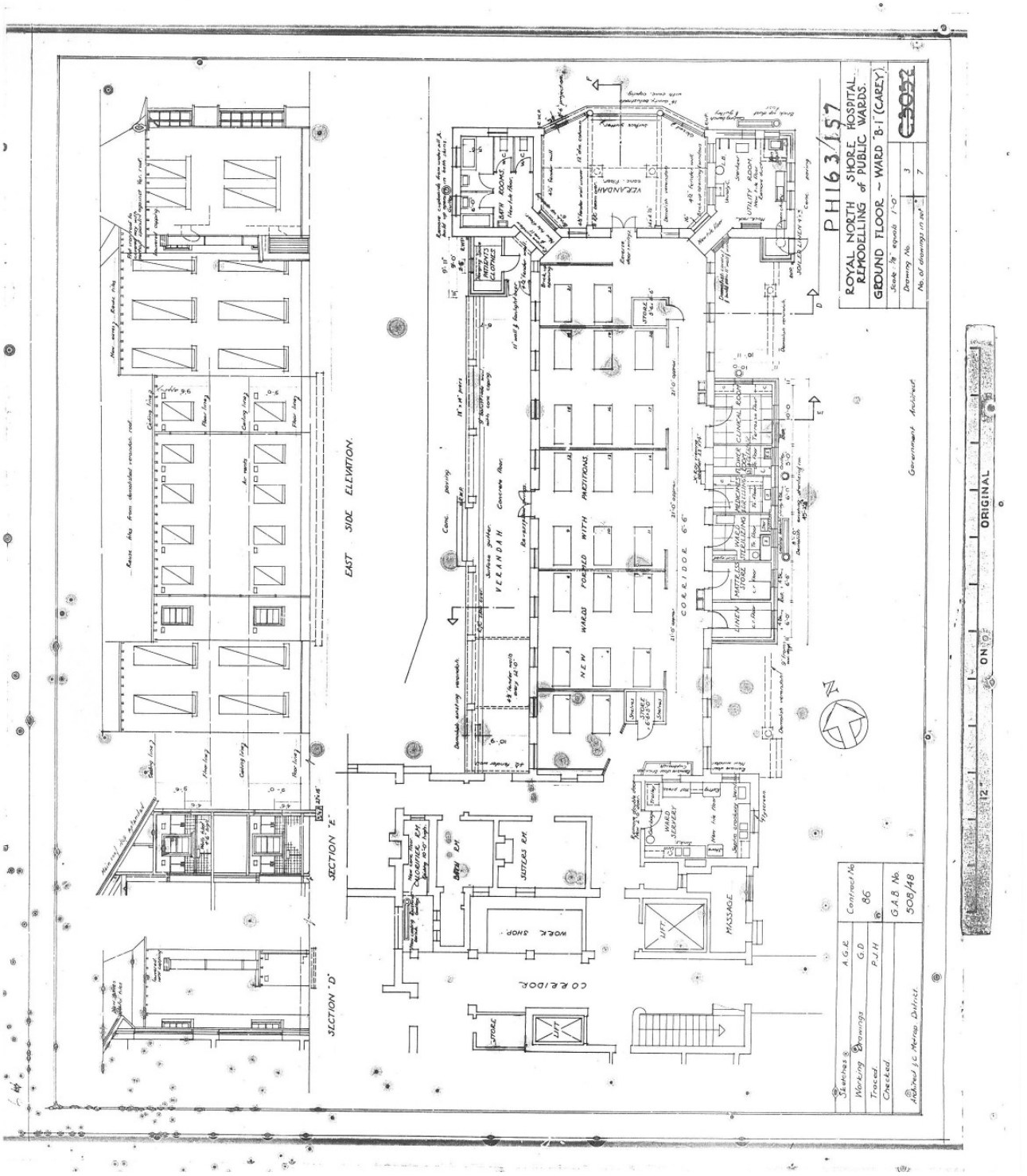


Figure 9.5
Remodelling of Building 30's B Block (Dibbs Ward), 1948

Source: NSW Department of Finance and Services

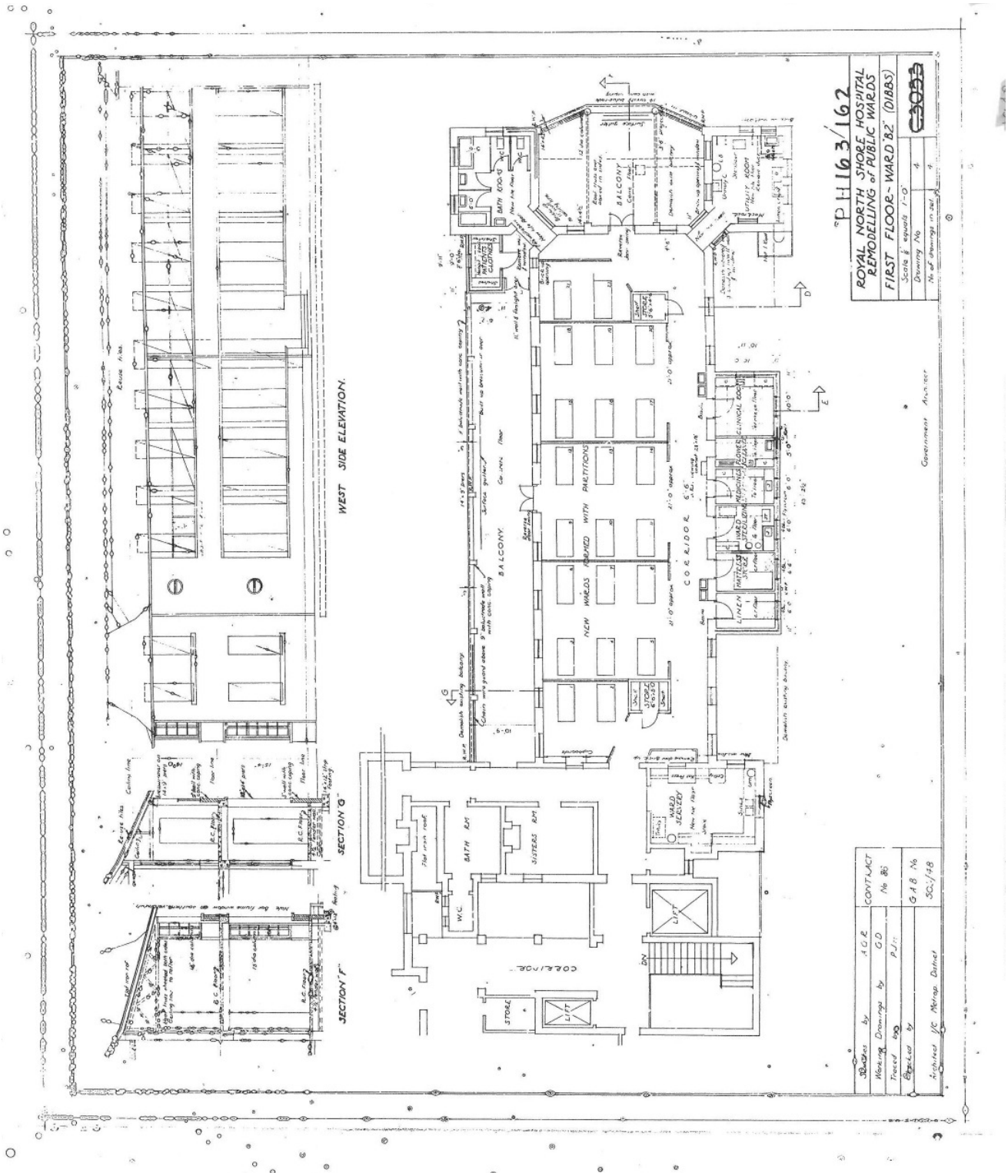


Figure 9.6
Remodelling of B2 Ward, Building 30

Source: PH163/162, NSW Department of Finance and Services

Figure 9.7
1950s photograph of the Kitchen (Building 33) recorded by Sam Hood, showing the rear extension.

Source: State Library of NSW

Other work carried out during the 1950s period included a single storey addition to the eastern side of the original kitchen block (Building 33), which was later followed by alterations and remodelling for use as the Orthotics Department in the 1970s.

The Administration Block (Building 31) was also modified in 1947, principally relating to the spaces at the rear and within the eastern extension. Other work to Building 31 included new stairs, and the removal of the existing verandah balustrade. A minor refitting of the Enquiry and Assistant Matron's Rooms was indicated with the proposed removal of counters and glazed partitioning, and the roof and covered way upgraded and the covered 'boardwalk' removed. Changes to the roof were required, with the eaves cut back and a new box gutter and parapet over the rear extension. The former boardwalk, which was now enclosed as an internal corridor, was accessed by new doors cut into the walls of the Dining Room and Resident Medical Officer's Room.

On the remainder of the original Hospital site, and stretching to the easternmost boundary along Herbert Street, extensive development was implemented to provide for the ever-increasing range of services and amenities needed for a growing hospital complex. Functional service departments began to mushroom in areas where there was ample space, as was the case on both the north and south sides of the resumed Eileen Street. Where possible, these utilitarian buildings faced onto Herbert Street or else were sited so as to be readily accessible using the Eileen Street access.

Plans were drawn up in 1947 by the Public Works Department for alterations and additions to the hospital Laundry and power house (Building 22). This included the provision of new toilet facilities for the ground floor mens' facilities, new delivery counter, new covered way added and changes to window openings. The upper floor, which was used by female staff and contained sewing and sorting rooms, and work saw demolition of internal walls, and extensions to the roof to accommodate new additions. Following the construction of a new purpose-built laundry in the late 1950s (part of Building 19), Building 22 was modified for use as general maintenance workshops.

Nearby, the hospital built a new boiler house (Building 21), designed by Stephenson and Turner and constructed by H.W. Thompson Building Pty Ltd, in 1958-1960. This was sited in close proximity to the existing 1920s boiler house and chimney, with the old boiler house demolished to make way for the more modern unit: the chimney, however, was kept. Despite its close proximity to the chimney, the new building had no apparent functional connection.

Its construction was part of the broader modernisation and upgrading works carried out across the hospital as a whole. It was a utilitarian style building backing onto Herbert Street and its architectural style reflected its functionality. The boiler equipment was open to view and protected by a large expansive glass wall, a design that Stephenson and Turner used on several hospital boiler houses. It was proposed to have a swartwout dexter ventilator. The building featured a coal bunker with monorail and half-ton hoist, and steel internal stairs. The shute of the boiler house had aluminium louvres, timber sliding doors and swing-in tubular safety gates.

Figure 9.8
1948 view of the Administration building. Note that while the curved driveway is still in situ, at this stage there were no garden beds in its centre

Source: State Library of NSW, d1_45111

Figure 9.9
Building 30 (left) after remodelling, and Building 31 (right) 1950. Note glazed projecting solarium at the end of the Building 30 and the changes to the verandah
Source: RNSH Museum

Figure 9.10
Building 29 wards, 1955, with the Operating Block, (Building 27) at right of image.
Source: RNSH Museum

Figure 9.11
Rear view of the Administration Block (Building 31), prior to 1950s works. The Kitchen Block (Building 33) can be seen in the foreground, prior to the extension shown in Figure 9.7. Building 30 is at the rear.

Source: Sherington, *A Century of Caring*

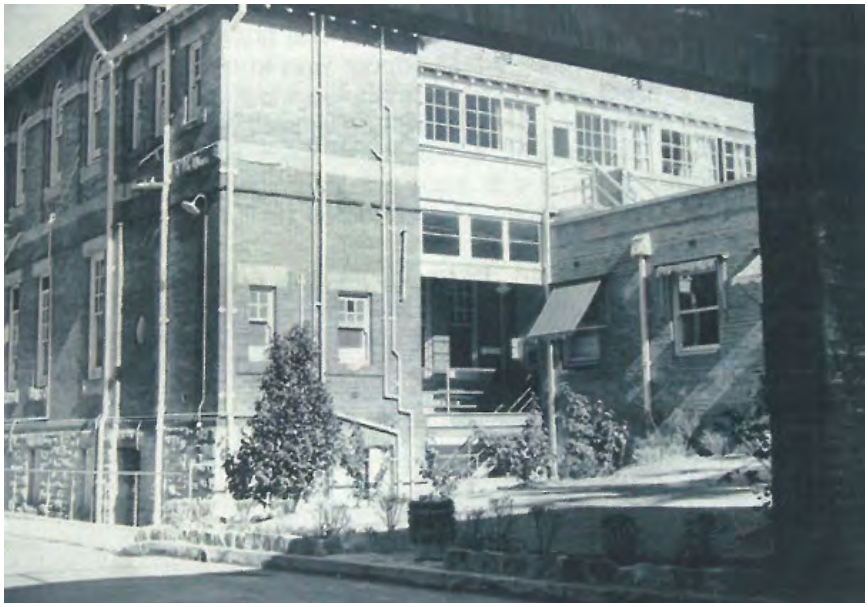


Figure 9.11
Rear of Building 31, c.1955, showing rear stairs, partial enclosure of the ground floor verandah and single storey extension that has been removed.

Source: Sherington, *A Century of Caring*

9.3 Northern Precinct

The immediate post war environment of the Hospital saw the Committee re-adopting their old policy of resuming land parcels in the immediate vicinity of the hospital. In 1948 a plan for further expansion was embarked upon, and in the first half of 1951 sections of Reserve Road and the lane running off Westbourne Street were closed.[78]

Also during the period between 1952-1974, the Hospital purchased all of the lots on the northern block between Reserve Road, Westbourne Street and Saville Street. The majority of the houses were demolished during the 1970s, with the exception of Building 42, an early twentieth century cottage used as the breast screening clinic.

In April 1965, the Royal North Shore Hospital purchased the former offices of the North Shore Brick and Tile company, being one of the last of their site acquisition.[79] This was adapted for use throughout the remainder of the 1960s as a Students Common Room that was affiliated with the Clinical Teaching Services.

The Northern Hospital precinct experienced significant growth during the early postwar period with the construction of major buildings such as the Thoracic Block (Building 10) and the construction of a multi-storeyed nurses' home (Building 6) to supplement the interwar, more modestly scaled, Vindin House and its 1940s West Wing extension (Buildings 11 and 11A). This expansion was owed, at least in part, to the extra land acquired from the Herbert and Westbourne Street resumptions.

One problem arose from this rapid period of development along the Herbert Street alignment. Following the completion of the new buildings in the immediate vicinity, it was eventually discovered that it was possible to view post-mortem procedures in the nearby 1925 Mortuary (Building 19), which was sited on the north side of the Eileen Street alignment; from the top of the new buildings, procedures could be seen by looking down through the Mortuary's skylight. The Mortuary was also hemmed in by the 1959 construction of the Laundry immediately adjacent, and the decision was made to convert the mortuary to a new use as the Laundry's offices. An extension linking the two buildings was carried out, with the blended buildings thereafter identified as Building 19. Extensive alteration of the redundant mortuary's interior was naturally required to suit it for its new administrative use.[80] The new Mortuary was located in the Main Block constructed c.1964.

78 Sherington, *A Century of Caring*, p.(flyleaf)
79 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment*, p.234
80 See plans held by the NSW Department of Finance and Services, PH 163/191

Figure 9.13
1965 plan of the Mortuary and Laundry

Source: NSW Department of Finance and Services, PH163/191

With the new boiler house facility and laundry complete, the Hospital turned to the next building project to be constructed along the Herbert Street frontage. Building 18, the Wellcome Laboratory, was constructed in 1960. It was designed by Stephenson and Turner in 1958 as the Research Laboratory for Experimental Medicine and Surgery, and formed part of the broad of architectural influences across the entire hospital site as the result of Stephenson and Turner's input. While Building 18 provided a necessary role in terms of both health sciences research and the running of the hospital, and could be regarded as a vital cog in the overall machine, its siting was a reflection of its status in the hospital hierarchy –its nearest neighbours were the laundry and former morgue, adapted for use as offices. This cluster of buildings along this particular section of Herbert Street, suitably distant from patients and the general public, formed a small "essential" services zone. The ground floor of the laboratory was almost entirely dedicated to housing animals in a series of pens, together with office spaces. The first floor contained the main operating rooms, x-ray and lab spaces.[81]

The design and early development stages of Building 22 coincided with that of Building 16, located at the southern end of the rear lane to Herbert Street. This was formally opened in 1954 and initially served as a prefabricated Orthopaedic Ward holding 40 beds before being converted for alternative uses as Children's Ward and a Paraplegic Unit. It was one of the few departments in this part of the hospital grounds that was intended for patient use.

81 City Plan Heritage, Royal North Shore Hospital Heritage Assessment, p.147

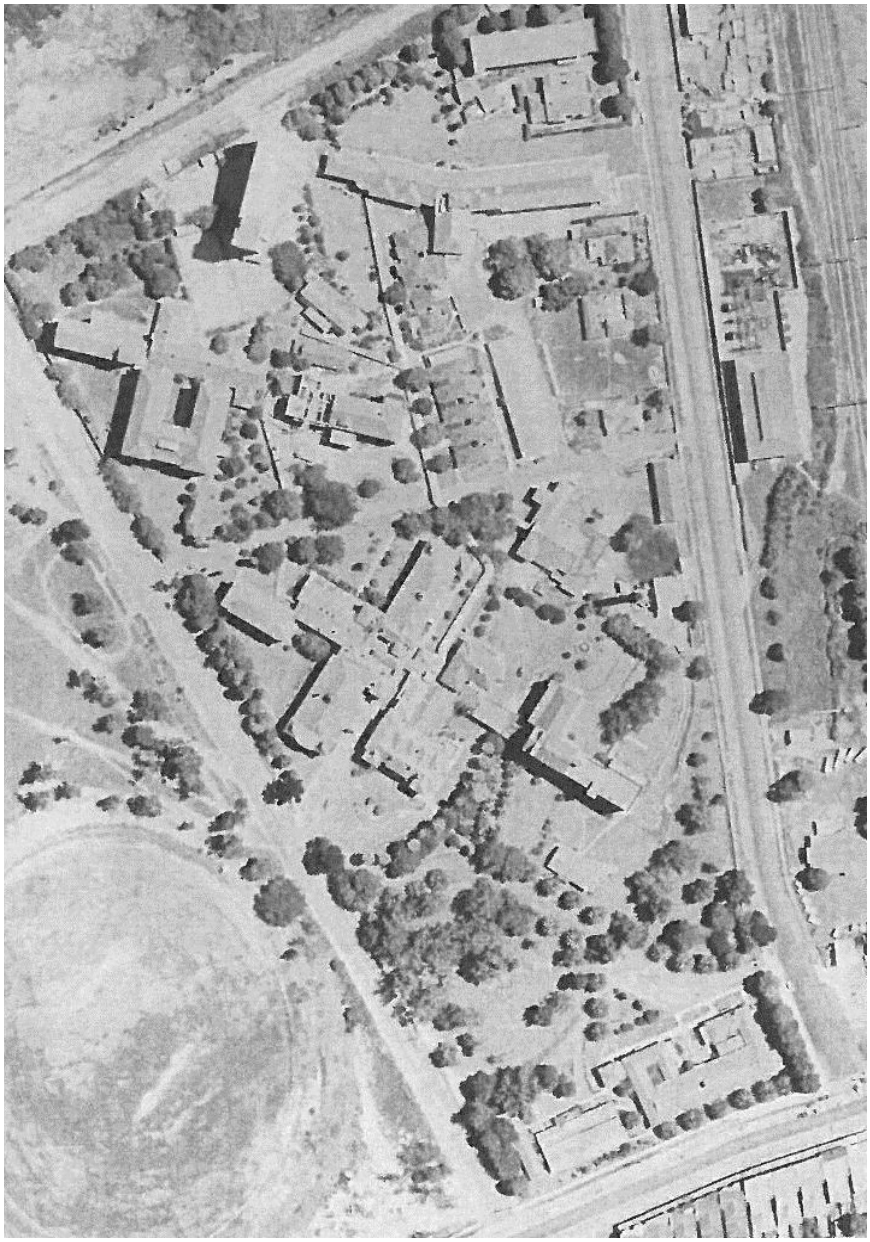


Figure 9.14
1956 aerial photograph of the RNSH, showing Building 10 as newly completed, and the new nurses' residence, Sturt House, (Building 6) under construction. Note that the Mortuary along Herbert Street is still free-standing and the adjoining Laundry (Building 19) has not yet been built.

Source: NSW Land and Property Information

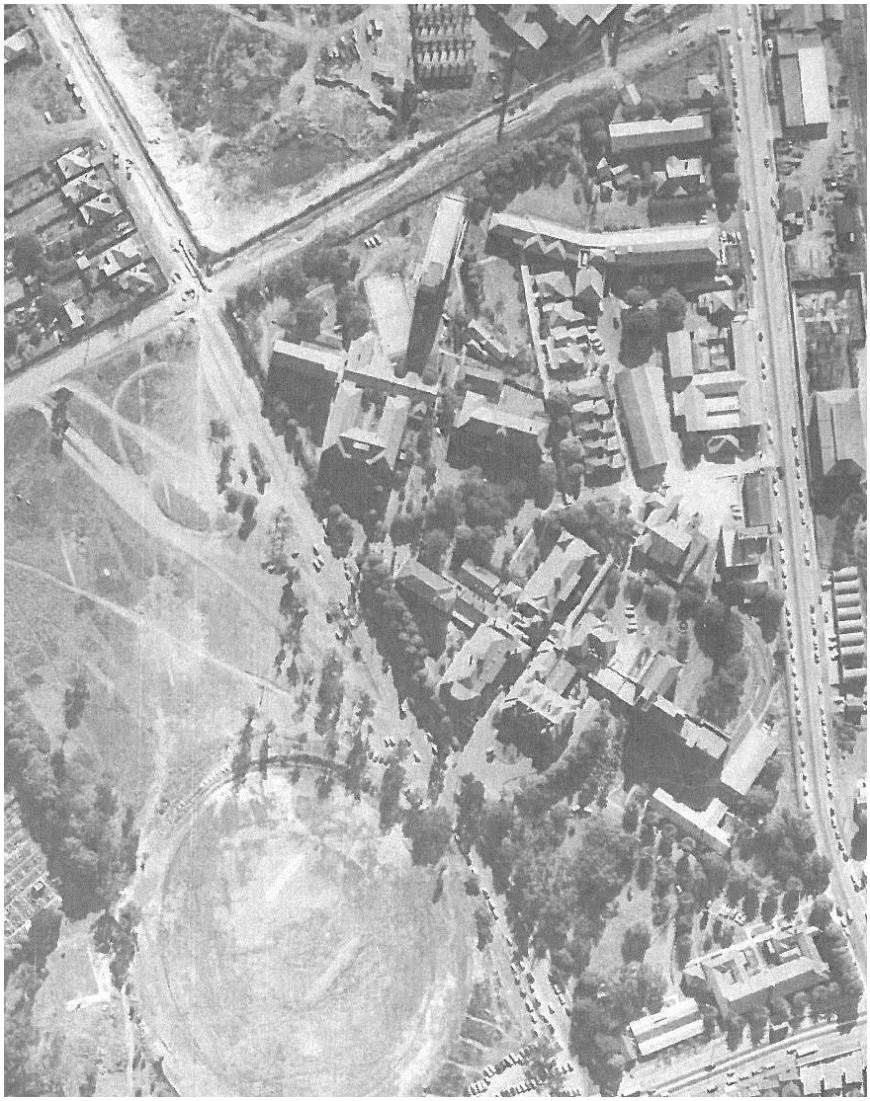


Figure 9.15
1961 aerial photograph of the RNSH. Sturt House (Building 6) had been completed by this date, and the Laundry (Building 19) had been constructed adjoining the 1925 Mortuary. Just south of the Mortuary, along Herbert Street, the new boiler house (Building 21) was one of the new facilities to be erected during this period of growth. Note that the land on the western side of Reserve Road is as yet undeveloped.

Source: NSW Land and Property Information

Building 10

A significant addition to the Hospital site was the construction of a purpose-built, carefully designed Thoracic Unit (Building 10). This was built in the north eastern quadrant of the hospital site, and was originally intended as an infectious diseases block, in accordance with a pre-war decision by the Hospitals Commission.

It was constructed in two stages, with the first stage (west wing) built in 1947-48 at a time when scientific research was on the cusp of discovering how to treat tuberculosis. Two houses to the south of present day Building 9 (Lanceley Cottage) were demolished to construct the second, eastern wing in the early 1950s. Architecturally, the two wings were compatible,[82] with strong horizontal banding through the use of balconies along the northern elevations. It was a streamlined structure with accents of rounded glass, built to a functionalist style that was considered ideal for institutions.[83] It was a distinctive building architecturally, as the second wing radiated off the first stage at an angle to orient towards the sun.

By the time the first wing was opened in 1949, however, the focus of the hospital's treatment of infectious disease was tuberculosis and it had become the Hospital's Thoracic Unit. By the mid 1950s the Thoracic Unit had one hundred beds dedicated to the treatment of tuberculosis, and it was expanded with a single storey extension in 1955. Building 10 continued to provide specialist thoracic services after the spread of tuberculosis was brought under control in the early 1960s.

Figure 9.16
Building 10 under construction, 1947
Source: RNSH Archives

82 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* p.117
83 P. Apperly, *Identifying Australian Architecture*, p.187

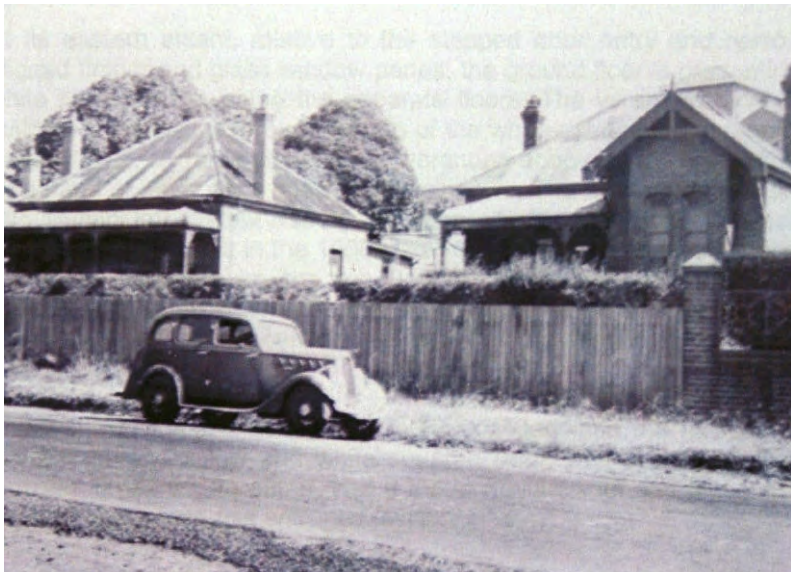


Figure 9.17
The two cottages in Herbert Street demolished to construct the eastern wing of Building 10
Source: RNSH Archives

Figure 9.18
Photograph of Building 10, looking south east
Source: Sherington & Vanderfield, *A Century of Caring*

Figure 9.19
1956 photograph of the extended Building 10, looking west from Herbert Street. Sturt House (Building 6) is in the background.
Source: Sherington & Vanderfield, *A Century of Caring*

Sturt House (Building 6)

A second major building project during the 1950s period was that of the new nurses' home, a project which the Hospital Board and Committee had recognised was long overdue. Designed by Stephenson and Turner and built in 1956, this was a eight-storeyed apartment building that was intended to be part of a T-shaped development; the second stage of construction, however, never eventuated. The new nurses home had a distinct advantage in that it was considerably more modern in terms of amenities than Vindin House and even boasted central heating. However, the height of the building meant that nurses could no longer climb into their quarters though the windows to evade detection by their supervisors, and for this reason it was not as popular a residence as the older Vindin House, which afforded ample opportunities for stealthy ingress and egress.

Building 8

In 1950, Building 8 was constructed adjacent to Building 9, the cottage known as Rainham (Lanceley), which had been resumed by the Hospital in 1928. On the site of the Lanceley family's tennis court, a three storeyed domestic staff residence was built, and in the later decades of the twentieth century, Building 8 had instead become used as sister's quarters[84] and was later used as a Drug and Alcohol unit.

In 1966 Building 15 was constructed. Designed by Peter Priestly, it was a clinker brick Sydney school style building, and opened for student accommodation in 1968. This, together with the 1970s-built Building 14, was the result of stringent budgetary pressures, and build quality meant that these were not of good or high quality structures. Building 15 was therefore an early example in this part of the site of the lower-quality developments typically carried out across the hospital complex at a time of perpetually straightened financial circumstances.

To the immediate north of the original pavilion wings and the Administration building, close to the former Eileen Street alignment, a small research and teaching precinct began to be established in the post war period to supplement the early interwar research buildings based in this part of the hospital. Buildings 23, 24 and 26 were all constructed during the 1960s as teaching facilities. They were ideally suited to complement the nearby interwar-period Kolling Institute. (Building 25)

An important amenity was the addition of the 1963 building of the Norman Nock lecture theatre (Building 24), constructed as part of the Clinical Teaching Block (Blg 23) in 1963. This was named in honour of Sir Norman Nock, Lord Mayor of Sydney, who became Chairman of a new Board of Directors of the Hospital in 1940. Its construction was carried out in conjunction with alterations to the Kolling Institute (Building 25), as well as additions to Building 23 itself.

84 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* p.107

This group was expanded in the late 1960s when construction commenced on the five storeyed brutalist Wallace Freeborn Block (Building 26), named in honour of the General Medical Superintendent of the Hospital from 1946-1963. Works were ongoing on this building from 1967 until 1973, although to all intents and purposes the building appeared to have been effectively completed by the 1972 aerial. It was sited between the 'research' group of buildings immediately to the north-west of the original Federation pavilion wing buildings, on the street frontage.

9.4 Western Precinct

By the end of 1948, plans for the long-desired multi-storeyed hospital building had been well in hand, with the hospital board clearly intending to acquire the western side of Reserve Road in order to expand by constructing a completely new hospital:

Sydney architects are working on plans for a 600-bed branch of the Royal North Shore Hospital which will cost about £2 1/2 million. It will be one of the most modern in the world. The State Government financed the new hospital block. The chairman of the hospital board, Sir Norman Knox, said this yesterday, after the Minister for Health, Mr. C. A. Kelly, had opened the North Shore Hospital's new £50,000 42-bed thoracic centre. This centre will have an additional 58 beds built on to it, and, when finished will cost about £100,000.

Sir Norman said the builders would probably begin work on the £21 million block towards the end of 1949. The additional 600 beds would give the hospital a total of more than 1,000 beds. The new block would be built opposite the present hospital, which would be used for convalescents.[85]

After 1948, the Royal North Shore Hospital was determined to be proactive in its teaching, and sought a professional association with the University of Sydney. The University proved an enthusiastic partner in this enterprise, and the scheme provided additional kudos to the Royal North Shore Hospital within the New South Wales health context. However, the responsibilities that accompanied this partnership meant that the already-limited resources of the Hospital would be placed under greater strain, and the new venture provided an opening for the Hospital to seriously consider expanding the hospital complex to the western side of Reserve Road, adjacent to Gore Hill Oval and the cemetery.

In total, the proposed development on the western side of Reserve Road was estimated to cost nearly £250,000, and were "part of a large-scale expansion programme, which will eventually cost more than £2,500,000."[86] After prolonged discussion, the negotiations with the State Government and the Willoughby Council resulted in the resumption of 6.5 acres of the Gore Hill Reserve on 12 October

85 *Sydney Morning Herald*, 17 December 1948 p.3
86 *Sydney Morning Herald*, 24 August 1949, p.5

1951[87] for the purpose of the new multi-storey hospital building, designed on modern hospital lines.

Construction, however, of the new hospital was delayed for some years owing to financial and administrative issues, and did not commence until 1961. Once the work commenced, however, progress was relatively straightforward and by 1963 it was being reported that: "T*he first section of the block [Main Block 1]-mainly outpatients and administration – will be completed and ready for occupation by November 1964*."[88]

This new block (Main Block 1) was designed as a centralised facility that held the most intensively used hospital departments in the one location, encompassing an outpatients department, casualty and accident, emergency operating theatres and recovery wards, intensive therapy, pathology, physiotherapy, medical records, pharmacy and general administration and staff. It was opened on 21 November 1964 by the NSW Minister for Health, the Hon WF Sheahan.

Accompanying the new hospital building was what became known as the Lincoln Hynes Memorial Chapel (Building 3), which was constructed according to a modified design by Stephenson and Turner and dedicated in 1968. Funded by the Nursing Association and the Royal North Shore Ladies Committee, the hospital chapel provided an important spiritual service that had hitherto been lacking on the site.[89] Prior to its construction, the only such service on offer had been a room in the 1925 Mortuary, which was later adapted use for as a Laundry office area. As a result, there was a ten year period when there was no specific spiritual space provided; the new chapel, however, was able to cater to the spiritual needs of far more than the newly bereaved.

Figure 9.20
Main Block 1, 1964

Source: State Library of NSW, 02-24413

87 Sherington, *A Century of Caring*
88 *Royal North Shore Hospital Annual Report,* 1963
89 Godden Mackay Logan, R*oyal North Shore Hospital Concept Plan: Heritage Impact Statement,* p.13

9.5 Southern Precinct

Given the gradually expanding hospital site, the decision was made to provide a refreshment kiosk (Building 38) for the benefit of staff, patients and visitors. The Public Works Department prepared drawings for the new kiosk in 1941; progress was delayed, however, until 1950. This was located in close proximity to both the Outpatients Clinic near Lane Cove Road and the recently built Wakefield and Princess Elizabeth Pavilions. It operated as a kiosk for a decade, before it was modified, this time using a Stephenson and Turner design, for a new use as a Child Care Centre, requiring a substantial addition. In addition to providing child care, it also improved community access to parenthood education classes and pre-natal classes.[90]

Building 37 Radiation Oncology

In the vicinity of the hospital Kiosk, the Hospital Board chose to build a new radiation oncology unit. Building 37 opened in 1960, but the construction process had been relatively slow despite continual pressure being put on the government to provide this urgently needed service with all speed. After extensive fundraising efforts by the Chatswood Rotary Club, the hospital had £38,000 to commence work, and eventually in 1959 the Government was able to supplement the funds with a £25,000 loan. This provided sufficient funding to enable construction of a deep ray therapy unit.[91] When completed, the oncology unit was a single storey building of face brick and concrete flooring. Within two to three years, additional funding had allowed for an extension to house its first cobalt unit in 1963.

Building 34 Cummins

In 1964, plans were drawn up for the Cummins Wing (Building 34), and construction commenced immediately; the building was formally opened by the Minister for Health, AH Jago, in October 1965. This distinctive-designed round polygon building with an inner landscaped garden courtyard catered for 18 patients and a staff of 26 professionals, including a psychologist, psychiatric social worker and occupational therapist. This was a three storey building with face brick walls at the lower levels and prefabricated wall panels to upper levels, exposed steel frame with reinforced concrete floors. The lowest (basement) level was reserved for occupational therapy including an art room, gym, and laundry. Patient rooms, in the form of single, three and four bed dormitories occupied much of the top floor level.

90 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* p.203
91 Sherington, *A Century of Caring*, p.111

Late Twentieth Century Development: 1970s-1990s

10.0

10.1 Introduction

The 1970s -1990s period was a time for consolidation across the site as a whole, and proved to be the last phase of growth before the hospital was comprehensively redeveloped. With the majority of open spaces now occupied by a range of hospital amenities and facilities, there was little room left to expand to accommodate the continually growing demand by the public for hospital services, and it became essential to adapt the existing built fabric in order to tailor the buildings to new uses. The most significant change was the moving of patients from the original pavilion wings across the new hospital block on the western side of Reserve Road, affording an opportunity to remodel the old Federation era buildings to accommodate and/or supplement new services. This adaptation and capacity to reuse and revitalise the existing built fabric was the key determining factor of this late twentieth century period, and eventually reinforced that the time to extensively redevelop the entire hospital complex for the provision of modern medical services was fast approaching. While sporadic upgrades and extensions were added to the existing buildings, the 'make-do' works were generally of unexceptional architectural quality. Those few new buildings constructed on the eastern side of Reserve Road during this period tended to be lower in scale and build quality and tucked into small gaps between buildings–or in some cases, appended onto existing buildings. To build several new facilities in the northernmost precinct of the site, Westbourne Street, extending from Herbert Street to Saville Street, was closed in November 1971, and the last of the old cottages were demolished.

10.2 Western Precinct

On the western side of Reserve Road, the construction of Main Block I, which had been built during the 1960s, was to be supplemented by a second hospital building, to be known as Main Block Stage Two (Building 2).

Problems had arisen over the Stephenson, Meldrum and Turner report, placing the Hospital in a quandary. While the Royal North Shore Hospital was keen to expand to include provision for 750 beds including intermediate wards, the architects' proposal for the modernisation of the site had amounted to a price range from £230,000 to £380,000. The issue at hand was that the Hospital knew that the Government would not support such an expensive project, lest it be then under pressure from other hospitals to spend similar sums of money on similar modernisation.[92] Following some thorny negotiation, the matter was handed over to the Public Works

92 Sherington, *A Century of Caring*, p.61

Department and the Premier, Bertram Stevens, agreed that the Government could approve a loan for £250,000 to fund the works.

The process for the construction of Main Block 2 was temporarily halted due to the financial collapse of the Mainline Corporation in 1974. During the confusion, the project was placed under the guidance of the General Medical Superintendent, at the time legally considered as both builder and proprietor of the hospital development. This was no minor altercation:

Mainline Corporation's construction business was closed down today by the receiver manager. Mr J. H. Jamison. placing in jeopardy the jobs of up to 1,000 workers in NSW alone.
Mr Jamison said he would not be liable for any further commitments for the company's construction iobs after 4pm yesterday. However, a spokesman for the Australian Mutual Provident Society said today that work would not stop on its centre at, Sydney Cove and the project above the North Sydney railway station.

Arrangements had been made "with Sydney-based Concrete Constructions to take over the projects. Mr Jamison would pay the workers off tomorrow morning and they would then be taken on by Concrete Constructions.

At a meeting of clients today, Mr Jamison is understood to have said he was strongly opposed to liquidation of the Mainline group. He was unavailable tonight to indicate how he intended to keep the group from folding.
In a statement after the meeting, Mr Jamison said the meeting had been called "because a number of proprietors, who had previously agreed to carry on the construction ' contracts had. in the past few days, indicated a reversal of this decision".

He said, "Discussions at the meeting were aimed at ensuring that the contracts would be continued with as little disruption as possible and an endeavour to keen the work force fully employed during the changeover period".

"The 11 proprietors and receiver will work together to achieve this". It is understood that only 15 of the original 70-odd clients were still prepared to support Mr Jamison today. An informed source said the NSW Government, which had been a consistent supporter, indicated at the meeting it would have to back off.

Mainlines NSW Government contracts include a 620 bed ward block and operating theatre for -the Royal North Shore Hospital and expansion of the Mona Vale Hospital."[93]

Administration devolved to Max Cooper & Sons, and the project reached completion, with various medical departments relocating into the building as early as July 1974. The building itself was not formally opened until a ceremony by NSW Governor, Sir Roden Cutler, in March 1977.

93 *Canberra Times*, 12 September 1974

Figure 10.1
1972 aerial photograph of the site. By this date, the Western Precinct has been developed, as has the CJ Cummins Building (34) and the Child Care Centre (Building 38) on the eastern side of the site.

Source: NSW Land and Property Information

Figure 10.2
The Western Precinct, 1975

Source: image no.d2_47316, State Library of NSW

10.3 Original Hospital Precinct

Great strides were made on the site-wide hospital development in the Western Precinct during the post-war period, with Stage 1 of the new multi-storeyed hospital building (Main Block 1) completed in 1964 on the western side of Reserve Road. Approval for Stage 2 had been given in 1969, although administrative impediments delayed its completion. By the time of its official opening in 1977, the second stage was already in full swing, with 500 beds in use. The opening of the new hospital facilities meant that the Federation-era pavilions were no longer necessary for providing the bulk of patient accommodation.[94]

One of the first changes to the built environment in this part of the site was to the Princess Elizabeth Pavilion (Building 35). In 1972 the children's block was modified with a new brutalist style wing added and some selected remodelling. The new work featured concrete slab balconies on face brick bearing walls and concrete roof, with a horizontal emphasis by the use of white banding set behind the façade, linking the new addition to the original building. Following the opening of Main Block 2 shortly afterwards on the Western Precinct, Building 35 was then completely renovated for new uses by research units. A subterranean tunnel was constructed to link the new western precinct with the original hospital buildings.

As a result of the new hospital blocks built on the Western Precinct, the four original pavilion wards were closed to medical and surgical inpatients from late 1976. The pavilion wards were abandoned as too expensive to either upgrade or to maintain to modern standards of patient care.

With the additional space created by the completion of the new hospital, there was an opportunity to upgrade the original hospital complex. In the Administration Block (Building 31) works were relatively minor, relating principally to the refitting and modernisation of offices and bathrooms.[95] This was later followed in the late 1980s by sporadic restoration works intended to be carried out in combination with the construction of the nearby Centenary Theatre (Building 52). Work to Building 31 included intermittent conservation and repairs.

Consequently, the A and B wards were modified once new uses had been identified. It was intended that these spaces would serve as laboratories and for ancillary medical departments such as Physiotherapy, Occupational Therapy, Speech Therapy, and Social Work.[96] As had occurred in the post-war phase of modernization, the work was undertaken in stages, alternating between the two pavilion buildings.

94 City Plan Heritage, *Royal North Shore Hospital, St Leonards Heritage Assessment*, p.238
95 City Plan Heritage, *Royal North Shore Hospital, St Leonards Heritage Assessment,* p.36
96 City Plan Heritage, *Royal North Shore Hospital, St Leonards Heritage Assessment,* p.238

A 16 metre Hydrotherapy Pool was built in 1978 by the Primary Club adjacent to the original 1902-03 Carey ward, with that ward being transformed to the Physiotherapy and Rehabilitation Gymnasium. Working drawings for the proposed Hydrotherapy Pool were prepared in 1977 by Devine, Erby and Mazlin Pty Ltd for the Pool Amenities Building B1 (to be known as Building 28), which was added to the western elevation of Building 29 (B Block pavilion) adjoining the concrete rampway already existing. To construct the pool, a number of trees and the existing concrete pathway had to be removed from the site, with some excavation to allow for new paving work, ramps and pathways. To the north-west of the new pool, a brick paved courtyard was created, and earth banks formed to reach the existing ground levels. The pool itself was clad with aluminum fascia, windows and louvres, with a glazed skylight connector between the original pavilion B1 and the new work. To the northern end of the pavilion, new aluminium windows were inserted into bays. The pool facility was finished with exposed steel trusses, acrylic roof lights, aluminium roof decking and ceiling joists. [97]

Plans for the work also showed proposed changes to be made to the 1902-3 pavilion ward B1 for the use of the Physiotherapy and Rehabilitation Gymnasium, with the space to be fitted out with parallel bars, wall pulleys, new timber flooring, new lighting and ventilation fans. Construction work carried out during 1978 included the insertion of plasterboard partitioning and curtain tracks at the north-western end of the building to create change areas, and the removal of selected partitioned areas. Existing bathroom facilities in the north-eastern corner of the building were demolished to allow for wheelchair-accessible toilet facilities with terrazzo partitions and doors, together with grab rails, call buttons and other facilities. Internal doors and openings were modified, a new floor finish was laid down for a wheelchair storage area, and the entry foyer swing out doors were repainted; the supervisors office at the southwest corner of the building was laid with new flooring, a handrail inserted and a new glazed partition and door fitted.

Figure 10.3
Hydrotherapy (Building 28) under construction, 1977
Source: photograph by Peter Priestly (RNSH Collection)

97 Unless otherwise stated, information relating to these 1970s-1980s works has been sourced from material stored in the Royal North Shore Hospital Engineering Plan Room

This adaptation of the former ward space was followed by 1978 plans (again prepared by Peter Priestly Associates) for the construction of fire stairs to Building 29. These entailed a new access door to be fitted into existing window openings on the second floor of the building, and a facebrick addition to the side elevation with concrete balustrades to the landings. The roof over the new stair was to match the existing roof pitch and terracotta roof tiling, with the gap between the existing and the new addition covered with bargeboarding and flashing. Each stairwell was fitted with fluorescent lighting and metal balustrades, and an external light fitted at the base, over the external access point.

The following year (1979) it was the turn of Ward A1, in the pavilion wing built in 1912-14 (Building 30). Ward A1 was partly remodeled, partly for Speech Therapy and partly for the Social Work Department. Preliminary plans for Stage 1 had been prepared by Peter Priestly Associates in 1978 for the work, with an emphasis on the former pavilion verandah. To the pavilion exterior, new aluminium framed sliding windows were inserted into the existing openings, as well as a new aluminium framed automatic sliding door to the western end of the building. To form the entrance landing, a new brick wall was added with an exposed aggregate finish. The canvas verandah roller blinds were removed, to be replaced by new moulded asbestos cement sunhoods.

Considerable work was required to adapt the interior for use of A1 by the Speech Therapy Department. The former, enclosed verandah on the western side of the building was adapted for use as predominantly treatment and observation rooms, with a new suspended plasterboard ceiling over. There was selected demolition of existing internal brickwork and doors; the openings and windows onto the former verandah were demolished, and new doors and frames installed. The centrally positioned double doors were removed to allow for a new solid core door and frame, with the surrounds bricked up. Some of the original window openings were bricked up and rendered rather than replaced with new materials. The existing face brick wall along the former verandah edge was also rendered and painted, while at the southern end of the building new doors, w.c fitout and partitioning was inserted.

This was followed in the 1980s with plans prepared by the Royal North Shore Hospital Projects Department for A Block (Building 30), for the installation of new electrical wiring, lighting and communications throughout the proposed Occupational Therapy section of the building. Comprehensive adaptation of the building fitout commenced in 1981, with its reconfiguration for Occupational Therapy.

As with the former B Block wing, plans were submitted for fire stairs to the exterior of A Block; this time, the chosen firm was Jo Knight Pty Ltd, with this company favoured for much of the following construction and upgrading work undertaken with regard to A Block. In 1982, Ward A2 was partly converted to Laboratories for Clinical

Pharmacology. Plans prepared by Jo Knight showed the demolition work to the existing fabric of A2. This entailed removing the original timber window openings on the eastern elevation in preparation for bricking up, as well as removal of selected doors, jambs, flooring and tiling. Once completed, construction work could commence for the proposed extensions to laboratories and ancillary rooms, with new benches and laboratory fitout, and a number of external openings bricked up and rendered on its southern elevation.

In 1982, Building 35 was renovated for the Rheumatology division to move into the building. Level 1 was fitted out for Sutton Research Labs and level 4 was dedicated to the Academic Unit. Soon after (1985) an extension was built for the Rheumatology dept. Subsequent departmental use included the North Sydney Home Services and Speech Pathology.

The following year (1983) attention returned to the 1902-03 pavilion wing, with ward B2 remodelled for use by Physiotherapy. The Royal North Shore Hospital Projects Department plans that had been drawn up in 1981 comprised provisions for a pre natal classroom, a conference/common room, and a treatment room (with eight divisions) in the main body of the upper floor level, with ancillary stores and cubicles on the eastern elevation. In the centre of the old ward, a new full height partition was inserted to screen off the pre natal classroom, and a new 2m high opening made through the existing wall connecting to the treatment room. The treatment room and pre natal classroom were separated by an area occupied by four divisions. A number of old fittings such as basins and shelves were removed from corridor spaces, with others retained in store rooms and cubicles. At the north-east tower corner of the building the linen chute door in the newly designated Plaster Room was bricked up, and many fittings removed and upgraded. To access the conference room, a new opening was made, and a new door and jamb inserted.

Work on Ward A2 resumed in 1984, with the remainder of the space converted to Laboratories (renal and endocrine) transferred from Sydney Hospital. The plans, again prepared by Jo Knight Pty Ltd, showed demolition work requiring widespread removal of fabric, including flooring, tiling, window glass and frames, selected doors and jambs, removal of cold room, benches, cupboards and other fittings, and the cutting back of projecting brick courses flush with the wall. Construction work necessitated repairs to the existing plaster ceiling and asbestos cement ceiling sections, insertion of timber stud walls and an overall comprehensive refit, with new benches, cold room, cupboards and benches, and new connections to waste services lines.

Once the wards had been comprehensively adapted for these new uses, the last main change to the building fabric was the new B Block lift. The plans by Tierney and Partners, consulting engineers, and White Elevators, Pty Ltd, was installed for the purpose of conveying ‘bed passengers’ from A and B Blocks.

The last major change to the original pavilion arrangement was in 1987, when the WWII-era operating block (Building 27) was refitted for use as a Day Surgery unit, with plans drawn up by J. Knight Pty Ltd.

The last major change to the early hospital group was in 1992, when the 1930s waiting room (Building 32) that had been adapted for alternative uses such as a kiosk, was partitioned and refitted for a new productive use as the Ansto-Body Protein Unit.

10.4 Northern Precinct

The 1970s-1990s period saw considerable change to the northern part of the hospital site, both in terms of new development as well as alterations and additions to existing hospital services. The most visible building project was the work carried out to the land on the corner of Reserve Road and Westbourne Street, at the north-west corner of the northern precinct. Here, Building 4 (Rotary Lodge) was constructed in stages from 1970-1980 in the north-western corner near the corner of Reserve Road and Westbourne Street This corner of the hospital site in the vicinity of the postwar Nurses' accommodation building of Sturt House (Building 6) was more intensively developed during this period, and Rotary House was accompanied by the construction of a staff recreation centre (Building 5). This adopted a trend of siting services in this part of the hospital around the interwar Nurses' residence of Vindin House and its West Wing 1944 extension (Buildings 11 and 11A).

Rotary Lodge was designed as emergency accommodation for the families of hospital patients. It was built in several stages, with stage one opening in 1970. This was a simple single storey structure in the Sydney school architectural style with face brick walls and flat concrete roofing. Through the remainder of the 1970s construction of additional units was undertaken, with new units becoming available in 1972, 1975, 1976, 1979 and 1980, with a covered walkway added to connect the units in 1978. In total, eighteen units provided an important accommodation service.

Building 5 was designed by Peter Priestly & Associates as a staff recreation centre and had been planned from the early 1970s. Construction did not begin until 1978-1980 and formed part of a five stage development. As with many of the hospital buildings erected during this period, it was of Sydney School architecture and of face brickwork, boasting a squash court and gymnasium, with a pool.

Further to the east, near the Herbert Street alignment, land was cleared in 1976 and the last remaining resumed cottages demolished, with the exception of Lanceley Cottage (Building 9) and the former North Sydney Brick and Tile Company offices.[98] (Building 7). Similarly, those cottages at the southern end of Rawson Street were gradually demolished and replaced by Building 12 (1976), 14 (1976), and 15 (1979), two of which were dedicated for use as new

98 City Plan Heritage, *Royal North Shore Hospital, St Leonards Heritage Assessment*, p.234

medical student accommodation.[99] Building 14 was a Sydney School building designed by Peter Priestly and constructed in 1976 as a second of a two stage development intended to provide funding for medical student accommodation. This was the final stage of growth of student amenities on the hospital site, and after the building had been constructed, a covered walkway was added along the former Rawson Street alignment. Building 12, constructed similarly to the others as a Sydney School style building, was used throughout the 1980s as a Day Hospital before eventually being converted for Aged Care Services.

Nearby, Building 16, the then-paraplegic unit, was adapted in 1976 for a new use as Professional Development Block.

Across the remainder of the Northern Precinct, the majority of site works related to extensions and modifications to those buildings already existing. These included:

- Alterations and extensions to the Maternity (Alec Thomson Wing - Building 13) Building, culminating in the final, fourth wing in 1987. The most recent phase of additions to the Maternity Block meant that the old Nurses Training School cottage (the original Infectious Diseases cottage that had been relocated from further south on the site and adapted for new uses) was demolished to create the space needed for the new additions.

- Lanceley Cottage (Building 9) was remodelled twice during the 1970s and 1980s period, for Community Services and Renal Dialysis Service respectively.

- Building 7 (the former North Shore Brick and Tile offices), which had been used since the since the mid-1960s, was altered using a design by Peter Priestly for a new use as a Diabetes Unit.

- Building 8, which had been used as a sister's quarters, was adapted for use in 1985 by Community Services, to a design by Jo Knight Pty Ltd. Two years later, the building was again modified, this time to add a Drug and Alcohol Unit within its footprint.[100]

- In the late 1970s, Building 10 – the Thoracic Unit – was made redundant when the thoracic centre was relocated to Main Block 2 upon its completion in the Western Precinct. Building 10 was subsequently modified using drawings prepared by Jo Knight Architects, for childrens' wards, geriatric rehabilitation and assessment ward, research labs and an *in vitro* fertilisation unit.

- In 1986 changes to Vindin House West (11A) were carried out, with remodelling into a new use as the School of Nursing.

99 Godden Mackay Logan, *Royal North Shore Hospital Concept Plan: Heritage Impact Statement*, p.13

100 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* p.107

- In the late 1980s, Animal House (Building 17) was partially demolished and rebuilt in the 1990s to house a new facility; this work was likely carried out at the same time as the renovation work on the adjacent Wellcome Laboratory (Building 18).

- Building 18, the Wellcome Laboratory, was altered in the early 1990s and both of the new floor levels dedicated to laboratory space[101].

- Additions to Building 23 in 1976 provided an extension to the Clinical Teaching Library [102].

- Final works to the Wallace Freeborn Professorial Block (Building 26).

Figure 10.4
1986 aerial photograph of the RNSH. By this date, the hospital had expanded to include a multistoreyed carpark in the North- Western precinct north of Westbourne Street, and both Main Blocks 1 and 2 had been completed on the western side of Reserve Road. On the main (eastern) side, the hospital was reaching saturation point, with little available undeveloped land upon which to build new facilities. South of the (round) CJ Cummins Building, the Centenary Lecture Theatre and School of Nursing are under construction.

Source: NSW Land and Property Information

101 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment*, p.148
102 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment*, p.54

10.5 North-Western Precinct

This period saw the last land acquisitions by the hospital, with the SCC Sub station, on the northern side of Westbourne Street, purchased in 1975. This was followed two years later by the closure of Reserve Road running north of Westbourne Street. This strategy opened up this corner of land for potential further expansion, and the policy of extending the hospital site was reinforced in 1980, with the further closure of Saville Street. On the northern extension, on the block bounded by Saville, Westbourne and Reserve Road was developed by 1994 with the construction of a large multistorey car park. Immediately adjacent was the North Shore Private Hospital, erected in 1997 on the site of the other lots and cottages in this area.[103] This was both owned and built by Ramsay Health Care[104] and formally opened in 1997, providing a total of 272 beds for intensive care, cardiac, orthopaedic, obstetric, neurosurgical, day, oncological and general surgical patients.[105] The northern most cottage on the site (Building 44) was used as a breast screen facility.

10.6 Southern Precinct

Unlike the North and Western Precincts, there was comparatively little ongoing development in the southern part of the hospital site during the 1970s period. In the leadup to the Hospital's centenary, however, the decision was made to invest funds in improving existing buildings and developing still-vacant land in the gap between the original hospital site and the Outpatients building that fronted onto the Pacific Highway.

The main building project in this part of the hospital site commenced in 1987, when Buildings 51 and 52 were constructed for nurses' teaching facilities. These structures were located on land that had originally been resumed in 1912 with a view to future hospital extensions, and the low-lying creek bed had been gradually filled in over the years since its handover to the hospital. This land had remained vacant throughout the following decades, and was still undeveloped and used as open car parking. An aerial photograph of the site, taken in 1986, shows the construction of Buildings 51 and 52 underway.

Building 51 was the result of a new strategy by the hospital for the training of nurses, with their education to be based around College rather than the traditional in-service experience. This was a policy that was implemented from January 1985, and the construction of the School of Nursing Building helped provide enough room for the effective training of new staff by the NSW Institute of Technology. The new School of Nursing was a late twentieth century two storey structure built in face brick and located conveniently to the nearby St Leonard's railway station.

103 Godden Mackay Logan, *Royal North Shore Hospital Concept Plan: Heritage Impact Statement,* p.14

104 The NSW Land and Property Information Certificate of Title identifies the Northern Sydney Health Distract on the first schedule. Folio 2/1158469, edition no 2 dated 5/11/2013

105 http://www.northshoreprivate.com.au/our-hospital/

Building 52, constructed at the same time as the School of Nursing, was the result of a joint effort between the Royal North Shore Hospital and the NSW Institute of Technology. The one and part–two storey Centenary Lecture Theatre, whilst clearly a late twentieth century structure, was designed to subtly reference the nearby Federation hospital buildings with details such as exposed eaves batons and piers. This building was formally opened as part of the centenary celebrations that commemorated the opening of the North Shore Cottage Hospital. Its siting, next to the Administration Building (Building 31), was carefully landscaped (unlike the School of Nursing Building, which had been built at the same time) so that it was harmonious with the that of the Federation era buildings.

In the years immediately following the construction of Buildings 51 and 52, the old Outpatients Building, located on the Pacific highway in the southernmost extent of the hospital site, was demolished. This area was subsequently redeveloped c.1996-7 with two large multi-storeyed office buildings unconnected with the Royal North Shore Hospital, although ownership of the land was registered to the Northern Sydney Area Health Service.[106]

Other, more minor works relating to buildings within the Southern Precinct included:

- an extension was added to the Cummins Wing (Building 34) and opened in late 1996. This served as an acute care facility and catered for seven additional patients[107]

- This new work to Building 34 was accompanied by a glassed walkway link that connected connecting to Buildings 35 and 36, with a camera unit fitted to the exterior.

- In 1994, an extension was also added to the functionalist-style radiation oncology unit, based on plans that had been prepared by the Public Works Department nearly a decade prior. These modifications to Building 37 required the demolition of brick walls and installation of new ramps, and the removal of several trees and retaining wall along Herbert Street in order for the work to be carried out. The siting of the new, irregularly shaped extension was problematic given the limited space available in this part of the hospital site, but eventually the project for the linear accelerator treatment bunkers was completed with new kerbing and guttering, timber screening and paving.

- In 1988, the child care centre (Building 38) was upgraded and extended, with plans prepared by DR Wylie Architects

106 Vol.15205 F161, NSW Land and Property Information
107 City Plan Heritage, *Royal North Shore Hospital Heritage Assessment,* pp.183-4

Figure 10.5
1997 aerial photograph of the RNSH. At top left, the North Shore Private Hospital is under construction in the recently acquired parcel of land north of Westbourne Street. In the Southern Precinct, (bottom right corner) extensions can be seen on the Cummins Building. The most noticeable change in this area is the demolition of the 1920s Outpatients Building, which was located on the southern boundary of the hospital site, along the Pacific Highway.

Source: NSW Land and Property Information

Twenty First Century Redevelopment, 2000-2016

11.0

11.1 Introduction

By this time, it was apparent that the hospital was in dire need of revitalisation. The sporadic building programmes of the twentieth century had been conducted, whilst broadly sprawling across the resumed lands in its vicinity, with many clinics and services simply slotted in to available spaces between older existing buildings. It was resolved that for the new century, the Royal North Shore Hospital should be comprehensively modernised to maintain its status as the primary hospital on Sydney's north shore.

The last building to be erected prior to the commencement of the redevelopment phase was that of the Douglas Building (Building 53, now known as Building 4), which was sited on vacant land adjacent to the Gore Hill Oval. It was approved for development in July 2000, and comprised a new POEM (Paediatric, Obstetrics and Emergency Clinical Services) building. The new structure was costed between $50-55 million, and formed part of the first stage of the intended $450 million redevelopment of the hospital site. Designed by Bligh Voller Nield's specialist Health and Science Unit, the distinctly modern building was built in two stages in the western precinct, with Emergency Services completed in May 2003; the rest of the building was completed in September of that year.[108] The presence within the hospital complex of such a large-scale building project heralded the beginning of the Royal North Shore's transformation, which was to result in the most significant redesign of the complex since its initial construction at the beginning of the twentieth century. The planning process began when City Plan Heritage was commissioned to prepare a site wide assessment.

Figure 11.1
The Douglas Building in 2014

108 City Plan Heritage, *Royal North Shore Heritage Assessment*, p.224

Little work was carried out within the Original Hospital Precinct owing to the need to prioritise funding. However, a small scope of works in 2001 by Lend Lease provided for some conservation works to the Administration Block (Building 31).

With the reuse of Building 31 for miscellaneous administration, PR and funding came a new phase of use as the Hospital's repository for historical photographs, documents and remnant items of medical equipment and ephemera. Responsibility for the care and maintenance of this historical material was divided between the Royal North Shore Museum, which occupies part of the ground floor at the rear of the building and houses the majority of the collection of staff and informal photographs, ephemera and equipment. Run by volunteers, it fostered strong connections with the nursing community. On the first floor level of Building 31 is the Archives, which was overseen by honorary archivist Dr Roger Vanderfield; this collection holds the hospital's annual reports, Minutes of meetings, building plans, selected photographs of buildings and newspaper cuttings.

From 2006 Building 31 was known as the Vanderfield Building, in honour of Roger Vanderfield, a member of the Faculty of Medicine from 1973 to 1991. He was also the Chief Medical Superintendent of the Northern Sydney Area Health Service, serving as a prominent identity within the Royal North Shore Hospital community. In addition to his association with the community for his medical skills, Vanderfield was also well known in sporting circles, particularly that of Australian rugby union, as an important figure in establishing the first Rugby World Cup. Vanderfield was appointed an Officer of the British Empire in the 1976 honours list, for "services to medicine and sport." This was later followed by an award as Officer of the Order of Australia in 2006 for his contribution to both the provision of health care services at Royal North Shore Hospital, and for his role in Rugby union football. Following his death in 2008, Vanderfield was posthumously inducted into the International Rugby Board Hall of Fame in 2011.

Figure 11.2
Roger Vanderfield served as a member of the faulty of Medecine from 1973-1991.

Source:http://www.smh.com.au/news/obituaries/high-achiever-on-and-off-the-field/2008/10/01/1222651165881.html

Figure 11.3
Site Plan of the Royal North Shore Hospital, prior to redevelopment works.
Source: City Plan Heritage, *Royal; North Shore Hospital Heritage Assessment*, 2005

11.2 Approvals for Redevelopment of the Site

Planning for the large scale site redevelopment commenced with the preparation of a Concept Plan for the future of the Royal North Shore Hospital site.

This redevelopment was the most substantial project of its kind in the state of NSW. Costing $1.127 billion, the project sought to rationalise the site as a whole and maximise opportunities for providing a fully functional hospital. In addition to juggling complicated scheduling to allow the hospital to maintain existing services, the project had to include provision for major infrastructure redevelopment, together with road works, parking and pedestrian access arrangements across the whole of the RNSH campus.

The Concept Plan for the redevelopment of the hospital site was approved by the Department of Planning as Major Project Number 06_0051 on 13 April 2007. It included subdivision of the site into a hospital precinct and other redevelopment precincts, and the demolition of a large part of the existing hospital complex, with the exception of some early buildings, including the Administration Building (31), the two Federation era pavilion wings (Buildings 29 and 30), the original Kitchen Block (Building 33) and the former Waiting Room (Building 32). The objectives of the Concept Plan included the following: [109]

- provide new "state of the art' hospital facilities with high quality care standards
- facilitate the delivery of improved, health, education, research and community services on the site
- provide flexible building design to allow for future modification and expansion top meet anticipated growth in demand for services and changes in clinical practice
- encourage supplementary and support private health facilities on lands core to the RNS public hospital
- introduce a wide range of uses onto the site consistent with the site's proximity to the St Leonards Station, including commercial, retail and residential uses, whilst maintaining as a dominant feature, the RNS hospital and complementary health activities
- improve and enhance the public domain, including a wide variety of public areas and pedestrian and vehicular connections through the site
- retain significant heritage items, within a campus-wide strategy for adaptive re-use.

109 City Plan Heritage, *Royal; North Shore Hospital Heritage Assessment*, 2005

Figure 11.4
Illustrative Master Plan showing Buildings 29, 30, 31, 32 and 33 to be retained in the Original Hospital Precinct

Source: *Royal North Shore Hospital Amended Concept Plan and Preferred Project Report*, Prepared by Urbis for Burns Bridge Services on behalf of NSW Health, November 2006, page 32

The first Project Application made under the approved Concept Plan was MP 06_0192 for a new Research and Education Facility (current Building 6, Kolling Building) to consolidate the Kolling Institute facilities that were spread across a number of buildings on the site, including the original Kolling Institute (Building 25).

The development approval was for the erection of an eleven storey building with a total gross floor area of 24,000m2 to house a mix of specialist medical research and education facilities, including a 240 seat lecture theatre and a new library.

As development consent for the demolition of Rotary Lodge accommodation (Building 4), tennis court, swimming pool and associated infrastructure and bulk excavation had been granted by Willoughby Council on 4 September 2006 (DA-2006/607) work on the site for this building had already commenced at this time. The building was officially opened by the NSW Health Minister John Della Bosca in November 2008. This building is now a research facility of both the Northern Sydney Local Health District and the University of Sydney with its programs including clinical and public health research activities in addition to laboratory-based research.

A decision was made by the NSW government to deliver the buildings and services for the Acute Hospital and Community Services through a Private Public Partnership (PPP), in order to tap into innovative health design and construction expertise and obtain well-maintained and services facilities at an assured cost:

The successful proponent was the Infrashore Partnership, comprising ABN AMRO (finance and consortium leader that was bought by the Royal Bank of Scotland in 2007), Thiess (design and construction), Thiess Services (hard facilities management and

maintenance), ISS Health Services (soft facilities management and non-core support services), Wilson Parking (car park services); and Zouki (retail). This project, to be delivered in three stages, was for:[110]

- financing, design, construction and commissioning of the new acute health facility, Community Health Facility, multi-storey car park and refurbishment of the Douglas Building;

- facilities management and delivery of ancillary non-clinical services in both the new facilities and existing buildings under a Labour Services Agreement with Northern Sydney and Central Coast Area Health Service.

On 31 January 2008, the Concept Plan and Project Application Approval was modified in so far as amendments being to conditions related to agreements with public transport providers and with respect to the scheduling of a Traffic Management and Accessibility Plan. The Concept Plan and Project Application was further modified on 7 April 2008 to allow for the erection of temporary demountable buildings on the site to facilitate the decanting and development of the new acute hospital.

A request was made to the Minister in August 2008 to declare the core medical precinct as a "Critical Infrastructure Project" under Clause 6 of *State Environmental Planning Policy (Major Projects) 2005*, to permit the lodgment of a Project Application, under Part 3A of the Act. Director-General's environmental assessment requirements (DGRs) were issued by the NSW Department of Planning on 30 September 2008 and the project declared a Major Project Application (MP 08-0172).

Figure 11.5
Plan extract showing the Concept Plan modifications approved to construct the Acute Services & Community Health Buildings as MP08_0172. The buildings to be divested under the approved Concept Plan are coloured in blue, both light and dark.

Source: Plan prepared by Cox Richardson, included in the *RNSH Environment Assessment and Project Application* report for MP08_0172 Prepared by Urbis, January 2009, page 26

110 http://www.treasury.nsw.gov.au/ppp/nsw_projects/projects_which_have_been_awarded/health/royal_north_shore_hospital_redevelopment-_stage_2

The Project Application (MP 08-0172) sought to site the new Acute Hospital Facility on the eastern side of Reserve Road with an adjacent Community Health Facility at the Herbert Street frontage, and a multi-storey car park on the western side of Reserve Road. This necessitated the demolition of the former Thoracic Block (Building 10) which had been excluded in the conditions of approval for the Concept Plan. A further modification to the Concept Plan (MP 06_0192) was approved with the Project Application in June 2009.

An application (MP07_168) to construct a zone substation west of the carpark in the North Western Precinct was approved in 2009. This application included subdivision of this area to be a separate land parcel.

In 2010 an application was submitted, and approved, for modification of Project Application MP08_0072, to demolish the 1925 Mortuary (part of Building 19) as it could not be retained and integrated into the redevelopment proposal.

Modifications to the Project Approval (MP 08_0172) were made in 2011, to increase the height of the Acute Services Building and add a helipad, and in 2012 to construct the Clinical Services Building (CSB), attached to the north of the Acute Services Building (Building 1), east of the Kolling Building (Building 6). The facilities in the Clinical Services Building included: 40 maternity beds, 32 neonatal Intensive Care Unit cots, 24 paediatric beds, state-wide burns unit, including 12 specialist burns beds and a 32-bed mental health inpatient unit (including a 12-bed high dependency facility).

A modification to the Concept Plan approval (MP 06-0051) was approved on 16 February 2016, permitting the demolition of Building 7 (Diabetic Unit) and Building 9 (Lanceley Cottage).

11.3 Commencement of the Works

The rapidly changing landscape of the hospital is captured in aerial photographs. At its greatest extent, the 2005 aerial Land and Property Information aerial photograph provided an overview of the established hospital, prior to substantial redevelopment works that were to commence across much of the site.

In 2009 the Lands Department aerial showed rapid progress on the hospital redevelopment. It would appear, judging by the grassed vacant zone with a footprint still visible, that one of the first buildings to be demolished was the Maternity Alec Thomson Block (Building 13), c.2008. The other buildings demolished in the Northern Precinct in this initial phase of redevelopment were the staff amenities (Building 5), the Sturt House (Building 6) nurses' home, and temporary accommodation for visitors in Building 4, located on the corner of Reserve Road and Westbourne Street. All of these buildings dated from the 1960-1980 period with the exception of the

Maternity Block. By November 2009 a new multi-storey building, known as the Kolling Building (Building 6), was shown as being in process of construction on the corner of Westbourne and Reserve Road.

From this date, redevelopment across the northern section of the hospital site was rapid. Along the western (Herbert Street) boundary, the post-war Laundry and old 1925 Mortuary building (19) was demolished in late 2009, as was the Animal House (Building 17). A large battleaxe-shaped carpark had been laid which was accessed off Herbert Street, between Lanceley Cottage (Building 9) and the former Thoracic Building (10). The western wing of the Thoracic Building had also been demolished as part of the redevelopment of this quadrant of the hospital complex.

Elsewhere on the hospital grounds, in mid-2009 the Hydrotherapy Pool (Building 28) had been demolished from its adjoining Building 29, returning the 1902 pavilion wing to a more legible form. Comparison of the 2009 and 2010 aerial photographs shows that the majority of the hospital research and support structures immediately north of the Federation-era pavilion and administration buildings were cleared at this time. This demolition work included the interwar nurses' home (Vindin House: Buildings 11 and 11A), the 1960s/70s Sydney-school style student accommodation and Aged Care unit (Buildings 12, 14 and 15), all of which had been located north of the original Eileen Street alignment. Buildings 23, 24, 25, 26, and 27, immediately north of the pavilion buildings (Buildings 29 and 30) were also demolished.

The Centenary Lecture Theatre (Building 52) was replaced with a large demountable Building (Building D1) and a demountable (Building D2) was erected at the rear of Building 31. The 2010 aerial shows the new Community Health Centre (Building 2) at the Reserve Road frontage almost complete and construction of the Main Hospital Acute Services Building (Building 1) underway.

11.4 Opening of the New Facilities

In 2011, the new RNSH Community Health Centre was formally opened, and incorporated a purpose-built floor with a gym and areas on the third floor dedicated to providing education for daily living skills in the aged care and rehabilitation centre. This was located on the eastern boundary of the site, facing onto Herbert Street and occupying the site previously used for the hospital Laundry, Animal House.

From early 2012, the process of moving large numbers of patients from old to new buildings was strategized thoroughly, with MOVE clinics practicing in order to minimisation disruption and to circumvent any foreseeable difficulties. The new Emergency Department was opened on 2 November 2012. In some instances with ambulatory patients walking into the new building.[111]

111 Shilbury, cited in http://www.hospitalandagedcare.com.au/news/royal-north-shore-hospital-1bn-reno-almost-done

A temporary land link was constructed between the old and new hospital buildings in October and November 2012, through which patients were wheeled to their new accommodation. "*In a well rehearsed, complex operation and with the help of about 350 community volunteers to provide direction, patients and staff said goodbye to the 'big brown block' that was RNSH and moved ward by ward, department by department, into the shiny new nine storey Royal North Shore Acute Services Building"* on the other side of Reserve Road.

By 2013 the majority of the new hospital buildings across the Northern Precinct had been completed, and with overhead walkways connecting to the Western Precinct buildings.

Contractors Brookfield Multiplex had began construction work for the Clinical Services Building, which was not part of the Infrashore Partnership Project scope. A number of temporary, demountable support buildings were installed around Lanceley Cottage (Building 9) which was used as a site office. The Clinical Services Building (Building 5) was completed in 2014.

11.5 Current State of Development

The hospital redevelopment to date has consolidated a large number of buildings, located throughout the Royal North Shore Hospital campus at St Leonards, into four large-scale facilities in the Northern Precinct. These facilities are:

- The Kolling Building (Building 6), on the corner of Reserve Road and Westbourne Street, a research facility of both the Northern Sydney Local Health District and the University of Sydney with its programs including clinical and public health research activities in addition to laboratory-based research supporting research and training.

- The Royal North Shore Community Health Centre (CHC) (Building 2), which was opened in 2011. The purpose built structure was designed to offer a wide variety of community health services including indigenous health, mental health, sexual health, outpatient dialysis, child and family health, sexual assault services, drug and alcohol services, and NSW Breastscreen.

- The Acute Services Building (ASB) (Building 1), This new facility is the crux of the hospital-wide redevelopment and is designed with a view to future expansion. Internally, the layout is such that every department is accessible within a two minute walk of the main lifts. Inpatient wards were designed as a combination of one and four bed rooms, all of which include ensuite facilities. On the main entry level (Level 3) is the Outpatients Department, with the expectation that over 70 per cent of patients would be received and processed at this point, thereby reducing traffic throughout the hospital. The ASB also includes 'enhanced diagnostic services and

new clinical and information technology', as well as eighteen new operating theatres intended to supplement those already operating in the Douglas Building (Building 53, opened in 2005 and currently renumbered as Building 4).

Atop the building is sited a cantilevered helipad, serviced by a dedicated lift that can transfer patients rapidly down to the emergency and intensive care departments and operating theatres. A total of five resuscitation bays are now available, instead of the previous three in the old RNSH, while the new intensive care unit was constructed in line with the most advanced design, resulting in the staff needing to develop "new systems of patient care." There are four ICU areas, comprising two general, one neuro-surgical and one cardio-thoracic units.

Chronically ill patients in the ICU are provided for with new equipment such as Drager Evita Infinity V500 ventilators, being the first public hospital to be equipped with such. Other new equipment includes an automated (PYXIS) system of medicine dispensation; automated guided vehicles (AGV) for the delivery of food, linen and hospital supplies; and a TrueBeam STx linear accelerator to deliver more accurate doses of radiation to tumours while better protecting the normal surrounding tissues within 1 mm of the cancer cells.

- The Clinical Services Building (CSB), opened in December 2014, accommodates Women's and Children's Health, the Severe Burn Injury Unit and Acute Mental Health. This facility added 60 medical/surgical beds.

An additional multi-storey car park has been constructed in the Western Precinct with covered walkways linking it to the Acute Services Building (Building 1), the Douglas Building (now known as Building 4) which has been refurbished, and the site of Main Block 2 has been cleared ready for future redevelopment.

New South Wales Health Infrastructure is currently preparing an application to redevelop the Southern Precinct, to accommodate hospital support services.

In September 2016 a Review of Environmental Factors (REF) was prepared to support the consolidation and relocation of existing health functions on the hospital campus. The works approved at this time included the demolition of Buildings 7, 9, 34, 37, 38 and 51, tree removal and associated landscaping, internal fitout works to Buildings 4, 33, 35 and 36, relocation of Demountable 1, and a new Demountable Childcare Centre adjacent to the site of Building 9.

11.6 Aerial Photographs

Figure 11.6
The Royal North Shore Hospital at its greatest extent in 2005, just prior to extensive site redevelopment.

Source: NSW Land and Property Information, 2005

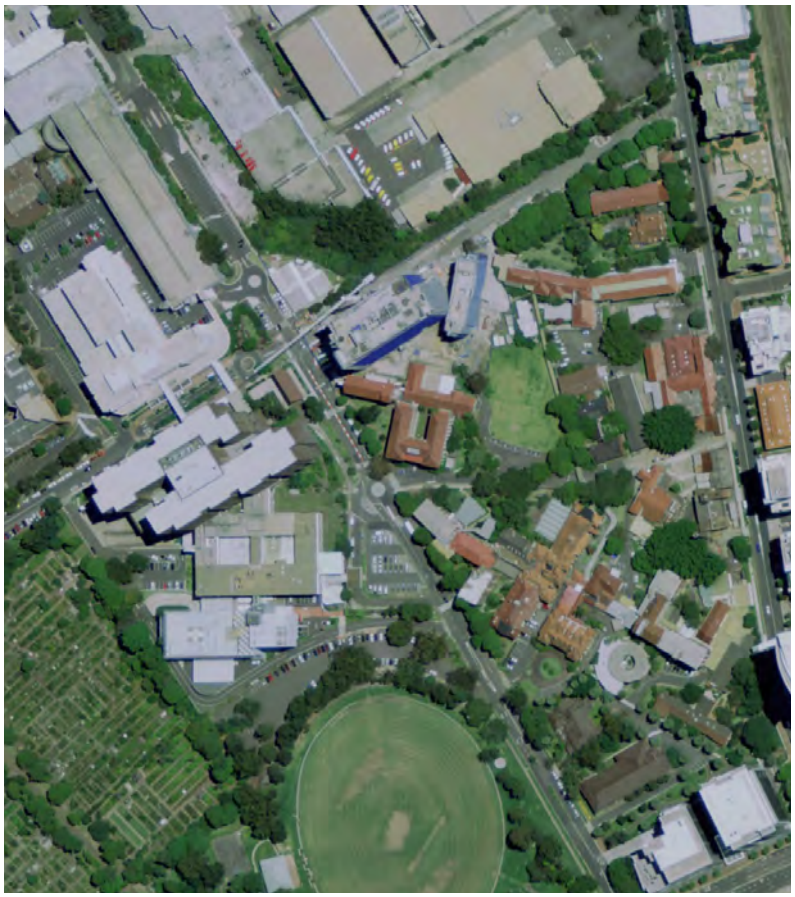


Figure 11.7
The initial stages of redevelopment: the north-western corner of the block bounded by Westbourne Street and Reserve Road, with the new Kolling Building in course of construction

Source: NSW Land and Property Information, 2009

Figure 11.8
2010 view, showing the work in progress to the north of the Eileen Street alignment and the early buildings remaining at this time, Buildings 7, 8, 9 and part of 10

Source: NSW Department of Health

Figure 11.9
2013 view showing the deconstruction of the buildings on the eastern side of Reserve Road.

Source: Nearmap 2013

Figure 11.10
2016 north view showing the demolition of Main Blocks 1 and 2 on the western side of Reserve Road, following the transferal of patients to the new hospital block

Source: Nearmap 2016

Development of the Site Landscaping

12.0

The following commentary provides an overview of the development of the RNSH landscaping. It has been reproduced from the *Royal North Shore Hospital, St Leonards Tree Heritage Management Strategy proposed additional facilities,* prepared by Taylor Brammer Landscape Architects in August 2016:

The landscape evolution of the site has evolved over time and reflected the development of the hospital from its inception in 1903. The central portion of the original layout of the hospital opened in 1903 remains extant featuring a circular driveway and immediate curtilage of surviving trees including Cotton Palms, Washingtonia robusta Hoop Pine Araucaria cunninghamiana and Radiata Pine Pinus radiata.

The hospital gradually expanded with the resumption of land in 1912 and further land in 1919 and 1920. The latter resumption included a number of existing cottages that had been used by the North Sydney Brick and Tile Company being bought and used for hospital purposes located along Herbert Street.

Photographs of the time indicate scattered trees of an indeterminate nature between and around the existing cottages with stands of native trees on the portions of the site where the Main Block buildings now stand. It would appear that there is little time or consideration of a comprehensive landscape strategy as the hospital was expanding rapidly with the focus on land acquisition and the pressing need for the use of existing buildings into hospital use.

The interwar period saw a second phase of growth with a more methodical approach to the design and approach of the medical facilities. New facilities were built such as nursing accommodation (Vindin House) in 1931 and other medical specialist facilities. With this building activity it would appear that there was planting associated with the buildings and the creation of paths, drives and associated works.

This planting has left a legacy of established landscape form around these buildings with some substantial trees such as the Hills Weeping Figs, Ficus hilli var macrocarpa and a large Bull Bay Magnolia, Magnolia grandiflora retained from this era. Another early legacy of the interwar period is the substantial planting of Canary Island Date Palms, Phoenix canariensis, located to the southern portion of the site, planted as an avenue and linking Herbert Street to the original hospital complex. These palms were popular in the 1920s and commonly planted. Many of the interstitial spaces between the buildings appear to have been developed with lawn areas and gardens, much of the areas remaining open in character to encourage sunlight and air into the wards and hospital areas. Of note is the retention of the Turpentine trees Syncarpia glomulifera to the central part of the

study area with some scattered remnant trees to the periphery of the site. Other trees of a former period are the substantial Camphor laurel, Cinnamomum camphor, probably plantings of the 1920s. These gardens and landscape areas have become an important part of the landscape imagery of the hospital and form part of the patient care in providing pleasant landscape spaces to view and walk through, contrasting to the more formal built elements of the complex.

The post-World War II phase saw the removal of a number of many of the older structures on the site to make way for further development works. Further works included a number of new buildings that reflected the greater sophistication and complexity of medical care. In assessing the age of a number of the trees on site, it appears that in the 1950s and 60s a more conscious effort was made to create a more developed landscape approach to the campus with the dominant type of tree being Brushbox, Lophostemum confertus. Many of these trees probably date from this period and are planted in deliberate rows, avenues or groups with a number also located as individual specimens. Planting of these species occurred particularly on Westbourne Street and Reserve Road, the planting of these species being more successful on the lower portions of the site, and not on the crown of the hill with its shallow and stony shale based soil. Other trees from this period include a Bird of Paradise Strelizia nicholi, Jacaranda Jacaranda mimosaefolia, Corkscrew tree Erythina crista-galli and detail planting of Camellias and other supplementary planting.

The hospital saw substantial development with the Main Block development of 1964 and 1977, both these buildings located outside the study area. These buildings increased the capacity of the hospital with substantial facilities being provided. In this time the landscape developed within the established portion of the hospital with planting following a characteristic Australian native theme the sentiment of the time, being planted across the entire hospital complex. Characteristic trees and shrubs of the time include a number of Eucalypts, Bottlebrushes and Paperbarks with supplementary planting of smaller shrubs. The form and mass of the buildings, many of them three and four storeys in height combined with the generally south facing slopes has encouraged a moist and protected micro climate where a number of palms have been planted, notably Bangalow Palms, Archeophoenix cunninghamina and Kentia Palms Howea fosteriana. New buildings of the 1980s within the precinct featured plantings common to the time with a number of Acer negundo variegatum and Jacarandas being planted. It is planting during this later time to present day the dense landscape character seen now has become synonymous with the hospital environs and imagery.

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13.0

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