



Appendix A - Stage 3B Heritage Impact Statement, CPH,
2015



Heritage Impact Statement

Lismore Base Hospital

Stage 3B Redevelopment of Lismore Base Hospital, the Staged Construction of a New Multi-Storey Hospital Carpark

Submitted to Health Infrastructure

Report Revision History

Revision	Date Issued	Prepared by	Reviewed by	Verified by
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CERTIFICATION

This report has been authorised by City Plan Heritage P/L, with input from a number of other expert consultants, on behalf of Health Infrastructure. The accuracy of the information contained herein is to the best of our knowledge not false or misleading. The comments have been based upon information and facts that were correct at the time of writing this report.

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Part I Project & Site Context

1. Introduction

1.1 Background

City Plan Heritage has been engaged by the applicant, Health Infrastructure, to prepare the following Heritage Impact Statement.

City Plan Heritage previously undertook a detailed assessment of the Lismore Base Hospital site as part of the initial Stage 3A Development Application.

The subject of this Heritage Impact Statement is the next stage of the redevelopment works. These works consist of additional levels above the previously approved Stage 3A works as well as demolition and site preparations works within the existing Lismore Base Hospital site. The proposal also includes the construction of a multi-storey carpark at immediately opposite the hospital site at 67 & 69 Uralba Street; 24,26, and 28 Dalziell Street.

The proposed works have been declared as State Significant Development 6848, and the Secretary's Environmental Assessment Requirements (SEARs) pursuant to Section 78A(8A) of the Environmental Planning and Assessment Act Schedule 2 of the Environmental Planning and Assessment Regulation 2000 issued on 19 December 2014 contains a number of key issues that are required to be addressed in relation to specific matters with the only heritage related matter being the Aboriginal Heritage as copied below:

8. Aboriginal Heritage

Address Aboriginal heritage in accordance with the Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation (DEC 2005) and Aboriginal Cultural Heritage Consultation Requirements for Proponents 2010.

While the SEARs do not include non-Aboriginal Historic Heritage, a letter (dated 18 December 2014) detailing the response and input of the Office of Environment Heritage's (OEH) to the preparation of the Secretary's Environmental Assessment Requirements notes that the Aboriginal cultural heritage and the Historic heritage must be provided as part of the Environmental Impact Statement (EIS). The OEH's recommendations for the SEARs in relation to the heritage matters are:

Aboriginal cultural heritage

2. The EIS must identify and describe the tangible and intangible Aboriginal cultural heritage values that exist across the whole area that will be affected by the development and document these in the EIS. This may include the need for surface survey and test excavation. The identification of cultural heritage values should be guided by the Guide to investigating, assessing and reporting on Aboriginal Cultural Heritage in NSW (DECCW, 2011) and consultation with OEH regional officers.

3. Where Aboriginal cultural heritage values are identified, consultation with Aboriginal people must be undertaken and documented in accordance with the Aboriginal cultural heritage consultation requirements for proponents 2010 (DECCW). The significance of cultural heritage values for Aboriginal people who have a cultural association with the land must be documented in the EIS.

4. Impacts on Aboriginal cultural heritage values are to be assessed and documented in the [EIS/EA]. The [EIS/EA] must demonstrate attempts to avoid impact upon cultural heritage values and identify any conservation outcomes. Where impacts are unavoidable, the

[EIS/EA] must outline measures proposed to mitigate impacts. Any objects recorded as part of the assessment must be documented and notified to OEH.

Historic heritage

5. The EIS must provide a heritage assessment including but not limited to an assessment of impacts to State and local heritage including conservation areas, natural heritage areas, places of Aboriginal heritage value, buildings, works, relics, gardens, landscapes, views, trees should be assessed. Where impacts to State or locally significant heritage items are identified, the assessment shall:

a. outline the proposed mitigation and management measures (including measures to avoid significant impacts and an evaluation of the effectiveness of the mitigation measures) generally consistent with the NSW Heritage Manual (1996),

b. be undertaken by a suitably qualified heritage consultant(s) (note: where archaeological excavations are proposed the relevant consultant must meet the NSW Heritage Council's Excavation Director criteria),

c. include a statement of heritage impact for all heritage items (including significance assessment),

d. consider impacts including, but not limited to, vibration, demolition, archaeological disturbance, altered historical arrangements and access, landscape and vistas, and architectural noise treatment (as relevant), and

e. where potential archaeological impacts have been identified develop an appropriate archaeological assessment methodology, including research design, to guide physical archaeological test excavations (terrestrial and maritime as relevant) and include the results of these test excavations.

In order to address these requirements, as well as considering the site's context being in the vicinity of a heritage item, City Plan Heritage has undertaken a Heritage Impact Statement, incorporating the required Aboriginal cultural heritage as well as the Historical Baseline Heritage Assessments for the built elements of the site that are proposed for demolition or to be extensively modified.

It consists of the following:

- An Aboriginal Heritage Information Management System (AHIMS) search comprising the relevant allotments of the subject site;
- An appraisal of the development history of the site;
- An appraisal of the environment, including topography and geology;
- An appraisal of the types of archaeology and Aboriginal cultural heritage sites likely to be in the area;
- A summary of any historical archaeology and Aboriginal cultural heritage sites likely to be in the site and how to manage them; and
- Assessment of built elements of the site, both the existing hospital site and the proposed car park site.

1.2 Site Location

Lismore Base Hospital is located at 60 Uralba Street, Lismore on the northern side of the Street between Hunter Street and Dibbs Street intersections. The expanded study area also includes a separate L-shaped site between Uralba Road and Dalziell Street at 67-69 Uralba Road. A detailed description of the site and its context can be found at Section 2.

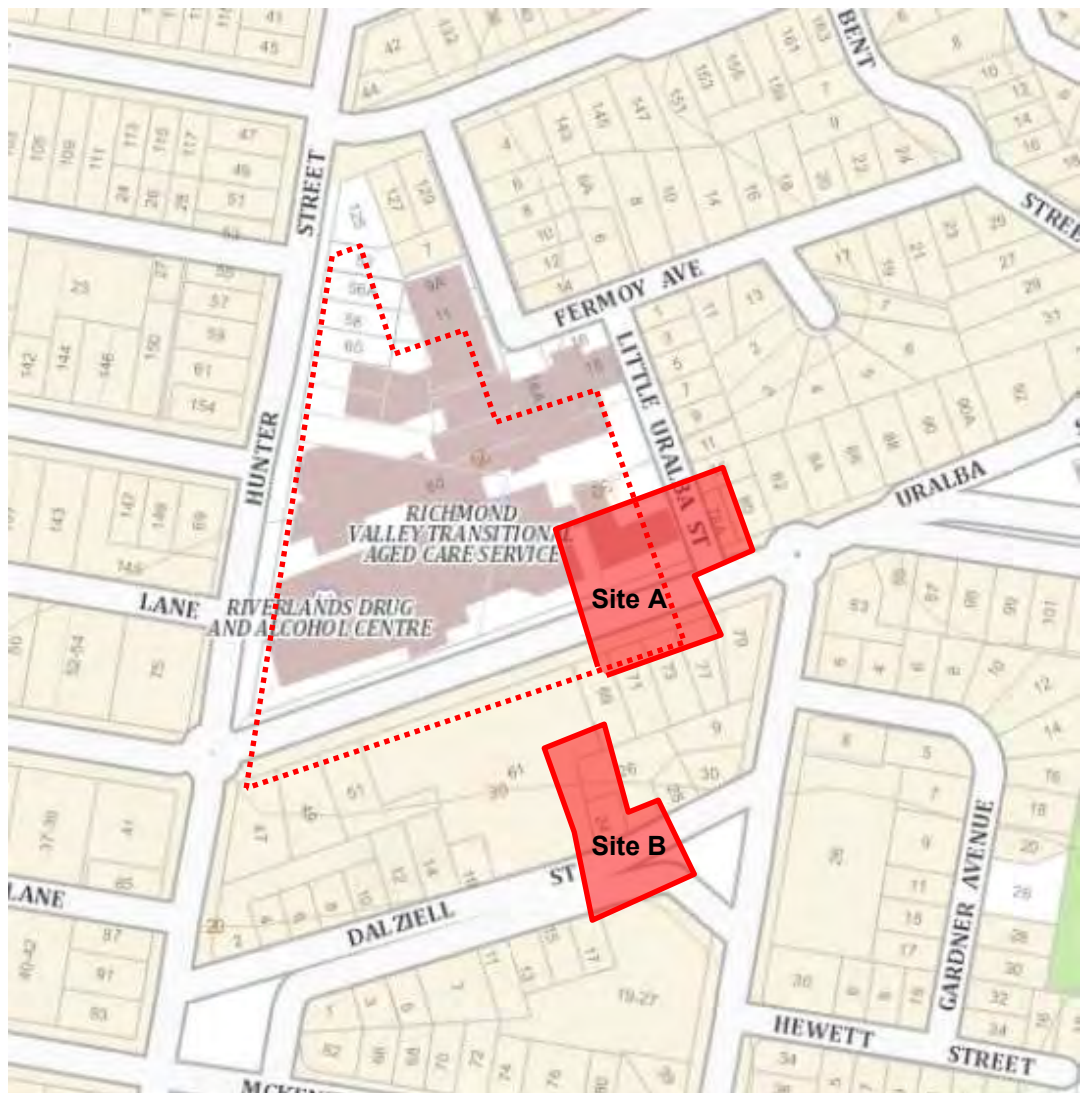


Figure 1: The subject site showing two separate components (Site A and B). The existing Lismore Base Hospital site is marked by the blue hashed area, and the areas subject to the proposed works are shown in the red shaded area. (Source: SIX Maps)

1.3 Methodology

This Heritage Impact Statement has been prepared in accordance with the *NSW Heritage Manual* 'Statements of Heritage Impacts' and 'Assessing Heritage Significance' guidelines as well as *Draft Guidelines for Aboriginal Cultural Heritage Impact Assessment and Community Consultation (2005)*, *Aboriginal cultural heritage consultation requirements for proponents 2010* (DECCW), and the *Guide to investigating, assessing and reporting on Aboriginal Cultural Heritage in NSW* (DECCW, 2011). The philosophy and process adopted is that guided by the Australia ICOMOS *Burra Charter 2013*. The subject proposal has been assessed in relation to the relevant controls and provisions contained within the *Lismore Local Environmental Plan 2012* (LEP) and the *Lismore Development Control Plan 2012* (DCP).

1.4 Author Identification

The following report, incorporating the findings of the previous detailed City Plan Heritage Assessment, has been prepared by Susan Kennedy (Senior Heritage Consultant) in consultation with Kerime Danis (Director - Heritage) who has also reviewed and endorsed its content.

2. Statutory Controls

The following section relates to archaeology – both Aboriginal and non-Aboriginal within New South Wales. The relevant legislation and clauses are listed below.

2.1 Commonwealth Legislation

Commonwealth Acts that may be relevant to a particular site within NSW relate to Aboriginal heritage and include the Federal Aboriginal and Torres Strait Islander (Heritage Protection) Act and Australian Heritage Commission Act.

2.2 New South Wales Legislation

2.2.1 General

This report has been prepared in accordance with the Director General's Environmental Assessment Requirements for heritage (pursuant to s115Y of the Environmental Planning & Assessment Act (NSW) 1979). The proposal has been assessed against the Lismore Local Environment Plan and Lismore Development Control Plan 2012, as well as the criteria established by the Heritage Act (NSW) 1977.

2.2.2 Aboriginal Heritage

In NSW the principle laws which deal with Aboriginal heritage are:

- National Parks and Wildlife Act 1974 under the auspices of the Office of Environment and Heritage
- Heritage Act 1977
- Environmental Planning and Assessment Act 1979

The National Parks and Wildlife Act provides statutory protection for all Aboriginal objects and places in NSW. Areas are gazetted as Aboriginal places if the Minister is satisfied that there is enough evidence to show the area is, or was, of special significance to Aboriginal culture.

The Heritage Act protects the State's natural and cultural heritage. Aboriginal places or objects that are recognized as having high cultural value are listed on the State Heritage Register.

The National Parks and Wildlife Act includes provisions for Aboriginal sites and objects. Although the NPW Act gives a high level of protection to known Aboriginal objects, recent court decisions have reinforced that Part 6 gives the Director General (Office of Environment and Heritage) express powers to consent to the damage, destruction or defacement of Aboriginal objects by development activities. The powers in Part 6 are not inconsistent with the objects of the NPW Act. Section 91 of the Act requires that the National Parks and Wildlife Service of the OEH be informed if Aboriginal cultural material is found during an excavation. Excavation would then require a permit under section 90 of the Act. If Aboriginal related archaeology is discovered, work is to cease and the OEH will be informed for further instructions.

The Environmental Planning and Assessment Act (EPA&A Act) provides protection by considering impacts on Aboriginal heritage in land use and planning decisions.

The three main areas are:

- Planning instruments allow particular uses for land and specify constraints. Aboriginal heritage is a value which should be assessed when determining land use;
- Section 90 of the EPA&A Act lists impacts which must be considered before development approval is granted. Aboriginal heritage is one of these possible impacts;

- State government agencies act as the determining authority on the environmental impacts of proposed activities and must consider a variety of community and cultural factors, including Aboriginal heritage, in their decisions.¹

There are three key sections (along with associated regulations, schedules and guidelines) in the EP&A Act, which are relevant to Aboriginal Heritage:

EP&A Act - Part III

Part III governs the preparation of the following three planning instruments:

- State Environmental Planning Policies (SEPP's);
- Regional Environmental Plans (REP's); and
- Local Environmental Plans. (LEP's)

These planning instruments cover permissible uses and potential constraints on the land use. When assessing potential uses and constraints during the preparation of a planning instrument, guidelines produced by the Department of Planning New South Wales must be followed. These guidelines specify that Aboriginal sites and places of significance should be assessed as part of the process. Once developed, the planning instruments, such as LEP's, may specify the level of assessment required in relation to environmental assessment or more specifically Aboriginal heritage investigations for development applications.

EP&A Act - Part IV

This section of the legislation governs the decision making process by local government (consent) authorities during a development application. Section 79C, under Part IV, describes types of impact which must be considered before development approval is granted. It states that consideration must be given for the impact of that development on the environment. It is legally understood that this should be taken to include Aboriginal sites and heritage.

Part IV also covers the integrated development approvals (IDA) process whereby the approvals of State government agencies are linked to the development consent process. If an Aboriginal site will be impacted by a development, requiring an Aboriginal Heritage Impact Permit under s.90 of the NPW Act, then the OEH becomes an approval body.

EP&A Act - Part V

This section of the legislation governs the decision making process by State government (determining) authorities related to activity approval. In the decision making process, under Section 111, it is the State government agencies' duty to consider environmental impacts; and then under Section 112, determine whether the level of impact is sufficient to require the preparation of an Environmental Impact Statement (EIS).

As mentioned in Part IV, 'environmental impacts' under the law should be taken to include Aboriginal sites and places. Furthermore, the Department of Planning New South Wales have developed a set of guidelines for interpretation of Section 112 which requires that Aboriginal heritage is assessed as part of the process.²

¹ Heritage Branch of the Dept of Planning NSW, Aboriginal Heritage <http://www.environment.nsw.gov.au/resources/heritagebranch/heritage/infoaboriginal.pdf>

² <http://www.aboriginalheritage.org/sites/legislation.php>

3. Site Description and Context

3.1 Site Description

3.1.1 Site A: Lismore Base Hospital

Lismore Base Hospital (LBH) is the oldest Major Referral Hospital in the Northern NSW LHD. A large proportion of the inpatient wards are in buildings dating from pre-1960, while the more recent 1990's development includes the procedural and diagnostic departments. By today's standards much of Lismore Base Hospital is out-dated and does not facilitate efficient patient care nor does it allow for implementation of contemporary clinical service models required to meet the growth in demand identified in the CSP.

The current LBH campus has developed over a long period, with buildings added to the campus infrastructure from time to time creating a site with a variety of facilities of differing form, structure, and condition. The existing buildings comprise approximately 32,000sqm of clinical and support accommodation within 10 separate buildings over various levels with most higher being 9 levels. The last major upgrade of the acute services buildings occurred in 1990 and involves the construction of the new C block.³

Externally the existing buildings include a variety of material finishes including brickwork of varying colours and textures, exposed concrete, terracotta tiles and metal cladding.

The subject site is located at 60 Uralba Street, Lismore and is known as Lismore Base Hospital. The site is comprised of the following allotments:

- Lot 5 of Deposited Plan 17510
- Lot 6 of Deposited Plan 17510
- Lot 7 of Deposited Plan 17510
- Lot 1 of Deposited Plan 820625
- Lot 267 of Deposited Plan 755718
- Lot 15 of Deposited Plan 17964
- Lot 1 of Deposited Plan 350716
- Lot 1 of Deposited Plan 350717
- Lot C of Deposited Plan 347500
- Lot 10 of Deposited Plan 1109862
- Lot 22 of Deposited Plan 589890
- Lot 24 of Deposited Plan 17964
- Lot 25 of Deposited Plan 17964
- Lot 26 of Deposited Plan 17964
- Lot 21 of Deposited Plan 589890
- Lot 1 of Deposited Plan 511444

The LBH site occupies the entire triangular block and is bounded by Uralba Street (to the south), Hunter Street (to the west), and Orion Street (to the north). Lismore Hospital sits to the east of the town centre and is a major development facility along Uralba Street and Hunter Street with the local residents and established residential dwellings to its north and east. The subject site also includes 9,11,5, and 15A Little Uralba Street. The houses at these addresses were previously demolished by a separate DA (DA. 5.2014.46.1) issued by Lismore Council.

³ Stage 3A design report

The site comprises approximately 32,000sqm of clinical and support accommodation within 10 separate buildings over 9 levels. Taller buildings front Uralba Street, which is also the primary entry to the Hospital. The hospital buildings including associated services and accommodation facilities spread beyond the subject triangular main hospital site. The current study is essentially focused on the main base hospital site with only brief descriptive information on the other facilities that are located outside of the main site.



Figure 2: Lismore Base Hospital before commencement of works. The area in the red shaded area (Block P) has now been demolished as part of the Stage 3A works. (Image Source: Lismore Base Hospital Stage 3A Redevelopment Scheme Design Report Volume 1)

At the time of writing, excavation has commenced for the previously approved Stage 3A works. This demolition and excavation are shown in Figures 3-5. Several of the buildings immediately adjacent to Uralba Street are no longer present and deep excavation is evident.



Figure 3: Excavation works at LBH site (Source: Supplied by City Plan Strategy & Development)



Figure 4: Excavation at LBH Site. (Source: Supplied by City Plan Strategy & Development)



Figure 5: Excavation works at LBH site (Source: Supplied by City Plan Strategy & Development)

3.1.2 Site B: Carpark Site

The additional area for the proposed carpark is located immediately to the south of the existing LBH site. It comprises of the following allotments:

- Lot 394 DP 755718
- Lot 14 DP 1073227
- Lot 15 DP 1073227
- Lot 16 DP 35140
- Part of Lot 1 DP 1178195 (61 Uralba Street)

The site has an approximate frontage of 45 m along Uralba Street, some 55 m along Dalziell Street and extends approximately 100 m between both streets.

The northern half of the development site comprised two storey building housing medical practices with car parking areas located to the south. The southern half of the development site along its frontage with Dalziell Street comprised two storey brick built residential dwellings denoted as numbers 24 and 28. In between these residential dwellings at number 26 was a T-shaped area of vacant and which had been cleared of dwellings and vegetation.

The site rises steeply (approximately 45 degrees) from the south at Dalziell Street towards Uralba Road and consists of single storey dwellings which appear to be of c1960s construction. They are typical of the Lismore region and are comprised of a mix of brick and fibro construction and feature large suburban front and rear lawns. Most also include driveway access from their respective streets. The general configuration and nature of dwellings are shown in Figures 6-13.



Figure 6: Carpark site, shown in red, with the LBH shown in blue and to the north. (Source: Bing Maps)



Figure 7: 67 Uralba Street



Figure 8: 69 Uralba Street



Figure 9: 9 Dibbs Street



Figure 10: 24 Dalziell Street



Figure 11: Cleared land at 26 Dalziell Street



Figure 12: 28 Dalziell Street & Road Reserve



Figure 13: Reserve at the corner at Dalziell Street

3.2 Site Context

The general study area located within the valley to the east of the Town Centre on a slight ridgeline to the north of Ballina Road, the primary east-west arterial road through Lismore. The height and location of the Hospital ensures it is a prominent feature from all view points, as well as offering expansive views from the upper levels of the main acute buildings.

The Stage 3B development site itself is bound by hospital buildings to the north and west, Uralba Street and a mix of residential and allied health uses to the south, and low density residential development to the east.

The carpark site is bound by Uralba Street to the north, the University Centre and student accommodation to the west, Dalziell Street to the south and residential dwellings and allied health uses to the east.

The study area has a high degree of connectivity to the Town Centre and Ballina Road through the surrounding streets including:

- Uralba Street, which provides an east-west link between the Town Centre and eastern part of Ballina Road,
- Hunter Street, which links the main southern approach to the town centre,
- Orion Street, Weaver Street and Little Uralba Street are smaller residential streets.

The area is in a period of transition from residential to hospital related uses. The Hospital promoted the conversion of former houses into commercial medical and health practices, as well as services directly associated with the Hospital. This has created a broader 'hospital precinct', which includes numerous health related facilities, as well as privately owned properties by staff.

The areas to the north and east of the site are primarily residential and it will be important than any future development near these boundaries are sensitive and respectful to the residential interfaces. For example, these areas generally have setback requirements of 6m for primary frontages and 4m for secondary frontages.

3.3 Heritage Items in the Vicinity

Armstrong House is the only heritage item located in close proximity to the subject site. This site is listed as 'Armstrong House, "Kiaora"', I67 under Schedule 5 of the Lismore Local Environmental Plan 2012. The site is located at 83A Uralba Street diagonally from the main entrance to the Hospital at the corner of Dibbs Street. The Statement of Significance for the item notes that it is a:-

Large Federation Filigree building, rare locally. Landmark importance on corner site. Prominent in local views on a well trafficked street. Adopts a diagonal plan arrangement common on corner sites elsewhere. Essentially unaltered, following recent removal of unsympathetic additions. Double verandah of special note. Social and historic interest for its original use as a private hospital. Long associated with the base hospital opposite.⁴



Figure 14: Heritage items in the vicinity of the subject site, red hashed area. Black outlined area is the location of the proposed Carpark site. (Source: NSW Planning Viewer)

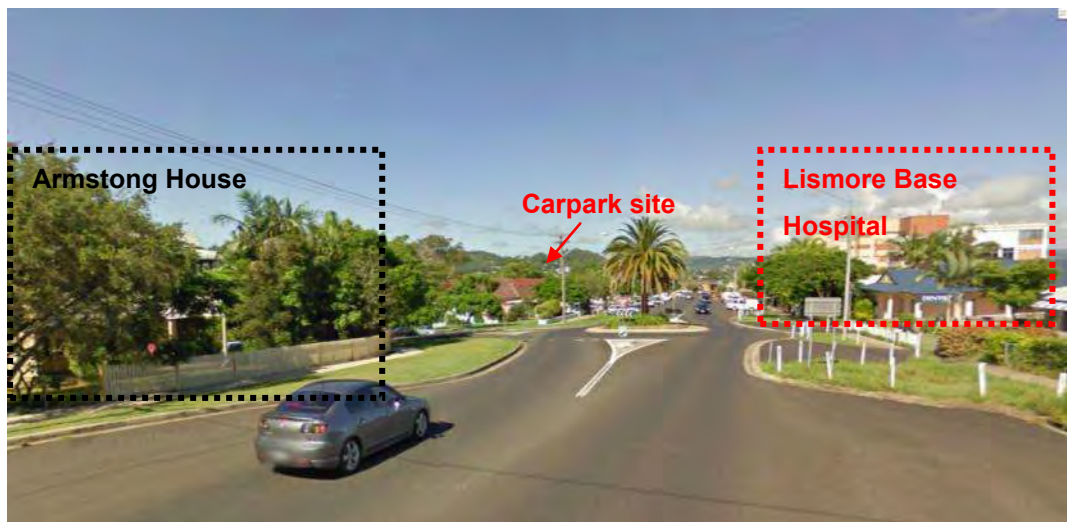


Figure 15: Armstrong House in relation to carpark site and the LBH site

⁴ <http://www.environment.nsw.gov.au/heritageapp/ViewHeritageItemDetails.aspx?ID=1950062>



Figure 16: Armstrong House (viewed from Uralba Street) (Source: Google Maps)



Figure 17: Armstrong House (viewed from Dibbs Street) (Source: Supplied by City Plan Strategy & Development)

PART II: Site History

1. Indigenous Occupation (Pre-1840s)

In prehistoric times the Lismore Area was occupied by peoples belonging to several tribal and linguistic groups. Mapping of the territory of these groups has been undertaken by both Tindale (1974) and Horton (1996), with that of Horton appearing to condense the smaller tribal groups into broader linguistic classifications.

The Lismore area was occupied by the Arakwal. To the south and west were the Badjalung or Bundjalung who occupied a territory of around 2300 square kilometres south of Casino and as far west as Tabulum / Baryugil. It is noted in Tindale's catalogue that Rankin records a strong break in language between this tribe and the Arakwal. West again is the Jukambal which are seen to occupy the land around Tenterfield, with the Kambuwal group further to the west.

The Bundjalung people are known to have had their own travel routes in the region, usually along defined pathways linked by rivers from the coast to the plateau. On occasion they would navigate up to 500 kilometres to the Bunya Mountains to cut the bunya nut cones which flowered every three years. They camped and ate the nuts and held corroborees at night, providing opportunities to trade both goods and culture with neighbouring tribes. Low-gradient ridgelines provide natural topographic access routes inland from the coast and both ethnographic and archaeological evidence testifies to use of such ridgelines by Gumbaingirr (an adjacent tribal language group) transit groups (Collins 1994, 2002). Movement beyond local territories was undertaken by prearrangement with adjoining groups in order to meet widespread social and ceremonial obligations (Chevally 1946; Belshaw 1978). McBryde refers to literature describing the use of stone axes to catch possums and Wyndham (1889: 37) recalls a ceremonial gathering on the western fall of the Tablelands where four tribes were present.

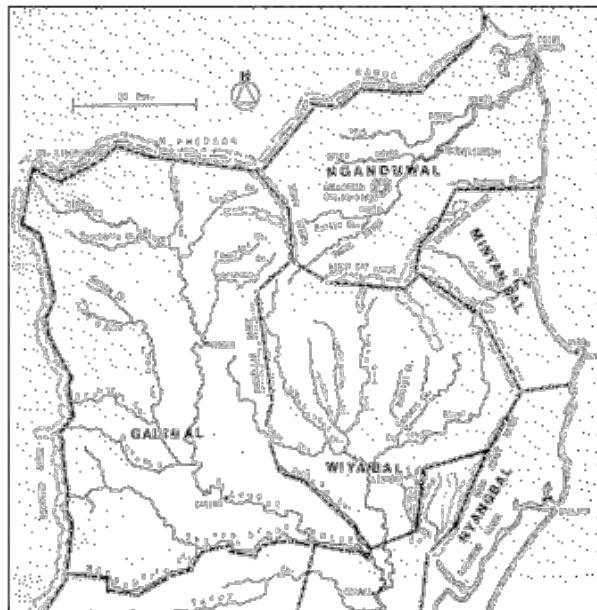


Figure 18: Aboriginal Language Groups around Lismore (Source: Lismore City Council)

Representatives from the Bundjalung clans were however permitted from time to time to visit the lands of adjoining clans and share in the hunt when an abundance of a particular type of food was available. They would travel as far north as the Bunya Mountains (up to 500Km) to cut the bunya nut cones which flowered every three years. They camped and fed off the nuts and held aboriginal dances or corroborees at night. These gatherings provided an opportunity to trade both goods and culture with their neighbours.

The Bundjalung family clans would travel to the coast to feast on fish, pippies and oysters, and west for larger game such as the wallaby. This food supplemented their regular diet of possum, bird, flying fox, porcupine, reptiles and native plants and berries. Within the clan the women would undertake the gathering while the hunting was left to the men of the tribe.

Life within the tribal group was generally peaceful and governed by strict social and spiritual lore. Marriage was not a ceremony as such but more the giving of a promised girl to a man after the completion of his initiation ceremony. The couples were chosen by the tribal elders with refusal and elopements being frowned upon and in some instances punishable by death.

The Bundjalung Aboriginal tribe comprised eleven major dialectic subdivisions, these were further divided into extended family groups or "hordes". The main group in the Lismore area was the Wiyabal, whose territory also covered Alstonville, Dunoon, Nimbin, Cawongla and Larnook. Each extended family group had its own home territory (or djagun) for hunting and cult-heroes of mythology. The groups were nomadic only within their own territory and trespassing into another group's djagan was forbidden.

The Wiyabal hordes territory roughly co-insides with the present day boundaries of Lismore Local Government Area. The Wiyabal djagun included numerous mythological and sacred sites. The Tucki Tucki bora ring (i.e. initiation site) was a main traditional site along with two other bora rings near the villages of Bentley and Nimbin. Several Djurbils (i.e. ritual sites for beseeching increases of various kinds (e.g. food)) were well known, one for possums at today's Wilson Park, Lismore; and one for echidna at North Lismore on the stone quarry hill. There was a Djurbil for Cat birds at Mount Lion (Jiggi) and one of the most awesome sacred sites to the Wiyabal tribe at Parrots Nest. It was here that the Hoop Pine curse was invoked by the Cooradgi against offenders of the tribal codes. The ritual coincided with the bone pointing procedure common among Aboriginal tribes throughout Australia. Blue Knob and Hanging Rock in the Nimbin district were also very sacred sites for the Wiyabal with deep mythological significance.⁵

2. Lismore Regional History

The first European activity commenced in Lismore in the form of pastoral runs managed by Captain Dumaresq for sheep grazing in the early 1840s. By 1845, 21 licences had been granted for pastoral runs in the Richmond valley. Whilst more research is required to prove the identity of the first squatters, evidence suggests this may have been one Ward Stephens, who applied for a licence for Runnymede station in 1839.⁶

The study area was located in the Lismore Run. The Lismore run was located on the north arm of the Richmond River. (In 1976 the northern arm was renamed Wilsons River). Lismore station covered an area of some 23,000 acres and was originally taken up by Captain Dumaresq in 1843. The run was originally stocked with sheep herded down from New England by one Scott of Glendon. Ward Stephens took up the run on their behalf in 1843, however the subtropical climate was totally unsuited to sheep grazing and consequently stock losses due to fluke, footrot, catarrh and other diseases led to the abandonment of the run.⁷

⁵ Lismore City Council

⁶ Lismore City Council

⁷ Lismore City Council

3. Site A: Lismore Base Hospital

The first subscription of £43 for the establishment of a Hospital in Lismore opened in the Protestant Hall in Magellan Street on 4 May 1880.⁸ A number of sites were considered for the building of the Lismore Hospital site, and the official Public Grant dated 10 August 1880 dedicated three acres of the County of Rous and Parish of Lismore, Portion 267 to James Baillie, Archibald Currie and James Barrie.⁹ The site was also known as Postman's Ridge.

The site was pegged out in 1882 and the first timber structure was completed in 1883 by John Lumley. Matron Daly and wardsmen were appointed in February 1884. The Hospital became known as 'The Lismore and Richmond Hospital' and 'Lismore Cottage Hospital'. It comprised three rooms with a matron's room, 2 wards (male and female) and a total of 10 beds. A kitchen and a mortuary were also added in 1885.¹⁰

42 rules for the management and administration of the hospital were adopted in 1883 for staff, patients, visitors and Medical Officers. The management consisted of a President, Vice President, Treasurer and Secretary and a 10 member Committee that were elected annually.¹¹

On 12 December 1886 a Government grant of 7 acres allowed further expansion of the premises. After the completion of a washhouse in 1887, other improvements had to temporarily cease due to an epidemic of Typhoid fever that spread in 1892 and required the erection of an Isolation Ward to accommodate patients into a temporary tent erected onsite.¹²

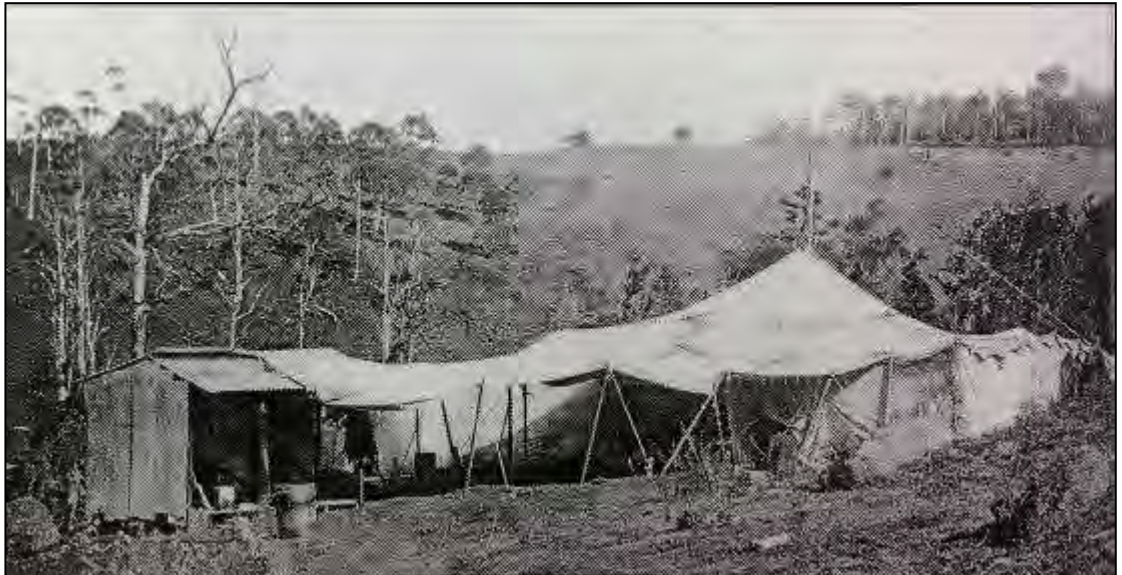


Figure 19: Temporary Isolation Ward in 1892 during the typhoid fever epidemics ((Source: Lismore Base Hospital, A Brief History, attached to 1979 Annual Report, p. 26)

Following a public tender a proper Isolation Ward was built in 1893 by Messers Green & Son, and most likely an operating theatre on Hunter Street was added to the complex in the same year.¹³ After 1895 appointments of staff as Matron, nurse or wardswoman were to be submitted to the Government for approval and nurses were required to be qualified. The

⁸ J. McNaught 2011, *Lismore City Northern NSW, 150 Years of Progress*, p.108.

⁹ NSW Lands and Property Information, Vol.583, Fol.216

¹⁰ J. McNaught 2011, *op.cit.*

¹¹ Lismore Base Hospital, *A Brief History*, attached to 1979 Annual Report, p.28

¹² Lismore Base Hospital, 1979, *op.cit.*, p.26.

¹³ G. Everingham 2005, *The nurses of the LBH: nursing experiences and a brief history of the Lismore Base Hospital*, p.11/

first trained nurse to be appointed first Matron was Miss Yasmith.¹⁴ In 1899 the Hospital was also given a Horse Ambulance with springs, stretcher and wheel-chair.



Figure 20: View of Lismore looking north-west from Uralba Street below hospital site in 1892 (Source: J. McNaught 2011, Lismore City Northern NSW, 150 Years of Progress, p.108)

In 1904 construction of a new brick building, east of the existing structure, was completed by Mr R. Hughes to the design of architect Keithel. The new hospital was officially opened by Mr J.W. Coleman on 1 June 1905.¹⁵

The new hospital was accessed through a porch, to the left was an outpatients waiting room and dispensary, to the right was the Matron's sitting rooms and bedroom. Private wards for men and female were located on the left of the main hall measuring each 45' x 24' on two levels. The new design incorporated full length windows so that patients could enjoy light coming from the verandah. Adjoining structures were an operating room of 16' x 18' and a sterilising room.¹⁶

A new operating theatre and a new horse ambulance were added in 1912. Between 1904 and 1913 also Nurses Quarters had been built, however information on this block is not given in the historical accounts of the hospital.

Since 1880s, a number of initiatives to help financing the hospital helped the running and improvements of the site. In 1904 a sewing class or Ladies Aid Society and a tea tent at the Agriculture Show were also established to raise funds for the running of the Hospital. In the 1912 Annual Report it is noted that the raised funding allowed for the commission of a new Horse Ambulance.¹⁷

¹⁴ *Ibid.*

¹⁵ G. Everingham 2005, *Ibid.*

¹⁶ Lismore Base Hospital, 1979, *op. cit.*, p.27

¹⁷ *Ibid.*



Figure 21: Figure 4.4: Front view of the new Block on Uralba Street. (Source: 1913 Annual Report)



Figure 22: Figure 4.5: The New Block in 1904 (Source: Lismore Base Hospital, A Brief History, attached to 1979 Annual Report, p. 27)



Figure 23: Map of the Town of Lismore, 1912, showing "Site for Hospital Extension" bounded in black (Source: Land and Property Information, Historical Lands Viewer). Note the Police Reserve (bounded in blue) to the south, which also forms part of the subject site.

After 1915 a new development phase occurred that saw the restoration of Isolation Block and Nurses Quarters (1915), a new Morgue (1916), a new Maternity Ward (1918-1920) and new tennis court (1921). Concern were raised in the 1918 Annual Report for the need of providing accommodation to old men with no family or not ill enough to be in Hospital.¹⁸

An epidemic of pneumonic influenza in 1919 was difficult for staff and administration to manage, however this led to the decision of building a new Isolation Block that was completed between 1925 and 1928.¹⁹



Figure 24: The new Isolation Block in 1928. (Source: J. McNaught 2011, Lismore City Northern NSW, 150 Years of Progress, p.108)

Further development occurred after 1930s, when a laundry was set up and a second storey added to the wards blocks to accommodate Maternity and Children's wards. In 1933 a new Nurses Home and Operating Theatre were built, the Nurses Home located at the corner of

¹⁸ Lismore Base Hospital, 1979, *op. cit.*, p.28-30

¹⁹ *Ibid.*

Hunter and Uralba Street. Around this period a row of mature Canary Island palms were planted along Uralba Street, giving a major contribution to the streetscape.²⁰



Figure 4.8: New Nurses Home in early 1933 (Source: J. McNaught 2011, Lismore City Northern NSW, 150 Years of Progress, p.110)

The Hospital front was further modified in 1937 and a porte-cochere added to form a covered entrance and ambulance access to the hospital.



Figure 25: The row of Canary Palms planted in 1930s and the new Nurses Home to the left of the main building. (Source: J. McNaught 2011, Lismore City Northern NSW, 150 Years of Progress, p.111)

In 1935 the hospital acquired the status of 'Base Hospital' to allow for further Government funding in the administration and maintenance of the premises. In the same year a new Children's Ward was opened.²¹

²⁰ *Ibid.*

²¹ Lismore Base Hospital, 1979, *op. cit.*, p.31



Figure 26: The 1937 porte-cochere to provide ambulance access to the hospital. (Source: G. Everingham 2005, *The nurses of the LBH: nursing experiences and a brief history of the Lismore Base Hospital*, p.8)



Figure 27: Base Hospital, Lismore in August 1936



Figure 28: The new Maternity Ward in 1947



Figure 29: Source: Kate Flower (Dunstan), reproduced in G. Everingham 1987, *The Nurses of Lismore Base Hospital* ,p.14)

Following the end of the Second World War, in 1947, a new Maternity Ward opened with a Maternity unit downstairs and nursing accommodation upstairs. The following year an army hut was purchased and built in front of the hospital to house administrative staff, a dispensary and a board room. A new boiler house and laundry with a brick chimney stack were completed in 1950 and the same year work commenced on a new Nurses accommodation.

In 1951 a new Preliminary Training School was built, later referred to as the 'Workshop'. A Victorian house at 83A Uralba Street 'Armstrong House' was purchased for nursing accommodation after the old nursing home closed down in 1953. A new mortuary was also erected the same year.

In 1954, works on a new 10 Tuberculosis unit started. The building was to provide also accommodation for staff. The new Nurses Home opened in April 1958 and proposals followed to convert the old Nurses Home (Richmond Clinic) into a patients' ward.²²

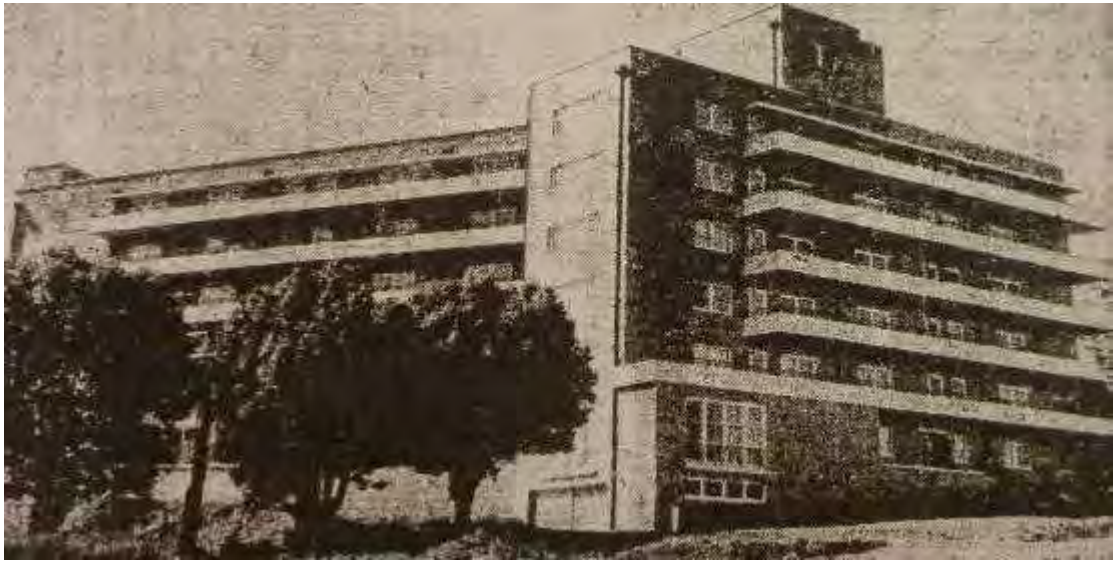


Figure 30: The new Nurses Home in 1958 (Source: J. McNaught 2011, Lismore City Northern NSW, 150 Years of Progress, p.113)

In 1963, new plans were announced for the redevelopment of the whole site. The construction works were structured into three stages, including a new seven storey patients block (Stage 1), an extended wing to this block for Stage 2 and the complete replacement of the old part of the hospital on Uralba Street for Stage 3.²³

Stage 1 was completed in 1967. The new hospital block could provide accommodation for 128 patients, operating theatres, central sterilising and X-Ray units, kitchens, stores and staff dining rooms and amenities.

Between In 1969 a new Physiotherapy department was needed, which was completed in 1973. During the same years the former mens' ward was converted into administration offices and casualty department, the old Maternity Block was converted for use as a medical and geriatric ward and the Orthopaedic ward was renovated in 1971 with a new pool that opened the following year. In 1973 the new Psychiatric Clinic opened in Ward 8 which was then renamed Richmond Clinic.

In 1993 Stage 3 of the 1967 plan officially opened to the public. The new wing was named Mahaffey Wing in recognition of the great effort by Chief Executive officer Mr Brian Mahaffey. The remains of the original Lismore Base Hospital had to be completely demolished and the whole site became fully upgraded for modern health facilities.²⁴

²² Lismore Base Hospital, 1979, *op. cit.*, p.29-32.

²³ Lismore Base Hospital, 1979, *op. cit.*,

²⁴ Lismore Base Hospital Annual Report, 1970 and following years.

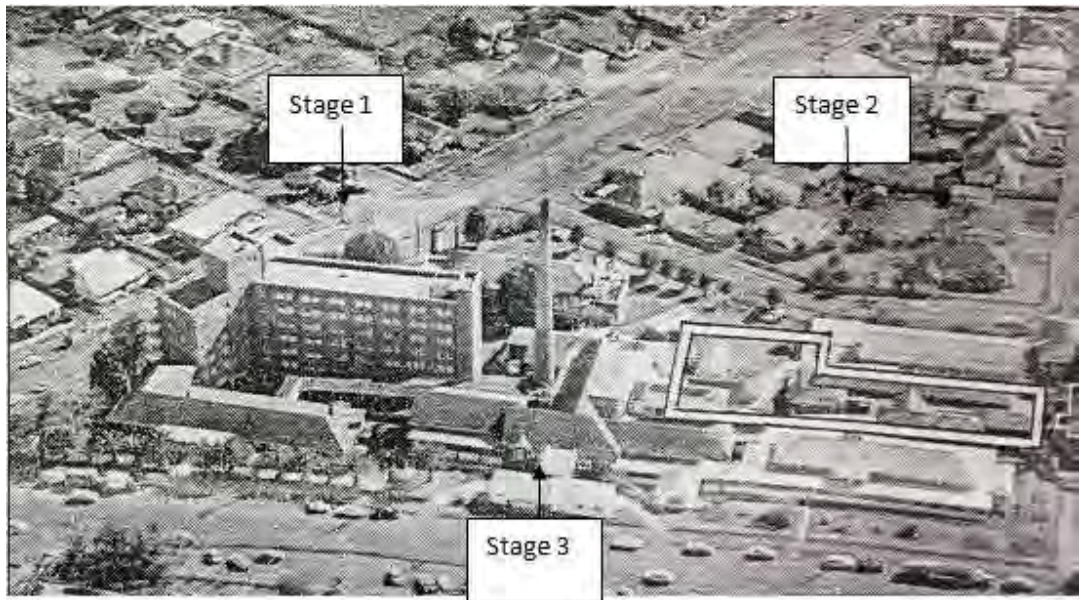


Figure 31: The hospital site in late 1960s (source: Supplied)



Figure 32: Front of the Lismore Base Hospital in 1967 (Source: Supplied)



Figure 33: Armstrong House (restored 1987) (Source: G. Everingham 1987, *The Nurses of Lismore Base Hospital*, p. 16)



Figure 34: New Psychiatric Ward (Source: G. Everingham 1987, *The Nurses of Lismore Base Hospital*, p. 16)

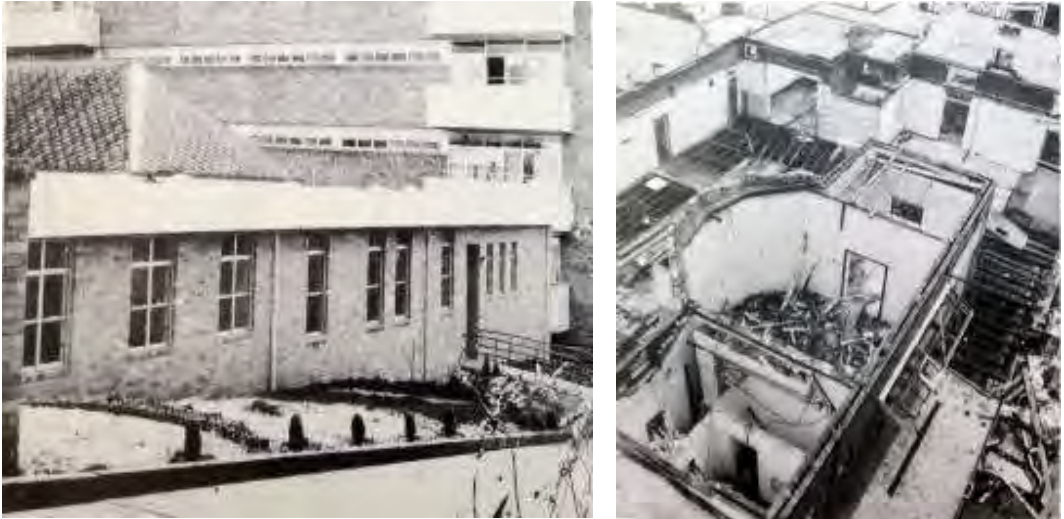


Figure 35: The new Physiotherapy Block after completion and the original Lismore Base Hospital during demolition works in c1990. (Source: Annual Report 1972-73, p. 16 and 1990, p.13)



Figure 36: : The Lismore Base Hospital in 1993 (from Uralba Street) and 2009 (viewed from north)

In 1979, the Lions Club financed the construction of a Renal Dialysis Unit and the Government Architect's Office was appointed to prepare a Master Development Plan for

the hospital redevelopment. In 1982, the hospital laundry is relocated off site, making the old boiler house and chimney stack redundant. In the following two years a New Children's Ward and Cafeteria opened and Armstrong House (Residence of Medical Officers) was restored.

In 1985, the Day Only Surgery Ward was completed and a new Cancer Care Unit started, being completed in 1989. A new Bus Shelter in front of the Hospital was also installed in 1985.

In 1988, a new 8-stage development programme was put into place and approved by the Minister for Health, with the NSW Public Works Department being the construction authority and C.M. Campbell and Associates the principal consultants. The re-development included the following works:

- Two new wards
- One new Orthopaedic ward
- Four new operating theatres
- New Accident/Emergency and Outpatients department
- New Medical Records Department
- New Pharmacy
- New Medical Imaging Department
- Additions and alteration to the Stores department
- Refurbishment of three floors of A Block
- A new ICU department
- A new Psychiatric Ward²⁵



Figure 37: : Board Chairman, Jim Donaghym with an artist's perspective of the new Main Block C (Source: Annual Report 1988)

Since late 1980s, the hospital started acquiring a number of properties in Laurel Avenue and Weaver Street and generally around its perimeter to allow for future expansion of

²⁵ Lismore Base Hospital Annual Report, 1988

services. In 1990 three cottages were purchased including 66 Hunter Street, 58 and 79 Uralba Street to provide for a Sexual Health Service, a new Blood Bank and additional car parking. Also a 12 flats block known as Laurel Lodge was acquired to accommodate staff. During the same an application with lands Department was lodged for the closure of the rear Laurel Avenue.²⁶



Figure 38: An artist's impression on the new Richmond Clinic and general view of the Hospital, both images dating 1987. (Source: Annual Report 1987, p.5 and 29)

A major change occurred when Mental Health Unit opened in 2005, following the demolition of old Isolation Block, Tuberculosis Block, cafeteria and Day Only Surgery. A further expansion north-west allowed the construction in 2001 of an Ambulatory Care Unit for Mental Health. A number of previous structures have been demolished during this redevelopment.

4. Site B: Car Park Site

The historical development of the Carpark Site closely mirrors that of the Lismore Base Hospital in regards to the early land grants and pastoral runs.

However, it presents a relatively simple development history when compared with the intricate development of the adjacent LBH with the Car Park Site remaining utilised but undeveloped until the 1940s.

Primary Applications for the subject site indicate that in December 1890, the area was reserved for police purposes.²⁷ It is not clear precisely how the reserve was used, although it is likely to have been as a firing range, as was typical for police reserves of that era. The site remained reserved for police purposes until the post war development boom of the 1940s.

In 1949, the area was transferred to the Department of Housing and some private owners, and the area immediately south was developed and utilised for public housing.²⁸ By 1959 the entire block south of Uralba Street and north of Dalziel Street was completely developed for public housing.

Since this time, the individual houses have been subject to varying levels of modification, most still presenting as largely intact 1950s era brick houses, some with fibro cladding.

With the rapid development of the LBH, many houses at the Uralba Street were purchased by Health Infrastructure (and its predecessors) and used or leased for health related services. Dalziel Street, on the other hand, remained generally in private ownership and used as private residences.

²⁶ Lismore Base Hospital Annual Reports, 1990 to 1993

²⁷ PA36357

²⁸ Vol 5971 Fol 216

The maps and aerial photos shown in Figures 36- 41 clearly show the development from unoccupied land as a police reserve through to the post 1940s residential development which is fairly consistent with the properties onsite today (allowing for residential alterations and additions typical of a suburban area).

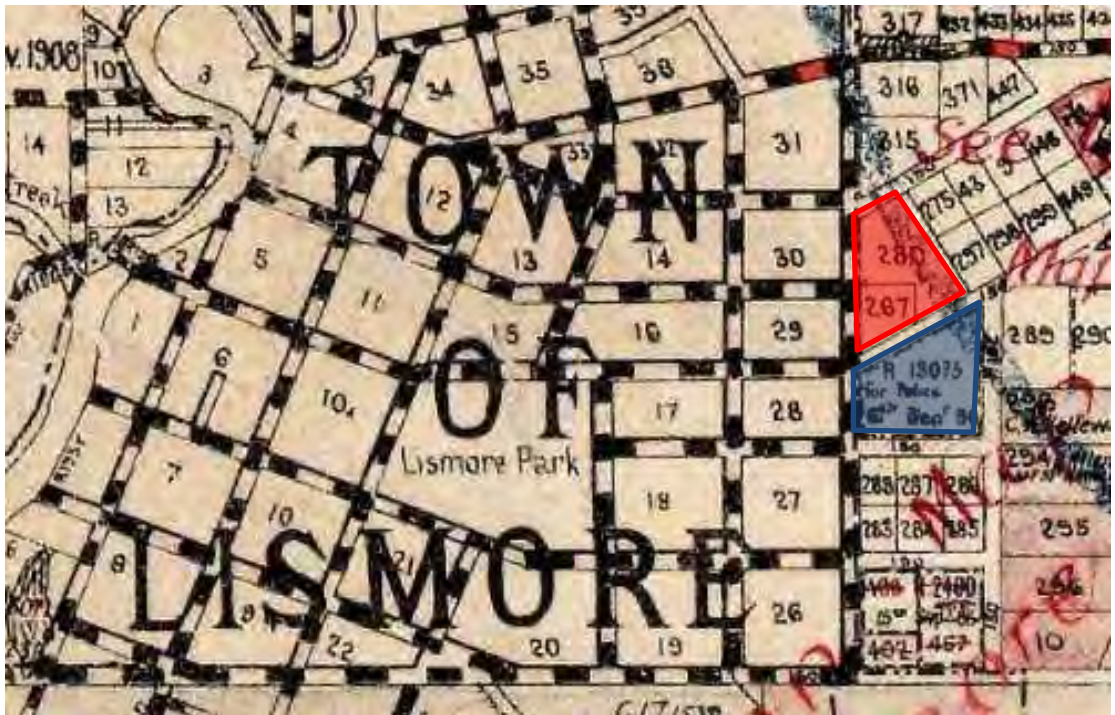


Figure 39: 1914 Parish Map, showing the Hospital site in red and the carpark site in blue. Note that the Carpark site is identified as a police reserve. (Source: Land and Property Information, Historical Lands Records Viewer).



Figure 40: 1926 Parish Map of the subject site, still showing no development at the subject site. (Source: Land and Property Information, Historical Lands Records Viewer).



Figure 41: 1940 Parish Map of the subject site, showing the first Housing Commission Development to the south of Uralba Street. (Source: Land and Property Information, Historical Lands Records Viewer).



Figure 42: Carpark Site in 1959, showing full development of the carpark site between Uralba and Dalziell Streets (Source: Land and Property Information)



Figure 43: Carpark Site in 1967, showing relatively unchanged development since 1959 (Source: Land and Property Information).

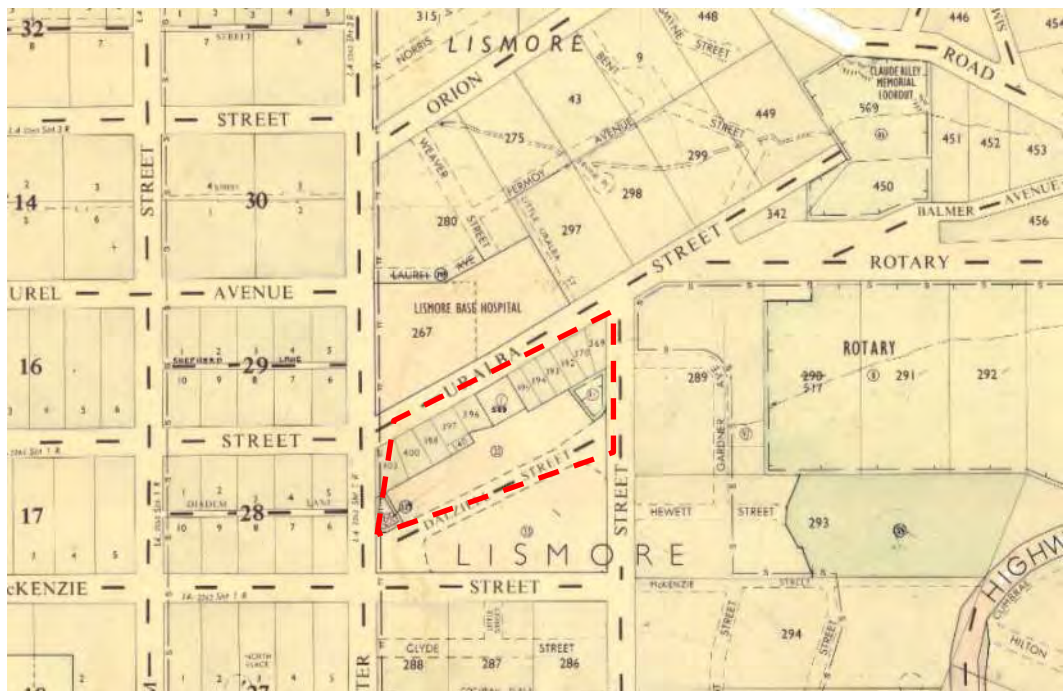


Figure 44: Status Branch Charting maps, Town Map (Lismore) December 1980 showing complete subdivision of the subject site.

Part III : Aboriginal Heritage

1. Introduction

The history outlined in Part II has been provided as the background to this discussion of Aboriginal cultural heritage potential for the subject site. While Aboriginal people would have been associated with the subject site during the thousands of years of history preceding European settlements, the remnants of their use - such as transport tracks, burned landscapes, short term campsites, or tool working sites - can be difficult to assess. For an area to be identified as an 'Aboriginal place' it would have to be identified as being of special significance to Aboriginal culture. This significance can be spiritual, natural resource usage, historical, social, educational or other type of importance.

Aboriginal objects are physical evidence of the use of an area by Aboriginal people. They can also be referred to as 'Aboriginal sites', 'relics' or 'cultural material'. They include:

- physical objects, such as stone tools, Aboriginal-built fences and stockyards, scarred trees and the remains of fringe camps, rock art sites
- material deposited on the land, such as middens
- the ancestral remains of Aboriginal people

2. Regional Indigenous Context

Whilst the AHIMS search indicates there are no identified Aboriginal sites or places within the 200km of the subject site, the Lismore area contains an extensive history of Indigenous occupation. Aboriginal sites in the Lismore region range from large shell middens, which represent campsites, usually associated with lakes and rivers, to natural landforms associated with Dreamtime legends. Although many Aboriginal sites have been lost over time as a result of European settlement and natural environmental factors (for example, weathering of rock art), the region is rich in existing Aboriginal sites, which are of great cultural value and importance to Aboriginal peoples. In many instances these sites have been destroyed or desecrated through development. Those sites, which remain, require recognition and protection to preserve the Aboriginal Heritage of the region.

The high diversity and abundance of natural resources available to the Aboriginal people of the region resulted in a high density of Aboriginal occupation in the region, particularly around the northern rivers close to the coast. The marine environment coupled with the lush vegetation along the coast provided the people with much of what they needed to subsist. Despite the hardships they encountered in association with the defence of their homelands during European settlement, they have retained their strong links with the land up to the present time.²⁹

3. Landscape Context

In addition to the development history, understanding the past and present environmental contexts of a study area is requisite in any Aboriginal archaeological investigation. It is a particularly important consideration in the development and implementation of survey strategies for the detection of archaeological sites.

Any discussion of the likely presence of Aboriginal cultural remains, or of the basis why such remains might be discovered, must be within the context of the environment and the resources that would have been available to any Aboriginal occupants of the area. Environmental characteristics - including the availability of water, the abundance and type

²⁹ OEHL North Coast Bioregion info

of plant and animal food resources, the nature and type of stone and ochre resources; and the access and the availability of shade and shelter - play an influential role in determining the type and nature of material culture remains that will have been distributed across the landscape by Aboriginal people in the past. The following sections provide information relating to the environmental context of the study area especially where these have the potential to aid the prediction and or explanation of Aboriginal archaeological site location.

3.1 Topography

Lismore is located within a valley surrounded by ridgelines. The Hospital is located within the valley to the east of the Town Centre on a slight ridgeline to the north of Ballina Road, the primary east-west arterial road through Lismore. The height and location of the Hospital ensures it is a prominent feature from all view points, as well as offering expansive views from the upper levels of the main acute buildings.

3.2 Waterways

There are no waterways or historic waterways or drainage lines that have been identified or documented for the subject site. However, several watercourses exist in relatively close proximity. The most significant is the Wilsons River which is located approximately 1km north north east from the subject site (as shown in Figure 45).



Figure 45: Distance 857m

There is no feeder creek that runs through the site. Without the presence of an established waterway across the subject site, it would be unlikely for enduring campsites, rock shelters, and art sites to be located there.

3.3 Flora & Fauna

The district provided an abundance of native fauna and flora which was hunted and gathered by the Bundjalung. In the Lismore area, soils derived from basalts support subtropical and warm temperate rainforests, or wet sclerophyll forests. Dominant species of flora include black booyong (*Argyrodendron actinophyllum*), white booyong (*Argyrodendron trifoliolatum*), hoop pine (*Araucaria cunninghamii*), bangalow palm (*Archontophoenix cunninghamiana*), climbing palm (*Calamus muelleri*), rough tree fern (*Cyathea australis*), Australian cedar (*Toona australis*), teak (*Flindersia australis*), white mahogany (*Eucalyptus acmenoides*), small-fruited grey gum (*Eucalyptus propinqua*), tallowwood (*Eucalyptus microcorys*) and Sydney blue gum (*Eucalyptus saligna*).³⁰

The subtropical habitats of the area are rich in bird diversity, with many endemic species and species with restricted distributions, especially in rainforest habitats where there are also several threatened species.³¹

However, animals associated with this landscape are no longer present in the subject area. The urbanisation and development of the site has ensured that the landscape and its vegetation has been dramatically altered and no longer resembles the pre-contact landscape.

3.4 Geology

The Tweed Heads 1:250,000 geological map shows that the site is underlain by the Lismore Basalt Formation. The basalt comprises a series of flows derived from the Tweed shield volcano deposited over a significant period of time. The basalt of the Lismore Basalt described on the geological map comprises a significant thickness of basalt flows each of which may be as thick as tens of metres and as thin as say five metres. The contacts between individual flows may be either concise and comprise distinct rock on rock contacts that may be welded, or in some cases the contact between flows may be gradational and separated by palaeosols (ancient soils) developed by weathering of the top of the lower flow in the intervening time period. In some instances sedimentary deposits are laid down between flows, over earlier palaeosols.³² This geology reflects the availability of stone used as raw material for tool manufacture. Basalt deposits can be associated with Aboriginal sites, with Basalt being frequently used by Indigenous toolmakers who preferred hard, volcanic stones which can hold an edge.

4. Aboriginal Consultation

Aboriginal culture is dynamic and continuous. It includes the tangible and intangible and links people over time to their community and land. It is important to recognise that Aboriginal people have the right to protect, preserve and promote their cultural heritage.

In recognition of that right, Health Infrastructure, in collaboration with representatives from NNSW LHD have continued to consult the local Aboriginal throughout the life of the Stage 3 Redevelopment Project. Introductory presentations were held for members of communities of the Bundjalung Nation on 09/04/13 and 31/07/2013.

An Aboriginal Advisory Focus Group was established as part of the Stage 3A works to facilitate communication and inform the community of progress of the development. Information has been circulated in the form of presentation briefings and newsletters for wider distribution. Meetings were initially scheduled on a monthly basis, however due to

³⁰ <http://www.environment.nsw.gov.au/bioregions/NorthCoast-Biodiversity.htm>

³¹ *ibid*

³² Broad Desktop Review - Lismore Base Hospital: Geotechnical Data – NSW Health Infrastructure, Coffey, p24

difficulties in establishing a quorum and the lack of community representatives attending meetings meant that only three meetings were held from June to November 2013. Meetings were held on the following dates:

- 18 June 2013
- 31 July 2013
- September Meeting Cancelled – No attendees
- October Meeting Cancelled – No Attendees
- 10 November 2013

Discussion with Aboriginal Health representatives concluded that the Aboriginal Advisory Group strategy was not achieving its objectives and was subsequently disbanded and an alternate consultation strategy was implemented. Representatives from NNSW LHD now attend the Ngayundi Aboriginal Health executive meetings to not only provide an update on the progress of the project but also provide a forum for two-way feedback between the Aboriginal community and the project team and the LHD. These are provided in the form of briefings and presentations and have included information about the development of Stage 3B. Meetings attended have been held on the following dates:

- 20 June 2014
- 9 September 2014

It is also important to note that a smoking ceremony of the Stage 3A construction site was held with and performed by the local Aboriginal community on 20 June 2014.

5. Conclusions regarding Aboriginal Site Location in relation to Environmental Settings

These landscape features for the subject site indicate that the subject site is likely to have been used by aboriginal groups prior to European contact though it is not likely to have been a site of particular ceremonial or spiritual importance. Aboriginal people would have utilised, passed through or congregated around the Wilsons River and associated waterways for thousands of years. While they would have had a presence in the area of the subject site, the extensive development and disturbance means there is low potential for Aboriginal cultural heritage remains.

No previous Aboriginal sites or places recorded within the site or the wider area, as indicated by the Aboriginal Heritage Information Management Systems (AHIMS) search.

There is nothing special or significant noted for any of the historical landscape qualities of the subject site that would warrant further research into the area. In particular, the examination of the environmental contexts indicate that the effects of clearing and development throughout the study area is likely to mean that Aboriginal objects if found will not be in situ nor will they be associated with significant archaeological deposits.

In the unlikely event that any subsurface deposits containing Aboriginal relics are found, they are likely to consist of isolated or low density artefacts within disturbed soil profiles. In that instance, work would need to be temporarily halted and the Office of Environment and Heritage contacted for the appropriate course of action.

Throughout the life of the consultations, one main issue which has been raised by the Aboriginal community is the need for a large grieving/mourning room for use by the Aboriginal community to gather at times of grief or mourning when a relative is critically ill or has passed away. Advice to the community at the time was that the inclusion of a grief/mourning room was included as part of the Stage 3A redevelopment scope of works however will be included the Stage 3B scope of work.

The construction of this room has been included in the Stage 3B scope of works. Subsequently, the findings of the Aboriginal due diligence assessment undertaken as part of the stage 3A development remain applicable to stage 3B.

The sum of the information above indicates that there is a very low potential for any Aboriginal archaeological heritage to be present within the study area. For the majority of the property where previous development has destroyed previous soil profiles (and indeed largely removed them entirely), there is little to no potential at all. For the remaining areas with some remnant but almost entirely disturbed soil profiles there is low potential based on landform-based predictive models.

The information demonstrates that any proposed works at the site are unlikely to lead to harm to any Aboriginal objects – and therefore further investigation is not required.

Part IV: Historical Archaeology

1. Introduction

This section broadly encompasses the European "heritage" values of the study area with respect to any possible subsurface archaeological resources. Heritage values are understood to mean the appreciation and value placed upon the resource by contemporary society in terms of the criteria expressed in the Burra Charter and formalised by the Heritage Council of NSW. Archaeological evidence, "relics", is defined by the Heritage Act of NSW to be physical evidence (structures, features, soils, deposits and portable artefacts) that provide evidence of the development of NSW, of non-Aboriginal origin and are fifty or more years in age.

The site has been assessed in two separate archaeological assessments due to the distinct character of the two sites and the varying nature of the archaeological impact of the proposed works.

2. Archaeological Investigation in the Vicinity

There have been a number of assessments and investigations carried out around the Lismore area, although very little has occurred within the Lismore basin itself. The only archaeological study found during the research for this report was the 2002 report prepared for Lismore Railway Station for the NextGen Fibreoptic Network. Whilst not in immediate proximity, the site is located within the Lismore Basin and is subject to similar environmental influences including soil types, European influences, etc. The subject of this report is the sub-surface archaeological resource that may be contained within land encompassed by the Lismore Railway Station heritage precinct. The objective of the work has been to determine the probability of finding archaeological evidence within a trench that is to be excavated to lay a fibre optic cable through the precinct. It determines the extent, nature, integrity and significance of the resource and the impact of the excavation on archaeological relics. It provides strategies to mitigate that impact. The work fulfils statutory requirements of Lismore LEP 2000 and a request for information to support a Development Application and a Section 60 application to the Heritage Council of NSW.

Other studies include:

- Archaeological Survey of the Grafton-Lismore transmission line. Unpublished report for the Electricity Commission of NSW. (D Byrne, 1981)
- Wiy-abal aboriginal clan (Bundjalung Nation) cultural heritage and values relating to the Lismore City Council local government area : an archaeological and anthropological survey (June 2000)
- Indigenous & Non-Indigenous Heritage Review: Dumaresq - Lismore 330kv Electricity Transmission Line (OzArk Environmental and Heritage Management, September 2009)
- Aboriginal Archaeology Impact Assessment- Watermark Coal Project Environmental Impact Statement (AECOM, February 2013)

3. Phases of the Site's Occupation & Potential for archaeological remains

3.1 Site A: Lismore Base Hospital

An assessment of the archaeological potential of the subject site must consider the sequence of events and the material and/or structures associated with those events compared with later modifications and developments across the site. The level of subsequent modification can determine the extent of the impact on the potential archaeological resource. An understanding of this process will facilitate the grading of significance for archaeological potential on the site.

The history of the Lismore Base Hospital site is firmly linked with health care. There were no previous functions or uses identified in this area. The history of development of the site is extensive. As new buildings have developed on the LBH campus over time they have by necessity responded to the existing conditions and requirements of the site, necessitating extensive demolition and clearing.

As no previous land use exists, the archaeological remains of the area would relate to former structures. While former landscaping and pathways would also have been present in this area, their remains are not considered to be of archaeological significance, given the ongoing use of the area in its original function and the overlay of current pathways and landscaping. In addition, these types of constructions are unlikely to leave an archaeological imprint that would be intact.

Given the consistent development and redevelopment of the site, the phases for archaeological potential for the subject site are difficult to distinguish post 1900. However, they can be divided into the following chronological periods.

1880s: Land dedicated and early structures

1890s: Expansion

1915-1933: First Major Development

1935-1954: Lismore Base Hospital & Post War Development

1963- 1967: First Phase of Redevelopment

1969-1973: Second Phase of Redevelopment

1988: Third Phase of Redevelopment

The structures from each period, and the likelihood of their remains to exist on the site are presented chronologically below.

Date	Building	Extant
1883	Timber Structure known as "Lismore and Richmond Hospital."	No
1887	Washhouse	No
1893	Isolation Ward	No
1893	Operating Theatre	No
1904	New brick hospital building	No
Sometime between 1903 and	Nurses Quarters	No

Date	Building	Extant
1913		
1912	New operating theatre	No
1916	New Morgue	No
1918-1920	New Maternity Ward	No
1921	Tennis Court	No
1925-1928	New Isolation Block	No
1930s	Laundry	No
1930s	Additional story to wards and blocks for Maternity and Children's Wards	No
1933	Nurses Home	Yes
1933	Operating Theatre	No
1947	New Maternity Ward	No
1950	Boiler house and laundry with brick chimney stack	No
1951	"Workshop"	No
1951	83A Uralba Street (Armstrong House)	Yes ³³
1951	New mortuary	No
1954	10 new tuberculosis units	No
1967	Stage 1 (1963 Plans): New Hospital Block	No
1973	Physiotherapy department	No
1979	Renal Dialysis Unit	No
1982	Hospital laundry relocated offsite	No
1985	Day Only Surgery Ward	No
1985	Bus shelter	Yes
1989	Cancer Care Unit	
1988	Redevelopment and proposed total demolition then Two new wards One new Orthopaedic ward Four new operating theatres New Accident/Emergency and Outpatients department New Medical Records Department New Pharmacy New Medical Imaging Department Additions and alteration to the Stores department Refurbishment of three floors of A Block	Yes

³³ <http://www.environment.nsw.gov.au/heritageapp/ViewHeritageItemDetails.aspx?ID=3540228>

Date	Building	Extant
	A new ICU department A new Psychiatric Ward	
1990	66 Hunter Street acquired	Yes
1990	58 and 79 Uralba Street acquired	Yes
1990	Laurel Lodge acquired	Yes

The 1988 redevelopment is extensive and considerably expanded the footprint of the subject site. This redevelopment in particular was of such a nature that extensive excavation was required, and any relics remaining from the earlier phases of development would have been uncovered or disturbed at that point. As such, it is not anticipated that any archaeological deposits remain. It must also be noted that for the archaeological potential of the former structures, the subsequent layers of landscaping, developing, services, clearing and construction that have been the focus of this area are considered to be extensive enough to have removed or at the very least, very heavily impacted on the former structural remains.

The images overleaf indicate the changing face of the Lismore Base Hospital throughout the second half of the 20th century and the extent of redevelopment on the footprint of the hospital. The northern portion of the site, reserved for hospital expansion since the late 1800s, has been developed more recently than the bulk of the site. However, photographic evidence clearly shows the degree of excavation in this area required for building foundations. Like the remainder of the site, if any relics previously existed in this previously under developed, they have either been uncovered (although it is noted that no archaeological finds have been previously recorded on site) or disturbed and will no longer remain in situ.

This northern area remains the area of highest archaeological potential, particularly under the car park area. Particular care should be taken during excavations of this area, and the implementation of a 'stop work' policy is advised in case any unexpected archaeological deposits are recovered. The contractor should then contact the heritage consultants who will inspect and advise on appropriate actions accordingly.

However, the proposed works to the LBH Site do not extend into this area. The works are concentrated within the south eastern portion of the site which is currently subject to extensive excavation as the previously approved Stage 3A development is being constructed. This will comprise the "base" for the proposed Stage 3B1 development and tower. As no excavation is proposed as part of the proposed application, no archaeological impact is anticipated.

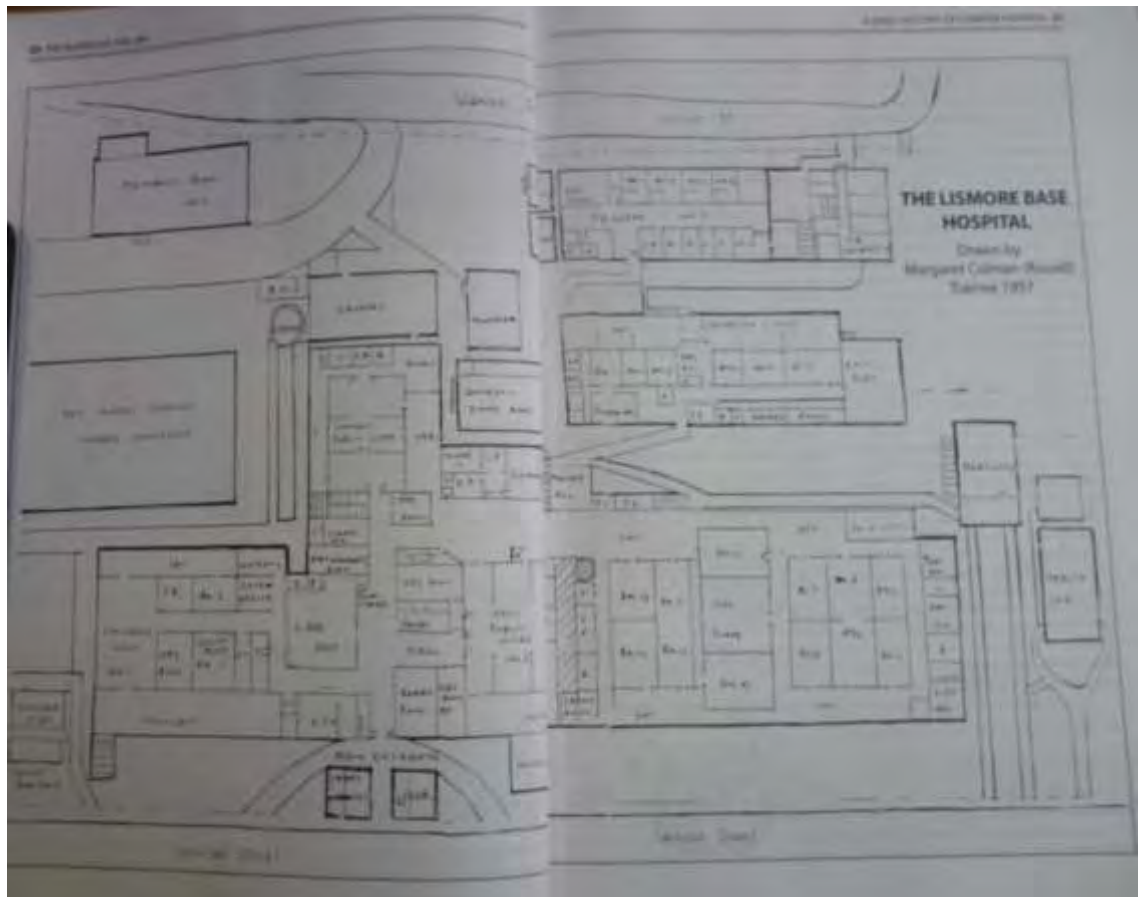


Figure 46: Hospital Plan 1957 (Source: A Brief History of Lismore Hospital, p 21)

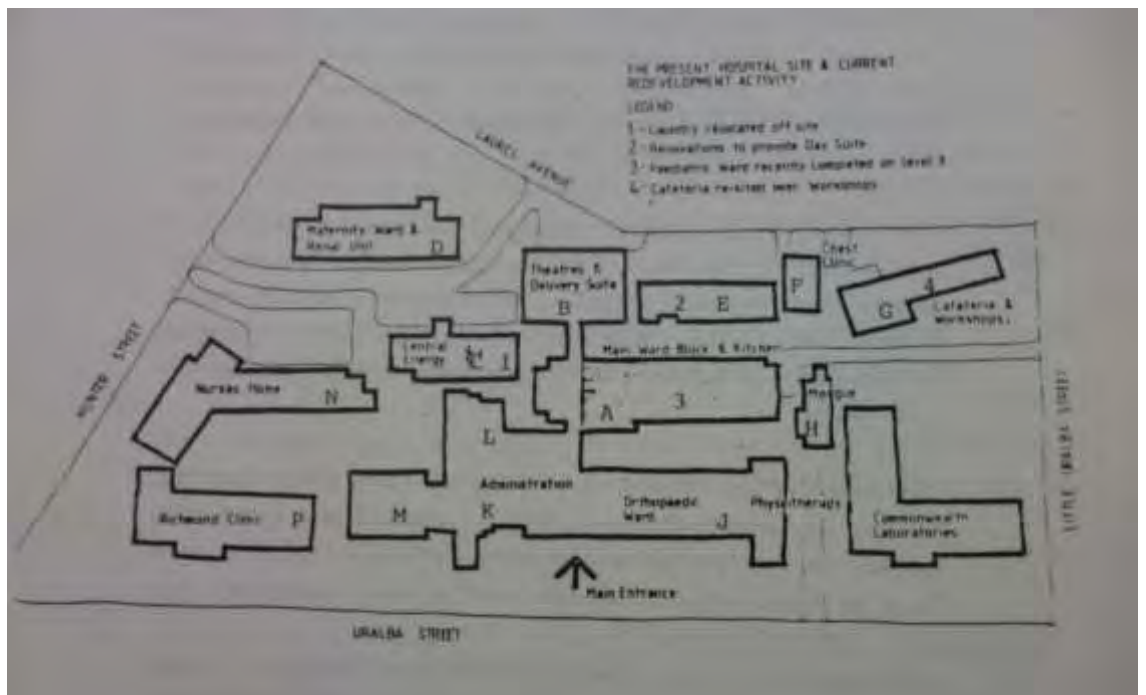


Figure 47: Figure 6.2: Hospital Plan 1985 (Source: Functional Brief for the Redevelopment of Lismore Base Hospital, 1985)

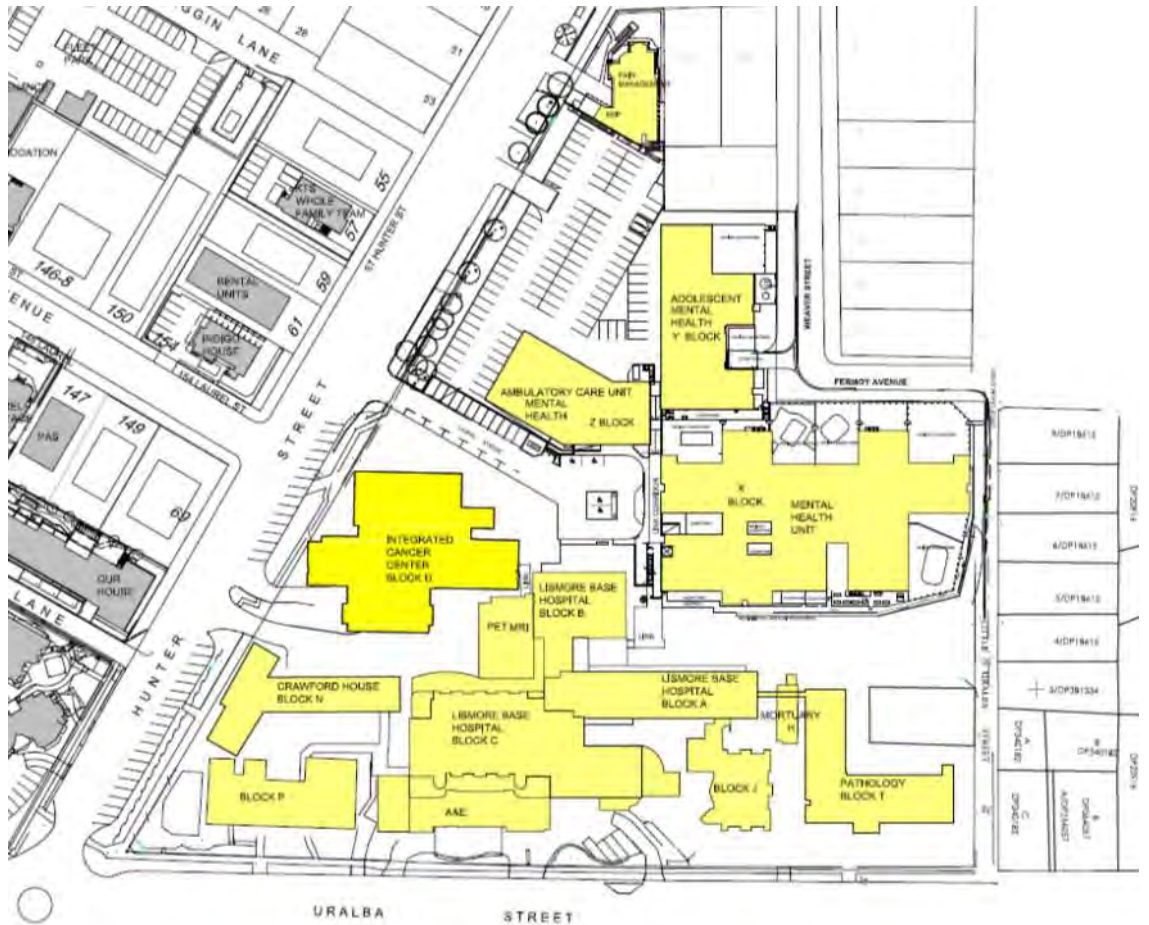


Figure 48: Site Plan in 2013, with the Lismore Base Hospital shown in yellow.



Figure 49: Excavation works as part of redevelopment planned in 1988. (Source: Courtesy of Owen Byrnes - Richmond Network Physical Resources Manager, NNSWLHD)



Figure 50 Aerial view of the development site. Approved Stage 3A currently being constructed (Source: Sky view aerial). The excavated area is the subject of the proposed works.

3.2 Site B Carpark Site

As previously outlined, the Carpark Site features a relatively simple development history which can be summarised as follows:

- Early 1800s: Pastoral uses
- 1880s-1940s: Land Reserves for Police Purposes. No known development.
- 1935-1954: Land acquired by Housing Commission and Development for Public Housing
- 1950s - Present: Transition to private ownership and health uses

The nature of the 1940s development means that extensive subsurface disturbance would have been required for the laying of services, thus removing any archaeological evidence of earlier phases relating to pastoral or police uses.

Geotechnical testing of the hospital site reveals generally disturbed stratigraphy from an archaeological perspective. The upper 0.2m is comprised of uncompacted brown and red brown sandy silt topsoil with some basalt cobbles, glass fragments and wood fragments.³⁴ This is considered typical for a site of this nature with a relatively consistent suburban use.

Aerial photography indicates that development on the subject site has been consistently residential in scale. It may possible that some archaeological evidence may remain of earlier dwellings on the site, however these would date from the 1940s and are considered of low research value.

³⁴ Geotech Borehole logs

Assessment of Archaeological Potential

The Carpark site has been subject to a range of historical uses that may have produced a archaeological evidence related these former activities and phases. However, the site has been also been subject to significant subsurface disturbance through demolition and construction during the 19th and 20th Centuries.

While it is noted that only limited excavation has occurred for housing foundations, the nature of the use and previous development of the site is limited from an archaeological perspective.

As such, the anticipated archaeological resource and potential for survival is outlined as follows:

Period/Date	Potential Archaeological Resource	Likelihood to be present
Early European	Evidence of early land working related to pastoral use. There is no evidence that any structures were built. In the event these were built, given the nature of construction of these buildings, it is considered unlikely that any archaeological evidence of this period of occupation would remain.	Low
1890-1940	Structural and ephemeral evidence associated with use of site as a police reserve. Most likely to be occupational deposit. No evidence that any structural works were undertaken during that time, and it is likely to have been used as a firing range or for other police training activities. The level of subsequent disturbance is such that it is unlikely any archaeological evidence of this period would remain.	Low
1940s- 1955	Cultural debris associated with use of the site for public housing. Possible evidence of footings of early post-war housing.	Moderate
1950s - Present	Fill which has derived from the demolition of the previous buildings. Cultural debris associated with contemporary residential use.	High

Assessment of Research Potential

The NSW Heritage Branch has provides a broad approach to assessing the archaeological significance of sites, which includes consideration of a site's intactness, rarity, representativeness, and whether many similar sites have already been recorded, as well as other factors. This document also acknowledges the difficulty of assessing the significance of potential subsurface remains, because the assessment must rely on predicted rather than known attributes.

A site can be of high archaeological potential (meaning that remains are likely to be present), and yet still be of low research potential if those remains are unlikely to provide valuable or useful information.

In the case of the Lismore Base Hospital site, it is considered that the primary remnant features will relate to the former built structures located at the site, the associated fill from its demolition, and some ephemeral cultural debris in the form of movable objects. The relatively recent of development history at Site B means that little archaeological evidence of structures is likely and any potential remains would relate to ephemeral remains and occupation deposit of previous uses.

These are assessed for their research potential as follows:

Potential Feature	Assessed Research Potential	Reasons For Assessed Research Potential Level	Relationship To Nsw Historical Themes
Evidence for 19th Century Pastoral uses	High	Any archaeological evidence relate to commercial development within the subject site during the 19th and early 20th century could be of high research potential for its ability to provide information related to the evolution of the Lismore area surrounding and its role in local and national economies. Such material could potentially provide evidence related to the construction and functioning of early agriculture.	Peopling-Peopling the continent; Migration-Activities and processes associated with the resettling of people from one place to another (international, interstate, intrastate) and the impacts of such movements; Agricultural Pastoralists and Labourers.
19th/Early 20th Century Occupational deposit related to use of the site as a Police Reserve	High	Little archival evidence is available about the use of the site as a police reserve. While evidence of this period occupation is unlikely due to the level of surface disturbance, any evidence would be extremely rare and of great research value in determining the nature of the previous uses of the site.	Settlement-Building: settlements, towns and cities Evidence for the 19th and 20th century residential development could provide information related to the changing nature of commerce and industry.
Ephemeral remains and occupational deposit related to 20th century residential use	Moderate - Low	Surviving material would be limited and fragmentary and is readily available through other sources. It is most likely that occupational deposit will relate to the most recent occupation and will be largely contemporary in nature.	Settlement-Building: settlements, towns and cities Evidence for the 19th and 20th century residential development could provide information related to the changing nature of commerce and industry.

4. Conclusions

Currently there are no historical structures located within the study area and particularly the Carpark Site. Due to the level of disturbance related to residential development, likely archaeological remains would be confined to the foundations of previously demolished buildings, namely any former brick structures, as well as occupational deposit. However, the nature of the residential development would most likely have disturbed the archaeology in this area aside from deposits from the mid 20th century onwards.




As such, the archaeological potential of the area is considered to be low. Geotechnical data indicates subsurface disturbance consistent with such development. Nonetheless, the possibility of unexpected archaeological finds exists, particularly in cleared areas of the car park site, and a stop work provision is recommended in construction policies.

Part V: Built Structures


1. Site A: Lismore Base Hospital

1.1 Chronology of Built Elements



The following table compiles the built elements that were constructed and demolished within the site of the Lismore Base Hospital since the 1880s.







Date	Event	Image
1880	First Hospital Public Grant from the Government was 3 acres on 10 August 1880.	
1883	First timber structure hospital built at Postman's Ridge. Built by John Lumley, it probably had a timber kitchen to the rear. It was managed by Matron Daly. It was called Lismore Cottage Hospital.	
1885	A mortuary was erected.	
1886	Further Government Grant of 7 acres made on 12 December 1886.	
1887	A washhouse was added to the hospital. Lismore City, p.108, 1891	
1892	Typhoid fever and isolation ward was accommodated into tents. Lismore City, p.108, 1892	
1893	Isolation Block (or Fever Ward) was built by Messers Green & Son. Most likely also an Operating Theatre was added to the complex the same year on Hunter Street.	
1899	The hospital was provided with an Ambulance	
1900-5	Design and construction of a new brick building hospital designed by Architect Keithel and built by Mr R. Hughes. Lismore City, p.109, c1913 And 1916 Annual Report	


Date	Event	Image
1912	New operating theatre and New Horse Ambulance	
1915	Restoration of Isolation Block and Nurses Quarters	
1916	New Morgue	
1918-20	Maternity ward is constructed	
1921	Tennis Court laid down where laboratory now stands	
1925-28	<p>Completion of new Isolation Block</p> <p>Lismore City, p.110, 1928</p>	
1931-33	<p>Setting up of a new laundry at the hospital.</p> <p>Second storey added to host Maternity ward and Children ward.</p> <p>Lismore City, p.110, 1905 (?)</p>	
1933	<p>Opening of new Nurses Home (now Richmond Clinic) and Operating Theatre</p> <p>Lismore City, p.110, early 1933</p> <p>Lismore City, p.111, 1936</p>	 
1935	<p>The Hospital acquires the status of "Base Hospital". A new Children's Ward was opened (now Ward 7)</p> <p>Lismore City, p.109,nd</p>	

Date	Event	Image
1937	<p>A new porte-cochere was built in front of the main building, forming a covered entrance and ambulance access to the hospital.</p> <p>Lismore City, p.112, 1945</p>	
1947	<p>A new Maternity Ward opens</p> <p>Lismore City, p.112,1947</p>	
1948	<p>Army hut was purchased and built in front of the hospital to house administrative staff, dispensary and board room.</p> <p>G. Everingham 1987,p.14</p>	
1950	<p>New boiler house and laundry is completed with a chimney stack. The chimney stack was demolished only in 1990s.</p> <p>Photo from 1953</p>	
1951	<p>Completion of the new Preliminary Training School near ward 9. This later became a workshop.</p> <p>Armstrong House was purchased for nursing accommodation following the closing down of the new Nurses Home in 1953.</p> <p>New mortuary completed.</p> <p>ARMSTRONG HOUSE</p>	
1954	<p>Tuberculosis Unit built with attached nursing accommodation</p>	
1958	<p>New Nurses Home completed from the conversion of the old Richmond Clinic.</p> <p>Lismore City, p.113</p> <p>New Nurses Quarter in 1958</p>	

Date	Event	Image
1963-67	<p>New 7 storey block built</p> <p>Stage 1 was the block in the photograph.</p> <p>Stage 2 was the extension of the stage 1</p> <p>Stage 3 was the complete replacement of the hospital on Uralba Street</p> <p>G. Everingham 1987, The Nurses of Lismore Base Hospital, p.8)</p>	
1967	<p>New wing opened (see previous image location)</p> <p>G. Everingham 1987, The Nurses of Lismore Base Hospital, p.8)</p>	
1968	<p>New Physiotherapy department</p>	
1969	<p>Alterations to old Men's Ward for its conversion to admin offices, board room, matron, deputy matron, senior sites office, pharmacy, waiting room, records department etc.</p> <p>Approved the conversion of old Maternity Ward as a geriatric ward</p>	
1971-74	<p>Renovation of Orthopaedic Ward with a swimming pool adjacent to Ward 10.</p> <p>G. Everingham 1987, The Nurses of Lismore Base Hospital, p.8)</p>	
1972-73	<p>Physiotherapy block is built.</p> <p>Ward 8 became a Psychiatric Clinic and opened as Richmond Clinic.</p>	

Date	Event	Image
1974-75	New car parks laid down with funds from the Regional Employment Development Scheme.	 <p>A car park at the rear of the Hospital, constructed with Regional Employment Development Scheme funds made available by the Australian Government.</p>  <p>Another car park in the course of construction with R.E.D.S. funds.</p>
1979-80	The Lions Club financed the construction of a Renal Dialysis Unit. Government Architect was appointed to prepare a Master Development Plan for the hospital redevelopment. 8 stages are identified and the plan is approved by the Health Commission of NSW.	
1982	Stage is implemented: The hospital laundry is relocated off-site.(\$1.6M)	
1985	<p>The Day Only Surgery Ward is completed. Cancer Care Unit is also started (previously ward 7 of the hospital). Construction ended in 1989.</p> <p>Funds raised for a new bus shelter in front of the Hospital.</p> <p>A Functional Brief for the preparation of a Master Development Plan is prepared.</p>	

Date	Event	Image
1983-84	<p>New Children's Ward and Cafeteria opened (\$1.4M)</p> <p>Restoration of Armstrong House at 83A Uralba Street (Residence of Medical Officers)</p>	
1988	Announcement of the new stage of development	
1993	<p>The development is completed</p> <p>Lismore City, p.113, 1993</p>	
1986	Proposed new Richmond Clinic	
1987	View from the rear	
1991	View of the new development under construction (Mahaffey Wing)	




Date	Event	Image
2009	<p data-bbox="496 219 951 282">General configuration of the Hospital after further development in the 2000s.</p> <p data-bbox="496 389 775 421">Lismore City, p.113, 2009</p>	

1.2 Built Elements


The following table briefly describes the built structures currently located within the Lismore Base Hospital site.

No	Building	Brief Description	Image
Block A	Clinical Support	<p>1960s-70s multi-storey brick and concrete clinic buildings with a number of later additions and modifications.</p> <p>This building is proposed for demolition under the proposed works.</p>	
Block B	Clinical Services	<p>Block B dates from the same period as Block A presenting similar detailing with face brick and concrete structure and simple internal finishes. These buildings have been further refurbished as part of the works in 2000s.</p>	
Block C	Clinical Services	<p>1990s building adjacent directly to the earlier 1960s-70s emergency building. It is a yellow brick structure with circular vertical circulation bays.</p> <p>Interiors are typical of modern hospital buildings with simple detailing and refurbishment.</p>	
Block D	Integrated Cancer Centre	<p>This block also dates from the later development stage of the hospital. It is of similar style of that blocks A, B and N with balconies dominating the facades with terminating end vertical wings.</p>	
Block N	Crawford House Admin & Accommodation	<p>Ten storey brick building dating from the 1958-60 and is the second oldest building within the Lismore Base Hospital grounds. It relatively retains its original external detailing while it has been refurbished internally over the years. It is typical of its period similar to those hospital buildings with horizontally emphasised balconies extending as an outdoor space for the rooms connecting the vertical wings at both</p>	

No	Building	Brief Description	Image
		<p>ends. This building is said to be completed from the conversion of the old Richmond Clinic but no fabric is visible from that earlier Clinic.</p> <p>Internally the building is a very simple health facility with almost no detailing such as cornices or ceiling decoration.</p>	
	Ambulance & Emergency	<p>Incorporating a 1960s-70s brick single storey structure with a 1990s porte-cochere for ambulances this building sits at the front of the 1990s Block C. It is a simple horizontally emphasised structure with aluminium windows and remnant parapet. It has an unremarkable style.</p>	
Block P	North Coast Brain Injury Rehabilitation Centre & Rural Spinal Cord Injury Centre, & Library (Richmond Clinic)	<p>Built in 1933 as the new Nurses Home and Operating Theatre (also known as Richmond Clinic) this building is now accommodates the Brain Injury Rehabilitation and the Rural Spinal Injury Centres as well as the Hospital's Library.</p> <p>It appears as a single storey building on the corner of Hunter and Uralba Streets and has a lower ground floor connecting to Crawford House (Block N). It has been added to and altered significantly as such its Inter-War period fabric only visible in part at the painted brick enclosed veranda at the rear (where the library now is adjacent to) and at the Uralba Street frontage. The street façade is dominated by a central decorative flying gable.</p> <p>This building is the earliest remaining structure within the Lismore Base Hospital grounds.</p>	  

No	Building	Brief Description	Image
Block X	40 Bed Mental Health Unit	<p>These complex of buildings sit at the lowest part of the Lismore Base Hospital grounds thus only their roofscape is visible from the rear of Blocks A and B when approached along Little Uralba Street.</p> <p>They are the most recent buildings dating from the late 2000s.</p>	
Block Y	8 Bed Child & Adolescent Mental Health unit	Built at the same time as Block X and in the similar style and detailing.	
Block Z	Ambulatory Care Unit (Mental Health).	Built at the same time as Blocks X and Y in the similar style and detailing.	

1.3 Buildings Demolished since 2013 Application

No	Building	Brief Description	Image
Block T	Pathology	Pathology building is the most utilitarian looking structure within the hospital grounds with simple face brick and slab construction. It is subject for demolition under the current proposed development works.	

2. Site B: Carpark Site

As outlined in previous sections, the carpark site is comprised of current and former residential dwellings at 67 and 69 Uralba St and 24 Dalziel Street. These dwellings are all relatively recent in construction and do not appear to be of any particular architectural merit. Both 67 and 69 Uralba Street are single storey brick dwellings with rendered brick facades and hipped terracotta tile roofing. They appear to date from the 1960s. 24 Dalziel Street appears to be recently rendered and renovated, with new steel framed windows and a new colourbond steel roof. However, it again appears to date from the 1960s.



Figure 51: 67 Uralba Street



Figure 52: 69 Uralba Street



Figure 53: 24 Dalziell Street



Figure 54: 9 Dibbs Street

3. Conclusion

As detailed in the above tables the majority of the extant buildings within the Lismore Base Hospital site relate to the later redevelopment stage of the hospital with the earlier buildings being significantly modified and added to over the years. The earliest extant building is the Block P building dating from 1933 and now operating as the North Coast Brain Injury Rehabilitation centre and the Rural Spinal Cord Injury Centre incorporating the hospital library at the rear. The building has been modified and added to as such its original layout and configuration is no longer distinguishable.

The buildings dating from the late 1950s and 60s adjacent to Block P including Crawford House are of typical hospital buildings of their period with no particular architectural or aesthetic quality.

The six Canary Island Palm trees along the Uralba Street frontage are the oldest and largest of the trees growing on the site planted in the 1940s. The trees, which were identified in the Lismore Heritage Study as potential landscape items, should be protected and preserved. However, it should be noted that the proposed current development does not impact on these trees.

The dwellings at Site B do not appear to hold any architectural or historical merit and are typical of suburban residential dwellings in the Lismore region.

Part VI: Assessment of Significance & Heritage Impact

1. Overview

There is no evidence to suggest any significant Indigenous or Historical archaeological potential exists within the subject development sites. The findings of this assessment have concluded that there is little potential for sites or places of Aboriginal Heritage Cultural Significance likely to remain within the subject site. There are no identified Aboriginal Sites registered on the AHIMS Database either within the site or its immediate surroundings.

The findings of previous assessments of the LBH regarding built heritage made in the Stage 3A application concludes that the majority of the buildings within the Base Hospital site relate to the later redevelopment stage of the hospital with the earlier buildings being significantly modified and added to. This assessment is confirmed.

The earliest extant building is the Block P building dating from the 1933. However, it has been modified and added to as such its original layout and configuration is no longer distinguishable. The buildings dating from the late 1950s and 60s adjacent to Block P including Crawford House are of typical hospital buildings of their period with no particular architectural or aesthetic quality.

The six Canary Island Palm trees growing next to Uralba Street remain the oldest and largest of the trees growing on the site and are planted in the 1940s at the Uralba Street frontage, representing this phase of development. They represent a major contribution to the streetscape on a well trafficked local road.³⁵

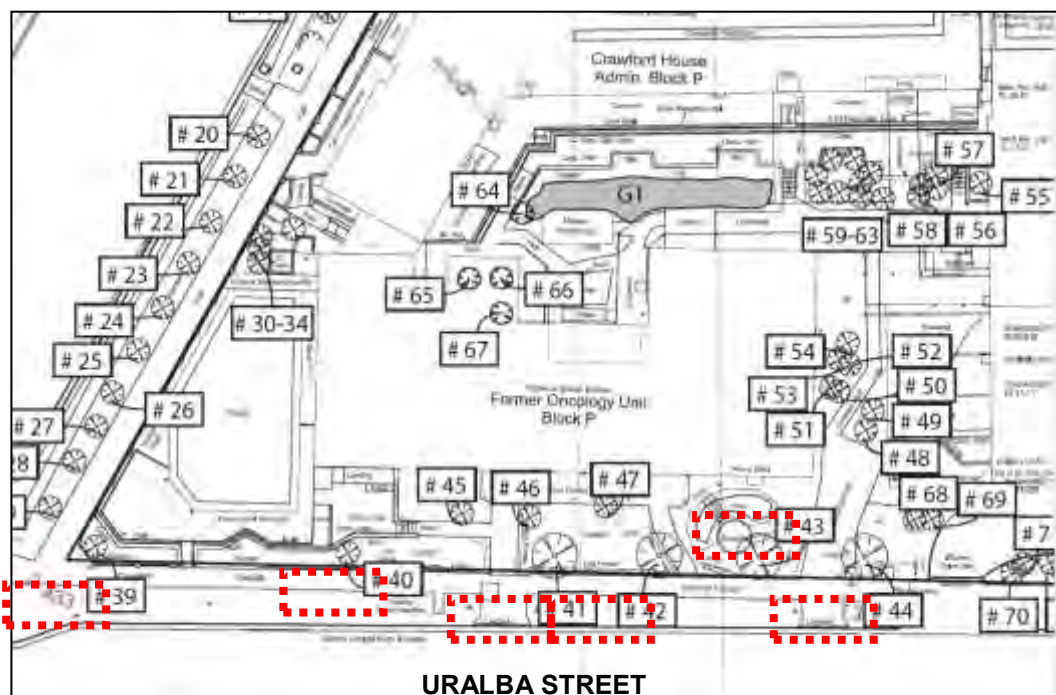


Figure 55: Canary Island Palms shown by red hatched area (Source: Lismore Hospital Tree Report. Compiled by Northern Tree Care, 27th November 2012)

³⁵ Lismore Heritage Study, 1995

The following assessment of significance has been prepared in accordance with the 'Assessing Heritage Significance' guidelines from the NSW Heritage Manual.

a) An item is important in the course, or pattern, of the local area's cultural or natural history

The subject site is part of the development history of Lismore demonstrating the health services in the area since the late 1890s. The site exhibits changes in the hospital and medical technology as well as the design treatments.

The adjacent Carpark site demonstrates the transition of residential dwellings in the area from public housing to private ownership through to ultimately serving health purposes.

b) an item has strong or special associations with the life or works of a person, or group of persons, of importance in the local area's cultural or natural history

The research undertaken for this assessment did not locate any association with life or works of a person, or group of persons, of importance in the local area's cultural or natural history.

c) an item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in the local area

The subject site does not demonstrate any particular aesthetic characteristics or creative or technical achievement in the Lismore area. The extant hospital buildings are typical of their type relating to their respective construction period with no particular architectural or aesthetic value. The residential dwellings at the carpark site are typical suburban properties constructed in the mid 20th Century. They do not make any aesthetic contribution or demonstrate any particular technical achievement.

The main aesthetic quality of the site relates to the six Canary Island Palm trees along the Uralba Street frontage of the site. They are the oldest and largest trees in the locality.

d) an item has strong or special association with a particular community or cultural group in the local area for social, cultural or spiritual reasons

The research undertaken for this assessment did not locate a special association with a particular community or cultural group in the local area.

e) an item has potential to yield information that will contribute to an understanding of the local area's cultural or natural history

Research undertaken on the subject site has not revealed any information that warrants historical archaeological investigation of the site.

f) an item possesses uncommon, rare or endangered aspects of the local area's cultural or natural history

It does not possess any uncommon, rare or endangered aspects of the local areas cultural or natural history.

g) an item is important in demonstrating the principal characteristics of a class of the local area's

- cultural or natural places; or

- cultural or natural environments

The LBH site is a combination of various types and styles hospital buildings with associated ancillary structures. It demonstrates common trend in changing and making additions successively to health facilities in accordance with the new medical technologies and design changes throughout the state.

The adjacent carpark site is typical of 20th century residential subdivision and development and does fulfil this criterion.

2. Statement of Significance

The Lismore Base Hospital site has limited heritage value as a representative of the health services in Lismore since the late 1890s to the present day. There are few buildings dating from the 1930s to 1960s; however, they have no heritage value due to the successive changes and significant modifications to both their exteriors and interiors. As such their original configurations are no longer distinguishable. The buildings dating from the late 1950s and 60s adjacent to Block P including Crawford House are of typical hospital buildings of their period with no particular architectural or aesthetic quality.

The six Canary Island Palm trees along the Uralba Street frontage are the oldest and largest of the trees growing on the site dating from the 1940s. They are the main aesthetic elements for the site contributing to the streetscape quality of the area.

The adjacent Carpark Site has some historical interest as a former Police Reserve. However, any evidence relating to this use has long since been removed by the subsequent subdivision and residential development throughout the 20th Century.

There is no evidence to suggest any significant indigenous or non-indigenous archaeological potential on either site. The findings of this assessment have concluded that there is little potential for sites or places of Aboriginal Heritage Cultural Significance likely to remain within the subject site.

3. The Proposal

The proposed work consists of two key components. The first relates to the construction of an additional 5 storeys and helipad above the previously approved Stage 3A works at the LBH site.

The second component of the project is the construction of a six storey car park to be constructed in two stages. Stage 1 will comprise construction of a 250 space car park in the southern half of the development site and Stage 2 will comprise construction of an extension to the Stage 1 car park in the northern half of the site to provide an extra 250 car parking spaces. The construction of this new carpark will involve the demolition of all the dwellings located within Site B.

The proposed works are summarised as follows:

Stage 3B Redevelopment of LBH

- Demolition of Block A, the maternity building and site preparation works;
- Construction of Stage 3B1 which includes the fitout of the Level 6 shell space (approved under stage 3A), continuation of the podium above the 3A works and tower on top. A helipad is proposed above the Stage 3B1 tower.
- Construction of the Stage 3B2 building to the north of approved Stage 3A and proposed Stage 3B1 with a loading dock at Level 3 and new entrance from Little Uralba Street.
- The use of 9, 11, 15 and 15A Little Uralba Street for manoeuvring associated with the loading dock at Level 3 of the Stage 3B2 building, and associated site works, intersection works and works to Little Uralba Street. Conceptual details are provided for these works with the detailed design to be finalised in accordance with LCC's requirements, with the detail to be provided prior to construction.
- The closure of the southern end of Little Uralba Street is also proposed with an easement/right of way access required to be established for 78 Uralba Street which currently benefits from vehicular access from Little Uralba Street.

Multi-Storey Carpark for LBH at Site B

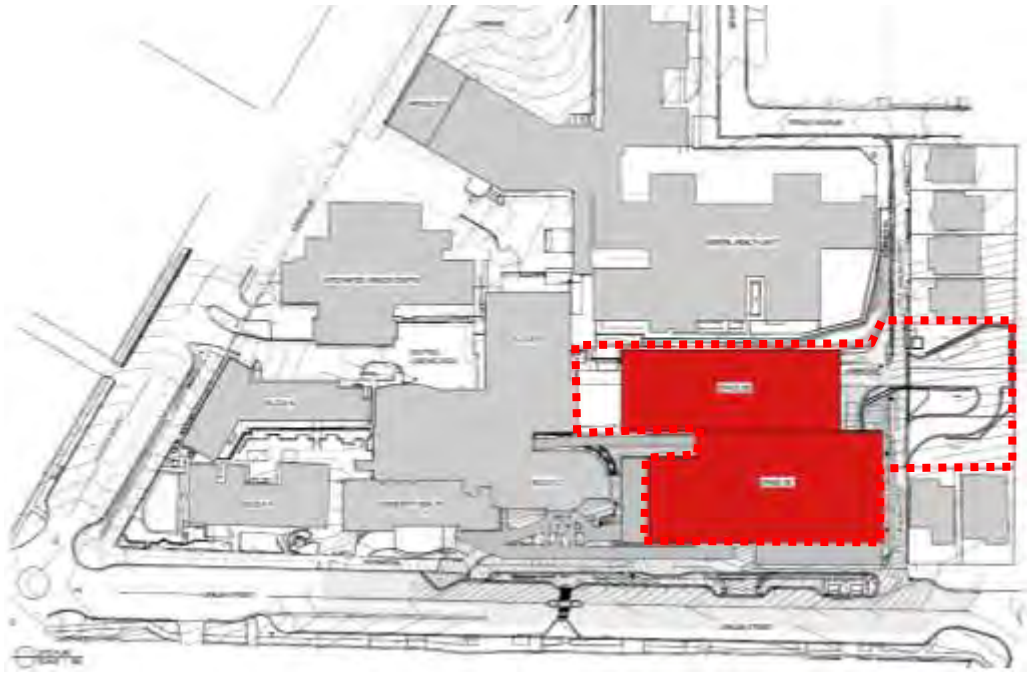
- Demolition of all existing structures on the carpark site and the staged construction (2 stages) of a multi-level carpark on the carpark site.
- Staged subdivision of the carpark site.



Figure 56: 3D Renders of proposed construction works (Source: Woods Bagot)



Figure 57 Photomontage of Stage 3A & 3B, viewed from Uralba Street looking north-east (Source: Woods Bagot)



F

Figure 58: Development area within LBH site (Source: Woods Bagot)



Figure 59 Photomontage of the car park, view from Uralba Street looking east-south-east (Source: Fitzpatrick + Partners)



Figure 60 Photomontage of the carpark, view from Dalziell Street looking north-west (Source: Fitzpatrick + Partners)

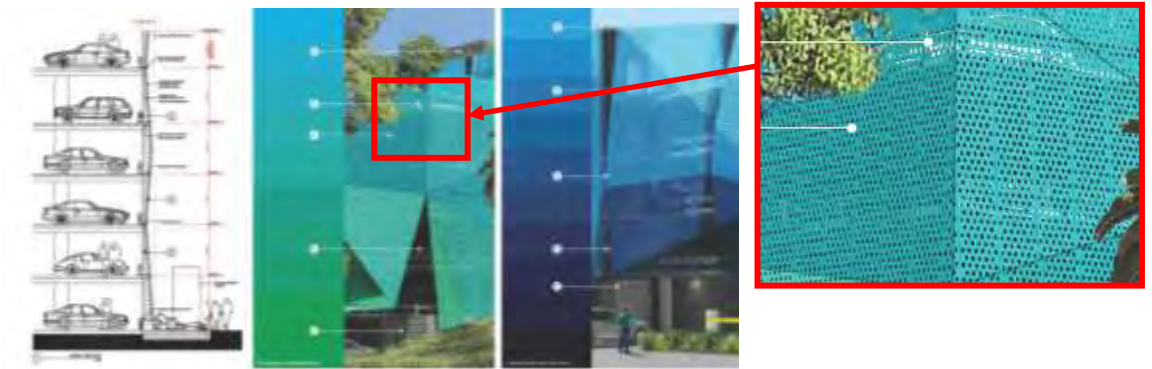


Figure 61: Perforated metal detail and colour scheme (Source: Fitzpatrick + Partners)

4. Heritage Impact Assessment

4.1 General Discussion

The proposed works are assessed generally as follows:

Demolition of Block A and site preparation works

The proposed demolition of Block A is considered acceptable from a heritage perspective. The proposed site preparation works are not located within an area of archaeological sensitivity and the existing building does not make any significant contribution to heritage attributes of the surrounding area.

Visual Impact of Additional Tower and Helipad above the approved Stage 3A Works

The proposed tower, while a sizeable addition to the approved works, makes very little additional visual impact from a heritage perspective. It follows the design established by the previously approved works or an articulate and contemporary facade. It does not feature large blank rendered walls or any other design features that would adversely impact the adjacent heritage item of Armstrong House.

Demolition of dwellings at Carpark Site

The dwellings at the carpark site are of c.1950s construction and have been extensively modified throughout their occupation. They do not meet the criterion for listing on the *Lismore Local Environment Plan 2012*. As such, their demolition is considered acceptable from a heritage perspective.

Excavation for New Carpark

The archaeological assessment for the Carpark Site has indicated that, while the site has been used consistently since early pastoral runs, there is little likelihood of archaeological relics due to the consistent suburban development that occurred since the 1940s and 50s. The nature of this development, which would have included excavation for footings as well as for services, is such that any occupation deposit from prior uses (including Aboriginal Heritage) would have been disturbed. Any remaining archaeological deposits are likely to be related to contemporary occupational deposit and are not considered to have any research potential or archaeological significance.

As such, the proposed excavation for the new carpark will have no adverse impact from a heritage perspective and is considered acceptable.

Visual Impact of New Carpark

The proposed design of the carpark is contemporary in nature and directly contrasts with the suburban character of the precinct. It is, however, complimentary to the approved hospital development and responds appropriately to its design. The carpark itself has limited visual links with the Heritage Item, Armstrong House, and as such the carpark design does not dominate or compete with the identified heritage attributes of the site.

As such, the proposed carpark design is considered acceptable in relation to heritage matters in the context of Lismore Base Hospital.

The carpark has been designed in a manner that it presents with the attributes of a commercial building rather than a utilitarian carpark building. It is an architecturally pleasant carpark building that responds well to the topography of its setting and is considered an appropriate response in relation to heritage matters.

4.2 Statutory Controls

4.2.1 Lismore Local Environment Plan 2012

The residence is a listed heritage item in Schedule 3 of the North Sydney LEP 2001.

5.10: Heritage	How this proposal relates to these matters:
<p>(1) Objectives The objectives of this clause are as follows:</p> <p>(a) to conserve the environmental heritage of Lismore,</p> <p>(b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,</p> <p>(c) to conserve archaeological sites,</p> <p>(d) to conserve Aboriginal objects and Aboriginal places of heritage significance.</p> <p>.....</p>	<p>Neither the Lismore Base Hospital buildings nor dwellings within Site B are listed as a heritage item and the assessment in this report concluded that the sites have limited heritage value.</p> <p>There is only one heritage item in the vicinity with almost no visual connection due to the item's location behind the mature trees and the land's topography.</p>
<p>(4) Effect of proposed development on heritage significance The consent authority must, before granting consent under this clause in respect of a heritage item or heritage conservation area, consider the effect of the proposed development on the heritage significance of the item or area concerned. This subclause applies regardless of whether a heritage management document is prepared under subclause (5) or a heritage conservation management plan is submitted under subclause (6).</p>	<p>As noted above, the site has very limited heritage value that does not warrant its listing on any heritage register. The proposed development will affect the later buildings within the site that has no architectural, historical or aesthetic values.</p> <p>Proposed Tower</p> <p>The proposed additional levels and tower are considered to have no additional heritage impact beyond that previously identified as part of the Stage 3A works. The new development, although it will be higher than the existing in the same location, they will not have any detrimental impact to the heritage in the vicinity. Firstly, there is no visual connection and secondly, the item's main views are along Uralba Street and Dibbs Street will not be interrupted. The hospital site has similar building already existing within the site.</p> <p>Proposed Carpark</p> <p>The proposed carpark is contemporary in design and it intentionally juxtaposed with the surrounding suburban context. However, it has no direct visual impact with the adjacent heritage item of Armstrong House and, as such, is considered acceptable.</p>
<p>(5) Heritage assessment The consent authority may, before granting consent to any development:</p> <p>(a) on land on which a heritage item is located, or</p> <p>(b) on land that is within a heritage conservation area, or</p> <p>(c) on land that is within the vicinity of land referred to in paragraph (a) or (b), require a</p>	<p>This report has assessed the heritage significance of site in accordance with this clause and makes the following conclusions:</p> <p>There is little or no potential for Aboriginal Heritage on the subject site</p> <p>There is little or no potential for non-Indigenous relics on the subject site</p> <p>The existing built structures are of little or no heritage significance</p>

5.10: Heritage	How this proposal relates to these matters:
<p>heritage management document to be prepared that assesses the extent to which the carrying out of the proposed development would affect the heritage significance of the heritage item or heritage conservation area concerned.</p>	<p>The Canary Island Palms are significant and will continue to be retained under the proposed works</p>
<p>(6) Heritage conservation management plans The consent authority may require, after considering the heritage significance of a heritage item and the extent of change proposed to it, the submission of a heritage conservation management plan before granting consent under this clause.</p>	<p>The subject site is not of sufficient significance to warrant a conservation management plan.</p>
<p>(7) Archaeological sites The consent authority must, before granting consent under this clause to the carrying out of development on an archaeological site (other than land listed on the State Heritage Register or to which an interim heritage order under the Heritage Act 1977 applies):</p> <p>(a) notify the Heritage Council of its intention to grant consent, and</p> <p>(b) take into consideration any response received from the Heritage Council within 28 days after the notice is sent.</p>	<p>This Assessment has not identified any sites of archaeological potential or significance</p>
<p>(8) Aboriginal places of heritage significance The consent authority must, before granting consent under this clause to the carrying out of development in an Aboriginal place of heritage significance:</p> <p>(a) consider the effect of the proposed development on the heritage significance of the place and any Aboriginal object known or reasonably likely to be located at the place by means of an adequate investigation and assessment (which may involve consideration of a heritage impact statement)</p>	<p>This Assessment has not identified any Aboriginal sites of archaeological potential or significance</p>

4.2.2 Lismore Development Control Plan 2012

The following table assesses the proposal in relation to the Lismore Development Control Plan 2012.

Part 12: Heritage	This proposal relates to these matters as follows:
<p>12.1 Objectives of this Chapter</p> <ol style="list-style-type: none"> 1. To protect the significance and setting of heritage items, heritage conservation areas and archaeological sites in the Lismore City Council area; 2. To integrate heritage conservation into planning and development controls; 3. To allow sympathetic changes to occur; 4. To provide detailed polices which encourage well designed extensions and infill development; 5. To encourage and promote public awareness, appreciation and knowledge of the value of heritage items and conservation areas. 	<p>As the subject sites are neither a heritage item nor located in a heritage conservation area, the DCP does not apply in relation to heritage matters. Nonetheless, the proximity to Armstrong House warrants consideration of the objectives of the DCP. The proposed works are sufficiently separate, both physically and visually, from Armstrong House so as the item is completely obscured by the mature trees with no direct street views.</p>

4.3 'Statements of Heritage Impact' (NSW Heritage Manual)

The following table addresses the proposal in relation to relevant 'questions to be answered' in the NSW Heritage Manual 'Statements of Heritage Impact' guidelines relating to a new development adjacent to a heritage item (including additional buildings and dual occupancies).

Questions to be Answered	This proposal relates to these questions as follows:
<p>How is the impact of the new development on the heritage significance of the item or area to be minimised?</p>	<p>Whilst not directly opposite, the Lismore Base Hospital and carpark sites are in close proximity to the local heritage item, Armstrong House. The architects have proposed setbacks and articulated facade to maintain the existing bulk of the buildings along the Park Avenue frontage of the site. Rendered finishes have been kept to a minimum.</p> <p>While overtly contemporary in design, the carpark design has likewise been designed in a manner to be complimentary to the new hospital and Armstrong House and does not present as a utilitarian carpark. The topography of the carpark site is also noted and the slope of the site means that the proposed carpark will have no visual impact on Armstrong House.</p>
<p>Why is the new development required to be adjacent to a heritage item?</p>	<p>The current facilities of the Hospital are out of date and require modernisation in order to provide quality health care. There are no grounds for relocating the site and redevelopment is considered the most feasible and practical option. As such, the development must be located at the current site.</p>

Questions to be Answered	This proposal relates to these questions as follows:
	Likewise, the expanded hospital will require additional parking in order to service staff, patients, and visitors of the hospital. It is not practical to locate the car park elsewhere and the location is considered appropriate from a heritage perspective.
How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?	The curtilage allowed around Armstrong House will not be impacted in any way by the proposed works. Whilst the new works will have an impact on the streetscape, it is not anticipated that they will adversely impact the presentation of Armstrong House given the impact of the existing hospital. As previously outlined, the topography of the carpark site is such that there will be no visual impact from the new carpark on Armstrong House.
How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects?	The existing hospital and approved Stage 3A development is currently visible from Armstrong House. The increased height of the proposed 3B1 Tower will have a slightly increased visual presence, though this is not considered significant enough to have any adverse impact on the identified heritage attributes of the heritage item. The proposed additional levels have only a minor additional impact to that already approved and is considered to have a negligible heritage impact.
Is the development sited on any known, or potentially significant archaeological deposits? If so, have alternative sites been considered? Why were they rejected?	<p>The site development has been extensive and, as such, the Lismore Base Hospital site is now generally considered to have little archaeological potential. Similarly, while Carpark Site has not been subject to the same deep excavation as the LBH site, the initial clearing and subsequent consistent suburban scale development is such that any archaeological potential is unlikely.</p> <p>Notwithstanding, a 'stop work' provision is recommended during the excavation for the proposed car parking in case of any finding of potential archaeological deposits. The contractor should then contact the heritage consultants who will inspect and advise on appropriate actions accordingly.</p>
Is the new development sympathetic to the heritage item? In what way (e.g. form, sitting, proportions, design)?	The materials and finishes selected are contemporary in nature. They will be applied in a way to be compatible and sympathetic to the surrounds and context of Armstrong House as well as surrounding residential developments.
Will the additions visually dominate the heritage item? How has this been minimised?	The new development is not adjacent to the heritage item but is in the vicinity. Despite the increased height, it is considered that the new works will not dominate Armstrong House due to the distance and the primary unobscured views of the item. Likewise, the contemporary carpark design is suitably obscured from the nearby Armstrong House by neighbouring residential development and the site's general topography.

Questions to be Answered	This proposal relates to these questions as follows:
Will the public, and users of the item, still be able to view and appreciate its significance?	As previously discussed, the proposed works will have minimal to no impact on the views and vistas. The works are located sufficiently away from the views considered to be of primary significance. The additional impact that will be created from the increased height of the proposed works on the Lismore Base Hospital site is not considered to have an unacceptable or detrimental impact on the established heritage significance of Armstrong House and users will still be able to appreciate its significance.

5. Conclusion and Recommendations

In addressing Aboriginal Heritage in accordance with the legislation and guidelines and in fulfilment of the Secretary's Environmental Assessment Requirements, it is considered by City Plan Heritage that there is no potential for sites or places of Aboriginal cultural heritage significance or archaeological deposits (both Aboriginal or European), to be located within the Lismore Base Hospital Site or the adjacent carpark site.

The required AHIMS search for any previously recorded Aboriginal sites and places located within the advised lot numbers for the site also included a buffer zone of 50 metres. The results of the searches – see Attachment A – were for no previous sites or places recorded. The assessment of the development history of the site, combined with an appraisal of the environment and landscape, and an appraisal of the types of Aboriginal cultural heritage sites likely to be in the area also resulted in the area not being considered a likely location for sites or places relating to Aboriginal cultural heritage significance.

It is further considered by City Plan Heritage that the proposed additional levels and new carpark will be negligible and will have no adverse impact on the assessed heritage significance of the existing hospital buildings, dwellings within the carpark site, streetscape views, or to Armstrong House. The increased height of the buildings have been suitably setback and articulated as not to dominate or otherwise negatively impact the streetscape.

The proposed new height of the development, although would make a notable difference to the present day streetscape presentation and character of its immediate streetscapes, considers the visual impact on the general character of the area, including Armstrong House. There will be no additional impact on the identified significant views and vistas of this heritage item. Likewise, the design of the carpark is suitably set into the existing topography of the site so as not to have any significant visual impact on Armstrong House. It has been designed in an architecturally pleasant manner and does not present as an intrusive utilitarian building.

The redevelopment will allow for the improved health care facilities that would respond to the current needs of its residents and the operational requirements of the NSW Health. The existing buildings within the site have been assessed as being of little heritage value and their demolition will have no detrimental impact to the identified cultural heritage values of Lismore as a whole. The new development provides an economically feasible and operationally efficient health care facility offering a continuum of hospital services to the community.

Recommendations:

The following recommendations have been made to ensure the existing facilities have been appropriately managed and recorded as part of the proposed development:

- There is unlikely to be sites or places of Aboriginal cultural heritage retained within the proposed development area. It is considered that there is nothing special or significant in any of its historical landscape qualities that would warrant further research in relation to Aboriginal cultural heritage matters.
- Stop Work Provision: Although this baseline assessment has not identified the subject allotments and the development area as an area of potential for Aboriginal cultural heritage, once ground clearance commences if something is discovered that could be an Aboriginal object, work must be stopped and City Plan Heritage contacted. City Plan Heritage will notify the Office of Environment and Heritage (OEH) for advice regarding the finds and the appropriate management options. If human remains are found, work must be stopped, the site secured, and the NSW Police must also be notified in addition to the OEH. Likewise, although there is low potential to any remnant non-Indigenous heritage to survive, should be taken into consideration when excavation works are carried out within the site. In the case of any finds that could be considered as relics (e.g. brick foundations, old drainage) the works in the immediate area must stop and the heritage consultants are notified for appropriate actions.
- An archival recording of the whole site should be undertaken in accordance with the NSW Heritage Council guidelines for *Photographic Recording Of Heritage Items Using Film or Digital Capture* prior to the commencement of any work within the site. The recording should also include streetscapes around the site showing its relationship with Armstrong House and the neighbouring properties.

City Plan Heritage

January 2015