

APPENDIX I

Heritage Reports

I1. Statement of Heritage Impact I2. Aboriginal Heritage Report





I1: Statement of Heritage Impact

Prepared by Conybeare Morrison International



June 2010

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**The Chris O'Brien Lifehouse at
Royal Prince Alfred Hospital, Camperdown**
Statement of Heritage Impact

Prepared for Rice Daubney

June 2010

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Executive Summary

This Statement of Heritage Impact is to accompany a Part 3A Application and Environmental Assessment for the Chris O'Brien Lifehouse at the Royal Prince Alfred Hospital (RPAH), Camperdown. It responds to the Director General's Requirements that the Environmental Assessment include consideration of any potential impacts on Aboriginal heritage and heritage items listed in State and/or Local government legislation. The assessment is based on developed design drawings provided by Rice Daubney as well as a Conservation Management Plan for the Hospital prepared by the Heritage Group, State Projects, at the Department of Public Works & Services in 1997. Consultation has taken place by Rice Daubney with the City of Sydney on a range of issues including comments on the approach to heritage.

Located at 119–143 Missenden Road, Camperdown, the proposed Chris O'Brien Lifehouse site is south of the King George V Memorial Hospital (KGV), a Local heritage item across Salisbury Road. St Andrew's College in the University of Sydney is directly across Missenden Road to the east. It is a Local heritage item within the Sydney University conservation area. (Figure 1.1). The Administration Block and Victoria and Albert Pavilions are State heritage items and stand across Missenden road to the north-east. To the west, lies the Engineering Services building (formerly the Boiler House) which is a Local heritage item.

RPAH opened in 1882 and built a reputation as a leading hospital in NSW, incorporating the theory of innovative medical practice in its design and operation. Its potential for integrated expansion was constrained by the University of Sydney campus to the east. From 1936, a development phase of the hospital began on the western side of Missenden Road, which set a pattern of buildings approximately ten storeys high, reinforcing the alignment of Missenden Road.

The proposed Chris O'Brien Lifehouse fits into the pattern of development on the western side of Missenden Road in terms of its ten-storey scale, orientation and function. The new building's footprint would be larger than that of previous buildings on this site with similar scale, but care has been shown to enhance the nineteenth-century street pattern. Instances of this include allowing Salisbury Road to expand to its former width that addresses the projecting gable front of the Victoria Pavilion in a symmetrical fashion. Susan Street's industrial laneway character would be respected, locating the vehicular entry points along this street, while the other facades of the building address pedestrian access and movement.

The modulation of the proposed building includes recessing the top two floors of the building back from the Missenden Road alignment to reduce visual impact. The proposed facades address the KGV building by aligning façade treatments with a strong horizontal emphasis that reflect the cantilevered balconies of KGV. A sense of entry and connection to KGV would be articulated in the proposed building with a vertical emphasis on the northern west façade, at the entry to the proposed internal street. By employing contemporary materials of glass curtain walling and graphite-coloured terracotta cladding on the north-western corner, the proposed design seeks to avoid competing with the nearby heritage-listed buildings in Missenden Road that all have solid masonry or concrete facades. The translucent glass curtain wall facades reveal their scale and their horizontal floor plates, matching the horizontal emphasis and scale of the adjacent KGV. Further to the south along Missenden Road and on the west along Susan Street, the Chris O'Brien Lifehouse would use contrasting facades of polished concrete panels to break up its scale. These devices demonstrate a thoughtful consideration to the urban fit of the Chris O'Brien Lifehouse.

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1.0 Introduction

1.1 Background

This report was commissioned by Rice Daubney to comment on the heritage impact of the proposed construction of the Chris O'Brien Lifehouse, Stages A and B1, in Missenden Road, Camperdown. The report refers to the proposed development in an abbreviated form as the 'Lifehouse'. This statement has reviewed and makes reference to the following documents:

- Royal Prince Alfred Hospital Conservation Management Plan by the Heritage Group, State Projects, Department of Public Works & Services May 1997
- The heritage assessment is based on the following drawings of the Chris O'Brien Lifehouse prepared by Rice Daubney:

DA 0000	Context and site Plan
DA 1101:	B -3 Plan
DA 1102:	B -2 Plan
DA 1103:	B -1 Plan
DA 1201:	Ground Floor Plan
DA 1301:	Level 01 Plan
DA 1302:	Level 02 Plan
DA 1303:	Level 03 Plan
DA 1304:	Level 04 Plan
DA 1305:	Level 05 Plan
DA 1306:	Level 06 Plan
DA 1307:	Level 07 Plan
DA 1308:	Level 08 Plan
DA 1309:	Level 09 Plan
DA 1401:	Roof Plan
DA 1501:	North Elevation
DA 1502:	South Elevation
DA 1503:	East Elevation
DA 1504:	West Elevation
DA 1551:	Missenden Road Elevation
DA 1601:	Section 1—1
DA 1602:	Section 2—2
DA 1901	3D Visualisation 1
DA 1902	3D Visualisation 2
DA 1903	3D Visualisation 3
DA 1911	Computer-generated Image 1
DA 1912	Computer-generated Image 2
DA 1931—4:	Shadow Analyses
DA 1941—2:	Sampleboards 1 and 2
DA 1951:	Area Calculations
- Principal Design Consultant Report by Rice Daubney, Draft dated May 2010

1.2 Authority Consultation

Rice Daubney has received correspondence from the City of Sydney Council, dated 7 April 2010, commenting on the proposed design for the Lifehouse development and making recommendations to address heritage impact. In particular the items that have been addressed are:

- The provision of a Statement of Heritage Impact and
- An Aboriginal archaeological assessment of impact.

1.3 Site Identification

The Lifehouse site is located at 119–143 Missenden Road, Camperdown, south of the King George V Memorial Hospital. St Andrew's College is directly across Missenden Road to the east. (Figure 1.1).

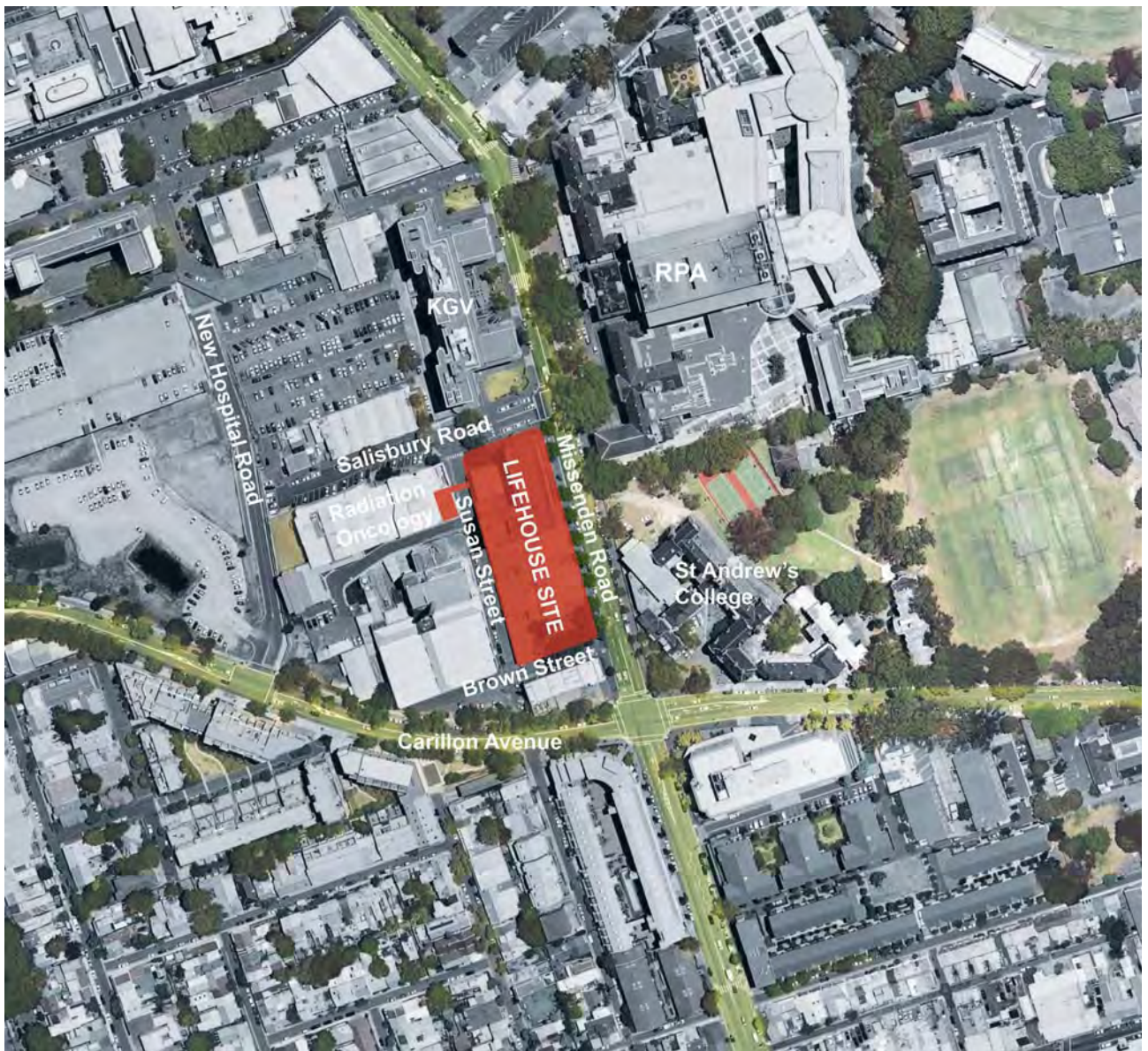


Figure 1.1: Aerial view of the Lifehouse site, delineated in red (Rice Daubney 2010)

1.4 Author Identification, Acknowledgements and Limitations

Brad Vale, Heritage Architecture Specialist, prepared the report, using a history written by Athol Yeomans. The report was coordinated and reviewed by Garry McDonald, Senior Heritage Architect, of Conybeare Morrison International.

The authors inspected the site on 10 and 12 February 2010, and 5 May 2010.

An Aboriginal archaeological assessment of the site has been prepared by Comber Consultants Pty Ltd, and is included in Appendix G.

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2.0 Historical Background Surrounding the Site

The history of Royal Prince Alfred Hospital (RPAH) is linked with that of the University of Sydney and the development of its Medical School. RPAH owes its name to the attempted assassination of Prince Alfred, Duke of Edinburgh, Queen Victoria's second son. During his royal visit to Sydney in 1868, Prince Alfred survived the shooting at a picnic on Clontarf beach. As a result of this event a group of prominent citizens established a Memorial Fund, the philanthropic purpose of which was the financial support for the planned construction of a new teaching Hospital adjacent to the University of Sydney.

The University of Sydney was founded by Act of Parliament in 1850, and land was granted in 1855 at Grose Farm, Camperdown, not just for the University and a medical school but for a teaching hospital as well. Charles Nicholson, a physician from Edinburgh, was appointed Vice Chancellor, and was instrumental in his advocacy for the first teaching hospital in Australia. The passing of the Prince Alfred Hospital Incorporation Act by the NSW Parliament in 1873, permanently linked the Princes' namesake and the Hospital to the University. The year before, 1872, The Prince and Princess of Wales (HRH Edward and Alexandra) agreed to become Patrons of the Hospital and the Children's Ward was named after Princess Alexandra.

Royal Prince Alfred Hospital opened in 1882, followed by the University of Sydney Medical School a year later. RPAH incorporated the design advice of Florence Nightingale who revolutionised the training of nurses and structure of hospitals from the mid-Victorian period. Design had begun in 1874 by the Mansfield Brothers under the direction of the hospital's Secretary of Board, (Sir) Alfred Roberts. Roberts had visited at least 27 hospitals overseas and in Australia during his research for the project. Although Nightingale fought many battles with architects over the incorporation of her methods in hospital designs, Roberts found this Board of the Hospital to be keen to adopt her views in the design. She specified firstly that nurses should be women only and Nightingale-trained nurses would train future Nightingale nurses. Secondly, she insisted that hospital wards should be in separate pavilions with adequate ventilation, high ceilings, ample glazing and heating.

Construction began in 1876. The initial layout of the hospital consisted of the central Administration Block on Missenden Road, with a pair of long wards (C and D Wards) extending eastwards beyond. The Prince's Block operating theatres linked the rear of the wards. Of the first stage of connected hospital buildings designed by Mansfield Bros, only the Administration Block and part of the ward's arcade remain. The Administration Block was designed in the Victorian Free classical Style as a grand institution of large spaces and prestigious architectural detailing.

Development of the hospital continued with the construction of the Albert and Victoria Pavilions on either side of the Administration Building fronting Missenden Road between 1901 and 1904. These ward buildings were designed by the Government Architect Walter Liberty Vernon in consultation with the Mansfield Brothers, and continue the symmetrical classical theme. The Administration Building and Victoria and Albert Pavilions form a grand front of hospital buildings designed in late Victorian and Federation classical styles. Together, they have landmark value as a substantial portion of the early stage of the hospital.

Hospital development on the western side of Missenden around the subject site began in the 1930s as land became scarce on the eastern side, and as a part of Dr Herbert Schlink's ambitious expansion program. Small-scale commercial and residential buildings here were

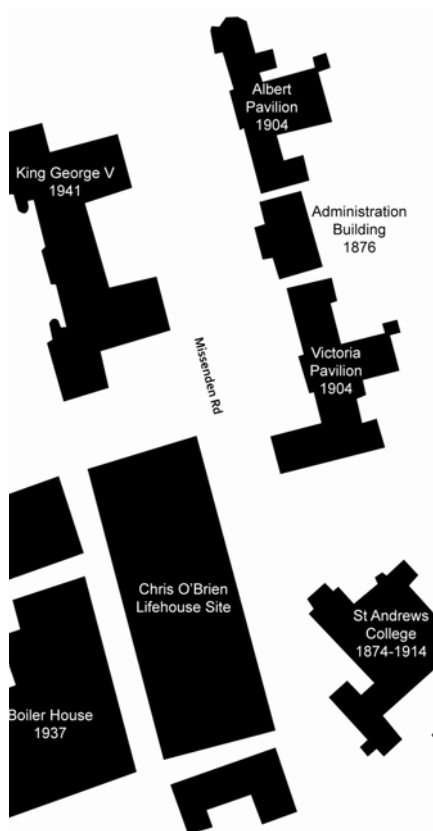


Figure 2.1 Buildings with heritage significance as labelled surrounding the Chris O'Brien site.

acquired by the hospital. The General Outpatients' Building was a single-storey building with a small basement. It was designed by Evan Smith, Government Architect in 1934 and completed in 1936, it was the first hospital building on the western side of RPA. Its brick facades facing west and east had Art Deco detailing and a strong vertical emphasis brought about by the engaged piers. The remaining parts of the building were architecturally unrelated. It was demolished in 2010.

Stephenson, Meldrum & Turner designed several detached buildings in the new Modernist style. The Boiler House (1937) with its landmark smoke stack was one of the first International Modernist style buildings in Australia. The King George V Memorial Hospital for Mothers and Babies (KGV) opened in 1941. At seven storeys and taller service facilities, it set a new scale of development along Missenden Road.

In the post-war era, Stephenson & Turner designed the Page Chest Pavilion on the northern section of the subject site as part of a Commonwealth Government response to Tuberculosis. It opened in 1957 at a cost of £935,000, but its intended use became almost redundant after the discovery of streptomycin in the late 1950's in the treatment and eventual eradication of TB. The building provided seven floors of 25 beds: four floors were for patients and three floors were for nurses' accommodation. In addition, it had out-patients and X-ray departments and two special operating theatres. The building's main purpose changed to a centre for cardiac surgery. In its late period, the building was used predominantly for community and allied health functions. The building was named after Sir Earle Page, then Federal Minister for Commerce and Health, for his assistance rendered in the construction of this building. Sir Earle Page founded the Federal Loan Council and the National Health Scheme, and was appointed Honorary Consulting Surgeon of RPAH.

The Page Chest Pavilion was a reinforced concrete building consisting of eight above-ground storeys, clad with face brick and aluminium-framed windows. Designed in the International Modern style, the building contrasted horizontal concrete balconies projecting from the west façade with contrasting verticals on the narrower facades where a curtain wall panel façade system was recessed from the surrounding brickwork. A bronze plaque of Sir Earle Page, by Andor Meszaros, was fixed to the foyer of the building. The building was not found to have the design quality of other nearby buildings by the same firm and approval was given to demolish it, which occurred in 2010.

St Andrew's College in the University of Sydney is across Missenden Road from the subject site. The University has been closely linked with RPA since the hospital's inception, but also limited the expansion of the hospital. St Andrew's College is one of the fine sandstone denominational residential colleges built in an Academic Victorian Gothic Style. The initial primary section was constructed in 1874–76 and faces away from Missenden Road to look over the University's park landscape. Additions towards Missenden Road were undertaken in 1892–93, 1906–14, and 1960. The geometry of the College does not address Missenden Road, but the sandstone boundary wall and remaining plantings in the Victorian Paradise Style link the College to contemporaneous landscape elements of RPA on the same side of Missenden Road.

3.0 Physical Evidence

3.1 The Site

The Lifehouse site (Figure 3.1) is located on the west side of Missenden Road, Camperdown, in the health-education precinct of the University of Sydney and Royal Prince Alfred Hospital. The King George V Memorial Hospital (Figures 3.5 and 3.6) to the north forms part of wall of mid-rise hospital buildings on the western side of Missenden Road, together with the Page Chest Building that was previously on the subject site. St Andrew's College (Figure 3.7) to the east across the road presents a two-storey form to Missenden Road. To the north-east of the site the Administration Building and the Victoria and Albert Pavilions have a three-storey scale, whereas the Hospital's E Block behind has a much taller scale, rising to 11 storeys above ground. To the south of the site, lies the one and two-storey brick Heart Research Institute. To the west, lie the low-rise Engineering Services Building (Boiler House) and Radiation Oncology Building.

The Administration Building and the Victoria and Albert Pavilions (Figure 3.3) present a largely symmetrical arrangement of three generous storeys above ground designed in classical styles. These buildings are visible from the subject site, but their landmark quality is somewhat obscured by the planting of Hills figs and flindersia trees. The Administration Building is built symmetrically about a three-storey portico. It is faced predominantly in cream-coloured bricks. Red bricks embellish the basement arches while sandstone embellishes the upper storeys with gray granite forming the slender shafts of the columns. The Albert and Victoria Pavilions are faced with red brick, similar to that selected by Mansfield for the Administration Building's basement. All three buildings have classical detailing carved in sandstone that contrasts with the brickwork.

The KGV building to the north of the subject site rises to seven habitable storeys. Its dominant facing materials are cream-coloured brick with painted concrete cantilevered elements. Decorative facings are rendered in buff and cobalt blue faience. Its streamlined forms have strong cantilevered horizontals in contrast with a vertical emphasis on the narrow projecting ends that meet the street boundaries, ensuring the KGV is a highly significant building and local landmark. The four tallest hospital buildings on the western side of Missenden Road were built in the mid-twentieth century to the design of Stephenson & Turner and were faced with cream or yellow coloured bricks, namely the smoke stack of the Boiler House, KGV Hospital, the Queen Mary Building and the former Page Chest Pavilion (Figures 3.8 and 3.9).



Figure 3.1: View of the subject site in February 2010, seen from Missenden Road looking north-west, showing the single-storey former General Outpatients' Building on the left, and the former Page Chest Pavilion in the centre. (CM⁺ 2010)



Figure 3.2: View of the subject site in February 2010, seen from Susan Street looking north, showing the single-storey former General Outpatients' Building on the right, and the former Page Chest Pavilion beyond. The 1937 Boiler House is on the left. (CM⁺ 2010)



Figure 3.3: View of the Administration Building (centre) with the Albert Pavilion on the left, and Victoria Pavilion on the right. The larger contemporary E Block is visible behind, top right. (CM⁺ 2010)



Figure 3.4: View of the Victoria Pavilion from Salisbury Road looking east. The Page Chest Pavilion on the right intrudes into the realm of Salisbury Road, upsetting the symmetrical termination of the vista by the Victoria Pavilion. (CM⁺ 2010)



Figure 3.5: View of the King George V Memorial Hospital for Women and Babies, looking north-west towards the corner of Missenden Road and Salisbury Road. The Page Chest Pavilion on the left is seen undergoing demolition in May 2010. (CM 2010)*



Figure 3.6: View of the King George V Memorial Hospital for Women and Babies, looking west from the forecourt of the Prince Albert Pavilion. (CM 2010)*



Figure 3.7: View of St Andrew's College, University of Sydney, seen from Missenden Road, looking east. The rear wings of the college are visible here, with the square tower of the main front seen rising from the centre. (CM⁺ 2010)



Figure 3.8: View of the rear (west) facades of KGV Hospital (left), and the former Page Chest Hospital showing the scale of buildings on the west side of Missenden Road established in the mid Twentieth Century. (CM⁺ 2010)



Figure 3.9: View of the Queen Mary Building built for the RPAH, to the north-west of the subject site. Its eleven-storey scale is taller than the proposed Lifehouse. (CM⁺ 2010)

4.0 Assessment of Significance

4.1 Introduction

The cultural significance of a place is embodied in its physical form or fabric, its setting, the contents in associated documents, its uses, or in people's memory and associations with the place. Historical cultural significance can be complex, varied and at times conflicting, a result of the change in use, technology, values and culture.

4.2 Royal Prince Alfred Hospital as a Whole

The Conservation Management Plan for Royal Prince Alfred Hospital by State Projects Heritage Group, 1997 has provided a Statement of Significance for the site, summarised here:

Royal Prince Alfred Hospital is of cultural significance:

- For its continuous use as a major Australian medical and surgical hospital since its opening in 1882;*
- As the first hospital in Australia to be established as a training hospital with legislated links to a university medical school;*
- As a leading medical research institution, both historically and now;*
- For its continued association with Sydney University;*
- For the continuing development of the hospital's high standard of medical theory and practice, evident in changes to the building fabric;*
- As a memorial erected by Sydney residents to the attempted assassination of HRH Prince Alfred;*
- As it contains the remnants of probably the most elaborate pavilion general hospital in Australia, set in a landscaped garden;*
- For the design of the original pavilion layout, which was based on British and colonial examples and incorporated the latest innovations in hospital design and layout. It represented the peak of the building type on a world-wide level, and an early example in Australia of a pavilion hospital;*
- As the earliest of two specifically designed pavilion-style ward blocks of general hospitals in inner Sydney;*
- For the close contact that Alfred Roberts maintained with Florence Nightingale regarding a suitable layout for the hospital. Many of her ideas were embodied in the original hospital layout and in the detailed design of the ward pavilions.*
- As containing physical evidence of mid-nineteenth-century theory regarding the transmission of disease by 'miasmas';*
- As the site of pioneering medical technology including the early introduction of the Listerian techniques of antisepsis and subsequently asepsis;*
- For the training of nurses, which has been undertaken at the hospital since its formal opening in 1882. The matrons of RPAH played an important role in formalizing nursing training and developing the training school at the hospital;*
- As a memorial to the work of prominent philanthropist;*
- For its association with prominent medical professionals, such as Alfred Roberts and Herbert Schlink who were responsible for directing development of the hospital facilities;*
- As the site of pioneering surgery and treatment in fields such as cardiology, microsurgery, organ transplants, gastroenterology and the treatment of skin diseases and melanoma;*
- For the architectural excellence of the original buildings, the Nurses' Home, the Victoria and Albert Pavilions and some of the modern buildings, in particular King George V and Gloucester House. As containing fine examples of the work of George Allen Mansfield, Walter Liberty Vernon and Stephenson, Meldrum and Turner; and*
- As the first hospital in the state to employ a woman as RMO.*

4.3 King George V Memorial Hospital

The S170 Register of the Department of Health includes the following Statement of Significance for King George V Memorial Hospital.

The building is of high significance for the following values:

- It is an important and integral part in the historical development of the RPA Hospital. It fulfils one of the major elements of Schlink's ideas on the planning of the hospital.*
- It is a good example of Moderne architecture with its fine detailing and interior public spaces with regards to a hospital building in Sydney. It is of architectural significance as it represents a pinnacle in the endeavour to introduce a clean European styling and modern hospital design principles into Australia by design architects, Stephenson Meldrum & Turner. The building is an example of a well-designed building easily adaptable to changes in hospital care.*
- The relationship of the building, driveway and landscaping to Missenden Road is a very important streetscape element.*
- It has been used continuously for hospital wards purposes.*
- It is a commemoration of King George V, and reinforces links with the Royal family. It retains much of its integrity.*
- It is associated with the development in obstetrics and gynaecology, especially for premature babies, fertility, and oncology.*
- The building is of social significance reflecting the changing perception and needs in obstetrics and gynaecology.*

4.4 Victoria and Albert Pavilions and Administration Building

The State Heritage Register quotes the following statement of significance for the Victoria and Albert Pavilions and Administration Building.

- The Administration Block, both internally and externally, is an item of exceptional significance. It is a major surviving item of the original hospital; the historic core that has been in continuous use. The building is a fine example of the work of George Allan Mansfield, first president of the Institute of Architects. The three surviving facades and roof form are a finely detailed example of Victorian architecture. Together with the Victorian and Albert wings the group has an important landmark quality as one of the most imposing facades in Sydney. (Heritage Group, State Projects, NSW Dept. of Public Works & Services, 1997)*
- The Victoria and Albert Pavilions form part of the Royal Prince Alfred Hospital Precinct which is of high historical and architectural significance. These substantial buildings have high streetscape value. (SHR)*

4.5 St Andrew's College, the University of Sydney

The State Heritage Inventory includes the following statement of significance for St Andrew's college.

- The building is an impelling statement in stone and interior decoration of the Victorian educational ethos during the formative years of the University of Sydney. The exceptional quality and range of the stained glass provide both the highest aesthetic qualities and a source for detailed research. The relationship which the college has within the Scottish community is still strong in its unique traditions. (SHR - Shellard 1998)*

5.0 Description of Proposed Development

The subject matter of this report is to comment on the heritage impact of the proposed construction of the Chris O'Brien Lifehouse.

5.1 Form

The design approach of Lifehouse is based on three vertical slabs, the massing of which is rectilinear with a complex flow of internal voids forming an internal 'street' running north-south at street level and a vertical void in the centre. Lifehouse is designed to be a reinforced concrete structure of ten above-ground storeys and a further three below-ground storeys. The upper two storeys would be set back approximately 6m further from the Missenden Road alignment, so as not to be visible in close-range views from the street. These top two levels are clad in a metal sheeting to emphasise a roof form, as well as a setback massing not unlike that of the upper levels of the adjacent KGV building.

The long facades face east and west and present a range of materials and treatments including pre-cast concrete panels, vertical fins with large sheets of glass, and curtain walling protected by projecting horizontal banding of fritted glass. The elevation design is punctuated by a continuous vertical element on the main facades facing north, east and south. The remaining façade sections have a more horizontal emphasis with façade systems wrapping around the building in multiples of two storeys.

Lifehouse would consist of:

- 1½ levels of underground car parking;
- 1 level of underground medical and other service spaces linked to the RPA tunnels;
- ground floor of retail and health services interacting with the public; and
- 9 levels of predominantly medical services, research and administration. Plant rooms, medical offices and twenty units for short-term accommodation would also be included in these upper levels.

The north-east corner of Lifehouse has been designed to address the heritage values of the precinct that has a series of buildings with a predominantly masonry character (Figure 2.1). The Lifehouse building has incorporated a light-weight glazed curtain wall system, designed for light-filled interiors, which would not compete with the solid elevation material theme that is on the opposite side of Missenden and Salisbury Roads. A projecting skin of horizontal fritted glass panels above Missenden Road would give a layered effect and demonstrate the scale of uses within the building by differentiating every third horizontal band with a glazing panel over the floor slab. This horizontal expression of scale would form a visual link with the projecting concrete balconies of KGV opposite, and interpret the same horizontal emphasis of the Page Chest Pavilion previously on the site. A series of balconies on the northern façade would make a further visual connection with KGV.

Strong vertical elements on the north-western corner by the main northern entry would make close reference to the strong verticals of the southern mass of KGV directly opposite. These aspects of the design provide a contemporary interpretation of the hospital architecture of the 1940s and 1950s that provided long balconies for patients to enjoy the sunlight.

Further away from the heritage buildings of RPA on the eastern side of Missenden Road, the Lifehouse would employ façade systems of polished concrete panels, making a heavier effect and allowing a greater sense of privacy to the southern and western parts of the building.

Reduced light levels are required for the chemotherapy spaces that are light sensitive. These portions of the building have a different sense of scale with the vertical elements continuing over at least two storeys. The design intention is to reduce the perceived scale of the building by grouping the openings in the façade as paired storeys.

Colour in the facades would be used to heighten the three-dimensional modelling. Projecting layers of glazed curtain wall and polished white concrete panels would contrast with recessed planes clad with stacked charcoal-coloured terra cotta tiles.

5.2 Building Connections and Landscape

Mid-twentieth-century development of the RPAH site on the western side of Missenden Road produced two buildings of a substantial scale rising to approximately nine storeys that formed a wall reinforcing the alignment of Missenden Road. This strong urban theme of reinforcing the road contrasts with the previous theme developed in the mid-nineteenth century on the eastern side of Missenden Road of setting substantial works of highly styled architecture in a parkland setting with varying and larger setbacks from the street. Lifehouse would continue the urban themes set in the mid-twentieth century on the western side.

Lifehouse would have the same number of above-ground levels as the Page Chest Pavilion previously on this site, namely ten storeys, but an increased floor to ceiling height would result in the new building being more than a storey taller than the building it replaces. Lifehouse would have a similar setback to Missenden Road as the former Page Chest Pavilion. Lifehouse would be in alignment with the projecting wings of the adjacent King George V Memorial Hospital.

The new building would be surrounded by roads, but all interaction with vehicles would be concentrated on the rear (western) facade, leaving the remaining three facades addressing pedestrian traffic. The existing hospital tunnel system would be used and extended to link the new building with radiation oncology to the west.

The proposal includes retaining an avenue of street trees along Missenden Road at grade, a small area of lawn to the southern portion of Missenden Road, a planted privacy screen to the first floor level of the south-east corner facing Missenden Road, and three sunken courtyards designed to hold trees and other substantial planting.



Figure 6.1: Ground plane of the proposed Lifehouse, demonstrating the internal street parallel to Missenden Road, the restoration of the width of Salisbury Road, and landscaped areas given over to the public domain. (Rice Daubney 2010)



Figure 6.2: Perspective of the proposed Lifehouse, looking south-west, seen from the east sider of Missenden Road with Salisbury Road on the right foreground. The horizontal fritted glass bands make reference to KGV's cantilevered balconies, while the vertical emphasis on the narrow façade, at the far right, also makes reference to comparable devices on the KGV Hospital that is directly across Salisbury Road. (Rice Daubney 2010)



Figure 6.3: Perspective of the proposed Lifehouse, looking north-west, seen from the intersection of Missenden Road and Carillon Avenue. The contrasting façade systems break up the perceived scale of the building. (Rice Daubney 2010)



Figure 6.4: Image of the proposed Lifehouse in wireframe delineation, overlaid on an image of the site in February 2010, looking north along Missenden Road. (Rice Daubney 2010)



Figure 6.5: Image of the proposed Lifehouse in wireframe, overlaid on an image of the site in February 2010, looking south along Missenden Road. (Rice Daubney 2010)

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6.0 Constraints and Opportunities

The subject site is affected and constrained by the statutory listing of surrounding buildings at a local and state level, as well as the Conservation Management Plan. Development however, may bring with it opportunities that augment the health functions of surrounding heritage items, and in so doing, enhance their traditional uses and community value. In this way the development of innovative health services in the RPAH site has the potential to encourage the conservation of heritage items with associated functions, and contribute to a community benefit and appreciation of the heritage values of the site.

6.1 Heritage Listings

The following table provides a summary of the heritage listings for surrounding buildings and landscape items.

Building No.	Building Name	Heritage Listings:
		Statutory listing ○ Non-statutory listing
64	RPAH Administration and Admissions Building	State Heritage Register South Sydney LEP 2000 Department of Health S170 Register ○ National Trust
63 and 65	Albert and Victoria Pavilions	State Heritage Register South Sydney LEP 2000 Department of Health S170 Register ○ National Trust
63, 64 and 65	Missenden Road — Main Front Gardens	Department of Health S170 Register
13	King George V Memorial Hospital	South Sydney LEP 2000 Department of Health S170 Register ○ National Trust ○ AIA Twentieth Century Register
13	King George V Gardens	Department of Health S170 Register
N/A	Salisbury Road	Department of Health S170 Register
28	Engineering Services (Boiler House)	Department of Health S170 Register ○ National Trust
N/A	St Andrew's College, University of Sydney	South Sydney LEP 1998 Within Conservation Area CA47 (Sydney University) ○ National Trust
14	Page Chest Pavilion*	Department of Health S170 Register
15	General Outpatients' Building*	Department of Health S170 Register

*building demolished in 2010

6.2 Conservation Management Strategy

The State Projects Heritage Group, Conservation Management Plan, Royal Prince Alfred Hospital. 1997 has outlined a series of Conservation Strategies for the whole site, as well as guidelines for some individual buildings within the site. The following table lists the applicable strategies for a new building set among significant buildings, and provides comment.

Royal Prince Alfred Hospital Conservation Management Plan By the Heritage Group, State Projects, Department of Public Works & Services May 1997		
Strategy No.	Strategy	Conformity and Recommendations
2.6.1	Recording Ensure recording, when required, is undertaken in accordance with the guidelines of the Heritage Branch	The external form and details of the Page Chest Pavilion and the General Outpatients' Building have been recorded using digital photography.
2.6.2	Recording Ensure all recording projects are archived in the RPA archives and are available for reference purposes	Achieved
2.7	Enhance the understanding of the significance of the hospital by providing an interpretation of the major additions to the hospital complex and an interpretation of the artworks held by the hospital.	Recommendation: The intended operation of the Page Chest Pavilion and the medical and political career of Sir Earle Page as relevant to RPAH should be interpreted in the new building using the plaque sculpted by Meszaros.
3.0.1	Improve the vistas from Missenden Road of the Central Administration Block ... and the King George Memorial Hospital	The proposal will continue the approximate vertical scale and set back from Missenden Road of the previous building on the site.
3.3.1 3.3.5	Where possible ensure development ... does not lead to further vehicular congestion in the vicinity of the hospital. Limit the parking within the main hospital grounds to designated car parks	The provision of one and a half levels of underground car parking containing 100 parking spaces accessed from Susan Street at the rear, would ensure that no further hospital land is dedicated to visible car parking. While this car parking space may increase vehicular use of Missenden road above current use, it represents the activation of current vacant land that was previously used intensively without providing car parking.
3.3.3	Ensure that the original alignment of Missenden road remains evident.	The proposed building continues a theme set in the mid-twentieth century of mid-rise hospital buildings on the western side of Missenden Road that add emphasis to the alignment of the road.
3.4.1	Endeavour to ensure that future expansion of hospital facilities occurs within the existing hospital boundaries.	Proposal conforms to this CMP policy

3.4.2	Retain some evidence of the original subdivision of Camperdown and the pattern of streets of the former residential area to the west of Missenden Road.	Proposal conforms to the CMP. The proposal site within the traditional street pattern defined by Brown and Susan Streets and Salisbury and Missenden Road. The width of Salisbury Road would be restored to its original extent. The Lifehouse's internal street would enhance the street pattern with a secondary street line.
3.4.3	Reduce the scale of any new buildings at boundaries adjoining residential area to reduce their visual impact ...	By concentrating hospital bulk in the centre of the RPAH precinct, the proposal is in harmony with this policy.
4.1.3	Retain the evidence of the hospital in the mid Twentieth Century, in particular ... King George V Memorial Hospital	The proposal would have no physical impact on KGV Hospital. It would continue the mid twentieth-century theme of larger scaled buildings on the western side of Missenden Road.
5.0.1	<p>Ensure that new hospital buildings:</p> <p>Are designed in such a manner as to complement in scale, character and materials, the existing heritage items;</p> <p>New buildings should be distinguishable from old and may be seen to be new;</p> <p>Are set back from the main facades so as not to dominate the existing heritage items.</p>	<p>The proposal would continue the scale of development set in the mid-twentieth century. It would be seen as clearly new while making some references to the character of the adjacent KGV Hospital by using concentrations of horizontal and vertical elements to express façade functions.</p> <p>The proposed areas of terra cotta materials have potential to make more reference to the KGV Hospital.</p> <p>As a new building surrounded by roads, the proposal would not need to be set back further than the alignment of adjacent significant buildings. The proposal would align with KGV Hospital.</p>
6.02	Retain the elements of the landscape of RPAH that are associated with major additions to the hospital complex [including] the planting associated with King George V Memorial Hospital.	Proposal conforms to this CMP policy. The landscape quality of the gardens around the KGV Hospital (considerable significance) and the landscape quality of Salisbury Road (little significance) would be retained.
6.1.2	Ensure that additional planting in each precinct complements not only the overall character of the precinct but also any mature plant species that are being retained.	Proposal conforms to this CMP policy. The street trees along Missenden Road would be retained, and the planting in the sunken courtyards of the proposed building makes reference to the shady courtyards that are traditional in the pre-war precinct of the site.

7.0.1	Demolition or removal of significant fabric should be conditional on new works proceeding, and construction commencing.	Proposal conforms to this CMP policy.
7.1.3	Continue to reflect hierarchy of major and minor public and non-public spaces through the standard of detailing and finishes.	This policy should be used to guide further stages of detailed design.
7.1.4	New construction should address, but not mimic, the significant fabric, in terms of scale, materials, colour, texture and quality.	The proposal adopts the approximate scale and use of horizontal/vertical emphases established in its precinct to reinterpret the mid twentieth-century built themes established in its context. Contemporary façade treatments near heritage buildings would use much less masonry to provide a neutral background to the existing buildings.
8.0.2	Continue to use the service tunnel for the reticulation of services	Proposal conforms to this CMP policy.
11.0.1	Undertake an archaeological assessment, as part of the planning of any proposed new development within the hospital complex, to determine the sensitivity of the area.	An Aboriginal Archaeological report has been provided by Comber Consultants (Appendix III) The former Page Chest Pavilion and the General Outpatients' Building were the first hospital buildings on this site. The construction of footings and basements for these buildings are likely to have obliterated layers of previous development.
12.1.1	Retain all plaques and memorials which provide evidence of the phases of development of the hospital.	Proposal conforms to this CMP policy with the retention of the Page plaque and other plaques.
12.1.3	Conserve the plaques and memorials, preferably in situ.	It is recommended that any necessary conservation work be considered for the Page plaque when it is relocated.
12.1.4	Continue the tradition of naming the buildings and wards after royal patrons, donors or respected staff or contributors.	The naming of the Chris O'Brien Lifehouse after Prof Chris O'Brien continues this tradition.

6.3 Opportunities

The proposed Chris O'Brien Lifehouse development, subject of this report, presents opportunities that can be summarised as follows:

- Adopt the approximate scale of the former Page Chest Pavilion, representing the form of mid-twentieth-century expansion of the hospital on the western side of Missenden Road;
- Use a horizontal emphasis to generate healthy light-filled interiors that provide an updated reference to the perceived health benefits of balconies used on the adjacent KGV;
- Continue developing innovative medical facilities that will enhance the viable ongoing use of the RPAH site;
- Retain key moveable elements of heritage significance from the buildings on the site to be demolished, such as the Sir Earle Page plaque;
- Use forms and articulation making references to neighbouring buildings, enabling the new building to sit comfortably in its urban context; and
- Restore the width of Salisbury Road and its vista towards the Queen Victoria Pavilion.

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7.0 Assessment of Heritage Impact

7.1 Introduction

The basis of assessing heritage impact is to review and analyse the proposal, identify and assess the impact that the proposed works will have on the heritage significance of the item or conservation area. The assessment will attempt to identify negative impacts and if necessary, recommend methods of mitigation of those impacts.

7.2 Impact Assessment

The proposed works are assessed in terms of the DA drawings by Rice Daubney.

(i) Impact on King George V Memorial Hospital: Negligible

The proposed Lifehouse would be more than a level taller than the KGV building. Nonetheless, its scale would be comparable to that of the KGV building. Lifehouse would have a similar alignment to Missenden Road that continues a theme of development reinforcing the vista of Missenden Road through the RPAH precinct. It adopts a contemporary architectural language of bold horizontal shading elements facing Missenden Road adjacent to the KGV Building which make reference to the streamlined horizontal emphasis of the KGV balconies. This horizontal emphasis softens the impact of the slightly taller scale of the proposed building. The massing of the proposed building addressing Salisbury Road reflects the KGV's theme of a protruding breakfront section of the building providing a two-sided sense of enclosure to a small landscaped public space.

The internal street through Lifehouse would focus on the southern façade of the KGV Hospital, and has the potential to address north-south circulation with KGV in the future.

(ii) Impact on the Victoria and Albert Pavilions and RPA Administration Building: Negligible

The proposed Lifehouse would have a larger footprint, though of a similar scale, as the Page Chest Pavilion previously on this site. Lifehouse would be set back approximately 3.5m further away from KGV, allowing the full width of Salisbury Road to be returned to public space. This would restore the symmetry of the vista towards the break-front section of the Victoria Pavilion. While there would be a clear contrast in scale between these buildings, the distance between them and the scale of each is sufficient that the heritage significance of the Victoria Pavilion would not be adversely affected.

The layered curtain walling on the northern end of the east façade with a simple form and complex detailing would provide a quietly contrasting streetscape element to the highly articulated masonry facades of the pavilion buildings on the opposite side of Missenden Road.

Lifehouse, being on the south western side of Missenden Road, will not over shadow the heritage buildings on the north eastern side of the street.

(iii) Impact on St Andrew's College: Negligible

The proposed Lifehouse would have a larger footprint than the Page Chest Pavilion, extending the approximate scale of the previous building further south so that a longer length of building of a scale set in the mid-twentieth century, would face St Andrew's College. The heritage significance of St Andrew's College would not be reduced by this development because the significant setting of the College is its parkland landscape facing Sydney University. It is likely

that the College would be affected by a late afternoon shadow from the proposed development, but this shadow would not begin to affect the College until after 3pm on Winter Solstice. There is potential for the large panes of glass on the east façade of the proposed development to reflect morning glare to St Andrew's College. The architects have considered a range of sunshade devices on the Missenden Road façade. Although the proposed fritted glass will reduce potential glare, it is recommended that the design development seeks to minimise such glare being cast.

*(iv) Impact on Street Layout: **Positive***

By limiting the northern extent of the proposed building to less than the extent of the Page Chest Pavilion, the width and public domain of Salisbury Road is restored. This street that previously had a symmetrical focus on a pediment of the Victoria Pavilion has been identified by the City of Sydney as having local heritage significance. Providing a small sunken landscaped courtyard on the corner of Salisbury Road and Missenden Road enclosed on two sides by the new building would match the concept at KGV, in a smaller scale, of providing garden space around major buildings that also softens the impact of building form at the street corner.

Allowing for a narrow green space at street level to the southern portion of the Lifehouse, by recessing the lower two storeys back from Missenden Road, would be a more traditional and pedestrian-friendly way of having a building in Missenden Road meet the street. This is in contrast to the system of concrete ramps employed by the former Page Chest Pavilion on the building alignment.

8.0 Conclusion and Recommendations

The approach of the design proposal to a large scale building has been to break up the form by three clearly differentiated vertical slabs, the setback of the two top floors, and the provision of a layered glazed façade to the 'sensitive' heritage north east corner of the site to ensure that the significance of the surrounding heritage items is maintained. The Lifehouse proposal will provide enhanced hospital functionality, thus continuing the tradition of innovative health care on this site. Interpretation of the site could include physical reminders and memories of the previous layers of cultural and scientific development.

Reference to Chapter 6.0 demonstrates that the proposal complies with the main objectives of the Royal Prince Alfred Hospital Conservation Management Plan by the Heritage Group, State Projects, Department of Public Works & Services May 1997.

The following are recommendations to assist the Chris O'Brien Lifehouse fit into its heritage environment:

- Retain and utilise key moveable elements of heritage significance from the former buildings on the site, including the Sir Earle Page plaque and other plaques;
- Provide an interpretation in the new building of the former buildings and their functions on this site: the General Outpatients' Building and Page Chest Pavilion;
- Ensure the potential glare from the horizontal fritted glass along the Missenden Road elevation is minimised.

Appendices

Appendix I: Conservation Management Plan

Conservation Policies' extract

CONSERVATION
P O L I C I E S
&
S T R A T E G Y

19.0 CONSERVATION POLICIES

This Conservation Management Plan identifies:

- the cultural significance of the Royal Prince Alfred Hospital;
- the cultural significance of individual buildings and structures within the site;
- the level of significance of the extant fabric of the individual buildings and structures within the site;

This document is intended to be of use by:

- the Central Sydney Area Health Service
- the management of the hospital;
- any consultants undertaking work within the complex;
- Approval Authorities (South Sydney Council, Heritage Council).

The Conservation Management Plan should be used as a basis for decision making, to enable future planning for each precinct, building or individual element to be made with due regard to the significance of the fabric in question.

This section contains Conservation Policies, aimed at ensuring that any proposed works to Royal Prince Alfred Hospital and its setting are undertaken in a manner that will not result in a loss of cultural significance. The policies themselves are set out in italics and are accompanied by a short explanation into the reasoning behind the policies.

Volume One contains general policies. Volume Two contains specific policies related to the precincts and elements within the precincts.

The general policies are structured under six major headings with a main policy relating to each heading. With these major policies are a number of sub policies relating to more specific issues. The general policies are structured as follows:

MAIN POLICIES SUB POLICIES

1.0 *The Use of the Complex*

1.1 *Methodology*

2.0 *Integration into the Management of the Site*

2.1 *How to Use the Conservation Plan*

2.2 *Process for Approvals*

2.3 *Day-to-Day Advice*

2.4 *Section 170 Heritage & Conservation Register*

2.5 *RPA archives*

2.6 *Recording*

2.7 *Interpretation*

MAIN POLICIES	SUB POLICIES
3.0 Context	3.1 Boundaries 3.2 Relationship to Sydney University 3.3 Access to the Hospital 3.4 Continued Expansion
4.0 Integrity of the Original Design.	4.1 The Layout of the Hospital 4.2 The Master Plan
5.0 Planning New Works	5.1 Total Asset Management 5.2 Value Management 5.3 Economic Appraisals 5.4 Adaptive Re-Use
6.0 The Grounds	6.1 Landscaped Precincts 6.2 Forecourts 6.3 Walkways
7.0 Undertaking New Works	7.1 Integration of the New Work 7.2 Relationship to Main Buildings 7.3 Building Regulations
8.0 New Infrastructure	8.1 Utilities 8.2 Steam 8.3 Security
9.0 Maintenance of Extant Fabric	9.1 Stonework 9.2 Cleaning 9.3 Graffiti 9.4 Gutters and Downpipes
10.0 Conservation Works	10.1 Integrity of Structures 10.2 Treatment of Fabric 10.3 Conservation of Main Facades & Roofscapes 10.4 Re-use of Materials 10.5 Conservation of the Interiors 10.6 Colour Schemes 10.7 Lighting 10.8 Signage
11.0 Archaeology	11.1 Vestiges of the C and D Pavilions 11.2 Pixie O.Harris 11.3 Industrial Archaeology
12.0 Artworks	12.1 Plaques 12.2 Stained Glass

The following abbreviations are used to identify the responsibility for implementing each policy:

All	Refers to all parties involved in a particular project.
HC	Heritage Council
CSAHS	Central Sydney Area Health Service
PO	Project Officer
RPAH	Royal Prince Alfred Hospital
SSC	South Sydney Council
US	University of Sydney

1.0 THE USE OF THE COMPLEX

Policy 1.0

Action: NSW Health

Continue the primary use of the site as a teaching hospital.

Since 1882 the core of this site has functioned as a teaching hospital. The use of the site as a teaching hospital is of major cultural significance, as the first institution of this type in Australia, and should continue.

Some buildings have moderate importance individually but are important as part of the whole.

The need for future upgrading of facilities and infrastructure, to allow for the continued functioning of these buildings, as a hospital, is recognised. It is, however, important that decisions be coordinated over the whole complex to protect those elements of heritage significance. Items of heritage significance at RPA include the buildings, the landscaped grounds, sculptures and other art works as well as specialised hospital infrastructure. This Conservation Management Plan aims to provide a basis for coordinated decision making that will result in the retention, and enhancement of the Cultural Significance of Royal Prince Alfred Hospital.

Policy 1.0.1

Action: All

Ensure that new developments and modifications to existing buildings within the hospital complex are compatible with the primary use of the site as a teaching hospital.

1.1 METHODOLOGY

The Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (the Burra Charter) has been widely accepted across Australia as the underlying methodology by which all works to buildings, which have national, state and regional cultural significance, are undertaken. The terms used in the Burra Charter have been explained in Section 3.4. (A copy of the Burra Charter is included as an appendix.)

Policy 1.1.1

Action: All

Undertake all conservation and associated development works to Royal Prince Alfred Hospital in accordance with Australia ICOMOS Charter for the Conservation of Places of Cultural Significance (the Burra Charter), whilst aiming to enhance the cultural significance of the place.

2.0 INTEGRATION INTO THE MANAGEMENT OF THE SITE

Policy 2.0 *Formally adopt this Conservation Management Plan as one of the bases for the future management of the site.* **Action:** All

The effectiveness of this Conservation Management Plan depends on it being implemented through an effective management structure.

Policy 2.0.1 *Implement a management structure that:* **Action:** CSAHS, RPAH

- Integrates development and conservation work into the overall management structure of Royal Prince Alfred Hospital;
- Provides for the long term conservation of the significant fabric of Royal Prince Alfred Hospital;
- Disseminates the intention, aims and policies of this Conservation Management Plan to appropriate staff throughout the hospital;
- Outlines the responsibilities for implementing the Conservation Management Plan at each staff level.
- Understands the balance between a functioning hospital and conservation of significant fabric

Policy 2.0.2 *Ensure all works undertaken at Royal Prince Alfred Hospital, and its landscaped setting, including the introduction of new fabric and/or the removal and maintenance of existing fabric are undertaken in accordance with the aims and intentions of this Conservation Management Plan.* **Action:** CSAHS, RPAH

2.1 HOW TO USE THE CONSERVATION MANAGEMENT PLAN

This Conservation Management Plan has a registered ISBN No., making it a publicly accessible document. Copies of the plan are lodged with the Heritage Council, the RPA Archives, the State Library of NSW and the Australian National Library. Conservation Management Plans are a means of allowing community access and participation in places of cultural importance. They can be a valuable tool for engendering continued public support for the place and ideally should be placed on public exhibition.

Policy 2.1.1 *Ensure this Conservation Management Plan becomes a publicly available document.* **Action:** All

Policy 2.1.2 *Review this Conservation Plan regularly, i.e. within five years, or when new information comes to light.* **Action:** CSAHS

Policy 2.1.3 *Ensure that this document, and any subsequent recording or other investigations are archived to provide a record of the changes to the place.* **Action:** CSAHS

2.2 PROCESS FOR APPROVALS

This document should be a starting point in the forward planning and subsequent documentation of proposed upgrading and/or maintenance programs for the hospital.

This Conservation Management Plan should be used as the basis for preparation of future Statements of Heritage Impact to accompany Development Applications to South Sydney Council. (Refer to Section 18.1.1)

It is likely that, in the future, some development will take place at the hospital that is contrary to the recommendations of this Plan. It is recognised that the Hospital will have functional requirements that may need to take a precedence over conservation values. A 'Statement of Heritage Impact' is a useful tool for arguing the case for alterations to a heritage item and ensuring that the best fit of function and retention of heritage significance is achieved.

If substantial upgrading of one of the major heritage items on the site is proposed it is recommended that a specific Conservation Assessment identifying significant fabric, be prepared for that particular item. In particular such a study should be undertaken should substantial upgrading be proposed for:

- the former Nurses Home;
- the Central Administration Block;
- the former Mortuary (Immunology);
- Gloucester House;
- the King George V Memorial Hospital;

The approvals process, managed by both South Sydney City Council and the Heritage Council, aims to ensure that changes to the fabric of the building do not result in an unacceptable loss of cultural significance.

Policy 2.2.1

Action: PO, CSAHS

Seek endorsement from the Heritage Council for this Conservation Management Plan.

Policy 2.2.2

Action: PO, CSAHS

Seek approvals for development and conservation work as required by legislation:

<i>A Development Application should be submitted to the South Sydney Council for any works which involve the demolition, extension, renovation of a heritage item, excavation of land to expose or remove relics, or development of land on or in the vicinity of a heritage item.</i>	<i>South Sydney Council. Refer to Section 18.1</i>
<i>A Statement of Heritage Impact should be prepared, to accompany the DA, for any proposals that involve alteration to, or demolition of heritage items. [Subject to Council Requirements]</i>	<i>South Sydney Council. Any proposal involving major alterations or demolition will be referred to the Heritage Council.</i>
<i>If the proposal includes the upgrading of one of the major heritage items then a detailed Conservation Plan Heritage Impact Statement should be prepared, and submitted to accompany the Development Application. [Subject to Council Requirements]</i>	<i>South Sydney Council. Any proposal involving major alterations or demolition will be referred to the Heritage Council.</i>
<i>Approval should be sought for any works involving alteration, disposal or</i>	<i>Heritage Council</i>

2.3 DAY-TO-DAY ADVICE

An appropriately skilled officer should be responsible for coordinating on-going conservation works and providing practical advice on a day-to-day basis regarding such issues as appropriate maintenance methods.

Training, in appropriate conservation methods, should be provided for those responsible for the day-to-day maintenance of Royal Prince Alfred Hospital. Consideration should be given to undertaking training seminars and the development of a "carers" guide, written in laymen's terms, that explains the conservation and maintenance requirements for each building and landscape precinct.

A regular review of the implementation of the policies contained within this Conservation Management Plan should be undertaken to ensure that conservation methodology is being integrated, not only with the planning of new works but also into the day-to-day maintenance of the hospital.

Policy 2.3.1

Action: CSAHS

Ensure that this Conservation Management Plan is understood by all officers involved in the upgrading of existing facilities or the planning of new facilities at RPAH.

Policy 2.3.2

Action: CSAHS

Ensure that this Conservation Management Plan is disseminated through, and implemented by, relevant key staff of Royal Prince Alfred Hospital by:

- *appointing a project officer, to coordinate conservation works and provide technical advice on a day-to-day basis, with a hospital wide, cross divisional brief;*
- *conducting training seminars in conservation philosophy and practice;*
- *preparing a carers guide.*

2.4 SECTION 170 HERITAGE & CONSERVATION REGISTER

Information from this Conservation Management Plan can be used to compliment the existing Heritage Conservation Register in the following ways:

1. The detailed information contained within this Conservation Management Plan should be used to update the entries on Royal Prince Alfred Hospital in the Register.
2. Many of the historical themes discussed in this report should be considered when preparing the thematic history which will accompany the Register.

Little research has been undertaken, in Australia, that relates to the development of individual building types such as ward buildings, nurses homes, boiler houses and morgues. It is recommended that a comparative analysis be undertaken, to establish the significance of the specialised buildings under the jurisdiction of the Department of Health.

A survey of, for instance, the development of Nurses Homes, would be beneficial for the preparation of future conservation plans for any Nurses Home in NSW. Such a study should identify all of the surviving examples and their level of significance and would aid in the prioritising of work throughout the state.

3. In addition a register of Art Works could be prepared which provided detailed information regarding the artist, the style of the artwork and the materials from which it is constructed.

Policy 2.4.1

Action: CSAHS

Update the Department of Health Heritage and Conservation Register in light of the findings of this Conservation Management Plan.

Policy 2.4.2

Action: DH

Consider supplementing the Department of Health's Heritage and Conservation Register through the preparation of :

- *a register of Art Works;*
- *comparative studies of particular hospital building types.*

2.5 RPA ARCHIVES

The RPA Archives contain a wealth of information regarding the historical development of the hospital, as well as documents relating to other health facilities such as Thomas Walker Hospital at Concord. The records held include general letter books, and correspondence from the Clerk of Works, minute books, patient records and inventories of furniture and crockery. A collection of historic photographs is also held. Further material is held in the Central Registry and in the Nursing Museum.

The archival material provides information regarding the day-to-day running of the hospital, and the patient records, from the date of opening of the hospital until relatively recently. Public access to this material, and its use for study purposes, should be encouraged. Currently the RPA Archives are staffed by volunteers and open on an occasional basis.

The primary source material held here is particularly suitable for post graduate research into topics such as the development of medical treatment in hospitals in the nineteenth and early twentieth century. A number of the Masters Courses now include a practical work or research component as part of the course work. It may be possible to arrange a joint project with a University Department of History to enable the transcription of hospital records.

Conservation, or copying, of some of the early material is required. The letter books in particular are in a fragile condition and are difficult to read. A program to transcribe, or copy, and conserve, these records should be undertaken before they deteriorate further.

The archives include taped interviews relating to the history of the hospital. However a comprehensive oral history program has not been undertaken. The way of life of the staff of the hospital has changed considerably this century:- nurses no longer reside within the grounds; the ward areas in the Victoria and Albert pavilions are no longer used as such and the original operating theatre, ward blocks and laundry have been demolished. Oral history interviews are a good way of documenting the changes within an institution over time.

A series of themes could be developed to explore various aspects of the development of the hospital. Then a series of oral history interviews with former staff, and possibly patients, could be undertaken. Should such a program be instigated it is recommended that copies be forwarded to the Mitchell Library to supplement their extensive collection of this type of material. Material collected as part of an oral history program could be used to create an exciting, interactive, display for one of the main public spaces of the hospital.

Any further studies or investigations regarding the development of the hospital should be held in the RPA Archives and be available for future reference. More recent records are held in records section of the Central Administration Building. The Central Registry also holds historical material in safes, including the gold probe used to investigate Prince Alfred's gunshot wound, files of Schlink's personal correspondence etc.

Policy 2.5.1

Action: RPAH

Ensure that documents relating to the development of the hospital continue to be archived in the RPA Archives and that close links are maintained between the Central Registry, Archives and the Nursing Museum.

Policy 2.5.2

Action: RPAH

Ensure that the archival material held by the hospital continues to be publicly accessible.

Policy 2.5.3

Action: RPAH

In the future seek funding to :

- *provide staff to archive material;*
- *ensure that the transcription and conservation of deterioration archival material is undertaken;*
- *instigate an oral history project.*

2.6 RECORDING

Where removal of a significant fabric of a heritage item has been approved, recording, prior to removal or demolition, is usually a requirement of the Heritage Council and/or a DA condition. In general such a recording should follow the *Recording Guidelines* prepared by the Heritage Branch of the DUA&P.

A photographic record is generally sufficient in the case of modification of heritage items. Where a structure is to be demolished a more thorough recording, such as a measured drawing, is usually required.

Policy 2.6.1

Action: CSAHS

Ensure recording, when required, is undertaken in accordance with the Recording Guidelines prepared by the Heritage Branch of DUA&P

Policy 2.6.2

Ensure all recording projects are archived in the RPA Archives and are available for reference purposes.

2.7 INTERPRETATION

Royal Prince Alfred Hospital has been identified as being of national cultural significance. The original layout of the hospital, and the philosophies behind the overall design and its individual elements are not evident to those working at, or visiting the hospital today. The particular aspects of the significance of the hospital should be presented in such a manner that staff, visitors and patients gain an understanding of the historical development of the hospital.

The hospital already has a display of historical photographs, including an enlarged image of one of the original long wards in C and D pavilion. The presentation of historical material can be a valuable public relations exercise or can form part of a special event such as Heritage Week. Such presentations could include the pioneering role RPA played in research and development of medical treatment and surgery in Australia.

The philosophy behind the original design should be interpreted by locating copies of historic photographs, with appropriate captions, in their original location throughout the hospital.

Policy 2.7

Action: CSAHS

Enhance the understanding of the significance of the hospital by providing the following information in an accessible format:

- *an interpretation of the significance of the hospital in the history of the development of medical treatment in Australia;*
- *an interpretation of the significance of the hospital as a training institute for both doctors and nurses;*
- *interpret the significance of the original pavilion layout and landscaped setting, including the underlying philosophy;*
- *an interpretation of the major additions to the hospital complex including the former Nurses Home (now RMOs quarters), Gloucester House and the King George V hospital.*
- *an interpretation of the significance of the collection of artworks, furniture and other artefacts held by the hospital.*

3.0 CONTEXT

Policy 3.0

Action: All

Ensure that the setting of Royal Prince Alfred Hospital is treated in an appropriate manner which recognises its significance as an item of environmental heritage.

The hospital, and the two adjacent colleges each had prominent building form and could be seen from quite a distance. Travellers entering Sydney along Parramatta Road would have seen the buildings when coming down the hill at Stanmore. Such vistas of the hospital and college buildings are now obscured by multi-storey development adjacent to Parramatta Road.

The area surrounding the hospital traditionally has had a mixture of residential and light industrial use, with the industrial use being located adjacent to Parramatta Road. The scale and character of the hospital buildings has always contrasted with that of the surrounding residential area.

New structures such as bus shelters and street furniture located within the hospital precinct should be designed to complement the overall character of the precinct. Standardised items such as bus shelters may not be appropriate for precincts such as Royal Prince Alfred hospital which have a distinct character. Traffic control devices such as lights, pedestrian refuges or chicanes on Missenden Road should also be designed in a manner that complements the overall character of the precinct.

Policy 3.0.1

Action: All

Improve the vistas, from Missenden Road, of the Central Administration Block, and its flanking pavilions, and the King George V Memorial Hospital.

Policy 3.0.2

Ensure that street furniture, road features and other elements such as bus shelters are designed in such a manner as to complement the overall character of the precinct.

3.1 BOUNDARIES

The hospital has always had distinct boundaries, either fenced or marked by a stone wall. An inner screen of planting originally separated the service areas, (the laundry, mortuary, stables and animal pens), from the pavilion wards. This was an important feature of hospital design of the period. Evidence of this screen planting, which separated the two distinct areas of the hospital, should be retained.

Little trace remains of the creek which once formed a natural boundary between the hospital and the university. It has been piped and now runs underground.

Policy 3.1.1

Action: All

Retain the following features:

- *the distinct boundaries of the hospital precinct.*
- *the dwarf stone wall to Missenden Road.*
- *evidence of the screen planting that separated the ward pavilions from the rear service areas and mortuary.*

3.2 RELATIONSHIP TO SYDNEY UNIVERSITY

The hospital was sited within the University Paddock, on land granted to Sydney University. It has always been flanked by two university colleges, each set within extensive grounds. These open grounds provide an additional amenity for the hospital and continue to function as originally intended, by allowing light and air into the hospital grounds. This site was favoured for the hospital because it was considered that it could never be built out.

Although intensive development of both the University and the Hospital has occurred, the grounds of the adjacent colleges, in particular St Johns, still retain the original character of the University Paddock upon which the colleges and hospital were built. The initial ward buildings, and later hospital buildings were designed to give uninterrupted views over the University Grounds, in particular St. Johns College and Oval.

The Blackburn Building, which houses the Medical School was built intentionally to straddle the boundary between the two institutions. The elaborate two storey arcaded walkway, which provided a link to the operating block, also provided a formal pathway between the University grounds and the hospital. This walkway has been demolished and the current pedestrian routes are convoluted and unmarked. Formal paths exist around the University Oval but do not connect with the hospital. Various access ways exist adjacent to the Blackburn Building and near the north and north eastern corners of the site but are haphazard and unmarked.

Policy 3.2.1 Action: All
Consider the re-instatement of a formal pedestrian link to the University, both to the Blackburn Building and between the grounds of both institutions.

Policy 3.2.2 Action: All
Retain views of the University, St. Johns College, the college grounds and oval from the hospital buildings.

Policy 3.2.3 Action: All
Ensure the planting along Johns Hopkins Drive does not block views of St. Johns College and Oval.

Policy 3.2.4 Action: SU
Retain the character of the surviving portion of the University Paddock adjacent to the hospital and St Johns College.

3.3 ACCESS TO THE HOSPITAL

The proposed traffic diversion, which would divert through traffic away from Missenden Road, has only partially been completed. It is highly desirable that the traffic along Missenden Road be limited to necessary hospital, emergency or service traffic and that a new through route between Parramatta Road and King Street be created.

Although the alignment of Missenden Road has been identified as being significant, this significance can still be maintained by a reduced roadway and a lessening of the amount of through traffic.

The hospital was built within walking distance of the city however today few visitors to the hospital come on foot, but use public transport or private cars. An increase in the density of development of the surrounding area will increase traffic congestion, thus making it more difficult for emergency vehicles and visitors to reach the hospital.

The extensive use of the grounds of the hospital for car-parking detracts from the amenity of the landscaped areas within the hospital grounds.

Policy 3.3.1

Action: SSC

Where possible ensure development of the surrounding area is of a scale and density that does not lead to further vehicular congestion in the vicinity of the hospital.

Policy 3.3.2

Action: SSC, CSAHS

Reduce the traffic along Missenden Road in preference to altering the function of the purpose built ward buildings which line the street.

Policy 3.3.3

Action: SSC

Ensure that the original alignment of Missenden Road remains evident.

Policy 3.3.4

Action: SSC, CSAHS, RPAH

Retain, for emergency access purposes, a roadway that separates the main forecourt and that of King George V Memorial Hospital.

Policy 3.3.5

Action: RPAH

Limit the parking within the main hospital grounds to designated carparks.

3.4 CONTINUED EXPANSION

The hospital needs to be aware of its place in a predominately residential area and the impact of continuing expansion into the surrounding streets. The continuing expansion of the hospital, in particular the demolition of residences and the use of land for car parking, has caused considerable community concern. The hospital now covers a large area and continued expansion should involve the increase of use of the existing land rather than engulfing additional residential areas.

Evidence of the original street pattern and subdivision of Camperdown still remains within the western portion of the hospital. The Queen Mary Building was constructed to follow the existing street layout however more recent buildings, such as the Cyclotron and the walkway to the Queen Mary Building have obliterated all traces of the former street pattern.

<i>Policy 3.4.1</i>	<i>Action: All</i>
<i>Endeavour to ensure that future expansion of hospital facilities occurs within the existing hospital boundaries.</i>	

Policy 3.4.2	Action SSC
<i>Retain some evidence of the original subdivision of Camperdown and the pattern of streets of the former residential area to the west of Missenden Road.</i>	

<i>Policy 3.4.3</i>	<i>Action All</i>
<i>Reduce the scale of any new buildings at boundaries adjoining residential area to reduce visual impact and retain their residential scale.</i>	

4.0 INTEGRITY OF THE ORIGINAL DESIGN

Policy 4.0

Action: All

Retain evidence of the original pavilion hospital layout and its landscaped setting.

Prince Alfred Hospital is considered to be the most elaborate pavilion hospital in Australia, and was comparable with the major European pavilion hospitals of the late nineteenth century.

Evidence of the original layout of the hospital can be found within the current hospital layout:

- *The Central Administration Block;*
- *The Mortuary (now Immunology) and adjacent planting;*
- *The vestiges of the C & D Pavilions;*
- *the remnant terrace (adjacent to D);*
- *the remnant of the original path layout (adjacent to C);*
- *the main carriageway;*
- *the tennis courts;*
- *remnants of the screen planting between the ward pavilions and the rear service area.*

The early additions to the pavilion layout: the Nurses Home and the Victoria and Albert pavilions also provide evidence of the scale and character of Prince Alfred Hospital in the late nineteenth and early twentieth century.

The provision of the landscaped setting was seen to be as important as the provision of carefully detailed hospital buildings, not only for the benefit of convalescing patients but also to ensure fresh air and light reached the ward buildings. The surviving portions of the original hospital layout, the buildings and the landscaping, have been identified by this report and by other assessments as being of national cultural significance and should be retained.

The main front facade of the hospital was intended to be viewed from a distance, ie Missenden Road, in order that the full effect of the composition could be gained. Although the two side pavilions were not built during the first stage of construction, the addition of the Victoria and Albert Pavilions c1901-4 closely followed the original design concept. The integrity of the overall composition of the two side pavilions flanking the Central Administration block should be retained.

Policy 4.0.1

Action: All

Do not permit any alterations to the main front of the hospital which obscure the relationship of the Central Administration block, flanking pavilions and main carriageway.

Policy 4.0.2

Action: All

Retain the evidence of the early expansion of the hospital being:

- *the Nurses Home*
- *the Victoria and Albert pavilions*
- *the extensions to the Mortuary.*
- *the first extension to the Nurses Home*

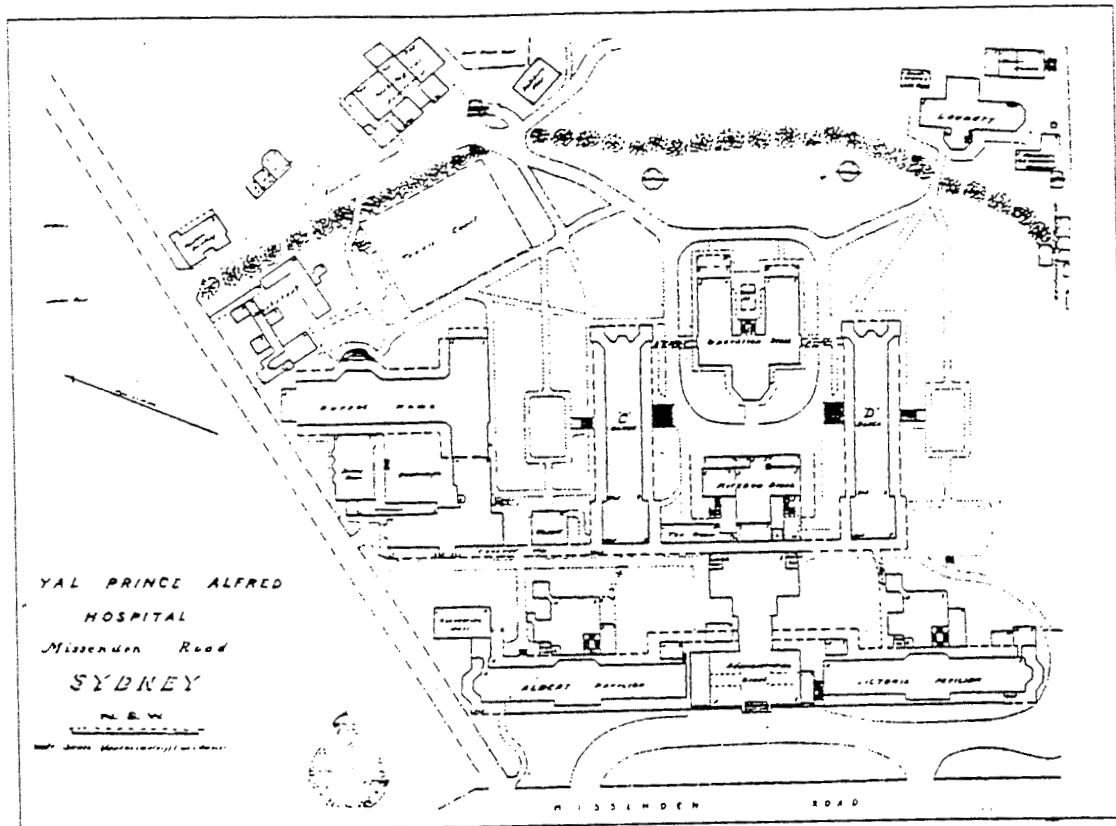


Figure 19-1

Plan of the Hospital in 1919

4.1 THE LAYOUT OF THE HOSPITAL

The Central Administration block has always been the main public entrance to the hospital. This entrance was originally also used for patients and emergency cases. Vehicles and pedestrians originally used the carriageway as there was no central gateway. The curved layout of the main carriageway, as well as the combined usage by vehicles and pedestrians should be retained.

The hospital was designed to be a series of separate pavilions surrounded by gardens and connected by two storey walkways. The garden setting was considered essential not only as the plants were thought to clean the air but also as an amenity for the convalescing patients.

During the mid twentieth century a new form of mid rise hospital building was developed. Two of the buildings at RPA, Gloucester House and the King George V Memorial Hospital, are considered to be amongst the finest examples of hospital architecture of this period in Australia. These two buildings, along with their associated forecourts, artworks and landscaping should be retained.

Due to demands for additional space the hospital expanded across Missenden Road. The location of facilities in this area was undertaken deliberately, to separate the out patients from the ward areas. This separation continued with the construction of specialised medical facilities such as the King George V Memorial Hospital, for maternity patients. The development of purpose built facilities, separate from the main hospital precinct, should continue and should be undertaken in preference to any development within the main complex which would further obscure the original layout.

Subsequent development of the site has reduced the extent of the grounds however the main precinct of the hospital, east of Missenden Road, still largely retains the character of a number of separate pavilions in a landscaped setting. During the last 30 years additional hospital buildings such as the Blackburn Pavilion, E Block and the Centenary Institute were not designed to relate to the surrounding landscape.

*Policy 4.1.1**Action: All*

Continue the use of the front portico and main entrance as a major public entrance to the hospital.

*Policy 4.1.2**Action: All*

Continue the original design concept, of connected pavilions in a landscaped setting. The completion of E Block is appropriate.

*Policy 4.1.3**Action: All*

Retain the evidence of expansion of the hospital in the mid twentieth century, in particular

- *Gloucester House*
- *King George V Memorial Hospital*

4.2 MASTER PLANNING

The stages of development of the hospital buildings and the development of the grounds has been outlined in this report. Future master plans should be based on an understanding of how, and why, the layout of the hospital has evolved as it has. Such an understanding will help determine suitable locations for new buildings.

Future master planning should aim to regain some of the original simplicity of the layout of the hospital. The original layout was symmetrical and the routes through the hospital radiated from the main hall in the Central Administration Block. This layout was easy to follow for both staff and visitors alike. As the hospital has increased in density more convoluted routes between the various specialised areas have developed. Care should be taken to ensure that future development does not further restrict pedestrian routes through the hospital grounds.

The landscaping of the hospital was initially fully integrated with the planning of the hospital buildings. This trend was continued well into the twentieth century. However, in recent years, as with many large institutional complexes the growth has become more haphazard, with spaces between buildings being infilled with buildings.

*Policy 4.2**Action: CSAHS*

Ensure that future master planning exercises:

- *maintain a functioning hospital use*
- *are based on an understanding of the historical development of the hospital and its grounds*
- *are based on an understanding of the cultural significance of the place.*
- *recognise, and retain the significant heritage items and landscape precincts.*
- *give consideration to pedestrian routes in master planning exercises.*

5.0 PLANNING NEW WORKS

Policy 5.0

Action: All

Ensure new buildings are designed in such a manner so as to respect the original pavilion layout and its landscaped setting where possible.

In planning for new facilities the intention, and the function, of the overall original design should be taken into consideration. Great care should be taken to integrate any new buildings into the existing landscaped setting in such a manner that does not detract from the significance of the setting or the surviving original structures.

If a new building is proposed adjacent to one of the items of environmental heritage on the site, then the new building should be compatible with the existing in terms of scale, character and materials. Use of modern materials and design elements is acceptable but there should be use of small scale detail. The predominant building material used from the 1880s until World War 2 was brick. Later buildings have been constructed from concrete with little decoration or small scale detail.

New buildings should not have a major impact on the facades of the items of environmental heritage. Where a taller building is required it should be set back so as not to block any significant vistas, such as the view of the hospital from Missenden Road. The profile of E block impinges on views of the elaborate roof profile of the Central Administration Block.

It is also essential that in the planning of new facilities, or the upgrading of existing facilities, there is an understanding of the aims and intentions of this Conservation Management Plan. The areas of responsibility, and the sections involved in each different type of project is set out below.

Maintenance	RPAH	Engineering Section Building Services
Installation of New Services	RPAH	Engineering Section Plant, Operations and Maintenance
Planning New Facilities	RPAH	Facilities Group
Capital Works	CSAHS	Capital Works Unit
Heritage & Conservation Register	Dept. of Health	Asset Management Unit

Policy 5.0.1

Action: All

Ensure that new hospital buildings:

- are designed in such a manner as to complement, in scale, character and materials, the existing heritage items.*
- new buildings should be distinguishable from old and may be seen to be new*
- are set back from the main facades so as not to dominate the existing heritage items.*

5.1 TOTAL ASSET MANAGEMENT

"State Government instrumentalities are major custodians of our heritage assets, and as such have a responsibility for managing the State's heritage".⁷²

In accordance with State Government policy it is recommended that a Total Asset Management Strategy be prepared to aid future planning and establish mechanisms for the on-going maintenance of Royal Prince Alfred Hospital.

The preparation of a Conservation Management Plan is one step towards the preparation of such a strategy. One of the aims of such a strategy is to avoid short term decision making which can be detrimental to heritage buildings.

Once the significance of the assets at Royal Prince Alfred Hospital has been assessed a strategy for their future on-going protection can be determined. This strategy should include:

- mechanisms for future asset management
- a maintenance program
- suitable future uses
- mechanisms for funding of future maintenance and capital works.

Policy 5.1

Action: All

Maintain a Total Asset Management Strategy for Royal Prince Alfred Hospital aimed at establishing mechanisms for the funding of future maintenance and capital works.

5.2 VALUE MANAGEMENT

Value Management is a tool used when planning large capital works projects to determine the benefits of undertaking such a project.

It is important that the heritage issues be discussed at the Value Management stage of project planning.

Policy 5.2

Action: All

Ensure that the heritage significance of the individual hospital buildings, as well as the significance of the site, are taken into account during Value Management exercises.

⁷² Heritage Guidelines, Total Asset Management

5.3 ECONOMIC APPRAISALS

Economic Appraisals are required to be undertaken for Capital Works projects with an estimated value in excess of half a million dollars.

Economic Appraisals can be a valuable tool in determining project staging and for providing a preliminary estimate of project cost. It also determines the extent of work which is required. The Economic Appraisal should also assess the costs associated with a "Do-Nothing Option".

Policy 5.3

Action: CSAHS

Ensure that Economic Appraisals are undertaken for all projects with an estimated project cost exceeding 0.5 million dollars.

5.4 ADAPTIVE RE-USE

The continued use of the significant heritage buildings on the site, for the purpose for which they were originally intended, is preferred to non-hospital use. If the original function no longer corresponds to the way in which the hospital is currently run then adaptive re-use can be considered, provided that the re-use proposals do not obscure all evidence of the former use.

The hospital complex currently contains a number of buildings, such as the nurses homes which are no longer required for their original function. These buildings are substantial masonry structures which could be adaptively re-used for another purpose. The fabric which has been identified as being significant should be retained in any adaptive re-use project.

The hospital has had a long history for adapting buildings to suit changes in technology and medical practice. It is envisaged that this process will continue. Currently the Victoria and Albert Pavilion and the Psychiatry Block are being refurbished to accommodate a new function. The refurbishment of existing facilities should be encouraged, however care should be taken to ensure that the significant fabric is retained.

Policy 5.4.1

Action: CSAHS

Ensure that adaptive re-use proposals are:

- *based on an understanding of the cultural significance of the site and of the individual heritage items.*
- *designed in such a manner as to retain the significant heritage fabric.*

Policy 5.4.2

Action: CSAHS

Consider the adaptive re-use of the following hospital buildings which are no longer required for their original purpose:

- *the first addition to the Nurses Home*
- *the Queen Mary Nurses Home*

6.0 THE GROUNDS

Policy 6.0

Ensure that future planning for the continuing expansion of the hospital recognises the significance of the landscaped garden setting.

Action: CSAHS

The heritage significance of the grounds is diminishing with the introduction of unsympathetic plantings, structures and a car parking area. This includes the introduction of plant species which are not in keeping with the established planting of precincts of significance and the introduction of covered pedestrian walkways and ramps. Although these are necessary for patient transfer from one area of the hospital to another they do not relate well to the existing character of the hospital buildings and restrict pedestrian access across the site at ground level.

The deliberate creation of a landscaped setting for convalescent patients is one of the significant features of the original hospital design. More recently, however, both the heritage and amenity values of the landscape have been severely compromised.

The carriageway and the main facade of the hospital are currently hidden behind mature trees. These large trees should, when they require replacement, be replaced with smaller scale planting. Ideally the elaborate roof form of the Central Administration block should be visible from Missenden Road, with a low screen of small trees and shrubs.

Future landscaping schemes for the front forecourt should be based on the planting that was associated with the Victoria and Albert Pavilions, primarily palms and subtropical shrubs. Future planting should not obscure the buildings, when viewed from Missenden Road. When viewed from the carriageway future planting should form a low level screen, obscuring the view of the traffic.

The trees at the rear of the ward pavilions screened the service functions such as the laundry, stables and animal pens. The resulting landscaped area between the ward pavilions and this screen remains. It has always been an area of amenity for both the staff and the patients. The timber rotundas have been demolished and although some seating has been provided the seating does not appear to be in the desired location. A modern rotunda has been built but it is unrelated to the overall landscape design of the site.

The tennis courts were part of the original layout of the hospital however they have already been re-located once. Although the courts should be retained in the vicinity of the original courts their exact location is not critical.

*Policy 6.0.1**Action: CSAHS*

Retain the elements of the original landscape of Royal Prince Alfred Hospital that have been identified as being significant including:

- the main carriage way and associated areas of planting*
- the remnants of the original terracing and walks and steps from the arcades of the former ward pavilions.*
- the planting around the original mortuary;*
- the belt of mature trees which originally screened the service area at the rear of the site;*

*Policy 6.0.2**Action: CSAHS*

Retain the elements of the landscape of Royal Prince Alfred Hospital that are associated with major additions to the hospital complex:

- the planting in the Nurses Home quadrangle;*
- the Gloucester House driveway, lawn & associated planting;*
- the planting associated with King George V Memorial Hospital.*

*Policy 6.0.3**Action: RPAH*

Continue to maintain the landscaped setting in a manner that provides an amenity for the staff, patients and visitors.

*Policy 6.0.4**Action: CSAHS*

If possible a tennis court should be retained at the rear of the site. Relocation is acceptable.

*Policy 6.0.5**Action: CSAHS*

In the long term consider the reconstruction of the two timber rotundas in their original location, to their original design.

*Policy 6.0.6**Action: CSAHS*

Interpret the significance of the planting around the original mortuary, the original terracing and pathways as well as the overall philosophy regarding the provision of the landscaped setting for the hospital.

*Policy 6.0.7**Action: ALL*

Consider the creation, in the future, of a landscaping scheme for the main carriage-way that:

- Does not obscure vistas of the main facade of the Victorian and Albert Pavilions and the Central Administration Block.*
- Includes the sub-tropical plants and palms in a similar manner to the 1907 scheme.*

6.1 LANDSCAPED PRECINCTS

The characteristics of the individual landscaped precincts and specialised policies are included in Volume 2. The plan below shows the location of significant planting.

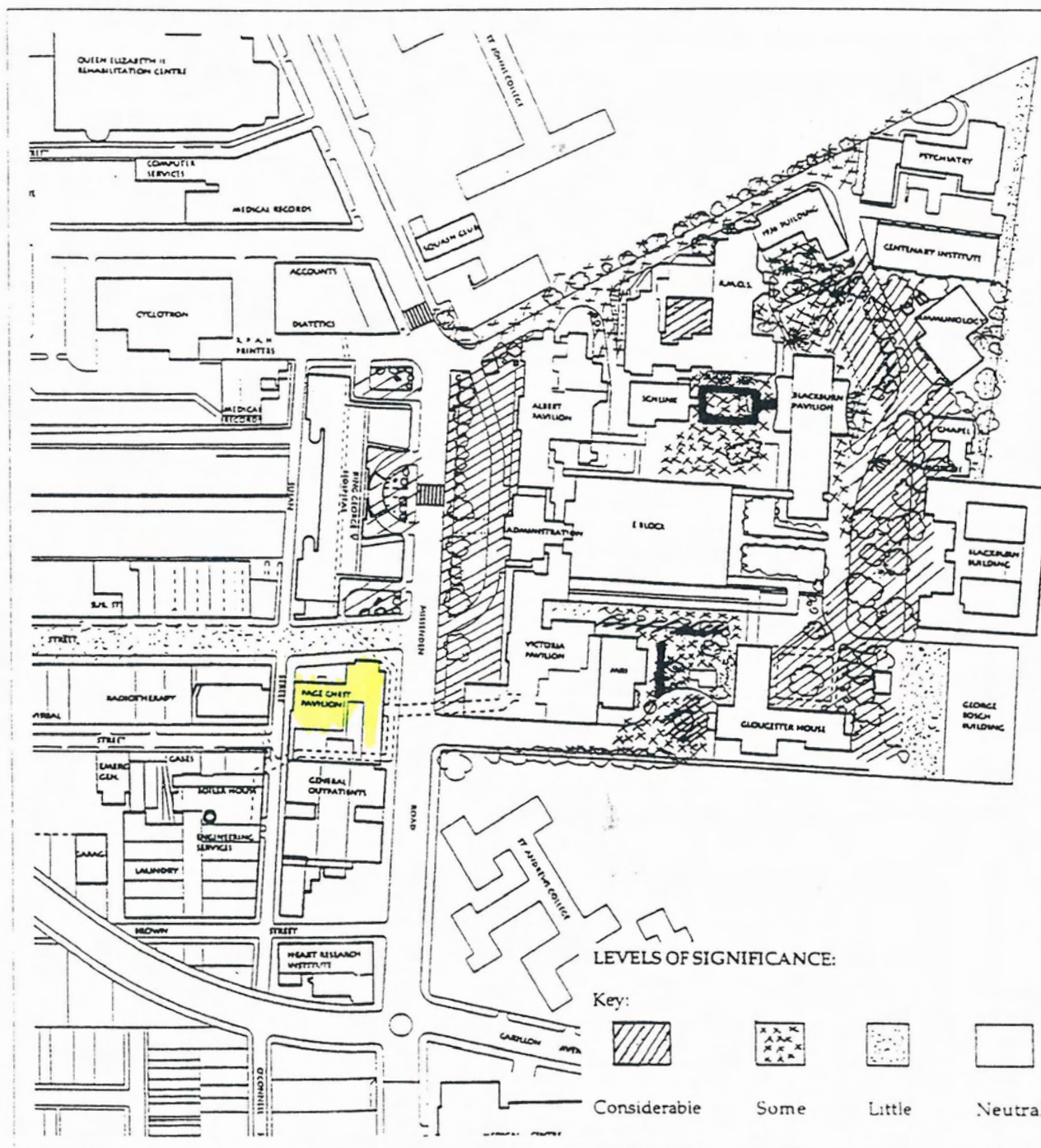


Figure 19-2 Plan showing the significant areas of planting

It is recommended that a landscape plan be prepared which identifies the areas of significant planting, the particular species and the philosophy behind the landscaping of each of the particular precincts. Suitable additional plantings as well as guidelines for the maintenance of the existing planting should be included.

*Policy 6.1.1**Action: CSAHS*

Prepare a Landscape Plan that retains the significant plantings within and character of the individual precincts of the hospital grounds (as identified in Volume Two of this study).

*Policy 6.1.2**Action: RPAH*

Ensure that additional planting in each precinct complements not only the overall character of the precinct but also any mature plant species that are being retained.

6.2 FORECOURTS

The Central Administration Block and the King George V Hospital opposite are not quite on-axis. The creation of the present central opening in the boundary wall is related to the construction of King George V Hospital and should remain. Any proposal to alter the width of Missenden Road or to pedestrianise the area should retain the two distinct characters of the opposite forecourts. A central roadway should be retained, between the two forecourts, to provide access for service and emergency vehicles, however the finish of the road surface could be altered.

*Policy 6.2**Action: All*

Ensure that the formality, and separate characters of the forecourt of Royal Prince Alfred Hospital and the King George V Memorial Hospital are retained.

6.3 WALKWAYS

The series of two storey walkways, designed for the transportation of patients, have largely been replaced by enclosed ramps, with a similar purpose. However, the form of the ramps are visually intrusive, and do not integrate well with the surrounding buildings.

*Policy 6.3**Action: All*

New covered walkways within the hospital complex should be carefully designed to complement the character of the existing buildings.

7.0 UNDERTAKING NEW WORKS

Policy 7.0

Ensure new work :

- *recognises the major heritage status of Royal Prince Alfred Hospital;*
- *matches the quality of the original design in planning, detail and execution;*
- *is based on an understanding of the original design concept;*
- *is identifiable to the trained observer.*

- If the demolition, relocation, or removal of elements of significant fabric has been approved either by South Sydney Council or the Heritage Council then the work should only proceed if the remainder of the project proceeds. This is to ensure that items are not needlessly demolished if a project fails to proceed, or if plans are altered at a later stage.

It may be necessary to provide facilities within the hospital which may only be required for the short term, ie less than five years. Major modifications to the fabric may be required to provide these new facilities. The modification of areas of significant fabric for short term use should be avoided, as this modification will almost certainly result in the loss of significant fabric.

Policy 7.0.1

Action: SSC, HC

Demolition or removal of significant fabric should be conditional on new works proceeding, and construction commencing.

Policy 7.0.2

Action SSC, HC

Modifications to significant areas, or fabric, of Royal Prince Alfred Hospital for short term uses or temporary uses should not be permitted.

Policy 7.0.3

Action: All

Design modifications to areas of significant fabric to retain the significant fabric in situ, eg. insert new work around older rather than the reverse.

7.1 INTEGRATION OF NEW WORK

Royal Prince Alfred Hospital is considered to be the most elaborate pavilion hospital in Australia. The hospital has been well known amongst the Australian medical fraternity and also on an international level, initially through the efforts of Alfred Roberts and later through the doctors and nurses who were on active service during both World Wars. Within Sydney it is one of the two major nineteenth century metropolitan hospitals.

Incremental changes over time can result in the loss of cultural significance. It is important that changes to the fabric of Royal Prince Alfred Hospital be managed in such a manner as to allow the future growth of the hospital, and its infrastructure, whilst retaining its cultural significance.

The standard of overall planning and detailing of the original hospital buildings was very high. This high standard, both in planning and in detailing, should be continued in new work so that the status of the hospital as a major metropolitan hospital is retained.

When a completely new function is being introduced, a new architectural vocabulary of details, and materials, may be developed to complement the existing architectural character. Period detailing should be restricted to elements for which there is evidence of the original detail, either remaining in the fabric or in the surviving drawings and photographs. Where there is no evidence of the original detail it is not necessary, or appropriate, to invent a period detail. The use of imitation (non authentic) heritage detailing should be avoided.

In accordance with the Burra Charter, in areas where the new work is being closely integrated with the existing structure, the new work should be identifiable as such, by a trained observer, and preferably reversible. The identification of new work can generally be done in a discrete manner such as by the stamping of the date on new timbers. Careful detailing will ensure minimal damage to the significant fabric and can often allow for reversibility.

Policy 7.1.1

Action: All

Undertake the introduction of new fabric, including services, into areas where the fabric has been identified as having exceptional or considerable significance, in a manner that does not result in a lessening of the cultural significance of the area.

Policy 7.1.2

Action: All

New work should be identified as such and should, where possible, be reversible.

Policy 7.1.3

Action: All

Continue to reflect the hierarchy of major and minor public and non public spaces through the standard of detailing and finishes.

Policy 7.1.4

Action: All

New construction should address, but not mimic, the significant fabric, in terms of scale, materials, colour, texture and quality.

7.2 RELATIONSHIP TO MAIN BUILDINGS

The way in which the new buildings meet the old should be carefully considered. A number of the hospital buildings have had major additions over the years. In some cases, such as the Fairfax Institute and the first addition to the Nurses Home, the architectural vocabulary of the existing building is largely followed. In the case, however, of the additions to the Mortuary, a completely new architectural style was introduced however the addition was set back from the existing facade, respected the symmetry of the original design, and used a similar coloured red brick as a trim.

Policy 7.2.1 *Action: All*
Ensure that the design of major additions to items of environmental heritage complements the design of the existing building.

Policy 7.2.2 *Action: All*
Ensure that a high standard of detailing and construction is employed when designing the facades of additions to items of environmental heritage.

7.3 BUILDING REGULATIONS

FIRE SAFETY

The upgrading of fire services within a heritage building need not be detrimental to the significant fabric. Ward areas require a higher level of fire safety provisions than administration and service areas.

The upgrading of fire services should be integrated into conservation and refurbishment projects at an early stage. The layout of any new services should be carefully planned to minimise the impact on the significant fabric.

The Fire Advisory Panel, of the NSW Heritage Council, provides advice regarding the upgrading of fire safety provisions in heritage buildings. A number of methods have been developed, in conjunction with the Fire Advisory Panel, for upgrading building elements including lath and plaster ceilings and panelled doors, without destroying the original element.

Policy 7.3.1 *Action: All*
Upgrade the fire services, as required, in a manner which recognises the cultural significance of the building and the objectives of the Building Code of Australia.

Policy 7.3.2 *Action: All*
Any conflict between the Fire Safety and Egress requirements of the Building Code of Australia and the retention of significant fabric can be resolved by the Heritage Council's Fire Advisory Panel administered by the Heritage Branch of the DUA&P.

EARTHQUAKES

Following the Newcastle earthquake there has been concern regarding the safety of chimneys, gables, high level balustrading, and decorative elements such as urns, finials and acroteria during earthquakes. Such elements need to be tied back into the main building structure. The statues of Victoria and Albert should also be firmly fixed to the main structure of the building.

Policy 7.3.3

Action: All

Design seismic strengthening, where required, to minimise the impact on the significant fabric. The strengthening should meet the requirements of the relevant Australian Standard.

Policy 7.3.4

Action: All

Ensure any parapets, gables, chimneys, decorative elements and statues are tied back into the main structure of the building.

8.0 NEW INFRASTRUCTURE

Policy 8.0 Action: All
Ensure that the upgrading of services is undertaken in such a manner as to minimise the impact on the significant fabric.

The original hospital, although it contained up-to-date sanitary equipment, contained little in the way of specialised infrastructure. Modern hospitals, including Royal Prince Alfred Hospital, now have a very specialised infrastructure, which include the reticulation of steam and medical gases and data cabling and isotope delivery.

In the case of hospitals constructed in the nineteenth century the more recent infrastructure has been added as a modification to the original building. Unfortunately these services lines have generally been added in an unsympathetic manner, with little attention being paid to the significance of the original fabric.

It is recognised that future upgrading of the hospital infrastructure will be undertaken. New services need to be either confined to areas of little or no significance or areas already designed for services. In particular the network of service tunnels, already used to reticulate services, should continue to be used for this purpose.

Within significant spaces services should preferably be confined to areas that have already been modified. The careful design of services is required within these areas to integrate the services in an unobtrusive manner.

The surface mounting of services is preferable to the chasing of services, in particular on face brick work or stonework. Fixings should either be into the joint lines or in locations where fixings already exist.

Where possible, evidence of original services should be retained. It is not necessary to 'tidy up' facades by removing all traces of historic services (plumbing, electrical etc.), rather the evidence as to the original, or early, services should be retained, except where they compromise significant fabric, such as on the main facades.

Policy 8.0.1 Action: All
Locate services in areas designed for, or previously modified by, the installation of services.

Policy 8.0.2 Action: All
Continue to use the service tunnel network for the reticulation of services.

Policy 8.0.3 Action: All
Do not chase services into face brickwork or stonework

Policy 8.0.4 *Action: SCC, HC*
Ensure that brackets or fixings for services do not damage significant fabric.

Policy 8.0.5 *Action: PO*
Retain evidence of early or original services where appropriate.

8.1 UTILITIES

In addition to the reticulation of water, gas, electricity and medical gases are reticulated in certain areas of the hospital.

Policy 8.1 *Action: All*
Ensure that the reticulation of medical gases is undertaken in such a manner so as to not damage fabric that has been identified as being significant.

See separate
 inventory sheets
 for details of
 significant fabric

8.2 STEAM

Steam was required for the sterilisation and for the provision of power and heating. Originally steam was generated in a coal fired boiler housed in the laundry. This powered a steam engine which provided mechanical power via line shafting to washing machines and dryers. The extent of steam reticulation, prior to 1908, is not known.

A new boiler house was erected in 1906, adjacent to the original kitchen block, to increase the supply of steam to the hospital. By 1908 a connection to the C and D pavilions was made. A third boiler house was built in 1936 on the other side of Missenden Road. The boiler was sited away from the main ward pavilions to reduce the impact of fumes.

The five coal boilers have been superseded. Recently two oil and gas fired boilers have been installed in the boilerhouse.

Steam is reticulated over much of the site in tunnels however in some locations an above ground line is used. The current above ground steam line has not been installed in a sympathetic manner, it detracts from the amenity of the landscaped area through which it runs. Although the steam line has been assessed as being of some significance it could eventually be replaced if desired.

The route of a new steam line should be carefully designed so as to not impact on the significant fabric of the hospital buildings or significant planting nor detract from the amenity of the landscaped area. It is not necessary to use the same route, particularly where the line is above ground, for a new line as for the existing line. Prior to removing the steam line its current configuration should be recorded.

The reticulation of steam, and other services, through the existing network of purpose built tunnels should continue.

Policy 8.2.1 *Action: All*
Ensure that new steam lines are installed in such a manner so as to not damage fabric that has been identified as being significant.

Policy 8.2.2 *Action: All*
Record the current configuration of the steam lines prior to removal.

8.3 SECURITY AND COMPUTER LINES

Security, telephones and computerised equipment, all of which require cabling, are used extensively throughout the hospital

Cabling should be installed in such a manner so as to not damage the significant fabric. In some areas it may be possible to carry the cabling in the furniture rather than by fixing it to significant fabric.

It is essential that those installing the cabling are aware of the significance of the buildings. Such work should be carefully supervised.

See separate
inventory sheets
for details of
significant fabric

Policy 8.3

Action: PO

Ensure that cabling, for telephones, computers and security equipment, is installed in such a manner so as not to damage the significant fabric.

9.0 MAINTENANCE OF THE EXTANT FABRIC

Policy 9.0

Action: RPAH

Undertake all maintenance work to the significant fabric of Royal Prince Alfred Hospital.

- *in accordance with the principles of the Burra Charter*
- *in accordance with the policies of this Conservation Management Plan*
- *with minimum intervention to the significant fabric.*

See separate
inventory sheets
for details of
significant fabric

To ensure the retention of cultural significance of Royal Prince Alfred Hospital it is essential that all future works, including maintenance, are undertaken according to recognised conservation principles. In particular maintenance work should be aimed at conserving the fabric in situ.

A Heritage Maintenance Manual should be developed for Royal Prince Alfred Hospital that sets out standard maintenance procedures. It is essential that all officers are made aware of preferred maintenance procedures. Given the size of the complex it may be appropriate to produce separate guidelines for each major building. This Maintenance Manual, where it relates to items of Heritage Significance, should be based on heritage advice. Such a Maintenance Manual may be endorsed by the Heritage Council, then only works which involve major intervention to the fabric need be referred to the Heritage Council.

Policy 9.0.1

Action: RPAH

Develop a Heritage Maintenance Manual, compatible and integrated with Total Asset Management procedures, that outlines the procedures for the conservation of all of the fabric of Royal Prince Alfred Hospital. This strategy should include:

- *preferred maintenance procedures & methods.*
- *the interval at which the maintenance work should be undertaken.*
- *regular pest inspections.*
- *regular re-painting of previously painted elements, with the correct paint system.*
- *review mechanism.*

Policy 9.0.2

Action: RPAH

Ensure that appropriate staff are made aware of correct maintenance methods.

Policy 9.0.3

Action: RPAH

Ensure that the maintenance records of all work undertaken at Royal Prince Alfred Hospital are kept up-to-date and are readily accessible. Archive completed volumes in the RPA Archives.

9.1 STONework

The use of sandstone on the facades of the original hospital buildings and the early additions has been identified as being of cultural significance. The use of this material re-inforced the status of the building.

Sydney sandstone, when used as a building material, will last approximately 100 years. Projecting elements, such as cornices and sills, which were designed to protect the body of the wall surface deteriorate at a more rapid rate. To retain the cultural significance of the main heritage items within the Royal Prince Alfred complex the repair or replacement of deteriorated sandstone elements should be undertaken.

A "make-safe", i.e. removal of dangerous stone, must be undertaken on a regular basis. The condition of the stone will determine the cycle however this work should be undertaken on a minimum five year basis. The "make-safe" is designed to remove all loose stone, which could potentially form a hazard, and should be undertaken by a qualified mason.

A stonework strategy should be prepared that identifies areas of deterioration and provides an estimate of the work required to repair the stonework. The priorities can be established and the need for using other associated techniques such as lead weatherings and synthetic stone assessed. The Stonework Strategy should also assess the suitability of the currently available replacement stone.

Policy 9.1.1

Action: CSAHS

Undertake a regular "make-safe" to remove all loose, exfoliating stone. The number of years in the cycle should be determined by the condition of the stone and the rate of exfoliation.

Policy 9.1.2

Action: CSAHS

Develop a Stonework Strategy to address such issues as:

- *the extent of deterioration*
- *work priorities*
- *the staging of the works*
- *the use of synthetic stone*
- *the use of lead weatherings*
- *cleaning*
- *graffiti removal*

Policy 9.1.3

Action: CSAHS

No modification or simplification of decoration should be undertaken though this may be necessary in the short term when "making safe".

Policy 9.1.4

Action: CSAHS

Replace, or indent badly deteriorated sandstone elements to original detail.

Policy 9.1.5

Action: CSAHS

Retain the existing pattern of joint lines

Policy 9.1.6

Action: CSAHS

Ensure that careful selection of replacement stone is undertaken, to provide a good match in colour, durability and texture.

Policy 9.1.7

Action: CSAHS

Continue to use the existing vocabulary of stone detailing when detailing any modifications to the stonework.

Policy 9.1.8

Action: CSAHS

Ensure new openings or modifications to existing openings are kept to an absolute minimum in significant fabric. Submit a Statement of Heritage Impact, where required, to South Sydney Council which provides a justification for the proposal.

9.2 CLEANING

Cleaning of masonry elements should only be undertaken using a non-destructive method. Acidic or alkaline solutions should not be used, cleaning solutions should have a neutral pH. High pressure water blasting or blasting with grit or other granules should not be used as these methods remove the case-hardened face or the stone or brickwork. A more gentle method of cleaning is required.

A trial should be undertaken before a full scale cleaning program is undertaken. Cleaning of glazed terracotta, such as that employed on the facades of King George V Memorial Hospital should not involve the use of acid or alkalis. These chemicals can become trapped behind the glaze.

Policy 9.2.1

Action: CSAHS

Do not clean stonework unless required to remove damaging deposits or in association with other works such as re-pointing or epoxy repair.

Policy 9.2.2

Action: CSAHS

Ensure cleaning methods are properly trialed. Select an appropriate method of cleaning that does not damage the masonry.

Policy 9.2.3

Action: CSAHS

Ensure that staff are aware of the selected method.

Policy 9.2.4

Action: CSAHS

Do not clean glazed terracotta using chemicals. Seek specialised conservation advice.

9.3 GRAFFITI

Methods for the removal of graffiti must be carefully trialed and selected to ensure that the removal process does not damage the face of the masonry. Spray paint or pentel pen may require different removal methods.

Cellulose based anti-graffiti coatings are now available which allow subsequent graffiti to be washed off.

If graffiti application is detected within 24 hours of an attack, and a remedy applied, then this quick attention will ensure an easier removal of the graffiti and less damage to the stonework.

Policy 9.3.1

Action: CSAHS

Develop a graffiti removal procedure for the hospital which allows immediate reporting and quick action to remove graffiti.

Policy 9.3.2

Action: CSAHS

Update this procedure as technology for safe removal of graffiti becomes available.

9.4 GUTTERS AND DOWNPIPES

The adequate disposal of stormwater in gutters, downpipes and drains is important and regular cleaning and repair are essential for conservation. Regular clearing and repair of stormwater disposal systems, including gutters, rainwater heads and downpipes, should be given a high priority in any maintenance strategy. The lines should be kept clear to prevent water overflows which can cause considerable damage to adjacent fabric.

Policy 9.4

Action: CSAHS

Ensure regular cleaning and repair of all gutters, rainwater heads, downpipes and stormwater lines is undertaken.

10.0 CONSERVATION WORKS

Policy 10.0 Action: ALL

Ensure that conservation works are:

- *undertaken in accordance with accepted conservation methods and practises*
- *based on an understanding of the cultural significance of the whole site as well as the individual items*
- *are aimed at conserving the significant fabric in situ.*

These recommendations are aimed at ensuring that all work is undertaken with reference to the cultural significance of Royal Prince Alfred Hospital as a whole as well as with reference to the cultural significance of the individual buildings and the landscape.

The inventory sheets set out the schedule of significant fabric for each building and landscape precinct. A summary of the most important fabric has been included in this volume, in Section 17.2

It is essential that conservation work is undertaken in accordance with current conservation principles and methodologies. The current methodology stresses the need to document the reasoning behind the selection of a particular approach, to enable those undertaking work in the future to understand the aims and intentions of a project. For example the installation of earthquake strengthening or ties for stonework should be recorded allowing future monitoring if required.

Policy 10.0.1 Action: All
Ensure all conservation works, including design and supervision, are undertaken by a suitable qualified conservation consultant, using this Conservation Management Plan as a basis.

Policy 10.0.2 Action: All
Seek funding to ensure all building works, including maintenance, are undertaken by skilled tradesmen familiar with conservation methodology and practice, under the supervision of a suitably qualified persons.

Policy 10.0.3 Action: All
Ensure all repairs to stonework are undertaken by banker masons and that all repairs to brickwork are repaired by skilled bricklayers.

Policy 10.0.4 Action: All
Record the decisions behind techniques used in particular projects and archive for reference for future work.

10.1 INTEGRITY OF STRUCTURES

Some significant building have undergone major alterations but others, such as the King George V Hospital and Gloucester House are largely intact. The original fabric includes the footings, walls, beams, roof structure as well as external features, such as facades and roofs, and internal features, such as doors and windows. The integrity of these buildings as a whole should be maintained in any conservation works, alterations or additions. The interiors of many spaces within the buildings, especially on some floors of Gloucester House, have been altered.

New works and alterations should respect the existing structural system. These buildings also have planning layouts integral to their design, which should be respected. For example corridors with rooms opening off, day rooms at the end of corridors and rooms opening onto verandahs. New openings may be made in the former configuration internal walls but the corners of the spaces should be left intact where possible to interpret the former configuration..

Policy 10.1

Action: All

Retain the integrity of :

- *the original structure during works required for conservation and adaptive re-use, within the constraints of continuing health use requirements*
- *the original planning intent as hospital buildings of all of the significant heritage buildings of Royal Prince Alfred Hospital.*

10.2 TREATMENT OF FABRIC

To retain the cultural significance of the fabric of Royal Prince Alfred Hospital the following general policies should be followed. These policies refer to both internal and external elements. The chart, on the following pages gives further details regarding the appropriate level of treatment for all of the fabric of Royal Prince Alfred Hospital.

Policy 10.2.1

Action: All

Elements identified as having exceptional or high significance should be retained and conserved, preferably in situ. The retention of items of moderate significance is desirable.

Policy 10.2.2

Action: PO

Removal or relocation of fabric of moderate or higher significance must only be undertaken after the correct approvals have been obtained and the element recorded in situ. Demolition in whole or part of items listed on the LEP requires D.A. approval from South Sydney Council.

Fabric of EXCEPTIONAL Significance	<ul style="list-style-type: none"> ■ Retain in situ; ■ Conserve in accordance with Burra Charter; ■ Maintain. 	Submit DA & Statement of Heritage Impact outlining the benefits of the proposal.
Fabric of HIGH Significance	<ul style="list-style-type: none"> ■ Retain in situ; ■ Conserve in accordance with Burra Charter; ■ Maintain. 	Submit DA & Statement of Heritage Impact outlining the benefits of the proposal.
Fabric of MODERATE Significance	<ul style="list-style-type: none"> ■ Retain in situ desirable; ■ Adaptation, adaptive re-use or partial removal acceptable if necessary for the conservation of fabric of greater significance; ■ Conserve in accordance with Burra Charter; ■ Maintain. 	Submit DA & Statement of Heritage Impact outlining the benefits of the proposal.
Fabric of LOW Significance	<ul style="list-style-type: none"> ■ Retain and adapt for new use as feasible; ■ Modify as required, including addition and partial removal; ■ Minimise impact on fabric of higher significance; ■ Conservation of overall form and configuration preferred. ■ If removal is necessary for hospital use record 	Submit DA
NEUTRAL FABRIC	<ul style="list-style-type: none"> ■ Remove, retain or adapt for new use as required; ■ Modify as required, including addition and partial removal; ■ Minimise impact on fabric of higher significance. 	Submit DA
INTRUSIVE FABRIC	<ul style="list-style-type: none"> ■ Removal desirable; ■ Use and modify as required. 	Submit DA
NOTE	The Council may require a Statement of Heritage Impact for removal of intrusive or neutral fabric of low significance, if this fabric is in an area where the remainder of the fabric is of exceptional or high significance.	

10.3 CONSERVATION OF THE MAIN FACADES AND ROOFSCAPES

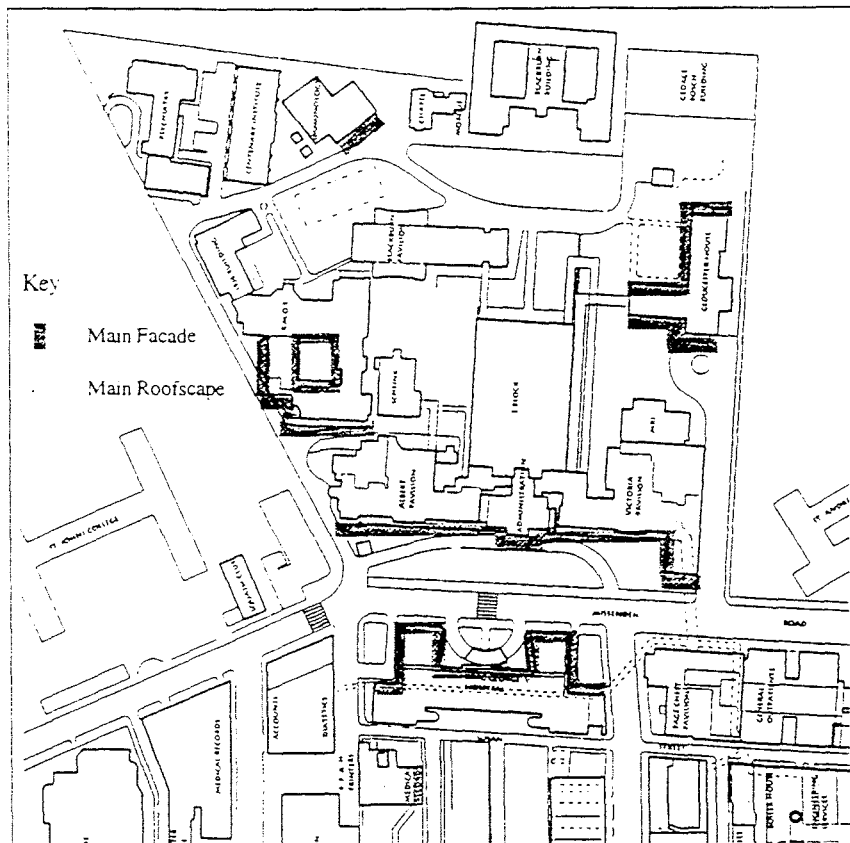


Figure 19-3 Plan showing the significant facades and roofscapes.

Roofs

To retain the cultural significance of Royal Prince Alfred Hospital it is essential that the form of the main external facades of the important elements within the precinct is retained. The main facades and roofscapes are identified in the plan above. There has been considerable damage to significant fabric through inadequate stormwater disposal in the past. This damage need rectification and continuing maintenance.

Facades

The design and detail of the windows and doors of the significant buildings are integral to their value. The configuration of openings and detailing relates to the style and design of each building of each period. e.g. the triple hung box window frames in King George V Memorial Hospital and the louvred shutters of the Victoria and Albert Wings.

Policy 10.3.1

Action: All

Conserve the external facades and roofscapes identified as having exceptional or high significance. This includes:

- retention of the configuration of the joinery and fenestration;
- repair or replacement of damaged elements, to match the existing in material and detail;
- re-installment of missing detail where appropriate
- removal of intrusive fabric;
- continuous care and maintenance

*Policy 10.3.2**Action: ALL*

Consider the eventual re-instatement of the slate roof, cast iron cresting and louvred roof dormers to the Central Administration Block.

*Policy 10.3.3**Action: ALL*

The following alterations to the significant main facades should not be permitted:

- new openings or penetrations*
- new services mounted externally*
- enclosing of verandahs and porches*
- external staircases*

Confine penetrations to areas not visible from the street, courtyard or landscaped area, behind parapets or at the rear of the building. New openings if unavoidable must be carefully and sympathetically made.

*Policy 10.3.4**Action: All*

The following alterations to the significant main roofscapes should not be permitted:

- new openings or penetrations*
- new services mounted externally*
- new radio tower, television aerials*
- new lift motor rooms*

Locate these elements in a sympathetic manner, where their introduction does not detract from the significance of the surrounding fabric.

*Policy 10.3.5**Action: All*

Conserve the details of the main facades, such as the carved initials, capitals, acroteria and the coat of arms which form part of the original fabric of Royal Prince Alfred Hospital. Modifications to any text should not occur.

*Policy 10.3.6**Action: RPAH*

Remove the flagpole from the front portico as it is damaging the stonework. A replacement flagpole should be detailed in such a manner so as to not damage significant fabric.

*Policy 10.3.7**Action: CSAHS*

If additions to the main facades or roofscapes are unavoidable, ensure that a Statement of Heritage Impact, which outlines the benefit of the proposal is submitted to accompany the DA.

10.4 REUSE OF MATERIALS

In general the relocation of elements such as stained glass windows, doors, fireplaces or whole buildings is contrary to the recommendations of the Burra Charter, however if elements were designed to be moved, or have already been moved then their relocation could be considered should the need arise.

If approval has been given for the removal of significant fabric then a recording should be made prior to the commencement of the building works. Any materials or other elements such as internal fittings that can be re-used within the hospital complex should be catalogued, labelled and stored in an appropriate location. The catalogue should contain details of the source of the item. A number of significant elements, such as the fire place from the Ogilvie Wards are already in storage in the basement of the QE II Rehabilitation Centre. Doors from King George V Memorial Hospital are stored in the Boiler House. To date, a full catalogue of these items has not been produced. Elements from other sites have been relocated to the hospital complex. These relocated items, such as the Lewers Fountain were donated to the hospital. Building elements such as elaborate fireplaces were salvaged from other buildings and re-used within the hospital. The relocated items should also be catalogued.

A number of elements which have been removed from hospital buildings during previous work projects were salvaged by staff members. A full survey of the salvaged material was beyond the scope of this study.

The cast iron balustrading from the C and D pavilions has been re-used in a number of locations around the hospital. The re-use of materials should be encouraged, however care should be taken in detailing to ensure that the re-used elements sit well with any new elements, and are not trivialised.

Policy 10.4.1 Action PO/CSAHS/RPA
Re-location of structures designed to be moved, or previously moved, is acceptable provided the removal is undertaken in a manner that does not damage fabric of moderate or higher significance.

Policy 10.4.2 Action CSAHS
Seek endorsement from South Sydney Council and the Heritage Council for the proposed re-location of fabric of moderate or higher significance as removal is considered to be demolition.

Policy 10.4.3 Action CSAHS/RPA
Record the current location of any element that is to be relocated and ensure the record is archived, in the RPA Archives.

Policy 10.4.4 Action CSAHS/RPA
Prepare a catalogue of all building elements and fittings stored by RPA and ensure the safe keeping of these items is appropriately managed.

10.5 CONSERVATION OF THE INTERIORS

Royal Prince Alfred Hospital contains a number of relatively intact spaces, both public and non-public, which have been identified as being significant. A heritage colour scheme has been employed in the main entrance of the Administration Block but it is not clear to what extent it is based on the authentic historical decoration of the place.

The inventory sheets set out the areas that are recommended for conservation treatment. Predominantly these areas are the main public spaces, however it is also recommended that the remaining intact areas within the non-public areas, such as the former Nurses Home, should also be conserved. The intact interiors of King George V and Gloucester House are also important and should be treated as appropriate for their period of construction. See also the detailed inventory sheets. Adaptation for continuing use as a hospital may mean internal modifications to suit modern medical practices. In these cases samples of typical interiors should be retained.

This conservation should involve:

- the removal of all intrusive elements;
- the conservation, in situ, of the existing fabric;
- the investigation of original colour schemes;
- the provision of period light fittings, where appropriate;
- the reconstruction of missing elements, such as wall and joinery finishes;
- the careful location of services.

Policy 10.5.1

Action: CSAHS

Conserve the major spaces within the hospital, as set out on the individual inventory sheets. In particular the major public spaces such as lobbies and entrance halls.

Policy 10.5.2

Action: CSAHS

Where possible conserve semi-public spaces and samples of typical rooms, spaces and facilities in the significant heritage buildings.

Policy 10.5.3

Action: CSAHS

Seek compatible uses for major internal spaces. Ensure adaptation does not result in an unacceptable loss of cultural significance while accommodating modern medical practice.

Policy 10.5.4

Action: CSAHS

Do not remove any internal structure, joinery, mantelpieces, fittings or original services scheduled on the inventory sheets as being of moderate or higher significance, without the submission of a Statement of Heritage Impact.

Policy 10.5.5

Action: CSAHS

Retain the stained glass windows in the main hall in situ.

10.6 COLOUR SCHEMES

It is recommended that research into the original decorative scheme particularly in the main entrance hall of the Administration Building and in the main lobbies of other significant buildings and any subsequent additions, be undertaken prior to the selection for a new decorative scheme for the significant interiors. This research should involve a search for historic photographs as well as investigations of the surviving fabric. Other decorative and timber finishes such as graining, marbling and varnishing should be identified.

The original colour schemes are an integral part of the design of a number of the major spaces within the hospital. In general it is the first colour scheme that should be employed if a major conservation program is undertaken. Identify non-original elements introduced into significant areas through subtle differentiation in the use of colour and detail. It is not appropriate to decorate altered or added features in an earlier period colour scheme.

Paint scrapes are the generally accepted method of determining the sequence of decorative schemes for a room. When recording paint colours the equivalent 'standard' (either Munsell, British or Australian) should be used. This is to enable future researchers to determine the colour. Although a record of the later schemes should be prepared, these schemes should only be employed if they correspond with a significant modification to the interior decoration that provides the overriding character of that particular space.

Historical colour schemes, using colours selected from a heritage paint chart are often employed in historic buildings, without reference to the original scheme of a room. Paint scrapes should be undertaken to determine the original colours, and the divisions of the wall, ie dado, dado capping, body and frieze. Modern paints can be used that largely correspond to the matt paints used in the nineteenth century.

Proposals that will considerably alter the character of a major space should be referred to the Heritage Council for approval.

Policy 10.6.1

Action: CSAHS

Proposals to redecorate spaces of moderate or higher significance should be preceded by an investigation of the nature of the original finishes and paint colours and subsequent phases of development.

Policy 10.6.2

Action: CSAHS

Consider the employment of the original colour scheme, determined through paint scrapes, in areas where the fabric has been identified as being of exceptional or high significance

Policy 10.6.3

Action: CSAHS

Colour schemes which will substantially alter the character of major spaces such as entrance halls and lobbies should be submitted to the Heritage Council for approval.

Policy 10.6.4

Action: RPAH

Ensure that records of historic schemes are archived and can be made available to assist in the preparation of future colour schemes, possibly in the Heritage Maintenance Manual.

*Policy 10.6.5**Action: RPAH*

Do not paint elements such as stonework and brickwork that have not previously been painted. Elements which were originally painted such as metalwork and some joinery elements should be re-painted on a regular basis.

*Policy 10.6.6**Action: RPAH*

Ensure that layers of historic paint schemes are not removed when areas are being repainted. Specification for re-painting in areas of moderate or higher significance should include clauses referring to the retention of existing layers of paint, where practical.

10.7 LIGHTING

When the hospital was first constructed the whole complex, both internally and externally, was lit by gas. Gas lights were mounted on the sandstone gateposts, on either side of the carriageway and a gas lamp was hung from the ceiling of the portico.

The date of installation of electricity is not known however electric ventilation fans were installed in 1906. Electricity, possibly from a battery, appears to have been used in the operating theatres in the Princes Block from the late 1880s.

Photographs of the wards taken at the end of World War One show electric lighting used within the wards and on the external verandahs. Gas appears to have been used in conjunction with electricity, with the gas lighting in the original wards being retained. A variety of styles of electric lighting were employed in the wards. The main entrance hall would also have originally been lit by gas.

King George V Memorial Hospital had external lights which were fixed to the top of the dwarf sandstone walls. The specially designed light fittings to the exterior of Gloucester House remain in situ but their glass covers are broken.

The use of period fittings, both internally and externally should only be considered in their original location. The number of historic fittings should not be increased to provide a greater light level. If supplementary light levels are required this should be undertaken in a discrete manner with contemporary lighting designed for the current function of the space.

The use of period fittings is most appropriate in spaces such as the main entrance hall where much of the original fabric survives and a heritage colour scheme has been employed i.e where the space is treated as an historic reconstruction. Appropriate period lighting could be considered in other major spaces such as the main rooms of the former Nurses Home, and the public foyers and corridors of King George V Hospital and Gloucester House..

Externally lighting should be carefully designed to complement the character of the existing buildings and landscaping. With the exception of the gateposts and the main portico the hospital originally had little external lighting.

It is acceptable, when using reproduction light fittings, to upgrade the technology of the light source by installing long life globes, provided the external appearance of the fitting remains the same.

Policy 10.7.1

Action: All

Replicas of the original form of lighting should be:

- *only located in their original positions;*
- *inscribed with the date of installation;*
- *designed to allow for the use of current technology.*

Policy 10.7.2

Action: All

Restrict the use of surface mounted external light fittings. Ensure that the fixings are into the joints rather than to the stonework or brickwork.

Policy 10.7.3

Action: All

Retain, and repair, all original internal and external light fittings in Gloucester House and King George V Hospital.

10.8 SIGNAGE

No signage from the original pavilion hospital remains in situ however original signboards remain in King George V Hospital

The main facade of the hospital originally featured carved lettering reading *Prince Alfred Hospital*. Although the term Royal was added to the name of the hospital the portico still bears the name Prince Alfred Hospital. This lettering, which is part of the original hospital fabric, should be preserved. The lettering around the coat of arm should also be preserved.

Lettering also features on plaques and memorials which are discussed in a separate section.

Policy 10.8.1

Action

Preserve the text of the carved lettering of the main facade.

Policy 10.8.2

Action

Retain all original main sign boards. New names can be added as required, provided that a complementary format is used. Retain samples of individual room etc signage where it remains.

11.0 ARCHAEOLOGY

Under the Heritage Act an excavation permit is required if relics exist, or are thought to exist. Royal Prince Alfred Hospital is the first major building group to have been constructed on this site, however there could have been earlier structures, such as fences, that relate to the agricultural use of the site.

The areas of the highest archaeological potential are the sites of the demolished buildings of the first hospital layout. An overlay plan has been prepared which shows the original layout and the current layout. The nature of the construction of recent hospital buildings is likely to have removed all traces of the earlier hospital buildings. The areas with a high potential include:

- The vestiges of C & D Pavilion, including part of the Alexandra Ward.
- The remaining section of pathway
(adjacent to C)
- The remaining terrace (adjacent to D)
- The foundations of the laundry
- The site of the rotundas.

A detailed archaeological assessment should form part of the planning stage of proposed new development. Such an assessment should be undertaken for proposals to the west of Missenden Road as well as within the area first occupied by the hospital.

The appropriate level of archaeological monitoring should then be discussed with the Heritage Branch of DUA&P. In some cases a watching brief may be all that is required however if a proposed development impacts on the vestiges of the original layout then an excavation may be required.

The archaeological requirements should also be included in project documentation to avoid unnecessary delays to the building programme.

Policy 11.0.1

Action: PO

Undertake an archaeological assessment, as part of the planning stage of any proposed new development within the hospital complex, to determine the sensitivity of the area.

Policy 11.0.2

Action: PO

Obtain an excavation permit for any works involving soil disturbance, including the installation of service trenches and drainage, in areas that have been assessed as being likely to contain archaeological relics ie. sites of former buildings such as laundry/boiler house and C & D pavilions

Policy 11.0.3

Action: PO

Ensure that allowance is made, in building contracts involving soil disturbance, to allow for archaeological monitoring.

Policy 11.0.4

Action: PO

Should significant relics be discovered in the course of a building project ensure that liaison with the Heritage Office is undertaken to determine the appropriate treatment.

In the case of aboriginal relics the NPWS should be consulted to determine the appropriate treatment.

11.1 VESTIGES OF C & D PAVILIONS

The C and D pavilions were removed in 1985 to allow for the construction of E Block. A portion of the arcade of each was retained, as a landscape element. Metal plates have been fixed to the extant portions of the pavilions, which are tied with metal rods into concrete buttresses. The structural members used to stabilise the remnants of the arcade are of a scale that detracts from the surviving fabric.

The relationship between the terracing of the grounds and the pavilions is no longer evident, although one of the terraces remains extant. The space of the original Childrens Ward remains in the basement of C Block. Both remnants of the original pavilion wards have been isolated from the remainder of the hospital buildings by the construction of recent structures such as the Blackburn Pavilion and the covered walkway. The current building works have resulted in the demolition of a further portion of the remnant of Pavilion C.

The two vestiges, and their surrounding landscaping are not integrated with the remainder of the hospital complex. No interpretation material is provided to indicate to the visitor why the remnants are there or what their original use was. The internal wall finishes have all been removed, allowing the fabric to deteriorate at a faster rate than normal.

To enhance this area, and to reveal to the visitor the reasoning behind the ruins, interpretation is required. Historic photographs, and explanatory text could be mounted in a variety of locations around the ruins, to indicate what the interior and exterior of the ward pavilions were like. The landscaping should relate to the building in a similar manner as the original landscaping. Replastering of the internal surfaces should be undertaken to distinguish internal from external.

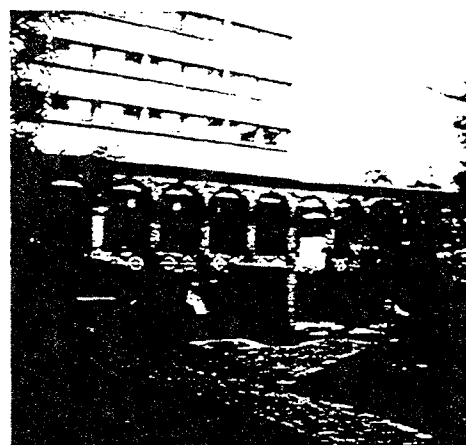


Figure 19-4 Vestige of Pavilion D, 1995

Policy 11.1.1

Action: CSAHS

Undertake a program of conservation works to the surviving fabric of the ward pavilions including:

- *re-finishing or conserving of internal surfaces*
- *re-instatement of the original ground level*
- *re-instatement of the full extent of the staircases to the garden*
- *conservation of the basement ward areas.*

Policy 11.1.2

Action: CSAHS

Interpret the significance of the vestiges of the ward pavilion, its original configuration, both internal and external, and its setting. The significance of the sandstone date plaque (1881) should also be interpreted.

Policy 11.1.3

Action: CSAHS

Enhance the amenity of the central precincts by re-establishing pedestrian links with other sections of the hospital.

11.2 PIXIE O'HARRIS

Pixie O'Harris painted murals in some 46 children's wards in the state, including the Children's Hospital at Camperdown and the Alexandra ward at RPAH.

The RPAH examples are reputed to still be in situ, in the basement of the substantially demolished ward pavilion C. The extent to which the murals have survived needs to be confirmed by investigation.

Photographs of the murals, taken prior to the demolition of the ward pavilion, are held in the RPA Archives. A previous study of the Art works commissioned by RPAH has recommended that the murals be restored as a series of moveable panels. Alternatively they could be conserved in situ and the area developed into a small gallery.

Further study of the condition of the murals is required to determine the appropriate conservation approach. Climate control of the murals after conservation will be required as they are located in a basement area, partially below ground level.

Policy 11.2

Action: PO

Investigate mechanisms to conserve the Pixie O'Harris murals.

Seek the advice of specialist conservators.



Figure 19-5 The Pixie O'Harris Murals, prior to the demolition of the Ward Pavilions

11.3 INDUSTRIAL ARCHAEOLOGY

The earliest boilers, located east of Gloucester House, laundry equipment and other industrial items have been removed. The five coal fired boilers dating from 1936 to 1957 are intact in the 'new' boiler house. There is an extensive range of associated equipment including pumps, hoppers, flues, a coal elevator, water tanks, an aerator and the control panel, all of which date from various periods.

The installation is an example of an intact, complete coal-fired boiler system. It was integral to the functioning of the hospital. Its comparative value to the other hospital steam systems is unknown.

The 1945 laundry has been stripped of equipment. New gas fired boilers now supply steam.

Policy 11.3.1

Action: CSAHS

Establish the significance of the boiler system by comparative analysis with other systems.

Policy 11.3.2

Action: CSAHS

Conserve the coal fired steam boiler installation in situ if possible. If the comparative analysis finds the system is not significant enough to warrant its conservation then the installation should be recorded prior to demolition. The retention of a sample boiler is desirable.

12.0 ART WORKS

Policy 12.0**Action: CSAHS**

Develop an ongoing strategy for the protection, maintenance, curation and management of the RPAH collection.

The hospital contains a wide variety of arts works, many of which were commissioned to complement the individual buildings. A policy or management strategy regarding the artworks needs to be determined to allow for their future protection.

An Inventory of the art works and furniture held by RPAH was prepared in 1992/3 by John Aland. The inventory also makes recommendations regarding security and future curation of the collection.

The Art Works include an Ashton painting (James?), Hardy Wilson prints and busts of prominent former staff members. Some of the works, including the statues of Victoria and Albert, the Lewers fountain and a number of works by Andreas Meszaros, including the sculptures around King George V Hospital, are located in the open air.

The Inventory records the location of the artwork at the time of its preparation however items have been moved since that time. It would be beneficial if the Inventory could be converted into a database and regularly updated. An assessment of the condition of the works, and their value should be made. Other works, such as the plaques and memorials could also be incorporated into the database.

Conservation of some of the artworks, particularly those located externally may be required. A list of priorities should be prepared and specialist advice sought regarding any deterioration and the proper methods of conservation. The 1992/3 Aland report recommends the appointment of a part time curator who would, in addition to the curation of the collection, prepare pamphlets or books on particular aspects of the collection such as the story behind the motifs of each stained glass window, or the works of Meszaros.

Policy 12.0.1**Action: CSAHS**

Seek funding to prepare a database of the art works that records the following information for each item:

- *the title*
- *the date*
- *the artist*
- *the location*
- *the value*

Use the existing Inventory of Artworks as a basis.

Policy 12.0.2**Action: CSAHS**

Art works which were commissioned directly by the hospital, as part of a building program, should be retained.

Policy 12.0.3**Action: CSAHS**

Retain all artworks and furniture donated to the hospital by former staff or patients.

Policy 12.0.4**Action: CSAHS**

*Check fixings and condition of the Victoria and Albert statues.
Assess stability generally, including earthquake stability.*

12.1 PLAQUES AND MEMORIALS

The 12 original donors of the hospital were recorded on plaques located in the main hall and the corridor near the former kitchen block. However these plaques, and their surrounds have been removed. The list of donors provided evidence of the method of formation of the hospital and the citizens who supported it.

Many of the individual areas of the hospital are named after the doctor who developed a particular area of speciality. The plaques and memorials at Royal Prince Alfred Hospital are part of the historic fabric of the hospital and should not be removed.

Prior to undertaking the conservation of the plaques and memorials the advice of a specialist conservator should be sought in order that the correct method of conservation can be determined. If removal of a plaque is unavoidable then relocation is preferable to placing the item in storage.

A number of plaques and memorials have previously been removed from the hospital buildings and are either in storage or have been salvaged by former staff members. An inventory of all of the plaques and memorials should be undertaken which records those still in situ and those which have been relocated and removed.

A brief catalogue of the artworks, including some memorials, has been undertaken. This catalogue could be used as a starting point for the preparation of a comprehensive catalogue or database of the plaques and memorials. Such a database should include a brief description of the plaque or memorial, its current location, its original location, the materials, any deterioration, the artist and date, if known. The cataloguing of all of the plaques and memorials would allow for the prioritising of conservation works.

A program to conserve the plaques and memorials should also include the Hospital's artworks. Conservation may just involve a gentle clean. It is recommended that specialist advice regarding the plaques and memorials be sought. The conservation of these items could be co-ordinated by a part time curator.

Policy 12.1.1

Action : RPAH

Retain all plaques and memorials which provide evidence of the phases of development of the hospital.

Policy 12.1.2

Action:RPAH

Catalogue all plaques and memorials and integrate with the Inventory of Art Works.

Policy 12.1.3

Action :RPAH

Conserve the plaques and memorials, preferably in situ.

Policy 12.1.4

Action :CSAHS

Continue the tradition of naming the building and wards after royal patrons, donors or respected hospital staff or contributors.

12.2 STAINED GLASS WINDOWS

The stained and etched glass windows in the Administration building include memorials, hospital crests and other symbols. The leadwork of some of the windows is starting to sag and requires maintenance.

An assessment of the condition of the windows, and specialised recommendations for their conservation should be undertaken. This analysis should be undertaken by a specialist conservator, with experience in the conservation of stained glass windows. Names of specialist conservators are available from the Heritage Branch of the DUA&P.

Policy 12.2.1

Action: CSAHS

Conserve the stained, leadlight and etched glass windows in the Administration Building and the former Nurses Home (RMOS quarters).

Policy 12.2.2

Action: CSAHS

Commission an expert assessment of the condition of the stained glass windows.

20.0 THE FUTURE OF ROYAL PRINCE ALFRED HOSPITAL

Continuation of Use

Royal Prince Alfred Hospital has been identified as being of state, national, and potentially international significance. The continued use of the site as a hospital has been identified as being culturally significant and should be encouraged to continue.

While it is understood that the overall main hospital function will remain the medical treatment of patients will continue to change. Medical treatment has changed radically over the last century, and is continuing to change at a rapid rate. Diseases that were once treated at Royal Prince Alfred Hospital no longer require hospitalisation. Other diseases are treated in their place. As a result, facilities such as isolation huts and later the isolation pavilion became obsolete and were replaced by more up to date facilities. The provision of new medical facilities should continue however these new facilities should be developed in such a manner as to retain the historic core of the hospital, the remnants of the pavilion layout, and the major twentieth century buildings.

New development proposals should include uses which complement the use of the site as a hospital.

Public Access

Parts of Royal Prince Alfred Hospital, such as the front carriageway, the landscaped grounds and the main entrance hall have always been open to the public. As a major public facility, in Sydney, utilised by a large number of citizens, the accessibility of these areas needs not only to be retained but also to be maintained to a standard in accordance with the cultural significance of the place.

Services

It is recognised that periodic upgrading of the specialised services will be required. It is essential that the recommendations of the Conservation Management Plan are followed when undertaking such an upgrade.

In the past the installation of services, and additions to buildings, has been undertaken in an unsympathetic manner, with little regard for the cultural significance of the place or the level of significance of the fabric. The *Schedules of Fabric* on each inventory sheet provide a guide to appropriate locations for modifications. Care must be taken when designing service upgrades to ensure that the installations are undertaken in a sympathetic manner and do not detract from the significance of the surrounding fabric. In general services should be located in areas that have already been modified.

The impact of the installation of services on fabric of exceptional and high significance should be considered when designing a new installation. If the impact is great then a different form of service installation should be considered.

21.0 CONSERVATION STRATEGY

Co-ordination of Works

It is essential that all works to the heritage items at RPAH be co-ordinated by a project officer who is familiar with the methodology and practice of conservation work. Such an officer would provide day to day advice, prepare maintenance plans, co-ordinate conservation works and liaise with the Heritage Branch regarding the submission of proposals to the Heritage Council. Early discussions regarding proposals is essential to avoid later delays in approvals.

Maintenance works

To prolong the life of the existing fabric and any replacement fabric it is essential that a cyclic maintenance program be instigated, which includes mechanisms for continued, regular maintenance of the building fabric. This cyclic maintenance should be undertaken according to conservation principles and the policies set out in this Conservation Management Plan. The *Maintenance Program* should form part of a Total Asset Management Strategy for Royal Prince Alfred Hospital.

It is recommended that a separate *Maintenance Plan* be prepared for each of the major buildings within Royal Prince Alfred Hospital, with the exception of the similar Victoria and Albert Pavilions which could be combined into a single document. The Maintenance Plan should set out the reasoning behind each of the methods selected and the intervals at which the work should be undertaken.

Where urgent works are required that involve significant fabric they too should be undertaken according to the policies contained within this Conservation Management Plan.

Implementation of the Conservation Policies

The Conservation Policies, Section 19.0, should be used as a starting point when planning any works at Royal Prince Alfred Hospital. These policies have been divided into the following groups:

Guiding Policies (to be applied now and in the future)	Table 1
Policies for Immediate Action	Table 2
Policies for Short Term Action, 6 months to 2 years	Table 3
Policies for Medium Term Action, 2-5 years	Table 4
Policies for Long Term Action, 5 years and over	Table 5

The following tables also set out the responsibility for ensuring the aims and intentions of this Conservation Management Plan are implemented at Royal Prince Alfred Hospital. The responsibility for the co-ordination role, to ensure that the correct process is followed, has also been identified in the tables.

The following abbreviations are used in the tables:

CMP	Conservation Management Plan
CSAHS	Central Sydney Area Health Service
DUA&P	Dept. of Urban Affairs and Planning
HC	Heritage Council
NSWH	New South Wales Health
PO	Project Officer
SSC	South Sydney Council
RPAH	Royal Prince Alfred Hospital

Appendix II: Heritage Listings

State Heritage Register

State Heritage Inventory — City of Sydney Council and Department of Health S170 Register



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Royal Prince Alfred Hospital - Admission Block

Item

Name of Item: Royal Prince Alfred Hospital - Admission Block
Other Name/s: RPA
Type of Item: Built
Group/Collection: Health Services
Category: Hospital
Location: Lat: 151.18258294 Long: -33.88954106
Primary Address: Missenden Road, Camperdown, NSW 2050
Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
PART LOT	101	-	DP	819559

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
Missenden Road	Camperdown	Sydney	Petersham	Cumberland	Primary

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	

Statement of Significance

The Administration Block, both internally and externally, is an item of exceptional significance. It is a major surviving item of the original hospital; the historic core that has been in continuous use. The building is a fine example of the work of George Allan Mansfield, first president of the Institute of Architects. The three surviving facades and roof form are a finely detailed example of Victorian architecture. Together with the Victorian and Albert wings the group has an important landmark quality as one of the most imposing facades in Sydney. (Heritage Group, State Projects, NSW Dept. of Public Works & Services, 1997)

Date Significance Updated: 21 Nov 03

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Designer/Maker: Mansfield Brothers
Construction Years: 1876 - 1882

Physical Description:

The entrance is located on a central axis. Originally the plan was 'H' pattern. The eastern position of the building was demolished to construct the Duke of Edinburgh building, leaving only the front part of the block together with the central hall extending into the newer building.

The building is Victorian Free Classical in style, built symmetrically about a three-storey portico. Built with a cream brick façade and sandstone embellishments, with red bricks emphasising the ground floor arched openings. The entrance portico has grey granite columns. The roof covering was originally slate, but is now terracotta tiling.

Interior: Within the ground floor is a vast lobby, with marble flooring, elaborate plaster work to both walls and ceiling and several very fine stained glass windows, depicting the Royal Coat of Arms, Queen Victoria, Caritas etc. The rear of the lobby has a pressed metal ceiling and a 'Lyncrusta' Art Nouveau dado. The southern side hall has a floor of very fine High Victorian tiles, probably the whole lobby floor was originally to this pattern. (National Trust)

Modifications and Dates:

The rear wing was removed c. 1980. The major public spaces were redecorated as part of the alterations made in building E block; the architects for this work were McConnell, Smith and Johnson P/L (c. 1986).

History

Historical Notes:

In 1868 HRH Prince Alfred, Duke of Edinburgh, while attending a function at Clontarf, was shot and wounded by a Mr O'Farrell. To commemorate his recovery, a public meeting, on 20 March 1868, resolved to build a new hospital. This new hospital was originally proposed for Macquarie Street, to incorporate the Sydney Infirmary. The Board of that institution eventually rejected this proposal.

3 April 1873 - Parliament passed an Act to incorporate Prince Alfred Hospital. Mansfield Brothers were appointed as architects.

The first building erected was a cottage, later the gardener's cottage, near the southern entrance from Missenden Road.

Construction started on the Administration Building and C and D Pavilions in 1876. The gardens were established at this time with assistance from the staff of the Botanical Gardens.

The Hospital was opened in 1882. On opening, the Royal Prince Alfred Hospital cost 495 pounds per bed, compared to the Sydney Hospital's 379 pounds per bed.

Historic Themes

Australian Theme (abbrev)	New South Wales Theme	Local Theme
3. Economy - Developing local, regional and national economies	Health - Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none) -

Assessment of Significance

SHR Criteria a)
[Historical Significance]

The hospital was established as a charity hospital, with the beds being funded by subscribers. The colonial government, as a major subscriber, was entitled to issue tickets of admission as were the individual subscribers or 'bed donors'. Subscription to charity institutions such as the hospital was seen as being prestigious and lists of subscribers were published regularly. In later buildings, such as King George V Hospital plaques recorded the donors names.

The hospital was intended to care for the poor, who could not afford medical care in their own homes. In order to help develop an ethic of 'self-help' amongst the working classes all patients were encouraged to pay an appropriate level of fee.

The hospital admitted private patients from the start, particularly those who did not have friends or relatives living in Sydney. Additional private facilities were provided in the late 1930s with the construction of Gloucester House.

The system of tickets of admissions to hospitals gradually vanished, with the majority of the funding now being provided by the government rather than by public subscription. From the 1920s onwards people were being admitted to hospital who previously would have been cared for at home. This care was particularly evident in the case of maternity care.

(Heritage Group, State Projects, NSW Dept. of Public Works & Services, 1997)

SHR Criteria c)
[Aesthetic
Significance]

The survival of historical artefacts and records in both the hospital and the medical school gives the potential for future research on the types of patients and illnesses, nursing and hospital practice, the development of the hospital and on medical and nursing training. There is also information related to particular individuals.

The original hospital buildings were designed according to the latest known techniques, and include the use of steel beams with small span concrete or corrugated iron vaulting between. The technique was designed not only to be fireproof but would also provide a medium that would not permit the transmission disease. More recent buildings have been constructed using similar materials with a similar aim.

In addition the layout was designed to provide for the movement of patients around the hospital, on trolleys before the widespread use of lifts. The movement of patients in the open air was obviously considered appropriate when the hospital was constructed however enclosed walkways have subsequently been constructed to link areas of the hospital.

Some of the surviving features of the various buildings demonstrate technical developments in medical care and technology. Some features are part of the design, others are part of the equipment and services. These features, when known, are identified in the inventory but more work remains to be done in this area. Additional features are likely to be discovered during building works. (Heritage Group, State Projects, NSW Dept. of Public Works & Services, 1997)

SHR Criteria d)
[Social Significance]


The hospital continues to be held in high regard by the community, by the staff and by the patients. It has a high reputation for the quality of medical care generally and for its specialised medical and research facilities.

Hospitals are places of major events in the lives of individuals in the community, births, serious illnesses, accidents and deaths. Individuals and families have strong feelings and associations with the place as the site of these major events in their lives. Generations of NSW residents, in particular Sydneysiders have memories of Royal Prince Alfred Hospital.

The staff, both the doctors and the nurses have strong associations with the place, particularly because of the length of time many spent within the institution as a student. As a major teaching hospital it has a strong impact on many nurses and doctors practicing today.

The expansion of the hospital to the south created community opposition, particularly to the demolition of residences. This opposition has subsided in recent years now that the major phase of demolition has been completed, but there is still some concern regarding the impact of the hospital on the community, particularly regarding parking issues. An in-depth survey of the views of the staff and the community has not been undertaken as part of this study.

(Heritage Group, State Projects, NSW Dept. of Public Works & Services, 1997)

Assessment Criteria Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Procedures /Exemptions

Section of Act	Description	Title	Comments	Action Date
21(1)(b)	Conservation Plan submitted for endorsement	Conservation Plan		Mar 19 1998
57(2)	Exemption to allow work	Standard Exemptions	<p>SCHEDULE OF STANDARD EXEMPTIONS HERITAGE ACT 1977 Notice of Order Under Section 57 (2) of the Heritage Act 1977</p> <p>I, the Minister for Planning, pursuant to subsection 57(2) of the Heritage Act 1977, on the recommendation of the Heritage Council of New South Wales, do by this Order:</p> <p>1. revoke the Schedule of Exemptions to subsection 57(1) of the Heritage Act made under subsection 57(2) and published in the Government Gazette on 22 February 2008; and</p> <p>2. grant standard exemptions from subsection 57 (1) of the Heritage Act 1977, described in the Schedule attached.</p> <p>FRANK SARTOR Minister for Planning Sydney, 11 July 2008</p> <p>To view the schedule click on the Standard Exemptions for Works Requiring Heritage Council Approval link below.</p>	Sep 5 2008

 **Standard Exemptions** for Works Requiring Heritage Council Approval

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Heritage Act - State Heritage Register</i>		00830	02 Apr 99	27	1546
<i>Heritage Act - s.170 NSW State agency heritage register</i>		16/2/1/1000	01 Feb 92		

Study Details

Title	Year	Number	Author	Inspected by	Guidelines Used
Department of Health - s170 Register	1992	16/2/1/100	Schwager, Brooks & Partners Pty Ltd		Yes

References, Internet links & Images

Type	Author	Year	Title	Internet Links
Written	Historic Buildings Group, Public Works Department	1991	Royal Prince Alfred Hospital, Camperdown, Conservation Guidelines	

Note: Internet links may be to web pages, documents or images.



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Royal Prince Alfred Hospital - Victoria & Albert Pavilions

Item

Name of Item: Royal Prince Alfred Hospital - Victoria & Albert Pavilions
Other Name/s: RPA
Type of Item: Built
Group/Collection: Health Services
Category: Hospital
Location: Lat: 151.18271039 Long: -33.88994221
Primary Address: Missenden Road, Camperdown, NSW 2050
Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
PART LOT	101	-	DP	819559

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
Missenden Road	Camperdown	Sydney	Petersham	Cumberland	Primary

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	

Statement of Significance

The Victoria and Albert Pavilions form part of the Royal Prince Alfred Hospital Precinct which is of high historical and architectural significance. These substantial buildings have high streetscape value.

Date Significance Updated: 01 Dec 00

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Designer/Maker: WL Vernon
Builder/Maker: Mansfield Bros
Construction Years: 1901 - 1904
Physical Description: Both pavilions have handsome elevations, dominated by a projecting bay surmounted by a pediment bearing a copper clad statue of Queen Victoria (southern pavilion) and Prince Albert (northern pavilion). Fenestrated by regular banks of shuttered windows.

Constructed with red brick walls and occasional stone dressings. Roof is of terracotta tiles.

Modifications and Dates:

1943

Current Use:

Hospital

Former Use:

Hospital

History

Historical Notes:

Foundation stone laid in 1901, completed in 1904. The Queen Victoria Pavilion was extended in relatively sympathetic manner by the construction of the Fairfax Institute of Pathology in 1943. The original pavilions were constructed to commemorate the royal visit of Prince Alfred.

Historic Themes

Australian Theme (abbrev)	New South Wales Theme	Local Theme
3. Economy - Developing local, regional and national economies	Health - Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none) -

Assessment Criteria

Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Procedures /Exemptions

Section of Act	Description	Title	Comments	Action Date
21(1)(b)	Conservation Plan submitted for endorsement	Conservarion Plan		Mar 19 1998
57(2)	Exemption to allow work	Standard Exemptions	<p>SCHEDULE OF STANDARD EXEMPTIONS HERITAGE ACT 1977 Notice of Order Under Section 57 (2) of the Heritage Act 1977</p> <p>I, the Minister for Planning, pursuant to subsection 57(2) of the Heritage Act 1977, on the recommendation of the Heritage Council of New South Wales, do by this Order:</p> <p>1. revoke the Schedule of Exemptions to subsection 57(1) of the Heritage Act made under subsection 57(2) and published in the Government Gazette on 22 February 2008; and</p> <p>2. grant standard exemptions from subsection 57 (1) of the Heritage Act 1977, described in the Schedule attached.</p> <p>FRANK SARTOR Minister for Planning Sydney, 11 July 2008</p> <p>To view the schedule click on the Standard Exemptions for Works Requiring Heritage Council Approval link below.</p>	Sep 5 2008



Standard Exemptions for Works Requiring Heritage Council Approval

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Heritage Act - State Heritage Register</i>		00829	02 Apr 99	27	1546
<i>Heritage Act - s.170 NSW State agency heritage register</i>		16/2/1/1001	01 Feb 92		

Study Details

Title	Year	Number	Author	Inspected by	Guidelines Used
Department of Health - s170 Register	1992	16/2/1/100	Schwager, Brooks & Partners Pty Ltd		Yes

References, Internet links & Images

None

Note: Internet links may be to web pages, documents or images.



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King George V Memorial Hospital

Item

Name of Item: King George V Memorial Hospital
Type of Item: Built
Primary Address: Missenden Road, Camperdown, NSW 2050
Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
-	-	-	-	-

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
Missenden Road	Camperdown	Sydney	PETERSHAM	CUMBERLAND	Primary

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	20 Jul 05

Statement of Significance

The building is of high significance for the following values:

It is an important and integral part in the historical development of the RPA Hospital. It fulfils one of the major elements of Schlink's ideas on the planning of the hospital.

It is a good example of Moderne architecture with its fine detailing and interior public spaces with regards to a hospital building in Sydney. It is of architectural significance as it represents a pinnacle in the endeavour to introduce a clean European styling and modern hospital design principles into Australia by design architects, Stephenson Meldrum & Turner. The building is an example of a well-designed building easily adaptable to changes in hospital care.

The relationship of the building, driveway and landscaping to Missenden Road is a very important streetscape element.

It has been used continuously for hospital wards purposes.

It is a commemoration of King George V, and reinforces links with the Royal family.

It retains much of its integrity.

It is associated with the development in obstetrics and gynaecology, especially for premature babies, fertility, oncology.

The building is of social significance reflecting the changing perception and needs in obstetrics and gynaecology.

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Designer/Maker: Stephenson and Turner Pty Ltd

Builder/Maker: Concrete Construction Pty Ltd

Physical Description: King George V Hospital is located on the western side of Missenden Road and faces the Albert Pavilion, Administration Block and Victoria Pavilion across the road. It is connected to the main hospital at the basement level by a tunnel under Missenden Road.

The building is in the Inter-ware Functionalist of "Moderne" style. It is constructed of steel and concrete frame with concrete floor slabs and bitumen covered concrete roof, face brick external cladding and terracotta facing. It consists of seven storeys (Levels 5-11) above a basement level (Level 4) and a roof level for plant room (Level 12). Each storey above the ground level, on the Missenden Road side, is emphasised by a horizontal white line of balconies with metal top rails. Vertical emphasis is governed by the two rear stair wells with glass brick ends and vertical strip windows on ends of wings at Missenden Road which feature glazed terracotta tiles. Part of the Level 8 south wing (Theatres) balcony has been enclosed by metal-framed glazing. Originally, or soon after completion, the ends of some balconies were enclosed with metal framed glazing. The enclosures have been removed but some relocated to other portions of the balcony. The north wing balcony of Level 10 (Paediatrics) has acrylic safety shields.

The typical floor layout consists of north and south wings about the central service core, each wing being roughly in the shape of a "T", except Level 11 which has shorter wings (ie. without the short ends of the "T"). The two ends fronting Missenden Road, terracotta tiles have mural panels of warm cream on a Della Robbia blue background depicting mothers and infants (after Della Robbia Bambino at the Foundling Hospital in Florence) by Otto Steen. These colours form the motif throughout the building. The entrance courtyard is framed by these ends. The entrance vestibule is defined by a porte-cochere, a free form reinforced concrete structure with dome lights, it is approached via a semi-circular driveway. The columns are clad in blue enamelled panels matching the background of the wall murals.

Behind the building, there are two sets of new ramps providing vehicular access to the basement. At time of preparing this report, the basement of the building is being converted into the main hospital kitchen which will provide food services to RPA Hospital patients as well as food preparation service for other nearby hospitals.

The entry foyer on Level 5 consists of a statue in the middle, with admission and enquiry counter on the left, and a florist shop on the right. The enquiry counter appears to be original. Most of the original features at the lift foyer area on all floors remain intact, eg. glass chutes, stairways, triple-hung glazing etc. On most of the upper levels, the lift foyer space at the balcony side have been partitioned off into a waiting room or an office.

Access to the balconies is gained by triple-hung timber -framed windows from rooms and foyers. These windows are mostly intact, but some of the other window openings have been modified, eg. the windows on Level 10 has been enlarged. Most of the windows at the back have reflective shields, some also have window-mounted air-conditioners. Some of the back windows on Level 5 have been infilled and most have security grilles mounted externally.

Nurses stations are located at the crossings of the "H". They have not all been surveyed during the preparation of this report but some are known to be substantially intact.

On the front of the building, these are exposed mechanical ducting running from Level 8 to Level 11 of the south wing, and from Level 6 to Level 11 of the north wings. These ductings detract from the aesthetic of the building. There are also four brick enclosures incorporating metal vents between Levels 5 and 6 which appear to be recent additions.

Although the brick work is sympathetic to the original brick cladding, the vents are intrusive.

Internally, some of the original features and detailing remain intact, eg. the main stairway with terrazzo steps and metal balustrades with timber top rail, the lifts are in original location with original doors and surrounds, glass chute beside the lifts, timber-framed glazed-panel doors on Level 11, timber doors with plaques indicating the donors of furniture, covered skirtings, rounded corners to walls, joinery in rooms (such as cupboards), etc.

Modifications and Dates:

1959, 1994-5

Further Information:

Recommended Conservation Policy: - As per Royal Prince Alfred Hospital Conservation Management Plan Volume 2.
Conserve and maintain the building in accordance with the Burra Charter.
Continue to use King George V Hospital as wards for obstetrics and gynaecology purposes.
Conserve significant fabric as recommended for each level of significance.
Continue maintenance of external fabric and surviving internal original fabric.
Retain configuration externally and internally.
Adaptive reuse of internal space acceptable. If possible, retain internal features such as
nurses stations and floor plan. If not, retain samples of original features on at least one whole floor.
When re-painting or re-decorating internally and externally, use colour scheme appropriate to building.
Limited areas of enclosure are acceptable provided it matches early details.
Conserve all mural plaques and statues.
Retain relationship to courtyards and entry roadway.
Remove intrusive elements if possible.
Also refer to the general policies in Volume 1

Current Use:

Hospital

Former Use:

Hospital

History

Historical Notes:

King George V Hospital was officially opened on 8 May 1941 as King George V Memorial Hospital for Mothers and Babies. It was the outcome of a long campaign by the RPA Hospital Board chaired by Sir Herbert Schlink to build a maternity hospital in the "western suburbs" of Sydney to accommodate the growing number of women seeking hospital facilities to give birth. Its construction was funded partly by the King George V Memorial Fund (for the purpose of constructing a maternity hospital) raised to commemorate the Silver Jubilee of King George V. It gave RPAH one of the most modern maternal facilities in Australia at the time, as well as a teaching hospital in obstetrics and gynaecology.
The building was designed by Stephenson and Turner P/L, represented by MS Moline, and built by Concrete Construction P/L. It was a prize-winning design for its elegant, well-controlled lines and meticulous detailing; the clean lines and efficiency of the building style was considered ideal for hospitals. The murals on the walls were the works of artist Otto L. Steen. During the construction of the building, Herbert Ross, the Hospital Architect and Director, died suddenly and a colour Memorial Window was erected over the main entrance door to commemorate his dedication to the hospital.
The hospital opened with 219 beds (150 public, 48 intermediate, and 21 private).
On 31 August 1959, the Arthur West Cancer Detection Clinic for research and treatment of cancer of the womb was added to King George V Hospital, and was officially opened by Sir Edward Hallstrom.
Some major refurbishment has been carried out to the building recently,

and part of Level 5 north wing has been converted to a Birth Centre in 1994-5.

Historic Themes

Australian Theme (abbrev)	New South Wales Theme	Local Theme
3. Economy - Developing local, regional and national economies	Health - Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none) -

Assessment of Significance

SHR Criteria a)

[Historical Significance]

It is an important and integral part in the historical development of the RPA Hospital. It fulfils one of the major elements of Schlink's ideas on the planning of the hospital.

It has been used continuously for hospital wards purposes.

It is a commemoration of King George V, and reinforces links with the Royal family.

It is associated with the development in obstetrics and gynaecology, especially for premature babies, fertility, oncology.

SHR Criteria c)

[Aesthetic Significance]

It is a good example of Moderne architecture with its fine detailing and interior public spaces with regards to a hospital building in Sydney. It is of architectural significance as it represents a pinnacle in the endeavour to introduce a clean European styling and modern hospital design principles into Australia by design architects, Stephenson Meldrum & Turner. The building is an example of a well-designed building easily adaptable to changes in hospital care.

The relationship of the building, driveway and landscaping to Missenden Road is a very important streetscape element.

It retains much of its integrity.

SHR Criteria d)

[Social Significance]

It is associated with the development in obstetrics and gynaecology, especially for premature babies, fertility, oncology.

The building is of social significance reflecting the changing perception and needs in obstetrics and gynaecology.

Assessment Criteria

Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Recommended Management

Refer to Royal Prince Alfred Hospital Conservation Management Plan - Volume 1 and 2.

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Heritage Act - s.170 NSW State agency heritage register</i>	Dep. Of Health s.170 Register				

References, Internet links & Images

Type	Author	Year	Title	Internet Links
Written	Heritage Group DPWS, Schwager Brooks and Partners		Study	

Note: Internet links may be to web pages, documents or images.

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King George V Gardens

Item

Name of Item: King George V Gardens
Type of Item: Landscape
Primary Address: 10 Missenden Road (East Side), Camperdown, NSW 2050
Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
-	-	-	-	-

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
10 Missenden Road (East Side)	Camperdown	Sydney	PETERSHAM	CUMBERLAND	Primary

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	20 Jul 05

Statement of Significance

The gardens of King George V are of historic and aesthetic significance as an element of the total design of this hospital. Their statues, which define each garden, have aesthetic significance. They indicate a considerable amount of creative accomplishment and represent the importance of beneficiaries in the development of the Hospital grounds. The gardens are also representative of the type of planning instigated by Dr Schlink and are associated with the involvement of Professor Waterhouse with the Hospital.

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Designer/Maker: Professor Waterhouse
Physical Description: The three gardens of King George V are defined by mature poplars with sculptures as focal points. There are good views out of the gardens to the main Hospital buildings across Missenden Road and down the road toward St John's College spires. The entrance garden is paved and contains shrubs and one pencil pine. All the plantings reinforce the vertical lines of the entrance to the building, although the garden is unbalanced.
Modifications and 1944, 1945, 1947 Condition updated: 1941

Dates:**Further Information:**

Recommended conservatin strategy: As per Royal Prince Alfred Hospital Conservation Management Plan Volume 2. The poplars should be examined by a qualified arborist who should be asked to advise as to an appropriate replacement species if poplars are considered unstuiable. Replacement trees should be columnar in growth habit.

At the present the planting at the main entrance is lopside and when replacement planting is undertaken the one conifer should be removed and replaced with new specimens either side of the entrance path.

The gardens at either end of the precinct should be revitalised with a simple planting scheme which enhances the setting of the sculptures. It would be appropriate to plant those beds which are adjacent to the ground floor of the Hospital with camellias.

Current Use:

Landscape

Former Use:

Landscape

History

Historical Notes:

The gardens of King George V were planned by Professor Waterhouse and planted after the opening of the Hospital in 1941, although that of the southern end was not planted until after the demolition of the Prince Alfred Hotel. The statues, donated by the Stirling Henry family, are all the work of sculptor Andor Meszaros. The first, "Statue to Maternity", was unveiled on 17 May 1944. The "Surgeon" was initially installed in the entrance of the Hospital in 1945. The final statue which stands directly in front of the entrance is of King George V and was unveiled in 1947. The reminaing pencil pine is a remnant of planting from the late 1960s.

Historic Themes

Australian Theme (abbrev)	New South Wales Theme	Local Theme
3. Economy - Developing local, regional and national economies	Health - Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none) -

Assessment of Significance

SHR Criteria a)

[Historical Significance]

The gardens of King George V are of historical significance as an element of the total design of this hospital.

SHR Criteria c)

[Aesthetic Significance]

The gardens of King George V are of aesthetic significance as an element of the total design of this hospital. Their statues, which define each garden, have aesthetic significance. They indicate a considerable amount of creative accomplishment and represents the importance of beneficiaries in the development of the hospital grounds.

Assessment Criteria

Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Recommended Management

Refer to Royal Prince Alfred Hospital Conservation Management Plan Volume 2 (1997)

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Heritage Act - s.170 NSW State agency heritage register</i>	Dep. Of Health s.170 Register				

References, Internet links & Images

Type	Author	Year	Title	Internet Links
Written	Heritage Group State Project		Study	

Note: Internet links may be to web pages, documents or images.

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Salisbury Street

Item

Name of Item: Salisbury Street

Type of Item: Built

Primary Address: 10 Missenden Road (East Side), Camperdown, NSW 2050

Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
-	-	-	-	-

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
10 Missenden Road (East Side)	Camperdown	Sydney	PETERSHAM	CUMBERLAND	Primary

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	20 Jul 05

Statement of Significance

This precinct has some significance as it demonstrates the former use of the area and its relationship to the rest of the suburb of Camperdown.

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Physical Description:

Salisbury Street has the character of a light industrial and business area. The street plantings are pleasant and there are views up Salisbury Road and back toward the main buildings which enable the relationship between the Hospital and former suburban area to be interpreted. New infill development such as "Radiation Oncology" is sympathetic to the architectural character of the street.

Further Information:

Recommended conservation strategy: As per Royal Prince Alfred Hospital Conservation Management Plan Volume 2. Maintain the present street pattern and introduce additional street planting if possible.

Current Use: Road

Former Use: Road

History

Historical Notes:

This area was formerly the main access road to the Hospital from the west and was occupied by a number of small businesses. Many of these buildings have been adapted for Hospital use. It now houses the Hospital stores and a number of departments associated with the Hospital.

Historic Themes

Australian Theme (abbrev)	New South Wales Theme	Local Theme
3. Economy - Developing local, regional and national economies	Health - Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none) -

Assessment Criteria

Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Recommended Management

Refer to Royal Prince Alfred Hospital Conservation Management Plan Volume 2 (1997)

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Heritage Act - s.170 NSW State agency heritage register</i>	Dep. Of Health s.170 Register				

References, Internet links & Images

Type	Author	Year	Title	Internet Links
Written	Heritage Group State Project		Study	

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Boiler House

Item

Name of Item: Boiler House
Type of Item: Built
Primary Address: Carillion Avenue, Camperdown, NSW 2050
Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
-	-	-	-	-

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
Carillion Avenue	Camperdown	Sydney	PETERSHAM	CUMBERLAND	Primary

Owner/s

Organisation Name	Owner Category	Date Ownership Updated
NSW Department of Health	State Government	20 Jul 05

Statement of Significance

The Boiler House is of moderate significance for the following values:

- It is one of the last 'old type' hospital boiler houses left intact in the Sydney Metropolitan area.
- It incorporates large scale steam technology, ie coal-fired boilers and associated equipment and steam-operated machinery.
- The Boiler House is an excellent representative example of boiler houses and equipment that served the hospital system of NSW.
- The steam system is intact and capable of demonstrating the operation of coal fired steam generation.
- The Boiler House was and continues to be an integral part of the hospital's development and operation indicating the one site provision of essential services.
- With the modern boilers it demonstrates the development of steam technology.
- The building is an example, and one of the first, 'Moderne' style buildings by Stephensen, Meldrum and Turner on the site.

The comparative significance of the boilers is not known. Value should be assessed in relation to other coal fired steam boilers in the hospital system and elsewhere.

The Engineering Services and Laundry buildings are not culturally significant.

Schedule of Fabric: Note - level of significance of boilers and associated equipment should be reviewed following comparative analysis.

Configuration of the exterior of the Boiler House - moderate

Continuing use for steam generation - moderate

Boilers and associated equipment - moderate
Engineering Services and Laundry Building - neutral

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Designer/Maker: Stephenson, Meldrum & Turner

Modifications and Dates: 1943, 1951

Further Information: Recommended conservation strategy: As per Royal Prince Alfred Hospital Conservation Management Plan - Volume 2.
Boiler House:
Continue to use the Boiler House for steam generation.
Preferably retain external fabric and machinery in accordance with the Burra Charter.
Adapt or remove in part if necessary for function or overall retention.
Carry out further research on the comparative value of the boilers, etc.
If retention of machinery is not possible (assuming moderate value) retain samples of each element to allow interpretation of coal fired steam generation and record any elements removed.
Engineering Services and Laundry:
Retain, recycle, remove, modify as required.
Refer to General Policies in Volume 1.

Current Use: Power Plant

Former Use: Power Plant

History

Historical Notes: The Boiler House and the Power Plant buildings behind the Out-Patient Department were built in 1936 and declared opened on 25 March 1937. It was built to provide steam for hospital services viz. heating, laundry, sterilisation, and power and replaced the first Boiler House which was located at to the east of Gloucester House and later boilers and chimneys located in the area of the present E Block.
The Boiler House was erected on the west side of Missenden Road, as far as possible from the main hospital buildings and the adjoining St Andrews College, with the chimney stack built higher than previously built for the hospital, in an attempt to avoid controversy associated with smut problems both within the hospital and with adjoining neighbours, particularly St Andrew's College.
The Boiler House was designed by Stephenson, Meldrum and Turner in 1936, the year of the establishment of their Sydney office. They also designed Gloucester House at this time and these two buildings were the first of the 25 year 'reign' as the hospitals architects, which coincided with Schlink's term as Chairman. The building of the new Boiler House was probably associated with the construction of Gloucester House as the old chimney was adjacent to the new ward block.
The Boiler House provided a complete new power plant with the most up-to-date boilers and was serviced automatically by coal loaders. The boilers and coal crushers were manufactured by Babcock & Wilcox Pty Ltd, at their former Regents Park plant. The boilers were progressively installed in 1936, 1939, 1946 and 1957. The three steam driven General Service pumps were built by the famous English steam pump builder GJ Weiar and Co. in Glasgow. The plant and building initially cost 33,000 pounds, with mains for steam and electricity, and reticulation to all parts of the hospital complex. In 1957, a new 20,000 pounds per house boiler, said to be the largest in any hospital in Australia at that time, was installed. Two new unattended gas or oil fired boilers were installed recently and the coal

fired boilers were decommissioned.

The Boiler House section of the building is classified by the National Trust of Australia (NSW).

The Engineering Workshops were built in 1943 and opened on 21 May by Kelly, the Minister for Health, and Schlink, the Chairman of the Hospital Board. They were probably also designed by Stephenson & Tuern (Meldrum retired in 1937). The building is still in use by Engineering Services.

The Laundry section of the building was opened on 5 November 1951 with the most up-to-date machinery. Plants included two Amazon Twin Automatic Washing machines, two Broadbent Hydro-extractors, and two Amazon Vacuum-Ironers. It was an addition to the first two stages in the same style. The laundry was decommissioned in 1993 and the machinery removed. Part now operates as a laundry collection point from where laundry is transported to a commercial laundry. Part of the building is now used for Medical Records.

Historic Themes

Australian Theme (abbrev)	New South Wales Theme	Local Theme
3. Economy - Developing local, regional and national economies	Health - Activities associated with preparing and providing medical assistance and/or promoting or maintaining the well being of humans	(none) -

Assessment of Significance

SHR Criteria a)

[Historical Significance]

Statement of Significance

The Boiler House is of moderate significance for the following values:

- It is one of the last "old type" hospital boiler houses left intact in the Sydney Metropolitan area.
- The Boiler House is an excellent representative example of boiler houses and equipment that served the hospital system of NSW.
- The Boiler House was and continues to be an integral part of the hospital's development and operation indicating the on-site provision of essential services.

SHR Criteria c)

[Aesthetic Significance]

Statement of Significance

The Boiler House is of moderate significance for the following value:

- The building is an example, and one of the first 'Moderne' style buildings by Stephenson Meldrum and Turner on the site.

SHR Criteria d)

[Social Significance]

-

SHR Criteria e)

[Research Potential]

Statement of Significance

The Boiler House is of moderate significance for the following values:

- It incorporates large scale steam technology, ie coal-fired boilers and associated equipment and steam-operated machinery.
- The Boiler House is an excellent representative example of boiler houses and equipment that served the hospital system of NSW.
- The steam system is intact and capable of demonstrating the operation of coal fired steam generation.
- With the modern boilers it demonstrates the development of steam technology.

Assessment Criteria

Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Recommended

Refer to Royal Prince Alfred Hospital Conservation Management Plan - Volume 2

Management

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Heritage Act - s. 170 NSW State agency heritage register</i>	Dep. Of Health s.170 Register				

References, Internet links & Images

Type	Author	Year	Title	Internet Links
Written	Heritage Group State Projects		Study	

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St Andrew's College - University of Sydney (The)

Item

Name of Item: St Andrew's College - University of Sydney (The)
Type of Item: Built
Group/Collection: Education
Category: University
Primary Address: 19 Carillon Avenue, University of Sydney (The), NSW 2006
Local Govt. Area: Sydney

Property Description:

Lot/Volume Code	Lot/Volume Number	Section Number	Plan/Folio Code	Plan/Folio Number
-----------------	-------------------	----------------	-----------------	-------------------

All Addresses

Street Address	Suburb/Town	LGA	Parish	County	Type
19 Carillon Avenue	University of Sydney (The)	Sydney			Primary
Missenden Road	Camperdown	Sydney			Alternate
19 Carillon Avenue	Camperdown	Sydney			Alternate

Statement of Significance

The building is an impelling statement in stone and interior decoration of the Victorian educational ethos during the formative years of the University of Sydney. The exceptional quality and range of the stained glass provide both the highest aesthetic qualities and a source for detailed research. The relationship which the college has within the Scottish community is still strong in its unique traditions. (Shellard 1998)

Date Significance Updated: 06 Apr 06

Note: There are incomplete details for a number of items listed in NSW. The Heritage Branch intends to develop or upgrade statements of significance and other information for these items as resources become available.

Description

Designer/Maker: William Munro: Sir John Sulman
Construction Years: 1874 - 1876
Physical Description: A three storey sandstone Victorian Tudor style building with slate roof and high stone chimneys, three wings at right angles to main frontage, containing public rooms of national significance, student rooms, Administrative officers and a century old servants area. There are 30 stained glass windows of distinction, the majority by Lyon. and Cottier, who also decorated the Library and Reading Room. (Jack 1989) (Jack 1995) (Shellard 1998)
Physical Condition and/or Archaeological: Good but deterioration of the fabric is now accelerating at a worrying rate. (Shellard 1998) **Date Condition Updated:** 18 May 98

Potential:**Modifications and Dates:**

Founded by Scots in NSW to provide a residential College within the University for students. The 1876 wing designed by WM Munro and decorated by Lyon and Cottier had an elegant extension by Sulman in 1892 - 1893. To accommodate more students a large south wing was added in traditional style between 1906 and 1914. Changes have taken place in room usage but the fabric has been respected and the original purposes are still observed in a modern context. (Shellard 1998)

Further Information:

This valuable example of a 19th century educational building is in constant use and the maintenance of the entire fabric is largely financed by the College whose only reliable income is from student fees. In all aspects this asset is, therefore, deteriorating at a rate which the college's funds have never been able to cope with and without assistance the conservation of the building will continue to be beyond the means of College. (Shellard 1998)

Heritage Inventory sheets are often not comprehensive, and should be regarded as a general guide only. Inventory sheets are based on information available, and often do not include the social history of sites and buildings. Inventory sheets are constantly updated by the City as further information becomes available. An inventory sheet with little information may simply indicate that there has been no building work done to the item recently: it does not mean that items are not significant. Further research is always recommended as part of preparation of development proposals for heritage items, and is necessary in preparation of Heritage Impact Assessments and Conservation Management Plans, so that the significance of heritage items can be fully assessed prior to submitting development applications.

Current Use:

University residential college for men

Former Use:

University residential college for men

History

Historical Notes:

The "Eora people" was the name given to the coastal Aborigines around Sydney. Central Sydney is therefore often referred to as "Eora Country". Within the City of Sydney local government area, the traditional owners are the Cadigal and Wangal bands of the Eora. There is no written record of the name of the language spoken and currently there are debates as whether the coastal peoples spoke a separate language "Eora" or whether this was actually a dialect of the Dharug language. Remnant bushland in places like Blackwattle Bay retain elements of traditional plant, bird and animal life, including fish and rock oysters.

With the invasion of the Sydney region, the Cadigal and Wangal people were decimated but there are descendants still living in Sydney today. All cities include many immigrants in their population. Aboriginal people from across the state have been attracted to suburbs such as Pyrmont, Balmain, Rozelle, Glebe and Redfern since the 1930s. Changes in government legislation in the 1960s provided freedom of movement enabling more Aboriginal people to choose to live in Sydney.

(Information sourced from Anita Heiss, "Aboriginal People and Place", Barani: Indigenous History of Sydney City
<http://www.cityofsydney.nsw.gov.au/barani>)

The University of Sydney, the first Australian University, was inaugurated in 1852 in what is now Sydney Grammar School but in 1853 the decision was made to endow the new institution with 48 hectares of land at Grose Farm and it was then that the University was built in the late 1850's. From the start it was anticipated that some of this large area would be sub-granted to residential colleges and a general enabling act was passed in 1854. The foundation stone of St Paul's, the Anglican College, was laid in

1856, of St John's, the Catholic College, in 1860.

After delays caused by world-wide rifts among Presbyterians, an act to incorporate St Andrew's College was passed in 1867, the first council was elected in 1870 and the main stone buildings on the sub-grant were begun in 1874, first occupied in 1876 and completed in 1877. The architect, William Munro, and the builder, John McLeod, were Scots, and the link with Scotland has remained a major, though increasingly romantic, aspect of College tradition.

Munro's three-storeyed, rectangular stone building with a central tower and three metal spires, housed initially only the Principal (Dr Kinross) and his family, the porter and his wife, and seven male students. By 1890 the number of students had increased to 23 and all rooms in the original rectangle were brought into use. There were two fine public rooms : on the lower storey a lecture-theatre, junior common-room and dining-place combined, with Lyon and Cottier stained glass in all 7 large windows; on the upper storey a splendid library with a striking silk-screened ceiling also by Lyon and Cottier.

In 1892-1893, to accommodate the training of candidates for the Presbyterian ministry, a two storeyed additional wing at right angles to the main tower was constructed to the design of John Sulman. The ground floor of Sulman wing had three rooms for teaching staff and a well-proportioned lecture-room (now the Senior Common Room). Upstairs in the new wing was the first dedicated dining hall (now the Chapel), with an elegant waggon ceiling in timber. In 1898 the estate of John Hunter Baillie came to the college to endow two chairs within the Theological School.

The first Principal's Lodge outside the main building was built in 1902 for Dr Harper. This freed the entire south-east corner of the Munro building for other purposes, although the Principal retained the ground-floor room as his office, which it still is today.

In 1902 also, the first female residential housekeeper was appointed : Polly McDougall and her successors were housed in a three-storeyed stone house designed by Sulman and built with the new wing in 1892-1893. Servants' quarters and the new kitchen joined the matron's residence to the 1893 dining-room.

In the period before World War I, student numbers rose rapidly with some resident tutors, and a new stone wing (now known as Vaucluse) was added parallel to the Sulman wing in 1913-1914.


After Harper ceased to be Principal in 1920, his lodge became the Theological Hall and the lower floor of the Sulman wing was used for other purposes. The great library room in the original building was converted to a chapel under Principal Cumming Thom in 1940 and the old theological lecture-hall held the library until 1960, when the library room was restored to its original function. The Sulman dining-hall, now too small for student needs, became the chapel at this time and a final addition was made to the main building by Leslie Wilkinson and Ellia Nosworthy in 1960. This addition, skilfully inserted on the Missenden Road side of College, houses the present large dining-hall upstairs with the Junior Common Room below.

By the 1950's there were 150 students in residence, so two modern brick buildings were constructed in front of the main building, Reid in 1953 and Thyne in 1966.

The College now has accommodation for 200 undergraduate male students, three resident Fellows and up to a dozen postgraduate students and fluctuating number of academic visitors. (Shellard 1998)

SHR Criteria a) [Historical Significance]	It is a powerful statement of aspirations towards higher education in mid-Victorian NSW, providing accommodation, tuition and moral supervision for a wide range of boys admitted to the University of Sydney. The contribution of succeeding generations to realise this idea is highly legible in the buildings. (Shellard 1998)
SHR Criteria c) [Aesthetic Significance]	Its main stone building of 1876 is an excellent example of the work of the Scottish architect William Munro and the 1892-1893 stone wing is similarly a finely detailed early work of Sir John Sulman. The 17 major stained glass windows by Lyon and Cottier (1876 - 1893) are of high importance, as is the grand Lyon and Cottier ceiling in the Library and the firms total decoration of the Reading Room. (Shellard 1998)
SHR Criteria d) [Social Significance]	The original building was conceived and funded as an expression of the Scottish and Presbyterian commitment to higher education for all boys regardless of religion. The College roll shows how the major Scottish grazing and mercantile families sent their sons to Andrew's and how Sydney graduates who were Andrewsmen have contributed to business and professional life. It continues to fulfil these functions. (Shellard 1998)
SHR Criteria e) [Research Potential]	It offers scope for research in depth into the artists employed by Lyon and Cottier over its first 20 years in Sydney. (Shellard 1998)
SHR Criteria f) [Rarity]	It is historically rare, as one of only three such Colleges in 19th Century NSW. It is aesthetically rare in its interior decorations and stained glass. Its social significance is high because it is still the only College appealing to a Scottish Community
SHR Criteria g) [Representativeness]	It is representative of number of NSW buildings in its technical significance for study of Lyon and Cottier stained glass artists. (Shellard 1998)

Integrity/Intactness: High integrity in its basic fabric despite some internal modifications in decoration and fireplaces. (Shellard 1998)

Assessment Criteria Items are assessed against the  **State Heritage Register (SHR) Criteria** to determine the level of significance. Refer to the Listings below for the level of statutory protection.

Recommended Management

The building should be retained and conserved. A Heritage Assessment and Heritage Impact Statement, or a Conservation Management Plan, should be prepared for the building prior to any major works being undertaken. There shall be no vertical additions to the building and no alterations to the façade of the building other than to reinstate original features. The principal room layout and planning configuration as well as significant internal original features including ceilings, cornices, joinery, flooring and fireplaces should be retained and conserved. Any additions and alterations should be confined to the rear in areas of less significance, should not be visibly prominent and shall be in accordance with the relevant planning controls.

Listings

Heritage Listing	Listing Title	Listing Number	Gazette Date	Gazette Number	Gazette Page
<i>Local Environmental Plan</i>	South Sydney LEP 1998 as amended	719	28 Jul 00	97	
<i>Within a conservation area on an LEP</i>	South Sydney LEP 1998 as amended	CA47	28 Jul 00	97	
<i>Heritage study</i>					

References, Internet links & Images

Type	Author	Year	Title	Internet Links
Written	Clive Lucas, Stapleton and Partners P/L	2004	Conservation Management Plan: St Andrew's College	
Written	Commander Roger O Shellard	1998	NSW State Heritage Inventory Form	
Written	R I Jack	1995	St Andrew's College 1870 - 1995: the first 125 years in photographs	
Written	Apperly, Irving & Reynolds	1994	Identifying Australian Architecture	
Written	R Ian Jack	1989	The Andrews Book 3rd ed.	
Written	Anita Heiss		Aboriginal People and Place, Barani: Indigenous History of Sydney City	

Note: Internet links may be to web pages, documents or images.

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