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Heritage Consultants



Campbelltown Hospital Stage 1 Redevelopment Heritage Assessment

Report prepared for Capital Insight Pty Ltd
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CONFIDENTIAL

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Report Register

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1.0 Introduction

1.1 Background

Godden Mackay Logan has been commissioned by Capital Insight Pty Ltd on behalf of the NSW South West Area Health Service, to undertake a heritage assessment of the historic and Aboriginal (built and archaeological) significance of the Campbelltown Hospital site (Lot 6 in DP1058047). This study will inform the Masterplan 2021 Stage 1 redevelopment plans for the hospital, which include reconfiguration of the hospital roads, entries and parking areas, relocation of the helipad, upgrading of services, construction of a new acute building, refurbishment of selected existing facilities and construction of a new mental health facility.

Section 2.0 of this report provides a historical overview of the subject site, prepared from readily accessible historical sources and drawing on informal oral histories. It includes a brief Aboriginal history of the area and the historic development of the hospital site in the context of Campbelltown. Section 3.0 of the report provides a physical description of the subject site, including a preliminary assessment of its Aboriginal and Non-Aboriginal archaeological potential. Section 4.0 sets out the heritage values of the site and a preliminary assessment of its heritage significance. Section 5.0 identifies the heritage issues to be considered in the masterplanning of the site.

1.2 Subject Site

The Campbelltown Hospital site is bounded by Appin Road to the east, Therry Road to the south, and Parkside Crescent to the west. It includes the ambulance station and staff accommodation, but not the private hospital and retirement village to the north.

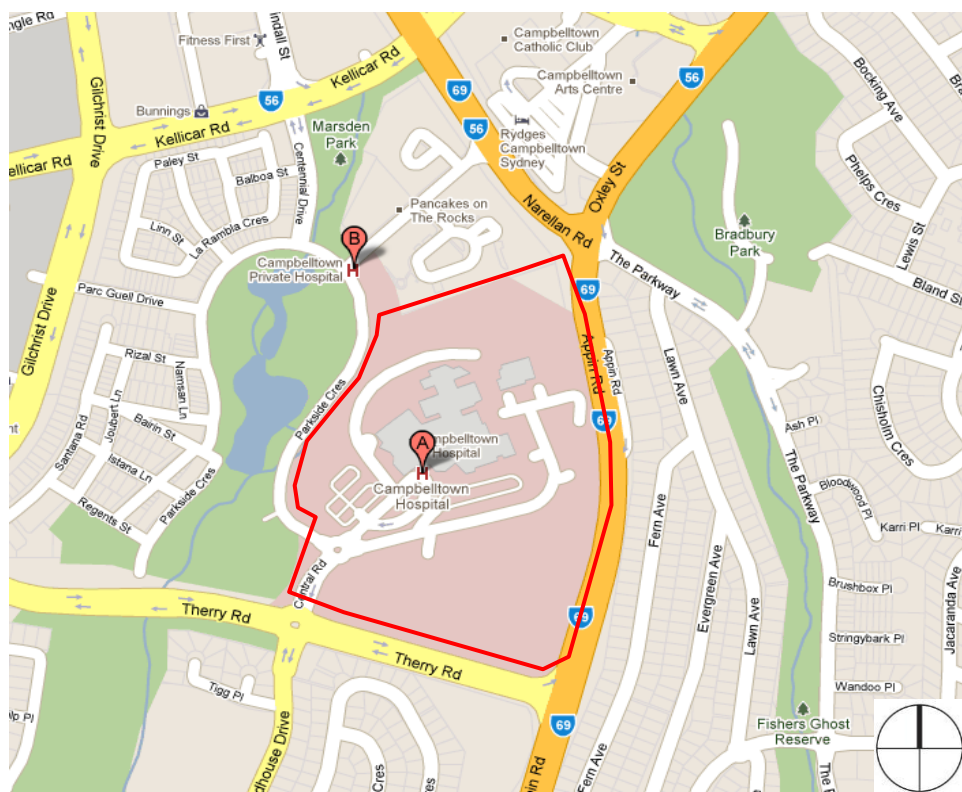


Figure 1.1 Map showing the study subject site at Campbelltown Hospital. (Source: Google Maps with GML overlay)



1.3 Heritage Listings

There are currently no listings for Campbelltown Hospital or any of its elements on the State Heritage Register, the NSW Department of Health and Conservation Register (Heritage Act s170 register) or non-statutory registers such as the Register of the National Trust.

There are no previously recorded Aboriginal sites within the subject site. However, the Office of Environment and Heritage (OEH, formerly the Department of Environment, Climate Change and Water) Aboriginal Heritage Information Management System (AHIMS) database identified 40 previously recorded Aboriginal sites within the locality of the subject site.

1.4 Methodology and Terminology

This heritage assessment uses the terminology, methodology and principles contained in *The Burra Charter: The Australia ICOMOS Charter for Places of Cultural Significance 1999* (the Burra Charter). It has been prepared with due regard to the methodology outlined in the *NSW Heritage Manual 1996*, produced by the NSW Department of Urban Affairs and Planning and the NSW Heritage Office and the principles in the NSW Heritage Office publication *Assessing Heritage Significance*, 2001. The terminology used in this report is consistent with the *NSW Heritage Manual*, prepared by the NSW Heritage Office, and the Burra Charter.

An inspection of the subject site was undertaken by the project team on 12 April 2011. The team inspected all areas of the subject site for heritage items, starting from the outer areas and working toward the centre of the site. The buildings were not inspected internally.

1.5 Limitations

The study period was 3 weeks. In the time available it was not possible to undertake community consultation regarding the potential social values of the subject site. Assessment of the potential Aboriginal cultural values was excluded from the study brief. We note that a comparative analysis of the hospital has not been undertaken.

1.6 Authorship

This heritage assessment has been prepared by Sheridan Burke, Partner; Michelle Richmond, Senior Consultant/Historian; Dr Tim Owen, Senior Consultant; and Diana Cowie, Research Assistant; of GML. David Logan, Managing Partner, reviewed the report.

1.7 Acknowledgements

The project team acknowledges the assistance of the following people:

- Scott Lawlor and Colin Davies, Capital Insight Pty Ltd
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- Richard Bramham, site architect Campbelltown Hospital Stage 1 for Yuncken Freeman;
- Philip Taylor, Leighton Irwin Architects Campbelltown Hospital Stage 2; and
- Tim Ambler, Project Administrator Campbelltown Hospital Stage 2, Concrete Constructions.

2.0 Historical Overview

2.1 Introduction

This historical overview provides a brief Aboriginal history of the area and then discusses the hospital site in the context of the development of Campbelltown and the surrounding area. It then outlines the historic evolution of the site from the first land grant, its division into two farms and its subsequent purchase for the construction of the Campbelltown Hospital which opened in 1977. Planning for the hospital over three stages is then provided in detail.

This history has been prepared from readily available resource material, including land titles documents, early maps and aerial photographs, resources from the local studies collection at Campbelltown Library and the Campbelltown Hospital Library. It has also involved numerous oral interviews with architects, builders and planners who worked on the construction of the hospital over its various stages. It is not a comprehensive history of the hospital but focuses on the key aspects of the historical evolution that assist with the interpretation of its historical significance.

2.2 Aboriginal History

Campbelltown has a strong Aboriginal history. Prior to the arrival of Europeans in 1788 the Campbelltown area had been the home of the Dharawal people for thousands of years. The locality contains numerous places of cultural significance though none are recorded within the subject site.

Following the arrival of Europeans, Aboriginal people experienced dramatically different circumstances. In some instances Aboriginal people and the new settlers developed friendships, but otherwise there were many tensions between them, particularly related to the occupation of land. The Appin massacre of 1816 is perhaps the most devastating and tragic event to occur to the Dharawal and other local clans. It resulted from a misunderstanding about property and ownership. Diseases brought by the Europeans also had an impact on the Dharawal population. In 1845 the number of Aboriginal people in the Campbelltown Police District¹ had dropped in ten years from twenty to none. Aboriginal people continued traditional life and ceremony in the district in a limited way. Corroborees were still held at Camden Park and Denham Court until at least the 1850s. During 1858 about 200 Aborigines attended the celebrations at Campbelltown marking the opening of the railway line.²

Today the Tharawal Aboriginal Corporation, Tharawal Local Aboriginal Land Council and the Aboriginal Advisory Committee of Campbelltown City Council, foster Aboriginal culture in the Campbelltown district.³ Reflecting the significant numbers of Aboriginal people living in the Campbelltown Area, the Campbelltown Hospital since its opening in 1977 has put in place a number of initiatives to include Aboriginal people in its ongoing management and operations and building names reflect the Aboriginal connection.

2.3 The Site and its Context 1788–1970s

The Campbelltown Hospital lies on land that was originally part of 100 acres (Portion 71 of the Parish) granted to John Bolger by Governor Macquarie in 1817 (Figure 2.1). This land lay at the junction of the Minto Road (later Menangle Road) and Appin Way just south of where Macquarie would found and name Campbelltown in 1820.

Originally the district was known as Airds and had been established in 1810 by Governor Macquarie as a new and separate district to accommodate small settlers. For years, the name 'Airds' regularly appeared in land grant lists, and referred to almost the entire area between Glenfield and Gilead. As Campbelltown and other settlements along the valley floor came to be known by their individual names after the 1820's, the Airds appellation fell into disuse and by the late nineteenth century had all but vanished.

The settlement of Campbelltown coincided with end of the sentences of many Irishmen transported for their involvement in the troubles of 1798-1803 and they were encouraged to take up land in this new district. In the early 1820s convicts under sentence formed the largest part of the district's population. The 1841 census recorded Campbelltown as containing 77 buildings, most built of stone or brick, while houses outside Campbelltown were built of wood. Over one third of the population of the district at this time were Australian born.⁴

The road through Campbelltown to Appin (Appin Road) was built in 1815 and along this road, south of the township of Campbelltown, a spread of small wheat farms dominated the rolling hills. Many of the owners were former convicts of Irish descent. In 1878 the *Town and Country Journal* said that the area within 10-15km of central Campbelltown was one of the colony's primary wheat districts. Farms in this area included Ambarvale, owned by ex-convict Samuel Larkin. The name Ambarvale would later be given to the suburb of Ambarvale which was established 1973.

John Bolger's 100 acres (which includes the subject site) lay in this area and was purchased by former convict and government surveyor James Meehan soon after it had been granted.⁵ Meehan was responsible for surveying Minto and Airds and determining its pattern of settlement. He also directed other Irish to the district, thus shaping the Irish catholic characteristics of south-western New South Wales.⁶ Meehan's main farm was Macquarie Fields at Ingleburn and Bolger's 100 acres was most probably farmed by tenants.

Meehan died in 1826 and his son Thomas inherited his father's land. Thomas died in 1835 aged 27 leaving a wife in Liverpool Asylum and two infant daughters, Mary and Elizabeth. It was Elizabeth Meehan that would eventually inherit Bolger's 100 acres and in 1865 she married Frederick Barker. Frederick and Elizabeth mortgaged their land but were unable to meet the repayments and the land was divided into two farms in 1874 and sold. The northern farm was sold to Daniel Fowler and the southern farm was sold to James Fitzpatrick (Figure 2.2).⁷ Both men were local land holders in the area and the Bolger land was additional to their main holdings.

Farms around Campbelltown were relatively small and remained largely intact until the 1880s. Around this time rust ruined the wheat crops and much of the land south of Campbelltown was converted for use as dairy farms. Bolger's land shows no evidence that it was used for anything other than agriculture.

The 'Gold Rush' years of the 1850s saw the railway line constructed south from Sydney to Goulburn, and for some years Campbelltown was a major railhead, with its station opening—with much fanfare—on May 4, 1858. The area however, remained mainly rural, and well into the early 1900s Campbelltown village itself was still contained within the town framework set by Governor Macquarie in 1820.

The initial period of significant growth for Campbelltown began after the First World War when the first residential estates were developed outside the old village area. This included the *Soldier*

Settlement, east of the township where Cransley Dairy Farm was cut into 38 poultry farms, for returned soldiers and their families.

Further development occurred after the Second World War as again, new estates were developed for the returning soldiers and in the 1950s and 1960s the housing commission developed large areas of affordable housing.

It was, however, in the early 1960s when Campbelltown was designated as a satellite city by the State Planning Authority to become a regional centre for the south west of Sydney, that the major development of the region began. The government set aside large tracts of land surrounding the township for public and private housing for industry and for public facilities. As a result there was extensive building and population growth. Development saw the areas road network receive major reconstruction including the straightening and widening of Appin Road in 1970 and the massive project which eventually saw Campbelltown and Appin Roads joined by a sweeping dual carriageway, Narellan Road, which opened its initial phase in July 1973 and extended through the northern part of John Bolger's original 100 acre grant in the 1990s (Figure 2.15).

Much of this new development lay south of Camden Road which, up until this time had remained rural.

The farms south of the subject site between Appin Road and Menangle Road were purchased by the Lend Lease Corporation and the new estate of Ambarvale was constructed between 1973 and 1976.

Other major public facilities constructed at this time included the first phase of Campbelltown Hospital (1977), Macarthur Shopping Square (1979), Campbelltown TAFE (1981), Macarthur Rail Station (1985) and the University of Western Sydney, Macarthur, first established as an Institute for Higher Education in 1983.

2.4 John Bolger's 100 acres 1874–1960s

In 1874 John Bolger's original 100 acre farm, then in the ownership of Elizabeth and Frederick Barker, was subdivided and sold as two farms to local residents Daniel Fowler and James Fitzpatrick (Figure 2.2).

2.4.1 The Northern Farm 1874–1960s

Daniel Fowler owned the land until his death in 1899. Fowler was an active member of the local community having been named as one of the main opponents to Municipal Incorporation in 1879. On his death the land passed to his son William James Fowler, railway employee and was retained by various family members until 1909.

George Joseph Spearing a local butcher from Campbelltown purchased the 59 acres and apart from the northern tip which was sold to Jacob and Mary Keller in 1914, this land remained in the ownership of the Spearman family until 1953. George Spearing was an alderman on Campbelltown Council in 1912. Aerial photographs of the site from 1947 (Figure 2.3) show that the land was cleared of vegetation and it had been ploughed and cropped. There are no signs of any structures on the land and as by this time the Spearman's did not reside in Campbelltown, it is likely the land was leased to tenant farmers who used agricultural buildings elsewhere to support cropping on the subject land.

In 1953 the subject land was sold to Donald McDonald a local butcher from Campbelltown.

Adjoining the site to the north, (outside the Portion 71) fronting Camden Road, a nine hole golf course had been built in 1926. This was a rough course, watered by the rain and mowed by its members. It covered 47 acres and was leased to the club until purchased by Campbelltown Council in 1954. With the influx of returned servicemen in the 1950s and the opening up of the area for residential development, golf club facilities became inadequate. In 1955 Campbelltown Council approached Donald McDonald to purchase his 59 acres so that they could expand the course (Figures 2.3–2.4). The new course 18 hole championship course opened in 1957. Old Menangle Road ran through the middle of the golf course and this road was removed. Only a tiny portion of the road remained and in 1994 it became the car park of the Campbelltown Catholic Club.⁸

When Lend Lease began constructing the new development at Ambarvale, Council, seeking to improve the recreational facilities of the area, negotiated with Lend Lease to construct a new international standard tournament golf course for Campbelltown which opened in 1978. This was constructed in an area just south of the existing course in an area that became known as Glen Alpine.⁹

The original golf course was then closed with some of the land transferred to Lend Lease; however, 30 acres of the golf course land was handed over to the NSW Health Commission in 1980 to enlarge the Campbelltown Hospital site. This land was used for the second stage of the Campbelltown Hospital development (Figures 2.10–2.14).¹⁰

2.4.2 The Southern Farm 1874–1960s

The southern farm containing 54 acres was owned by James Fitzpatrick from 1874 until his death in 1888.¹¹ James Fitzpatrick was one of the convict servants who had accompanied Hume and Hovell on their 1824 expedition to Port Phillip. He had been one of 42 Irish protesters transported to NSW in 1822 and was assigned to Hamilton Hume. He held a ticket of leave from July 1825 in the Appin District where he owned some land. He then acquired several large squatting runs in the Cootamundra-Yass district, in the area he had helped to discover. In the 1840s and 1850s Fitzpatrick purchased many farms south and west of Campbelltown¹² and by the 1860s he owned most of the farms west from Campbelltown towards Narellan and many lying south towards Menangle. Bolger's 54 acres was one of his later acquisitions. Fitzpatrick died in 1888 three months after the death of his wife, leaving three young children under the age of 12 and vast estates.¹³ His estate was managed by Trusts for many years.

In 1925 the 54 acres was sold by the Perpetual Trustee Company to Samuel James Allen, grazier. The following year it was purchased by Clarence Ducat, farmer, and his wife Sarah. They owned the farm until 1961. Aerial photographs of the site from 1947 show that the land was used for agricultural purposes and was ploughed and cleared of vegetation. No structures appear on the subject land (Figure 2.3).

King Dairy purchased the 54 acres in 1961 and seven years later it was resumed by the State Planning Authority of NSW, forerunner to the New South Wales Planning and Environment Commission as part of the strategic planning for growth in the Campbelltown Area. Various plans for this land were put forward. In 1973 it was decided that an existing 11.5 acre site that had been set aside in Broughton Street for a hospital would be more suitable for the construction of a technical college and the 54 acre site on Appin Road be transferred to the Hospital Commission for the construction of Stage I of the Campbelltown Hospital complex.¹⁴

Construction began in 1975 and Stage 1 of the hospital was officially opened on 4 October 1977.

2.5 Planning a Hospital for Campbelltown 1800–1973

Campbelltown in the 1840s had several resident doctors, some practicing and others retired on farms. In the 1850s and 1860s Dr William Bell and Dr Arthur Scouler set broken bones, pulled teeth and prescribed powders and medicines.¹⁵

Medical services were expensive and the sick and elderly mostly relied on family support or charitable institutions such as the asylum for the destitute in Liverpool. Friendly Societies were an alternative and for a small annual subscription they offered a medical service for their members.¹⁶

It was not until 1902 that the Camden Cottage Hospital opened and for 70 years this was the closest general hospital to Campbelltown.¹⁷

In 1907 a provisional committee was formed to establish a hospital in Campbelltown and in its first year raised £300. Land on the corner of Stewart and Lithgow Streets was reserved and the government architect drew up plans. The cost of £3450 for a seven bed hospital proved to be too great for the small population and the hospital was never built.¹⁸

In 1896 the healthy climate and comparative isolation of Campbelltown saw the Parliamentary Standing Committee on Public Works propose building a new hospital for the chronically ill at Campbelltown. This was to be large enough to house 1400 patients and would take the pressure on the facilities at Rookwood. A 700 hundred acre sit at Campbelltown was approved by the Public Works Committee, but the estimated project cost was £52,000 and the project was never constructed.¹⁹

The Campbelltown Hospital Auxiliary Committee continued to meet during the 1920s when its fund raising efforts supported the Camden District Hospital, the Hospital for Infants and the Liverpool Ambulance Service.

Kyla Private Hospital in Lithgow Street offered surgical, medical and midwifery service under matron Newbury from 1918, as did the Norma Hospital in Warby Street under Nurse Brock and Nurse Wilson. Milby Private Hospital, opened by Dr Mawson in 1925 in Kendall's old flour mill in Queen Street, was managed by Sister Hausfeld in 1932. It closed in 1941.²⁰

In 1944 a baby health clinic was started and in 1950 a purpose-built centre was built in Campbelltown, a reflection of the post war baby boom.

In 1952 the Campbelltown Hospital Auxiliary reformed and their concerted efforts this time brought the long awaited hospital to Campbelltown.

2.6 Campbelltown Hospital—Stage 1 1975–1977

The new hospital site was approved in 1973 and construction began within weeks of the Prime Minister Gough Whitlam releasing funding for its construction in 1974. Aerial photographs from 1975 show that work was well under way by this date (Figure 2.5).

Stage 1 was officially opened on 4 October 1977 by the NSW Premier Neville Wran and guest of honour former Prime Minister Gough Whitlam, just 2.5 years after construction had begun. The design team for this building was led by Barry Patten of Yuncken Freeman Architects Pty Ltd, a Melbourne based architectural firm. The builders were F.T Eastment and the project was managed by Tracey Brunstrom & Hammond Pty Limited.²¹

Barry Patten had joined Yuncken Freeman Architects in the mid 1950s soon after he graduated and in 1956 won the design competition for the Sidney Myer Music Bowl which is now listed by Heritage Victoria. Patten also designed The State Offices complex in 1962 and BHP House in William Street, Melbourne, in 1972, both of which are listed by Heritage Victoria. Patten practiced with Yuncken Freeman Architects until 1985.²²

Opening in Melbourne on the tail of the Great Depression in 1933, Yuncken Freeman Architects was established by Rob Yuncken, brothers John and Thomas Freeman and Balcombe Griffiths. From early in the company development it began to specialise in hospital construction for which they became well known and respected. During the Second World War, Rob Yuncken was recruited by the American Armed forces to run an Australian team of designers for their front line hospitals. This group designed hospitals in Melbourne, Sydney, Brisbane, Papua New Guinea and up through the islands as the American forces advanced.²³

The company regrouped after the war and was appointed by the Victorian Government to initiate an emergency housing project in London. It also remained involved in the design and redevelopment of many hospitals in Victoria including Austin, Essendon, Bairnsdale, Swan Hill and Warrigal hospitals.²⁴ In the 1960s the firm established a Sydney office run by Balcombe Griffiths jnr and a good relationship was established with the NSW Department of Health.²⁵

Around the time that Campbelltown Hospital Stage 1 was being planned, great changes, both socially and politically, were occurring. Campbelltown had been designated as the satellite city for south west Sydney during the 1960s, resulting in major urban development in the area, including the shopping square, TAFE and rail station. Gough Whitlam, the local Federal member, became Prime Minister in 1972, when the Australian Labour Party was elected to government after 23 years of a Liberal Federal Government. Providing services to Western Sydney was high on Whitlam's political agenda.

In 1973, the State's health services were re-organised, under a central health administration called the Health Commission of NSW. One of the outcomes of the change in health administration in the state was that hospitals lost their executive independence and were thereafter managed by a Board of Trustees, who were responsible to the Health Commission of NSW. In this climate, Campbelltown Hospital Stage 1 needed to be a generous civic gesture and therefore a renowned Melbourne hospital design firm were chosen to design the new building.

With its externally expressed circular stair towers paired around central public and emergency entrances and set on a masonry plinth, the hospital rose above its greenfield hillside as a visually imposing representation of the new civic era of Campbelltown. The first stage of Campbelltown Hospital consisted of a 120 bed general, medical and surgical facility located in a single six storey building (Figure 2.8). It had dry stud wall construction, a new innovation for hospitals which maximised internal flexibility and a fine level of detailing generally. The formal landscape design included circular drive ways on the east and western facades complimented by an elaborate circular carpark near the newly constructed Therry Road. Entrance to the hospital building was from the western circular drive (Figure 2.8). The eastern circular drive was for services and emergency. The demountable site office, now the engineering and stores building, was erected to the west of the main building and linked to the main hospital building by a service road (Figure 2.6).

When the hospital opened, it employed over 200 full time staff. The new hospital board included the appointment of Francis Bodkin a Dharawal woman from the south of Sydney.

The Stage 1 buildings were constructed on the northern boundary of Bolger's southern farm which had been purchased by the State Planning Authority of NSW in 1961. Growth continued with the construction of a free-standing day surgery unit in c1980 (Figure 2.9) located between the main building and the circular car park. This building was one of the first constructed by the Department of Health as a new concept to accommodate simple surgical procedures.²⁶ It was used as a prototype for other hospitals and was part of the hospital's expanding role as a provider of community health services.

In 1982 the State Government announced its plan to re-distribute hospital resources from the lower north shore and the inner city to the outer suburbs where most of the urban population growth was occurring. The Government's 'Beds for the West' campaign was launched. One of the prime movers in the 'Beds for the West' campaign was Campbelltown M.P. Michael Knight who successfully obtained \$23 million for the development of Stage 2 of Campbelltown Hospital which began construction in March 1984.

In an attempt to integrate and develop health services further, the Health Minister Laurie Brereton restructured local Hospital Boards into Area Health Services and in December 1983, Campbelltown Hospital became part of the Macarthur Area Health Service together with Camden Hospital, Queen Victoria Hospital at Thirlmere and the Community Health Services.

2.7 Campbelltown Hospital—Stage 2 1984–1986

Construction of Stage 2 began in March 1984 on part of the 30 acres of the former golf course site which had been set aside for hospital use by the State Government in 1980 (Figures 2.9–2.10).

Stage 2 was also officially opened Neville Wran, and this took place on 22 June 1986.

Stage 2 was designed by Leighton Irwin Architects and Health Facility Planners. The builders were Concrete Constructions.²⁷ Leighton Irwin had established his company in Melbourne in the 1920s. With John Stevenson (of the prolific firm of hospital designers Stevenson and Turner) he led the way in modern hospital development in Australia after the Second World War. The company moved to Sydney, and in the 1970s merged for a short time with another Melbourne Architectural firm Irwin Alsopp. This merger was short lived but it produced the design for the Second Stage of the Campbelltown Hospital. The cost of construction was \$23 million. The Stage 2 building continued the use of curved, externally expressed stairs within a more subservient building.

Stage 2 provided the eagerly awaited maternity facility for the hospital with 60 beds, eight delivery suites, a neo-natal special care nursery and normal care nurseries. The new facilities also included 24 paediatric beds, 15 intensive/coronary care beds, three new operating theatres, a new sterile supply department and a diagnostic ultrasound department.

Also included in this stage of the hospital's development was Waratah House, a psychiatric unit providing 20 beds, and facilities for day patients. This free-standing building was linked to the hospital by a service corridor for convenient provision of support services (Figures 2.12–2.15).

A single-storey extension was added to the western façade of the main building creating a new entrance to the hospital with office and outpatient functions. This extension saw the removal of original the circular driveway at this end of the hospital (Figures 2.13–2.14).

A works compound was created to the north of the main Stage 2 Building during this phase of construction (Figure 2.13).

Staff Housing near Therry Road, was also constructed in 1990 (Figure 2.14).

The opening of the maternity unit in particular had been eagerly awaited by Campbelltown residents. The movement of thousands of young couples into the area in the past decade had resulted in Campbelltown having the greatest proportion of child bearing age women in Sydney.

During the planning for Stage 2, the need for a child care facility was identified. With the support of a grant from the community employment programme and supplementary funding from the Regional Health Office of the Department of Health, a centre to accommodate 40 children was constructed in the grounds of the hospital (Figure 2.11). This was run by a community committee and the facility was opened to both hospital staff and the community.²⁸ This facility has recently been converted for use as an education centre.

Stage 2 incorporated an upgrade of many of the facilities both in practical terms such as kitchen and telephone equipment and technical improvements in operating theatres. Other works included carparks and roads which all combined to make Campbelltown Hospital one of the most modern and fully equipped hospitals in NSW at this time.²⁹

2.8 Campbelltown Hospital—Stage 3 1998 to 2004

Stage 3 construction took place over several years from 1998 to 2004. The architects for this phase of construction were Di Carlo Potts³⁰ and the buildings were constructed by Multiplex Constructions.³¹

Construction began in 1998 on a new five-storey hospital building on the site of the original circular car park which is called Block A. This building contained a new Clinical Block with operating theatres, the emergency department and intensive care unit plus out patients and a new main entrance built on a lower level between Block A and the original hospital building now referred to as Block B. Also constructed was a new single-storey oncology facility (Cancer Treatment Centre-CTC) containing two linear accelerator bunkers and a new single-storey Paediatric Ward (Block C) attached to the Stage 2 Maternity Block now also called Block C. The original circular driveway on the eastern façade of the Stage 1 building was removed to make way for a new driveway and loading dock and the Stage 1 & 2 buildings, Blocks B and C, were refurbished.

In 2003 the adolescent Mental Health Building (GNA KA LUN) was constructed for adolescents less than 18 years of age and then in 2004 the Youth Mental Health Building (BIRUNJI) was built for children under the age of 14. This is the most northerly building currently on the hospital site (Figure 2.15).

The Stage 3 project also included a new helipad to the west of Block A plus extensive roadworks and additional carparking.

During Stage 3 the entrance into the hospital from Therry Road was altered. The construction of Parkside Crescent on the western boundary of the Hospital site had made the existing entrance difficult and a new roundabout was cut into the hospital land. This disconnected the staff accommodation from the main hospital site (Figure 2.15).

2.9 Campbelltown Hospital—2004 to Present

Since the end of 2004 no major work has been completed, with the exception of the Ambulance Station, built adjoining the staff accommodation, in 2010.

In April 2007 Campbelltown Private Hospital opened on land adjoining the northern boundary of the Public Hospital site.

Today 2.7% of the local population are Aboriginal and since its opening in 1977 the hospital has significantly increased the representation and retention of Aboriginal employees across the hospital's services. As at July 2010, Campbelltown hospital employed 29 Aboriginal staff, representing 2% of the total workforce.

Following the formation of Local Health Networks in January 2011 Campbelltown Hospital became part of the South Western Sydney Local Health Network which includes hospitals at Bankstown/Lidcombe, Braeside, Bowral, Camden, Campbelltown Fairfield and Liverpool.

In 2011 the then NSW Premier Kristina Keneally promised \$194.3 million for improvements to Campbelltown Hospital to cope with the booming population of Sydney's southwest. The proposed building works would increase bed numbers by 160. Proposed development includes a new six-storey hospital building which will include a medical and surgical assessment unit, surgical wards, new aged and palliative care facilities and expanded pathology and ambulatory care areas. This building is proposed to be located on the existing helipad site which will in turn be moved closer to the entrance roundabout. The development will also include the construction of a large single-storey mental health building near Appin Road.

Construction is due to begin in 2012 and be completed in mid 2015.³²

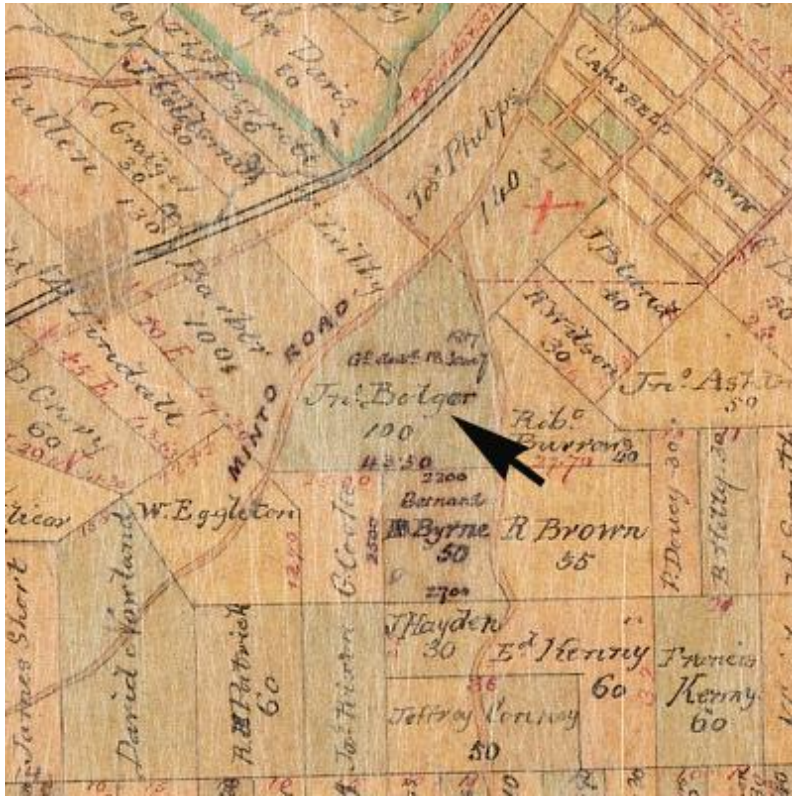


Figure 2.1 Parish map showing Bolger's 100 acre grant. (Source: Department of Lands)



Figure 2.2 Parish Map dated c 1900 showing Bolger's 100 acres divided into two farms. (Source: Department of Lands)



Figure 2.3 1947 aerial photograph. The boundary between the two farms is still visible. The photograph shows the land cleared and there are signs of cropping and agriculture on both farms. No structures are visible. (Source: Department of Lands)



Figure 2.4 1961 aerial photograph showing the golf course on the northern farm. (Source: Department of Lands)



Figure 2.5 1975 aerial photograph. Arrow points to Campbelltown Hospital Stage 1 under construction. The golf course is still clearly visible on the northern farm and old Menangle Road is clearly unused. . (Source: Department of Lands)



Figure 2.6 1979 aerial photograph showing Stage 1 Campbelltown Hospital completed. The large circular parking area to the west of the hospital building and Therry Road have also been completed. Golf course still visible on northern farm. (Source: Department of Lands)



Figure 2.7 View of the Campbelltown Golf Course from Appin Road c1965-1975. (Source: Mills G 2008, "Campbelltown Golf Club", *Journal of Campbelltown and Airds Historical Society Inc* Vol 21 No. 3 November 2008, back cover.)

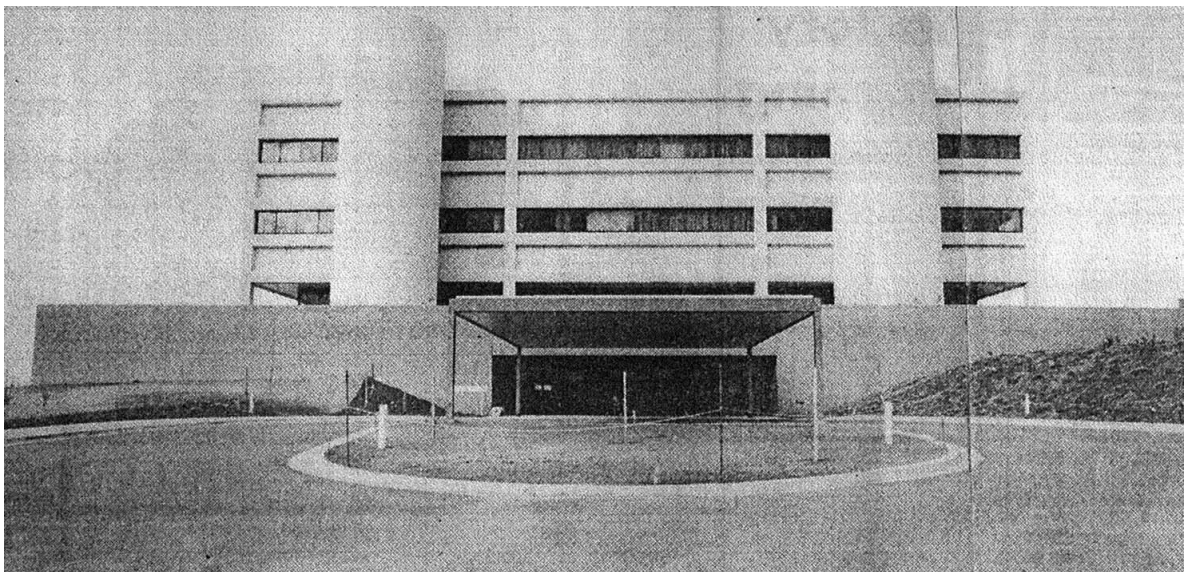


Figure 2.8 Campbelltown Hospital Stage 1 western façade main entrance—the original hospital building designed by Barry Patten of Yuncken Freeman Architects. (Source: *Leader* 5 October 1977, p1)



Figure 2.9 1984 image showing the Day Surgery building, built in the early 1980s near the southwestern corner of the main Stage 1 building, as completed. Stage 2 is under construction to the north of the main building. (Source: Brochure – ‘Campbelltown Hospital Commemorating the Opening of Stage Two’, Campbelltown Library)



Figure 2.10 1984 aerial photograph showing Stage 2 of Campbelltown Hospital under construction on part of the former golf course land. (Source: Department of Lands)



Figure 2.11 Campbelltown Hospital Child Care Centre 1984 now in use as an Education Centre. (Source: Brochure—'Campbelltown Hospital Commemorating the Opening of Stage Two', Campbelltown Library)

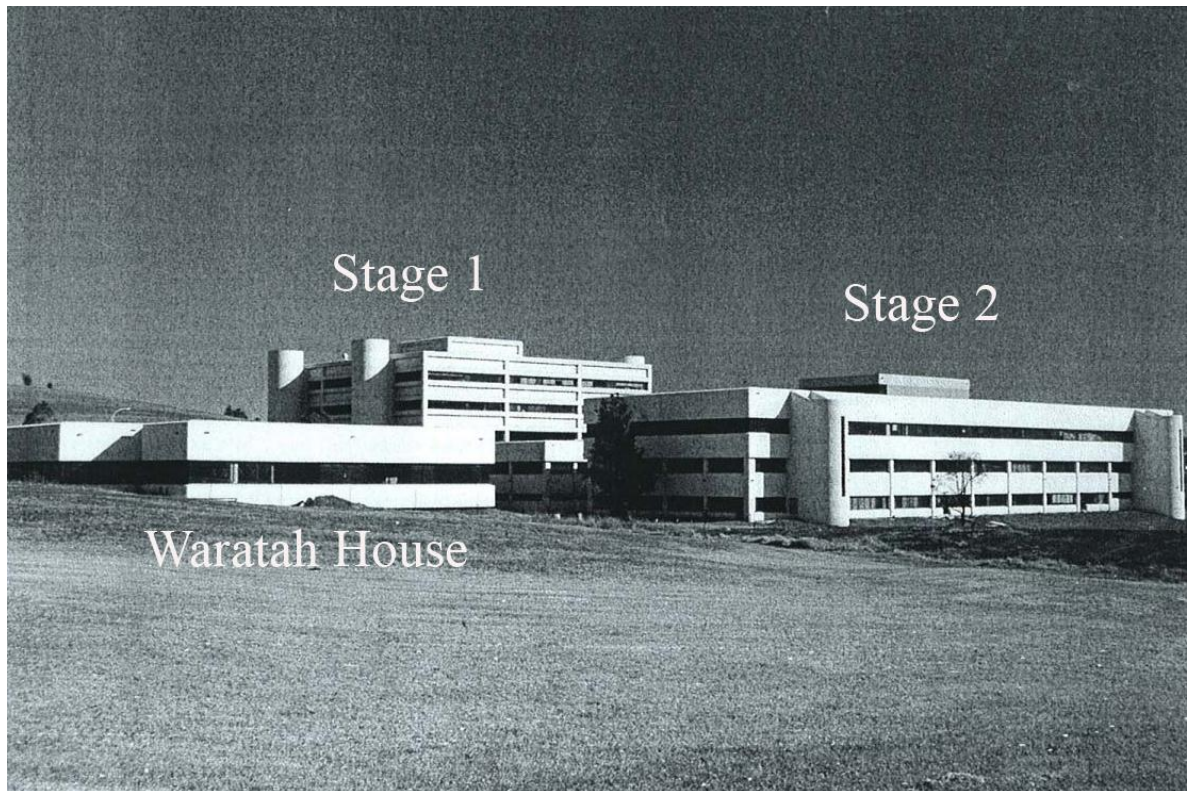


Figure 2.12 Campbelltown Hospital 1986 following the completion of Stage 2 and Waratah House. (Source: Brochure—'Campbelltown Hospital Commemorating the Opening of Stage Two', Campbelltown Library)



Figure 2.13 Aerial view of Campbelltown Hospital 1986 following the completion of Stage 2 construction. Note the child care centre near the main circular roundabout. Remnants of the golf course can still be seen north of the hospital complex. (Source: Brochure—'Campbelltown Hospital Commemorating the Opening of Stage Two', Campbelltown Library)



Figure 2.14 1990 aerial photograph of the subject site showing Campbelltown Hospital Stage 2 completed. The staff accommodation near the Therry Road entrance roundabout is shown under construction. (Source: Department of Lands)



Figure 2.15 2011 aerial view of Campbelltown Hospital Site showing Stage 3 development which was completed in 2004. Parkside Crescent with its new entrance roundabout into the hospital complex has been constructed as has the ambulance station adjoining the staff accommodation now located just outside the main hospital grounds. The original circular carpark has gone. Narellan Road can be seen at the top of the image. Campbelltown Private Hospital built in 2007 is visible at the top of the image fronting Parkside Crescent and behind this is the retirement village (Source: Google Earth)

2.10 Endnotes

- ¹ This area relates to the land within the original grid of Campbelltown established in 1820 and its immediate surrounds.
- ² <http://www.campbelltown.nsw.gov.au>
- ³ <http://www.campbelltown.nsw.gov.au>
- ⁴ Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p57
- ⁵ Primary Applications 16350 & 12602, Department of Lands.
- ⁶ Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p16
- ⁷ Primary Applications 16350 & 12602, Department of Lands.
- ⁸ History of Campbelltown Golf Course by Campbelltown and Airds Historical Society
- ⁹ Mills G 2008, 'Campbelltown Golf Club' *Journal of Campbelltown and Airds Historical Society Inc*, Vol 21 No. 3 November 2008.
- ¹⁰ *Star*, 11 May 1978
- ¹¹ OST Bk 54 No. 898, Department of Lands.
- ¹² Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p108
- ¹³ Robinson M.E 1976, *The NSW Wheat Frontier 1852-1911*, Canberra, p162-168.

- 14 *Campbelltown Ingleburn News*, 15 May, 1973 p1
- 15 Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p112
- 16 Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p112
- 17 Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p158
- 18 Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p158
- 19 Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p158-9
- 20 Liston C 1988, *Campbelltown, The Bicentennial History*, Allen & Unwin, p194-5
- 21 Plans held at Campbelltown Hospital; Library
- 22 Obituary: Barry Patten, *Architecture Australia*, July/August 2003.
- 23 Oral interview with John Fitzpatrick Yuncken, son of founder Rob Yuncken and a director of the firm Yuncken Freeman Architects, 19/04/2011
- 24 Oral interview with John Fitzpatrick Yuncken, son of founder Rob Yuncken and a director of the firm Yuncken Freeman Architects, 19/04/2011
- 25 Oral interview with John Fitzpatrick Yuncken, son of founder Rob Yuncken and a director of the firm Yuncken Freeman Architects, 19/04/2011
- 26 Oral Interview with Len Dockrill, Health Facility Planning Consultant, Campbelltown Hospital, 29/04/2011.
- 27 Plans held in the Campbelltown hospital Archives. Also Oral Interview with Tim Ambler, Project Administrator Stage 2 for Concrete Constructions 02/05/2011.
- 28 Brochure—'Campbelltown Hospital Commemorating the Opening of Stage Two'.
- 29 *CONFAB*, House Newsletter of the Concrete Constructions Group, No. 10 August 1986.
- 30 Plans held at Campbelltown Hospital Library.
- 31 Oral Interview with Len Dockrill, Health Facility Planning Consultant, Campbelltown Hospital, 29/04/2011.
- 32 *SMH* 3 February, 2011 by Adam Bennett, 'Campbelltown Hospital to get \$194m Upgrade'

3.0 Physical Description

3.1 Introduction

This section of the report provides a physical description of the subject site in relation to its environmental context first, and then site features in more detail. An assessment of its Aboriginal and Non-Aboriginal archaeological potential is also included in this section.

3.2 Aboriginal Heritage

3.2.1 Synopsis of the AHIMS Search and Environmental Context

The results of a search of the OEH's Aboriginal Heritage Information Management System (AHIMS) provides evidence that Aboriginal stone artefact sites form the basis of the recorded archaeological record across the Campbelltown area. This reflects the general pattern observed across the Cumberland Plain, but contrasts the archaeological record observed on the adjacent Hawkesbury sandstone (near the George's River)¹, where a high proportion of art- and sandstone-based sites have been recorded.

As such, from a hypothetical point of view, the subject area is most likely to possess stone-based Aboriginal sites. The position of the subject area between, by not directly adjacent to, two second-order creeks suggests that this area could have been subject to occasional Aboriginal visitation. There are no landforms, or locations that would have been an obvious focus for Aboriginal activities. As such any residual archaeological evidence may relate to short-term or temporary Aboriginal activities, which could have resulted in a low density archaeological signature.

Overall, it may be stated that the subject area does not contain previously recorded Aboriginal sites. The subject area has a low potential for Aboriginal objects to be associated with residual soil horizons and landforms nearest the western and southeast boundaries.

3.2.2 Environmental Context

The purpose of this section is to provide environmental contextual information for use in developing a predictive model of Aboriginal site locations associated with the Campbelltown Hospital study area. Interactions between people and their surroundings are of integral importance in both the initial formation and the subsequent preservation of the archaeological record. The nature and availability of resources, including water, flora and fauna and suitable raw materials for the manufacture of stone tools and other items had (and continues to have) a significant influence over the way in which people utilise the landscape.

Alterations to the natural environment also impact upon the preservation and integrity of any cultural materials that may have been deposited, while current vegetation and erosional regimes affect the visibility and detectability of Aboriginal sites and objects. For these reasons, it is essential to consider the environmental context as a component of any heritage assessment.

3.2.3 Geology and Soils

The subject area is underlain by beds of Triassic period Bringelly shale with some sandstone beds from the Wianamatta Formation²; the subject area is very close to the Hawkesbury sandstone transition. Bringelly Shale includes claystone and siltstone and the soils produced from the weathering of these rocks are fine-grained with high proportions of fine sands and silts. The soils

tend to be shallow duplex soils, with a narrow band of underlying clay, above bedrock. These soils tend to be acidic, which limits the likely preservation of organic materials (ie bone and shellfish) in archaeological contexts.

The consequences of the underlying Wianamatta Formation geology for Aboriginal archaeological site formation are:

- low relief landforms with well developed and relatively high density drainage networks. Water sources occur frequently, with both ephemeral and permanent streams and ponds forming significant elements in the landscape; and
- generally poor shallow soils may have precluded intensive historical agricultural uses. This may have assisted in the preservation of natural woodland, promoted pastoral land-use and minimised the effects of land disturbance from clearance and agriculture. These factors could lead to a higher potential for the preservation undisturbed of archaeological deposits.

3.2.4 Landforms and Landscape Features

The subject area is located on a gentle mid to upper slope that rises to the southeast. The study area has an erosional landform pattern of undulating hills, characterised by high relief (90-110m) and a gently inclined (5%) modal terrain slope³.

The subject area comprises of undifferentiated landforms, although a ridgeline commences in the southeast corner; a localised high point is found at this location, with immediate views to the southeast over the landforms associated with Fishers Ghost Creek. The consequences of this erosional landform pattern on Aboriginal site formation are:

- the landform pattern present does not contain landforms that have a high potential for Aboriginal site formation (ie upper slopes and ridge lines adjacent to second-order creeks have a low level of potential for yielding Aboriginal stone objects⁴);
- the subject area does not contain any landforms that could yield Aboriginal sites that do not conform to the region's general pattern for Aboriginal stone artefact manufacture (ie upper flats or localised promontories); and
- therefore, the majority of landforms within the subject area are unlikely to contain archaeological deposits with a high density of Aboriginal stone objects. If present, a focus would most likely have been the high point in the southwest corner of the subject area.

3.2.5 Hydrology

On the Cumberland Plain the predictive model for Aboriginal site location is related to access to water: the stream order⁵. The model assumes that Aboriginal people preferentially selected places where the water supply was more permanent and predictable for their usual stone artefact creation/use and maintenance. The smallest tributary streams are first-order streams and the classification continues stepwise downstream. Two first-order streams join at a first-order node to form a second-order stream; two second-order streams join at a second-order node to form a third-order stream and so on.

The subject area is located near the source of two small ephemeral creeks:

- Fishers Ghost Creek, a second-order waterway, 300m east of the subject area, draining water from the low ridgeline found to the southeast of the subject area; and
- Birunji Creek, a second-order waterway 100m west of the subject area, draining water from the low slopes around the subject area.

Both of these creeks flow from south to north, eventually draining into Bow Bowling Creek, which eventually flows into the Georges River.

In addition the 1947 aerial shows a first-order ephemeral drainage line originating in the southeast corner of the study area and draining to the northwest into Birunji Creek. This drainage line was in-filled during development of the golf course.

The consequences of the presence of these two creeks and ephemeral drainage channel on Aboriginal site patterning are:

- the first-order drainage course would have contained water on a very limited basis and is not likely to have been a focus for Aboriginal activities which could have resulted in an archaeological signature; and
- in terms of traditional archaeological modelling, locations within 200m of Birunji Creek are the most likely to contain Aboriginal stone objects. Therefore landforms along the western boundary of the study area are considered to have the highest theoretical potential to yield an Aboriginal archaeological deposit.

3.2.6 Vegetation

The Cumberland Plain originally contained a complex of woodland and forest adapted to mostly clayey soils.⁶ The vegetation community that would have originally grown within the study area includes trees such as the Grey Box (*E. Moluccana*), and the Forest Red Gum (*E. Tereticornis*), and Ironbarks (mainly Red Ironbark or Mugga – *E. Sideroxylon*). Blackthorn (*Bursaria spinosa*) and Paperbark (*Melaleuca spp.*) are also representative of the open woodland in the area.

These habitats would have provided Aboriginal people with a range of plant resources suitable for both consumption and economic use. Wood species known to be used by Aboriginal people included the Forest Red Gum and Paperbark. Specimens of these species, sufficiently old, could bear scars from Aboriginal wood procurement.

3.2.7 AHIMS Search

The AHIMS register records information about Aboriginal objects, places of significance to Aboriginal culture and archaeological reports that have been submitted to the Director General of Heritage, OEH. The OEH maintains and manages this system in accordance with the NSW *National Parks and Wildlife Act 1974*.

A search of AHIMS was undertaken on 7 April 2011 for a zone Lat, Long from: -34.09643, 150.76206 to Lat, Long: -34.05858, 150.82524. An overview of the results is shown in Table 4.1. The search identified 40 previously recorded Aboriginal sites within 5km of the subject area.

No previously recorded Aboriginal sites were present within the subject area. This search indicated that stone artefact sites constitute the predominant remnants recorded in this area.

Table 3.1 Results of AHIMS search

Site Feature	Frequency	%
Stone artefact sites (more than one artefact)	25	.63
Isolated finds (only one stone artefact)	11	.28
Artefact site with Potential Archaeological Deposit (PAD)	2	.05
Scarred (culturally modified) tree	1	.2
Stone arrangement	1	.2
Total	40	1.0

3.2.8 Relevant Local Literature

A number of archaeological studies and academic works have been prepared that include the study area. An overview of these reports suggests that the majority of archaeological work has been undertaken around Mount Annan Botanic Gardens, for residential development.

A general pattern of stone-based surface sites has been recorded, most with minimal evidence for late Holocene Aboriginal occupation of this area. Archaeological excavations, where they have been completed following current best practice, demonstrate more complex cultural assemblages.

Observation relating to the pre-European environmental landscape setting of this region indicates that it is dominated by two features: the Nepean River (in the west) and its associated rolling low hills and the more proximal George's River (in the east) and its associated steep slopes. The current subject area is located within the Nepean River landscape; and as such could be assumed to contain contemporary archaeological evidence—that is stone-based sites.

The likelihood of identifying such sites within the subject area relates to the potential of such sites having been created in the first instance, coupled with the impacts from historical activities and recent hospital development (as described in Section 2).

As such, the subject area can be assessed to have a low potential to contain residual evidence for Aboriginal activities. If present, the most likely evidence would be stone-based sites. However, given the extent of recent development and land modification associated with the Campbelltown hospital's development, any Aboriginal sites are likely to have been significantly impacted, so that they would have poor archaeological condition and low archaeological integrity.

3.2.9 Visual Inspection of the Study Area

The April 2011 inspection of the subject area covered the whole site, but focused on those areas with the greatest potential for Aboriginal sites (the southeast corner and western boundary). The inspection did not identify any Aboriginal sites; the subject area was assessed to have no potential for intact Aboriginal sites, as a consequence of significant development and modification of the original landforms across the whole site.

The subject area was found to have been entirely stripped of original vegetation, where some regrowth of native species was observed. Therefore, no trees bearing Aboriginal scars were observed within the subject area. There is no potential for such sites to occur.

All landforms associated with the western margin of the subject area and Birunji Creek, have been significantly modified from their original pre-hospital condition. Modifications to the creek have been undertaken to create a series of manageable water detention ponds, designed to prevent flooding of

low lying and adjoining residential areas. Within the subject area soil horizons have been modified to create 10m high levee banks. In addition, further landform modification has altered the original slopes to create the road and carpark network. The combined effect of these works has removed all Aboriginal archaeological potential and would have destroyed any Aboriginal site that may have been present.

The high point in the southwest corner of the subject area has no potential to contain any Aboriginal objects. This zone appears to have suffered a series of significant impacts that have resulted in partial removal and holistic impacts to all original soil horizons: vegetation stripping, a high level of erosion, ploughing, possible use as a building location, excavation of soils and bedrock to create a flat platform, and dumping of gravels and other rubbish. As such this zone is very unlikely to retain any Aboriginal objects.

Overall, soils and landforms within the subject area have been substantially and significantly impacted by historical developments across its extent. The initial phases of vegetation stripping, ploughing and farming would have disturbed any Aboriginal sites present. Development of the golf course would have further impacted any sites present; however, the landform modifications required for the hospital's construction (and associated roads and landscaping) would have removed any Aboriginal objects through the process of top soil stripping and construction.

Therefore it can be stated that the subject area contains no previously recorded Aboriginal sites and has no archaeological potential for Aboriginal sites to be located within an intact subsurface context.

It is noted that the Aboriginal cultural values of the site have not been assessed in this report.

3.3 Non-Aboriginal Archaeology

3.3.1 Overview of Potential Historical Archaeology

The history of development across the study area, as described in Section 2.0, could have created a historical archaeological record. The historical evidence (Figures 2.1 to 2.15 and relevant discussions in Section 2.0) suggest that historical archaeological evidence is most likely to be associated with:

- original property boundary and internal division of the Portion 71;
- early roads associated with the boundary of the subject area and of Portion 71;
- evidence for early farming;
- the golf course; and
- a works compound associated with the construction of the hospital Stage 2.

The likelihood that these features may be present depends upon the extent of the original item's development (and subsurface and landscape modification), the mode of demolition and the impacts of consequential development/landscaping on the original archaeological deposits.

Prior to undertaking this study, no historical archaeological sites had been identified within the study area (ie through prior studies or listing on local heritage registers).

The table below defines the type and possible location of potential historical archaeological evidence that could be present within the study area.

Table 3.2 Potential Historical Archaeological Deposits.

Item	Potential Historical Archaeological Deposits	Possible Location
Original property boundary and internal division	<p>The original Portion 71 property boundary is partially evident in 2011 through the original eastern boundary along Appin Road and with new ring roads around Portion 71, Therry Road lies across the southern boundary and to a lesser extent Parkside Crescent partially reflects the western boundary.</p> <p>The internal division of the subject area is only evident through the configuration and boundaries present in historical aerials of the subject site (Figure 2.3 – 1947 Aerial). The division of Portion 71 lay between the Stage 1 and Stage 2 Hospital buildings and is clearly visible through a change in vegetation either side of this division.</p> <p>The original property boundary and internal division could have been established on the ground through fences, vegetation changes and accumulations of stone, a result of field clearing.</p> <p>Portion 71's external boundary is partially present in 2011; however, the internal division is not marked by any landscape features. It is unlikely that physical evidence for the internal ownership division of the subject site survives in 2011.</p>	The eastern and southern boundaries of the subject area and the division between Stage 1 and Stage 2 Hospital buildings.
Early roads	<p>Use of the subject area for farming may have required access routes, which would have most likely been from Appin Road. However, the earliest aerial photograph (1947) provides no evidence for likely roadway features.</p> <p>Early roads are unlikely to have been formed, and most likely would have existed as dirt tracks. As such, it is unlikely that these features would have left archaeological evidence.</p>	Early entry roads may be abutting the external boundary of Portion 71.
Farming evidence	<p>Farming activities are known to have occurred within Portion 71. These activities are frequently associated with small outbuildings, homesteads, or animal sheds and pens. An inspection of the 1947 aerial provides no evidence for such features, although soil horizons at the high point of the subject area (in the southeast) appear to have been impacted by some disturbance or activity most likely associated with cropping.</p>	Southeast corner of Portion 71.

Item	Potential Historical Archaeological Deposits	Possible Location
Golf course	<p>A golf course was constructed on the northern half of Portion 71 in 1957. This development started the process of altering the original landforms of the subject site, through landscaping activities that:</p> <ul style="list-style-type: none"> • in-filled the ephemeral watercourse in the centre of the subject area; • undertook earth moving activities to construct fairways, tee locations, bunkers and greens; • planted new vegetation along the margins of fairways. <p>Analysis of historical aerial photographs shows Stage 2 and 3 hospital development slowly removing all evidence for the golf course. Figure 2.13 shows hospital Stage 1 and 2, with the remains of the golf course in the background. Later hospital construction removed this evidence.</p> <p>Given the pattern of landscape development across the subject area, it is unlikely that any evidence remains for the layout and/or features of the golf course.</p>	Across the northern half of Portion 71, corresponding with the layout of the golf course as observed in historical aerial photographs.
Works compound	Figure 2.13 showing hospital Stage 1 and 2 provides evidence for a works compound to the north of Stage 2. This compound was tidied to Stage 2 development.	To the immediate north of the Stage 2 hospital building.

3.3.2 Site Analysis and Inspection of the Subject Site

The inspection of the subject site noted that the landform has been substantially modified during the staged development of the hospital site. This development appears to have removed all evidence of prior landscaping and features, as identified in Table 3.2. The majority of soil horizons within the subject area have been altered through development, construction and recent landscaping.

As such all of the features described in Table 3.2 have a low to very low potential to yield any associated archaeological evidence. The level of potential is summarised in Table 3.3.

Table 3.3 Potential Historical Archaeological Deposits.

Item	Potential Historical Archaeological Deposits
Original property boundary and internal division	<p>The original Portion 71 property boundary is partially evident in 2011 through Appin Road, the original eastern boundary and Therry Road, constructed in c1977 across the southern boundary. Parkside Crescent has a limited acknowledgement to the former Menangle Road which was the original western boundary to Portion 71.</p> <p>The internal boundary has a very low potential for yielding archaeological evidence as it has been modified by road and building construction. It is represented by the northern margin of the Stage 1 hospital building.</p>
Early roads	<p>No evidence was observed for early roads. Recent landscaping associated with the roads surrounding the subject area has altered the interface between the subject area and the road network, removing any evidence of any earlier routes.</p> <p>It is suggested that there is no archaeological potential for early roads within the subject area.</p>
Farming evidence	<p>The area in the southeast corner of Portion 71 has been significantly impacted by surface stripping, erosion, excavation and ploughing. There is very little residual soil remaining and no archaeological evidence was observed for any prior structure.</p> <p>This zone is considered to have a low archaeological potential.</p>

Item	Potential Historical Archaeological Deposits
Golf course	The golf course has been removed by Stages 2 and 3 of the hospital development. There is no landscape evidence for the former position of golf holes. This feature is considered to have a low archaeological potential for residual evidence.
Works compound	This compound was tied to Stage 2 development. Stage 3 development was partially built over this location and thus this feature has a low archaeological potential.

3.4 Built Environment

The current Campbelltown Hospital was built in three stages. The first was completed in 1977, the second in 1986 and the third in 2004.

Stage 1 comprised the main building (now Block B), in its landscaped setting, including the large early circular carpark at the front of Block B. The only other building constructed at this time was the demountable site office to the east of the hospital which was converted for use as an engineering and stores building. Entrance into the hospital building was from the western façade and the emergency department entrance was on the eastern side of the building.

An additional free-standing single-storey building was constructed around 1980 to the southwest of the main building for use as a day surgery unit.

A dugout area adjoining the western façade of Block B may have been an earlier proposed location for Stage 2 construction.

Stage 2 saw the construction of Block C (four-storey component) with an adjoining single-storey structure to connect it to Stage 1 (Block B). Block C contained the new maternity facilities and children's ward. To Block B, a new single-storey addition was added to the ground floor western façade creating a new main entrance to the building with office and outpatient facilities. Waratah House, which is the original mental health building on the site, was also constructed as part of this stage.

Staff accommodation was constructed near the southern boundary of the site close to Therry Road and a child care facility, to accommodate 40 children, was built adjoining the western boundary of the circular carpark.

Stage 3 was built between 1998 and 2004. During this time the site underwent major redevelopment. Development at this time included:

- Block A, a six-storey building containing a new Clinical Block with a new emergency department, operating theatres and intensive care unit. This building was constructed on the site of the original circular carpark. The 1980 day surgery unit was demolished for this construction.
- A new front entrance to the hospital was built on a lower level between Blocks A & B

- The removal of the circular drive to eastern façade of Block B and the creation of a new drive way and loading dock.
- The construction of a single-storey oncology facility (Cancer Treatment Centre – CTC) built near the northwest corner of Block A
- The construction of a single-storey Paediatric Ward (Block C) attached to the northern façade of the Stage 2 Maternity Block now also referred to as Block C
- The construction of a free-standing adolescent Mental Health Building (GNA KA LUN)
- The construction of a free-standing Youth Mental Health Building (BIRUNJI)
- The construction of a helipad built to the west of Block A
- Extensive road works and additional parking
- The construction of a new entrance roundabout to the site
- Major refurbishment to Blocks B & C
- Conversion of former child care centre into an education centre

Recent development has included the construction in 2010 of an ambulance station adjoining the staff accommodation block.

3.4.1 Site Development

Table 3.4 provides a summary of the extant buildings located at Campbelltown Hospital, including approximate details of construction materials and date. Figure 1.2 illustrates the location of the site's individual buildings currently and also the proposed buildings.









Figure 3.1 View of the central buildings of the hospital site from the main entrance (at the south of the site), overlooking a main carpark.









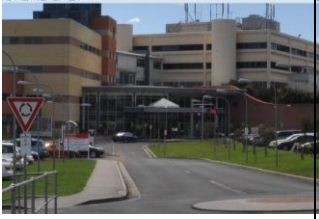

Figure 3.2 View of the landscape and hospital buildings to the north of the south west promontory.



Figure 3.3 View to the west from the main entrance overlooking the carpark onto the nursing education centre.

Building Name	Description (incl. materials and style)	Storeys	Development Stage
Block A 	Late-twentieth-century cubiform cement building in the Brutalist style. Stairways are externally expressed as major features.	5	3
Block B 	Constructed of reinforced concrete members in the late-twentieth-century international style. Set on a masonry plinth it is cubiform in shape, with its structural frame expressed and cylindrical stairwells attached in symmetry around central public and emergency exits on the two principal facades. Architect Barry Patten, Yuncken Freeman	6	1
Block C 	Late-twentieth-century cubiform building in the Brutalist style.	4	2
Block C Paediatrics	T-shaped building	1	3
Oncology facility (CTC) 	Masonry one- to two-storey building	1	3
Drug Advisory Centre 	Late-twentieth-century Sydney Regional style rectangular brick building built into the hill with tiled roof.	1	
Staff Accommodation 	Symmetrical block of adjoined units in brick late-twentieth-century domestic style	1	2

<p>Ambulance Station</p> 	Organic style building constructed of brick with corrugated-iron features.	1	Post Redevelopment
<p>Education Centre</p> 	Kit building of planked siding on a cement slab with iron roof.	1	2
<p>Waratah House</p> 	Late-twentieth-century Sydney regional style rendered brick building.	1	2
<p>Gna Kalun</p> 	Late-twentieth-century Sydney regional style rendered building.	1	3
<p>Birinji</p> 	Building constructed of brick with corrugated-tin features. The main body is free form in shape with two rectangular wings projecting from it at 45 degrees to one another.	1	3
<p>Helipad</p> 	Cement Pad	1	3

Main Entry 	Square open plan building with structural frame expressed. Its southern façade is a double-height tinted glazed wall.	1	3
Rotary House 	Square open plan building with structural frame expressed, glazed walls and verandah. It opens onto an outdoor area.	1	

As blocks A, B, C, C Paediatrics, CTC, and the main entrance were built, they were connected to one another by passageways and form a central courtyard between them all. Gna Lakun and Waratah House are joined by an enclosed walkway, while the other buildings are independent.

3.4.2 The Hospital Setting

Campbelltown Hospital has an open landscape sloping from the southeast to the northwest. There is a high promontory in the southeast of the subject site, which affords commanding views across the hospital and the adjacent urban setting.

Development of the study area for the Campbelltown Hospital has radically altered the landscape formed by its three previous uses: the golf course (1957–1977) farming land (1817-1970) and natural vegetative condition (prior to 1817). Development of the hospital, its maze of interconnecting roads, walkways, parking zones and associated landscaping (for the purposes of flood water control and beautification), has removed all traces of the previous historical phases through a process of landscape cut and fill, to create a series of large flat benches across the subject site's naturally sloping landform.

In 2011, the centre of the subject area is dominated by the original 1977 Stage 1 building, the 1986 Maternity and Children's Building (Stage 2) and Stage 3 Block A built during the late 1990s plus the single storey paediatrics unit and the oncology (CTC) unit. The outlying buildings include: the drug health service in the southeast; the mental health ward buildings in the northeast; the nursing education centre and modern ambulance station in the southwest; and the staff accommodation to the south. These buildings are separated from the central health service buildings by carparks and roadways.

The site is highly visible from across the valley and its semi-rural setting provides a landscaped green buffer to the denser surrounding residential development.

3.5 Endnotes

- ¹ Authors personal observations.
- ² Wollongong 1:2500,000 Geological Series Sheet. S156-9. Second Edition. 1966.
- ³ Speight, J. 1984. Landform. In McDonald, R.C., Isbell, R.F., Speight, J.G., Walker, J and Hopkins, M.S. *Australian Soil and Land Survey*. Field Handbook. Inkata Press. Melbourne.
- ⁴ White, E. and McDonald, J. 2010. Lithic Artefact Distribution in the Rouse Hill Development Area, Cumberland Plain, New South Wales. *Australian Archaeology*. 70.
- ⁵ White and McDonald 2010; McDonald, J. & Mitchell, P. 1994. *An assessment of the archaeological context, landuse history and management requirements for Aboriginal Archaeology in the Australian Defence Industries Site, St. Marys, NSW*. JMcD CHM Pty Ltd Report to ADI Ltd, NSW Property Group.
- ⁶ Benson, D. and Howell, J. 1990 . *Taken for granted: the bushland of Sydney and its suburbs*. Sydney, Kangaroo Press (in assoc) with the Royal Botanic Garden.

4.0 Heritage Significance

4.1 Assessment of Heritage Values

'Heritage' is a term used to describe items and places that are of value for the contribution they make to our understanding of the past.

The terms 'heritage significance', 'cultural significance' and 'heritage value' are often used interchangeably. They are broad terms that cover a range of values and beliefs. Assessments of cultural significance endeavour to establish why a place or item is considered important and why it is valued by a community.

This section comprises a brief preliminary assessment of the potential heritage values of the subject site with particular emphasis on the NSW State heritage values contained in the NSW Heritage Manual and reflected in the *NSW Heritage Act 1977*. Its aim is to determine whether the site has attributes of potential historical, Indigenous or built heritage values and significance.

The Burra Charter is regarded as the principal guide in Australian heritage management. It notes that cultural significance is embodied in the place itself. This includes its 'fabric, setting, use, associations, meanings, records, related places and related objects'. Thus, the Burra Charter (Article 1.2) defines 'cultural significance' as 'aesthetic, historic, scientific, social or spiritual values for past, present or future generations'.

An understanding of the historical context of a place and consideration of the physical evidence of it are key components in identifying heritage value(s) and cultural significance. A place that does not satisfy the criteria for State heritage listing may still be a place of local significance.

4.1.1 Preliminary Assessment Aboriginal Archaeological Values

The subject area does not contain physical Aboriginal sites and has no archaeological potential to contain these sites within a subsurface context.

This assessment has not involved Aboriginal community consultation. Therefore the subject area could have an undetermined level of cultural significance to the local Aboriginal community. Community consultation with respect to the redevelopment, undertaken by the hospital, should be used to determine whether this value exists.

4.1.2 Preliminary Assessment Non-Aboriginal Archaeological Values

The study area has a low level of archaeological potential for historical (non-Aboriginal) sites. This level of potential is because of the substantial impact of modifications to the original landscape during the period 1979–2000. Works for the hospital would have removed any residual archaeological evidence relating to earlier historical phases.

Should such archaeological evidence (historical relics or works) have survived the later impacts of the hospital development, they would relate to the various historical phases of the subject area. The only aspects of historical archaeology which could have provided new evidence unavailable elsewhere would have related to the early farming and/or dairying on Portion 71.

However, the level of impact evident across the subject area has removed any potential for the conservation of meaningful and interpretable archaeological deposits. It is suggested that any

archaeological investigation of the low potential locations would not further scientific understanding of local heritage and is not warranted.

4.1.3 Preliminary Assessment Built Heritage

The Stage 1 building and site planning delivered a contemporary building of considered monumentality in a formally planned hillside greenfields setting. Its design expressed the civic confidence of its era—one of rapid local infrastructure expansion—as urban development intensified around the regional centre of Campbelltown, and the newly established Health Commission won significant state funding and secured major architectural firms to provide quality design concepts.

Later phases of hospital development gradually changed key aspects of the Stage 1 works, as low-scale additions and adjacent buildings, carparking and walkways obscured the formal entrances and building approaches and the Stage 2 buildings diminished its prominence. Stage 3 removed further elements of its formal layout and ‘castle on a hill’ appearance.

The hospital site is evidence of the rapid urban expansion of southwest Sydney and the struggle of urban infrastructure to keep pace with population demands. The rapidity of changes has led to ad hoc decisions regarding site layout and building relationships which have obscured the potential heritage values of the Stage 1 building (Block B) by adjacent building.

In the time available to develop the preliminary assessment (3 weeks), GML has undertaken informal oral research—via personal discussions with the architects, designers and builders of Stage 1—which indicates that more detailed research and examination of Block B (Stage 1) is needed. A comparative analysis of similar era hospitals and the work of Yuncken Freeman in NSW also needs investigation. The firm archives are held at the University of Melbourne and by the firm itself, which continues to practice.

4.2 Assessment of Significance

4.2.1 Introduction

This section outlines the approach to assessment of heritage significance set out in the NSW Heritage Manual guidelines, prepared by the NSW Heritage Office and Department of Urban Affairs and Planning (as amended July 2002). These guidelines provide the framework for this report’s assessment of the significant heritage values of Campbelltown Hospital and its contributory elements, which is summarised in the Statement of Significance (Section 5.3). In essence, the Heritage Guidelines incorporate the five types of ‘cultural heritage values’ identified in the Burra Charter into a specifically structured framework that is accepted as the required format by heritage authorities in New South Wales.

Under these guidelines, places/sites/items are assessed against the following criteria:

- a) An item is important in the course, or pattern, of NSW’s cultural or natural history (or the cultural or natural history of the local area);*
- b) An item has strong or special association with the life or works of a person, or group of persons, of importance in the cultural or natural history of NSW (or the cultural or natural history of the local area);*
- c) An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area);*

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

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

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

g) An item is important in demonstrating the principal characteristics of a class of NSW's:

– cultural or natural places; or

– cultural or natural environments

(or a class of the local area's)

– cultural or natural places; or

– cultural or natural environments.

In applying the assessment criteria, both the nature and degree of significance of the place need to be identified, with items varying in the extent to which they embody or reflect key values and the relative importance of their evidence or associations.

The assessment also needs to relate the item's values to its relevant geographical and social context, usually identified as either Local or State contexts. Items may have both Local and State significance for similar or different values/criteria.

Statutory protection of heritage places (ie by local and/or state governments) is usually related to the identified level of significance. Items of State significance may be considered by the Heritage Council of NSW for inclusion on the State Heritage Register.

4.2.2 Historical Thematic Assessment

The NSW Heritage Manual identifies a specific set of historical themes relevant to New South Wales within which the heritage values of the place need to be assessed. Assessing the heritage values of the Campbelltown Hospital within the context of the relevant historic themes provides a useful insight into its contemporary meanings and values to different groups.

Relevant Historic Themes for Campbelltown Hospital:

2. Peopling Australia – convict, migration

3. Developing local, regional and national economies – health – Establishment of first hospital for Campbelltown

4. Building Settlements and towns – Town suburbs and Villages – Establishing Campbelltown as the major centre for South Western Sydney

7. Governing

4.2.3 Analysis of Heritage Significance

This section formally assesses the heritage significance of Campbelltown Hospital in accordance with the standard criteria identified in the NSW Heritage Office guidelines. The evaluation includes

consideration of the original and subsequent layering of fabric, uses, associations and meanings of the place/site/item as well as its relationship to its immediate and wider settings.

Criterion A (Historical Significance)

An item is important in the course of NSW's cultural or natural history (or the cultural or natural history of the local area).

The Campbelltown Hospital site has limited ability to display nineteenth-century agricultural land divisions except that it adjoins an early colonial road which provides its eastern boundary.

It is important in the core history of Campbelltown in that it symbolises the growth and civic expansion of Campbelltown as a regional centre in the late 1960s early 1970s.

It is evidence of political initiatives at a state level during the 1970s, associated with the provision of health services and regional planning for population expansion and growth. Campbelltown Hospital reflects the expansion of Health Services to the new growth areas west of Sydney.

The subject site does not meet the threshold for State significance under criterion A, but nevertheless has historical significance at a Local level as evidence of Campbelltown's civic development.

Criterion B (Historical Associations)

An item has strong or special association with the life or works of a person, or group of persons of importance in NSW's cultural or natural history (or the cultural or natural history of the local area).

Campbelltown Hospital has some associations with James Meehan, a well known surveyor in early NSW, who became a large land owner in the Campbelltown district. He was associated with the early settlement patterns and road layout in the locality, including Appin Road, and owned the subject land from c1817 until his death in 1826. The land then remained in the ownership of his children and grandchildren until 1874.

The site has limited association for its connection with the original Campbelltown Golf Course between 1955 and 1978.

Campbelltown Hospital has local historical associations as the first public hospital to be built in Campbelltown, and is thus associated with the lives of its patients, employees and surrounding community.

Block B has significance for its association with the work of architect Barry Patten of Yuncken Freeman Architects. The level of that significance is as yet unknown.

The subject site does not meet the threshold for State significance under Criterion B, but may have associative significance for the work of Barry Patten.

Criterion C (Aesthetic Significance)

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

Campbelltown Hospital's late-twentieth-century architecture is representative of its period. Its integrity is low and, with the potential exception of Block B, it does not display strong aesthetic values or creative or technical achievements.

Block B has potential aesthetic significance as a good example of hospital architecture of the period and/or the work of architect Barry Patten of Yuncken Freeman Architects. The level of that significance is as yet unknown.

The subject site does not meet the threshold for State significance under criterion C, but Block B has potential aesthetic significance which warrants further investigation.

Criterion D (Social Significance)

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

The potential social values of the site to its patients, doctors, nurses, employees, or to the wider Campbelltown or Aboriginal communities, have not been assessed during this preliminary assessment phase. Given its role as a life marker, the function of a hospital is likely to hold significance for a range of community groups.

This report has not assessed the social significance of the site.

Criterion E (Research Potential)

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

Given the high level of site disturbance by successive phases of re-development, it is unlikely that the subject site could yield information that contributes to an understanding of NSW's Aboriginal cultural history. Should any historical archaeological evidence (historic relics or works) of the site prior to the hospital development survive the impacts of that development, the only aspects that would provide new evidence unavailable elsewhere may relate to the early farming and/or dairying on Portion 71. However, the likelihood of such relics or works being uncovered is very low.

Therefore the subject area does not meet this criterion with respect to Aboriginal or historical archaeological deposits.

Criterion F (Rarity)

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

This site does not possess uncommon or rare aspects of cultural or natural history in the context of NSW or the local area. With the potential exception of Block B, late-twentieth-century architecture, including styles similar to those at Campbelltown Hospital, is found elsewhere in the Campbelltown area due to the influx of funding for civic infrastructure in the area at this time. Natural features of the site have been shaped and stripped, and the vegetation is largely new plantings as a result of modern landscaping.

Subject to further investigation of Block B, it appears that the subject site is not significant in terms of its rarity.

Criterion G (Representativeness)

An item is important in demonstrating the principal characteristics of a class of NSW's cultural or natural places or environments (or a class of the local area's cultural or natural places or environments).

The late-twentieth-century architecture present within the study area at Campbelltown Hospital remains relatively common in Australia and particularly in the Sydney region. This style of hospital, with a central compound of buildings surrounded by auxiliary buildings, is a traditional model of its type. Therefore, the subject site does not meet the criterion of representativeness according to its principal cultural characteristics. The site, being largely altered by land stripping and reshaping, does not have significance as a natural place or environment.

4.2.4 Preliminary Statement of Significance

The Campbelltown Hospital site is of Local historical significance under criteria A, providing evidence of the staged expansion and redevelopment of major public infrastructure in a burgeoning regional centre. The site has a strong and sustained connection with the expansion of Campbelltown and is evidence of the state-wide change in delivery of hospital services.

Block B is potentially of aesthetic and associative value and requires further investigation. Due the functional role of a hospital, it is likely to have social significance for community groups.

5.0 Conclusions

The preliminary heritage assessment of the site confirms that Campbelltown Hospital site is of Local historical significance, providing evidence of the staged expansion and redevelopment of major public infrastructure in a burgeoning regional centre, as well as the state-wide change in delivery of hospital services.

Preliminary research indicates that Block B is potentially of aesthetic and associative value and further investigation and comparative analysis is recommended.

Due to the functional role of a hospital, it is likely to have social significance for community groups.

The preliminary heritage assessment has indicated that given the disturbed nature of the site, and the absence of recorded sites, there are unlikely to be heritage constraints arising from the known Aboriginal and historical archaeology of the site.

Aboriginal Heritage

Aboriginal intangible/cultural heritage values—no consultation has been undertaken for this study. The subject site could have cultural significance to the local community. **The hospital can determine this fact during its community consultation process for the redevelopment. If found, such values can provide an opportunity for interpretation in the new buildings.**

Archaeology

Due to extensive site works and redevelopment, the subject site has a low level of archaeological potential for historical (non-Aboriginal) sites. **It is suggested that any archaeological investigation of the low potential locations would not further scientific understanding of local heritage and is not warranted.**

Built Heritage

In the three week study period available to develop the preliminary assessment, GML has undertaken documentary and informal research—via personal discussions with the architects, designers and builders of Stage 1—which indicated **that more detailed research and examination of Block B (Stage 1) is needed than could be quickly accomplished. A comparative analysis of similar era hospitals and the work of Yuncken Freeman in NSW is recommended to provide the context for such an analysis**

What are the Consequences of the Preliminary Assessment?

It is unlikely that issues of Aboriginal or historical archaeology will be impediments to site development.

To manage the potential heritage values of Block B, the following options are available to Health Infrastructure:

1. Preparation of a Heritage Assessment of Building B to fully assess its significance, including research into its comparative hospitals, the work of Yuncken Freeman to place the building in its historical and architectural context, thus defining its relative architectural significance;

2. Preparation of a Conservation Management Plan or Strategy, which would assess the buildings physical evidence, historical documentation and comparative context, providing a an assessment of its heritage significance, The opportunities and constraints of its significance and the owners requirements for hospital functionalism would then determine policies that would guide future development of the building. A CMP or CMS is a standard heritage document, for which state guidelines are set by the NSW Heritage Branch. Such a document would provide an appropriate decision-making context for the future use and change that is inevitable for a functional hospital facility.
3. Preparation of measures to mitigate the impact of the buildings loss or damage. This could include oral histories, archival recording, videos of the building at work,, social values analysis, interpretation etc

Generally speaking, the hospital site can be developed provided aspects of its potential social and aesthetic significance are respected. At this point in the Masterplan development, it is understood that the building may be modified or encapsulated, in which case the mitigative measures of option 3 will be implemented by Health Infrastructure.