5 ANALYSIS OF PHYSICAL EVIDENCE

Site inspections for the CMP Update were undertaken in February and March of 2015 by Corinne Softley, Eleanor Banaag and Nadia Iacono of Futurepast Heritage Consulting Pty Ltd. Figure 5.1 shows a site layout and building identification plan, and is to be used in conjunction with the built fabric description. This section briefly describes the built fabric of the site. Refer to Appendix A for a detailed overview of each building. In general, the inspection was restricted to a survey of the external fabric. Only a handful of buildings were internally inspected. The inspection results do not include a structural condition report.

5.1 Fabric Condition Criteria
In assessing condition, the degree of repair has been categorised into five groups. These groups are generally understood to mean:

- **Excellent** – typically new buildings of pristine condition and requiring no work apart from normal maintenance to keep an acceptable building standard;
- **Good** – of reasonable condition and requiring no obvious work apart from normal maintenance to bring it to an acceptable building standard;
- **Fair** – requiring renovation work beyond normal maintenance to bring it to an acceptable building standard;
- **Poor** – requiring substantial repairs and renovation work to bring it to an acceptable building standard; and
- **Very Poor** – requiring major repairs and renovation work to bring it on an acceptable building standard.

The term “dado-style” has been used throughout this report and describes the external cladding to the timber frame ramp ward buildings. “Dado” generally describes a cladding system by which the lower part of a wall is faced differently from the upper part. In this case the cladding comprises weatherboards fixed to the lower portion of the external wall and fibro asbestos sheeting fixed above. The term “accretions” has been used throughout this report to describe external additions such as air-conditioning units, plant equipment and power supply.

5.2 Fabric Significance Criteria
In assessing significance, the degree of importance has been categorised into five groups:

- **Exceptional** - original extant fabric and spaces of historic or aesthetic quality and rarity
- **High** – extant fabric from early phases of construction
- **Some** – fabric which was originally of higher significance but has been compromised later by less significance modifications and yet retains the potential for recovery of significance.
- **Neutral** – most fabric associated with alterations and additions to accommodate changing requirements; post 1950s construction with no historic or aesthetic qualities that continue a stylistic relationship to the original hospital designs and intents; fabric that has been poorly reconstructed in terms of workmanship and detailing; and newly constructed buildings.
- **Intrusive** - includes alterations and additions to components, which detract from the significance of the place.

5.3 Limitations
Site inspectors undertook a built fabric analysis of both the external and internal features of the hospital buildings. Due to time constraints and the size of the site (eighty buildings), the inspection was conducted as a visual study only, not a detailed fabric analysis. All buildings were accounted for and externally inspected. Nine buildings were internally inspected as an update to the previous 1999 CMP.
5.4 Brief Overview of Built Fabric
The following overview of 80 buildings on the Concord Repatriation Hospital site outlines a basic description of each building, in particular the year it was built, the years in which the building underwent major modifications and the condition of the building during inspection. Minor modifications have been excluded from the summary but can be found in the listing sheet for the building in Appendix A. If the site has undergone major interior modifications, this has been identified. The condition status of each building was based on an external inspection in most cases. Where an internal inspection was made, it has been noted.

Figure 5.1: Existing building stock (Source: Jacobs, CRGH Masterplan Report, 2015)
<table>
<thead>
<tr>
<th>Name and Significance</th>
<th>Building Number</th>
<th>Year Built</th>
<th>Building Type</th>
<th>Major Modifications</th>
<th>Condition</th>
<th>Photo</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Building &amp; Gate House</td>
<td>1</td>
<td>1942</td>
<td>S &amp; T Group</td>
<td>1990s</td>
<td>Fair</td>
<td><img src="image1.jpg" alt="Security Building &amp; Gate House" /></td>
</tr>
<tr>
<td>Office</td>
<td>1A</td>
<td>2005-2009</td>
<td>Post 2000 construction</td>
<td>1990s</td>
<td>Fair</td>
<td><img src="image2.jpg" alt="Office" /></td>
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<td>Medical Centre</td>
<td>2</td>
<td>1942</td>
<td>S &amp; T Group</td>
<td>1980s 2000 2011</td>
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<tr>
<td>Office</td>
<td>2A</td>
<td>2005</td>
<td>Post 2000 construction</td>
<td>Not modified</td>
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<td><img src="image4.jpg" alt="Office" /></td>
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<tr>
<td>Commercial Services Office &amp; Switchboard and Electrical Substation</td>
<td>4</td>
<td>1980</td>
<td>1980s-1990s construction</td>
<td>1987</td>
<td>Good</td>
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<td>Name and Significance</td>
<td>Building Number</td>
<td>Year Built</td>
<td>Building Type</td>
<td>Major Modifications</td>
<td>Condition</td>
<td>Photo</td>
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<tr>
<td>Cafeteria</td>
<td>6</td>
<td>1957</td>
<td>Brick &amp; Tile Style</td>
<td>Plastic tables installed - date unknown</td>
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<tr>
<td>Transit Lounge and Newsagency</td>
<td>7</td>
<td>1957</td>
<td>Brick &amp; Tile Style</td>
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<tr>
<td>Marketing/ Fundraising Office</td>
<td>8A</td>
<td>1962</td>
<td>Brick &amp; Tile Style</td>
<td>Modified from a hairdresser to an office - date unknown</td>
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<td>Museum</td>
<td>8B</td>
<td>1963</td>
<td>Brick &amp; Tile Style</td>
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<tr>
<td>Chapel</td>
<td>9</td>
<td>1994</td>
<td>1980s-1990s construction</td>
<td>Replaced the Red Cross Services Centre</td>
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</table>

Identified for possible demolition at Stage 1 redevelopment (2015)
<table>
<thead>
<tr>
<th>Name and Significance</th>
<th>Building Number</th>
<th>Year Built</th>
<th>Building Type</th>
<th>Major Modifications</th>
<th>Condition</th>
<th>Photo</th>
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</thead>
<tbody>
<tr>
<td>Coronary Care &amp; Thoracic Ward</td>
<td>10</td>
<td>1942</td>
<td>Brick &amp; Tile Style</td>
<td>1954 1980s 1990-1999 2003</td>
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<td><img src="image1.png" alt="Photo" /></td>
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<tr>
<td>Coronary Care &amp; Thoracic Ward</td>
<td>11</td>
<td>1942</td>
<td>Brick &amp; Tile Style</td>
<td>1954 1984 1990-1999</td>
<td>Fair</td>
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<td>Renal Cardiovascular &amp; Cancer Services</td>
<td>12</td>
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<td>Fair</td>
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<td>1954 1984 1970-1980</td>
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<td>1954 1984 1990-1999</td>
<td>Fair</td>
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<tr>
<td>Name and Significance</td>
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<td>Year Built</td>
<td>Building Type</td>
<td>Major Modifications</td>
<td>Condition</td>
<td>Photo</td>
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<tr>
<td>Renal Cardiovascular &amp; Cancer Services</td>
<td>16</td>
<td>1942</td>
<td>Brick &amp; Tile Style</td>
<td>1954 1980s 1970-1980</td>
<td>Not Inspected (no access)</td>
<td>Not inspected (no access)</td>
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<td>Neuroscience Bone Joint &amp; Connective Tissues</td>
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<td>1942</td>
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<td>Name and Significance</td>
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<td>Year Built</td>
<td>Building Type</td>
<td>Major Modifications</td>
<td>Condition</td>
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<td>Lecture Theatres, Dept. of Surgery and Medicine Office</td>
<td>20</td>
<td>1957</td>
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<td>Good</td>
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<td>• Significance: Neutral</td>
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<tr>
<td>Genetic Lab</td>
<td>20A</td>
<td>1942</td>
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<td>Not modified</td>
<td>Poor</td>
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<tr>
<td>Dental Clinic, Cardiology Dept. and Kiosk</td>
<td>21</td>
<td>1942</td>
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<td>Poor</td>
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<tr>
<td>Illustrations – group of 4 buildings</td>
<td>22</td>
<td>1942</td>
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<tr>
<td>Gatehouse</td>
<td>23</td>
<td>1957</td>
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<tr>
<td>Medical Students Quarters</td>
<td>24</td>
<td>1947</td>
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<td>1972</td>
<td>Fair</td>
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<td></td>
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<tr>
<td>Motor Neurone Diseases Unit</td>
<td>25</td>
<td>1942</td>
<td>Timber Dado Style</td>
<td>Refurbished – date unknown</td>
<td>Good</td>
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<tr>
<td>Name and Significance</td>
<td>Building Number</td>
<td>Year Built</td>
<td>Building Type</td>
<td>Major Modifications</td>
<td>Condition</td>
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<tr>
<td>Medical Library &amp; Pathology Museum</td>
<td>26</td>
<td>2012</td>
<td>Post 2000 construction</td>
<td>New building replaced 1942 Education Centre</td>
<td>Excellent</td>
<td><img src="image1.png" alt="Medical Library &amp; Pathology Museum" /></td>
</tr>
<tr>
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<tr>
<td>Anzac Research Foundation</td>
<td>27</td>
<td>2000</td>
<td>Post 2000 construction</td>
<td>New building replaced seven 1942 wards</td>
<td>Excellent</td>
<td><img src="image2.png" alt="Anzac Research Foundation" /></td>
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<td>• Significance: Neutral</td>
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<tr>
<td>Housekeeping – pair of 2 buildings</td>
<td>28</td>
<td>1942</td>
<td>Timber Dado Style</td>
<td>1970s</td>
<td>Poor</td>
<td><img src="image3.png" alt="Housekeeping – pair of 2 buildings" /></td>
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<td>Endocrinology</td>
<td>29</td>
<td>1947</td>
<td>Timber Dado Style</td>
<td>1995-1999</td>
<td>Very Poor</td>
<td><img src="image4.png" alt="Endocrinology" /></td>
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<td>Physiotherapy</td>
<td>30</td>
<td>1942</td>
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<td>Not modified</td>
<td>Very Poor</td>
<td><img src="image5.png" alt="Physiotherapy" /></td>
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<td>Red Cross Library</td>
<td>31</td>
<td>1942</td>
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<td><img src="image6.png" alt="Red Cross Library" /></td>
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<td>Name and Significance</td>
<td>Building Number</td>
<td>Year Built</td>
<td>Building Type</td>
<td>Major Modifications</td>
<td>Condition</td>
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<td>32</td>
<td>1942</td>
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<td>Not modified</td>
<td>Very Poor</td>
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<td>• Significance: High</td>
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<td>Information Systems</td>
<td>33</td>
<td>1942</td>
<td>Timber Dado Style</td>
<td>Not Modified</td>
<td>Poor</td>
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<td>34</td>
<td>1942</td>
<td>Timber Dado Style</td>
<td>Staircase installed - date unknown</td>
<td>Poor</td>
<td></td>
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<td>• Significance: Some</td>
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<tr>
<td>Information Systems</td>
<td>35</td>
<td>1942</td>
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<td>36</td>
<td>1942</td>
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<td>Toilets, Dietetics &amp; Social Work</td>
<td>37</td>
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<td>Not modified</td>
<td>Poor</td>
<td>No image</td>
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<tr>
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<td>Outpatients Clinic - Eye and Ophthalmology</td>
<td>41</td>
<td>1942</td>
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<td><img src="image3.jpg" alt="Image" /></td>
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<tr>
<td>Outpatients Clinic</td>
<td>42</td>
<td>1942</td>
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<td>Poor</td>
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<td>Outpatients Clinic</td>
<td>43</td>
<td>1942</td>
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<td>Not Modified</td>
<td>Poor</td>
<td><img src="image5.jpg" alt="Image" /></td>
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<td>Palliative Care Ward</td>
<td>44</td>
<td>2013</td>
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<td>New building replaced five ward buildings</td>
<td>Excellent</td>
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<tr>
<td>Computer Centre</td>
<td>58</td>
<td>1987</td>
<td>Brick &amp; Tile Style</td>
<td>Not modified</td>
<td>Fair</td>
<td><img src="image7.jpg" alt="Image" /></td>
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<td>Year Built</td>
<td>Building Type</td>
<td>Major Modifications</td>
<td>Condition</td>
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<tr>
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<td>61</td>
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<td>Finance &amp; Purchasing – Pay Office &amp; Medical Records</td>
<td>63</td>
<td>1957</td>
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**Concord Repatriation General Hospital • CONSERVATION MANAGEMENT PLAN • May 2015**
CM+ • Futurepast • Context Landscape Design
<table>
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<tr>
<th>Name and Significance</th>
<th>Building Number</th>
<th>Year Built</th>
<th>Building Type</th>
<th>Major Modifications</th>
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<td>1962</td>
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<td>1967</td>
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<td>84</td>
<td>2005</td>
<td>Post 2000 construction</td>
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<td>Post 2000 construction</td>
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</table>
5.5 Site Historical Landscape

5.5.1 The Grounds prior to 1939

The natural vegetation of the area consisted of Eucalyptus forest, while the foreshore was characterised by mangroves. This vegetation was typical of that found beside the Parramatta River before European settlement. Prior to the commencement of construction of the Concord Repatriation General Hospital it seems the subject site was predominantly uncultivated and native bushland. A visitor to the Walker Estate in 1929 described it as:

*A gracious oasis in a desert of red brick...it can still look out over the river with the untroubled superiority of its Early Colonial days; can wrap itself in its mantle of wooded acres, serenely oblivious of the indelible signs of progress which are going on all around it, on both sides of the rivers; for here a turn in the path, there a sweep of the lawn or the branches of some great tree will completely shut out from view everything but a vista of garden or parkland, with beyond it a peaceful wooded river prospect, innocent of even a roof.*

It seems possible the grounds referred to as “wooded acres”, could have been the site that was to become the grounds of the Concord Repatriation General Hospital. It is possible the Yarralla grounds wished to maintain the sense of seclusion from the neighbouring Thomas Walker Convalescent Hospital.

When the Crown acquired the land that connected Rocky Point and Yaralla as the site for the Military Hospital it was open forest and bushland. The initial construction and subsequent development of the Concord Repatriation General Hospital altered the context of the Thomas Walker Convalescent Hospital. The open forest was razed when the Military Hospital was planned for the site. The main tower of the Thomas Walker Convalescent Hospital dwarfed the main building of the Concord Repatriation General Hospital. The smaller buildings of the hospital gradually replaced the open forest that once connected Rocky Point to Yaralla. An aerial photograph from the 1930s (Figure 3.34) indicates the density and extent of this forest. Aerial photographs from 1943 (Figures 3.35), 1951 (Figure 3.36) and 1961 (Figure 3.37) show the extent of change in the two decades that follow the establishment of the Repatriation Hospital. Initially a buffer zone existed between the Concord and Thomas Walker Convalescent Hospital; this strip on the eastern boundary of the Walker Hospital was planted with a row of trees. Other changes in context include the gradual development of the parking lot on the western side of Hospital Road.

Figure 5.1: 1930s aerial

Figure 5.2: 1943 aerial

Figure 5.3: 1951 aerial

Figure 5.4: 1961 aerial

Remnant bushland still exists on the Dame Eadith Walker Hospital (Yarralla Estate). This bushland is located on the eastern boundary of the Estate adjacent to Majors Bay. A minor portion is located on the western section, and covers approximately 10% of the site. No bushland was retained on the subject site.
5.5.2 Planting and Landscape Areas after 1941

In general, the bulk of the planting on the site located around the perimeter of the hospital grounds was planted to provide screening after the construction of the hospital in 1942. The tree planting is principally maintenance-free.

(Source: NSW Land & Property Information)
5.6 Overview of Landscaped Areas

The landscape observed and visually recorded within the Concord Hospital site is disjointed in its design and planting. There are differing planting styles with the use of natives and exotics. Planting has occurred over differing periods in time which is reflected in the nature of the design of the open spaces. Site photos for this report where taken 18 February 2015 and 15 March 2015.

Figure 5.10: Landscape areas and major plantings (Source: Context Landscape Design – March 2015)
5.6.1 Landscape Area 1 (LA1): North-western Foreshore – Brays Bay Wetlands

This area lies to the north and north-west of the hospital grounds and adjoins the Main Hospital Car Park. It is on the Register of the National Estate as part of the Natural Environment group and identified as Brays Bay Wetland. The National Estate listing is included in Appendix B. The boundaries form part of the Concord Repatriation General Hospital grounds. The wetland area runs north-south, 100m east of Rocky Point on the east and the northern and western boundaries of the developed parts of Rhodes Park, the Hospital car park and Rivendell Adolescent Unit (Thomas Walker Hospital), to the north.

The Heritage Council Register’s Statement of Significance states:

_Brays Bay Wetland is an important remnant of the wetlands of the Parramatta River, of which over 60% have been reclaimed since European Settlement. These wetlands provide an important habitat for a regionally diverse migratory wader population. They are also an important remaining wetland remnant on the Parramatta River with five distinctive vegetation zones. The wetlands of the bay contain a high diversity of vegetation zones for the Sydney Region. These zones include mangroves, saltmarsh, salt grass, mudflat, Juncus Rushland and Casuarina Glauc/ Melaleuca Stypeloides Scrub. The wetlands provide a rare example of zonation of intertidal wetland communities within the region. The presence of such a full sequence of estuarine intertidal vegetation zones is now rare on the Parramatta River. The association of Melaleuca Sypholoides/ Casuarina Glauc found here is rare in New South Wales. The area is used as a teaching and research site by school groups to observe the phenomenon of zonation of estuarine communities._

Brays Wetland contains a full sequence of estuarine zones in close proximity. The vegetation zones in the wetlands area include mangroves, saltmarsh, mudflats, juncus rushland, swamp oak, scrub with occasional trees of forest red gum and grey iron bark. Previous reclamation has severely reduced the amount of wetland with narrow zonal bands. The wetlands provide a habitat for a diversity of waders including the pied cormorant, little pied cormorant, little black cormorant, white ibis, white-faced heron, grey heron, spur winged plover, pelican, royal spoonbills, sanderling, common sandpiper, chestnut teal and grey teal.

Figure 5.12: Inland aerial view of Brays Bay with mangroves (LA1)

Figure 5.13: Coast aerial view of Brays Bay and mangroves (LA2)

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53 9a Register of the national Estate, Brays Bay Wetland, Database No. 017043, File No. 1/17/012/0006.
5.6.2 Landscape Area 2 (LA2): North-west of Hospital Road

This area is located on the northwest edge of the hospital grounds and is separated from the main body of the hospital by Hospital Road. The area comprises the Main Hospital Carpark, the Kokoda Track Memorial Walkway and the Memorial Rose Garden.

The carpark is bitumen covered with relatively no planting. Two eucalypts are planted in the carpark, one *Eucalyptus tereticornis* (Forest Red Gum) and one *Eucalyptus sp.* (Eucalypt). The rear boundary of the car park is a mix of vegetation types that creates a green screen that backs onto the mangroves behind. The mangroves are quite high and there are no visible views of the Bay behind.

There is a row of *Liquidambar styraciflua* (Liquidambar) along the nature strip adjacent the carpark. This creates an single sided avenue along Hospital Road, this would bring interest and colour to this area during the seasons with a deciduous nature over the winter months.

The Kokoda Track Memorial Walkway is north of the Main Hospital Gate. Constructed along Brays Bay, this walkway runs 800m between Rhodes railway station and Concord Repatriation General Hospital. The war veteran's community maintains a close association with the hospital even though it is now a public hospital. The war veterans sponsored the creation of this track that was designed by DM Taylor Landscape Architects Pty Ltd and began in 1995. The Memorial Walkway is a commemoration of the brave selfless spirit that flourished on the Kokoda Track during a six-month campaign in New Guinea from July 1942 to January 1943. 22 commemorative stations are sited, each marking a significant battle or event. As part of the memorial, the walkway has been planted with tropical species.

The Memorial Rose Garden is located north of the Main Entrance Gate, at the southwest end of the Main Hospital Car Park. The garden was completed in 1997 and acts as an entry/exit node to the Kokoda Track Memorial Walkway. A circular wall frames the garden. Individual donor plaques have been fixed to the wall. The wall can provide space for up to 750 donor plaques. The garden is planted with various species of roses.

Figure 5.14: Landscape Area 2 (LA2) Map – North-west of Hospital Road (Car Park) (Source: Context Landscape Design – March 2015)

- **Figure 5.15:** View to Brays Bay vegetation from south side of Hospital Road (LA2)
- **Figure 5.16:** View to Brays Bay vegetation from edge of Hospital Road (LA2)
- **Figure 5.17:** View to liquidambers along Hospital Road
- **Figure 5.18:** Memorial Rose Garden (LA2)
5.6.3 Landscape Area 3 (LA3): The Green

This area lies north of the Multi Block with Hospital Road forming its northwest boundary. The area was originally a Lawn Bowling Green donated to the hospital by the Federated Iron Workers’ Association. It was used for lawn bowls while the hospital was associated with war veteran rehabilitation. This function in time became obsolete. In 1985, it was redesigned as a joint project under the Commonwealth Employment Program of the Gardening Section and the Department of Employment and Industrial Relations. A Cafeteria and Transit Lounge border The Green on the southwest and southeast. It is used extensively as an area for passive recreation.

Prominent tree plantings include a *Ficus microcarpa* var. *hillii* (Hill’s Weeping Fig) on the northwestern corner of The Green, adjacent with Hospital Road. This tree planting works in with of Ficus that are located along this road. At the time of the site visit (17/03/15) pruning of these trees had occurred to accommodate the power lines that run along this street. It would be advised to look at overall trimming and pruning strategy deemed to be appropriate by a qualified Arborist to pull the trees back into a uniformed nature that addresses the needs of the street and the Hospital behind.

Numerous trees, including *Eucalyptus microcorys* (Tallow Wood), *Eucalyptus citriodora* (Lemon Scented Gum) and *Ulmus parvifolia* (Chinese Weeping Elm) border The Green.

A covered walkway located on the northwest of the Multi-Ward building dates to the 1980s. A row of *Syagrus romanzoffianum* (Cocos Palm) has been planted in The Green. These palms are not in keeping with the character of the other planting.

If development is to occur in this open space, some of these trees could be retained as part of a future courtyard.

- High heritage significance
- Little heritage significance

Figure 5.20: View towards “Bowling Green” (LA3)

Figure 5.21: Historical view of “Green” (LA3)

Figure 5.22: Mixed planting (LA3)

Figure 5.23: Multi stem palm, *Adonidia memillii* (LA3)
5.6.4 Landscape Area 4 (LA4): South-East of Hospital Road

Along the north-west perimeter of the grounds screening has been planted. A hedge of *Teckomaria capensis* (Cape Honeysuckle) has been planted along the footpath and a row of a *Ficus microcarpa var. hillii* (Hill’s Weeping Fig) has been planted behind facing Hospital Road. These provide visual privacy for the wards that lie beyond.

Along the south-east boundary of LA4 zone is an extensive row of *Jacaranda* sp. These trees create a strong avenue along this internal hospital road and continue in a line between Buildings 22 and 36. The trees give seasonal colour and interest.

This avenue has been present in this location since 1961 as seen on these historical aerials in Figure 3.37.

Any future development should consider incorporating there trees into the design.
5.6.5 Landscape Area 5 (LA5): New Educational Zone (N-E of Hospital Precinct)

This area is located along the northern edge of the hospital grounds and borders with Rivendell Adolescent Unit.

Located along the access road is a row of 32 *Lophostemon confertus* (Brush Box), creating an avenue of signature planting extending to over 250m in length. Car parking is located parallel to the road, under the trees. Car parking has been extended over a tennis court near Gate 3. The trees provide shade for these cars.

Since the original report was issued in 2000, numerous buildings within this zone have changed and been replaced with new buildings. Buildings 28 and 29 are remaining with terracotta tiled roofs. Subsequently due to the new development new plantings have been added in garden beds surrounding this zone. Mostly natives have been used in the planting palette within this zone.

The Yaralla Kindergarten has been relocated to the corner of Nullawarra Avenue and Boronia Street since the first report was issued.

There is a triangular courtyard between Buildings 28 and 29. It is an area of lawn with a mixture of trees planted, including *Eucalyptus scoparia* (Willow Gum), *Casuarina cunninghamiana* (River She-Oak), *Lophostemon confertus* (Brush Box) and *Cupressus macrocarpa* (Monterey Cypress). This planting provide Building 28 with shade from the northeastern sun and a shady outside area.

A vegetable garden has been planted to the boundary row (Figure 5.36).

---

High heritage significance Moderate Low

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5.6.6 Landscape Area 6 (LA6): Concord Centre Mental Health

Continuing on from zone LA5 located along the access road is the row of *Lophostemon confertus* (Brush Box) that continues the avenue. Some trees are dead or dying and should be assessed by an arborist and removed where necessary.

The lower eastern end of this car park area has direct visual connection with some of the buildings associated with Rivendell Adolescent Unit over a grassed area. There is a partial low black steel fence that separates the cul de sa and the Kokoda track below. There is a brief glimpse of the River behind native vegetation and mangroves.

This area is new since the last report in 2000. Buildings within this zone are within the Concord Centre of Mental Health zone. The planting around these buildings is predominately new.

The Kokoda track runs around the perimeter and is defined by a crushed granite 1.2m path with timber edging. There is a grove of *Allocasuarina sp.* boarding building 105. The presents of weed species is visible such as Lantana sp.

![Image](image_url)

**Figure 5.37: Landscape Area 6 (LA6) Map – Concord Centre Mental Health**

(Source: Context Landscape Design)

![Image](image_url)

**Figure 5.38: View along car park of avenue of Brush Box (LA6)**

![Image](image_url)

**Figure 5.39: Mature fig (LA6)**

![Image](image_url)

**Figure 5.40: New focal amphitheatre (LA6)**

![Image](image_url)

**Figure 5.41: View through mangroves to Parramatta River (LA6)**

![Image](image_url)

**Figure 5.42: Stand of native trees**

![Image](image_url)

**Figure 5.43: Kokoda Track and boundary planting (LA6)**

![Image](image_url)

**Figure 5.44: Entrance path between Buildings 104 & 105 (LA6)**
5.6.7 Landscape Area 7 (LA7): South-Eastern Perimeter

This area is located along the southeastern boundary of the hospital grounds and takes in the foreshore area. Beyond the foreshore, along the eastern and south-eastern riverbanks, are the Avicennia marina (Grey Mangrove). Early photographs of this area indicate that the mangroves were evident at the time of the construction of the hospital. While the mangroves did go through a period of deterioration, in recent years it has slowly regenerated. It is currently a relatively narrow band of approximately 10-20m.

Located along the south-east perimeter of the hospital grounds, approximately 5m from the mangroves and along the roadside, is a mixed planting of Eucalyptus maculata (Spotted Gum), Eucalyptus robusta (Swamp Mahogany), Eucalyptus microcorys (Tallow Wood) and Casuarina glauca (Swamp Oak). The foreshore trail passes by this area.

Further west along the perimeter roadway there is planting which includes a Ficus microcarpa var. hillii (Bill’s Weeping Fig) refer Figure 5.39 in LA6.

High heritage significance

Figure 5.45: Landscape Area 7 (LA7) Map – Perimeter South-Eastern
(Source: Context Landscape Design)

Figure 5.46: Kokoda track stairs (LA7)

Figure 5.47: Kokoda track at Bldg 106 (LA7)

Figure 5.48: Mix planting (LA7)

Figure 5.49: Mangroves (LA7)

Figure 5.50: Mangroves (LA7)
5.6.8 Landscape Area 8 (LA8): Inner Ramp Ward

Ramp wards proliferate in this area, interspersed with only sporadic plantings and the species of trees planted vary. Located in the eastern corner of the hospital grounds is Building 24. Southwest of this building, and along the roadway is a planting of Eucalyptus microcorys (Tallow Wood). Southwest of Ward 19 is a planting of Allocasuarina littoralis (Black She-Oak), Eucalyptus maculata (Spotted Gum), Eucalyptus punctata (Grey Gum) and Eucalyptus robusta (Swamp Mahogany). A Ficus elastica (Indian Rubber Tree) has been planted west of the Red Cross Theatre. A sizeable Olea europaea var. africana (African Olive) is located between Buildings 53A and 49B.

Photographic documentation has not as yet verified the existence of this tree prior to the occupation by the hospital. While the olive tree may appear old, the specific age of the tree will require further documentary research. The olive tree may have propagated randomly.

On the eastern point of the hospital, northeast of Building 30, is a substantial Melaleuca quinquenervia (Broad Leafed Paper Bark). Two Erythrina x sykesii (Coral Tree) have been planted east of Buildings 33 and 34.

Building 34 is located on the eastern-most point of the hospital grounds. To the north of the building and along the roadway a Ficus microcarpa var. hillii (Hill's Weeping Fig) hedge approximately 3 metres high, has been planted. This hedge provides seclusion and isolation for the Psychiatric Ward. The gardens surrounding this ward, show evidence of domestic style planting including, Camellias and other exotic varieties. These grounds are in need of maintenance. The grounds around the Psychiatric Ward are considered by the staff to be critical for the wellbeing of the patients, in that they provide a sense of tranquility.

The car park has expanded into the lower portions of this area where a building footprint used to be. Numerous oddly placed trees remain along with natives and exotics that create some shade and a green outlook.
5.6.9 Landscape Area 9 (LA9): Helipad Site

The Helipad site is located along the southeast perimeter of the hospital grounds. This area is used for active recreation, as well as a helipad site. Because of the nature of its use, it is not an area planted with trees.

Figure 5.57: Landscape Area 9 (LA9) Map – Helipad Site
(Source: Context Landscape Design)

Figure 5.58: View east to Yarra Bay (LA9)

Figure 5.59: View east across Helipad (LA9)

Figure 5.60: View SE along service road (LA9)

Figure 5.61: View NE along service road (LA9)

Figure 5.62: View to Building 59 (LA9)

Figure 5.63: Mature eucalypt species (LA9)

Figure 5.64: Mature Kaffia Plum (LA9)
5.6.10 Landscape Area 10 (LA10): Southern Corner

This area is located in the southern corner of the hospital grounds with the southwest boundary on Nullawarra Avenue.

Gate 4 is located within this area and is the main hospital service entry. Four staff cottages (one now the Kindalla Day Centre) are located adjacent to this gate. There is relatively little substantial planting in this area.

Domestic gardens surround the cottages. A row of *Cupressus torulosa* (Bhutan Cypress) has been planted adjacent a brick wall which borders on a residential area along Currawang Street.

Predominately service area, screening is provided near gate 4 entry obscuring the site from the local residents.
5.6.11 Landscape Area 11 (LA11): Permanent Hospital Grounds

This area surrounds the Stephenson & Turner hospital grounds.

To the north-west boundary of this area, are predominantly Ficus hillii and other plantings that create a green screen to the hospital. Gate 1 currently acts as the main entrance. At the time of the site visit (150218) works were being undertaken for a circular rose garden and planting. The entrance has a mix of mature exotic and native species that were planted at differing stages, with no strong landscape scheme or design.

Located south-west of the Nurses’ Home is a garden designed for the specific use of the nurses. A pool is located in these grounds and trees planted in this area include Ficus microcarpa var. hillii (Hill’s Weeping Fig), Brachychiton discolor (Lace Bark Tree), Quercus suber (Cork Oak), Syncarpia glomulifera (Turpentine) and Lophostemon confertus (Brush Box). Photos dating to the 1940s show that substantial eucalypts existed in this area of the grounds. It is possible these trees predate the hospital development. There are 2 good quality Dracaena draco (Dragon Tree) located near the swimming pool. These can be easily transplanted into a landscape design.

Located to the south of the permanent hospital building (Building 3) precinct and flanked by Buildings 76 and 4, is a pleasant landscaped area adjacent to a tennis court. Planted in the higher area is a group of 3 Lophostemon confertus (Brush Box), and planted nearest the tennis courts is one large, mature Harpephyllum caffrum (Kaffir Plum), which originally was a row of five. It is not known when the 4 Kaffir Plum were removed or why. The trees were recorded on site in CMP 2000.

At the boundary of the tennis court are plantings to the south-eastern edge that are predominately self-sown. These plantings comprise Ficus rubiginosa (Port Jackson Fig), Olea africana (African Olive), Lophostemon confertus (Brush Box) and Privet sp.

Between Buildings 73 and 64 is a Magnolia grandiflora that appears healthy and should be retained, if possible, or relocated. Within this area is a Robinia pseudoacacia that is infected with a bora bug and could be removed.

South of Building 63 is a large Eucalyptus sp., of high value, and should be retained, if possible in future development.
5.7 Landscape Issues

Within future development areas, only a few notable areas are worth retaining or incorporating.

The loss of open/green spaces should be replaced with new green spaces for both patient and staff use, to enable connection with outdoor spaces, sunlight and fresh air.

The landscape design of the site is not guided by a Masterplan that outlines visual connections and movement through the site. An approach to new developments on the site would be to consult with a qualified landscape architect to determine a landscape approach/strategy for redevelopment of the site. The Landscape Strategy would outline principles and guidelines for landscaped areas and open spaces.

Issues to be considered include:

- Strength vehicular access wayfinding, with avenue planting.
- Strengthen pedestrian circulation and wayfinding, with landscape elements such as avenue planting.
- Maintain and enhance existing landscape avenues of feature planting, as identified along Hospital Road of *ficus hillii* and along the internal pedestrian route of existing Jacarandas.
- Maintain mature screen planting along boundaries. Establish maintenance measures with the assistance of a qualified arborist to provide measures to prune trees near power lines.
- Maintain views and visual connections to the wider landscape and waterways.
- Assess major landscape zones and legacy plantings to identify historic trees to be retained. Where retention is not possible, provide a landscape design to offset open space and planting loss by new development.
Assessment of heritage significance endeavours to establish why a place is important. Significance is embodied in the fabric of a place (including its setting and relationship to other items, the records associated with the place and the response the place evokes in the community or in individuals to whom it is important.

The term heritage significance is synonymous with “cultural significance” which is the term used in the Burra Charter to mean “aesthetic, historic, scientific/research or social value for past, present or future generations”. Setting out the cultural significance of a place assists in identifying what aspects of the place contribute to that significance and the relative contribution of the various elements of the place to that significance. An understanding of the significance of the place is crucial to its management in providing guidance for future work and to ensure the significance is retained.

To attain a co-ordinated and consistent approach of assessment, the Heritage Council of New South Wales, through the NSW Heritage Office, has published criteria for assessing heritage significance. The NSW heritage assessment criteria, as outlined in the NSW Heritage Manual No. 2: Assessing Heritage Significance (2001), encompasses the 4 values of the Australian ICOMOS Burra Charter of:

- Historical significance
- Aesthetic significance
- Scientific significance
- Social significance

### 6.1 Criteria for Assessing Cultural Heritage Significance

The NSW Heritage Manual No 2, “Assessing Heritage Significance” (2001), published by the NSW Heritage Council, provides the basis for an assessment of heritage significance of an item or place. This is achieved by evaluating the place or its significance in reference to specific criteria, which can be applied at a national, State or local level.

The criteria used are:

| Criterion (a) | An item is important in the course, or pattern, of the cultural or natural history of the Australian, NSW or local area. |
| Criterion (b) | An item has a 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. |
| Criterion (c) | An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW. |
| Criterion (d) | An item has a strong or special association with a particular community or cultural group in NSW for social, cultural or spiritual reasons. |
| Criterion (e) | An item has potential to yield information that will contribute to an understanding of NSW’s cultural or natural history. |
| Criterion (f) | An item possesses uncommon, rare or endangered aspects of NSW’s cultural or natural history. |
| Criterion (g) | An item is important in demonstrating the principal characteristics of a class of Australia, NSW or local areas:  
  - Cultural or natural places; or  
  - Cultural or natural environments. |
6.2 Application of Assessment Criteria

This section assesses the heritage significance of Concord Repatriation General Hospital in accordance with the assessment criteria outlined above. The basis of this assessment is provided in Sections 2-4 of this report.

6.2.1 Criterion (a): Historical

An item having this value is significant because of the importance of its association with, or position in the evolving pattern of our cultural history.

- Concord Repatriation General Hospital is closely associated with the war effort of the Second World War. The hospital was specifically built as a Military Hospital at a time when Sydney and NSW were desperately in need of facilities to provide medical treatment for those injured in war.
- Concord Repatriation General Hospital is closely associated with providing ongoing medical treatment and repatriation to members of the New South Wales defence forces.
- Concord Repatriation General Hospital is an example of one the early modernist approaches to hospital design in NSW.
- Concord Repatriation General Hospital is associated with changes in the approach to modern, functionalist health care in NSW.
- Concord Repatriation General Hospital was, at the time of its construction, the largest hospital in the Southern Hemisphere.
- Concord Repatriation General Hospital shows the evolution of hospital design from single-storey pavilions to multi-storey ward blocks. These two generations of hospital types were located on one site and built simultaneously.
- Concord Repatriation General Hospital has continued to operate as a hospital for the entire occupancy of the site from 1942 to the present and therefore maintains the continuity of an historical process.
- Concord Repatriation General Hospital is a scarce example of repatriation hospitals in the State, which combines Multi Block and single storey ramp wards and pavilions within a single hospital complex.

6.2.2 Criterion (b): Associative

An item having this value is significant because it has special associations with the life or works of a person, or group of persons, of importance in NSW's cultural or natural history.

- The site upon which Concord Repatriation General Hospital stands once formed part of the estate of Thomas Walker a prominent businessman and philanthropist in Sydney in the mid to late 19th century. Thomas Walker acquired and amalgamated the estate which became known as the Walker (or Yaralla) Estate. As a provision of his will, part of the Estate was set aside for the establishment of the Thomas Walker Hospital (now the Rivendell Adolescent Unit).
- The site is associated with Thomas Walker’s daughter, Dame Eadith Walker, a prominent social figure and benevolent philanthropist in Sydney in the late 19th and early 20th century. She donated the proceeds of the family estate to public health. The Yaralla Estate was purchased from Dame Eadith Walker’s estate by the NSW government and subsequently identified as a suitable site for a Military Hospital and purchased by the Commonwealth from the State for this purpose. The Dame Eadith Walker Convalescent Hospital for Men established in the homestead “Yaralla House”. The Walker Hospitals were administered by the Royal Prince Alfred Hospital.
- Concord Repatriation General Hospital is loosely associated with Isaac Nichols who owned the adjacent site, which functioned as a major orchard. Nichols was later appointed the colony’s first Postmaster General.
- Concord Repatriation General Hospital is associated with the prominent architect, Sir Arthur Stephenson, knighted for his high standards of architectural design and its execution. He was the first Australian to be awarded the Gold Medal of the Royal Institute of British Architects. He was twice awarded the Sulman Prize for hospital design – for the King George V Memorial Hospital, Camperdown (1941) and the Concord Repatriation General Hospital in 1946.
6.2.3 Criteria (c): Aesthetic  
An item having this value is significant because it demonstrates positive visual or sensory appeal, landmark qualities and/or creative or technical excellence.

- The Multi Block (Building #5) at Concord Repatriation General Hospital is an outstanding example of early modern architecture in Sydney with exemplary facades designed in the Inter-War Functionalist style and all largely intact. The facade’s aesthetic values are associated with functionalism and horizontal modernism. This is expressed in the “healing” qualities of the solaria and the long sweep of the balconies.
- The Multi Block (Building #5) at Concord Repatriation General Hospital is a building designed by the prominent architectural firm, Stephenson & Turner, who were innovative hospital designers.
- Concord Repatriation General Hospital is a work of architectural excellence. Stephenson & Turner was awarded the Sulman Award for Architecture in 1946 for the hospital.
- Concord Repatriation General Hospital has an association with the painter and theatre designer, Loudon Sainthill. As a patient in the hospital from 1944-45, he painted seven murals on the walls of Building 84 during his convalescence.

6.2.4 Criterion (d): Social  
Items having this value are significant, through their social, spiritual or cultural association with a recognisable community.

- There is a strong sense of commitment in the local community since 1941 in providing voluntary service and funding for Concord Repatriation General Hospital.
- Concord Repatriation General Hospital has had significant associations with social and commercial institutions including the Red Cross, Returned Servicemen’s League and Federated Iron Workers’ Association.
- The Red Cross Theatre has associations with the entertainment of patients while undergoing rehabilitation. Numerous actors and entertainers of repute have visited the theatre and left their autographs on the wings of the stage.
- The war veterans who have been patients at the hospital retain a strong association with the hospital and an affection and gratitude for the Staff.
- The medical profession and hospital staff hold the hospital in high regard for its reputation as a centre of clinical excellence.
- Whilst no longer serving a specific repatriation purpose, Concord Repatriation General Hospital continues to maintain the use of the term in its name owing to its long-term community recognition and identification.

6.2.5 Criterion (e): Research Potential  
An item having this value is significant because of its contribution or potential contribution to an understanding of our cultural history or environment.

- Concord Repatriation General Hospital is associated with changes and developments in medical technology, nursing and medical practice in the last six decades of the 20th century.
- Concord Repatriation General Hospital is representative of modern hospital design in the mid-20th century.

6.2.6 Criterion (f): Rarity  
An item possesses uncommon, rare or endangered aspects of NSW’s cultural or natural history.

Not applicable.
6.2.7 Criterion (g): Representative
An item is important for demonstrating the principal characteristics of a class of NSW’s:

- Cultural or natural places; or
- Cultural or natural environments.

- The Multi Block is representative of a group of hospitals designed by Stephenson & Turner’s in the Functionalist Style. In the 1930s and 40s, architects Stephenson & Turner designed some of Australia’s largest and most advanced hospitals. This group includes the Royal Melbourne Hospital, King George V Memorial Hospital, Camperdown, the Sydney Dental Hospital and Concord Repatriation General Hospital – all of which were multi-storey complexes which contained radical innovations and departures in design, equipment and philosophy.

- The Multi Block is a representative example of the Inter-War Functionalist style in Sydney.

- The hospital represents the range of building types associated with European healthcare in the 1930s which emphasised the curative nature of abundant light and air to all patients in the wards. This is expressed in the architecture of the Multi-Block through the balconies, solaria and triple-hung windows. The garden layout between the ramp ward pavilions expresses the use of fresh air and sunshine in regaining health.

- Concord Repatriation General Hospital is an example of a predominantly intact hospital associated with repatriation of those injured as a result of large-scale war. It is one of two of repatriation hospitals used by war veterans from throughout New South Wales for medical treatment and rehabilitation, during and after WW2 (the other being the Prince of Wales Hospital at Randwick). It has associations with numerous state-based groups including the Returned Services League and the Red Cross.

- There are numerous collections of medical and surgical equipment in various medical departments throughout the hospital. This moveable heritage records the evolution of past practices in healthcare.

6.3 Concord Repatriation General Hospital – Statement of Significance
The Concord Repatriation General Hospital site has maintained a continuous use as a place for providing health care since the 1880s. Historically, the site sits amidst a larger precinct of care facilities provided by the Walker family encompassing two peninsulas fronting the picturesque Parramatta River foreshore.

The Hospital was constructed to accommodate and rehabilitate the wounded of the defence forces and was known as the 113th Australian General Hospital. At the time of completion in 1942, the military hospital, with 2,000 beds, was one of the largest hospitals in the southern hemisphere. The hospital was administered by the Department of Defence from 1942-1948. Whilst its role has changed to being a general hospital, the hospital has continued to operate for nearly 60 years as a hospital serving ex-members of the defence forces.

It is a highly recognisable precinct within the community and is of local significance.

6.4 Stephenson & Turner Hospital Group – Statement of Significance
The group of multi-storey hospital buildings at Concord Repatriation General Hospital were designed by the prominent hospital architects, Stephenson and Turner in the Inter-War Functionalist style and completed in 1942. The group comprises the:

- Multi-block (#5), the Administration Building (now subsumed by #3);
- Former No. 1 Nurses Home (#2);
- Former No. 2 Nurses Home (#75) and Resident Medical Officers Quarters (#76);
- Former Boiler House and Laundry (#86); and
- Main Gate (#1) (former Gatehouse).

The hospital group was constructed to serve those injured during World War 2. The group is noted for its landmark qualities. Some of the features and finishes of the interiors of the Resident Medical Officers Quarters and Multi Block remain intact and are of some significance.
6.4.1 The Multi Block – Statement of Significance

The Multi Block is an outstanding example of early Modernist hospital architecture in the Inter-War Functionalist style, and is a fine representative example of the prominent architectural firm Stephenson & Turner. The Multi Block was awarded the Sulman Award (Institutional category) in 1946.

The design is an early example of horizontal modernism and has strong landmark qualities. The Multi Block is associated with innovative changes in hospital design and medical technology and practice, with key features to include its solaria and long, horizontal sweep of balconies, which, although partially infilled, largely remain intact. Terracotta decorative motifs by Louden Sainthill were incorporated as part of the facades of the Stephenson & Turner buildings, and provide an identifying element for the original function of each buildings.

Combined, the group has exceptional significance for their original layout – they were designed to complement each other and embody the prevailing philosophy of hospital design at the time. The Multi-block and Nurses’ Quarters originally framed a formal central courtyard containing the Administration building. The entrance (originally offNullawarra Road) was bookended by both Nurses Quarters buildings. Whilst their relationship has been compromised by the progressive subsuming of the original Administration Building (#3); later extensions to the wards; addition of the Cafeteria (#6) to the Multi-block (#5) in the 1960s; and the new glass façade to the southeastern quadrant in the 2000s; these core buildings retain their presence as key historic features on the site.

The Multi Block has had continuous and ongoing commitment from numerous social and commercial groups, including the Red Cross and Returned Services. The war veterans who have been patients at the hospital retain a strong association with the hospital and an affection and gratitude for the Staff. The medical profession and hospital staff hold the hospital in high regard for its reputation as a centre of clinical excellence.

Figure 6.1:

Stephenson and Turner hospital group:
- Multi-block (#5),
- Administration Building (now subsumed #3),
- Nurses Quarters No 1 (#2),
- Nurses Quarters No 2 (#75),
- Resident Medical Officer’ Quarters (#76) &
- Gatehouse (#1) – just cut out of frame to the left

Significance of Elements

The ranking of the various buildings of the Concord Repatriation General Hospital has been assessed and ranked for the purpose of enabling decisions on the future conservation of the place, to be based on an understanding of its significance. The grading of significance is as follows:

Exceptional: Rare or outstanding element directly contributing to an Item’s local or State significance.
Original extant fabric and spaces of historic or aesthetic quality and rarity.
High

High degree of original fabric demonstrating a key element in the item’s significance. Alterations do not detract from significance.

Some

Fabric which was originally of higher significance, but has been compromised later by less significance modifications, and yet retains the potential for recovery of significance.

Neutral

Most fabric associated with alterations and additions to accommodate changing requirements. Fabric that has been poorly reconstructed in terms of workmanship and detailing.

Intrusive

Damaging to the items heritage significance. Alterations and additions to components which detract from the significance of the place.

The Multi Block has been given an exceptional degree of significance. Its significance is due to its architectural excellence as a Sulman Award winner in 1946.

The significance of external elements of the Multi Block have been itemised below. This table has been updated based on the 2015 site inspections.

<table>
<thead>
<tr>
<th>Element</th>
<th>Significance</th>
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| West wing, southwest façade:  
  - Intrusive element of 4-storey glass walkway between Multi Block (#5), multi-storey ward building (#3 – formerly Administration Building) and the infill of Level 7. | Some |
| West wing, northwest façade:  
  - Except for conversion of the Ground Floor into an emergency department. | High |
| West wing, northeast façade (facing The Green):  
  - Except for roof-top in-fill of Level 7 and infill of Ground Floor and Level 1 verandahs. | High |
| North wing, northwest façade (facing The Green):  
  - Except for infill of Ground Floor and Level 1 verandahs. | High |
| North wing, northeast façade. | High |
| North wing, southeast façade:  
  - Intrusive element of 7-storey glass wall and infill of all verandahs. | Some |
| East wing, northeast façade:  
  - Intrusive elements of 7-storey glass wall and infill of all verandahs and infill of Level 7. | Some |
| East wing, southeast façade:  
  - Except for infill of Level 7. | High |
| East wing, southwest façade:  
  - Except for infill of Level 7. | High |
| Solaria | High |
| Kitchen:  
  - South-east and north-east extensions/modifications. | Some |
| Roof of Kitchen:  
  - Staff recreational area. | Some |
| Roof of multi-block, including Tower. | High |
| Roof-top additions/services. | Intrusive |
| Services in external fire stair on each wing. | Intrusive |
| External walkway addition adjacent to The Green on north wing, northwest façade. | Intrusive |
6.4.2 Administration Building – Statement of Significance

The Administration Building (subsumed within #3), originally a 2-storey brick building situated along the front (south-west) façade of the Multi Block, within the central entrance courtyard. The building is included within the group of buildings awarded the Sulman Award (Institutional category) for architectural excellence in 1946.

The Administration Building emulates the design features of the Multi Block, and its design, while much smaller in scale to the Multi Block, was inherently tied to this building (to its north). The Administration Building was a miniature sibling to the Multi Block, when viewed from the original entrance from Nulwarr Road. In regards to this building’s function, this building would have been the first point of access to the hospital, with a vehicle turning circle and a porte-cochere for patient drop off.

Modifications to the Administration Building include:

- In the 1960s-70s: the building was extended vertically a number of floors;
- In 1988, the building was further significantly modified, being subsumed wholly within the development of 2 new wings to the south and west.

These wing additions, other modifications to the Multi Block, and changes to the original entrance access to the Hospital, have fully compromised the design aesthetic originally intended for the southwest façade of the Multi Block. Some original fabric may be extant within the Administration Building (#3), however this fabric is likely to be heavily impacted upon.
6.4.3 Former Nurses Homes – Statement of Significance

The former Nurses Homes No.1 (#2) and No.2 (#75), including the perpendicular attached Resident Medical Officers Quarters (#76) to the north-east of Nurses Home No 2, are exceptionally significant for their important hospital function and association with the Stephenson & Turner building group. Complementing the surrounding buildings and central courtyard, the Nurses Quarters were used by hospital staff as accommodation and administration sectors. They are aesthetically pleasing bookends for the original main entrance to the hospital from Nullawarra Road.

Both buildings share similar modernist features to that of the Multi Block, including long, clean sweeping horizontal balconies and terracotta motifs.

The buildings underwent very little change between 1942 and the mid-1980s. However, the nature of refurbishment in hospitals involves changing use of spaces and facilities, in line with current clinical practice and standards. As a result, the building interiors have since undergone significant upgrade and refurbishment programs in their conversion to office spaces and clinics. Although there has been significant loss of original fabric, several floors still exhibit original layouts and fabric.
6.4.4 Boiler and Laundry House and Gatehouse – Statement of Significance

The Boiler House (#86) and Security Gate (#1), although part of the original Stephenson & Turner group, represent features of the original site that were constructed for functional purposes only. Built in the 1920s Inter-War Functionalist style, Stephenson & Turner focused on the functionality of the buildings, rather than their role as complimenting features of the hospital group. The Boiler House has a terracotta motif by Louden Sainthill positioned on the south façade.

These buildings have been in continuous use and have undergone very little external modification since their opening. The Boiler House has been subject to a significant interior refurbishment program in the last 15 years.

Figure 6.5: Boiler-house
(Source: State Library NSW, Call No. hood_10501)

Figure 6.6: Security Gate, situated behind the group of people
(Source: Australian War Memorial, Image No. 026546)
6.4.5 Red Cross Theatre – Statement of Significance

The Red Cross Theatre (#32) is highly significant for its role as a popular venue for socialising during WWII. The Theatre has social significance for the entertainment it offered and the relief it gave from war veteran hospital stays. Entertainment included cinema, concerts and theatrical performances.

The building has undergone no significant modifications since its construction in 1942.

![Red Cross Theatre](Source: State Library of NSW, Call No. 23496)

6.4.6 Ward Buildings – Statement of Significance

**Exterior Significance**

The ramp wards and associated hospital buildings at Concord Repatriation General Hospital have minimal aesthetic and technical/research significance. These wards originated from a late 19th century hospital design philosophy in which the principal form of a hospital was a series of isolated ward blocks linked by corridors. This “pavilion hospital” design was based on the belief that, other than dirt, stale air was the greatest enemy of the sick. Single storey wards provided the air circulation, water/waste disposal and sun exposure for patients.

These pavilion wards were constructed from brick or weatherboard, and were designed as functional, military-style service buildings.

Built as part of the war effort to provide medical treatment and repatriation to members of the NSW defence forces during the World War II, the hospital ramp wards have continued to provide medical treatment.

While the Wards buildings are considered representative of army hospital wards, they are rare as a substantially intact group. The Ward buildings have historic and social significance due to their association with the treatment of the wounded in the World War II.

These wards were largely untouched until 1999 when demolition programs began for the construction of a series of modern hospital buildings and the Concord Centre for Mental Health Services.

The level of intactness of these ramp wards varies. The most intact ramp wards and associated hospital buildings of the 1941-42 phase buildings include Building 1, Building 17, Building 20, Building 21, Building 22, Building 23, Building 30, Building 47, Building 48, Building 53B, Building 53C, Building 53D, Building 55A, Building 55B, Building 56B, Building 56C and Building 56D.
### Interior Significance

Assessment of the interiors of various Ward buildings is as follows:

| Building 25 | The interior of this building has been so altered that it has no association with the original hospital ward association. From the outside the building does however appear intact. |
| Building 35 | The building has been totally reconstructed as a modern ward and the exterior has been designed in a nostalgic style so that it blends with the original ramp wards. |
| Building 45 | The building has had extensive refurbishment and is so altered that it can no longer provide evidence of its earlier association. |
| Building 46 | This building has been refurbished and had a change of use, from former kitchen to library. The original kitchen ceiling remains intact along with the open planning of its former use. |
| Building 48 | The building is the Red Cross Theatre and played an important role in the rehabilitation and social life of the patients and staff at the hospital. Autographs of actors who performed at the theatre are located on the stage wings. |
| Building 50 | The interior has been so altered that it can no longer provide evidence of a particular association. |
| Building 51 | The interior has been so altered that it can no longer provide evidence of a particular association. The RSL club has a strong link with the hospital; however, it would appear that it is currently only important to the community for amenity reasons. |
| Building 57 | This is a building constructed in the 1970s. |
| Building 61A | The interior has been so altered that it can no longer provide evidence of a particular association. From the outside the building does however appear intact. |
| Building 64 | The interior has been so altered that it can no longer provide evidence of a particular association. |

**Figure 6.8:** Ward buildings
6.4.7 Post-war modern and infill buildings – Statement of Significance

Buildings of this type are generally brick or concrete, evidence of the continuing expansion and improvement of hospital facilities as needs grew.

They are general of neutral to intrusive significance in that these are modern 20th century construction, with little relationship to the original design intent of the surrounding significant hospital buildings.

6.5 Significance of Landscaped Areas

6.5.1 Analysis and Methodology

The original landscape assessment in the Conservation Management Plan, prepared in 2000 by CM+ and Context Landscape Design, has been updated in this report.

The baseline information for the assessments was obtained through comprehensive desk and field evaluation, and includes description, classification and visual record of site landscape. The significance of the landscape elements must be considered in determining future development proposals. Evaluation of landscaped precincts is located in Section 5.6 of this CMP.

Ratings given are listed below in terms of landscape significance and historical value within the site.

- High
- Moderate
- Low

There are no exceptional historical landscaped areas on the site. Planting has occurred without an overarching Landscape Masterplan, despite the site’s historical significance as a veterans’ hospital.

An inventory of significant tree planting prepared by John Sheely of Tree Management and Consultancy is included in the Appendices to this report.

6.5.2 Landscape Area 1 (LA1): North-Western Foreshore – Brays Bay Wetlands

Brays Bay Wetlands which borders on the Main Hospital Carpark is used as a teaching and research site and provides a rare example of intertidal wetlands in the Sydney region. It has Aesthetic and Technical/Research significance. It is listed on the Register of the National Estate.

*Brays Bay wetlands has HIGH heritage significance and is to be retained.*

6.5.3 Landscape Area 2 (LA2): North-West of Hospital Road

Landscape Area 2 has Social significance because The Kokoda Track has associations with veterans’ affairs. War veterans have donated the track as a memory to their association with the hospital and community.

There are some historical associations with the carpark being a “tent city” while the hospital was used as a military hospital. These associations are not retained in the existing fabric of the carpark.

The dense screen planting along the north-western side of the car park to the Brays Bay wetlands have MODERATE heritage significance.

The avenue of liquidamber planting along the south-eastern side of the car park at Hospital Road have HIGH heritage significance.

Feature planting of the rose garden and signature trees to the Memorial Garden at the south-western side of the car parking is of HIGH heritage significance.

*Redevelopment of the site is to avoid landscaped areas of HIGH and MODERATE significance. The avenue of liquidambers along Hospital Road is to be retained.*
6.5.4 Landscape Area 3 (LA3): The Green
The Green has association with the Iron Workers Federated Union who donated it to the hospital.

The Green was used as a bowling green. Its historical significance is that the space has cultural and social association with a way of life and custom. However, it has been so altered that it can no longer provide evidence of that association.

It is an area that has been constantly used for recreation by the hospital, although presently, that recreation is principally passive. It has present association with a contemporary community for social reasons and is crucial to a community's sense of place.

The Green, flanked by the original hospital group of buildings, is of HIGH heritage significance for its passive recreation space and its mature planting.

The open space (predominantly of lawn) and its mature planting, are to be retained in the future redevelopment of the hospital site.

6.5.5 Landscape Area 4 (LA4): South-East of Hospital Road
Landscape elements within this precinct are classified as follows:

- Avenue of jacarandas south-west of this precinct: HIGH heritage significance.

This avenue of mature jacarandas is to be retained in the future redevelopment of the hospital site.

6.5.6 Landscape Area 5 (LA5): New Educational Zone (North-East of Hospital Precinct)
This precinct has little heritage significance as original buildings have been demolished after 2000.

Landscaped areas with historic and significant planting include:

- Entry avenue of Brush Box: HIGH heritage significance.

The avenue of mature Brush Box is to be retained in the future redevelopment of the hospital site.

6.5.7 Landscape Area 6 (LA6): Concord Centre Mental Health (South-Eastern Perimeter)
This precinct has been redeveloped after 2000. The precinct has the following areas of landscape significance:

- Mangroves along the south-eastern foreshore: HIGH heritage significance for aesthetic and research/scientific nature criteria, with a similar degree of significance as the Brays Bay Wetlands.
- Specific groves of significant/mature trees within the precinct: HIGH heritage significance.
- Copses of Brush Boxes along the entry car park: MODERATE heritage significance.

These landscape elements are to be retained in the future redevelopment of the hospital site.

6.5.8 Landscape Area 7 (LA7): South-Eastern Perimeter
This precinct comprises the mangroves and mixed eucalypt planting along the foreshore. These plantings are of HIGH heritage significance, being indigenous to the site and its original environment.

The foreshore planting is to be retained with development clear of the landscape.

6.5.9 Landscape Area 8 (LA8): Inner Ramp Ward
This precinct is of MODERATE and LOW heritage significance dotted with individual mature/significant trees.

Redevelopment of this precinct is to consider retention of significant trees.
6.5.10 Landscape Area 9 (LA9): Helipad Site
While this area has been used for active recreation from early hospital occupation, it is excluded because it is only important to the community for amenity reasons. This precinct has individual or groves of significant/mature trees of MODERATE heritage significance.

Redevelopment of this precinct is to consider retention of significant trees.

6.5.11 Landscape Area 10 (LA10): Southern Corner
This precinct has groves of mature/significant trees, planted in earlier times. The trees are classified as being of LOW to MODERATE significance. The row of trees (Cupressus torulosa) at the Currawang Street entrance is of HIGH heritage significance.

Redevelopment of this precinct is to retain the entry row of cypresses.

6.5.12 Landscape Area 11 (LA11): Permanent Hospital Grounds
This precinct comprise landscaped areas of open spaces between buildings that provide areas of passive recreation and spatial separation. These spaces are of HIGH heritage significance and should be retained for their visual and curtilage values to the original hospital buildings. Landscape elements/planting in these areas are of LOW to MODERATE heritage significance.

The avenue of figs (Ficus hilli) along the south-eastern side of Hospital Road are of HIGH heritage significance.

The screen planting (generally) along the south-western portion of this precinct bordering the adjacent residential area is of HIGH heritage significance.

The rose garden was identified in the Social History (see Appendix D and Section 2.4) as having strong associations for war veterans. It therefore has social significance.

Aesthetic significance is associated with the Kaffir Plum planting and the setting for the Stephenson & Turner hospital buildings.

Retain, where possible, the open spaces between the original hospital buildings. Retain the avenue of figs along Hospital Road.

6.6 Landscape – Statement of Significance
The Brays Bay Wetland (Landscape Area 1) and wetlands around the south-eastern foreshore perimeter of Concord Repatriation General Hospital (Landscape Area 6 and 7) are important remnants of the wetlands of the Parramatta River. There are 5 distinctive estuarine, intertidal vegetation zones within the wetlands that attract a regionally diverse migratory wader population. These landscape areas have State representative aesthetic and technical/research significance and local representative social significance.

The avenue of figs (Ficus hilli) and liquid amber along Hospital Road provide a distinctive landscape identity along the flanking road along the hospital site, are significant in the size, landscape feature and screening qualities.

The Green (Landscape Area 3) and landscape open spaces flanking the original hospital buildings have courtyard qualities and have been continuously used for active and passive recreation. It continues to be used by the local community and has local social significance.
7 CONSTRAINTS AND OPPORTUNITIES

7.1 General
The conservation planning process established by the guidelines to the Burra Charter of Australia ICOMOS and set out in the NSW Heritage Manual requires that relevant constraints and opportunities be identified as part of the process for developing conservation policies for places of significance. They are as follows:
- Constraints arising from significance;
- Physical constraints of the building;
- External factors, including relevant council statutory and non-statutory controls; and
- Feasible uses and client requirements.

This section of the report sets out the key constraints and opportunities that affect Concord Repatriation General Hospital.

The following sections are not conclusions or recommendations, but rather observations relevant to the circumstances of the place and matters, which require consideration and resolution. None of these constraints and opportunities in themselves form conservation policy. Appropriate conservation policy is a result of the careful comparative assessment of the various values and issues represented in the constraints and opportunities.

7.2 Constraints Arising from Significance
Constraints arising from significance establish a premise where the other issues such as physical condition and client requirements can be considered. As discussed in Section 7, Concord Repatriation General Hospital has heritage significance through its historical associations, aesthetic, technical/research, social values and representiveness. Future management actions regarding Concord Repatriation General Hospital must have due regard to its heritage significance.

The following constraints arise from the assessed significance of Concord Repatriation General Hospital as a whole:
- Concord Repatriation General Hospital contains items of high cultural significance which should be conserved and managed in an appropriate manner with accepted conservation principles and practice;
- Concord Repatriation General Hospital a close historical relationship with surrounding historical sites, including the Dame Eadith Walker Hospital to its north. Conservation and management decisions should take into consider any potential impacts on these relationships;
- Decisions about work to these items, maintenance, repairs and more extensive adaptation works must always take into account the impact on the significance of the place, both as a whole and on individual components; and
- The significance of the Multi Block and the original Stephenson & Turner group of buildings should be interpreted to the public.

7.3 Obligations arising from the ICOMOS Burra Charter of Australia
The Australia ICOMOS Burra Charter 2013 contains nationally accepted principles for the conservation of significant places. This study has been prepared in accordance with these principles:
- The aim of the conservation of the place should be to retain the cultural significance including provision for its security, its maintenance and its future. (Article 2);
- Regarding elements of high significance, conservation should consider and respect the existing fabric, uses, associations and meanings. (Article 3);
- The use of the place should be retained, as it forms part of its cultural significance (Article 7).
- Reconstruction work should further reveal the significance of the building. New work should be identifiable on close inspection. (Article 20);
The adaptation of the building for the new use should not detract from the cultural significance of the place. (Article 21).
Where a significant use can be reinstated, this should be done (Article 23);
Before any intervention of the area, records must be made of the existing fabric to add to the documentary evidence. (Article 27);
All plans and records of the conservation and works to Concord Repatriation General Hospital should be placed in a permanent archive as part of the history of the place. (Article 32).
Removed significant fabric should be catalogued and protected in accordance with its cultural significance. Where possible it should be stored on site (Article 33).

7.4 Physical Constraints of the Multi Block and Associated Stephenson & Turner Buildings

7.4.1 Physical Constraints of the Exterior of the Buildings
The Multi-block, Administration Building and Nurses Quarters form a group of original significant Stephenson and Turner designed hospital buildings from 1942. The built fabric of the exterior of these is generally in good condition.

The Multi Block was originally designed as freestanding. Over the years, neighbouring buildings have encroached upon part of the building to include:
- A glazed walkway has been constructed which connects the Multi-block building to the Administration building;
- The single-storey Accident and Emergency Centre has in-filled the Administration and Multi Block on the north-western side;
- Additions have been made on the rooftop and to a corner of the Kitchen; and
- Some balconies have been enclosed.

The Administration building has undergone significant modification since the 1960s. Originally designed as a freestanding building in 1942, it has since been connected to the Multi Block, raised in height by 2 storeys and extended south, east and west. The modifications have left very little discernible original fabric at the core of the structure.

The Nurses Quarters have undergone very little external modifications.

7.4.2 Physical Constraints of the Interior of the Buildings
The interior of the Multi-block is generally in good condition. However, most wards have been modified using a variety of partitioned fit outs in the 1970s and 1980s to reflect changing health care standards and functionality requirements. This has resulted in the removal of original internal fabric such as doors and walls, as well as the loss of original ward layouts. On the other hand, various wards on the ground floor and level one display original floor layouts and have intact original fabric.

Due to ongoing modifications to the Administration Building, the interior of the structure has very little evidence of original 1942 fabric.

The Nurses Quarters facilities have had numerous ad hoc changes over the years to remain in line with medical practices. The need to update facilities will continue to arise in order to maintain the functionality, health care standards and operational efficiency of spaces within the building.

The Kitchen below the Multi Block was refurbished in 1975, and some building code compliances have been addressed recently. However, there is a need to further update to align current food delivery methods and to address occupational health and safety issues.
7.4.3 Physical Constraints of the Structure of the Buildings
While an individual structural report for each building has not been undertaken as part of this study, in general, the historic fabric of the Stephenson & Turner buildings appear to be in good structural condition, likely owing to its continuous use and maintenance.

7.5 Items in the Vicinity
Two heritage items in the vicinity of the Concord Repatriation General Hospital should be noted:

**Thomas Walker Hospital**
The Thomas Walker Convalescent Hospital is listed as an item of environmental heritage on the following statutory and non-statutory registers:
- NSW State Heritage Register
- New South Wales Health Department Heritage and Conservation Register (Section 170 listing)
- Canada Bay Council Local Environmental Plan 2013
- National Trust of Australia (NSW) Heritage Register

**Dame Eadith Walker Hospital (Yaralla Estate), Concord**
The Dame Eadith Walker Convalescent Hospital (Yaralla Estate), is listed as an item of environmental heritage on the following statutory and non-statutory registers:
- NSW State Heritage Register
- New South Wales Health Department Heritage and Conservation Register (Section 170 listing)
- Canada Bay Council Local Environmental Plan 2013
- National Trust of Australia (NSW) Heritage Register

7.6 Archaeological Potential
Preliminary investigation indicates the site was largely pastoral land prior to the construction of the hospital, therefore is considered low risk of historical archaeological discovery.

A search of the Aboriginal Heritage Information Management System (AHIMS) has indicated two known Aboriginal sites within the greater area surrounding the hospital, but none recorded on the hospital site itself. This likely reflects the lack of any systematic study of the hospital site in the past rather than an absence of sites or potential sites. As part of the southern side of the site is on reclaimed land, burying the old foreshore, development in this area may uncover unidentified aboriginal archaeological finds (Figure 8.1).

Aerial imagery from 1942 indicates that there was an area of military related structures to the north-west of the hospital site, in the current Concord Hospital car park. Although the specific use of the site is unknown, it appears to be a temporary military facility associated with the hospital. The area was made up of 36 structures. These structures were removed between 1951-1961. If there is development in the area in the future, there is potential to find archaeological footings, relics and other artefacts associated with the military facility (Figure 8.2).
Figure 7.1: Overlay of 1930 foreshore as compared to current foreshore (Source: NearMap, annotations by Futurepast)

Figure 7.2: Military encampment northwest of the Multi-block (Source: Dept. of Lands SIX Maps Viewer)
7.7 Client Requirements

Sydney Local Health District administers Concord Repatriation General Hospital. The first priority of management is to provide optimum care for patients within the constraints of State funding. Financial constraints are a dominant factor in the management and planning for the site.

There is a continuing programme to upgrade the current hospital facilities to bring them to a standard of technological excellence in line with other Metropolitan teaching hospitals and with current healthcare standards and adapt to the challenges of the future.

The current Masterplan (Appendix X) for the Concord Repatriation General Hospital includes phases for development to the north, east and south of the Multi Block. Detailed design outcomes have not been confirmed, however should be considered for viability according to the needs of the health service, while continuing to take into account the various heritage values of the place.

Phase 1 (identified in yellow in the figure below) is located directly south of the Multi-block. The potential constraints and impacts associated with development in this area can involve archaeological impacts if development encroaches towards the Yaralla Bay foreshore. Development in this area may also impede views from the Dame Eadith Walker Hospital looking towards the hospital.

Phase 2 (identified as orange in the figure below) and located in the area northeast of the Multi-block. Development in this area will seek to remove large areas of the 1940s single-storey pavilion wards. The potential constraints and impacts associated with development in this area can involve visual impacts if the views overlooking the Parramatta River are obscured.

Figure 7.3: Current site plan, identifying phases of development. Phase 1 is identified in yellow, phase 2 identified in orange, and future expansion in green.
8 LEGISLATIVE AND NON-STATUTORY CONTROLS

Statutory and non-statutory controls for the Concord Repatriation General Hospital site are as follows. These may affect future options for the Concord Repatriation General Hospital.

8.1 Heritage Status

8.1.1 State Heritage Register
Concord Repatriation General Hospital is not listed on the NSW State Heritage Register as an item of State heritage significance.

8.1.2 Department of Health Heritage and Conservation Register
Under Section 170 of the Heritage Act 1977, government agencies are required to prepare and maintain a Register of items that are heritage significance specific to that agency, a Heritage and Conservation Register.

The Concord Repatriation General Hospital is not currently listed on the Department of Health Heritage and Conservation Register. The adjacent Dame Eadith Walker Convalescent Hospital and the Thomas Walker Convalescent Hospital (Rivendell) are listed on this Departmental Register.

Based on the assessment of heritage significance above, the site is of local heritage significance, and as a minimum, should be added to the Department of Health Heritage and Conservation Register.

8.2 State Environmental Planning Policy (Infrastructure) 2007
State Environmental Planning Policy (Infrastructure) (SEPPI) provides that certain types of infrastructure related construction activities may be undertaken without development consent, subject to certain conditions.

Environmental and/or heritage assessment is required as a part of the self-determination process under SEPPI. Division 10 of SEPPI provides for specific categories of development related to health services facilities.

Clause 57 of this division provides that the following development that can be permitted with consent:
(a) Biotechnology research or development industries,
(b) Business premises or retail facilities to cater for patients, staff or visitors,
(c) Multi dwelling housing.

Clause 58 of this division provides that the following development that can be permitted without consent:
1) Development for any of the following purposes may be carried out by or on behalf of a public authority without consent on land in a prescribed zone:
   a. Minor alterations of, or additions to an existing hospital, including internal fitouts or provision of access for persons with a disability,
   b. Restoration or replacement of accommodation, administration or other facilities within an existing hospital,
   c. Demolition of buildings if the development is in connection with a health services facility.

2) Development of a kind referred to in subclause (1) may only be carried out without consent under that subclause if the development will not allow for an increase in:
   a. The number of patients accommodated at the facility, or
   b. The number of staff employed at the facility,
   That is greater than 10 per cent (compared with the average of each of those numbers for the 12 month period immediately prior to the commencement of the development).

Clause 14 of SEPPI requires consultation with the relevant local council for works impacting local heritage items on environmental planning instruments or being undertaken within a heritage conservation area, unless those
works are “minor or inconsequential”. If works are not “minor or inconsequential” a written assessment must be undertaken of the impacts of the proposed works upon the heritage item or conservation area.

Clause 20(2)(e) of SEPPi requires that, for works to be exempt, they must have no more than a “minimal impact” on items of State or Local heritage significance.

8.3 Canada Bay Local Environmental Plan 2013
Concord Repatriation General Hospital is included in the Canada Bay Council Local Environmental Plan 2013, Schedule 5 Environmental Heritage:

| Canada Bay LEP 2013 – Schedule 5 Environmental Heritage, Part 1 Heritage Items |
|-------------------------------|---------------------------------|
| Item Name                     | Concord Repatriation Hospital – original main building, grounds and layout |
| Item Number                   | I256                            |
| Address                       | 1C and 1H Hospital Road          |
| Lot and DP                    | Lot 2, DP 89877                  |
| Significance                  | Local                           |
| Statement of Significance     | 20\textsuperscript{th} century building of special architectural and historical interest. Example of the work of noted architects, Stephenson and Turner. Winner of the 1946 Sulman prize for architecture. |

The above listing does not include other hospital buildings belonging to the original Stephenson & Turner group.

Clause 5.10 (1) of the Canada Bay Council LEP 2013 recognises the following objectives:
(a) to conserve the environmental heritage of Canada Bay,
(b) to conserve the heritage significance of heritage items and heritage conservation areas, including associated fabric, settings and views,
(c) to conserve archaeological sites,
(d) to conserve Aboriginal objects and Aboriginal places of heritage significance.

Clause 5.10 (2) contains provisions relevant to consideration of future use or development of Concord Repatriation General Hospital. They are as follows:
(a) Demolishing or moving any of the following or altering the exterior of any of the following (including, in the case of a building, making changes to its detail, fabric, finish or appearance):
   i. a heritage item,
   ii. an Aboriginal object,
   iii. a building, work, relic or tree within a heritage conservation area,
(b) Altering a heritage item that is a building by making structural changes to its interior or by making changes to anything inside the item that is specified in Schedule 5 in relation to the item,
(c) Disturbing or excavating an archaeological site while knowing, or having reasonable cause to suspect, that the disturbance or excavation will or is likely to result in a relic being discovered, exposed, moved, damaged or destroyed,
(d) Disturbing or excavating an Aboriginal place of heritage significance,
(e) Erecting a building on land:
   (i) on which a heritage item is located or that is within a heritage conservation area, or
   (ii) on which an Aboriginal object is located or that is within an Aboriginal place of heritage significance,
(f) subdividing land:
   (i) on which a heritage item is located or that is within a heritage conservation area, or
   (ii) on which an Aboriginal object is located or that is within an Aboriginal place of heritage significance.
8.4 National Parks and Wildlife Act 1974
8.4.1 Aboriginal Sites and Relics

An Aboriginal Archaeological Survey has not been undertaken for this site.

In addition to the range of other environmental and land management matters, the National Parks and Wildlife Act also includes provisions which to apply to Aboriginal sites and relics.

If Aboriginal cultural material is found during excavation activity on the site, the National Parks and Wildlife must be informed under Section 89A of the Act. Excavation would then require a permit issued under Section 90 of the Act.

8.5 Building Code of Australia

The configuration, utilisation and provision of services with Concord Repatriation General Hospital should comply with the relevant sections of the Building Code of Australia, according to its future use. The Code provides requirements such as:

- Design and construction, structural provisions
- Fire resistance
- Access and egress
- Access for the disabled
- Services and equipment
- Health and amenity.

Conservation and management of Concord Repatriation General Hospital should also have regard to a range of other legislation and statutory controls covering issues such as:

- Public safety
- Staff working conditions
- Employment conditions
- Public health
- Access for the disabled

8.6 National Trust of Australia (NSW)

The National Trust of Australia (NSW) is a community based conservation organisation. The Trust has assembled a Register of heritage items and conservation areas through the assessment work of its committees. This Register is a non-statutory register.

Concord Repatriation General Hospital is listed as “Concord Repatriation Hospital formerly 113th Australian General Hospital” (Item # S7111).

8.7 Australian Institute of Architects

The Australian Institute of Architects Register of Significant Architecture in NSW is a non-statutory list used to identify, promote and help retain outstanding works of architecture in New South Wales. The criteria for selection reflect the specialist interests of the Institute of Architects, including:

- Those buildings which are recognised as important landmarks in the development of 20th Century Architecture;
- Those buildings which, due to their quality and siting, make a significant contribution to the built environment;
- Those buildings which demonstrate particular innovation or excellence in terms of
- Their structure, construction, use of materials, aesthetic, typological, interior or urban design;
- The most significant examples of the work of leading architects and practices.

Concord Repatriation General Hospital is listed on the Register of Twentieth Century Buildings (Item #4700733).
9 CONSERVATION MANAGEMENT POLICIES

9.1 Introduction
The purpose of the conservation policies set out in this section is to provide an in-principle guide to actions to be followed in the development, care, maintenance and long term use of Concord Repatriation General Hospital so that its cultural significance is retained and enhanced.

The preceding conservation analysis has established the significance of Concord Repatriation General Hospital and the constraints arising from and associated with that significance.

The primary significance of Concord Repatriation General Hospital relates to the following:

- Historical associations with the development of this riverside area of Concord as a hospital precinct due to the benevolence of the prominent and prosperous Walker family. Thomas and Dame Eadith Walker generously contributed to health care in the Sydney metropolitan region, from the end of the 19th century through to the mid-20th century;
- Its associations with continuous medical care for, and repatriation of, members of the Australian defence forces;
- An outstanding example of early Modernist hospital architecture designed by a prominent firm, Stephenson & Turner, noted for their advanced thinking in hospital design, and the recipient of the Sulman Award 1946 for the design of the 113th Australian General Hospital (now the Concord Repatriation General Hospital). The main focus of this award was the multi-storey ward block (as a radical change from “pavilion” and “cottage” style hospitals);
- The innovative changes associated with the evolution of hospital design, medical technology and practice, and the aesthetic values associated with functionalism and horizontal modernism of the Multi Block. These features of the principal facades, in particular the “healing” qualities of its solaria and long sweep of balconies, are reasonably intact; and
- Its association with numerous social groups of the Red Cross and Returned Services League. Former patients and staff still retain a strong affiliation with the hospital.

Whilst the use of the Concord Repatriation General Hospital is wish to optimise the potential use of the hospital and its site to improve its function as a “state-of-the-art” medical facility.

Conservation policies should be aimed at balancing the current and future owners’ requirements with the need for the retention and conservation of significant functional relationships, spaces and fabric and to facilitate appropriate reuse of the buildings which ultimately ensures viability.

9.2 Conservation Principles
The following conservation policy statements have regard to the constraints, issues and opportunities outlined above and in the preceding sections. In particular, the policies embrace the following principles:

- Maximum retention of cultural significance.
- Maximum retention of significant functional relationships, spaces and fabric.
- Identifying areas and elements where cultural significance can be highlighted, amplified, or reinstated.
- Maintain physical and visual curtilage to buildings of high heritage significance to new development areas.
- Conservation/ use to have regard to the relative significance of individual elements.
- Use of professional conservation advice.
- Maintenance of records.
- Potential for the enhancement of significance through interpretation.
- Allow ongoing change whilst retaining key elements of significance.
9.3 Consequences of the Conservation Policy
Implementation of the policies outlined below will have the following consequences to:

- Ensure future development has due regard to the heritage significance of the place.
- Retain historic, aesthetic, technical/research and social significance.
- Retain evidence of the original functional relationships.
- Retain significant fabric.
- Seek expert advice and undertake archival recording.
- Allocate resources for catch-up and cyclic maintenance.

9.4 Conservation Management Principles
Some general conservation management principles for Concord Repatriation General Hospital are that:

- The Concord Repatriation General Hospital should continue to be used as a medical and health care providing facility, continue to maintain acute health care for the veteran community for which it was originally established, but also meet the needs of the wider community by reinstating its original innovative qualities of excellence in hospital design, medical technology, clinical services and research functions and in so doing recover its reputation as a state-of-the-art health care facility.
- There is a community expectation that such places will be managed for the public benefit, within the operational requirements of the owners.
- There is an opportunity for the heritage significance and unique nature of the Concord Repatriation General Hospital to be communicated to the public through interpretation, elevating appreciation of its heritage significance.

9.5 Summary of Site History
The Concord Repatriation General Hospital was established in 1941 using land and funds set aside from the estate of the Walker family, which had previously help found the Thomas Walker Hospital for Women and the Dame Eadith Walker Convalescent Hospital for Men.

In 1942, the architectural firm of prominent hospital designers, Stephenson & Turner, was engaged to develop a group of buildings comprising the:

- Multi Block (Building 5)
- Administration Building (now subsumed by Building 3)
- Former No. 1 Nurses Quarters (Building 2)
- Former No. 2 Nurses Quarters (Building 75) and Resident Medical Officers Quarters (Building 76)
- Former Boiler House and Laundry
- Former Gatehouse (Main Gate)

The Multi Block building is an outstanding example of early modern architecture in Sydney with exemplary facades designed in the Inter-War Functionalist style. The design is an early example of horizontal modernism and strong landmark qualities. The building was awarded the Sulman Award for architectural excellence in 1946, and is a fine representative example of the prominent institutional architecture of the architectural firm, Stephenson & Turner. The Multi Block within this original group of buildings was the focal point on the landscape.

This core group of buildings were surrounded by a series of low rise buildings dating from the 1940s to the 2000s. These low rise buildings were functional, military-style wards and service buildings of fibro, brick and tile, and are of minor heritage value, with the particular exception of the Red Cross Theatre. Much of the relationship between the Stephenson & Turner buildings has been lost through the modification of the original Administration building and construction within the courtyard between these buildings.
The Hospital campus saw only minor change between 1942 and the mid-1970s other than additional land reclamation along the south side of the peninsula, with the complex handed from the Commonwealth to the NSW State Government in 1974.

From the mid-1970s, a series of new buildings were constructed, and some of the open spaces, courtyards and garden areas began to be lost. The most dramatic of these changes occurred in the early 1990s when the original Administration building was expanded and the formal courtyard between the Stephenson & Turner buildings became progressively eroded.

The Hospital became a general public hospital in 1993 and additional expansion and changes have occurred since that time, due to changing health service requirements, population pressure and the need for expanded and modernised facilities. This saw a new extension to the south-eastern portion of the Multi Block in the early 2000s and the demolition of all buildings at the eastern end of the peninsula for the establishment of the Concord Centre for Mental Health in 2008.

9.6 Historic Built Fabric
The main historic fabric at the CGRH site is embodied by the remaining core of the Stephenson & Turner buildings – the Multi Block, the two Nurses' Quarters buildings and the Medical Officers' Quarters. These buildings were all well designed to complement each other and embody the prevailing philosophy of hospital design at the time. They were detailed in a modern, functional aesthetic and incorporated elements such as public art.

Their relationship has been compromised by the progressive subsuming of the original Administration building by later extensions to the wards. The Multi Block has been altered through the construction of the Cafeteria in the 1960s and the new façade to the south-eastern quadrant in the 2000s. These core buildings still retain their presence as key historic features on the site and the Multi Block, particularly, is a highly visible feature, although distant views to the site are now quite limited due to the revegetation of the river frontage to the peninsula.

The majority of the other lower level buildings are of only a moderate level of significance, as simple, functional buildings built during the Second World War. The main exception to this is the Red Cross Theatre, which is both a distinctive building and provides the main evidence of the social uses of the site for returned servicemen.

9.7 Historic Landscape
The natural vegetation of the area consisted of Eucalyptus forest with the foreshore characterised by mangroves. The vegetation was typical of that found along the Parramatta River before European settlement. With the development of the Concord Repatriation General Hospital, no bushland has been retained on the site.

The current landscape within the Hospital grounds is disjointed in its concept and planting. There are a differing planting styles, with the use of natives and exotics throughout, over differing periods of time, and hence the design nature of the spaces. Only a few notable areas are worth retaining within future development areas.
9.8 Specific Conservation Policies

9.8.1 General Principles
The following recommended general principles shall apply to the use and planned management of the site in relation to all identified culturally significant items.

Policy 1  The Multi Block is recognised as an item of cultural significance and should be managed in accordance with the provisions of the Burra Charter of Australia ICOMOS.

The original Stephenson & Turner group of hospital buildings, defined as subsidiary buildings to the assertive focal point of the Multi Block, are also of cultural significance and should be similarly managed.

The ramp wards and associated hospital buildings of the 1941-42 phase have, as a group, some cultural regional and local significance and should be managed accordingly.

Policy 2  The owners of the building and Concord Council shall endorse the policies outlined in this Conservation Plan. Reference should be made to Section 6 for guidelines for the assessment of significance of buildings and landscape areas.

Policy 3  Concord Repatriation General Hospital can be adaptively re-used in a manner that is appropriate and sympathetic to its cultural significance in order to retain and enhance its viability as a hospital.

Policy 4  Retain historic fabric or individual items with a rating of Exceptional or High significance, wherever possible, while still allowing its viability as a functioning hospital.

Policy 5  Damaged or deteriorated fabric on buildings or items of Exceptional or High significance should be stabilised and retained, where possible, while still allowing its viability as a functioning hospital.

Policy 6  Elements of items of significance, where no longer functional due to deterioration or damage and incapable of being stabilised, are to be replaced with matching details in the same materials.

Policy 7  The natural vegetated landscape of Parramatta River foreshore should be retained, with the siting of future developments near the River to be a minimum 40m setback from the foreshore water line.

Policy 8  At present, the Concord Repatriation General Hospital, the site and its heritage buildings, are not listed on the Department of Health Heritage and Conservation Register, which is a statutory list. Based on the assessment of significance made in this report, the Stephenson & Turner core buildings and the Red Cross Theatre, as a minimum, should be recorded on this register.

9.8.2 Use of the Conservation Management Plan Policy

Policy 9  Copies of the completed Conservation Management Plan shall be lodged with Hospital archives, Canada Bay City Council, Concord Library and the State Library of New South Wales and with the stakeholders of the site and be readily accessible to the public.

Policy 10  The Conservation Management Plan shall be referred to in all Development Applications.

Policy 11  A Heritage Impact Statement should be prepared to accompany any Development Application which will assess the heritage impacts in relation to this Conservation Management Plan.

Policy 12  This Conservation Management Plan should be reviewed on a regular basis to take into consideration any new information or data as it becomes available, or every 7 years.
9.8.3 Adaptive Re-Use

Policy 13 The policies of this document should be applied irrespective of the future use to which the buildings are put.

Policy 14 The site of Concord Repatriation General Hospital has retained its consistent use as a health care facility since the 1940s, which forms part of its significance. Any future plans for adaptive reuse of Concord Repatriation General Hospital should be consistent with its significance.

Policy 15 Full utilisation of all spaces/areas is recognised as desirable. The need for some change is recognised in order to achieve full utilisation of the ongoing hospital use for all categories of significance.

Policy 16 Future developments on the site of the Concord Repatriation General Hospital should recognise and interpret its historic use patterns. This includes areas of the site that are historically part of the Hospital.

Policy 17 Significant spaces should be used in such a way that enables an interpretation of their aesthetic values and spatial volumes.

Policy 18 Adaptive Re-use should be in accordance with the General Design Principles of this CMP.

9.8.4 Conservation Processes

Policy 19 Conservation processes, which are appropriate for individual elements (spaces and fabric, including fittings and finishes), will be based upon the relative significance of the element, in accordance with the following policies:

- **Exceptional Significance** – must be preserved, restored reconstructed, or sympathetically adapted (in accordance with the policy of this Conservation Management Plan);
- **High/ Considerable Significance** - should be preserved, restored or sympathetically adapted;
- **Some Significance** – should preferably be retained insitu, although removal may be acceptable in some circumstances (following archival recording);
- **Neutral Significance** – may be retained, adapted or removed as necessary; and
- **Intrusive** – element has no impact on heritage significance and should be removed, or adapted to reduce their heritage impact, or enhance a building’s heritage qualities.

The significant buildings and elements of Concord Repatriation General Hospital have been identified in Section 6.

9.8.5 Development on the Site

Policy 20 Future site planning should be aimed at achieving the following objectives to:

- Enhance culturally significance elements wherever possible.
- Remove incompatible elements from culturally significant items in order to restore a proper setting whenever the opportunity arises.
- Ensure new development is sited so that an appropriate visual curtilage is preserved for items of cultural significance.
- Ensure that within the original grouping of hospital buildings by Stephenson & Turner the Multi-Block remains the focal point on the landscape.
- Ensure that new development ensures that the Multi Block retains its assertiveness as the focal point of the hospital group and for the delivery of clinical services.
Development should be confined to the areas indicated on Figure 9.1 and as recommended for each of the individual Development Areas.

**Figure 9.1: Development Areas**

<table>
<thead>
<tr>
<th>Development Area A (DAA) – Existing Main Carpark</th>
</tr>
</thead>
<tbody>
<tr>
<td>New development can occur in this area.</td>
</tr>
<tr>
<td><strong>Development guidelines:</strong></td>
</tr>
<tr>
<td>▪ Development in this area must be sensitive to the close proximity of the Brays Bay Wetland and the Thomas Walker Hospital, and be set back from the Brays Bay Wetland.</td>
</tr>
<tr>
<td>▪ Development in this area should be restricted to approximately one half of the carpark area. The preferred area would be directly opposite Development Area B (DAB) and should be set back from the Thomas Walker Hospital and the Kokoda Track.</td>
</tr>
<tr>
<td>▪ Development in the area should be sympathetic to the height of the adjacent buildings across Hospital Road.</td>
</tr>
<tr>
<td>▪ Maintain mature landscaping in the area with additional planting is recommended to act as a buffer to the Thomas Walker Hospital, the building and grounds of which are significant heritage items.</td>
</tr>
<tr>
<td>▪ Continue tree planting to delineate Hospital Road as the major access to the Thomas Walker Hospital.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Development Area B (DAB) – Brick Ramp Wards</th>
</tr>
</thead>
<tbody>
<tr>
<td>New development can occur in this area.</td>
</tr>
<tr>
<td><strong>Development guidelines:</strong></td>
</tr>
<tr>
<td>▪ The pattern of development within this precinct must enable physical access from Hospital Road to the hospital precinct to be maintained.</td>
</tr>
<tr>
<td>▪ Development must maintain views and vistas from Hospital Road into the site and to the foreshore areas beyond.</td>
</tr>
</tbody>
</table>
### Development Area C (DAC) – Clinical Sciences Building

New development can occur in this area.

**Development guidelines:**
- Development in the area should be sympathetic to the height of the adjacent buildings across Hospital Road.

### Development Area D (DAD) – Site of the proposed ANZAC Medical Research Institute

This area has been demolished and replaced with new buildings.

Prior to demolition, the architectural firm, Woods Bagot, undertook a photographic survey of the existing trees. Mature landscaping was retained as a result of recommendations from this survey.

**Development guidelines:**
- Incorporate landscaping on the northern perimeter to visually screen the heritage item, the Thomas Walker Hospital from any development.

### Development Area E (DAE) – The North-Eastern Ramp Wards

This area was a substantially intact group of ramp wards. This area has been demolished and replaced with new buildings, between 2000-2014.

**Development guidelines:**
- Record photographically the existing fabric of all ramp wards prior to any demolition.
- Minimise vehicular access to the perimeter of the area as is designated by the existing vehicular roadways.
- Record the existing fabric prior to demolition.
- Any mature landscaping that will be affected by the development in the area must be recorded and assessed for significance to the site by suitably qualified practitioners, prior to construction.
- Site buildings at a minimum of 40m from the shoreline from the edge of the existing mangroves.

### Development Area F (DAF) – Central Ramp Wards and Associated Buildings

Portion of this development area close to DAE has been demolished between 2000-2014 and replaced with new buildings.

The remaining area contains an intact and diverse collection of pavilion/ramp ward structures and associated buildings. Adaptive re-use may occur if function requires.

**Development guidelines:**
- Keep development lower in scale to the Multi Block by at least 2 storeys, so as to maintain the dominance of the Multi Block (Stephenson & Turner) group of buildings and to not impact on the visual curtilage of the Multi Block.

### Development Area G (DAG) – South-Eastern Perimeter, adjacent mangroves

Existing buildings have been demolished between 2000-2014. No development has occurred within this area.

**Development guidelines:**
- New development in this area is not recommended due to the close proximity of this precinct to the mangroves.

### Development Area H (DAH) – Southern corner (workshop, stores and linen)

This precinct is a potential development site. This area is suitable for development, as it will have minimal effect on the heritage significance of the place.

**Development guidelines:**
- Keep development lower in scale to the Multi Block by at least 2 storeys, so as to maintain the dominance of the Multi Block (Stephenson & Turner) group of buildings and to not impact on the visual curtilage of the Multi Block.
• Retain the significant landmark qualities of the original Laundry and Boiler House as the building should be conserved as an important element of the original group.
• If this building is to be retained, maintain a curtilage to these buildings.
• Development should be restricted to a distance of not less than 40m from the internal edge of the mangroves.

Development Area I (DAI) – Permanent Hospital Buildings

This is the original hospital development area.

Stephenson & Turner buildings

The heritage significance of this group of buildings is identified as follows:

<table>
<thead>
<tr>
<th>Building</th>
<th>Heritage significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi Block (Building 5)</td>
<td>Exceptional</td>
</tr>
<tr>
<td>Administration Building (now subsumed by Building 3)</td>
<td>High</td>
</tr>
<tr>
<td>Former No. 1 Nurses Quarters (Building 2)</td>
<td>High</td>
</tr>
<tr>
<td>Former No. 2 Nurses Quarters (Building 75) and Resident Medical Officers Quarters (Building 76)</td>
<td>High</td>
</tr>
<tr>
<td>Former Boiler House and Laundry</td>
<td>High</td>
</tr>
<tr>
<td>Former Gatehouse (Main Gate)</td>
<td>High</td>
</tr>
</tbody>
</table>

These buildings may be enhanced and reinstated by sensitive adaptive reuse. Development may occur, in accordance with the following development guidelines. Any alteration to the fabric follows the Conservation principles set down in this section.

Development guidelines – Multi Block building:

New development may occur but should:

• Retain the significance of the Multi Block as the prominent building. Ensure that the Multi Block retains its assertiveness as the focal point on the hospital campus. No new development on the hospital campus should interrupt the visual prominence of this group of buildings, with new development be lower by at least 2 levels than the S & T group, particularly the Multi Block building.
• Protect existing significant vistas to and from the Stephenson & Turner group of buildings. Retain a visual curtilage to ensure a link between the Multi Block (Building 69) and the Parramatta River, as it was a significant aspect of the hospital design.
• Provide adequate physical curtilage for the Multi Block and each of the “permanent” hospital buildings to enable an interpretation of the original hospital group.
• Respect, with new development, the integrity of the Multi Block and the other original Stephenson & Turner buildings. Enhance the heritage precinct and significant fabric.
• Reflect and be considerate, with new development, to the original design concept developed by the architects, Stephenson & Turner.
• New connections to and around the Stephenson & Turner buildings, especially the Multi Block, should be transparent and light-weight in design, to retain the key architectural elements of the building.
• Future development to the Multi Block is to have designs that minimise intrusive elements on its façades.
• The interiors of the Stephenson and Turner group of buildings have been modified and updated over time as required, to improve healthcare facilities. Original fabric in internal public domain areas, such as waiting rooms, lobbies and hallways, should be conserved and highlighted, where possible.
• Record and assess for significance any mature landscaping that will be affected by the development in the area, by suitably qualified practitioners, prior to construction.
• Ensure controlled vehicular access to this area, whilst this is the main hospital area, with strict vehicular access to this area.
Policy 21 | **Multi Block (Building 5)**
Cantilevered balconies and solaria are significant design elements of the Multi Block. It is recommended that the balconies be reinstated where they face onto the Green which is a primary, public area or where essential clinical requirements will not be compromised. Where elevations are located away from the main entry points to the hospital, and have less visual presence, the cantilevered balconies the Multi Block, may be obscured by future development if it is sympathetic to the original design.

Policy 22 | **Administration Building (Building 3)**
The original Administration Building, a rectangular 2 storey building, is presently integrated within the core of Building #3. This building is part of the original Stephenson and Turner designed group of hospital buildings. Should, in future, the functions of Building #3 become redundant or can be relocated, redevelopment of this building should seek to retain and protect, if not reveal any existing heritage fabric from the original Administration Building. The original intent of the main entrance, can then be reinstated between the Stephenson & Turner buildings. This can be done by reducing the scale and footprint of the new development, to a design more similar to the original, and reinstating some of the manicured courtyards that surrounded the building group.

Policy 23 | **Red Cross Theatre (Building 32)**
The Red Cross Theatre building is of High Significance and is one of the few remaining original buildings on site with a high level of social significance. The building could be retained. Conservation should be undertaken to improve its current deteriorated condition. Improved interpretation for the building will also increase awareness and appreciation of its heritage significance.

Policy 24 | **Miscellaneous building details**
**Triple-hung sash windows**: The triple-hung sash windows that lead out from the wards to the balconies should be retained or reinstated. Intrusive elements such as balcony infill and services should be removed.

**Metal framed windows to Solaria**: Future conservation or replacement work to the solaria should remove aluminium framed windows and replace them with steel framed windows of a similar profile and type used in the original windows.

**Open stairs**: The open stairs should be retained intact as open sculptural forms without exception. Any new development to the Multi Block should be set back from the sculptural stair and associated solaria at the end of each wing.

Policy 25 | **Ward Buildings**
The ward buildings in Concord Repatriation General Hospital are a substantially intact collection of ramp wards.

**Development guidelines:**
Any future development in this area should consider:
- Retention if new development allows.
- Infill development must be sensitive to any retained, adjacent, ramp ward style buildings.
- Recording of existing fabric where ramp wards are to be demolished;
- A design that takes advantage of the vistas to the east.
- A buffer zone on the northern perimeter to visually screen the Thomas Walker Hospital, a heritage item of significance, from any development.
- Retain the ramps, courtyards and general external appearances where function allows.
• Significant elements such as Loudon Sainthill murals on wall partitions (in Building 84) should be removed, under explicit instructions by a restorer and appropriately located interpretation.

Policy 26  
**Ramp wards**  
The ramp wards throughout the Concord Repatriation General Hospital have Some to Neutral level of significance and make a minor contribution to the significance of the site as a whole. These can be retained, altered or removed as necessary to facilitate hospital uses.

**Development guidelines:**
• Where development requires large areas or groups of ramp wards to be demolished, the buildings should be recorded prior to removal, and interpreted where possible.
• Where it is possible to retain Ramp Wards buildings, they should be retained as a cluster/grouping rather than as isolated wards, to enhance appropriate interpretation and understanding of the site.

Policy 27  
**Post-war and modern infill buildings with Neutral significance**  
These buildings and areas are suitable for development, as it will have minimal effect on the heritage significance of the place.

9.8.6  
**New Building Design**

Policy 28  
Ensure any new work is contextually appropriate with the architecture of the existing buildings of exceptional and high heritage significance. Architects should be required to make a thorough study of the physical context, including the architectural expression, materials, scale and proportion of the existing buildings.

Policy 29  
**General Design Principles**  
The following design guidelines should be incorporated in briefs for any new building on the site.

**Character**
• Any new addition or development should respect the heritage significance of Concord Repatriation General Hospital, its significant items and its setting.
• Any new work should respect and complement the Inter-War Functionalist style of the permanent buildings and the existing wards without imitating the original detail.
• External additions to significant buildings should read as a ‘new’ addition or insertion that is informed by, but not copying, the original.
• New buildings on the hospital grounds shall not dominate the Stephenson & Turner group of buildings.
• In the event of demolition of pavilion wards and their attendant buildings, both the ramps and wards should be seen as integral components. As a principle they should be retained as a cluster/grouping rather than as isolated wards, and thereby enhance appropriate interpretation and understanding of the site.
• Any demolition, alterations, extensions, new structures, changes of use, subdivision, removal of certain kinds of vegetation, major changes to significant interiors or disturbances of relics or landscaping proposed for the Multi Block or the original Stephenson & Turner Group will require a heritage impact statement as a minimum, and should be brought to the attention of the Heritage Office.
Scale and Massing

- The main tower/core of the Multi Block should retain its dominance on site and the original roof massing reinstated if further levels are proposed to the building.
- The Multi Block should retain its landmark significance as the dominant feature on the hospital site.
- Any new development in close proximity to any building of the original Stephenson & Turner Group should take care not to dominate or obscure the overall massing of the buildings.

Materials and Details

- Protect and maintain the movable heritage such as the historical elements and displays located in the main foyer that interpret the historic use of the hospital and its link with the Defence Forces and the veteran community.
- New work should not obscure the interpretation of original, functional or aesthetic relationships of significance.
- Any required new structural members should be introduced so as to minimise the intervention of significant fabric.
- Where new services are required, these should be introduced discreetly to avoid damage to significant fabric and avoid visual impact on significant spaces.
- New work may be innovative to enhance the functionality of the hospital in a similar philosophy to that of the original architect.
- No new work should adversely affect spaces of Exceptional or High Significance.
- New work should respect the spatial qualities and fabric of individually significant elements.
- Where new work has a physical interface with significance fabric, the impact should be as minimal as possible, and the materials and design proposed should not dominate in massing and material. Materials used should be lightweight, transparent, and have the potential to be removed in future with the least damage and impact to original fabric.
- New work should be identifiable as new work on close inspection.
- The Burra Charter does not prohibit the use of modern materials and techniques. The use of modern materials and techniques should be utilised with care and design excellence.
- Protect and maintain any original aesthetic detailing and artwork, such as the Otto Steen terracotta icons on the exterior of the Stephenson and Turner buildings;
- Intact interiors within the Medical Officer’s building should be conserved as an interpretation of Stephenson & Turner’s Interior.
- Protect and maintain the moveable heritage such as the historical elements and displays located in the main foyer that interpret the historic use of the hospital and its link with the Defence Forces and the veteran community.

Roof Design

- The roof of the Multi Block, Concord Repatriation General Hospital, should address its original intent. The photographs of the Stephenson & Turner model (Figures 2.24 & 2.25) give a guide as to future handling and location of roof plantrooms, suggesting a symmetrical arrangement of the roof to the wings.
- Intrusive elements, such as condensers should be screened to minimise adverse visual impact. Screening should be expressed horizontally and be neutral in colour.
Any development between the former Admissions Building (the Surgical and Diagnostic Facility) and the Multi Block should reinforce the “linking” character of the original walkway and the original service access route to enable an interpretation of the former grouping. The materials and design proposed should not dominate in massing and material. Materials used should be lightweight, transparent, and have the potential to be removed in future with the least damage and impact to original fabric.

Artworks on external facades that emulate the existing Otto Steen iconography can be considered for new buildings, where possible.

**9.8.7 Conservation Planning**

Maximising the survival of the original fabric is important in order to keep the authenticity and integrity of Concord Repatriation General Hospital. Wherever possible, existing fabric should be retained.

Conserve the significance of the existing fabric of Concord Repatriation General Hospital in accordance with its significance ranking, by utilising an approach of “repair and preserve” wherever possible. Individual elements should be conserved according to their significance.

Appropriate skilled experts should be engaged to undertake documentation and supervision of works including advice from heritage and conservation consultants.

**9.8.8 Interpretation and Signage**

An interpretation strategy should be developed to explain the history and significance of Concord Repatriation General Hospital as an overall site. The strategy should include engaging interpretive devices that can be displayed in the main entrance or within the proposed museum.

Interpretative devices may include the fabric of the item, signage, illustrations or other media as appropriate. Suitable signage could be located near the Main Entrance Gate or the Green, so that visitors can understand the hospital’s significance and layering of history. The previous uses of the hospital site should be interpreted. Some historical interpretation of “tent-city”, for example, is recommended in the main car park located in Landscape Area 2. Early photographs of the hospital could be displayed in high traffic areas. It is recommended that an appropriately located, onsite museum, could serve this purpose. It should be noted that a Museum is currently proposed adjacent to the Green.

A social history of the hospital, the veterans and the hospital staff should be prepared for the hospital and retained on site.

The significance of the Multi Block and the original group should be appropriately interpreted on site.

- Provide adequate and uniform directional signage both externally and internally to the buildings. Signage is to clearly inform and provide direction to the historical and medical areas on the site.
- Provide interpretation panels to inform and capture the essence of the place.
9.8.9 Recording

Policy 38  An archival photographic record should be made prior to, during, and immediately after any future upgrading or conservation works when those changes have an impact on items of exceptional/high significance, and in particular, to buildings within the Stephenson & Turner group of buildings.

A recording should be undertaken on select examples of buildings of some to low significance, prior to them being changed or demolished. In general, the recording should be undertaken in accordance with the Archival Recording Guidelines prepared by the Heritage Division, Office of Environment and Heritage. A photographic record is generally sufficient in cases of items of regional or state significance, measured drawings should also be provided. These plans and drawings should be stored on site and lodged with the Heritage Office.

A photographic record of works in progress should also be undertaken. At the end of a project all the records, including the progress photographs, samples and all field notes should be archived. Samples should be clearly labelled with location and date. Archival recording should be lodged with a public archive and on site.

9.8.10 Special Elements

Policy 39  It is recommended that a Register of Moveable Heritage be set up on the site. This is particularly relevant to the following items which have been identified as having special conservation requirements:

- The stage wings from the Red Cross Theatre, Building 48: various performers of note have acted in the theatre and autographed the wings of the stage. These should be conserved in situ or remain on site for further interpretation.
- Steam Kettle, Hobart Mixer, Scales and Moveable Heritage in the Kitchen: while these items of moveable heritage are still in operation, changes to kitchen function necessitate they may become obsolete. This equipment should either be placed in appropriate museums or stored on site.
- Any historic medical equipment, archival records and memorabilia specific to the hospital should be conserved and remain on site for further interpretation through display.
- Louden Sainthill murals in Building 84: these murals should be conserved.
- Otto Steen terracotta icons on Stephenson and Turner buildings. These icons should be conserved and retained in situ.

Policy 40  Building codes and standards:

Compliance with the national building and safety codes should be designed to be sympathetic with special design elements of the building, for instance, the triple-hung sash windows that lead out from the wards to the balconies open rounded staircases, etc. These special elements should be retained while mediating the building and safety requirements.

9.8.11 Unexpected Archaeological Finds

While this site has been assessed as having no identified archaeological potential, the potential for unexpected finds during future excavation works cannot be completely eliminated.

Policy 41  A more thorough Aboriginal sites study should be undertaken once the area of development is more precisely known, particularly along the southern foreshore of the hospital site.
**Figure 9.2**: Overlay of 1930 foreshore as compared to current foreshore (Source: NearMap, annotations by Futurepast)

**Policy 42**  
In the event of an unexpected find during excavation:
- Cease excavation in the vicinity of the affected area;
- Seek expert advice as to the nature and significance of the find;
- Notify the Office of Environment and Heritage if the find is deemed significant;
- Obtain all necessary approvals under the Heritage Act or National Parks and Wildlife Act (as appropriate) before continuing work in the affected area.

**Policy 43**  
Areas of the northwest car park abutting the back of properties along Fremont Street was historically a military encampment, presumably related to the military hospital functions. If development works are planned for this area, care should be taken during any excavation works for potential archaeological artefacts and structural remnants relating to this camp.

**Figure 9.3**: Military encampment northwest of the Multi-block.
9.8.12 Landscape
The current landscape within the Hospital grounds appears to be disjointed in its concept and planting. There are differing plating styles with the use of natives and exotics throughout, planted over differing periods of time and hence the landscape design nature of the spaces. Only a few notable areas are worth retaining within future development sites.

Policy 44 Landscape Principles for Existing Spaces:
The loss of green spaces by future developments should be set off with new open landscaped spaces for the passive recreational use of patients and staff, and to allow a connection between indoor and outdoor spaces for solar access and natural ventilation.

Policy 45 Landscape guidelines for future developments:
- Maintain legacy open spaces and landscaped areas created by the original layout/configuration of the Multi Block and the Nurses Quarters, for the amenity of these buildings. Assess legacy plantings for retention.
- Maintain and enhance landscape avenues along Hospital Road of mature feature trees (figs and liquidamber).
- Retain the row of Jacarandahs aligning north-east/south-west along the central corridor of the site from the Multi Block precinct to the peninsula. Ensure surrounding new developments are set back to retain these significant trees.
- Maintain views and visual connections between Hospital Street and the foreshore, augmented by avenues of trees.
- Strengthen the legibility of vehicular accessways with landscape avenue planting.
- Strengthen the legibility of pedestrian circulation and way-finding with landscape elements such as avenue planting.

Policy 46 Landscape management:
The recommended policy for management of the existing culturally significant landscape space (identified in the Conservation Management Plan as LA1, LA2, LA3, LA6, LA7 and LA10) is to maintain them as follows:
- Carry out routine maintenance.
- Any plant species that die or are damaged should be replaced using the same species wherever possible and practicable.
- Do not attempt to upgrade or redesign existing significant landscape spaces.
- Intrusive plantings, such as the palms in The Green, should be removed.
- Additional planting to the car park area, LA2, should be considered. This area is somewhat stark and desolate.
Figure 9.3: Landscape guidelines (Source: Context Landscape Design, 2015)
9.9 Vehicle Access and Parking
Policy 47
- Parking should be contained in, and restricted to, clearly designated spaces.
- Any new parking areas should be carefully designed so as not to detract from heritage items or require the removal of significant landscape features.

9.10 Implementation
Policy 48
This Conservation Management Plan does not include a specific Implementation Section, as it is envisaged that the implementation of Conservation Policy will be addressed and assessed as part of the Heritage Impact Statement resulting from specific development proposals for Concord Repatriation General Hospital.

The Heritage Impact Statement shall be set out in accordance with the NSW Heritage Guidelines.

9.11 Consequences of Conservation Policy
Policy 49
Implementation of this policy will have the following consequences to:
- Ensure future development has due regard to the heritage significance of the place;
- Retain historic, aesthetic, technical/research and social significance of the site and its heritage buildings;
- Retain evidence of the original functional relationships;
- Retain significant fabric;
- Seek expert advice and undertake archival recording; and
- Allocate resources for catch-up and cyclic maintenance.