

# Manning Base Hospital Redevelopment - Stage 2

Final Heritage Report

Prepared for Mace Australia Pty Ltd on behalf of Health Infrastructure NSW  
August 2023

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# Manning Base Hospital Redevelopment - Stage 2

## Final Heritage Report

### Report Number

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### Client

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### Date

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August 2023

### Version

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### Prepared by

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15 August 2023

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15 August 2023

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# Executive Summary

## ES1 Overview

Mace Australia Pty Ltd (Mace), on behalf of Health Infrastructure NSW (HINSW), has procured EMM Consulting Pty Ltd (EMM) to prepare this Final Heritage Report (FHR) for the expansion and refurbishment of Manning Base Hospital (the project). The project was announced in the NSW Government 2020 State Budget, under the Regional Health Infrastructure program, funded through the Restart NSW Fund. The project is currently in the second stage, with an allocation of \$100 million for improved patient accommodation.

Manning Base Hospital (MBH) is listed in the Department of Health (DoH) Section 170 Register (s170) with the campus that includes 17 buildings of varying periods of construction and significant, one of which has been listed as an item of local significance listed in under Schedule 5 of the Greater Taree Local Environmental Plan 2010 (GTLEP) (Item 154 - *Hospital outbuilding, former Dwelling*).

The project has been designated as a State Significant Development (SSD) and this report provides a historical bases for the site, an identification of significance to the site and hospital buildings and an impact assessment in relation to established and identified heritage values. This report will be submitted as part of an application for Secretary's environmental assessment requirements (SEARs) and references a masterplan design and report prepared by BVN (project architect) dated 19 October 2021.

The proposed development includes:

- the demolition of Building 06, Building 07, Building 08 and the current main entry structure to Building 04 and adjacent loading dock;
- the construction of a five storey impatient building, community 'spine' and a new main entry to Building 04;
- a new entry/drop-off roadway access from York Street and to the north of Building 04; and
- landscaping including pathways and plantings surrounding new buildings.

## ES2 Site description and context

MBH is situated in the town of Taree, located in the mid-coast of New South Wales and onto the bend of the Manning River. Taree was first settled in 1831 and is surrounded by rich rural farmland where dairy, beef, cattle, timber industry still prosper, it is thus considered the centre of a significant agricultural district.

Opening in 1887, the original Manning River Hospital building provided care to the fast growing region of Taree. The first hospital building was constructed in 1889 to a defined lot to the north of the Taree township centre. Since its inception, the hospital has consistently introduced new additions of individual buildings, alterations and demolitions with development slowly spreading eastwards in the mid-twentieth century through the acquisition of residential lots.

Since its opening, the site has experienced significant development and the Manning Base Hospital today is a functioning hospital campus that comprises of over 20 buildings with particular functions and uses related to the provision of public health to the township and wider region.

## ES3 Impact assessment

The majority of the proposed demolition and construction works would have a negligible to minor impact to the heritage values of the hospital site with no physical and negligible indirect impacts to items of heritage significance within and adjacent to the hospital site.

The majority of structures on the site are not items identified as being of local or state significance, nor of particular or notable significance to the site and local area. The main impacts that will arise from the demolition of the original structure and built elements associated with the former Victoria Fever Ward (Building 08) constructed in c.1897. The Victoria Fever Ward is the last remaining nineteenth century building at the hospital site associated with the hospital's earliest phases of development. The remaining original structure and elements of the Victoria Fever Ward retain their high significance and are considered to be of local heritage significance.

The building poses significant operational and functional constraints on the masterplan design and future function of the proposed inpatient building and loading dock. Mace, HI and BVN have determined that there is no alternative to the demolition of the Victorian Fever Ward. The demolition of the original Victoria Fever Ward would impact the overall significance of the hospital site.

## ES4 Management and mitigation measures

The following measures are proposed to manage the impacts of the project:

- Demolition of Building 06 and Building 07, the main entry and loading dock is broadly acceptable as they have been assessed as not being of generally little to moderate significance to the hospital site.
- A full photographic archival recording of the hospital site and Building 08 (Victoria Fever Ward) is to occur prior to the commencement of any works.
- A heritage interpretation strategy (HIS) is to be prepared. This will be the main method of mitigating impacts associated with the demolition of the original structure and elements of the original Victoria Fever Ward.
- A heritage interpretation plan (HIP) is to then be prepared that formalises and develops the interpretation strategies and integrated into the finalised construction and landscape plan.
- Prior to the demolition of the original fabric of the Victoria Fever Ward, any significant features of the original fabric are to be salvaged for use in future interpretation.
- It is recommended that an historical archaeological assessment of the site be conducted for this site.



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# 1 Introduction

## 1.1 Background

Mace Australia Pty Ltd (Mace), on behalf of Health Infrastructure NSW (HINSW), has procured EMM Consulting Pty Ltd (EMM) to prepare this Final Heritage Report (FHR) for the expansion and refurbishment of Manning Base Hospital (the project).

The project was announced in the NSW Government 2020 State Budget, under the Regional Health Infrastructure program, funded through the Restart NSW Fund. The project is currently in the second stage, with an allocation of \$100 million for improved patient accommodation.

Manning Base Hospital (MBH) campus provides services including intensive care, general surgery and medicine, fast track rehabilitation, maternity services, children's services, oncology and palliative care to the regional community. The campus also includes mental health, drug and alcohol and oral health facilities that are co-owned with the Taree Community Health Centre.

MBH is listed in the Department of Health (DoH) Section 170 Register (s170) with the campus that includes 17 buildings of varying periods of construction and significant, one of which has been listed as an item of local significance listed in under Schedule 5 of the Greater Taree Local Environmental Plan 2010 (GTLEP) (Item 154 - *Hospital outbuilding, former Dwelling*). Since the first hospital was constructed on the campus in 1889, the site has been redeveloped and expanded and these various stages of development remain evident. The project will result in the demolition or upgrades of buildings related to several phases of development (Section 1.3).

EMM has previously submitted a draft Preliminary Heritage Report (PHR) for Part 1 (Master Planning) of the project. This FHR will support Part 2 (Feasibility) of the project development. A masterplan design has been prepared by BVN (project architect) and this FHR will provide a historical bases for the site and an impact assessment in relation to its established and identified heritage significance. The project has been designated as a State Significant Development (SSD) and this report will be submitted as part of an application for Secretary's environmental assessment requirements (SEARs).

## 1.2 Site location and context

The MBH campus (subject site) is located at the formal address of 26 York St, Taree NSW 2430 on the Mid North Coast Local Government Area (LGA) of New South Wales. The subject site has a real property description of Lot 1, DP 1011890, the county of Macquarie and the Parish of Taree (Figure 1.1). The lot associated with the subject site is in the centre of the Taree township, occupying an area of approximately 25,000 m<sup>2</sup> (2.5 ha). The site is bounded by York Street to the north-west and High Street to the south-east, along its main frontage, Pulteney Street to the north-east, and Commerce Street to the south-west (Figure 1.2).

As per the GTLEP, the site is zoned as 'SP2 – Infrastructure – Health Services Facility' and is surrounded predominantly by 'R1 – General Residential'. The residential lots surrounding the site include single and double-storey residences. A large supermarket chain (Aldi) is located south of the site along High Street; however, the commercial centre of Taree is located approximate 150 m to the south-east.



**Figure 1.1**    **Regional context**

**Figure 1.2**    **Local context**

## 1.3 The project

### 1.3.1 Project scope and aims

Whilst population growth in the region is not significant, existing capacity issues at the hospital creates the need for expansion and redevelopment. The project scope is to redevelop MBH in line with the current endorsed Clinical Service Plan (CSP), which includes the master planning, design and delivery of the following key items:

- increased and upgraded capacity for acute and inpatient accommodation to support contemporary models of care;
- expanded ambulatory care and outpatient care spaces;
- reconfiguration and refurbishment of numerous areas to optimise access to operating theatres, address special constraints and improve layout of hospital;
- paediatric space where acute care can be provided in a short stay area, and a place for Hospital in the Home (HiTH), procedures, acute clinical reviews, rapid access clinic, procedures and other ambulatory care;
- feasibility and consideration of potential expansion or relocation of inpatient resources, dental, pharmacy and pathology; and
- improve vertical transportation in patient areas, to enable safe transfer of patients from inpatient areas to acute areas.

Refer to Section 6 and Appendix A for a full description of the current project status and proposed development works proposed to meet the project aims.

## 1.4 Assessment guidelines and requirements

This report has been prepared in anticipation of the secretary's environmental assessment requirements (SEARs) for this SSD project. This document is the Final Heritage Report (FHR) that has been requested for Part 2 of the project development as per the provided Request for fee proposal document prepared by Mace and dated 15 June 2021. The FHR has been prepared as a continuation and update of the previously submitted draft PHR for Part 1 submitted to Mace in July 2021 and incorporates the advice provided by EMM on 13 October 2022 (refer to Appendix B). This report will involve the assessment of the proposed development in relation to built and landscape heritage.

This FHR has been prepared in accordance with the relevant government assessment requirements, guidelines and policies. The report and related field survey were undertaken using the principles of *The Australian International Council on Monuments and Sites, Charter for Places of Cultural Significance* (known as the *Burra Charter*, Australia ICOMOS 2013) and the New South Wales (NSW) *Heritage Manual* (Heritage Office 1996 with regular additions). Use of these documents satisfies the anticipated requirements of the SEARs.

*The Burra Charter* (ICOMOS (Australia) 2013) sets a standard of practice for those who provide advice, make decisions about, or undertake works to places of cultural significance including owners, managers and custodians. The *Burra Charter* defines the concept of cultural significance as 'aesthetic, historic, scientific, social or spiritual value for past, present or future generations' (Australia ICOMOS 2013, Article 1.2). It identifies that conservation of an item of cultural significance should be guided by the item's level of significance. The *Burra Charter* provides specific guidance for physical and procedural actions that should occur in relation to significant places. A copy of the charter can be accessed online at <http://icomos.org/australia>.

The *Burra Charter* consists of 34 articles, arranged into five sections: preamble, definitions, conservation principles, processes and practice. The principal articles of the Burra Charter are:

- conservation is based on significance;
- a cautious approach is required – changing as much as necessary, but as little as possible; and
- maintenance is fundamental to conservation.

Further articles relate to preservation (maintaining fabric in its current state), restoration and reconstruction, adaptation and the introduction of new structures or extensions.

The *Heritage Manual* comprises the following guidance documents:

- *Statements of Heritage Impact Guidelines* (Heritage Office 2006);
- *Investigating Heritage Significance* (Heritage Office 2004);
- *Assessing Heritage Significance* (Heritage Office 2001); and
- *Assessing Significance for Historical Archaeological Sites and 'Relics'* (Heritage Branch Department of Planning 2009).

These documents have been used to guide this report.

## 1.5 Assessment objectives

The main objective of the PHR was to establish a historical background and the statutory framework to identify the opportunities and constraints presented by the heritage values of MBH that assisted in the preparation of the Part 1 masterplan design. Due to the ongoing Covid19 pandemic, the require field inspection was conducted after the submission of the PHR and will be used to inform this report. This FHR references information from existing, available documentation as well information and resources provided to EMM by Mace.

The objectives of this FHR are to:

- identify the heritage status of the site;
- identify the relevant statutory policies and controls relevant to the project;
- provide a historical overview of the subject site, Manning Base Hospital and where available, a brief history of individual buildings;
- produce diagrammatic and written identification of historic development phases related to the subject site and individual buildings;
- identify the established heritage significance and a preliminary assessment of significance to all relevant buildings in the subject site;
- provide a physical analysis of existing buildings at MBH;
- provide a description of the proposed development and works as indicated in the most up to date masterplan documentation;

- undertake and provide a heritage impact assessment based on the established and identified significance of MBH; and
- provide recommendations based heritage guidelines that can assist in the mitigation of identified negative impacts to the heritage fabric arising from the project, advice on appropriate responses to heritage significance of the hospital site and heritage items and measures to create better heritage outcomes for the project and site.

## 1.6 Research sources

Preparation of the historical summary (Section 3) involved research using primary and secondary online and textual sources. Established histories, descriptions and determinations of significance for MBH and items of heritage significance with or adjacent to the subject site in heritage listings, have been sourced from the HeritageNSW online State Heritage Inventory (SHI) database (<https://www.heritage.nsw.gov.au/search-for-heritage/search-for-nsw-heritage/>). Visual media and textual information were primarily sourced from online historical databases and collections including but not limited to:

- Trove (<https://trove.nla.gov.au/>);
- The State Library of NSW (<https://www.sl.nsw.gov.au/>);
- The National Library of Australia (<https://www.nla.gov.au/>);
- The NSW State Archives (<https://www.records.nsw.gov.au/>); and
- NSW Land and Register Services - Historical Land Records (HLRV) (<https://hlrv.nswlrs.com.au/>);

Physical descriptions of the subject site are currently based on the available documentation, digital resources and contemporary, aerial and general photographs of subject site produced by external sources, together with a site inspection..

## 1.7 Acknowledgements

This report was prepared by EMM, written by Anthony Dakhoul (Heritage Consultant) and reviewed by Dr Susan Lampard (Associate). Unless otherwise noted, all of the images and photographs in this report have been produced by EMM.

## 1.8 Limitations

This report is limited to the analysis of built heritage. It is not intended as an exhaustive history of MBH. Further, archaeological assessment of the subject site is outside the scope of this report.

Section 2 provides an overview of the statutory and non-statutory obligations of the client in relation to heritage. The overview is based on the authors' experience within the heritage sector. It is not legal advice. Legislation, regulations and guidelines change, and users are encouraged to ensure statutory obligations have not changed since the report was written.

## 2 Statutory Framework

### 2.1 Legislation

In NSW, heritage items and relics, that is archaeological sites assessed to be of local or State significance, are protected by two main pieces of legislation: the EP&A Act and the NSW *Heritage Act 1977*. An additional layer of protection is added, in certain circumstances, by the Commonwealth *Environment Protection and Biodiversity Conservation Act 1999*.

### 2.2 Environment Protection and Biodiversity Conservation Act 1999 (Commonwealth)

The EPBC Act provides a legal framework to protect the environment. The EPBC Act definition of environment includes places of natural, Indigenous and historic heritage value. Under the EPBC Act, heritage places can be listed on:

- World Heritage List (WHL) – places inscribed on the United Nations Educational, Scientific and Cultural Organization (UNESCO) World Heritage List;
- National Heritage List (NHL) -places of significance to the nation; and
- Commonwealth Heritage List (CHL) - items belonging to the Commonwealth or its agencies.

Actions that may impact on Matters of National Environmental Significance (MNES) must be assessed for impacts. MNES that relate to heritage include identification on the WHL or NHL. Under the EPBC Act, an action that may have a significant impact on a MNES is deemed to be a ‘controlled action’ and can only proceed with the approval of the Commonwealth Minister for the Environment. An action that may potentially have a significant impact on a MNES is to be referred to the Department of Energy and the Environment (DoEE) for determination as to whether or not it is a controlled action. If deemed a controlled action the project is assessed under the EPBC Act for approval.

The project **will not** impact on world heritage properties or places listed on the WHL or sites identified on the NHL or CHL, therefore the EPBC Act is not discussed further.

### 2.3 Heritage Act 1977 (NSW)

The *Heritage Act 1977* (Heritage Act) serves to conserve the heritage places, items and objects of NSW. The Heritage Council of NSW is constituted under the Heritage Act to advise the Minister with responsibility for heritage on matters relating to the conservation of the State’s heritage. In practice, this power is largely delegated to HeritageNSW.

Under the Heritage Act, items of significance to the State can be recognised on the State Heritage Register (SHR). Items on the SHR cannot be demolished, damaged, developed, altered or excavation undertake without approval from the Heritage Council of NSW (or its delegate) under Section 59 of the Act.

The project **will not** impact on any identified items of State heritage significance.

Archaeological relics, defined as “any deposit, artefact, object or material evidence that relates to the settlement of the area that comprises New South Wales, not being Aboriginal settlement, and is of State or local significance”, are protected under Section 139 of the Heritage Act. A person cannot knowingly disturb or excavate land when they suspect a relic to be present without holding an excavation permit or an exemption. Section 139 applies to all

land in NSW not listed on the SHR. Section 146 requires persons to notify the Heritage Council of NSW within a reasonable time if an unanticipated relic is discovered. The Heritage Act identifies the category of 'works', which refers to historical infrastructure, and is viewed as separate to that of archaeological 'relics' under the Heritage Act. 'Works' may be buried, and are therefore archaeological in nature, but exposing a 'work' does not trigger reporting obligations under the Heritage Act unless it is of demonstrable significance.

### 2.3.1 Section 170 (s170)

Section 170 of the Heritage Act requires that State government agencies establish and maintain a register of heritage items that are owned and operated by the State, to be known as a Heritage and Conservation Register (generally referred to as a s170 Register). State agencies are required to undertake due diligence with regard to the care, control and management of items listed on their Section 170 Heritage and Conservation Register. Additionally, State agencies must notify the Heritage Council of NSW 14 days in advance if they intend to remove an item from their register, transfer ownership, cease occupation or demolish.

## 2.4 Environmental Planning and Assessment Act 1979 (NSW)

The EP&A Act establishes the framework for development assessment within NSW, with one of the objects of the Act being to promote the sustainable management of built and cultural heritage, including Aboriginal cultural heritage.

As the majority of development assessment and consent is undertaken by Local Government (council), the EP&A Act directs council to prepare a local environmental plan (LEP) and development control plans (DCPs) for their local government. LEPs are to be developed under the standard instrument, which provides planning consistency across the State. Schedule 5 of the Standard Instrument provides a list of identified environmental heritage within the LGA, impacts to which are to be considered during the development assessment and approval process. DCPs provide policies that are specific to the local environment and character of the LGA or a subset of the LGA. The NSW department with responsibility for planning may also prepare state environmental planning policies (SEPPs) to guide planning within the State.

Due to the size, economic value or impacts, some types of development, including the project, are assessed as State Significant Development (SSD) or State Significant Infrastructure (SSI). Where a project is identified as SSD or SSI, the NSW department with responsibility for planning is the consent authority and directs the proponent to prepare an application for the secretary's environmental assessment requirements (SEARs), which define the various studies and guidelines for the preparation of an environmental impact statement (EIS) and supporting technical reports. This FHR has been pre-emptively prepared in anticipation of the SEARs for this project, which has been identified as SSD (SSD number to be confirmed).

The purpose of all assessment processes is to consider impacts to, among other things, cultural heritage items and places as well as archaeological sites and deposits associated with the proposal and to identify measures to avoid, mitigate or ameliorate impacts.

## 2.5 Identifying listed heritage items

Listing on statutory registers provides a basis under which the item or place is protected, and change is managed through project approval. Statutory listings provide legal protection for heritage items under the legislation outlined above.

Statutory registers reviewed as a part of this assessment include:

- World Heritage List (WHL) – the register is managed under the EPBC Act;

- National Heritage List (NHL) - the register is made under the EPBC Act;
- Commonwealth Heritage List (CHL) - the register is made under the EPBC Act;
- State Heritage Register (SHR) - this register is made under Part 3A of the Heritage Act;
- s170 register - this register is made under Section 170 of the Heritage Act;
- Schedule 5 of the Greater Taree Local Environmental Plan 2014 (GTLEP); and
- State Heritage Inventory (SHI), which was cross-checked with Schedule 5 of GTLEP and the s170 register. The SHI is not a single statutory register, but a central collection of locally listed statutory heritage items maintained by Heritage NSW.

Non-statutory listing is an acknowledgment of a site's or place's importance to sections of the community. Listings on such registers do not place legal requirements on development, but nevertheless influence the future of such listed items. Non-statutory registers reviewed as a part of this assessment include:

- National Trust of Australia, NSW (NT) - the NT is made up of autonomous state chapters. Each chapter is a community-based and non-government organisation, with a mandate to conserve and promote Australia's natural and cultural heritage. Classification by NT is a strong acknowledgment of heritage significance and while statutory constraints are not applicable, classification offers protection through visibility and community action.
- Register of the National Estate (RNE) - the RNE is an archived list of heritage items that were protected under the now repealed Commonwealth *Heritage Commission Act 1975*, which was replaced by the EPBC Act. While many items were transferred from the RNE to the NHL or CHL, those that were not remain on the RNE as an indication of their heritage value.

### 2.5.1 Heritage status

MBH and its associated lot, buildings, structures and elements are not listed collectively as items of heritage significance in the WHL, CHL, NHL or the SHR. There is also no listing included on the NT or RNE, both of which are non-statutory registers.

One building, located at the eastern extent of the MBH site is listed as an item of local heritage significance in Schedule 5 of the GTLEP as item 154 (I54) '*Hospital outbuilding, former dwelling*' (Plate 2.2). This listing focuses specifically on the subject building described as 'Brick and corrugated iron cottage of asymmetrical form' (SHI Online DB: 1660054); however minimal information of the building's association with MBH is provided, and a statement of significance is omitted.

The subject site is not located in a conservation area listed in Schedule 5 of the GTLEP.

The Department of Health s.170 register includes a listing for '*Manning River Hospital*' (SHI Online DB: 3540286). The listing has minimal information and does not include an illustrated curtilage; however the address listed is York, High, Commerce and Garstang streets, indicating that the listing is referring to the whole of the subject site. The statement of significance describes the site as being part of the original land grant to William Wynter in 1839. The physical description of the listing refers to an individual building; a 'Brick building on concrete foundations, a frontage of 142 feet and accommodation for 24 beds' constructed in 1887-1888, designed by 'Mr. Bolster' and built by 'John Rye'. This description is likely to refer to the original hospital building that has been previously demolished.

No other local heritage listings for the site or other individual buildings are listed in the SHI.



## 2.5.2 Neighbouring items of significance

MBH is located near to a number of items of predominantly local heritage significance, outside the hospital lot. Identifying these items will assist in defining any potential indirect impacts due to the proposed development.

The subject site is located approximately 350–500 m south-west of the SHR listed item 01264 ‘Taree Railway Station group’ (SHI Online DB: 5012240) that is also listed in Schedule 5 of the GTLEP as item 166 (I166) ‘*Railway station and railway yards*’.

Table 2.1 lists the items of local heritage significance that are located within 500 m of the subject site, as identified and described in the GTLEP. The items are spatially depicted on Plate 2.1, with detail of the subject site shown on Plate 2.2.

**Table 2.1** Nearby items of local heritage significance - GTLEP

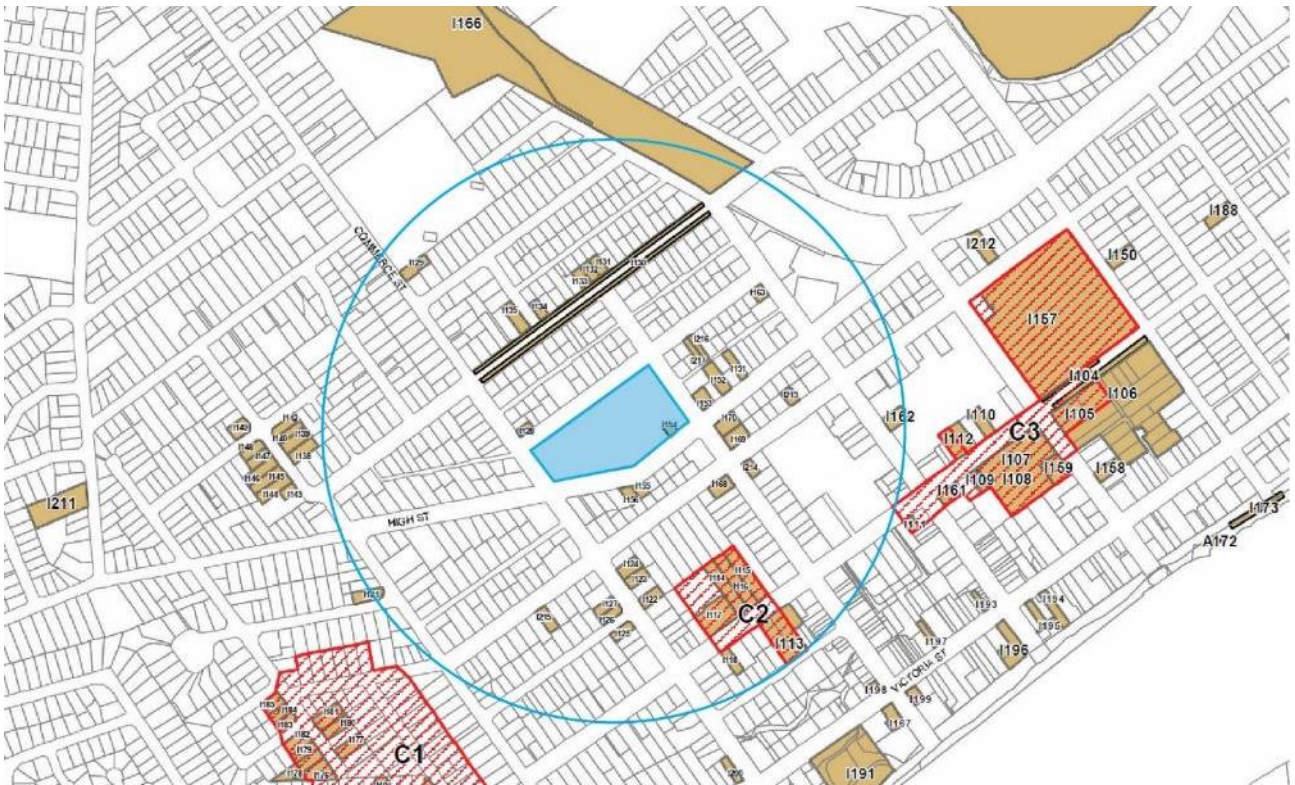
Item No.	Item name	Property/location	Significance
C2	<i>Conservation Area—Albert Street</i>	The area around Albert Street bounded and hatched in red on the heritage map and labelled C2 (Heritage Map - Sheet HER_015G – GTLEP)	Local
I113	<i>St Pauls Presbyterian Church</i>	64–74 Albert Street (Section 13, Lot 11, DP 50231)	Local
I114	<i>Former Catholic Church and Hall, “Our Lady of the Rosary”</i>	71–77 Albert Street (Section 8, Lot 20, DP 50231)	Local
I115	<i>Catholic Church</i>	71–77 Albert Street (Section 8, Lots 18 and 19, DP 50231)	Local
I116	<i>Catholic Presbytery</i>	71–77 Albert Street (Lots 18 and 19, DP 50231)	Local
I117	<i>Courthouse</i>	83–87 Albert Street (Lots 21–23, DP 50231)	Local
I118	<i>Dwelling</i>	90 Albert Street (Lot 5, DP 369872)	Local
I122	<i>Dwelling</i>	21 Commerce Street (Lot 5, DP 17563)	Local
I123	<i>Dwelling</i>	25 Commerce Street (Lot 3, DP 17563)	Local
I124	<i>Dwelling</i>	27 Commerce Street (Lot 2, DP 17563)	Local
I125	<i>Dwelling</i>	32 Commerce Street (Lot 2, DP 102768)	Local
I126	<i>Dwelling</i>	34 Commerce Street (Lot 30, DP 24986)	Local
I127	<i>Dwelling</i>	36 Commerce Street (Lot 29, DP 377088)	Local
I128	<i>Dwelling, former Blood Bank and former Tinonee Royal Hotel</i>	39 Commerce Street (Lot 14, DP 368188)	Local
I129	<i>Dwelling</i>	63 Commerce Street (Lot 36, DP 381925)	Local
I130	<i>Street trees, Cornwall Street (established Brush Box trees)</i>	Cornwall Street, between Manning Street and Commerce Street (Road reserve)	Local
I131	<i>Dwelling</i>	103 Cornwall Street (Lot 1, DP 530663)	Local
I132	<i>Dwelling</i>	105 Cornwall Street (Lot 27A, DP 417907)	Local
I133	<i>Dwelling</i>	103 Cornwall Street (Lot 26, DP 417906)	Local
I134	<i>Dwelling</i>	117 Cornwall Street (Lot 211, DP 522895)	Local
I135	<i>Dwelling</i>	119 Cornwall Street (Lot 1, DP 358884)	Local
I141	<i>Dwelling</i>	40 Flett Street (Lot B, DP 348574)	Local
I151	<i>Dwelling</i>	77 High Street (Lot A, DP 317452)	Local

**Table 2.1** Nearby items of local heritage significance - GTLEP

Item No.	Item name	Property/location	Significance
I152	<i>Dwelling</i>	81 High Street (Section 23, Lot 13, DP 3933)	Local
I153	<i>Commercial building</i>	85 High Street (Lot 12, DP 409198)	Local
I155	<i>Dwelling</i>	94 High Street (Section A, Lot 6, DP 2564)	Local
I156	<i>Dwelling</i>	96 High Street (Section A, Lot 5, DP 2564)	Local
I162	<i>Shop, former Protestant Hall</i>	85 Manning Street (Lot B, DP 350762)	Local
I163	<i>Dwelling</i>	134 Manning Street (Lot 24, DP 554752)	Local
I166	<i>Railway station and railway yards</i>	Olympia Street (Lot 2, DP 1010244 and Lot 1, DP 1010244)	Local
I168	<i>Dwelling</i>	58 Pulteney Street (Lot 13, DP 20699)	Local
I169	<i>Fire station and residence</i>	75 Pulteney Street (Section B, Lot 1, DP 2564)	Local
I170	<i>Dwelling</i>	77 Pulteney Street (Section B, Lot 2, DP 2564)	Local
I213	<i>Dwelling</i>	63 Wynter Street (Section B, Lot 12, DP 2564)	Local
I214	<i>Dwelling</i>	70 Wynter Street (Lot 12, DP 394205)	Local
I215	<i>Dwelling</i>	96 Wynter Street (Lot 62, DP 570185)	Local
I216	<i>Dwelling</i>	14 York Street (Lot 2, DP 790941)	Local
I217	<i>Dwelling</i>	16 York Street (Lot 1, DP 790941)	Local

## 2.6 Greater Taree Local Environmental and Development Control Plans

A list of the statutory controls in the GTLEP applies to items of local heritage significance listed in Schedule 5. The design guidelines presented in the Greater Taree Development Control Plan 2010 (GTDCP) are also of relevance. However, as the project is designated as SSD local planning instruments will not apply; however Council has the right to provide comment.



**Plate 2.1** Heritage Map - Sheet HER\_015G with 5 km radius (blue ring) in relation to the subject site. Source: GTLEP 2014.



**Plate 2.2** Heritage Map - Sheet HER\_015G (subject site highlighted in blue). Source: GTLEP 2014.

## 3 Historical analysis

### 3.1 Historical context

#### 3.1.1 Early European settlement of the Manning Valley

The first phase of exploration into the region was conducted by John Oxley in 1818 and led to the discovery of the Hastings River, the establishment of the Port Macquarie Penal settlement in 1822 and begun the settlement of the Lower Hunter Valley (Smith 2006). Between 1825 and 1831, the Manning Valley was surveyed by Henry Dangar, with the assistance of John Armstrong and John Dawson. The main goal of the survey was the discovery of land suitable for agriculture and the rearing of livestock. The newly established Australian Agricultural Company also aimed to establish a wool industry on Crown Land grants, which had been introduced in 1824. During the survey, Dangar discovered what was to be named the Manning River, assessed the extent and quality of agricultural and pastoral land and established provisional boundaries in the region (Smith 2006).

The first pastoralists to settle in the Manning Valley were John Guilding, Arthur Onslow and Richard Hart Davis, who selected land to the north of the Manning River. The three land owners were unsuccessful in their attempts at crop cultivation and their land was left vacant by 1830, and in the case of Davis, transferred back to the Crown in 1839.

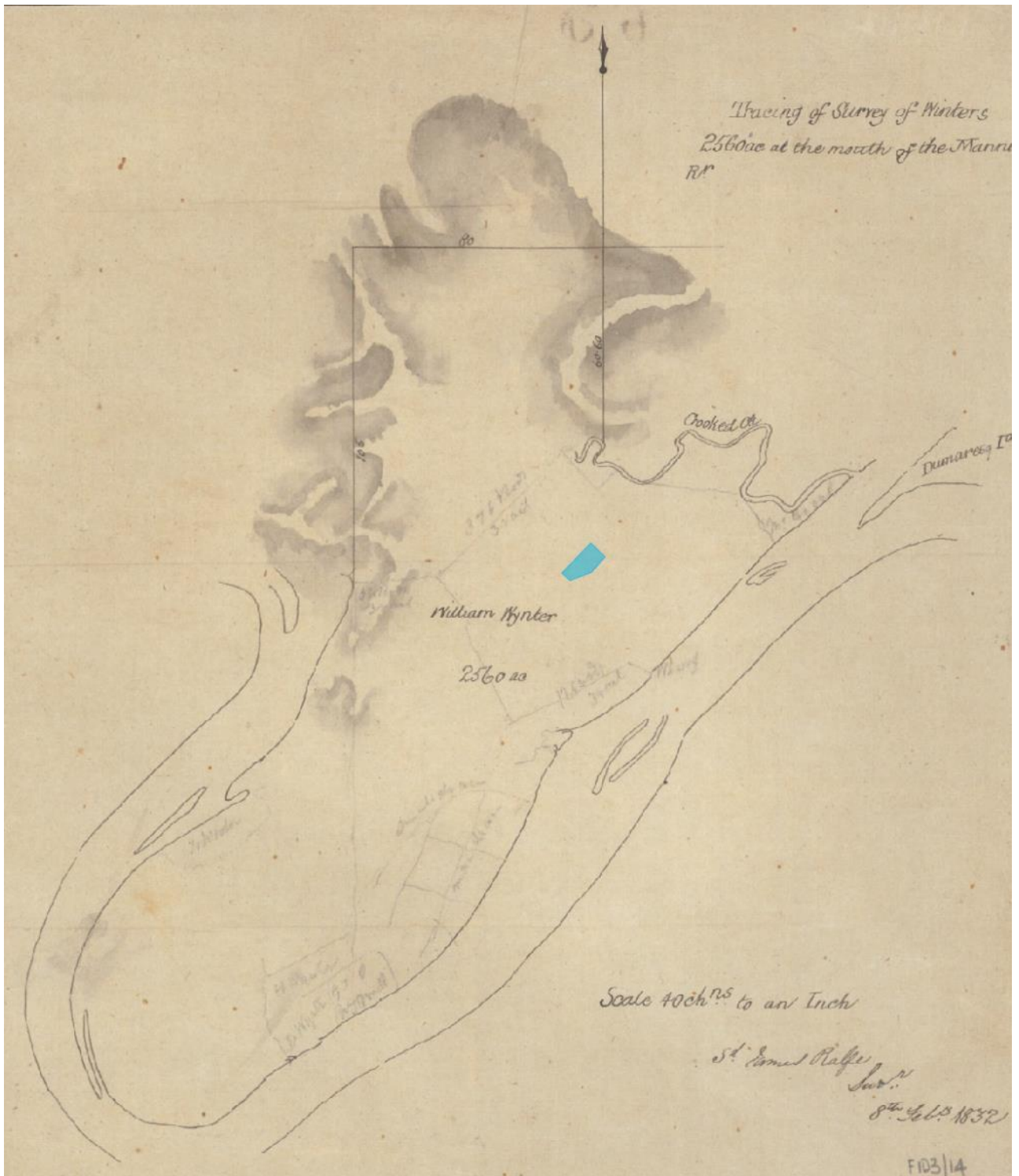
The first permanent settler was William Wynter who selected 2,560 acres (1036 ha) along the Manning River (Plate 3.1) in 1829 that would later become part of the land that made up the township of Taree. The *Imperial Land Act 1831* ended the practice of free grants with further settlement of the Manning Valley prohibited until 1836, when pastoralists were formally granted permission to purchase Crown Land titles (Smith 2006). Wynter was granted the land he had selected in 1831 ('HISTORY OF TAREE.', *The Manning River Times and Advocate for the Northern Coast Districts of New South Wales*, 10 December 1938, pg.1).

Beginning in 1837, a significant area of land in the Manning Valley was taken up by grantees for pastoral and agricultural activities, and by 1850 over 40 pastoral leases were established. At this time the region became a major supplier of cedar wood to the colony. The cedar industry was developed by settlers including William Wynter, with the assistance of 'timbergetters' who first arrived at the region in 1833 and facilitated the establishment the first shipping services to the Manning Valley.

After 1850, a pattern of close settlement and small farming lots began in the lower and middle valley. In contrast to the larger pastoral lots of the upper valley, these farms grew crops for cultivation, but were generally not prosperous due to their smaller size, lack of capital, isolation and the several statutory restrictions placed on the region's agricultural economy.

The 1870s saw an increased rate of settlement into the Manning Valley despite the lack of suitable land for agricultural activities. The presence of the larger pastoral runs in the upper valley that occupied much of the flatter and fertile lands along the Manning River restricted the establishment of smaller farm. Land clearing and timber cultivation greatly increased in the late nineteenth century (Smith 2006).





**Plate 3.1** Tracing of survey by James Ralfe of William Wynter's 2560 ac (1036 ha) land grant at the mouth of the Manning River c.1832. Indicative location of the subject site in blue. Source: NLA (Call No. MAP F 103/14), diagram by EMM.

### 3.1.2 Township of Taree

Several townships, including Chatham, Cundletown and Taree, were established in the Manning Valley between 1841 and 1855. Taree was formally established as a private township by Henry Flett in 1855 through the division of a large section of the land owned by William Wynter, adjacent to the Manning River (Plate 3.2). Flett likely acquired his portion of Wynter's original land grant in 1844 (DPWS 1999, p. 49), over ten years before the township's establishment. Flett was married to Mary Wynter, the daughter of William Wynter and this relationship may be a factor in the location and scale of the township. The name of the township likely derives from the Biripai word for fig tree 'tareebit'.

The town is likely to have been subdivided around the private lot and residence of Henry Fleet, but lots were listed for purchase in 1854, one year before the establishment of Taree. By 1861, the population of Taree was 118 (Smith 2006). There is, however, no indication of significant infrastructure or structural development prior to 1879, with few lots laid out except for a large recreational reserve and only one major roadway located adjacent to the north-west boundary (Plate 3.2). The recreational reserve is intact in the current city of Taree as 'Taree Park (Johnny Martin Oval)'. Scattered dwellings were likely to have been built prior to 1879; however much of the township remained undeveloped. A 1938 news article describes Taree as:

... a tiny village for a long time. It was not important. Very few white people had ever heard of it. There were no roads, no bridges, no railways — just mere animal and blacks' tracks through the wild virgin bush. It took a long time to get here by bullock wagon or rough cart without springs. Many travellers walked long distances beside the lumbering waggons [sic]. But other pioneers came and so Taree slowly grew bigger and more important...

'The History of Taree', *The Manning River Times and Advocate for the Northern Coast Districts of New South Wales*, 10 December 1938

Population growth steadily increased during the late nineteenth century, and with it, development in the township. By 1897, two thirds of the Taree to the south-west had been subdivided into a grid bound by established roadways, with further plans to extend the subdivision north-east inside the drawn boundaries and north-west into the land formerly owned by William Wynter (Plate 3.3).

Along with other settlements established in the mid nineteenth century, Taree grew steadily in population. In 1901 the population was 871. In 1913 the Taree Railway Station was opened providing a link with other growing centres in the region and by 1915 the population had expanded to approximately 3000. Further population expansion occurred during the 1920s as Taree became a notable railway town and dairy factory centre. It is in this time that Taree transitioned from a small township, became an important city in the North Coast, with many of the older nineteenth century timber buildings being replaced with new brick structures.

The opening of the Martin Bridge and the new Woolworths store in 1940 marked the beginning of a period of major growth during the post-war period. The new Manning District Hospital (on the subject site) was opened in 1953 and the local dairying and timber industries prospered. New brick veneer suburbs began to appear during the 1960s as modern housing estates replaced the old grid pattern subdivisions with their timber and fibro housing. Taree continued to expand in population and development till the 1970, slowing down in the later twentieth century.





Plate 3.2

Map of the Parish of Taree c.1879 that indicates the location and boundary of the private township of Taree. Indicative location of the subject site in blue. Source: NSW LRS HLRV, diagram by EMM.

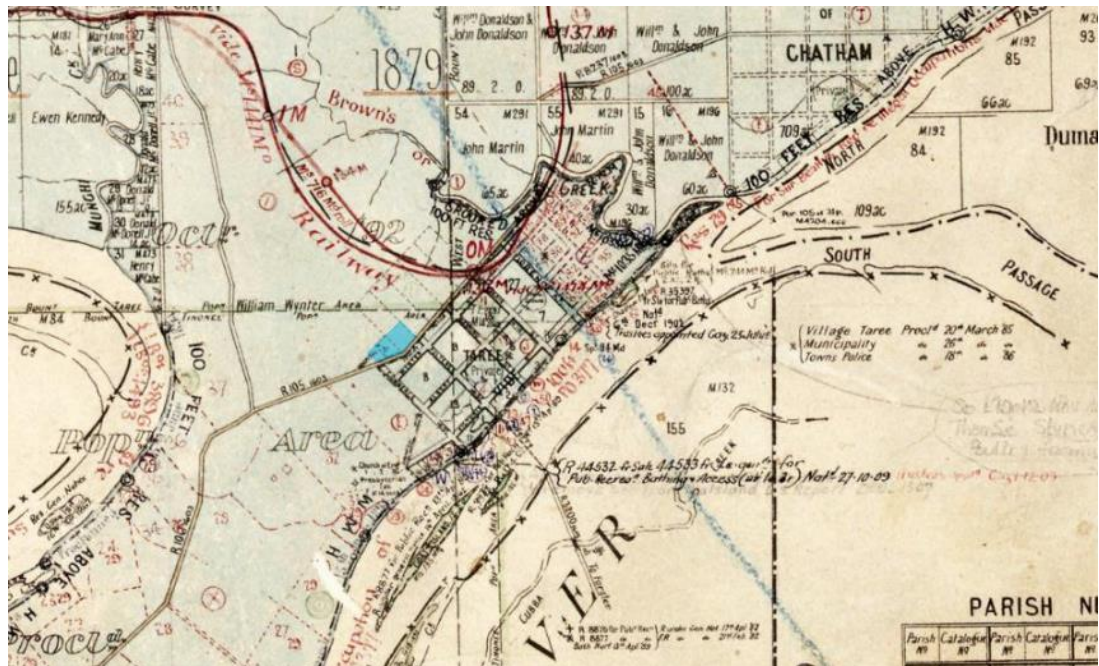


Plate 3.3

Map of the Parish of Taree c.1879 that illustrates the subdivision and infrastructure development in the township of Taree. Indicative location of the subject site in blue. Source: NSW LRS HLRV, diagram by EMM.





**Plate 3.4** Map of city of Taree c.1958 with the indicative location of the subject site in blue. Source: NSW LRS HLRV, diagram by EMM.

## 3.2 Key nineteenth century development of the subject site

### 3.2.1 Inception of Manning River Hospital

From the settlement of the Manning Valley in 1829 until the establishment of Taree and other townships in the 1840s and 1850s, the region remained largely isolated from health care and access to hospitals in the major cities of Newcastle and Sydney. Medical services were rudimentary, and doctors based in other regions were required to travel long distances to reach patients. These factors, along with the steadily increasing populations in the valley, were the impetus for a campaign to establish a public hospital in region (DPWS 1999, p. 13-16).

Although the conversation regarding the hospital had begun as early as the 1850s, it was not till the 1884 that Taree was offered a 'special grant' of £1000 for the construction of a hospital from the NSW Government. In the same year the Manning River Hospital local committee was established and in 1885 the site of the hospital was selected while arrangements were being made for the construction of the hospital building. The site, purchased by the committee, was a small lot outside the boundaries of the town, and adjacent to the major road now known as High Street (Plate 3.8).

The lot was then owned by Henry Flett who had acquired a section of the original land grant from William Wynter in 1844 to establish the Taree township. The land would remain associated with the Flett family until 1937 as co-trustee of hospital land (DPWS 1999, pg.49). The lot purchased for the construction of the hospital was situated on the natural crest of a hill, in a pleasant setting that would be called 'hospital hill'. The location provided a cooler climate and attractive views, thought to improve mental and physical health and assist in the containment and prevention of disease (DPWS 1999, p. 13-16).



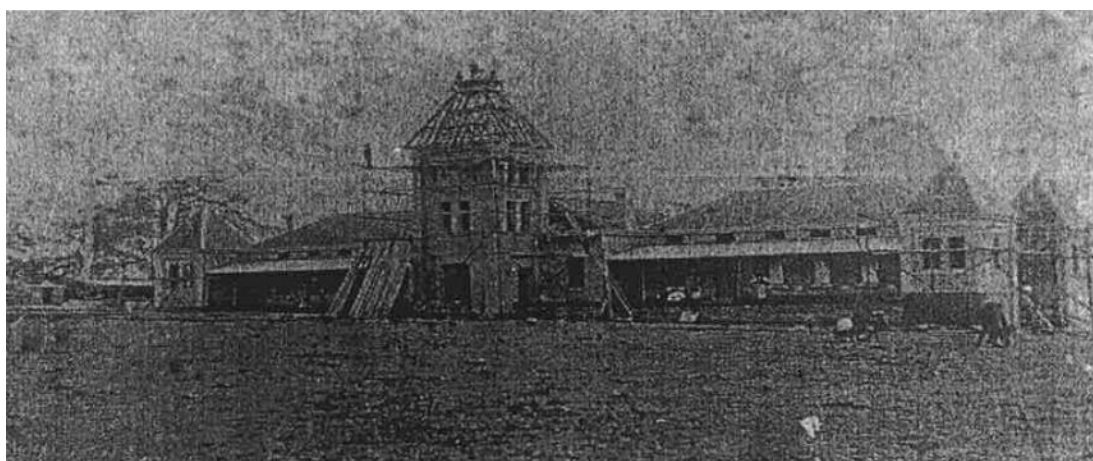
### 3.2.2 Former main hospital building c.1889 (demolished)

In April 1887, a design for the hospital building produced by the architects Messrs, Bolster and Hutson of Sydney was made public (Plate 3.5) and construction works were commenced. A news article in *Sydney Mail and New South Wales Advertiser* describes the proposed hospital building and site as containing all the modern amenities and spaces required for health care in the town and includes an indicative sketch design ('Taree (Manning River) Hospital' *Sydney Mail and New South Wales Advertiser*, Saturday 9 April 1887, pg. 751).



**Plate 3.5** Original sketch of the Manning River Hospital main building, as proposed. Source: *Sydney Mail and New South Wales Advertiser*, 9 April 1887, pg. 758.

By November 1887, the foundation stone ceremony was held for the Manning River Hospital, attracting a large crowd from the region (*Sydney Morning Herald* Friday 4 November 1887, p. 8). Building works continued in 1888, with modifications to the original design, including the introduction of a central centennial tower with a clock and a boundary picket fence (Plate 3.6). The building was completed towards then end of 1888 and formally opened in 1889 (Plate 3.7). Three separate buildings were also constructed in conjunction with the main building; the semi-detached kitchen block located directly to the north-west, a laundry building to the rear and the morgue and fever (isolation) ward to the south-east (currently existing in the site).



**Plate 3.6** Manning River Hospital under construction c.1888. Source: DPWS 1999. Photograph taken by Darrel Newell.

The following detailed description of the building and site provided in the *Australian Town and Country Journal* in February of 1889, after its opening:

This hospital, which has just been completed is situated in Taree, the central and principal township in the Manning River district. It is erected on slightly elevated ground on the north side of the main mail road through the district, and has a southern aspect, facing the town and the river...The hospital is built of brick on cemented concrete foundations, and has a length of 176 ft and a depth of 44 ft. The erection consists of a fine central tower 64 ft high in front of the main building, with a wing on each side, a detached kitchen at the rear, and a morgue and fever ward at some distance from the ends of the principal block...

...The central (or administrative) block consists first of the ground floor of the tower, containing a spiral iron-stair case leading to the second storey. At the rear of this room a spacious hall, 6 ft wide, leads from front to back of the building, being intersected at right angles by a hall leading to the large wards, one in each wing...The main buildings have wide and convenient verandahs at the front and back and the rear block has a verandah at the front. There is an ample supply of water from two large underground tanks...The centennial tower adds much to the appearance and completeness, of the hospital, and redeems the long facade from any appearance of deficiency in elevation. The four-extremities of the building are also adorned with turrets, which rise a few feet above the walls, and lend a finish to the central tower

...The grounds of the hospital have a neat painted wooden fence in front, and have been laid out for flowers and foliage. Trees of suitable kinds have been planted and everything has been done to give a pleasant and cheerful aspect to the institution...Mr. J. H. Bolster, of Sydney, was the architect, and Mr. John Rye, of Taree, contractor; and by their united action the buildings now stand completed as one of the most recent and best arranged of the country hospitals of the colony.



**Plate 3.7** The completed Manning River Hospital c.1901, reproduced from a photograph taken by Mr. John Rye of Taree in c.1887. Source: State Library of South Australia (B 58330/73).



**Plate 3.8** Map of the Parish of Taree c.1897 with original hospital lot (dotted black) and indicative location of current hospital lot (blue) and possibly the Fever Ward (red). Source: NSW LRS HLRV, diagram by EMM.

The main hospital building was renovated and modified in the 1930s to include a south-western extension to the structure, the enclosure of external verandahs and the replacement of slate roof tiles with corrugated sheeting. The building was in use until the 1950s when it was demolished to facilitate the construction of the main block buildings in c.1954 and c.1967 (currently IPU and Administration buildings 01 and 09).

### 3.2.3 First nurses' accommodation building c.1890 (demolished)

Concern was raised regarding inadequate living arrangements for the nurses at the hospital shortly after the construction of the main building in 1888. The first nurses' accommodation building was introduced in 1890. The building was located directly north-east of the main building as a single storey brick structure with a shingled roof and a bull nose verandah (Plate 3.9). Internally there were six rooms including amenities that were to house the nurses working at the hospital.

A second nurses accommodation building was proposed and endorsed in 1919 largely due to a lack of accommodation space in the existing accommodation building that required nurses to share beds. The c.1890 building was renovated and converted into the hospital's convalescent ward in c.1923 and was subsequently demolished in 1954.

Refer to Section 3.3.1 for a description of the second nurses' accommodation building (existing as Building 01 and 09) and Table 3.2 for the associated historic timeline.





**Plate 3.9** Photograph of the first c.1890 Nurses' accommodation building (later the convalescent ward). Source: SLNSW (File No. FL1785701).

### 3.2.4 Isolation Ward c.1897 (existing – Building 08 Victoria Fever Ward)

The requirement for a fever ward was a priority from the inception of the Manning River Hospital largely due to the lack of dedicated facilities in the main hospital building (c.1889). Almost a decade later in 1897, a dedicated fever ward building was constructed, at a cost of approximately £600, directly north-west of the main hospital building and named the 'isolation ward'. The builder associated with its construction was Rudolf Ochs. The building was built as a single storey, face brick structure with a symmetrical layout that included a central transverse gabled roof flagged by two verandahs to the east (main elevation). The main roof was shingled, and the verandah roofs were corrugated sheeting (DPWS 1999, p. 38-40).

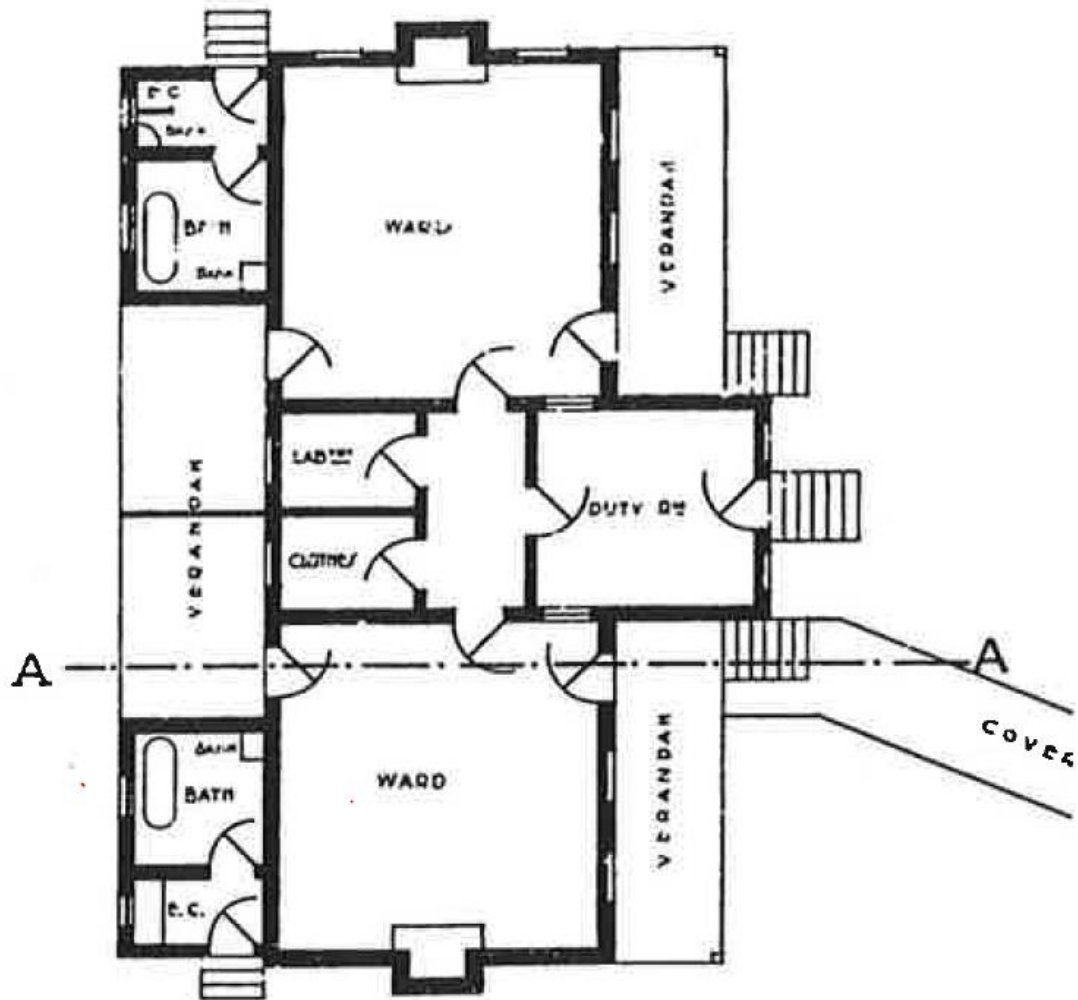
The earliest available photograph dating to c.1897 (Plate 3.10), reveals that building was constructed onto a raised platform and was of a tall height with small, high placed casement windows. These design decisions are likely due to its function as a fever ward, to promote the overall quality of internal space and allow for improved ventilation. Primary access was provided at the east elevation with a main entry and two secondary access points to the verandahs, accessed via a series of steps. The building included single doorways with fanlights and double hung windows.

The morgue and fever ward (Section 3.2.4) are illustrated in the Map of Parish of Taree c.1897, although the main hospital building and other structures constructed prior to 1897 are not illustrated (Plate 3.8).



**Plate 3.10** The Fever (Isolation) Ward building c.1897. Source: DPWS CMP 1999. Photograph taken by Darrel Newell.

Based on architectural plans of the building c.1919 (Plate 3.11), the interior of the building was similarly symmetrical in layout consisting of a central collection of spaces that included a laboratory, a clothes room and a large foyer/duty room flanked by two large ward rooms to each end. At each end of the ward rooms were fireplaces. The rear of the building (south-west elevation) included a central verandah flanked by two external bathrooms and water closets. Access to the rear bathrooms was exclusively external. The plan of the building is likely influenced by late nineteenth century, English isolation ward design and legislation (DPWS 1999, pg. 68).



**Plate 3.11** Architectural plan of the 'isolation ward' c.1919. Source: DPWS 1999.

The isolation ward building experienced several structural additions and modifications over time, as well as changes in its function. A covered walkway linking the main hospital building and the fever was first constructed in 1910 (DPWS 1999, p. 38). The building largely remained unaltered until major remodelling works occurred to the building in 1934 that included (Plate 3.12):

- extension of the front verandahs, including removal of stairs, as well as the addition of new stairs and verandah roof structure;
- demolition of the south-west bathroom and introduction of an open verandah in its location;
- application of corrugated sheet roof to replace shingles and demolition of chimney shafts;
- a rear structural addition that included a new hipped, gabled roof and bathroom facilities retaining the verandah and integrating it into the structural addition; and
- various other minor alterations to the interior and exterior of the building including the reconfiguration of internal spaces, filling of doorways, the addition of new windows and closure of chimney cavities.



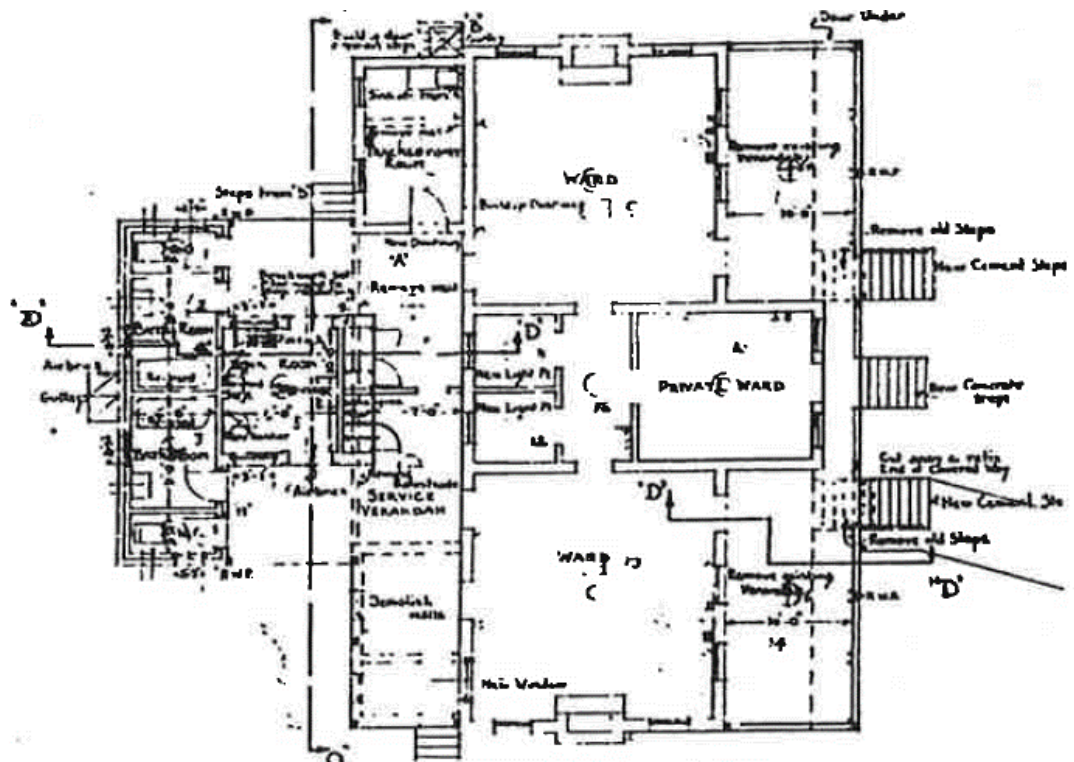
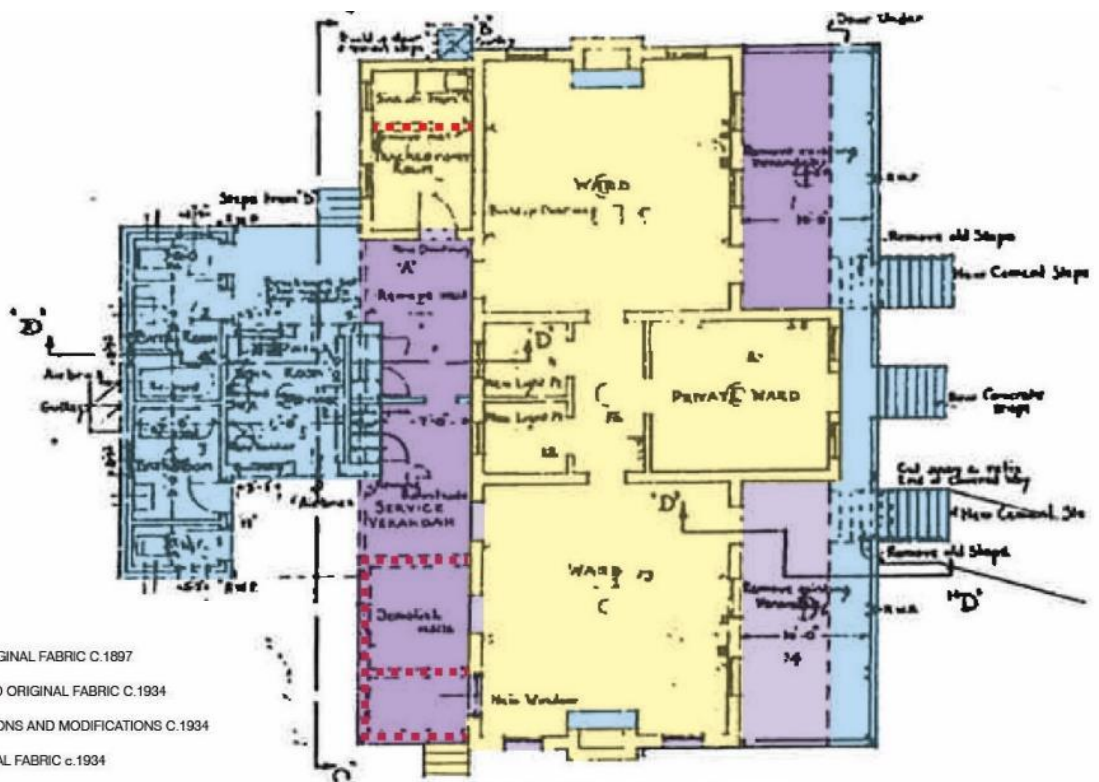


Plate 3.12 Original architectural plan of the 'isolation ward' c.1933. Source: DPWS 1999.



LEGEND

- ISOLATION WARD ORIGINAL FABRIC C.1897
- RETAINED & MODIFIED ORIGINAL FABRIC C.1934
- ALTERATIONS, ADDITIONS AND MODIFICATIONS C.1934
- DEMOLISHED ORIGINAL FABRIC c.1934

Plate 3.13 Indicative diagram illustrating the c.1934 modifications to the c.1897 'isolation ward' building. Source: EMM after DPWS 1999.

During WWII, the isolation ward accommodated local patients as well as patients from the army camps set up in the region during a series of disease outbreaks. The building also catered to cases of bronchitis in the post war period (DPWS 1999, p.40).

The building changed both name and function in the 1950s and ceased to be referred to as the ‘isolation ward’. The front verandahs to the building were partially filled with canvas blinds (DPWS 1999, p. 40) and the building was used briefly for storage and then functioned formally as the domestic amenity block in 1954, during major redevelopment at the hospital. In 1969, the building functioned as the ‘Assessment and Retraining Ward’ and the front verandah was extended and fully enclosed. In the mid twentieth century, a small extension was introduced to the south-west corner of the c.1934 structure and a kitchen space was introduced to the original amenities space. In the 1970s or 1980s another small extension was added to the south-west corner, abutting the original Fever Ward. In the 1990s the building functioned as a day clinic and a new structure was introduced to the north that functioned as the operation theatre.

Refer to Plate 3.15 for an illustration of the various structural elements that make up the current Fever Ward building and their approximate date of construction, based on available information and the conducted site inspection.

**Table 3.1 Development timeline - Victoria Fever Ward c.1897**

Date	Event
1897	Construction completed for ‘isolation ward’ building.
1934	Alterations and additions to ‘isolation building’ to include new bathroom facilities and widening of verandahs. Addition of south-west structural extension to the building.
1950s	Ceased to function as ‘isolation ward’. Building briefly utilised for storage. Front verandahs to the building were partially filled with canvas blinds.
1954	Function changed to ‘domestic staff amenity block’.
1969	Function changed to ‘Assessment and Retaining Ward’. Included refitting of building and structural addition to the north-east (main) elevation that extended and fully enclosed front verandahs.
1970s to 1980s	Small extension added to the south-west corner.
1990	Function changed to ‘Day Clinic’ with structural addition to the north elevation of the building.
Present	Building currently vacant and referred to as the “Victoria Fever Ward”.

The building is currently vacant, is referred to as the ‘Victoria Fever Ward’ and is the only remaining nineteenth century building at Manning Base Hospital. Although a comparative analysis has not been conducted and the building itself appears to be significantly modified in the past, according to the Victoria Fever Ward CMP (DPWS 1999, pg. 68) the building is significant as:

- it is one of the earliest, purpose-built isolation ward buildings and one of the few remaining buildings of this type in NSW; and
- the only building of its type remaining at a rural hospital.





Plate 3.14 Photograph of the Victoria Fever Ward. Source: EMM 2021



Plate 3.15 Indicative diagram illustrating various, likely phases of development to the Victoria Fever Ward. Source: base map by Metro Maps 2021, diagram by EMM.

### 3.3 Key twentieth century development of the subject site

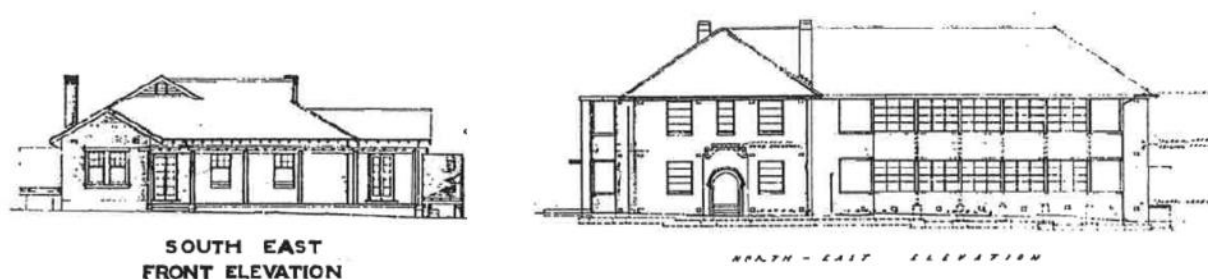
With a growing local population and changing healthcare practices, beginning in the late nineteenth and early twentieth centuries, the demand for healthcare greatly increased in the region and MBH began to function at full or greater than capacity up until the 1930s (DPWS 1999). Although the hospital consistently struggled to gain funds to provide additional buildings or to upgrade amenities and modernise spaces, further structural development was instigated in various periods, particularly in the mid twentieth century, to meet required demands. This included the demolition of many of the early nineteenth and twentieth century buildings.

#### 3.3.1 Second nurses' accommodation building c.1923, 1941 and 1954 (existing – Building 09 Administration)

The second nurses' accommodation building was introduced on the south-west corner of the lot along Commerce and High streets. Construction of this building commenced in 1922 after much correspondence between the then Department of Health and the Manning River Hospital local committee, and the building was completed in 1923.

The building was constructed as a single-storey, ten-room brick dwelling with a tiled roof and a large verandah along north and south-west elevation, in the late Federation style. By 1934, major alterations and additions were proposed as the number of nurses and required accommodation spaces again increased. In 1938, architectural plans were produced that included the following works to the existing structure:

- an increase in the scale and mass of the building through the introduction of an additional storey, the extension of the building to the north-west through the addition of new spaces, the removal of the ground floor verandahs and replacement with double storey, enclosed balcony spaces and the extension and remodelling of some of the existing internal spaces;
- a remodelling of a majority of the exterior from a late Federation style to a building with elements that reflect the inter-war, functionalist style (Plate 3.16). Remodelling of the exterior may have involved the retention of existing external walls; and
- the retention of the majority of internal walls and spaces with minor internal demolition and modification including the introduction of a staircase.



**Plate 3.16** The original c.1921 south-east elevation drawing for the second nurses' accommodation building (left) and the proposed c.1938 north-east elevation drawing. Source: DPWS 1999.

The alterations and modifications to the second nurses' accommodation building were completed in 1941 (Plate 3.17) with the opening of the building in the same year. Within four years, the building was once again deemed inadequate accommodation for the nurses at the hospital and funds of £2,500 were raised for further structural additions. Plans for a major extension of the building were produced by Cobden Parkes in 1948 that included the construction of a double storey brick addition to the north-west of the existing nurses' accommodation building. The extension would provide over 50 new accommodation and amenities rooms.

Tenders were submitted for the major extension to the north-west of the building in 1949 with works beginning in the same year. In 1951 major delays halted construction leading to the completion of the building in 1954 (Plate 3.18), nearly a decade from the first receipt of funds in 1945. The 1941 modification to the 1923 building and the 1954 extension survive on the site as B09, with very little documented modifications or changes in function during the later twentieth century. The building now collectively functions as the administration building (Building 09) for the hospital and includes retail stores.

Plate 3.19 provides an image of the original plans for the second nurses' accommodation building as drawn in c.1921 and the proposed alterations and modifications as illustrated in the c.1938 plans. Plate 3.20 is a visual representation of the above listed works, illustrating what elements were likely retained, demolished, modified and introduced.

Impacts to the second nurse's accommodation building (Building 09) are addressed in the review of environmental factors assessment (EMM 2023).

**Table 3.2 Development Timeline – Second Nurses' quarters building c. c.1923, 1941 and 1954**

Date	Event
1890	First nurses' accommodation building constructed to the north-east of the main building. Included 6 internal spaces.
1919	Second nurses' accommodation building was proposed and endorsed due to lack of space.
1921 - 1922	Development of building design and construction of second nurses' accommodation building to the south-west corner of the site.
<b>1923</b>	<b>Second nurses' accommodation building completed.</b>
1934	Major alterations, additions and modification to the second nurses' accommodation building due to lack of accommodation space and to update amenities.
1938 - 1940	Plan developed outlining alterations, additions and modification and construction process.
<b>1941</b>	<b>Completion of alterations, additions and modification to the second nurses' accommodation building.</b>
1945	Funds raised to construct extension to the modified second nurses' accommodation building due to lack of accommodation space and to update amenities.
1948	Plan developed outlining new extension to the north-west of the modified second nurses' accommodation building. Original c.1890 nurses' accommodation building flagged for demolition.
1949	Tenders open for construction and commencement of construction works.
1951	Construction works are halted due to a lack of funds.
<b>1954</b>	<b>Extension to the nurses' accommodation building completed.</b> Original c.1890 nurses' accommodation building demolished.
1955-70	Changed to 'Nurses' Hostel'.
1960-2000s	Building retained with little documented modification and change in function.
Present	Building currently administration building (B09).





**Plate 3.17** South-east elevation to c.1941 nurse's quarters building section. Source: EMM 2021



**Plate 3.18** North-west elevation to c.1954 nurses' quarters building extension (Building 09). Source: Mace 2021





SECOND NURSE'S ACCOMMODATION BUILDING  
DRAWING C.1921 / BUILDING C.1923

ALTERATIONS TO SECOND NURSE'S ACCOMMODATION BUILDING  
DRAWING C.1938 / BUILDING C.1941

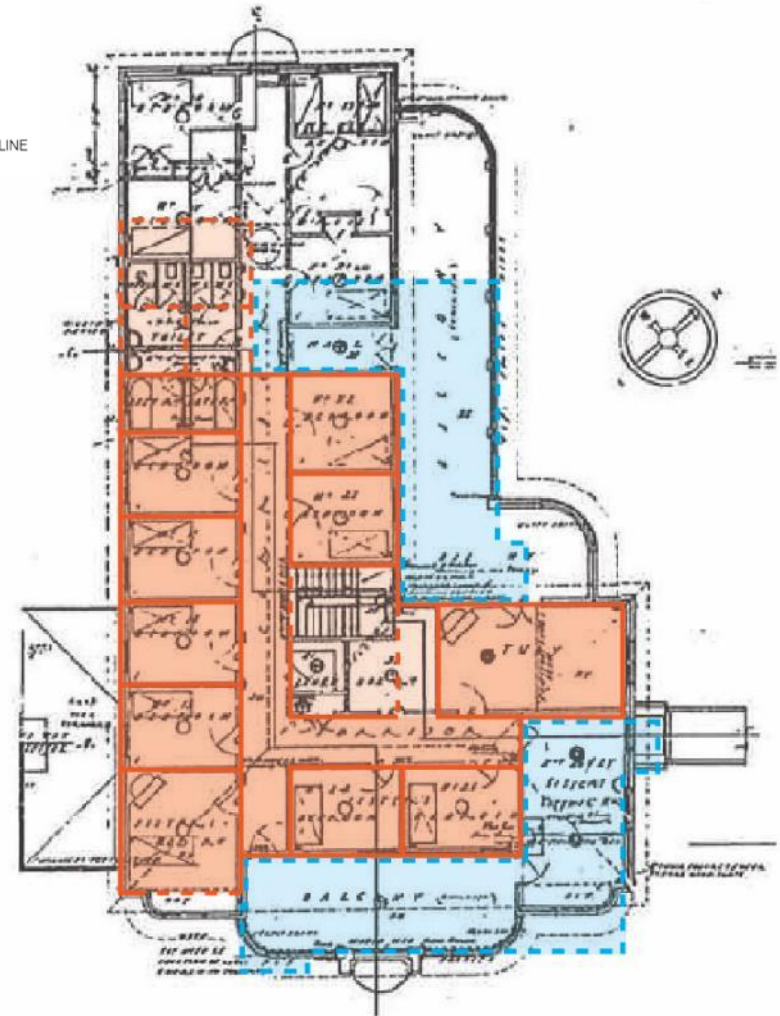
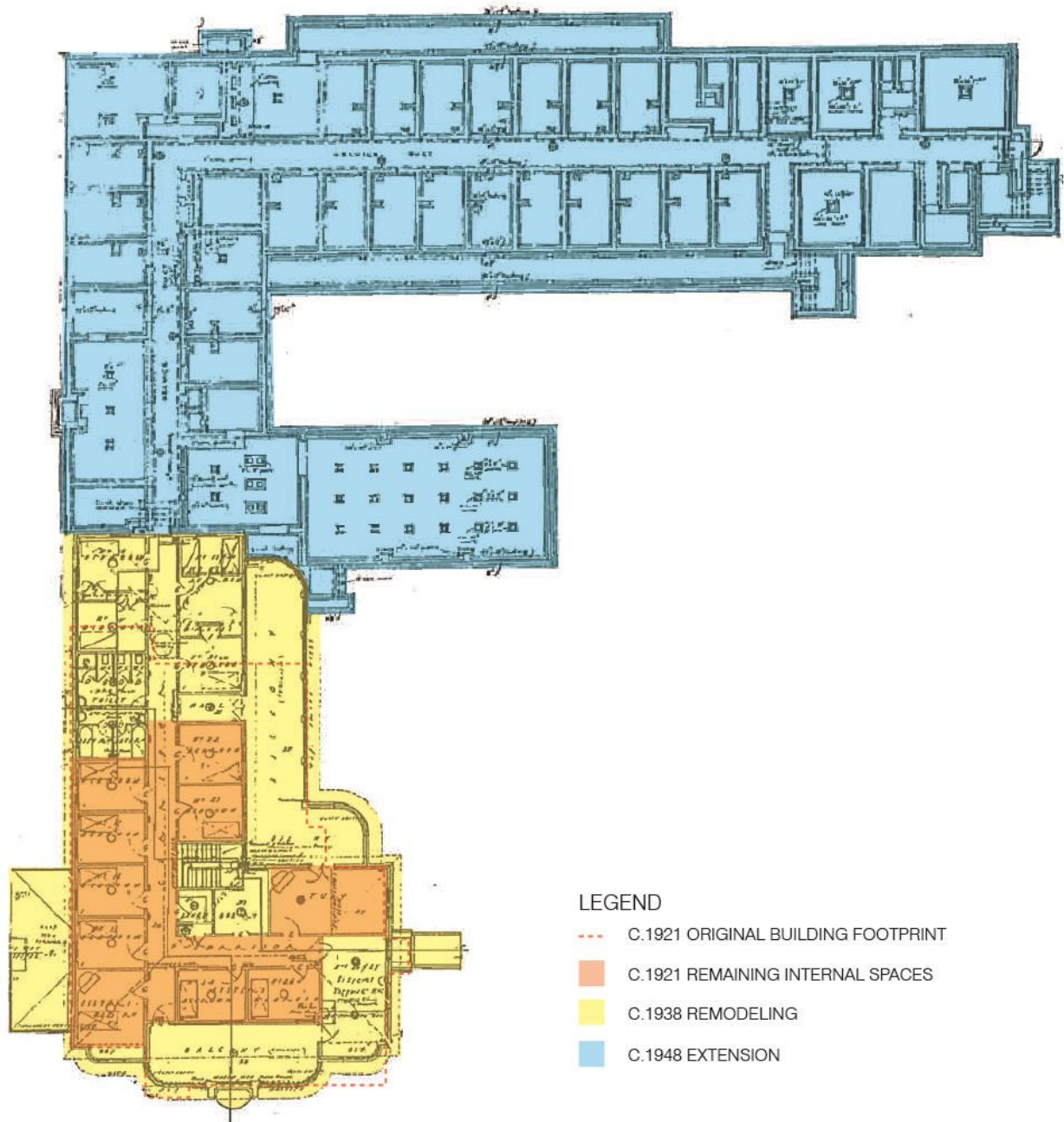


Plate 3.20 Indicative diagram illustrating the proposed alterations, additions and modifications c.1938 (right) to the original c.1923 (left) second nurses' accommodation building. Source: EMM after DPWS 1999.



**Plate 3.21** Indicative diagram illustrating amalgamating the original c.1921 plan, c.1938 remodelling plan and c.1948 extension plan for the nurses' accommodation building (B09) completed c.1954. Source: EMM after DPWS 1999.

### 3.3.2 New main block c.1954 (Stage 1) & c.1957 (Stage 2) (existing – Building 01 IPU)

Excavation works for a new main hospital building commenced in 1948, with the foundation stone laid in 1950. The new multi-storey building would replace the existing main hospital building constructed in 1888 that had become inadequate in providing the needed space and amenities for the hospital's function. The construction of the building experienced financial difficulties in 1951 that required construction to be staggered in two stages:

- Stage 1 – the first section of the building was a seven-storey structure completed in 1954 to centre, north-east of the then hospital site with a north-west to south east orientation (Plate 3.22); and
- Stage 2 – the second section of the building was a five-storey structure completed in 1957 that was an extension of the Stage 1 structure with a south-west to north east orientation (Plate 3.23).

The main block building was designed in the post-war international style popularised between c.1940 and 1960, particularly for school, hospital, industrial and commercial buildings, as well as residential high-rise buildings (Apperly 1989, p.215-217). The building is of a predominantly brick construction, spans multiple storeys and exhibits characteristics typical of the style including a simple, elongated form that lacks decorative elements, simple balcony and window designs and large sections of uninterrupted surfaces. When formally opened in 1957, the building was described as the 'Manning River District Hospital'.



**Plate 3.22** Photograph of the construction of Stage 1 of the new main block c.1953. Source: [https://taree.fandom.com/wiki/Manning\\_Base\\_Hospital](https://taree.fandom.com/wiki/Manning_Base_Hospital). Photo credit to Shauno Elbourne.





**Plate 3.23** New main block and hospital staff c.1973. Source: Manning River Times.

The building's footprint intersected with the existing main hospital building and kitchen block (c.1888) that was fully demolished in 1955. The second laundry building (c.1930-1940) was also demolished between 1952 and 1953 to facilitate the construction of the Stage 1 building (c.1954). Other buildings located adjacent to the new main block were demolished between 1948 and 1954 as part of the mid-twentieth century development of the site, centred around the new main block, including:

- the first boiler house (c.1921), second morgue (C.1921), laundries (c.1916 and c.1941), the Aboriginal Ward (c.1922) likely in c.1948;
- the first kitchen block (c.1888) in c.1952; and
- the first nurses' accommodation building (c.1890) in c.1954.

The building is existing within the site and currently functions as the integrated practice units (IPU) building (Building 01). Two more recent buildings are adjacent or structurally connected to the building; the emergency department (ED) building (Building 14) located directly south east along High Street and the clinical services building (Building 11) located to the north-east and connected to the building via a footbridge.

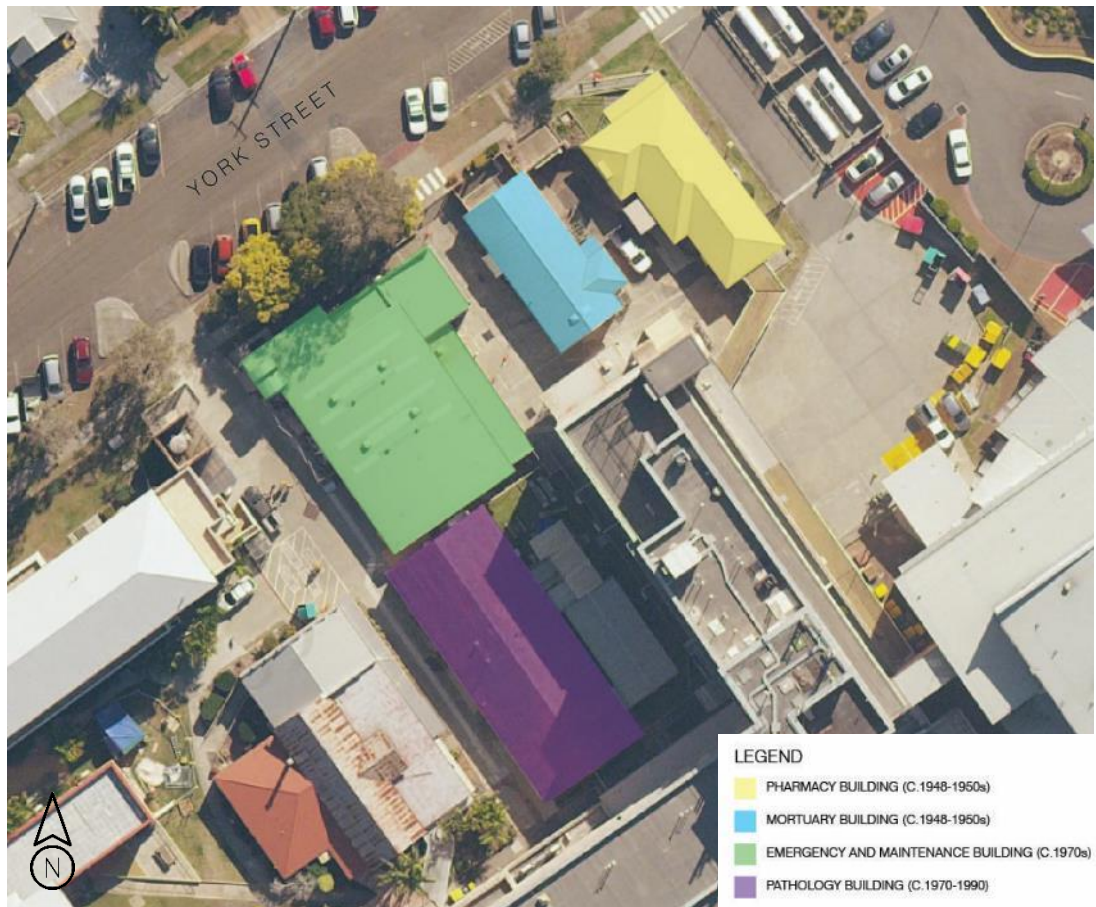


**Plate 3.24** Indicative diagram illustrating the two stages of development to the new main building (Building 01 – IPU). Source: base map by Metro Maps 2021, diagram by EMM.

### 3.3.3 Other twentieth century development

Other notable buildings constructed in the twentieth century that are present within the subject site (Plate 3.25) and require further assessment include:

- the mortuary building (Building 05) c.1948-1950s – a single-storey brick building constructed as the second morgue. Located to the centre north of the subject site along York Street;
- the pharmacy building (Building 06) c.1948-1950s – a single storey brick building constructed first as the male staff quarters. The building is likely to have been extended, modified or renovated in the late twentieth century. Located to the centre north of the subject site along York Street;
- the emergency and maintenance building (Building 03) c.1970s – a single storey building constructed to replace the second boiler (c.1946) at its location. Located to the centre north of the subject site along York Street; and
- the pathology building (Building 07) c.1970-1990 – located at the centre of the site.



**Plate 3.25** Indicative diagram illustrating other existing twentieth century buildings in the subject site. Source: base map by Metro Maps 2021, diagram by EMM.

### 3.4 Expansion of the hospital site (c.1960-1990)

From the mid-1960s, the hospital began to acquire the lots to the north, past Garstang Lane located at the north-eastern boundary of the then site. In the mid-twentieth century the acquired lots were bounded by York, Pulteney and High streets. A former laneway, York Lane, divided the northern and southern lots (Plate 3.36).

The first lots to be purchased in 1966 were bounded by Garstang Lane and York Street and were existing residential properties. Property acquisition continued in the 1970s and 1980s, including the purchase and amalgamation of Garstang Lane and York Lane into the hospital site in 1982. The last property was purchased on York Street in 1990.

The majority of the lots acquired were residential properties that contained cottages and residences of unknown construction dates. Many of the purchased buildings were retained and utilised as secondary buildings associated with the function of the hospital up until the late 1990s. In the 2000s, major development of the site resulted in the demolition of a majority of these residential buildings.

Two of the purchased buildings remain present within the subject site; the brick cottage located on High Street that is the only identified item of heritage significance (Item 154 *'Hospital outbuilding, former dwelling'* GTLEP) and a weatherboard cottage located at the corner of York and Pulteney streets (Plate 3.30).



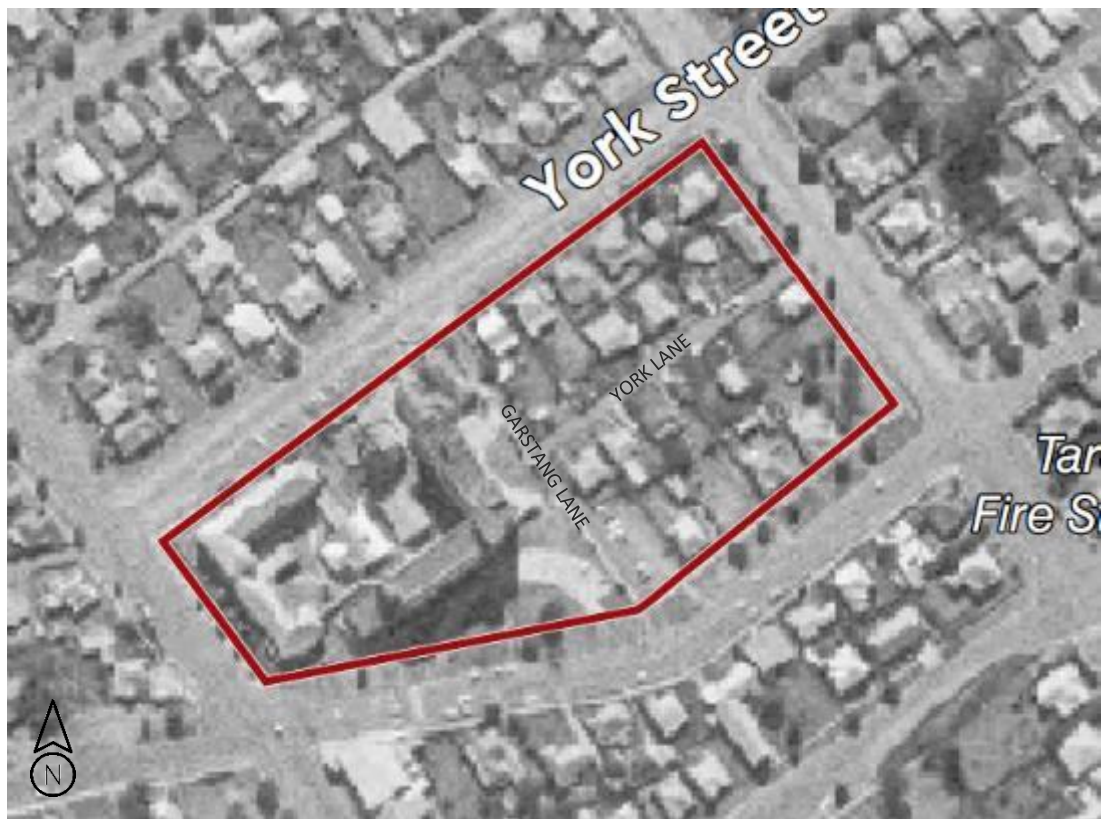


Plate 3.26 Historic aerial photograph of the subject site c.1967. Source: Land Insight Resources.



Plate 3.27 Historic aerial photograph of the subject site c.2003. Source: Land Insight Resources.

### 3.4.1 Brick Cottage (I154 GTLEP) (existing – Building 11 Methadone Clinic)

This building has been identified as item 154 ‘Hospital outbuilding, former dwelling’ as per Schedule 5 of the GTLEP and is located to the north-east section of the subject site. Little historical or contextual information is present in the identified heritage listing for the heritage item (SHI No: 1660054) nor in other available historical sources.

The building is a single storey brick building with a transverse gabled roof structure, clad in corrugated sheeting with two verandahs (Plate 3.28). Based on its architectural characteristics, the building was likely constructed as a residence in the late Victorian to Federation period between c.1890-1915. The building is defined in the SHI listing as being one of three brick cottages located in prominent locations in Taree, constructed by an unknown local builder including numbers 81, 91 and 100 High Street.

The building is known to have functioned as an administration building in the 1970s to 1990s and currently operates as a drug and methadone store (Building 11).



**Plate 3.28** Brick cottage (I154 GTLEP) as seen along High Street. Source: EMM 2021

### 3.4.2 Weatherboard cottage (existing – Building 13 Dental Clinic)

Little historical or contextual information about this building is present in available historical sources. The building is a single storey weatherboard cottage with transverse gabled roof structure, clad in corrugated sheeting with a front verandah (Plate 3.29). Based on its architectural characteristics, the building was likely constructed as a residence in the late Federation to interwar period, between c.1915-1925 and is likely to have functioned as such until its purchase in the latter half of the twentieth century.

The building is known to have been used as a storage building in the 1970s to 1990s and currently functions as a dental clinic (Building 13).





Plate 3.29 Weatherboard cottage as seen along Pulteney Street. Source: EMM 2021



Plate 3.30 Indicative diagram illustrating the two historic cottages in the subject site. Source: base map by Metro Maps 2021, diagram by EMM.

### 3.5 Recent development (c.2000 to present)

The first major twenty-first century development at the site occurred between 1999 to 2003 and involved the demolition of the majority of structures acquired during the late twentieth century expansion of the hospital site, the amalgamation of lots and the construction of the following buildings to the centre north of the subject site:

- Building 02 – Mental Health building;
- Building 04 – Clinical Services building; and
- Building 10 – Community Health Care building.

The emergency department building located adjacent to Building 01 (New main block Stage 2 section c.1957) and along High Street was constructed sometime in the mid to late 2000s. Building 16 and Building 15 are both multi-storey car parks constructed in c.2018.

The buildings constructed after 2000 have not been included in the preliminary assessment of significance (Section 5.4).

### 3.6 Historic site development

#### 3.6.1 Manning Base Hospital - Key historical and development timeline

**Table 3.3 Development Timeline – Manning Base Hospital**

Date	Event
<b>Taree and Hospital Site</b>	
1839	Original land granted to William Wynter at the future site of the Manning Base Hospital.
1844	Henry Flett purchases original Wynter land grant. Land remains associated with the Flett family until 1937 as co-trustee of hospital land.
1854	First lots at future site of Manning Base Hospital surveyed. Private township of 'Taree' divided from William Wynter land grant and laid out.
1866	Tenders for the construction of a hospital are called.
1884	Township of Taree receives grant to construct new hospital.
1885	Land for new hospital purchased to the north-west of the Taree township.
1887	Foundation stone for new hospital is laid.
1888-1889	First main hospital building and kitchen constructed and formally opened.
1890	First nurses' ward constructed.
1897	'Isolation ward' (Building 08) constructed.
1923	Second nurses' accommodation building constructed (Building 09).
1933-34	Major modifications conducted to first main hospital building. Structural extension of the 'Isolation ward' (Building 08). Construction of Aboriginal Ward.
1935-36	Further modifications to the first main hospital building.
1941	Completion of major extension and modification to second nurses' accommodation building (Building 09).
1945	Aboriginal Ward demolished.

**Table 3.3 Development Timeline – Manning Base Hospital**

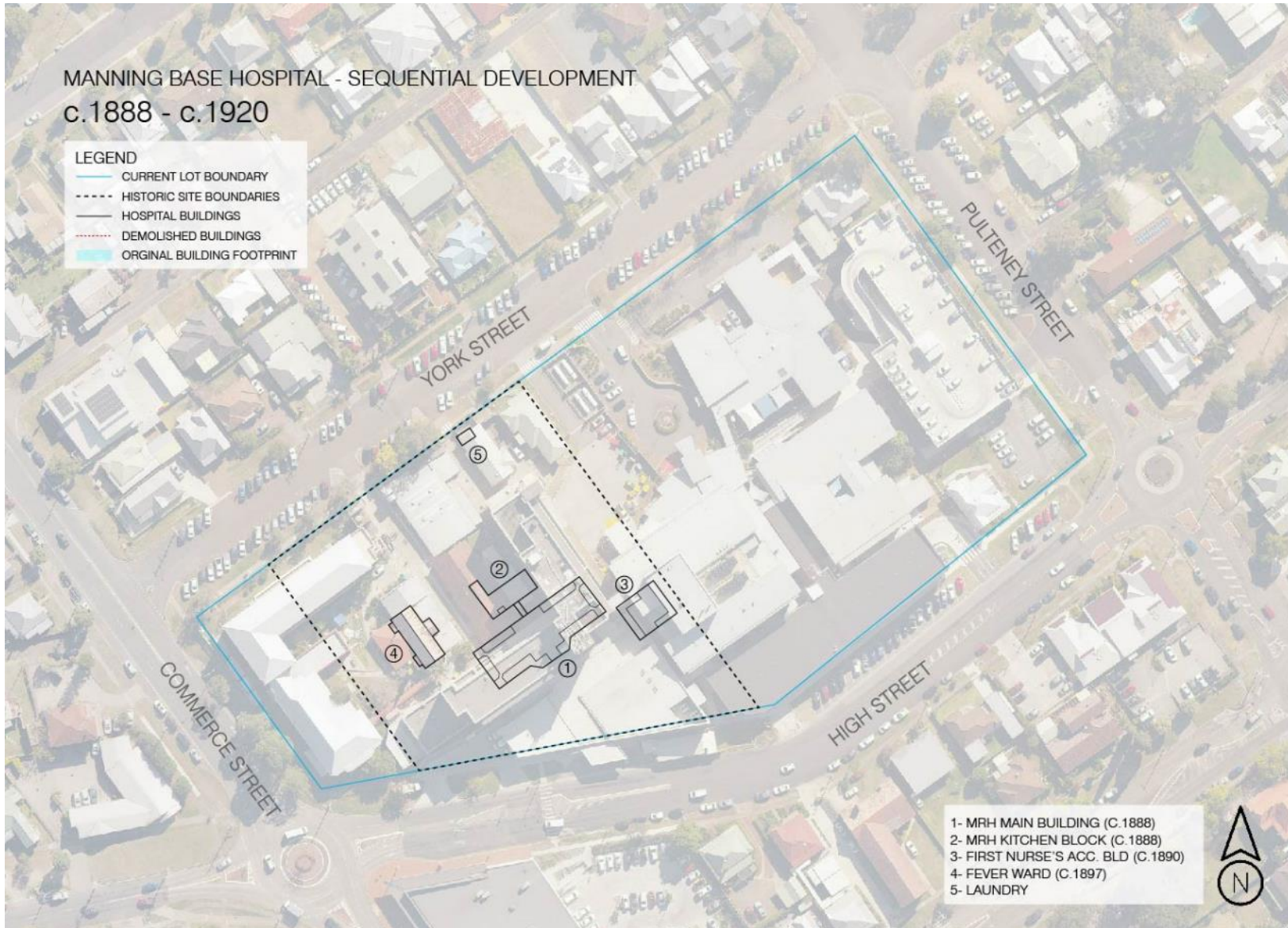
Date	Event
1946-1948	Commencement of major development works at the hospital including construction of morgue (Building 05) and men’s accommodation quarters (Building 06).
1949	Major extension to nurses’ accommodation building (Building 09) commences.
1950-51	Foundation stone laid for new main hospital building (Building 01) and commencement of works.
1953-1954	Demolition of first nurses’ quarters (c.1890). Completion of Stage 1 of new main hospital building. Completion of major extension to nurses’ accommodation building.
1955	First main hospital building (c.1888) demolished.
1957	Stage 2 of new main hospital building completed.
1967	Addition of structural extension to the Victoria Fever Ward (Building 08).
1970s	Construction of the emergency and maintenance building (Building 03).
1970-1990	Construction of pathology building (Building 07). Acquisition of lots and properties to the north of the original hospital lot and expansion of the total area of the hospital site. Retention of purchased buildings. Hospital purchases brick cottage c.1890-1915 (item 154 ‘Hospital outbuilding, former dwelling’ GTLEP) (Building 11).
1999-2003	Major development at site including demolition of majority properties purchased between 1970-1990. Construction of buildings 02, 04 and 10.
2010	Construction of Building 14.
2018	Construction of buildings 15 and 16.

### 3.6.2 Illustration of development

The following indicative diagrams (Plate 3.31 to Plate 3.37) are an illustration of the historic development of the MBH since the introduction of the first buildings in 1888 to the present, based on available documentation. They include:

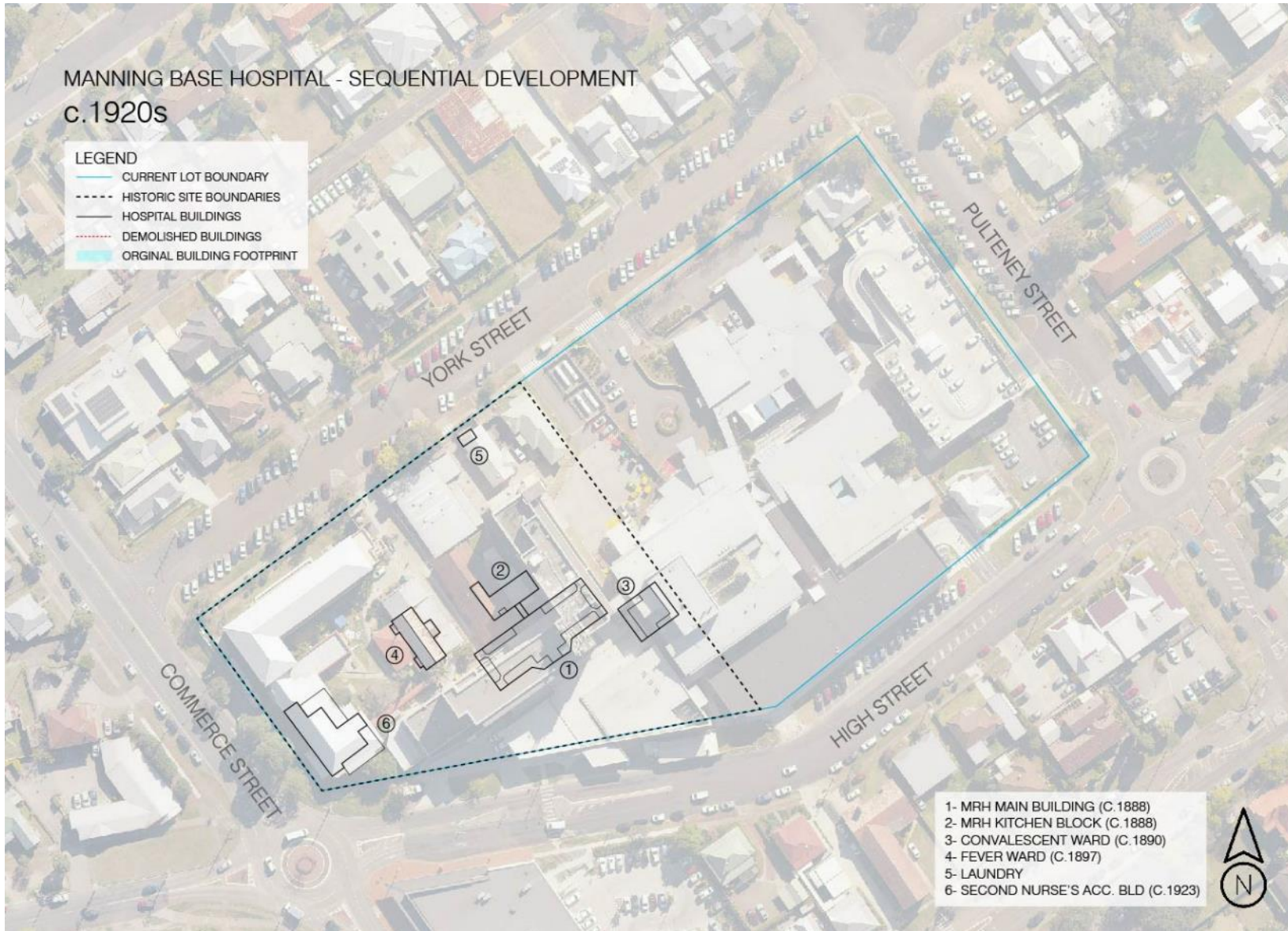
- historic lot boundaries and changes to lot boundaries over time;
- the various buildings introduced and demolished with a description of the buildings’ function and date (if known) throughout various periods of development;
- the modifications to existing buildings throughout various periods of development; and
- any remaining historic buildings constructed in both the nineteenth and twentieth centuries.





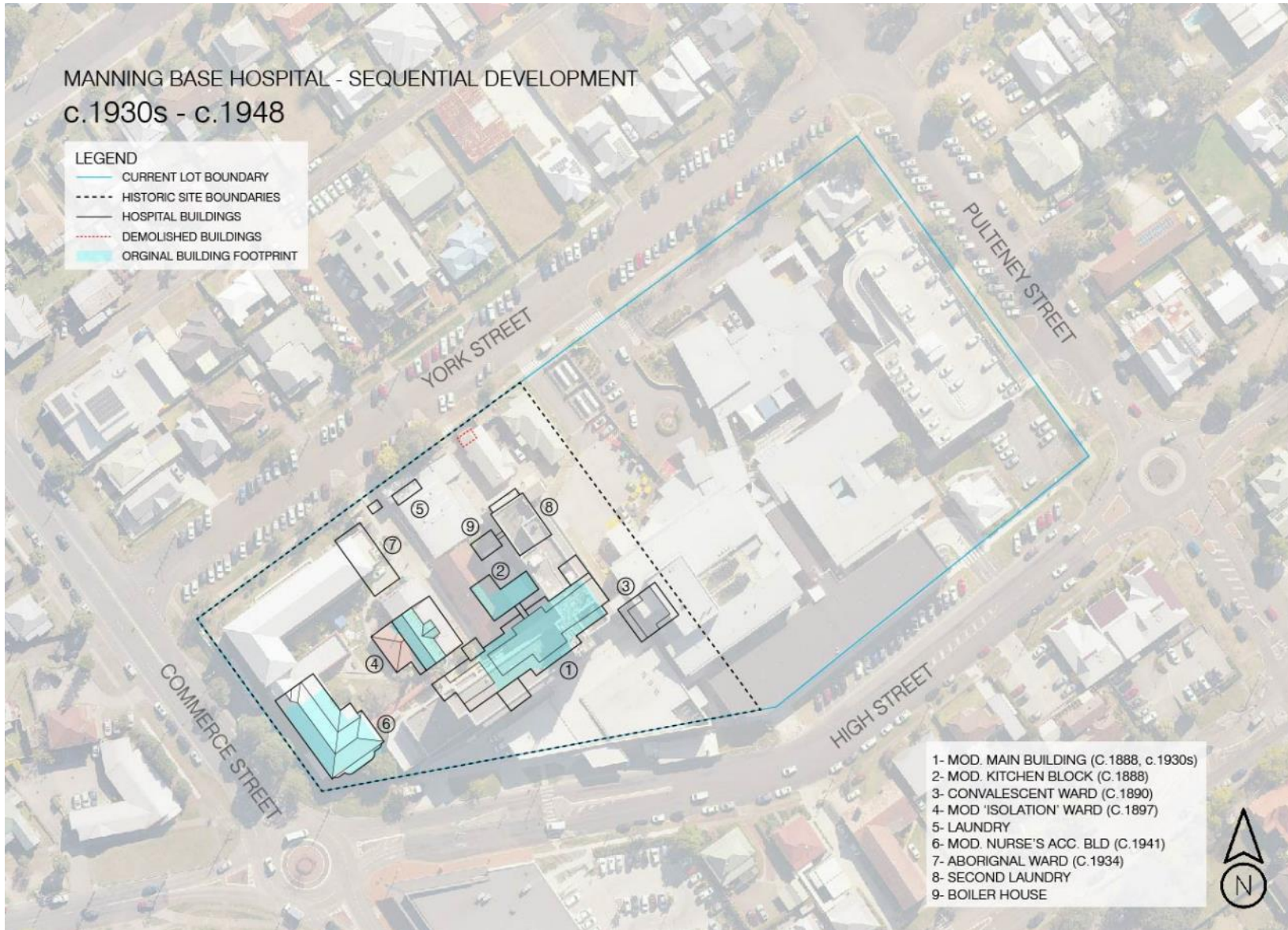
**Plate 3.31** Indicative diagram of historic development at Manning Base Hospital – c.1888 – c.1920 (NTS). Source: EMM.





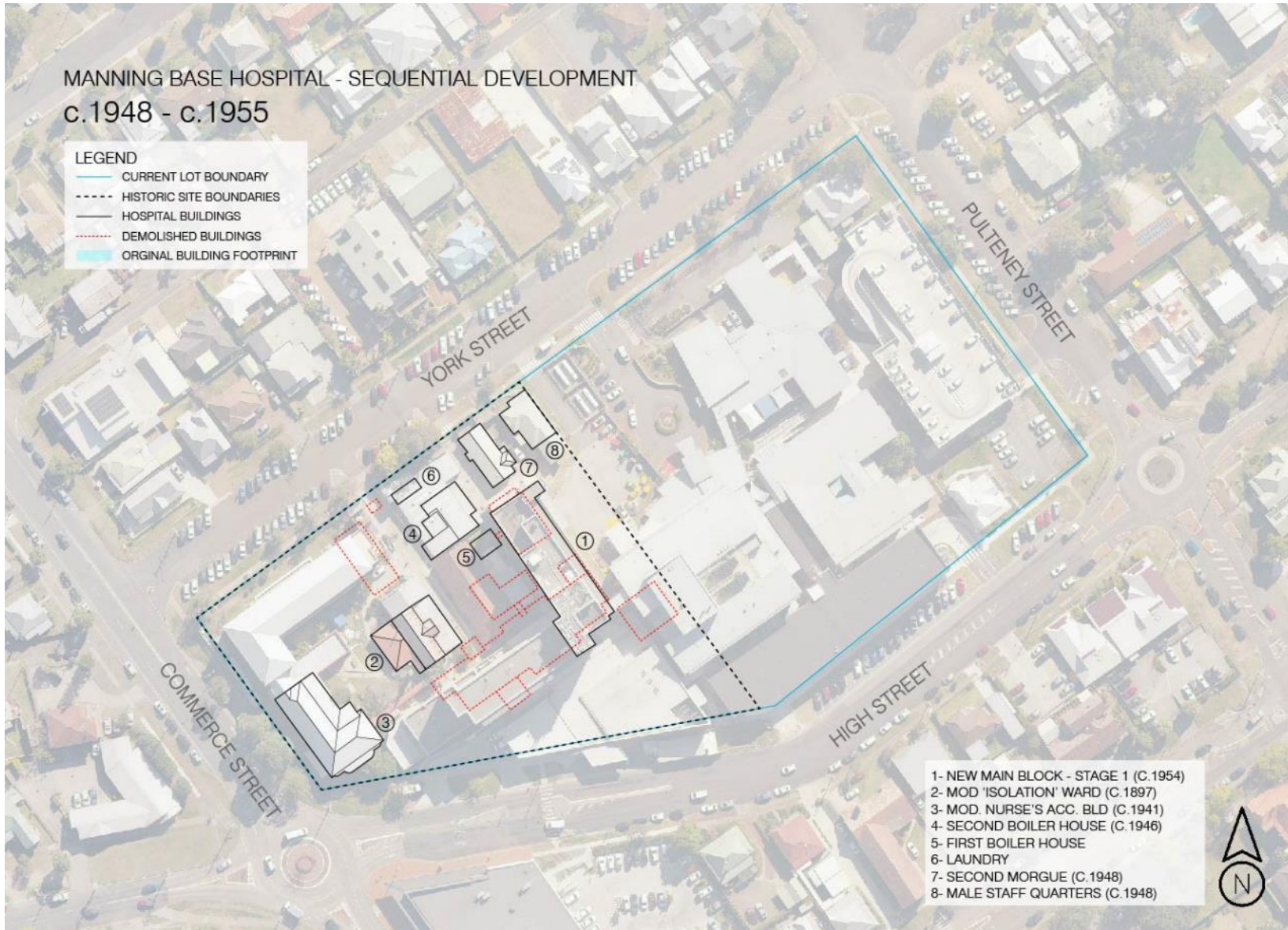
**Plate 3.32** Indicative diagram of historic development at Manning Base Hospital – c.1920s (NTS). Source: EMM.





**Plate 3.33** Indicative diagram of historic development at Manning Base Hospital – c.1930s – c.1948 (NTS). Source: EMM.





**Plate 3.34** Indicative diagram of historic development at Manning Base Hospital – c.1948 – c.1955 (NTS). Source: EMM.



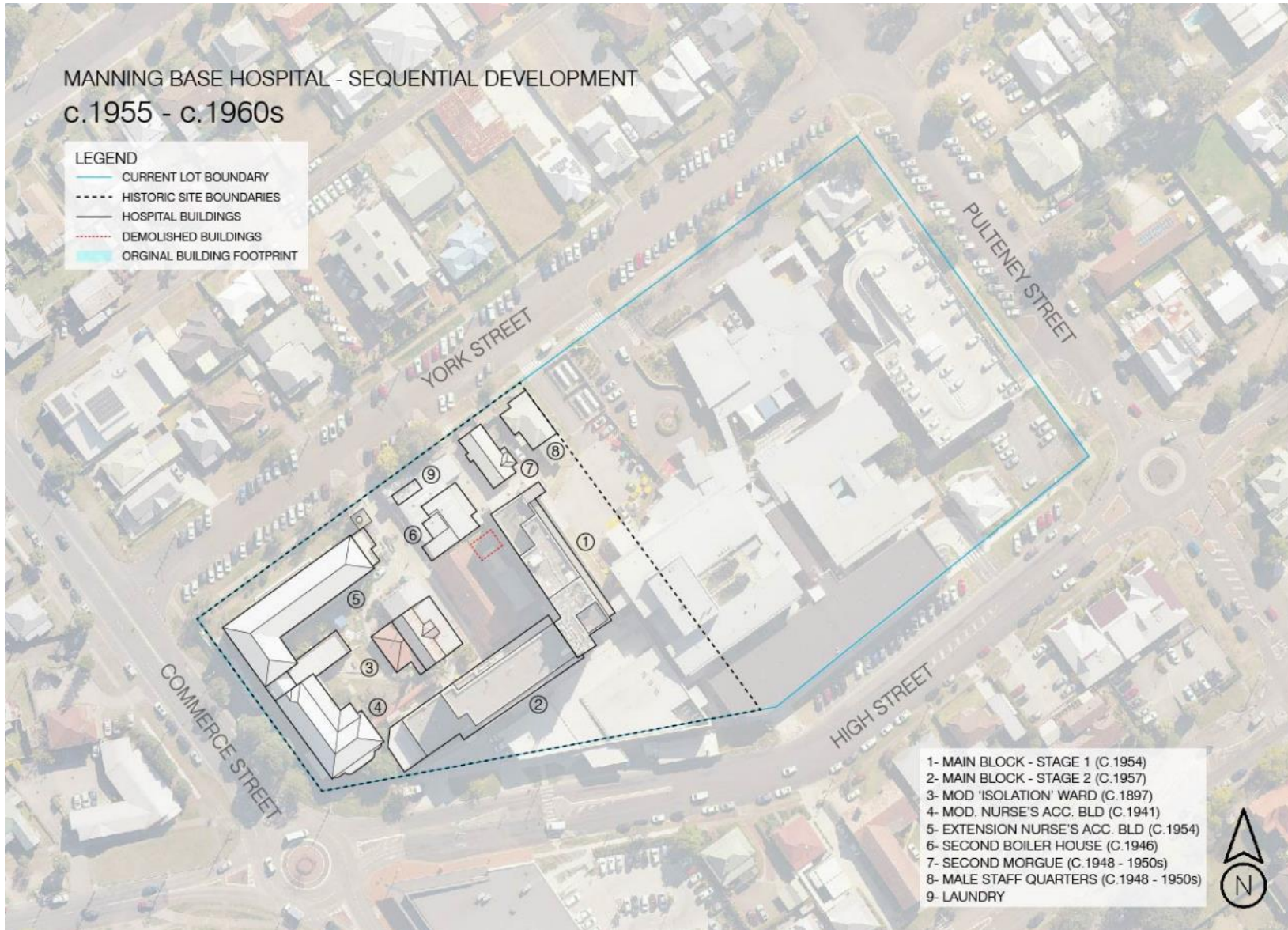


Plate 3.35 Indicative diagram of historic development at Manning Base Hospital – c.1955 – c.1960s (NTS). Source: EMM.



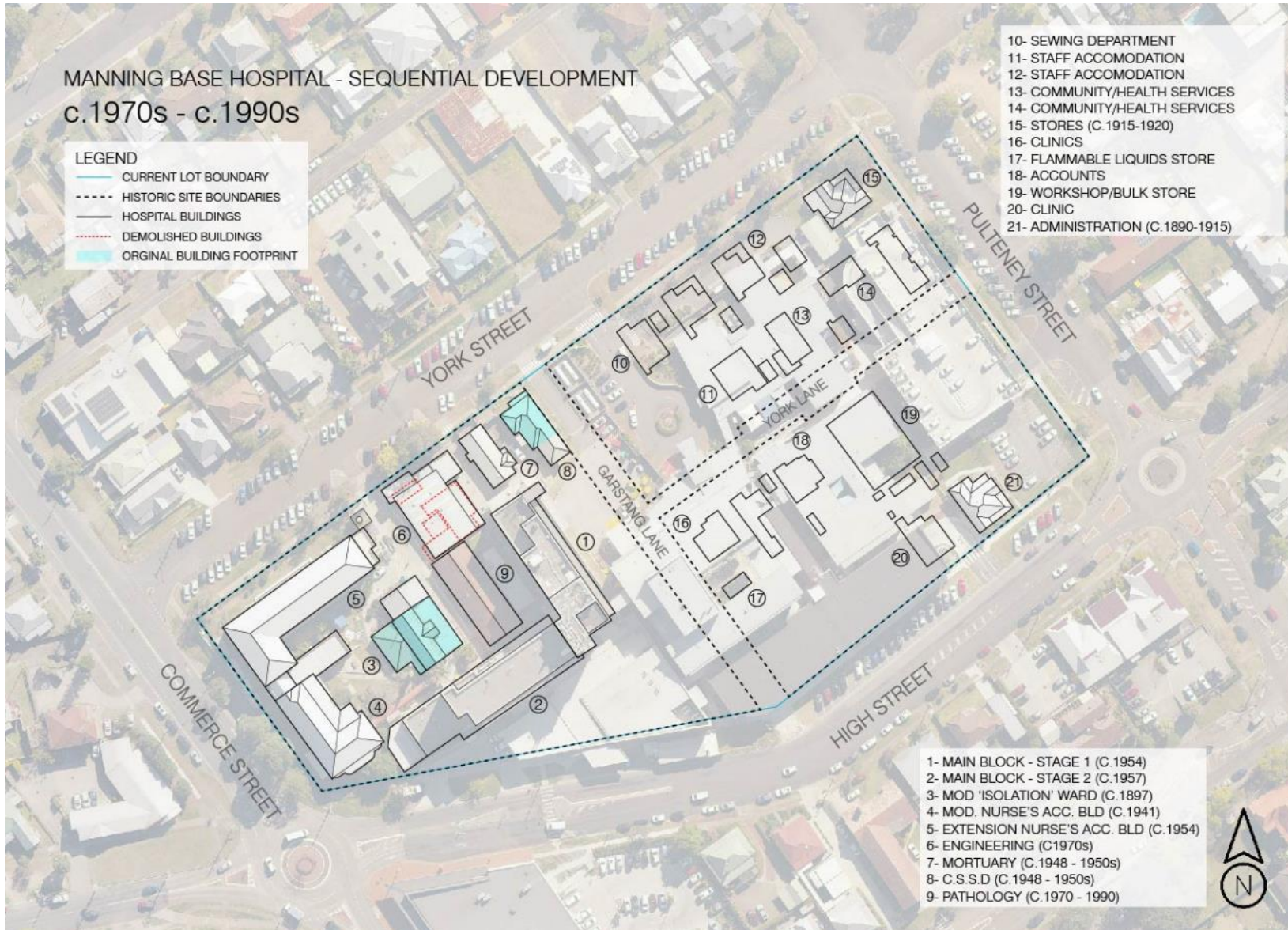


Plate 3.36 Indicative diagram of historic development at Manning Base Hospital – c.1970s – c.1990s (NTS). Source: EMM.



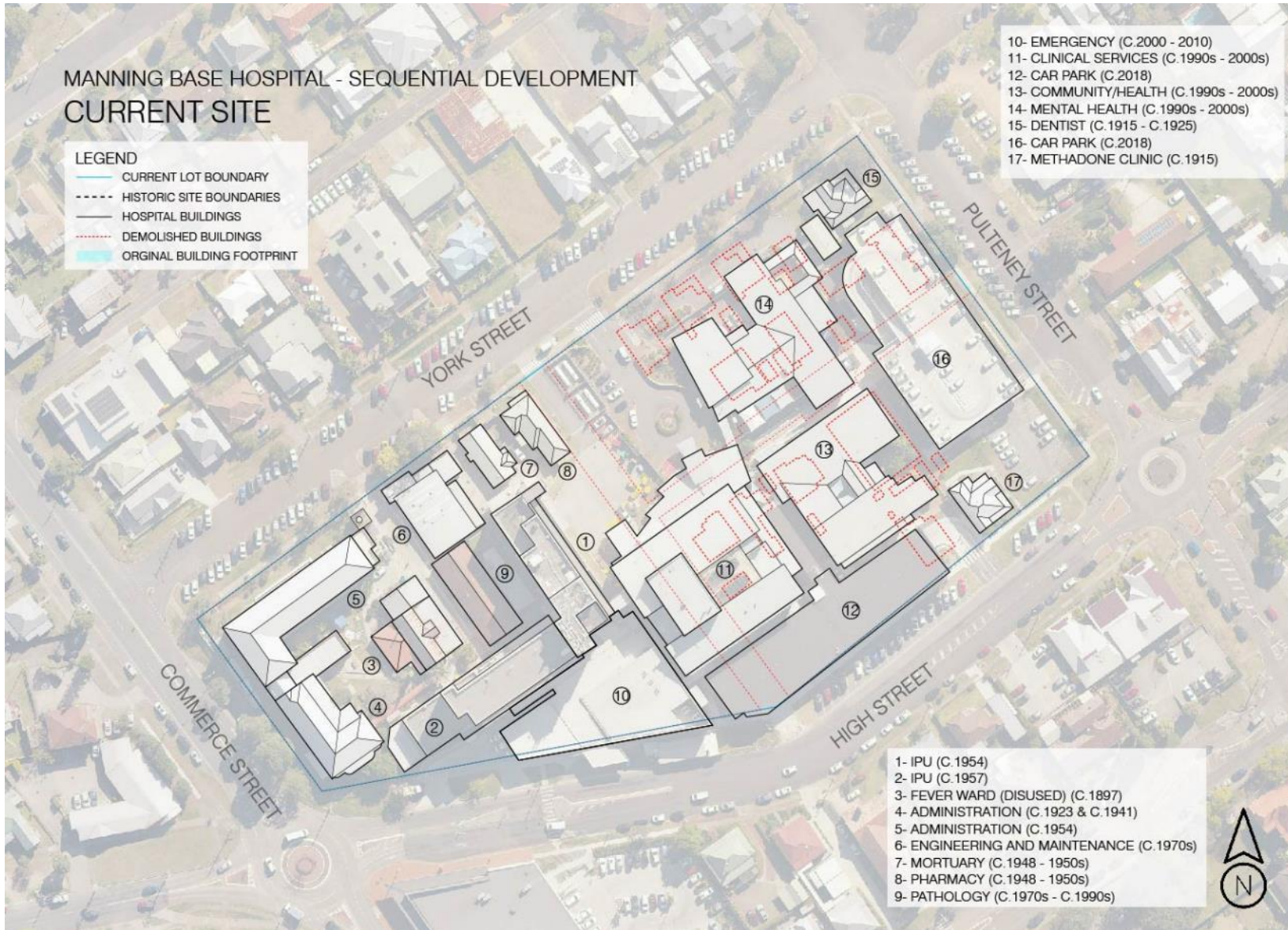


Plate 3.37 Indicative diagram of historic development at Manning Base Hospital – current site (NTS). Source: EMM.

# 4 Physical analysis

## 4.1 Field survey

The MBH and immediate surrounding area was inspected and photographically recorded during field survey conducted on 25 November 2021 by Susan Lampard and Anthony Dakhoul of EMM. The aim of the survey was to:

- establish the current structural landscape at the hospital and determine the physical and functional relationship between all buildings;
- identify and record existing and known historical heritage surrounding the subject site;
- to survey all known, un-listed nineteenth and twentieth century buildings at the site;
- identify significant heritage views or view lines;
- to identify significant landscaping; and
- photographically record the subject site and built structures within it.

The research, historical analysis, preliminary significance attribution to the hospital buildings and recommendations presented in the draft Preliminary Heritage Report (PHR) (EMM 2021), guided the prioritisation and level of survey to the existing buildings at the hospital. The survey was conducted in the following manner:

1. the c.1897 Fever Ward (Building 08) was surveyed in the greatest detail, including a fabric analysis and detailed photographic record of both the interior and exterior. This building was of high priority and the aim of the survey was to establish the extent and condition of original, Victorian fabric as well as the nature of the later extensions and their physical connection to the original Fever Ward structure. The various historic plans were used as a reference to identify locations of original fabric, with relation to the current building and to determine any later modifications or additions;
2. the survey of the former nurse's accommodation building (Building 09) aimed to establish the percentage remaining, location and condition of original c.1923 Second Nurse's Accommodation that was retained within the structure and plan of the c.1941 modification. In conjunction the survey aimed to identify and assess the architectural quality of the c.1941 and c.1954 modifications and extensions. A more general analysis and photographic record of the interior and exterior was conducted of this building;
3. a general external visual and photographic survey of the known item of heritage significance Brick Cottage (I154 GTLEP) and weatherboard cottage;
4. a general external visual and photographic survey of other twentieth century buildings that were not noted as being likely to hold some heritage significance; and
5. a general visual and photographic survey of the site and twenty-first century buildings at the site.

## 4.2 Integrity and intactness

This section of the report will provide an assessment of integrity and intactness, a key element in assessing the significance of an item. Integrity is defined in the ICOMOS glossary of terms (found at <https://www.icomos.org/en/2016-11-10-13-53-13/icomos-and-the-world-heritage-convention-4#integrity>) as:

All cultural and natural properties must meet the fundamental condition of integrity in order to demonstrate their Outstanding Universal Value. It is a measure of the **overall coherence** and the **wholeness and intactness** of the property and its attributes.

The *Heritage Manual* (NSW Heritage Office 2001) document 'Assessing heritage significance' states:

The intactness of the physical fabric of an item (its integrity) is another attribute that can be used to qualify the rare or representative criteria.

Integrity can therefore be seen as a measure of the wholeness and intactness of the natural and/or cultural heritage and its attributes. Examining the conditions of integrity, therefore requires assessing the extent to which the item:

- a) includes all elements necessary to express its heritage value;
- b) is of adequate size to ensure the complete representation of the features and processes which convey the item's significance; and
- c) if and to what extent the item suffers from adverse effects of development, dilapidation and/or neglect.

## 4.3 Victoria Fever Ward (Building 08)

### 4.3.1 Context

The Victoria Fever Ward (Fever Ward) is located at the centre of the hospital site as an isolated structure framed by Building 09 (former Nurses' Accommodation building) to the west, Building 01 (main block) to the south and Building 04, to the north-east (Plate 4.1). A turfed area is located to the south-west between the Fever Ward and Building 09 that includes mature plantings and intersecting pathways that extend and cluster to the north and south of the Fever Ward.

The building is not located near to the public domain or roadways framing the hospital site. Views to the building are restricted due to its location and the scale of nearby buildings, with only minor view lines present looking south along York Street. Pedestrian access to the building location is limited to users of the hospital site and is provided primarily through access points to surrounding hospital buildings. Vehicular access is provided through a single lane roadway located adjacent to the Fever Ward to the north-east that extends north-west to York Street.





**Plate 4.1** The Victoria Fever Ward building (blue) and surrounding context within the hospital site.  
Source: diagram by EMM and base map by SixMaps.

#### 4.3.2 Exterior analysis

##### i Non-original fabric

The exterior of the Fever Ward is characterised by a varied expression of the various periods of additions and modifications to the building. Several non-original extensions dominate the various elevations of the building (refer to Plate 3.15):

- the c.1934 extension to the south-west elevation that is a predominantly brown brick structure with double hung timber windows and relatively new red corrugated roof sheeting (Plate 4.2). The exterior of the extension exhibits details typical of the interwar period, particularly in the window style, the inclusion of piping applied to the exterior brick surface and simple terracotta vents.
- the c.1950s addition to the c.1934 extension was to the north-west corner characterised an orange brick structure with mid-century style double hung timber windows (Plate 4.3). Original wall and window fabric to what has been identified as the original amenities space to the north corner of c.1934 extension was also modified in this time that included the removal of original window and wall fabric to facilitate a larger, mid-century widow that matches that of the 1950s addition (Plate 4.4).
- the c.1967 extension to the north-east elevation is a single story structure with fibro sheet walls, metal framed windows and a flat corrugated roof, constructed at a raised elevation to the road level onto a red brick base and footings (Plate 4.5). The elevation also includes concrete stairs and a timber ramp covered by a simple awning structure (likely to have been a later addition) that lead to the main entry point. The c.1967 extension was applied to the north-east elevation of the original Fever Ward building (former entry);



- the small 1970s to 1980s extension to the south-west elevation, abutting the original Fever Ward elevation and the c.1932 extension (Plate 4.6). The structure of the extension is characterised by orange brickwork with metal framed sliding windows and painted timber boarding. A walkway awning is connected to this structure; and
- the c.1990 extension to the north-west elevation is a single storey, rectilinear brown brick structure with a simple pitched roof with corrugated sheeting and a stepped parapet (Plate 4.7). This building currently functions as a records store with access achieved through two doorways to the south-west and north-west elevations.



**Plate 4.2** c.1934 and .1950s extension to the south-west of the original building.



**Plate 4.3** c.1950s addition to c.1934 extension.



**Plate 4.4** Modification of original amenities structure (left).



**Plate 4.5** c.1967 extension to north-east elevation of original building.



**Plate 4.6** c.1970s to 1980s extension to the south-west corner of original building.



**Plate 4.7** c.1990 extension to the north-west elevation of the original building.

## ii Remaining original fabric

The original nineteenth century Fever Ward is a predominantly brown brick structure with a corrugated metal roof that is obscured by later additions and modifications. The original structure is however partially and, in some locations, fully visible in close and medium proximity:

- the original pitched roof structure with corrugated metal sheeting is the tallest form associated with the Fever Ward building and as such, is largely visible in locations in close and medium proximity to the building;
- due to the scale of the c.1967 extension, only the upper section of the original transverse gable with circular vent is visible to the north-east elevation (Plate 4.5);
- when viewing the building to the north and south areas in close proximity to the building, a greater percentage of the original roofline and structure, gables and upper level elevation is visible. At these locations the former northern chimney stack and boarded skylight windows can be viewed (Plate 4.8 and Plate 4.9);
- The south-east elevation of the original Fever Ward building is fully exposed and includes the former chimney stack, original (boarded up) windows, decorative metal vents with a spiral motif (Plate 4.10) and a sandstone plaque integrated into the brickwork that includes the text 'Victoria Fever Ward June 22<sup>nd</sup> c.1897.' (Plate 4.11).





**Plate 4.8** Roof and upper section of original building to north-west.



**Plate 4.9** Roof and upper section of original building to south-west.



**Plate 4.10** Exposed original south-east elevation.



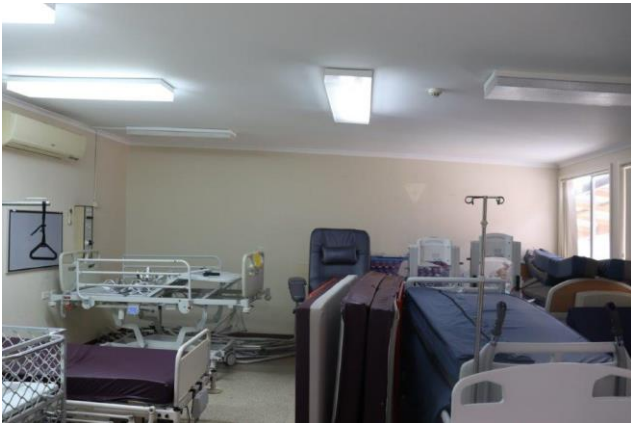
**Plate 4.11** Sandstone plaque to south-east elevation.

### 4.3.3 Interior analysis

#### i Non-original fabric

Reflecting the exterior of the Fever Ward building, the identified internal spaces are varied in terms of periods of construction, materiality and design. Internal spaces to the later c.1932, c.1967 and c.1990 additions to the original Fever Ward structure are, in terms of design, largely distinct and indicative of the time period of their construction. The interior of the Fever Ward is comprised of the following non-original sections:

- the north-east internal space is enclosed by the c.1967 extension and includes a single large space that formerly functioned as the day clinic. The walls and roofing are constructed of fibro/plasterboard sheeting and exhibit metal framed windows, indicative of the 1960s;



**Plate 4.12** Interior space of c.1967 extension to north-east.

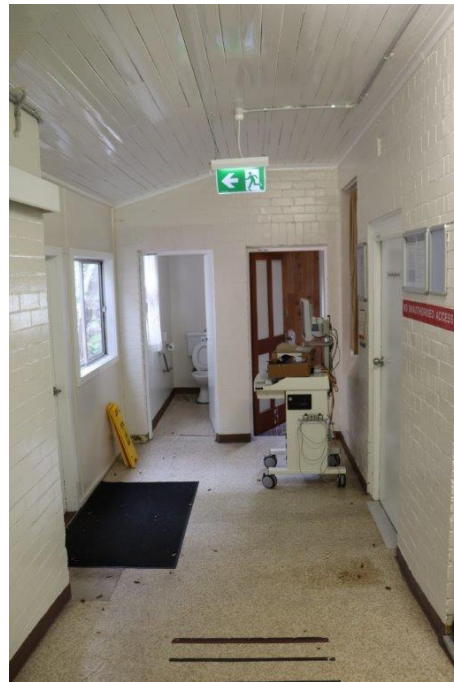


**Plate 4.13** Interior space and main entry to c.1967 extension to north east.

- the spaces and structures to the south-west are predominantly associated with the c.1934 extension this is characterised by white painted English bond brickwork, timber door panels, cupboards and windows that are typical of the inter-war period and a timber lined ceiling that alternates in angle throughout the interior. The extension includes several amenities spaces that appear to have been added or modified in the c.1950s in terms of fixtures, fittings, door panels and the introduction of new windows or window modifications;



**Plate 4.14** Interior space c.1932 extension to south-west.



**Plate 4.15** Interior space c.1932 extension to south-west incl. amenities space.

- the interior space of the c.1970s to 1980s addition to the south-east corner of the building was not inspected due to access constraints. The wall sections associated with this extension include a brickwork wall that abuts the original south-west elevation and intersections with the c.1934 extension are characterised by a large sliding door;



- within the building, several non-original plasterboard walls and timber substrates, doors and plaster and tiled ceilings were introduced at various periods within spaces associated with original Fever Ward building. In conjunction with the previously noted modifications, the flooring is largely carpeting or linoleum; and
- fixtures and fittings have been introduced to spaces associated with original Fever Ward building including electrical conduits, lighting, cupboards, A/C units and wet area fittings including toilets, sinks and piping.

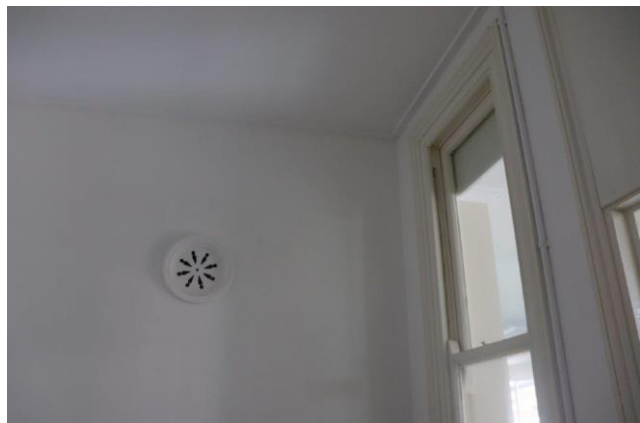
## ii Remaining Original Fabric

A large portion of the original Fever Ward structure was inspected and identified within the building, much of which has been enclosed by later extensions and modifications. Areas that exhibit original fabric include:

- at the centre of the north-eastern space (c.1967 extension) is a small room defined by three walls that includes two windows and a door cavity (Plate 4.16). This section has been identified as the original main entry and 'Duty Room' to the Fever Ward that was originally external fabric. This section includes the following elements:
  - original double hung, timber windows;
  - decorative, circular air vents with a 'dagger' motif (Plate 4.17);
  - the original main door cavity with a missing door panel. The door fanlight is present and covered by plaster boarding that includes a lighting fixture and switchboard.
  - original brickwork was noted as being present, enclosed behind plaster wall, construction of which has been offset from the original fabric.
  - the current ceiling also appeared to have been constructed lower than the original wall height with the upper portion of the windows covered by cornices applied to the plaster boarding;



**Plate 4.16** Original Fever Ward main entry with timber framed windows.

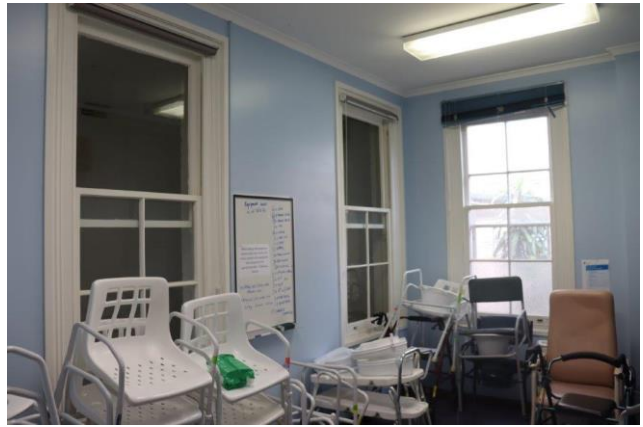


**Plate 4.17** Decorative vents within original 'Duty Room' space.

- a portion of the original north-east elevation is exposed to the south of the north-eastern space (c.1967 extension) that is characterised by white painted Flemish bond brickwork, original double hung, timber framed windows with angled sills and decorative metal vents with a spiral motif, also found externally to un-enclosed original external walls (Plate 4.18). This is reflected in the adjacent internal space (Plate 4.19). A portion of the original wall section is enclosed with a plaster wall with the original door cavity present. A portion of the timber door frame visible to the upper sections, however the original door panel is not present;



**Plate 4.18** Exposed original north-east elevation with original timber windows.

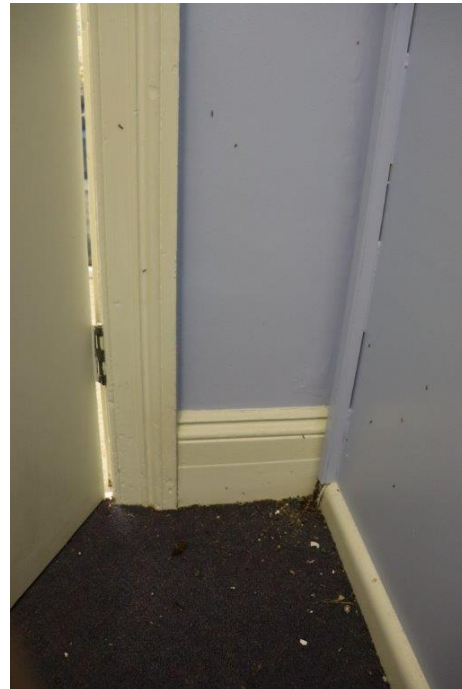


**Plate 4.19** South-east internal space exhibiting original timber windows.

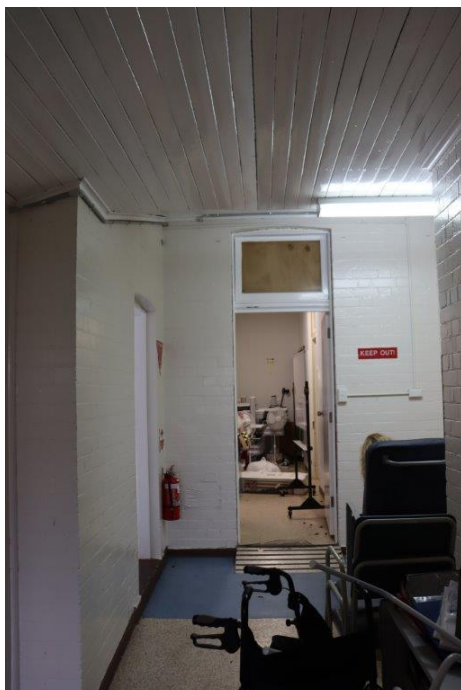
- various elements and features of the original central hallway are present including fully exposed timber framed doorway with original door hardware and fanlights with both plain and patterned glazed panels, to both ends (Plate 4.20). Small sections of original skirting boards and brickwork walls are also present. Recent plasterboard walls were introduced, segmenting the original internal spaces to the original 'Duty Room' and likely enclosing original walls to the smaller 'Clothes' and 'Lab' rooms (Plate 3.11);
- the original south-west elevation is largely present, enclosed by the c.1934 extension. The elevation includes original Flemish bond brick walls, door cavities, door fanlights and timber framed, double hung windows (Plate 4.22 and Plate 4.23);
- the original amenities space is present and located to the north-west of the building. The interior space has been significantly modified over time and includes early to mid-century features with its most recent function being a kitchen;



**Plate 4.20** Original door opening and fanlight to hallway.



**Plate 4.21** Exposed original skirting and later plasterboard wall at hallway door opening.



**Plate 4.22** Original door opening and boarded fanlight to enclosed south-west elevation.



**Plate 4.23** Original door opening and window to enclosed south-west elevation.

- a section of a wall to the north-western room has been exposed by the removal of plasterboard walls (Plate 4.24). This wall exhibits the original painted masonry walls, door opening and decorative vent. Concrete blocks introduced in the 1990s when the records room was constructed to fill in a window, are also evident. A section of the existing, dropped ceiling was also open, exposing the original mini-orb pressed tin ceiling and plastered cornice (Plate 4.25) located at a high level. The window cavities to the upper section windows were also present (Plate 4.25).



**Plate 4.24** Exposed section of original north-west wall and former door opening.



**Plate 4.25** Exposed original ceiling incl. corrugated ceiling and cornice.

#### 4.3.4 Summary of condition and intactness

The inspection of the exterior and interior of the Fever Ward indicates that, despite the additions to the building, the original structure is highly intact and in a stable condition. The original Fever Ward structure has been extended over time, starting in the 1930s, through the introduction of large structural additions, but these modifications have not been accompanied by major demolition works, resulting in a high degree of integrity and intactness.

With regard to the observations noted during the field in section and an analysis of the building fabric:

- the masonry walls identified both internally and externally as original, are in good condition and are stable with no signs of significant movement, tilting or cracking. The overall intactness of original elements is likely in part due to the enclosure of the original external walls to the Fever Ward beginning in 1930s. Note that the exposed brick of the internal walls are painted or covered with later plasterboard walls that may be concealing previous or existing damage and dilapidation.;
- sections of the original brickwork, including the original decorative vents, have been obscured by the addition of plasterboard, but retain their integrity and intactness;
- associated decorative metal vents are also in good condition and found to all identified original external, masonry walls;



- original, double hung timber windows are largely intact and in good condition. The original glazing is likely to have been replaced;
- original doorway and architraves are present and include fanlight windows, some with original decorative glazing. Original door panels and hardware have largely been replaced, likely due to changes in regulation and dilapidation;
- original upper level window openings to the exterior have been boarded up or covered by later extensions, however, it is likely that window openings and even framing are largely intact, with the potential exception of missing glazing; and
- newer ceilings within the original Fever Ward interior spaces are largely constructed suspended from the original corrugated ceiling, which appears to be largely retained.

The extent and condition of unexposed or covered original fabric could not be accurately deduced. The following observations were noted with regard to loss and modifications of original fabric and various unknowns:

- original fireplaces are present in their locations but have been filled or covered, with likely loss of detailing. In conjunction, chimney stacks are known to have been removed in the 1930s;
- the original roof structure appears to have been tiled and is likely to have been modified as early as the 1930s. The current corrugated roof sheeting is in poor condition and not original;
- one internal wall associated with the original 'Clothes' and 'Lab' rooms is known to have been demolished. Due to the addition of later plasterboard walls to the hallway and north-east elevation, it is difficult to deduce if the un-identified internal walls and wall features are still present;
- all original verandahs, associated awnings and stairs were not identified and likely demolished;
- the original amenities space (kitchen) to the north-west has been greatly modified both internally and externally with loss of original fabric. This appears to be the most modified section of the original building;
- with regard to the identified original internal ceiling and ceiling structure, a lack of maintenance and cleaning as well as the introduction of the more recent suspended ceiling and internal services has resulted in several issues such as rising damp, pest infestation and faeces, flaking paintwork, dilapidation of corrugated internal ceilings and minor to major penetrations and damage to brickwork and other sections of original fabric;
- original door frames and fanlights are in various states of intactness with several doors exhibiting more recent hardware and replace fanlight glazing; and
- original upper level windows have been boarded and it is unclear as to what extent original framing and glazing is still present.

The above modifications and alterations to the original fabric have had an overall minor impact on the overall integrity of the building, Loss of original fabric has occurred over time however it is likely that a significant portion remains present in largely good condition behind or within later extensions and additions that were added periodically in the twentieth century. The c.1967 and c.1990 extensions, in particular, were constructed abutting and encasing the original Fever Ward structure that did not involve significance demolition.

#### 4.4 Brick Cottage (I154 GTLEP) (Building 11 Methadone Clinic)

The small brick cottage (I154 GTLEP) is the only identified item of local heritage significance in the site and is located to the north east of the site onto High Street, and adjacent to carparks located to the north and west of the building. The building is the only single, storey brick building of its kind at the hospital that was formerly a residence and acquired by the hospital in the late twentieth century. The following external fabric was noted during the site inspection:

- the original single storey, red/orange brick cottage in stretcher bond that is both painted and unpainted in sections. The exterior of the original building includes:
  - a raised front verandah with a brick base, timber deck, awning with corrugated sheeting and timber balustrades corrugated awning;
  - a timber framed roof structure with corrugated sheeting of a recent date;
  - double hung, timber framed windows with intrusive protective screens applied to framing; and
  - several decorative external features including decorative dado moulding, timber gable boards, finials, rough rendered pediments, terracotta vents, window sill moulding and stone wall bases (Plate 4.26).
- a single storey extension has been added to the north of the building that appears to have been introduced in the late twentieth century. This section of the building includes a brick structure in stretcher bond, a small weatherboard side structure, timber framed awnings and roof structure with corrugated sheeting (Plate 4.27).

The original sections of the building was noted as being in stable and good condition with a moderate to high level of integrity and intactness. The building has however experienced the following modifications:

- generalised repointing to brickwork;
- the addition of intrusive flyscreens and protective screens to door and window frames;
- replacement of door panels;
- the replacement of original roof tiles with corrugated sheeting, gutters, downpipes and sections of the roof eaves;
- the fixing of electrical outlets, conduits and services to external elevations that required penetration into the building fabric.



**Plate 4.26** Roof structure, gable and upper section to south-east elevation of Building 11.



**Plate 4.27** Later addition and rear section of Building 11.

#### 4.5 Weatherboard cottage (Building 13 Dental Clinic)

The small weatherboard cottage is located on the corner of York and Pulteney streets with the large carpark to the south-east. The building is characterised by:

- raised building form on brick posts with a simple timber roof structure with corrugated sheeting.
- weatherboard cladding;
- large metal framed windows with flyscreens to all elevations;
- a timber deck to the north-east and north west elevation on a brick base with a timber awning supported by decorative timber posts.

The building is in a stable but poor to moderate condition. It was observed that a large percentage of the original cottage structure has been modified to introduce more recent windows, doors and roofing. The building is also a non-exceptional example of a weatherboard cottage that is common to the surrounding residential area.



**Plate 4.28** North-east elevation of Building 11.



**Plate 4.29** North east elevation and verandah to Building 11.

## 4.6 Other notable twentieth century buildings

Refer to Section 5.6 for a description and significance assessment of other twentieth century buildings at the hospital site.



# 5 Heritage significance

## 5.1 The significance framework

In NSW, historical value is ascribed to buildings, places, archaeological sites and landscapes modified in the Australian historical period for purposes other than traditional Aboriginal use. The assessment of heritage significance is based on the *Burra Charter* (Australia ICOMOS 2013) and further expanded upon in *Assessing Heritage Significance* (NSW Heritage Manual Heritage Office 2001).

The heritage manual lists seven criteria to identify and assess heritage values that apply when considering if an item is of state or local heritage significance, which are set out in Table 5.1. It also identifies the heritage gradings for which items (or features or components) that were recorded on site have been assessed against, which are set out in Table 6.2, and which provide context for each individual item's contribution to the cultural landscape. The result of the assessments of significance may determine that an individual component does not meet the threshold for local or State significance as an individual item, but that it does contribute to the significance of the cultural landscape.

**Table 5.1** NSW heritage assessment criteria

Criterion	Explanation
a)	An item is important in the course or pattern of NSW's (or the local area's) cultural or natural history (Historical Significance).
b)	An item has strong or special association with the life or works of a person, or group of persons of importance in NSW's (or the local area's) cultural or natural history (Associative Significance).
c)	An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area) (Aesthetic Significance).
d)	An item has a strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons (Social Significance).
e)	An item has the potential to yield information that will contribute to an understanding of NSW's (or the local area's) cultural or natural history (Research Significance).
f)	An item possesses uncommon, rare or endangered aspects of NSW's (or the local area's) cultural or natural history (Rarity).
g)	An item is important in demonstrating the principal characteristics of a class of NSW's (or the local area's) cultural or natural places or environments (Representativeness).

Source: *Assessing heritage significance* (NSW Heritage Office 2001, p.9).

## 5.2 Established significance

### 5.2.1 Item 154 'Hospital outbuilding, former dwelling' (GTLEP)

The SHI listing for item 154 'Hospital outbuilding, former dwelling' (SHI Online DB: 1660054) does not include a statement of significance. The listing includes the following assessment of significance:

**Table 5.2 Assessment of significance - Item 154 'Hospital outbuilding, former dwelling' (GTLEP)**

SHR Criteria	Description
(a) Historic significance	Associated with a Taree builder who built a small number of brick houses in Taree. <b>Local Significance</b>
(b) Associative significance	Does not fulfill this criterion for local or state significance.
(c) Aesthetic significance	Part of a group of three brick Federation style houses rare and in prominent location within Taree. <b>Local Significance</b>
(d) Social significance	Associated with better class of dwelling at the beginning of the twentieth century. <b>Local Significance</b>
(e) Research potential	Offers example to study building technology of the period. <b>Local Significance</b>
(f) Rarity	Does not fulfill this criterion for local or state significance.
(g) Representativeness	Does not fulfill this criterion for local or state significance.
Integrity/Intactness:	Not noted.

### 5.2.2 'Manning River Hospital' (s.170 Register)

The s.170 listing for the 'Manning River Hospital' (SHI Online DB: 3540286) does not include an assessment of significance. The listed includes the following statement of significance:

Part of the original land grant to William Wynter in 1839. Located on Hospital Hill.

## 5.3 Victoria Fever Ward Conservation Management Plan (DPWS 1999)

A Victoria Fever Ward conservation management plan (CMP) was completed in 1999 by the then Department of Public Works and Services for the Department of Health. The aim of the CMP was to establish conservation policies and heritage management strategies for the Victoria Fever Ward building during construction works at the time. Policies identified in the CMP were based on the building's historical context in relation to the hospital site and a condition assessment of the building conducted at the time.

Note that the information presented in the Victoria Fever Ward CMP was produced over 20 years ago in a report format that is no longer utilised as the industry standard. The document may contain obsolete legislative requirements and analysis and is therefore referenced in this section of the report solely as an aid in establishing the significance of the Victoria Fever Ward.

The CMP significance attribution is superseded by the assessment of significance provided in Section 5.5 as it is based on the recently conducted site inspection and a review and update of the building's historical background.

### 5.3.1 Significance assessment for the Victorian Fever Ward

Section 4.3 of the Victoria Fever Ward CMP provides a 'statement of cultural significance' (DPWS 1999, p. 82-83) that includes the following assessment as concluded in 1999:

Victoria Fever Ward is of LOCAL heritage significance with some aspects possibly of STATE significance. It is a rare remaining purpose-built fever ward at a regional government hospital in NSW. It is of heritage significance as the only remaining building of the early hospital campus and has been in continuous community use. In the integrity and design of its 1897 and 1933 form and details it provides evidence of

late Victorian and early 20<sup>th</sup> century architecture, design and health care (generally and for infectious diseases in Australia, as influenced by Britain.

The CMP includes the assessment of significance reproduced in Table 5.3.

**Table 5.3 Assessment of significance – Victoria Fever Ward CMP (DPWS 1999)**

SHR Criteria	Description
(a) important in the course, or pattern, of NSW’s cultural or natural history [HISTORIC]	<p>The Victoria Fever Ward is of <b>LOCAL</b> significance as the only known surviving element from the late 19<sup>th</sup>/early 20<sup>th</sup> century Manning Base Hospital campus.</p> <p>As a separate purpose built building the Victoria Fever Ward and the original building remaining at the Manning Base Hospital the Fever Ward is of <b>LOCAL (and possibly STATE)</b> significance by demonstrating the Victorian-era approach of providing separate buildings for different hospital facilities.</p> <p>The design and fabric of the Victoria Fever Ward is of <b>LOCAL/STATE</b> significance in providing information about health care and segregation of patients with infectious diseases. British health care and hospital design was the most likely design influence in the care of infectious diseases at the time.</p> <p>The 1897 and 1933 parts of the Victoria Fever Ward are of <b>LOCAL</b> significance demonstrating the development of the building for its original purposes.</p>
(b) has strong or special association with the life or works of a person or groups of persons, of importance in NSW’s Cultural History [HISTORIC]	<p>The Victoria Fever Ward is of <b>LOCAL</b> significance in being named after Queen Victoria, being built in the year of her Diamond Jubilee (60 years).</p>
c) important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW [AESTHETIC]	<p>The architectural form, scale, details and features symmetrical design, and other early design features (ie. high ventilation windows and ventilation grills) of the early Victorian Fever Ward (1897 plan) are of <b>LOCAL</b> significance in demonstrating characteristics and design features of the late nineteenth century architecture as used in government hospital design.</p>
(d) has a strong or special association with a particular community or cultural group for social, cultural or spiritual reasons [SOCIAL]	<p>The Fever Ward has been in continual use in association with the hospital, and is likely to have <b>LOCAL</b> significance in the memory of the community of the region. This has not been fully assessed.</p>
e) has potential to yield information that will contribute to an understanding of NSW’s cultural or natural history [SCIENTIFIC]	<p>The historical plans and photographs of the Manning Base Hospital and the Victoria Fever Ward itself are of <b>STATE/LOCAL</b> significance in providing information about the provisions and evolution of regional government health facilities in NSW.</p> <p>There is some archaeological potential in the vicinity of the Fever Ward. Any information gained relating to the former buildings on the site and the Fever Ward would be of <b>LOCAL</b> significance to the region.</p>
(f) possesses uncommon, rare or endangered aspects of NSW’s cultural or natural history [RARE]	<p>The Victoria Fever Ward is of <b>LOCAL (and possibly STATE)</b> significance and possibly the only surviving purpose built Fever Ward in NSW.</p>
(g) important in demonstrating the principal characteristics of a class of NSW’s cultural or natural places; or cultural or natural environments [REPRESENTATIVE]	<p>The Victoria Fever Ward is of <b>LOCAL</b> significance in demonstrating late 19<sup>th</sup> century government hospital design.</p>



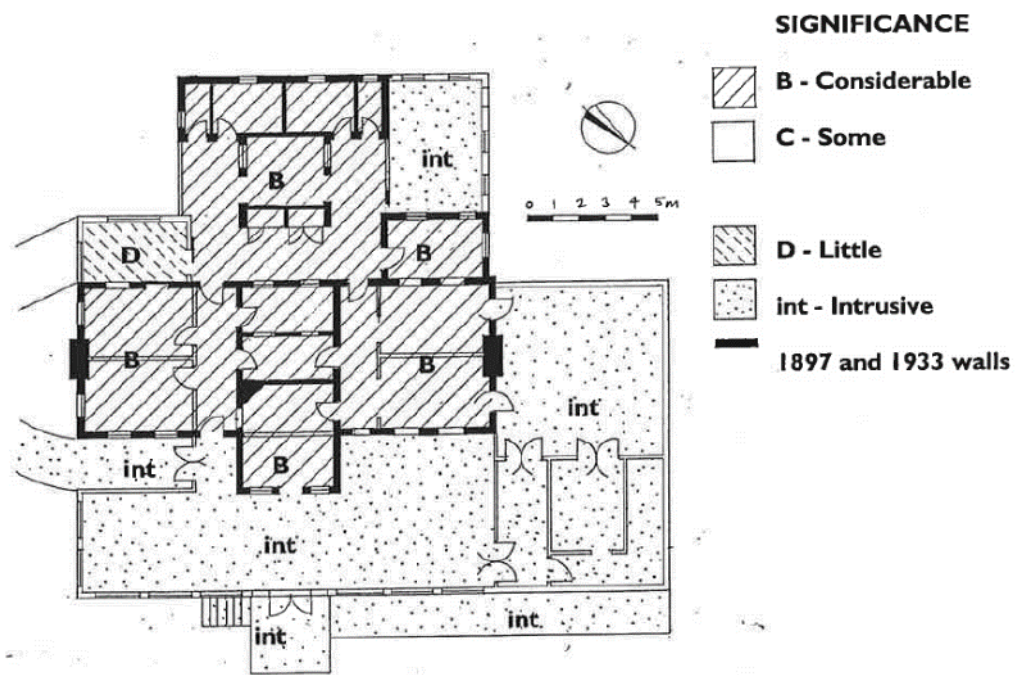
### 5.3.2 Schedule of significance for Victoria Fever Ward

Section 4.2 of the Victoria Fever Ward CMP includes the defined levels of significance adopted specifically for the CMP (DPWS 1999, p. 81). The following Table 5.4 lists the levels of significance identified in the CMP that were derived from 'The Conservation Plan' published by the National Trust of Australia in 1982 and authored by J. S. Kerr:

**Table 5.4 Levels of significance - Victoria Fever Ward CMP (DPWS 1999)**

Level	Description
A- Exceptional	of highest level of importance to the integrity of the place – ie, in relation to its significance.
B- Considerable	of considerable significance, original or early fabric.
C- Some	of some significance, significant changes, relating to function and development.
D- Little	of slight significance, difficult or unable to be interpreted, not an important function, often subject to alteration, may detract from significance and/or significant fabric.
Int- Intrusive	damaging or detracting from significance and/or significant fabric.

Section 4.5 of the Victoria Ward CMP includes a detailed schedule of significance for form and fabric, broken down into individual elements (DPWS 1999, p. 86-88) as identifies in c.1999. Plate 5.1 provides an illustration of the levels of significance attributed at the time to the existing areas of the Victoria Fever Ward (DPWS 1999, p. 89) as per the assessment of individual elements.



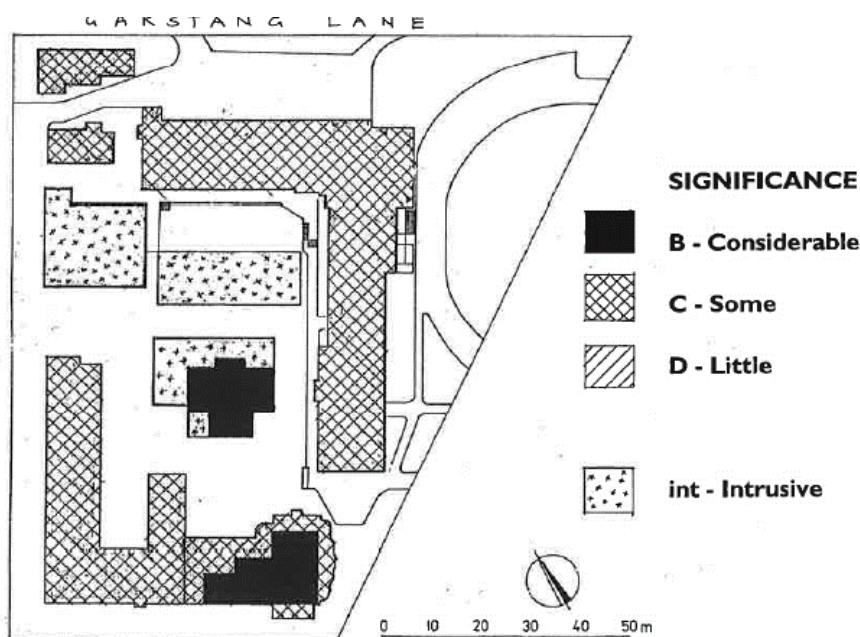
**Plate 5.1 The c.1999 diagrammatic plan of the Victoria Fever Ward identifying the level of significance attributed to areas. Source: DPWS 1999, pg. 74.**

### 5.3.3 Schedule of significance for Manning Base Hospital buildings

Section 4.4 of the Victoria Ward CMP provides a preliminary schedule of significance that assigns significance to existing buildings that were present at the Manning Base Hospital in c.1999 (DPWS 1999, p.84). The attribution of significance focuses on the ability for the building to demonstrate significant phases of development of the hospital from the original c.1897 campus through to the major developments that began in c.1948. Table 5.5 below summarises the attributions of significance for the buildings present in c.1999, based on the criteria identified in Table 5.4 and whether they are currently (2021/2) existing in the subject site.

**Table 5.5 Schedule of significance for buildings at Manning Base Hospital - Victoria Fever Ward CMP (DPWS 1999)**

Victoria Fever Ward identified item	Summary attribution of significance	Currently existing in subject site	Current name
Fever Ward - c.1897 elements	B- Considerable	Yes	Building 08 – Victoria Fever Ward
Fever Ward - c.1933 elements	B- Considerable	Yes	
Nurses' home – early phases (c.1923)	B- Considerable	Yes	Building 09 – Administration
Nurses' home – later phases (c.1941 and c.1954)	C- Some	Yes	
Main block (c.1954 and c.1957)	C- Some	Yes	Building 01 – IPU
Pathology (c.1970-1990)	Int- Intrusive	Yes	Building 07 – Pathology
Engineering & Maintenance (c.1970s)	Int- Intrusive	Yes	Building 03 – Maintenance
Mortuary (c.1948-1950s)	C- Some	Yes	Building 05 – Mortuary
CCSD (former Male Quarter) (c.1948-1950s)	C- Some	Yes	Building 06 – Pharmacy



**Plate 5.2 The c.1999 diagrammatic plan of Manning Base Hospital identifying the level of significance attributed to existing buildings. Source: DPWS 1999, pg. 85.**

## 5.4 Assessment of significance

The following section of the report includes an assessment of significance for the existing historic buildings within the site dating from the nineteenth and twentieth centuries. The assessments provided is based only on:

- the historical analysis compiled in Section 3;
- the physical analysis of based on the conducted site inspection in Section 4;
- the established significance of known heritage items in Section 5.2; and
- and the analysis presented in the Victoria Fever CMP in Section 5.3.

The focus of the assessment of significance is to grade the values of all existing buildings in the subject site. The result of the attributions of significance may determine that an individual building may not meet the threshold for local or State significance as an individual item, but that it does have a historical connection to or likely contribute to the significance of the cultural landscape at Manning Base Hospital.

### 5.4.1 Grading significance

The *Heritage Manual* (NSW Heritage Office 2001) identifies the heritage gradings for which items (or features or components) recorded on site are to be assessed to determine an individual item's contribution to the cultural landscape. These gradings have been listed in Table 5.6 below.

**Table 5.6 NSW heritage assessment gradings**

Grading	Justification	Status
Exceptional	Rare or outstanding element directly contributing to an item's local or state significance.	Fulfils criteria for local or State listing.
High	High degree of original fabric. Demonstrates a key element of the item's significance. Alterations to not detract from significance.	Fulfils criteria for local or State listing.
Moderate	Altered or modified elements. Elements with little heritage value, but which contribute to the overall significance of the item.	Fulfils criteria for local or State listing.
Little	Alterations detract from significance. Difficult to interpret.	Does not fulfil criteria for local or State listing.
Intrusive	Damaging to the item's heritage significance.	Does not fulfil criteria for local or State listing.

Source: *Assessing heritage significance* (NSW Heritage Office 2001, p.11).

## 5.5 Analysis of significance

The following section of the report assess the significance of the overall hospital site listed in the Department of Health s.170 register and the item noted as being of high historic significance, the Victoria Fever Ward, against the significance criterion listed in the *Heritage Manual* (NSW Heritage Office 2001) document 'Assessing heritage significance'.



## 5.5.1 Manning Base Hospital site

**Table 5.7 Analysis of significance – Manning Base Hospital site**

Criterion	Explanation	Analysis
a)	An item is important in the course or pattern of NSW's (or the local area's) cultural or natural history (Historical Significance).	<p>The Manning Base Hospital is the first hospital to have been introduced in Taree as the 'Manning River Hospital' in c.1885 and has been an important institution in the city and region since its inception. The hospital has maintained continuous operation for over 130 years and has experienced several phases of expansion and development.</p> <p>The original hospital lot to the south west of the site was gradually expanded from the 1960s to the 1990s involving the purchasing or a large number of neighbouring lots (to the east of the site) an altering the layout and configuration of the outer areas of the city.</p> <p>Major development works were initiated first in the 1930s, the 1950s and more recently in the 2000s and 2010s. This indicates an ongoing pattern of development and use of the hospital and defines its historic and function significance.</p> <p><b>The Manning Base Hospital site satisfies this criterion for local significance.</b></p>
b)	An item has strong or special association with the life or works of a person, or group of persons of importance in NSW's (or the local area's) cultural or natural history (Associative Significance).	<p>The site is not known to have been associated with any notable figures, but may have been utilised by a large number of minor local figures and individuals.</p> <p><b>The Manning Base Hospital site does not satisfy this criterion for State or local significance.</b></p>
c)	An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area) (Aesthetic Significance).	<p>The hospital site includes a collection of buildings and structures introduced and designed specifically to support the operation of a hospital, constructed in a wide range of time periods. This is unique in the context of Taree and surrounding area.</p> <p>The majority of the nineteenth century buildings at the site have been demolished and the site exhibits a varied architectural expression being predominantly buildings constructed from the 1940s to the 1980s to the west of the site and buildings constructed from the 2000s to the 2010s to the east of the site.</p> <p>The site developed incrementally over time without a formal masterplan, resulting in the level or aesthetic variation. The most notable and visually prominent building is Building 01 (IPU) constructed in the 1950s, located onto High Street. The site also includes the Victoria Fever Ward that is the last surviving nineteenth century building at the hospital.</p> <p><b>The Manning Base Hospital site satisfies this criterion for local significance.</b></p>
d)	An item has a strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons (Social Significance).	<p>The hospital has had a continuous, over 130 year history in Taree and has been a key operational site for the city. Within the site, there is a strong association with the historic and current hospital staff who have worked and resided at the hospital. Many of these individuals are locals and are currently living in Taree or surrounding region.</p> <p>The hospital is also associated with the wider community being the location of a large percentage of local births, operations and deaths.</p> <p><b>The Manning Base Hospital site satisfies this criterion for local significance.</b></p>
e)	An item has the potential to yield information that will	<p>The hospital archives, historic photographs, oral histories and a focused analysis of individual buildings and historic development at the site has the potential to provide</p>

**Table 5.7 Analysis of significance – Manning Base Hospital site**

Criterion	Explanation	Analysis
	contribute to an understanding of NSW’s (or the local area’s) cultural or natural history (Research Significance).	important information with regard to the local community and the operation of regional hospitals.  <b>The Manning Base Hospital site satisfies this criterion for local significance.</b>
f)	An item possesses uncommon, rare or endangered aspects of NSW’s (or the local area’s) cultural or natural history (Rarity).	The function of the site is unique to Taree as the only and oldest continuous hospital site; however the site is not rare or uncommon in a regional or state context. The site includes one rare building, being the original structure and elements of the Victoria Fever Ward (c.1897).  <b>The Manning Base Hospital site satisfies this criterion for local significance.</b>
g)	An item is important in demonstrating the principal characteristics of a class of NSW’s (or the local area’s) cultural or natural places or environments (Representativeness).	The hospital site is important as the only example of a functioning, historic hospital site in Taree and demonstration functional and structural characteristics associated with a regional hospital site.  <b>The Manning Base Hospital site satisfies this criterion for local significance.</b>

The Manning Base Hospital site is a key element in the city of Taree with an ongoing history of development. The site meets several of the above criteria to be deemed as being of local significance.

### 5.5.2 Victoria Fever Ward (c.1897)

**Table 5.8 Analysis of significance – Victoria Fever Ward (c.1897)**

Criterion	Explanation	Analysis
a)	An item is important in the course or pattern of NSW’s (or the local area’s) cultural or natural history (Historical Significance).	The remaining, original structure and associated elements of the c.1897 ‘isolation ward’ are important in the cultural history of Taree as the oldest surviving and the last remaining Victorian building at Manning Base Hospital associated with the earliest phase of development (Plate 3.31) and late nineteenth century development in the township. The building was purpose built in a time period that required and implemented separate buildings for different hospital functions, particularly the segregation of infectious patients.  <b>The Victoria Fever Ward satisfies this criterion for local significance.</b>
b)	An item has strong or special association with the life or works of a person, or group of persons of importance in NSW’s (or the local area’s) cultural or natural history (Associative Significance).	The building does not have a strong or special association with a notable individual including hospital staff nor an attribution to a prominent architect or designer. It is likely to have been designed by government institution. The builder is known to have been a local figure, Rudolf Ochs.  <b>The Victoria Fever Ward does not satisfy this criterion for State or local significance.</b>

**Table 5.8 Analysis of significance – Victoria Fever Ward (c.1897)**

Criterion	Explanation	Analysis
c)	An item is important in demonstrating aesthetic characteristics and/or a high degree of creative or technical achievement in NSW (or the local area) (Aesthetic Significance).	<p>The purpose built ‘isolation ward’ structure reflects specific time period in the history of construction, medicine and hospital building typologies. As a result the building demonstrates a specific architectural expression unique to its original function, constructed using materials and methods typical of late nineteenth century, public buildings. Notable features specific to its original function include the two wing, symmetrical design, high ceilings, upper level ventilation windows and decorative ventilation grills.</p> <p><b>The former Victoria Fever Ward satisfies this criterion for local significance.</b></p>
d)	An item has a strong or special association with a particular community or cultural group in NSW (or the local area) for social, cultural or spiritual reasons (Social Significance).	<p>The building has an ongoing and historic association with the Manning Base Hospital staff and personnel who utilised and adapted the building for over 100 years of its function. The name of the building is also a reference to Queen Victoria.</p> <p><b>The former Victoria Fever Ward satisfies this criterion for local significance.</b></p>
e)	An item has the potential to yield information that will contribute to an understanding of NSW’s (or the local area’s) cultural or natural history (Research Significance).	<p>The Victoria Fever Ward has the potential to yield information specific information about the Victorian period of the hospital’s history and the ‘isolation ward’ building typology. The original fabric observed and predicted to be present would provide a good representation of the early form of the building and architectural solutions to the issue of patient isolation and the halting of the spread of infectious diseases within the building. Information can also be drawn from the available documentation around the building particularly floor plans and historic photographs.</p> <p><b>The former Victoria Fever Ward satisfies this criterion for local significance.</b></p>
f)	An item possesses uncommon, rare or endangered aspects of NSW’s (or the local area’s) cultural or natural history (Rarity).	<p>The original structure and elements of the Victoria Fever Ward may be one of the few if not the last surviving example of this specific type of purpose built, late Victorian hospital building in the region and possibly the State.</p> <p><b>The former Victoria Fever Ward satisfies this criterion for local and possibly State significance.</b></p>
g)	An item is important in demonstrating the principal characteristics of a class of NSW’s (or the local area’s) cultural or natural places or environments (Representativeness).	<p>The original structure and elements of the Victoria Fever Ward are the last elements to demonstrate the principal nineteenth century history of the hospital site and significant variation in hospital building typologies. In conjunction, it has been observed that although the building has experienced some modification and later extensions, a large portion of the original structure is present and intact.</p> <p><b>The former Victoria Fever Ward satisfies this criterion for local significance.</b></p>

The original structure and elements of the Victoria Fever Ward meet several of the above criteria to be deemed as being of local significance.

## 5.6 Inventory of existing historic buildings

Table 5.9 includes all the existing buildings within the subject site, listed chronologically in terms of their date of completion. A brief description of each building has also been included, as well as an attribution of significance based on their identified history and context in the site as well as the conducted field inspection and physical analysis (refer to Section 4). Figure 1.2 illustrates their geographic location within the subject site.



**Table 5.9 Inventory of existing building and preliminary significance attribution - Manning Base Hospital**




Building No.	Building name/s	Historic and other name/s	Date/s of completion	Discussion	Significance attribution in relation to Manning Base Hospital site	Image
08	Victoria Fever Ward	'Isolation Ward' 'Isolation Block' 'Fever Ward'	<u>Original building:</u> c.1897  <u>Major Additions:</u> c.1934, c.1967, c.1990.  <u>Minor modifications:</u> throughout twentieth and twenty-first centuries.	<p>A single storey building composed of a central structure identified as the original c.1897 'Isolation Ward' with several, later structural additions and extensions of varying periods constructed to and enclosing the building's elevations. The original 'isolation ward' is of brick construction and dates from the late Victorian period. Additions were introduced between c.1934 and c.1990 that are of brick and fibro construction. The building ceased operation and function in the early to mid-2000s and has remained unused and vacant.</p> <p>The original building was introduced early in the hospital's history as a dedicated building for infectious cases and it was noted during the site inspection that a significant portion of the original building fabric was visible both internally and externally and in good condition. The building has experienced several stages of structural additions and modifications throughout the twentieth century that have impacted and modified original fabric and involved several changes in its overall function.</p> <p><u>The remaining original c.1897 structure and associated elements of the Victoria Fever Ward building are of high significance and contributory to the history of the hospital, satisfying several of the established significance assessment criteria as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001) – Refer to Section 5.5.2.</u></p>	<p>Not listed as an item of local or State significance but identified in Victoria Fever Ward CMP (DPWS 1999) as being of local and potentially State significance.</p> <p><u>Remaining original structure and elements:</u> EMM assessment: local significance - Refer to Section 5.5.2.</p> <p><u>c.1934 additions and modified original elements:</u> Little significance</p> <p><u>Later additions and modifications:</u> Little significance / Intrusive</p>	  

**Table 5.9 Inventory of existing building and preliminary significance attribution - Manning Base Hospital**



Building No.	Building name/s	Historic and other name/s	Date/s of completion	Discussion	Significance attribution in relation to Manning Base Hospital site	Image
11	Methadone Clinic	'Hospital outbuilding, former dwelling' 'Brick cottage' 'Administration'	c.1890-1915	Single storey brick structure in the Federation style. Purchased by hospital in the 1960s-1970s as a residence. The building is not associated with original hospital lot or the early phases of development. The building has since been modified externally and internally and utilised in the function of the hospital.  The building is the only item of local heritage significance in the subject site and is defined in its listing as significant individually and as part of a collection of rare remaining brick residences along High Street.  The building is has a minor contribution to the history of the hospital as being one of the two remaining buildings associated with the lot acquisitions (along with Building 13 – see below) made to expand the hospital site in the latter half of the twentieth century.	Heritage item of local significance (I154 GTLEP).	
13	Dental Clinic	'Weatherboard cottage' 'Stores'	c.1915-1925	Single storey weatherboard cottage dating from the late Federation and early inter-war period that has experienced significant modifications externally and likely internally. The building is not associated with original hospital lot or the early phases of development and does not exhibit notable architectural characteristics.  This building has a minor contribution to the history of the hospital as being one of the two remaining buildings associated with the lot acquisitions (along with Building 11) made to expand the hospital site in the latter half of the twentieth century.	Little significance  The building <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).	
09	Administration	'Second nurses' accommodation' 'Nurses' quarters' 'Nurses' accommodation' 'Nurses' hostel'	<u>Original building:</u> c.1923  <u>Major extension and modification:</u> c.1941  <u>Further extension:</u> c.1954	The multi storey, predominantly brick building is composed of three distinct phases of structural development. The building was first constructed in c.1923 as the second nurses' accommodation building. A majority of the building was significantly extended and modified in c.1941 and further extended in c.1954. The building does not currently function as a nurses' accommodation building.  <u>The building has an overall little to moderate significance in relation to hospital site</u> as being predominantly associated with the mid-century development and some association with early twentieth century development at the hospital. The building does not fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001). In summary, the building:  <ul style="list-style-type: none"> <li>contributes to the history of the hospital as being the only building to have been constructed in the early twentieth century remaining. It was observed that the vast majority of the c.1923 structure was not present and what remained was both minimal in architectural detail and integrated into the later c.1941 structure. This has impacted the significance of the original building fabric;</li> <li>the later c.1941 and c.1954 structural extensions and additions are typical of their period of construction in terms of architectural vernacular and style. They do not exhibit uncommon or rare elements or features nor is the building associated with a notable architect or designer;</li> <li>was associated with what was a key function to the hospital being the housing and accommodation of the resident nurses. This function was first established in the earliest phases of the hospital's development and was ended in the 2000s; and</li> </ul>	<u>Remaining original c.1923 structure and elements:</u> Moderate significance  <u>c.1941 extension and modified original elements:</u> Little to Moderate significance  <u>c.1954 extension</u> Little significance  The building as a whole and as individual components <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).	 



**Table 5.9 Inventory of existing building and preliminary significance attribution - Manning Base Hospital**

Building No.	Building name/s	Historic and other name/s	Date/s of completion	Discussion	Significance attribution in relation to Manning Base Hospital site	Image
05	Mortuary	'Second morgue'	c.1948-1950s	<ul style="list-style-type: none"> <li>has association with nurses, some of which may be living and reside in the local area, who utilised and interacted the building throughout the buildings function as accommodation. There is some potential to yield an oral history of the building through the nurses' who utilised the building.</li> </ul> <p>Simple, single storey brick building constructed as the second morgue. In good condition with signs of minor modification. Some contributory significance as being part of the first stages of mid-twentieth century development at the hospital starting in c.1946-48.</p>	<p>Little significance</p> <p>The building <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).</p>	
06	Pharmacy	'Male staff quarters' 'C.S.S.D'	c.1948-1950s and late-twentieth century.	<p>Simple, single storey brick building first constructed as the Male staff quarters that was modified or extended in the late twentieth century. In good condition with the mid-twentieth century structure experiencing historic major and minor modifications.</p> <p>Some contributory significance as being part of the first stages of mid-twentieth century development at the hospital starting in c.1946-48.</p>	<p>Little significance</p> <p>The building <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).</p>	
01	IPU	'New main block' 'Main block'	<p><u>Stage 1:</u> c.1954</p> <p><u>Stage 2:</u> c.1957</p>	<p>Constructed in the mid-twentieth century in two stages to replace the first main hospital building and cater to the growing requirement for better purpose built buildings for the hospital. The building is a multi-storey brick building in the post-war international style and is in continued use. The fundamental structure is in good condition with general signs of brickwork and concrete element dilapidation.</p> <p>The building has contributory significance to the history of the hospital as being the major mid-twentieth century development at the subject site.</p>	<p>Little to Moderate significance</p> <p>The building <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).</p>	

**Table 5.9 Inventory of existing building and preliminary significance attribution - Manning Base Hospital**

Building No.	Building name/s	Historic and other name/s	Date/s of completion	Discussion	Significance attribution in relation to Manning Base Hospital site	Image
03	Maintenance	'Engineering and maintenance'	c.1970s	Single storey building that replaced the former Boiler house. The building is in very good condition. Little contributory significance as being part of the later stages of mid-twentieth century development at the hospital.	<p>Little significance</p> <p>The building <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).</p>	
04	Pathology	n/a	c.1970s-1990s?	Late-twentieth century single storey brick building that has been extended externally and modified internally. The building is in moderate condition. Little contributory significance as being part of the later stages of mid-twentieth century development at the hospital.	<p>Little significance</p> <p>The building <u>does not</u> fully satisfy the established significance assessment criteria for local or State listing as noted in the <i>Heritage Manual</i> (NSW Heritage Office 2001).</p>	



# 6 Development proposal

## 6.1 Project masterplan

The project will be completed in 10 phases (Part 0 to Part 9). Preliminary planning has been undertaken and Part 0 (Project Initiation) and Part 1 (Master Planning) are complete. The project is currently in Part 2 (Feasibility). EMM has been provided with architectural documentation by BVN (Appendix A.1) in the form of a master planning report (dated September 2021) that includes a demolition plan and a proposed works plan (both dated 19 October 2021).

The proposed Master Plan aims to provide for the short to medium term needs of the hospital whilst also allowing a future plan for the long term that allows for a full re-vitalisation of the subject site. The Master Plan addresses specific issues such as: a site that has grown organically over time that contains buildings that do not provide contemporary models of care, the unique sloping site, staging needs and the need to revitalise the campus to create an inspiring environment for patients, visitors, researchers, staff and the community.

The provided Master Plan aims to articulate the following:

- acknowledgement that access and connection to and through the site will underpin the success of the precinct;
- the significant benefits arising from the fact that the campus is located in the heart of the town and surrounded by natural elements such as the Manning River and the surrounding bushland and farmland;
- acknowledgement that connection and flows between the building is pivotal to contributing to a well-functioning hospital precinct; and
- recognition that public outdoor spaces are important to the wellbeing of the community and the need to maximise these.

## 6.2 Australasian Health Facility Guidelines (AusHFG)

BVN are required in their masterplan design to ensure that the components of the project scope are aligned with the Clinical Service Plan (Section 1.3) and to ensure that the clinical spaces are aligned with the Australian Health Facility Guidelines (AusHFG).

The AusHFG are a common set of guidelines and specifications for the base elements of health facilities that seeks to provide optimal patient care through provision of an appropriate physical environment. The AusHFG are intended to be used to inform the planning and construction of new health facilities. The aims of the AusHFG are to:

- assist with the design of safe health facilities that provide privacy and dignity for patients, support contemporary models of care and the needs of carers, visitors and staff;
- maintain public confidence in the standard of health facilities;
- achieve affordable solutions for the planning and design of health facilities; and
- promote built solutions that minimise recurrent costs and encourage operational efficiencies.

## 6.3 Proposed works

BVN have previously issued a Masterplan Workshop Presentation dated 03/08/2021 during Part 2 (Master planning) of the project development. The document included three schematic design options that were being explored. The preferred design was Option 3. The current masterplan design has built on Option 3 and architectural drawings have been prepared that include:

- the demolition of three existing buildings to the north-west of the hospital site (Plate 6.1) being:
  - Building 06 – Pharmacy
  - Building 07 - Pathology
  - Building 08 – the ‘Victoria Fever Ward’;
- the demolition of the current main entry structure to Building 04 – Clinical Services, including the main entry round about and adjacent loading dock;
- the construction of the following buildings to the north-west of the site:
  - a five storey inpatient building and podium that will also include a back of house, front of house, pathology, pharmacy and mortuary and a new loading dock;
  - community ‘spine’ to the north-west of the site; and
  - a new main entry to Building 04.
- a new entry/drop-off roadway access from York Street and to the north of Building 04; and
- landscaping including pathways and plantings surrounding new buildings.

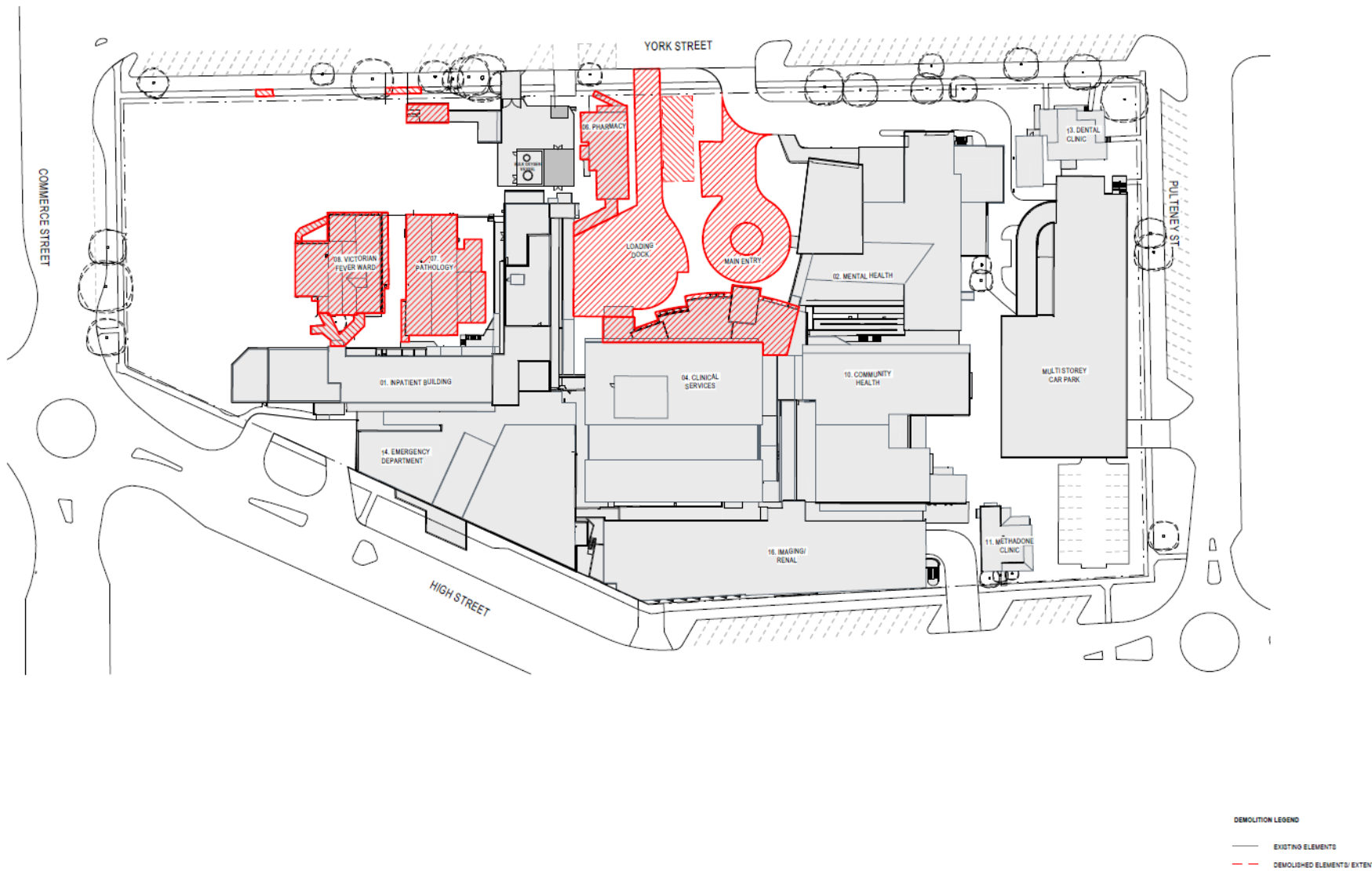


Plate 6.1 Site plan of proposed masterplan demolition works. Source: BNV-AR-SSDA-10A issue 2



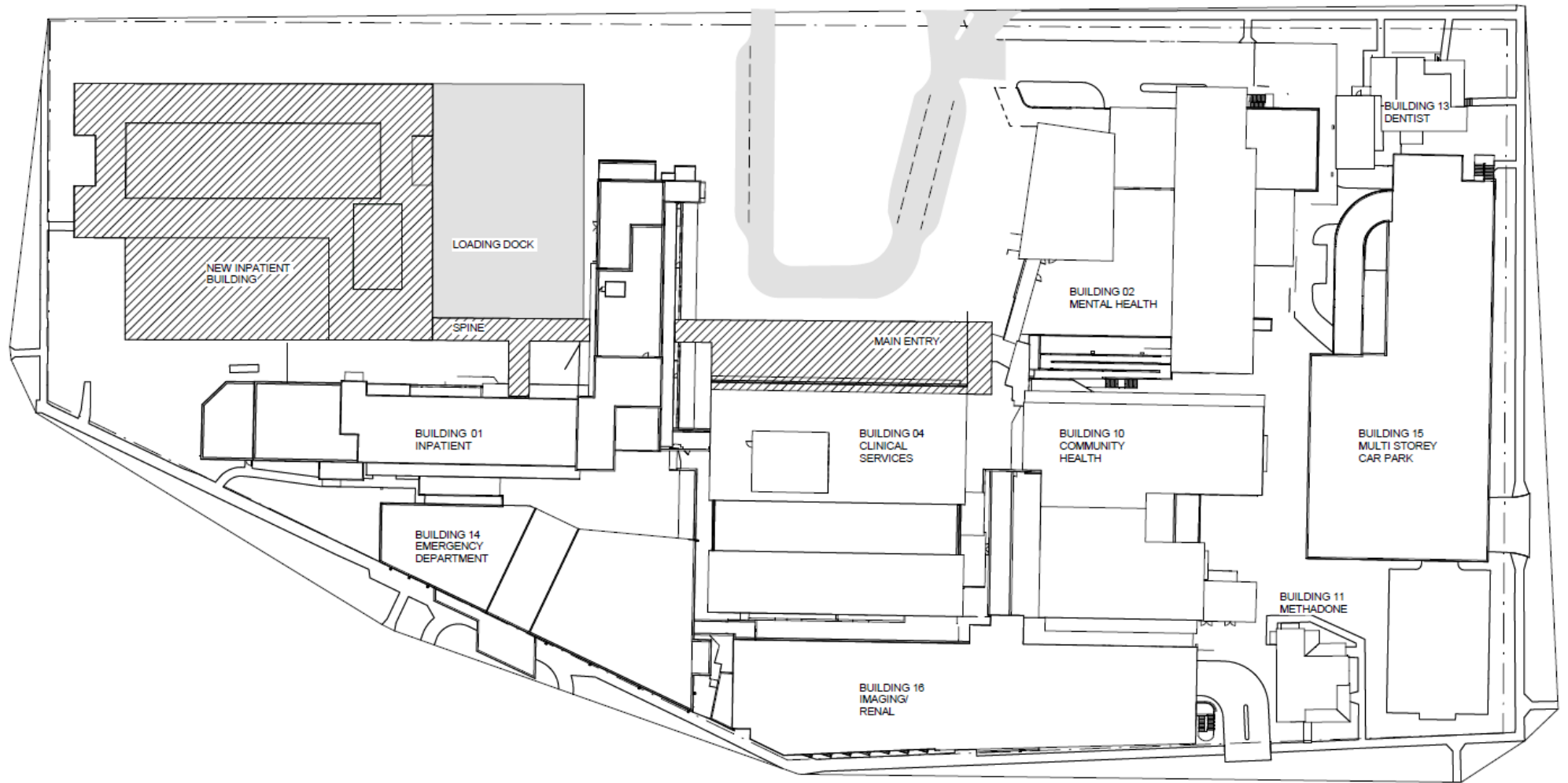


Plate 6.2 Site plan of proposed masterplan new works. Source: BNV

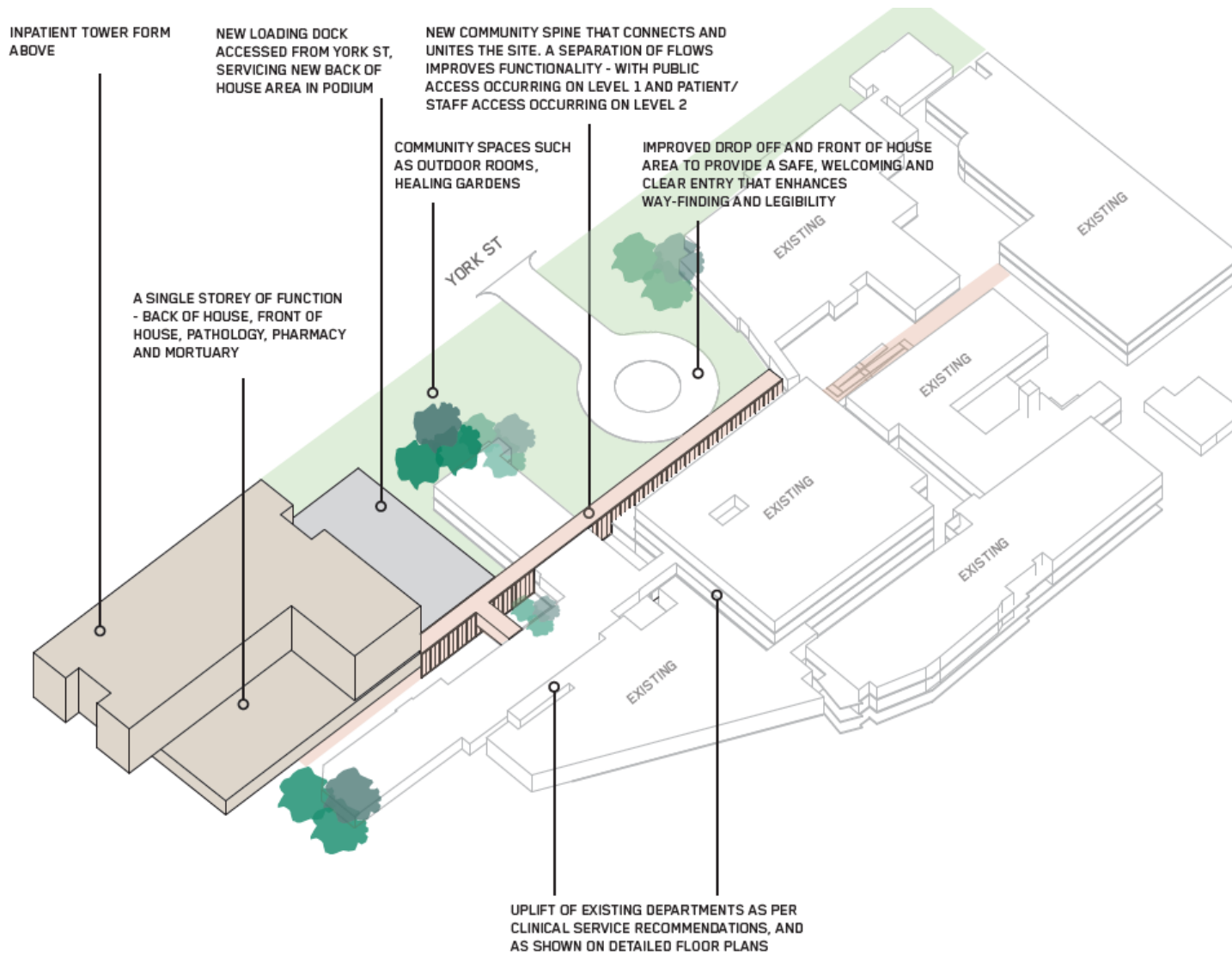


Plate 6.3 Diagrammatic 3D digital model of the proposed works. Source: BNV.

The materially, defined form and internal layout has not been presented in the provided documentation and would be developed further in later stages of the project development. Refer to Appendix A.1 for the provided architectural documentation that illustrates the above proposed works.

# 7 Impact assessment

## 7.1 Introduction

With regard to established heritage, one item of local heritage significance (I154 GTLEP) is located within MBH, to the east and adjacent to High Street. There are also several items of heritage significance adjacent to the hospital site and within a 5 km radius. In conjunction, the hospital site is also listed on the Department of Health s.170 register Department of Health (SHI Online DB: 3540286) (refer to Section 2.5.1) and includes buildings of varying periods of construction and significance (Section 5.5) that are un-listed in local or state registers. State agencies such as the Department of Health are required to undertake due diligence with regard to assets in their ownership, including the identification of items with heritage significance, the addition of these items to their s.170 register and the care, control and management of assets listed in their s.170 register.

As such, all proposed demolition and construction works should respect and minimise impacts to the heritage character and values of:

- the identified locally listed items in the hospital site, specifically (I154 GTLEP);
- the identified items of local and state heritage significance near to and surrounding the hospital site; and
- assets identified as being of particular heritage significance, located in the subject site boundaries.

The following section will assess the heritage impact of the proposed demolition and construction works on the established heritage significance of the above listed items.

## 7.2 Assessment guidelines

This assessment of heritage impact has been conducted in relation to the following relevant assessment questions identified in the Heritage NSW guidelines for the preparation of a statements of heritage impact (NSW Heritage Office 2002) for:

### 1. Demolition of a building or structure

- a) have all options for retention and adaptive re-use been explored?
- b) can all of the significant elements of the heritage item be kept and any new development be located elsewhere on the site?
- c) is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?
- d) has the advice of a heritage consultant been sought? Have the consultant's recommendations been implemented? If not, why not?

### 2. New development adjacent to a heritage item

- a) how is the impact of the new development on the heritage significance of the item or area to be minimised?
- b) why is the new development required to be adjacent to a heritage item?



- c) how does the curtilage allowed around the heritage item contribute to the retention of its heritage significance? will the public, and users of the item, still be able to view and appreciate its significance? How does the new development affect views to, and from, the heritage item? Will the additions visually dominate the heritage item? How has this been minimised?
- d) is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)?

The following assessment of the degree of impacts listed in Table 7.1 has been developed to provide a systematic assessment method, with reference to the levels of grading identified by Gojak (2015). In identifying the degree of impact, the following heritage significance has been established by EMM:

- the MBH is of local significance;
- the Brick Cottage (I154 GTLEP) is of local significance; and
- the original structure and elements of the Victorian Fever Ward (Building 08) are of local significance.

**Table 7.1 Impact assessment gradings**

Impact Grading	Impact type
Major	Impacts that substantially affects fabric or values of State significance. Visual impacts will substantially affect the significance and the setting of the item.
Moderate	Impacts that cause irreversible loss of fabric or values of local significance; minor impacts on State significance. Visual impacts will affect the significance and the setting of the item but can be ameliorated through active management.
Minor	Impacts that cause reversible loss of local significance fabric or where mitigation retrieves some value of significance; loss of fabric not of significance but which supports or buffers local significance values. Visual impacts may affect the significance and the setting of the item but can be ameliorated through active management.
Negligible	Negligible or no impacts (enhances access to understanding or conservation of fabric or values of State significance. Visual impacts to significance and setting will not be noticeable.
Minor positive	Impacts that enhance access to understanding or conservation of fabric or values of local significance. The enhancement of visual qualities and setting are a result of the design.
Major positive	Impacts that enhance access to understanding or conservation of fabric or values of State significance. The significant enhancement of visual qualities and setting are a result of the design.

## 7.3 Discussion

### 7.3.1 Demolition works

- a) **have all options for retention and adaptive re-use been explored? Can all of the significant elements of the heritage item be kept?**

Buildings 06, 07 and main entry and loading dock

The demolition of buildings 06 and 07, main entry and loading dock has been proposed to facilitate the space required to introduce the new drop off area and associated landscaping, with York Street to become the main entry point to the site and drop off area. Demolition is generally acceptable as the buildings are small in scale, collectively occupy a large area to the north of the site and would be impractical to integrate into the proposed masterplan. In conjunction, the buildings are of little heritage significance in relation to the hospital site and have not been identified as being of local or State level significance. Their demolition would result in negligible to minor impacts.

#### Building 08 – Victoria Fever Ward

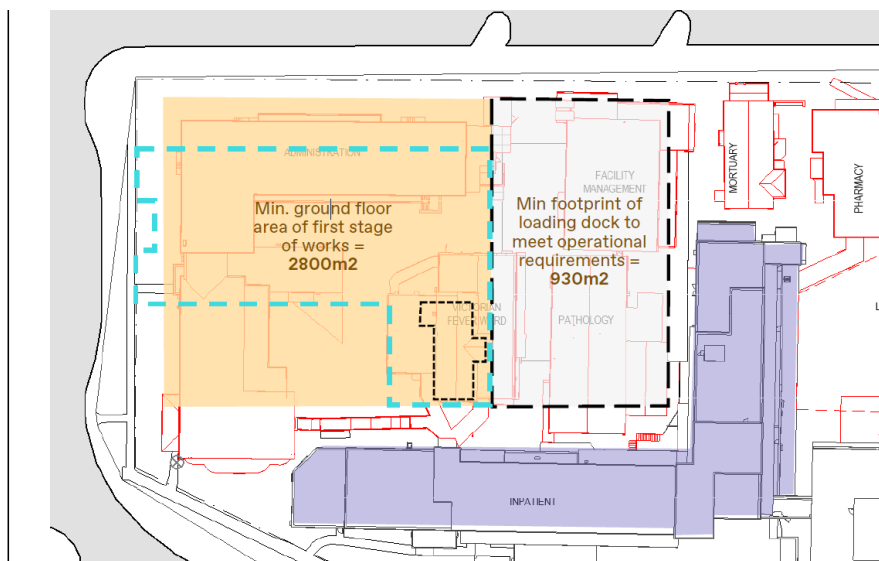
The original c.1897 structure and elements to Building 08 –Victoria Fever Ward, have been identified in this report as being of local heritage significance. EMM, HI, BVN and Mace have conducted an ongoing discussion with regard to its retention in the site and integration into the masterplan. Although the building is not formally listed on local or State heritage registers, EMM has assessed the building and supports its retention for the best heritage outcome, for its integrity and intactness and its contribution to the site and development of health initiatives in the Victorian period. It has also been noted that all later extensions are of low significance, poor condition and structural quality and can be demolished with overall minor impacts to the site and to the original structure.

The original Victoria Fever Ward structure is however a purpose built structure constructed in the late nineteenth century and has posed substantial constraints in terms of its integration into the masterplan as well as compliance with AusHFG. The main constraint arises from the form and size of the building, together with its position within the subject site that does not cater to the spatial requirements of the proposed inpatient building. BVN were provided a digital plan and all required information with regard to the original footprint of the Victoria Fever Ward and explored the integration of the building into the masterplan (Appendix A.2). The BVN study concluded:

- if the remaining original structure was to be retained it would require a minimum of 6 m in offset to all elevations that would greatly impact the minimum required 2800 m<sup>2</sup> for the ground floor level to the proposed inpatient building (reduction of 530 m<sup>2</sup>);
- the location of the building would make it difficult to integrate into the proposed inpatient building structure as it is adjacent to the proposed loading dock zone that is critical to the required function of the proposed building and AusHFG;
- the layout, scale and form of the building would limit and restrict the layout of internal spaces within its vicinity; and
- due to the nature of the building and its construction, there are a large number of unknowns associated with the building. The financial and time cost imposed to uncover the original structure, determine the full extent of original fabric, its condition, if repairs are required and then re-integrate it into the masterplan is not feasible from the perspective of HI.

In summary, although EMM has strongly recommended the building's retention and integration into the masterplan, it is understood the site specific constraints and the clinical design requirements would result in the project objectives not being met if the building were to remain. The demolition of the original Victoria Fever Ward would be a poor heritage outcome and would impact the overall significance of the hospital site; however EMM understands that its retention would also pose significant constraints that would not serve the ongoing requirements of the hospital. Refer to Section 8.1 for management measures identified to ameliorate the loss of values.

- Minimum required footprint of ground floor area of first stage of works to achieve Clinical Services Plan (CSP) recommendations = 2800m<sup>2</sup>
- Extent of footprint for IPU accommodation on upper levels to achieve Clinical Services Plan recommendations (note location on site boundary)
- Minimum footprint of loading dock to allow for operational requirements of CSP, following the staged removal of existing buildings (i.e. pathology, facilities management) = 930m<sup>2</sup>



**Plate 7.1** Design study to meet minimum Footprint to achieve CSP with indicative location and footprint of Victoria Fever Ward in black (small dotted). Source: BVN

**b) Can the new development be located elsewhere on the site?**

The north and north-west corner areas of the site have been identified in the master planning phase as being the ideal location for the proposed inpatient building as other locations in the site are either limited by development area or contain buildings that are critical to ongoing operations of hospital and therefore cannot be removed to facilitate expansion. In conjunction, the hospital site is bound by four major roads and cannot not expand further in terms of acquisition of neighbouring lots, limiting development to its current lot area.

**c) is demolition essential at this time or can it be postponed in case future circumstances make its retention and conservation more feasible?**

The demolition of the identified buildings is critical to facilitate the proposed works that have been noted as a critical requirement in order to provide better functioning facilities at MBH, better utilise the site’s limited space and lay the foundations for future development and upgrades at the site. In particular Building 08 is at the location of the proposed inpatient building that is both the main structure to be introduced that will house a number of key hospital functions and is important to the future operation of the hospital.

**d) has the advice of a heritage consultant been sought? Have the consultant’s recommendations been implemented? If not, why not?**

EMM have provided ongoing advice to Mace, HI and BVN since the inception of the project through the provision of the PHR and ongoing correspondence. The recommendations to retain the Victoria Fever Wards have been considered and explored through studies and the ongoing masterplan design. This report will also provide further recommendations to mitigate heritage impacts, particularly with regard to the proposed demolition of the significant Victoria Fever Ward.

### 7.3.2 Construction works

- e) **how is the impact of the new development on the heritage significance of the item or area to be minimised?**

No new buildings are to be constructed near to or in the vicinity of Building 11 (Methadone Clinic) (I154 GTLEP). Impacts are therefore negligible.

The proposed inpatient building and loading dock are to be constructed to the north-west and north of the hospital site, near to I128 listed in schedule 5 of the GTLEP (refer to Section 2.5.2 and Plate 2.2) (Plate 7.2). The item is listed as *' Dwelling, former Blood Bank and former Tinonee Royal Hotel'* and is a small single storey weatherboard cottage that is not associated with the hospital and located along York Street, parallel to the three-storey c.1954 extension to Building 09. The proposed inpatient building would be five (5) storeys and of a similar height to the existing Building 09 and of a lower height than the existing Building 01 (IPU). There are to be no physical impacts to this item with minor visual alterations as viewed in the hospital site and along Commercial Street. These alterations are not considered to form a negative impact to the heritage significance of the item and the construction would result in a negligible impact.

The proposed loading zone, drop off area and landscaping involves the introduction of low level structures only within the site and will not physically or visually impact the small weatherboard cottage (I128 GTLEP) along York Street.



**Plate 7.2** Small weatherboard cottage along York Street (I128 GTLEP) (left) in relation to hospital site and existing Building 09 (right). Source: Google Maps 2017.

All other items of heritage significance located within a 5 km radius of the hospital site would have no physical impacts and negligible visual impacts.

- f) **why is the new development required to be adjacent to a heritage item?**

As noted previously, the location of the proposed inpatient building, loading dock and drop off zone has been selected as it contains buildings of lesser functional importance to the hospital and the site itself is greatly limited in available development space. Significant development has recently occurred to the east and south-east of the site that is critical to the hospital's function and the demolition of structures in this area of the site would be financially unviable and may require the demolition of Building 11 - Methadone Clinic (I154 GTLEP) that would require the notification MidCoast Council.



- g) **how does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?**

The curtilage around Building 11 (Methadone Clinic) (I154 GTLEP) allows a buffer zone surrounding the structure, however, the building is not impacted by the proposed works. This assessment also applies to the small weatherboard cottage (I128 GTLEP) located adjacent to the site to York Street.

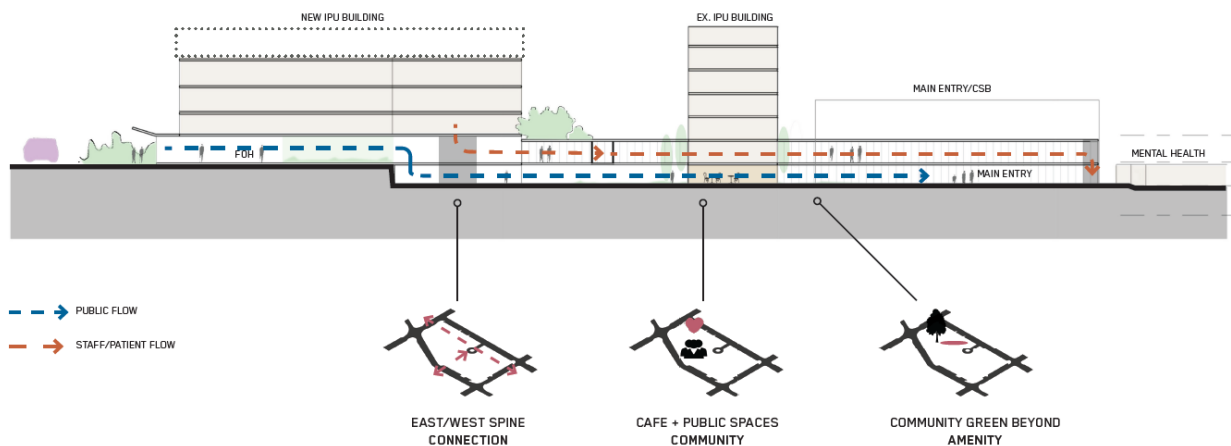
- h) **will the public, and users of the item, still be able to view and appreciate its significance? how does the new development affect views to, and from, the heritage item? Will the additions visually dominate the heritage item? How has this been minimised?**

Building 11 (Methadone Clinic) (I154 GTLEP) will be unaffected, physically or visually, by the proposed works and will be able to be viewed and experienced along High Street and in the site.

The large width of York Street and the substantial setback of proposed inpatient building from York Street mitigates visual impacts to the small weatherboard cottage (I128 GTLEP) along York Street. The proposed loading zone, drop off area and landscaping involves the introduction of low level structures that would not obstruct views within and surrounding the site. Visual impacts would be negligible.

- i) **is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)?**

The proposed inpatient building will be of a similar height to the existing Building 09 (Administration) and or a lower height than Building 01 (IPU) (Plate 7.3). The scale, form and bulk of the building aims to capitalise on the limited space within the site whilst also allowing for the introduction of several of the required hospital's functions. The current masterplan drawings include an indication of building and structure locations and massing (Plate 7.3).



**Plate 7.3** Section drawing of the proposed inpatient building (left) in relation to the existing IPU building and other buildings in the site (right). Source: BVN.

## 7.4 Statement of heritage impact

One item of local heritage significance has been identified in the hospital site, being the Building 11 - Methadone Clinic (I154 GTLEP). In conjunction EMM have identified the overall hospital site and Victoria Fever Ward as being items at the level of local significance.

The majority of the proposed demolition and construction works would have a negligible to minor impact to the heritage values of the hospital site with no physical and negligible to minor impacts both Building 11 - Methadone Clinic (I154 GTLEP) located inside the hospital lot and the small weatherboard cottage (I128 GTLEP) located adjacent to the site, along York Street.

The main impacts that will arise from the demolition of the former Victoria Fever Ward (Building 08). This building was assessed in 1999 as being of high significance and the extent of original fabric was established at the time, with clear separation of the various stages of the building's construction. Although the various extension to the building as well as other buildings have been reassessed by EMM as being of little to moderate significance, the remaining original structure and elements of the Victoria Fever Ward maintain their high significance.

As noted however, the building poses significant operational and functional constraints on the masterplan design and future function of the proposed inpatient building and loading dock. Mace, HI and BVN have determined that there is no alternative to the demolition of the Victorian Fever Ward. Demolition of the Victorian Fever Ward would result in heritage impacts to the overall significance of the hospital site. Measures to ameliorate the identified heritage impacts are provided in Section 8.1.

# 8 Conclusion

## 8.1 Recommendations

The following recommendations are to be considered with regard to the hospital site and, in particular, the mitigation of impacts resulting from the demolition of the original structure and elements of the Victoria Fever Ward:

- Demolition of Building 08 (Victoria Fever Ward) is to be conducted first to sections of the building that have been identified as being non-original (c.1932, c.1967, c.1990 and other twentieth century additions) in order to expose original fabric that has been covered or hidden. This is to be completed in consultation with a nominated heritage consultant.
- A full archival recording of Building 08 is to occur:
  - in accordance with the Heritage Office guidelines *How to Prepare Archival Records of Heritage Items* (1998) and *Photographic Recording of Heritage Items using Film or Digital Capture* (Heritage Office 2006);
  - a photographic archival recording prior to any demolition works to the building in order to capture all exposed original and non-original fabric in its current context; and
  - a photographic archival recording including measured drawings after the non-original structural elements and additions have been removed and the remaining original fabric is exposed. Measured archival drawings aim to create a set of architectural drawings of the remaining heritage fabric and would include a site plan, floor plans, elevations, detail drawings and a 3D photogrammetry recording.
- In conjunction, an archival recording of the hospital site and other twentieth century buildings is to be conducted, prior to the commencement of the proposed works, with a focus on Building 09 (former Nurses' accommodation) and the other mid-twentieth century structures in the site (Building 09 is discussed in a separate report (EMM 2023)).
- Prior to the demolition of the original fabric of the Victoria Fever Ward, any significant features of the original fabric are to be salvaged with consultation with the nominated heritage consultant and stored carefully for later use in heritage interpretation at the hospital site.
- A heritage interpretation strategy (HIS) will be the main method of mitigating impacts associated with the demolition of the original structure and elements of the Victoria Fever Ward. A HIS would explore interpretation options to be developed in with consultation from HI and BVN. This document is to be prepared by a nominated heritage consultant during the next stage of the project (Part 3) in order to allow its integration into the design development and formalised landscape plan (if applicable).
- A heritage interpretation plan (HIP) is to then be prepared that formalises and develops the interpretation strategies selected with consultation from HI and BVN, prior to construction works and integrated into the finalised construction and landscape plan.
- It is recommended that an historical archaeological assessment of the site be conducted for this site. This is likely to be a future requirement of the SEARs.

## 9 References

Apperly, R., Irving, R., and Reynolds, P. 1989, *A Pictorial Guide to Identifying Australian Architecture: Styles and Terms from 1788 to the Present*, Harper Collins.

Department of Public Works & Services (DPWS) 1999, *The Victoria Fever Ward, Manning Base Hospital, Taree: Conservation Management Plan*. Prepared for the then Department of Health.

EMM Consulting Pty Limited, 2023, *Manning Base Hospital Redevelopment Stage 2 Final Heritage Report – REF*. Report to MACE on behalf of Health Infrastructure NSW (January).

Heritage Office and Department of Urban Affairs & Planning 1996, *NSW Heritage Manual*, Heritage Office and Department of Urban Affairs & Planning (NSW), Sydney.

Pearson, M. and Sullivan, S. 1999, *Looking After Heritage Places: The basics of Heritage Planning for Managers, Landowners and Administrators*, Melbourne University Press.

Smith, G. 2006, *Thematic History study for the Greater Taree City Council Rural Heritage Study, Stage 3*. Report prepared for Greater Taree City Council.

Stapleton, I. 1983, *How to Restore the Old Aussie House*, The Flannel Flower Press.

Suters Architects Snell, 1990, *The Greater Taree Heritage Study*. Volumes 1-3. Prepared for Greater Taree City Council.



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Appendix A

# Architectural documentation

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## A.1 Architectural masterplan documentation

For the proposed development of Manning Base Hospital

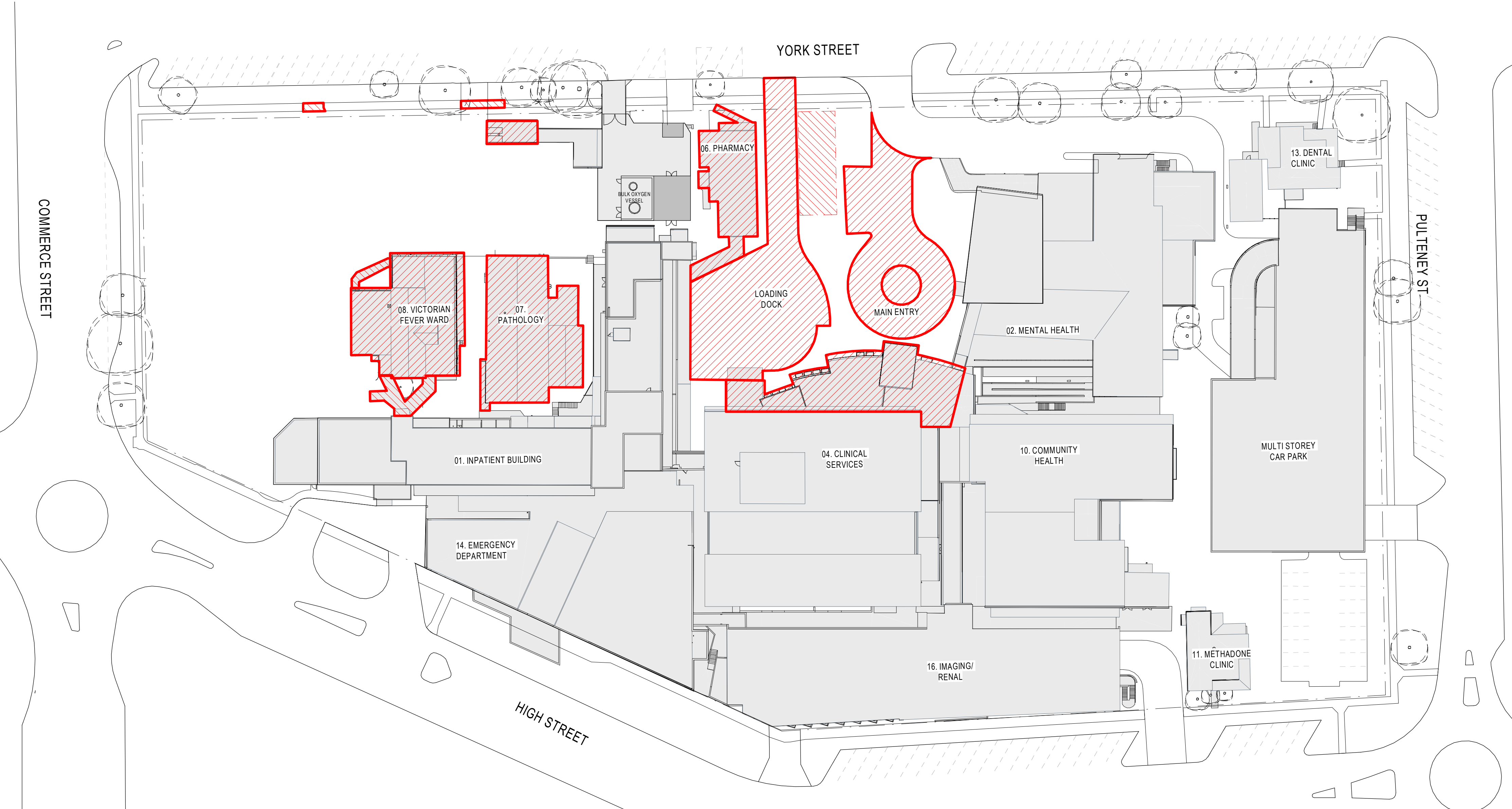
Prepared by BVN

Dated 19 October 2021

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**NOTE**  
CONTRACTOR TO CHECK AND VERIFY ALL DIMENSIONS ON SITE PRIOR TO COMMENCEMENT OF WORK OR PREPARATION OF SHOP DRAWINGS. DO NOT SCALE THIS DRAWING.

ISSUE	DATE	FOR
1	16/06/23	FOR INFORMATION
2	19/06/23	FOR INFORMATION



**DEMOLITION LEGEND**

— EXISTING ELEMENTS

— DEMOLISHED ELEMENTS/ EXTENT

- SERVICES ENGINEER **ARUP**
- LANDSCAPE ARCHITECT **ARCADIA**
- CERTIFIER & ACCESS CONSULTANT **Blackett Maguire + Goldsmith**
- WAYFINDING CONSULTANT **Citizen**
- ESD CONSULTANT **EMF Griffiths**
- STRUCTURAL & CIVIL ENGINEER **enstruct**
- FIRE ENGINEER **Innova**
- TRAFFIC ENGINEER **Stantec**
- FAÇADE ENGINEER **Surface Design**
- PROJECT MANAGER **MACE**
- CLIENT **NSW Health Infrastructure**

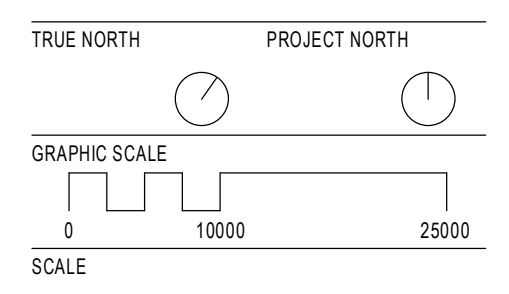
PROJECT

**MANNING HOSPITAL  
REDEVELOPMENT STAGE 2**  
26 York Street, Taree, NSW 2430

BVN PROJECT NUMBER

**2101013**

DRAWING KEY



SCALE

1 : 500 @ A1

STATUS

**SSDA SUBMISSION**

DRAWING

**SITE PLAN DEMOLITION - SSSA**

ISSUE
<b>2</b>

**BVN-AR-SSDA-10A**  
**XX-10**

## A.2 Victoria Fever Ward study

Prepared by BVN



MANNING BASE HOSPITAL  
Fever Ward Studies

09.12.2021

BVNI

# Existing Site

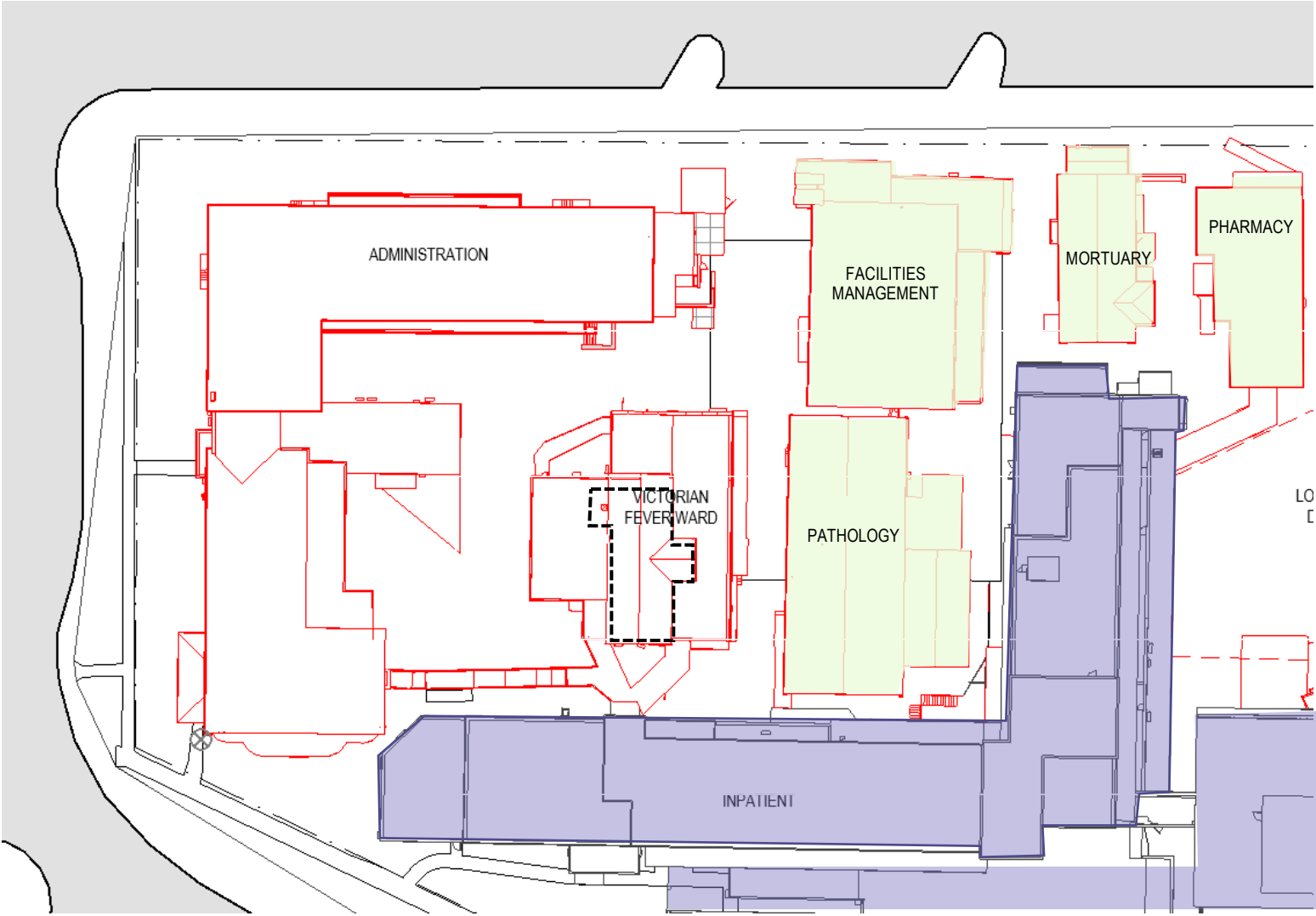
Represents existing buildings which are critical to ongoing operations of hospital and therefore cannot be removed to facilitate expansion



# Existing Site

Represents functions that need to remain operational in the first stage of works, before staged relocation to the new building

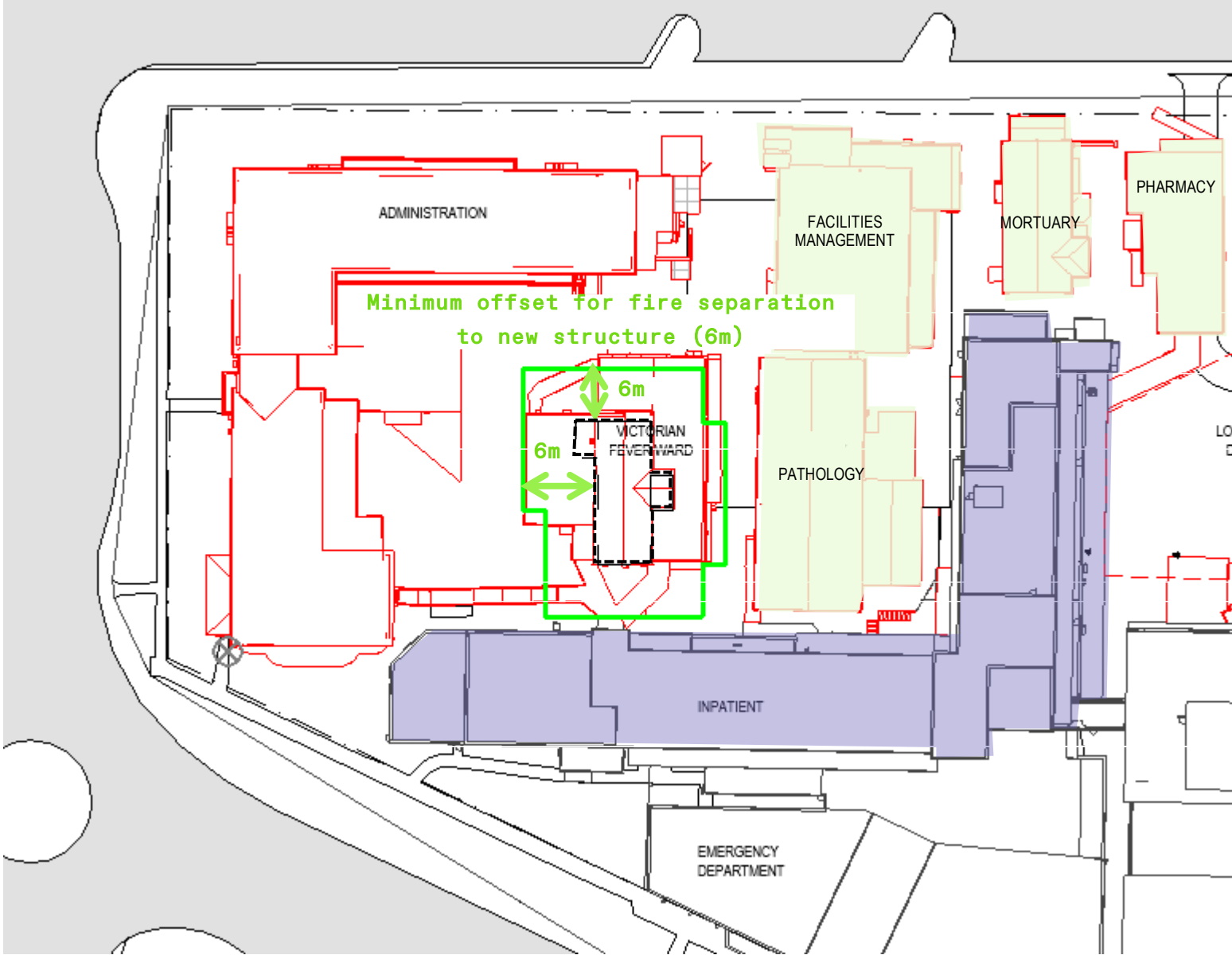
Represents existing buildings which are critical to ongoing operations of hospital and therefore cannot be removed to facilitate expansion



# Fever Ward Footprint Study

----- Footprint of Fever Ward to be retained

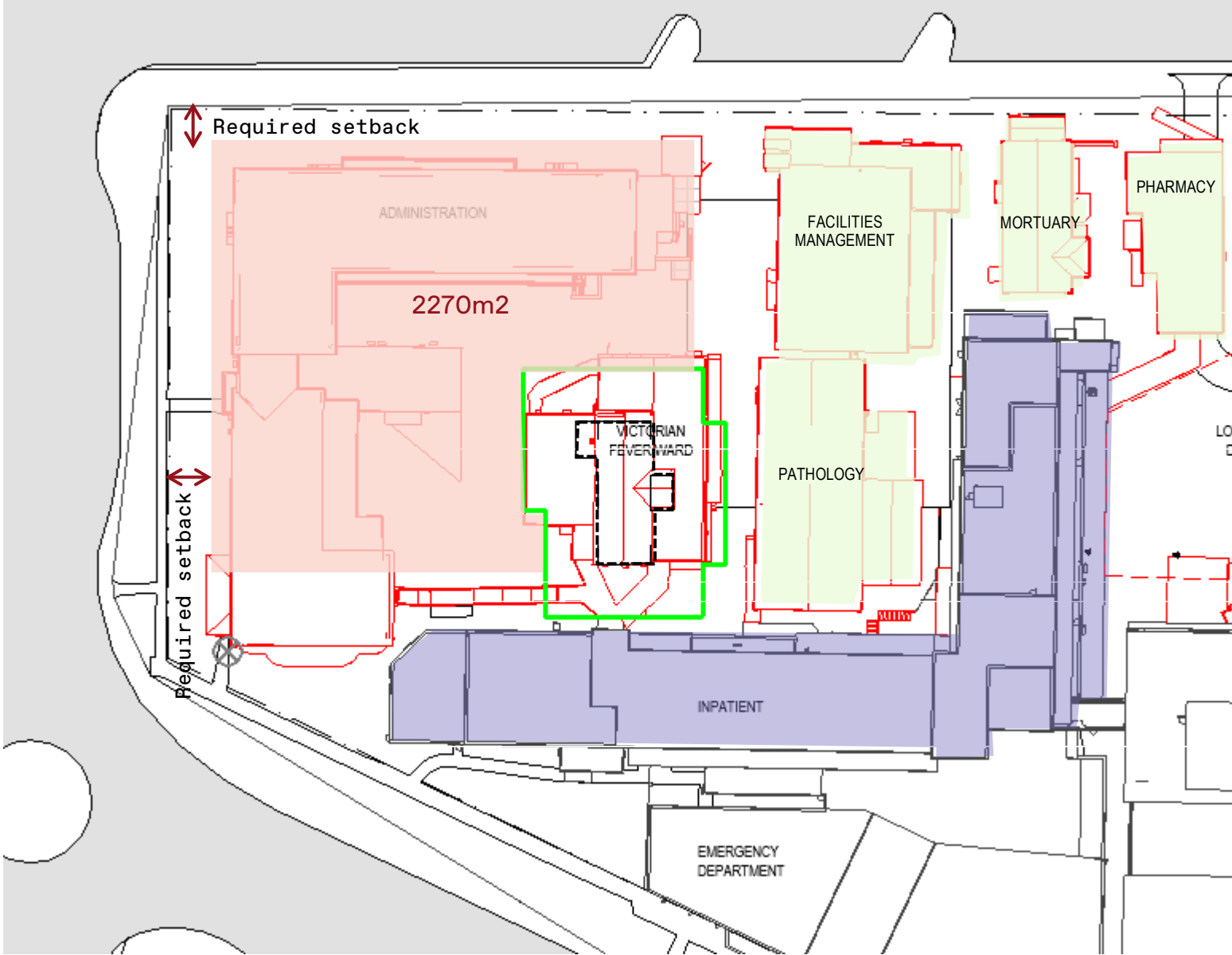
——— Minimum offset for fire separation to new structure (6m)







# Fever Ward Footprint Study


Available footprint of site with retained Fever Ward and required offsets for fire separation = 2270m<sup>2</sup>

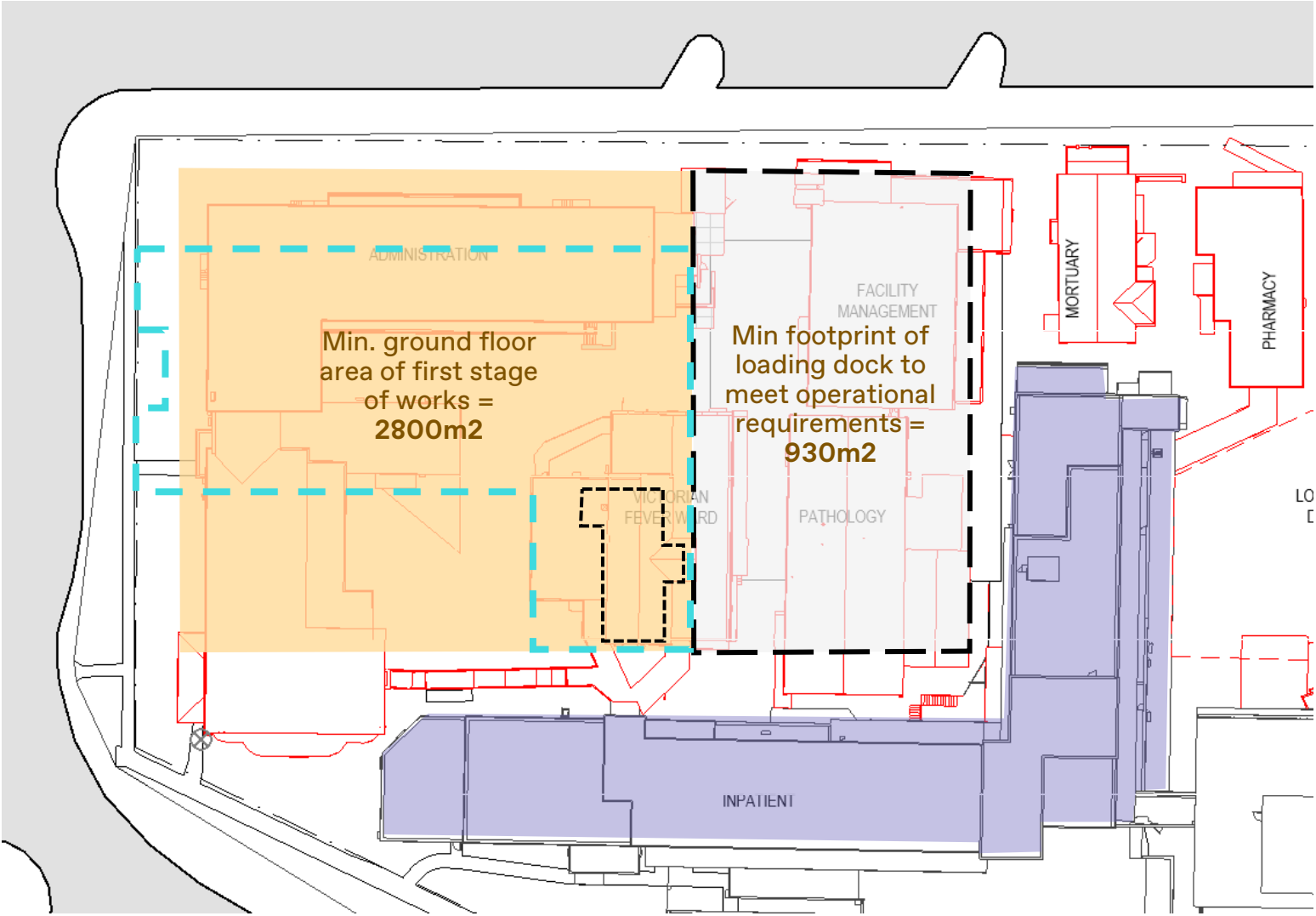


# Minimum Footprint to achieve CSP

 Minimum required footprint of ground floor area of first stage of works to achieve Clinical Services Plan (CSP) recommendations = 2800m<sup>2</sup>

 Extent of footprint for IPU accommodation on upper levels to achieve Clinical Services Plan recommendations (note location on site boundary)

 Minimum footprint of loading dock to allow for operational requirements of CSP, following the staged removal of existing buildings (i.e. pathology, facilities management) = 930m<sup>2</sup>



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Appendix B

# Letter of Advice

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13 October 2022

Gordon Barlow  
Project Manager  
Mace Australia Pty Ltd  
[gordon.barlow@macegroup.com](mailto:gordon.barlow@macegroup.com)

**Re: Manning Base Hospital - Impacts to existing heritage items - Letter of heritage advice**

Dear Gordon,

Mace Australia Pty Ltd (Mace) on behalf of Health Infrastructure NSW has proposed the Manning Base Development Stage 2 (the project) that involves the expansion and refurbishment of Manning Base Hospital (MBH) in Taree, NSW (the development). EMM Consulting Pty Ltd (EMM) have previously prepared the final heritage report for the REF/Part 5 Assessment (25 February 2022).

Mace have received the Secretary's Environmental Assessment Requirements (SEARs) for the development. Item 20 relates to Environmental Heritage and states:

Where there is potential for direct or indirect impacts on the heritage significance of environmental heritage, provide a statement of heritage impact and archaeological assessment (if potential impacts to archaeological resources are identified), prepared in accordance with the relevant guidelines, which assesses any impacts and outlines measures to ensure they are minimised and mitigated.

MBH is listed in the Department of Health (DoH) Section 170 register (s.170) with the campus that includes 17 buildings of varying periods of construction and significant, one of which has been listed as an item of local significance listed in under Schedule 5 of the Greater Taree Local Environmental Plan 2010 (GTLEP) being item 154 'Hospital outbuilding, former Dwelling' (item 154). In conjunction, several other items of local heritage significance are located in close proximity to MBH.

Mace have requested that EMM prepare this letter of heritage advice (LOA) to extrapolate on the potential heritage impacts to item 154 and all other identified environmental heritage in close proximity to MBH and the location of the development.

This letter has been prepared in accordance with the relevant government assessment requirements, guidelines and policies including the principles of *The Australian International Council on Monuments and Sites, Charter for Places of Cultural Significance* (also known as the *Burra Charter*, Australia ICOMOS 2013) and the New South Wales (NSW) *Heritage Manual* (Heritage Office 1996 with regular additions).



# 1 Heritage status

## 1.1 Identifying listed heritage items

## 1.2 Manning Base Hospital

MBH and its associated lot, buildings, structures and elements are not listed collectively as items of heritage significance in the World Heritage List, Commonwealth Heritage List, National Heritage List or the State Heritage Register.

One building, located at the eastern extent of the MBH site is listed as an item of local heritage significance in Schedule 5 of the Greater Taree Local Environmental Plan 2010 (GTLEP) as item 154 (I54) *'Hospital outbuilding, former dwelling'* (Plate 1.2). This listing focuses specifically on the subject building described as 'Brick and corrugated iron cottage of asymmetrical form' (SHI Online DB: 1660054); however minimal information of the building's association with MBH is provided, and a statement of significance is omitted.

The subject site is not located in a conservation area listed in Schedule 5 of the GTLEP.

The Department of Health s.170 register includes a listing for *'Manning River Hospital'* (SHI Online DB: 3540286). The listing has minimal information and does not include an illustrated curtilage; however the address listed is York, High, Commerce and Garstang streets, indicating that the listing is referring to the whole of the subject site. The statement of significance describes the site as being part of the original land grant to William Wynter in 1839. The physical description of the listing refers to an individual building; a 'Brick building on concrete foundations, a frontage of 142 feet and accommodation for 24 beds' constructed in 1887-1888, designed by 'Mr. Bolster' and built by 'John Rye'. This description is likely to refer to the original hospital building that has been previously demolished.

No other local heritage listings for the site or other individual buildings are listed in the SHI.

## 1.3 Neighbouring items of significance

MBH is located near to a number of items of predominantly local heritage significance, outside the hospital lot. Identifying these items will assist in defining any potential indirect impacts due to the proposed development.

The subject site is located approximately 350–500 m south-west of the SHR listed item 01264 'Taree Railway Station group' (SHI Online DB: 5012240) that is also listed in Schedule 5 of the GTLEP as item 166 (I166) *'Railway station and railway yards'*.

Table 1.1 lists the items of local heritage significance that are located within 500 m of the subject site, as identified and described in the GTLEP. The items are spatially depicted on Plate 1.1.

**Table 1.1** Nearby items of local heritage significance - GTLEP

Item No.	Item name	Property/location	Significance
C2	<i>Conservation Area—Albert Street</i>	The area around Albert Street bounded and hatched in red on the heritage map and labelled C2 (Heritage Map - Sheet HER_015G – GTLEP)	Local
I113	<i>St Pauls Presbyterian Church</i>	64–74 Albert Street (Section 13, Lot 11, DP 50231)	Local

**Table 1.1** Nearby items of local heritage significance - GTLEP

<b>Item No.</b>	<b>Item name</b>	<b>Property/location</b>	<b>Significance</b>
I114	<i>Former Catholic Church and Hall, "Our Lady of the Rosary"</i>	71–77 Albert Street (Section 8, Lot 20, DP 50231)	Local
I115	<i>Catholic Church</i>	71–77 Albert Street (Section 8, Lots 18 and 19, DP 50231)	Local
I116	<i>Catholic Presbytery</i>	71–77 Albert Street (Lots 18 and 19, DP 50231)	Local
I117	<i>Courthouse</i>	83–87 Albert Street (Lots 21–23, DP 50231)	Local
I118	<i>Dwelling</i>	90 Albert Street (Lot 5, DP 369872)	Local
I122	<i>Dwelling</i>	21 Commerce Street (Lot 5, DP 17563)	Local
I123	<i>Dwelling</i>	25 Commerce Street (Lot 3, DP 17563)	Local
I124	<i>Dwelling</i>	27 Commerce Street (Lot 2, DP 17563)	Local
I125	<i>Dwelling</i>	32 Commerce Street (Lot 2, DP 102768)	Local
I126	<i>Dwelling</i>	34 Commerce Street (Lot 30, DP 24986)	Local
I127	<i>Dwelling</i>	36 Commerce Street (Lot 29, DP 377088)	Local
I128	<i>Dwelling, former Blood Bank and former Tinonee Royal Hotel</i>	39 Commerce Street (Lot 14, DP 368188)	Local
I129	<i>Dwelling</i>	63 Commerce Street (Lot 36, DP 381925)	Local
I130	<i>Street trees, Cornwall Street (established Brush Box trees)</i>	Cornwall Street, between Manning Street and Commerce Street (Road reserve)	Local
I131	<i>Dwelling</i>	103 Cornwall Street (Lot 1, DP 530663)	Local
I132	<i>Dwelling</i>	105 Cornwall Street (Lot 27A, DP 417907)	Local
I133	<i>Dwelling</i>	103 Cornwall Street (Lot 26, DP 417906)	Local
I134	<i>Dwelling</i>	117 Cornwall Street (Lot 211, DP 522895)	Local
I135	<i>Dwelling</i>	119 Cornwall Street (Lot 1, DP 358884)	Local
I141	<i>Dwelling</i>	40 Flett Street (Lot B, DP 348574)	Local
I151	<i>Dwelling</i>	77 High Street (Lot A, DP 317452)	Local
I152	<i>Dwelling</i>	81 High Street (Section 23, Lot 13, DP 3933)	Local
I153	<i>Commercial building</i>	85 High Street (Lot 12, DP 409198)	Local
I155	<i>Dwelling</i>	94 High Street (Section A, Lot 6, DP 2564)	Local
I156	<i>Dwelling</i>	96 High Street (Section A, Lot 5, DP 2564)	Local
I162	<i>Shop, former Protestant Hall</i>	85 Manning Street (Lot B, DP 350762)	Local
I163	<i>Dwelling</i>	134 Manning Street (Lot 24, DP 554752)	Local
I166	<i>Railway station and railway yards</i>	Olympia Street (Lot 2, DP 1010244 and Lot 1, DP 1010244)	Local

**Table 1.1** Nearby items of local heritage significance - GTLEP

Item No.	Item name	Property/location	Significance
I168	Dwelling	58 Pulteney Street (Lot 13, DP 20699)	Local
I169	Fire station and residence	75 Pulteney Street (Section B, Lot 1, DP 2564)	Local
I170	Dwelling	77 Pulteney Street (Section B, Lot 2, DP 2564)	Local
I213	Dwelling	63 Wynter Street (Section B, Lot 12, DP 2564)	Local
I214	Dwelling	70 Wynter Street (Lot 12, DP 394205)	Local
I215	Dwelling	96 Wynter Street (Lot 62, DP 570185)	Local
I216	Dwelling	14 York Street (Lot 2, DP 790941)	Local
I217	Dwelling	16 York Street (Lot 1, DP 790941)	Local



**Plate 1.1** Heritage Map - Sheet HER\_015G with 5 km radius (blue ring) in relation to the subject site. Source: GTLEP 2014.

### 1.4 Key heritage items near to MBH

The following items of local heritage significance as per the GTLEP are in close proximity to MBH have been identified in this letter as being the most likely to be potentially impacted by the proposed development. Impacts to these items will be addresses in this letter, along with item 154, located in the MBH site. Refer to Plate 1.2 for the GTLEP heritage mapping that illustrates the location of these items in relation to MBH.

**Table 1.2 Key Heritage Items in close proximity to MBH - GTLEP**

Item No.	Item name	Property/location	Significance
I128	<i>Dwelling, former Blood Bank and former Tinonee Royal Hotel</i>	39 Commerce Street (Lot 14, DP 368188) Located approximately 35 m to the north-west of MBH (from north-west corner)	Local
I153	<i>Commercial building</i>	85 High Street (Lot 12, DP 409198) Located approximately 30 m to the north-east of MBH (from east corner)	Local
I155	<i>Dwelling</i>	94 High Street (Section A, Lot 6, DP 2564) Located approximately 30 m to the south of MBH (from south corner along High Street)	Local
I156	<i>Dwelling</i>	96 High Street (Section A, Lot 5, DP 2564) Located approximately 30 m to the south of MBH (from south corner along High Street)	Local



**Plate 1.2 Heritage Map - Sheet HER\_015G with the subject site (MBH) highlighted in blue and the key heritage items in close proximity to . Source: GTLEP 2014.**



## 2 Description of items

### 2.1 Hospital outbuilding, former dwelling (I154 GTLEP) (Building 11 Methadone Clinic)

The small brick cottage (I154 GTLEP) is the only identified item of local heritage significance in the site and is located to the north east of the site onto High Street, and adjacent to carparks located to the north and west of the building. The building is the only single, storey brick building of its kind at the hospital that was formerly a residence and acquired by the hospital in the late twentieth century. The building includes the following characteristics:

- the original single storey, red/orange brick cottage in stretcher bond that is both painted and unpainted in sections. The exterior of the original building includes:
  - a raised front verandah with a brick base, timber deck, awning with corrugated sheeting and timber balustrades corrugated awning;
  - a timber framed roof structure with corrugated sheeting of a recent date;
  - double hung, timber framed windows with intrusive protective screens applied to framing; and
  - several decorative external features including decorative dado moulding, timber gable boards, finials, rough rendered pediments, terracotta vents, window sill moulding and stone wall bases (Plate 2.1).
- a single storey extension has been added to the north of the building that appears to have been introduced in the late twentieth century. This section of the building includes a brick structure in stretcher bond, a small weatherboard side structure, timber framed awnings and roof structure with corrugated sheeting (Plate 2.2).

Based on its architectural characteristics, the building was likely constructed as a residence in the late Victorian to Federation period between c.1890-1915. The building is defined in the SHI listing as being one of three brick cottages located in prominent locations in Taree, constructed by an unknown local builder including numbers 81, 91 and 100 High Street.

The building is known to have functioned as an administration building in the 1970s to 1990s and currently operates as a drug and methadone store (Building 11).



**Plate 2.1** Roof structure, gable and upper section to south-east elevation of Building 11.



**Plate 2.2** Later addition and rear section of Building 11.

## 2.2 Dwelling, former Blood Bank and former Tinonee Royal Hotel (I128 GTLEP)

Item 128 is a single storey, weatherboard cottage with corrugated iron roofing, gables, finials, decorative bay window to the main elevation along Commerce Street and a rear skillion verandah and driveway accessed from York Street (Plate 2.3). The building appears to have been re-roofed and repainted in recent times and includes various external structural additions and extensions. The SHI listing for the item (SHI Online DB: 1660022) notes the building is known as the Former Royal Hotel that was historically located on Manchester Street in the township of Tinonee approximately 5 km to the south-west of Taree. It is unclear as to when the building was first constructed, when it was moved to Taree and when it changed to its current function as a 'The Heart Centre' (cardiologist's office and practice). This building is not managed by or associated with MBH.



**Plate 2.3** Item 128, Dwelling, 'former Blood Bank and former Tinonee Royal Hotel' Source: Google Maps.

## 2.3 Commercial building (I153 GTLEP)

Item 153 is a single storey, brick and cement rendered (stone patterned) building (Plate 2.4). The building exhibits prominent gable ends to street facing gables with decorative barge boards and finials. The SHI listing for the item (SHI Online DB: 1660053) notes that the building has been compromised by later additions including a brick awning introduced to the High Street elevation and rear extension to the rear of the building along Pulteney Street. The construction date of the building is unknown. The building currently functions as a furniture warehouse.





Plate 2.4 Item 153, Commercial building. Source: Google Maps.

## 2.4 Dwelling (I155 GTLEP)

Item 155 is a single storey weatherboard cottage with corrugated sheeted roofing, front awning to verandah with decorative posts, decorative gables and timber framed widows with window awnings (Plate 2.5). The SHI listing for the item (SHI Online DB: 1660056) notes that the building was likely constructed in the early twentieth century as a residence and forms part of a group of similar buildings with numbers 86, 96 (Item 156) and 100 located along High Street. The building currently functions as 'Nutritious Movement Exercise Physiology' (physiotherapists practice) and is not associated with the function of MBH.



Plate 2.5 Item 155, Dwelling. Source: Google Maps.

## 2.5 Dwelling (I156 GTLEP)

Item 156 is a single storey weatherboard cottage with corrugated roof sheeting and a front verandah enclosed with gridded panel screening (Plate 2.6). The SHI listing for the item (SHI Online DB: 1660057) notes that the building was likely constructed in the late nineteenth century, originally functioned as a residence forms part of a group of similar buildings with numbers 86, 94 (Item 155) and 100 located along High Street. The building currently functions as a residence.



Plate 2.6 Item 156, Dwelling. Source: Google Maps.

## 3 Heritage significance

### 3.1 Item 154 ‘Hospital outbuilding, former dwelling’

The SHI listing for item 154 ‘Hospital outbuilding, former dwelling’ (SHI Online DB: 1660054) does not include a statement of significance. The listing includes the following assessment of significance:

Table 3.1 Assessment of significance - Item 154 GTLEP

SHR Criteria	Description
(a) Historic significance	Associated with a Taree builder who built a small number of brick houses in Taree. <b>Local Significance</b>
(b) Associative significance	Does not fulfill this criterion for local or state significance.
(c) Aesthetic significance	Part of a group of three brick Federation style houses rare and in prominent location within Taree. <b>Local Significance</b>



**Table 3.1**      **Assessment of significance - Item 154 GTLEP**

SHR Criteria	Description
(d) Social significance	Associated with better class of dwelling at the beginning of the twentieth century. <b>Local Significance</b>
e) Research potential	Offers example to study building technology of the period. <b>Local Significance</b>
(f) Rarity	Does not fulfill this criterion for local or state significance.
(g) Representativeness	Does not fulfill this criterion for local or state significance.
Integrity/Intactness:	Not noted.

### 3.2      **Item 128 ‘Dwelling, former Blood Bank and former Tinonee Royal Hotel’**

The SHI listing for item 128 ‘Dwelling, former Blood Bank and former Tinonee Royal Hotel’ (SHI Online DB: 1660022) does not include a statement of significance. The listing includes the following assessment of significance:

**Table 3.2**      **Assessment of significance - Item 128 GTLEP**

SHR Criteria	Description
(a) Historic significance	Good example of timber hotel of which few remain. <b>Local Significance</b>
(b) Associative significance	Does not fulfill this criterion for local or state significance.
c) Aesthetic significance	Vertical slab construction at rear indicates early construction method. <b>Local Significance</b>
(d) Social significance	Possibly significant for Tinonee residents. <b>Local Significance</b>
e) Research potential	Does not fulfill this criterion for local or state significance.
(f) Rarity	Does not fulfill this criterion for local or state significance.
(g) Representativeness	Does not fulfill this criterion for local or state significance.
Integrity/Intactness:	Unsympathetic garage addition at rear. Compressed sheet material in places compromises.

### 3.3      **Item 153 ‘Commercial building’**

The SHI listing for item 153 ‘Commercial building’ (SHI Online DB: 1660053) does not include a statement of significance. The listing includes the following assessment of significance:

**Table 3.3**      **Assessment of significance - Item 153 GTLEP**

SHR Criteria	Description
(a) Historic significance	Mixture of styles. <b>Local Significance</b>

**Table 3.3**      **Assessment of significance - Item 153 GTLEP**

<b>SHR Criteria</b>	<b>Description</b>
(b) Associative significance	Does not fulfill this criterion for local or state significance.
c) Aesthetic significance	Compromised by additions.
(d) Social significance	Does not fulfill this criterion for local or state significance.
e) Research potential	Does not fulfill this criterion for local or state significance.
(f) Rarity	Does not fulfill this criterion for local or state significance.
(g) Representativeness	Does not fulfill this criterion for local or state significance.
Integrity/Intactness:	Not noted.

### 3.4      **Item 155 ‘Dwelling’**

The SHI listing for item 155 ‘Dwelling’ (SHI Online DB: 1660056) does not include a statement of significance. The listing includes the following assessment of significance:

**Table 3.4**      **Assessment of significance - Item 155 GTLEP**

<b>SHR Criteria</b>	<b>Description</b>
(a) Historic significance	Associated with development of town at the time of the railway. <b>Local Significance</b>
(b) Associative significance	Does not fulfill this criterion for local or state significance.
c) Aesthetic significance	Forms part of a group of no.s 86, 96 and 100 High Street. <b>Local Significance</b>
(d) Social significance	Representative of standard of dwelling in early part of 20th century. <b>Local Significance</b>
e) Research potential	Has little value for scientific research.
(f) Rarity	Does not fulfill this criterion for local or state significance.
(g) Representativeness	Does not fulfill this criterion for local or state significance.
Integrity/Intactness:	Not noted.

### 3.5      **Item 156 ‘Dwelling’**

The SHI listing for item 156 ‘Dwelling’ (SHI Online DB: 1660057) does not include a statement of significance. The listing includes the following assessment of significance:

**Table 3.5**      **Assessment of significance - Item 156 GTLEP**

<b>SHR Criteria</b>	<b>Description</b>
(a) Historic significance	Associated with development of Taree in early 20th century

**Table 3.5**      **Assessment of significance - Item 156 GTLEP**

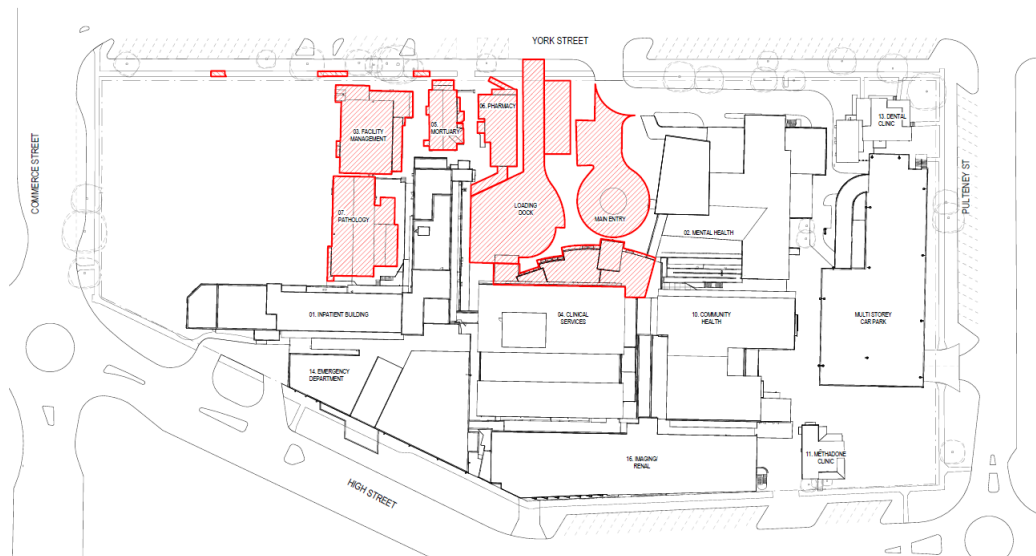
SHR Criteria	Description
	<b>Local Significance</b>
(b) Associative significance	Does not fulfill this criterion for local or state significance.
(c) Aesthetic significance	Part of a group of similar style buildings and terminates view along High St at bend <b>Local Significance</b>
(d) Social significance	Typical of town houses in late 19th century <b>Local Significance</b>
(e) Research potential	Offers opportunity to study early timber building techniques <b>Local Significance</b>
(f) Rarity	Does not fulfill this criterion for local or state significance.
(g) Representativeness	Does not fulfill this criterion for local or state significance.
Integrity/Intactness:	Not noted.

## 4 Proposed development

### 4.1 Proposed works

Preliminary architectural drawings have been prepared by BVN Architects (BVN) dated 15 September 2022. The proposed works include clearance of the north eastern portion of the Hospital site to enable remediation and service infrastructure upgrade works required by the Hospital. The proposed works include:

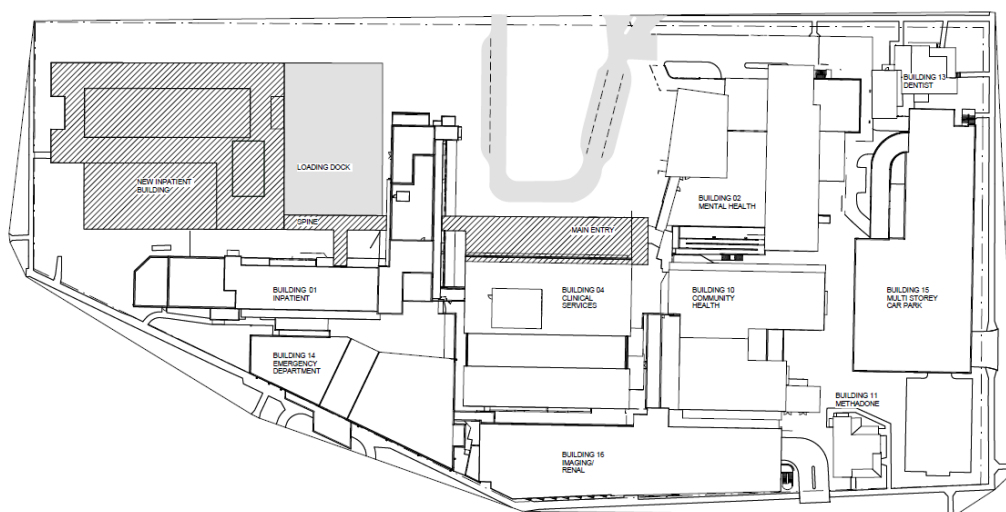
- the demolition of seven (7) existing buildings to the north-west of the hospital site (refer to Plate 4.1) being:
  - Building 03 – Facility Management
  - Building 05 – Mortuary
  - Building 06 – Pharmacy
  - Building 07 – Pathology
- the demolition of the current main entry structure to Building 04 – Clinical Services.



**Plate 4.1** Site plan of proposed masterplan demolition works. Source: BNV

- the potential construction of the following buildings and built elements to the north and north-west of the site (refer to Plate 4.2):
  - a seven storey inpatient building and podium that will also include a back of house, front of house, pathology, pharmacy and mortuary and a new loading dock;
  - community 'spine' to the north-west of the site; and
  - a new main entry to Building 04.
- a new entry/drop-off roadway access from York Street and to the north of Building 04; and
- landscaping including pathways and plantings surrounding new structures.

The materially, defined form and internal layout has not been presented in the provided documentation and would be developed further in later stages of the project development.



**Plate 4.2** Site plan of proposed potential construction works. Source: BNV



## 5 Impact assessment

### 5.1 Assessment guidelines

This assessment of heritage impact has been conducted with reference to the following relevant assessment questions identified in the Heritage NSW guidelines for the preparation of a statements of heritage impact (NSW Heritage Office 2002) for:

#### New development adjacent to a heritage item

- How is the impact of the new development on the heritage significance of the item or area to be minimised?
- Why is the new development required to be adjacent to a heritage item?
- How does the curtilage allowed around the heritage item contribute to the retention of its heritage significance?
- How does the new development affect views to, and from, the heritage item? What has been done to minimise negative effects? Will the additions visually dominate the heritage item? How has this been minimised? Will the public, and users of the item, still be able to view and appreciate its significance?
- Is the new development sympathetic to the heritage item? In what way (e.g. form, siting, proportions, design)?

The following assessment of the degree of impacts listed in Table 5.1 has been developed to provide a systematic assessment method, with reference to the levels of grading identified by Gojak (2015).

**Table 5.1** Impact assessment gradings

Impact Grading	Impact type
Major	Impacts that substantially affects fabric or values of State significance. Visual impacts will substantially affect the significance and the setting of the item.
Moderate	Impacts that cause irreversible loss of fabric or values of local significance; minor impacts on State significance. Visual impacts will affect the significance and the setting of the item but can be ameliorated through active management.
Minor	Impacts that cause reversible loss of local significance fabric or where mitigation retrieves some value of significance; loss of fabric not of significance but which supports or buffers local significance values. Visual impacts may affect the significance and the setting of the item but can be ameliorated through active management.
Negligible	Negligible or no impacts (enhances access to understanding or conservation of fabric or values of State significance. Visual impacts to significance and setting will not be noticeable.
Minor positive	Impacts that enhance access to understanding or conservation of fabric or values of local significance. The enhancement of visual qualities and setting are a result of the design.
Major positive	Impacts that enhance access to understanding or conservation of fabric or values of State significance. The significant enhancement of visual qualities and setting are a result of the design.

## 5.2 Impact assessment

### 5.2.1 I154 - Hospital outbuilding, former dwelling (Building 11 Methadone Clinic)

Item 154 (Building 11) is located to the north-east corner of the MBH site, approximately 70 m to the south-east of the location of the proposed new main entry to Building 04 and approximately 150 m to the east of the proposed inpatient Building. No buildings or built elements are proposed near to Item 154. There would be no direct or indirect impacts to the form, fabric and current function off the building due to the proposed works.

In conjunction, Building 11 is a single storey building in proximity to buildings of a larger bulk and height to the west, north and south-west. Views to and from the proposed new buildings and built elements would be near fully or fully obstructed by the existing Community Health Centre, Clinical Services Building, and the IPU Building, all located to the north-west and west. Visual impacts would therefore be negligible.

Overall impacts due to the proposed development are negligible to Item 154.

### 5.2.2 I128 - Dwelling, former Blood Bank and former Tinonee Royal Hotel

Item 128 is located to the corner of York Street and Commerce Street (main frontage), adjacent to the western corner of the MBH site and the primary location of the proposed new inpatient building and loading dock area. Item 128 is not located in MBH and no buildings or built elements are proposed in close proximity to the item. The proposed development, particularly the inpatient building and loading dock area, do not pose direct impacts to the form, fabric and function of the building.

Item 128 is a single story building that may however be subject to visual impacts due to its proximity to the proposed development, particularly the proposed inpatient building. At this stage in, the proposed inpatient building's materiality and height is yet to be determined. The building will however include multiple storeys and occupy a large footprint to the western corner of MBH. Visual impacts are mitigated due to the following existing setting and landscape characteristics:

- there is an ample distance between item 128 and the western corner of MBH and the proposed inpatient building in the form of a series of physical and visual buffers that extend approximately 35 m providing an inherent visual buffer in the public domain;
  - approximately 6 m frontage between item 128 and York Street that includes a mature tree;
  - approximately 12 m width of York Street that includes an open parking area adjacent to the item 128 frontage;
  - approximately 11 m directly to the north-west of the MBH site, adjacent to York Street, that includes an open parking area, turfed area and footpath; and
  - approximately 6 m of landscaped area between the proposed inpatient building and existing open carparking;
- the former Nurse's Quarters building (Building 09) located to the western corner of MBH was constructed in the 1950s, and spans 3-4 storeys. Visual impacts to Item 128 as a result of this building were previously minor with no issues of over-shadowing; and
- The main frontage of Item 128 is to Commerce Street with the secondary elevation being along York Street where visual impacts would be most acute. In conjunction, later additions and non-significant fabric are predominantly located to the York Street elevation and rear of the building (also accessed from York Street).

Visual impacts may occur due to the future materiality of the proposed inpatient building, particularly to the building's north-west elevation facing the York Street elevation of item 128.

Using the former Building 09 as a precedent and with consideration of the inherent physical and visual buffers identified above, it is likely that visual impacts would be no greater than minor. As the materiality of the proposed inpatient building is yet to be defined, these impacts are to be determined however can be mitigated during the design process (refer to recommendations in Section 6.2 of this letter). This assessment may require review upon the completion of the finalised architectural documentation.

### 5.2.3 I153 - Commercial building

Item 153 is located approximately 30 m to the north-east of the MBH site, approximately 120 m to the east of the location of the proposed new main entry to Building 04 and approximately 220 m to the north-west of the proposed inpatient Building. No buildings or built elements are proposed near to Item 153. There would be no direct or indirect impacts to the form, fabric and current function off the building due to the proposed works.

Views to and from Item 153 and the proposed development are fully obstructed by the existing buildings at MBH. There would therefore be no visual impacts.

There would be no impacts to Item 153 due to the proposed development.

### 5.2.4 I155 - Dwelling and I156 - Dwelling

Items 155 and 156 are adjacent properties located approximately 30 m to the north-west of the MBH site, approximately 90 m to the south of the location of the proposed new main entry to Building 04 and approximately 90 m to the south-east of the proposed inpatient Building. No buildings or built elements are proposed near to items 155 and 156. There would be no direct or indirect impacts to the form, fabric and current function off both buildings due to the proposed works.

Views to and from items 155 and 156 and the proposed development would be near fully or fully obstructed by the existing buildings at MBH, in particular the 5 storey IPU Building and two storey Emergency Building to the north, adjacent to High Street. There would therefore be no visual impacts.

There would be no impacts to item 153 due to the proposed development.

## 6 Conclusion

### 6.1 Summary of impacts

The proposed development would have no impact on items 153, 155 and 156, largely due to their location outside the hospital site and significant distance away from the main development area to the west and north-west of the MBH site.

Overall impacts due to the proposed development are negligible to Item 154 (Building 11) as the item is located approximately 70 m to the south-east of the location of the proposed new main entry to Building 04 and approximately 150 m to the east of the proposed inpatient Building. Although Building 11 is located inside the MBH site, no proposed works associated with the development are to be located in proximity to the item. In conjunction, various recent construction works of a larger scale and contemporary materiality, particularly the multi-storey car parking buildings to the north and north-west, are in much closer proximity. These two buildings among others in the MBH would near fully or fully obstruct views to and from Building 11 and the main development area to the west and north-west.

Item 128 is located to the corner of York Street and Commerce Street and near to the main development area. No physical impacts have been identified due to the proposed development. Visual impacts may occur due to

the scale and materiality of the proposed inpatient building located to the western corner of the MBH site. Impacts are however likely to be no greater than minor, mitigated by the significant visual and physical buffer (approximately 35 m) between Item 128 and the location of the proposed inpatient building. The former multi-storey Building 09 also provides a precedent presenting only minor visual impacts. Note that a finalised design for the proposed inpatient building that details materiality, building height and bulk is yet to be prepared. The impact assessment for item 128 may require update upon completion of this documentation.

## 6.2 Recommendations

- the future design of the proposed inpatient building is to be conscious of visual impacts to item 128 in terms of:
  - **Materiality** - all proposed materials should consider solar reflectivity. A mix of materials including those that are glazed and opaque is recommended for all building surfaces so as to ensure that the aesthetic language and climatic impact of the new development is better managed in terms of the surrounding development, notably item 128;
  - **Building height** – the proposed inpatient building is to be of a height that would not visually dominate the streetscape as viewed from York Street and the public areas; and
  - **Bulk** – the future design of the proposed inpatient building is to avoid large, bulky elevations, particularly to the north-west elevation (facing York Street) as well as the extensive use of a single material.

Yours sincerely



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