



*“Preserving Our Past
For The Future”*

SEH MOVABLE
HERITAGE POLICY

July 2001



South East Health
South Eastern Sydney Area Health Service

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For The Future”*

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Acknowledgments

This paper has been prepared by the Health Heritage Preservation Committee, South East Health.

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Table of Contents

FOREWORD

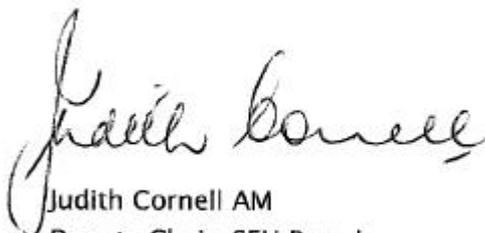
EXECUTIVE SUMMARY AND RECOMMENDATIONS

1. INTRODUCTION.....	1
2. POLICY BACKGROUND FOR HERITAGE MANAGEMENT	2
3. PROFILE OF THE AREA	4
4. SEH AND HERITAGE MANAGEMENT	5
5. FRAMEWORK FOR MOVABLE HERITAGE MANAGEMENT IN SEH	7
5.1 STRUCTURES TO SUPPORT MOVABLE HERITAGE	7
5.2 GUIDELINES FOR THE MANAGEMENT OF MOVABLE HERITAGE.....	8
5.3 DOCUMENTATION OF AVAILABLE HERITAGE	9
5.3.1 Identification of Movable Health Heritage.....	9
5.3.2 Profiling and Assessment of Significance	9
5.3.3 Conservation.....	10
5.4 PHYSICAL MANAGEMENT AND PROCESSES	11
5.4.1 Retention of Heritage Items in Context	11
5.4.2 Ownership.....	11
5.4.3 Consultative Processes.....	12
5.4.4 Access.....	12
5.4.5 Archives.....	13
6. MONITORING AND REVIEW ARRANGEMENTS.....	15
6.1 REVIEW OF POLICY.....	15
7. BIBLIOGRAPHY	16
APPENDIX A: MOVABLE HERITAGE PRINCIPLES: NSW HERITAGE OFFICE.....	17
APPENDIX B: THE BURRA CHARTER (REVISED NOVEMBER 1999).....	19
APPENDIX C: A SHORT HISTORY OF PRIMROSE HOUSE	23
APPENDIX D: BRIEF SYNOPSIS OF NAME CHANGES TO FACILITIES IN THE AREA.....	24
APPENDIX E: HEALTH HERITAGE PRESERVATION COMMITTEE	25
APPENDIX F: AUDIT TOOL AND SUMMARY OF RESULTS.....	26
APPENDIX G: ORGANISATIONS AVAILABLE FOR ASSISTANCE WITH RESEARCH, MANAGEMENT AND DOCUMENTATION OF MOVABLE HERITAGE.....	29
APPENDIX H: BOOKS AND ARTICLES RELEVANT TO LOCAL HEALTH HISTORY	30

FOREWORD

It has often been said that the past provides shape for the future and that we can learn much from the past. If this is indeed so, then this policy will do much to recognise the pioneering work of many past health professionals and their contribution to the quality of today's high standard of patient care. Our health heritage provides valuable historical information about the nature of the work, the conditions in which that work was carried out and in many instances provides information that gives a glimpse of the experiences of patients.

This policy fills a void for the custodians of our valuable heritage and its timely release in this year of the Centenary of Federation is a tribute to not only the committee who have overseen its preparation, but in particular to Megan Hicks from the Powerhouse Museum and the four analysts who have each made a unique contribution. My grateful thanks are recorded to Ann Ryan, Julia Kelly, Elizabeth Koff and Colleen Leathley all of whom have had to develop skills in the writing of policy in an unfamiliar discipline.



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Deputy Chair, SEH Board



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EXECUTIVE SUMMARY / RECOMMENDATIONS

Movable heritage refers to any natural or manufactured object of heritage significance¹. Within SEH, such items include but are not limited to hospital equipment, furniture, uniforms, photographs and other memorabilia. Because movable heritage is portable, it is easily sold, relocated or discarded during changes of ownership, fashion and use. For this reason, movable heritage is vulnerable to loss, damage, theft and dispersal, often before its heritage significance is appreciated.

The relationship between the heritage item and the history of the place or the site from which it has come is important and should be documented.

Healthcare has historical significance to the people of NSW. Movable heritage represents the lives and practices not only of the medical, nursing and administrative staff, but also those of the patients, visitors, ancillary staff and volunteers of the SEH, and of the communities and organisations that have supported its work.

To date, there has been no policy within South East Health or the NSW Department of Health that gives direction for the collection and upkeep or protection of these materials. The proposed policy outlines a framework for the Area-wide preservation and management of movable heritage. Through this co-ordinated approach the preservation of our health heritage in SEH can be assured.

KEY RECOMMENDATIONS OF THE POLICY:

Recommendation 1:

A Board sub-committee be formed which has Area-wide responsibility for the management of movable heritage across the Area

Recommendation 2:

Facilities nominate a committee responsible for the oversight and implementation of the movable heritage policy at a local level.

Recommendation 3:

Each facility establish a register of its movable heritage items. This should identify and record the location and storage of the items and collections, with a copy of the register being forwarded to the NSW Heritage Office as per Section 170 of the Heritage Act 1977.

¹ NSW Heritage Office

Recommendation 4:

Copies of the local registry be forwarded to the Area Heritage Committee to enable a central registry of movable heritage to be maintained.

Recommendation 5:

Profiling and assessment of the significance of movable heritage items be part of the documentation associated with the maintenance of movable heritage.

Recommendation 6:

The Management Committee / position responsible for each collection develop documentation including statements of significance and a collection and accessions policy with a catalogue relating to the objects in their collection.

Recommendation 7:

A conservation plan be developed by the custodians/owners of heritage items and collections.

Recommendation 8:

The ownership of existing collections be deemed to be vested in the management committee of that collection, or the facility committee appointed for the management of heritage. Where there is some doubt about the ownership of movable heritage items and they do not clearly belong to the facility or South East Health then they will be referred to the Area Health Heritage Committee.

Recommendation 9:

The custodians of movable heritage consult local museums and historical societies, professional organisations, health authorities and other relevant people and organisations for assistance with research, management and conservation of movable heritage.

Recommendation 10:

Collections and items be displayed, stored and documented in ways that enable ready access to those who may require it.

Recommendation 11:

All facilities or collections have a written policy and conditions of access to the collections and items.

Recommendation 12:

All South East Health archival material be conserved and any disposal be in accordance with the State Records Act 1998 and the General Disposal Authority –Public Health Services.

1. INTRODUCTION

Movable heritage refers to any natural or manufactured object of heritage significance. Within SEH such items include, but are not confined to, hospital equipment, furniture, uniforms, photographs and other memorabilia. They may exist as part of formal collections of heritage items, e.g. museums, or dispersed throughout an organisation. The significance of these items lies not in their monetary value but in their ability to embody the practices, achievements and culture of organisations and the values and memories of the communities that support them.

At present there is no policy within the Area Health Service or the NSW Department of Health that gives direction for the collection and upkeep or protection of these materials. SEH recognises the significance of these items as precursors in defining our current status as a health organisation and informing the operational practices. This policy outlines the framework for the Area wide preservation and management of movable heritage.

2. POLICY BACKGROUND FOR HERITAGE MANAGEMENT

Heritage items can be "landscapes, places, buildings, structures, relics, places or works. They are valued not simply because they are old, but because they are associated with phases of history, or people and events of great importance. They may be exceptional for their sensory qualities, they may give a community a sense of identity, or they may have the potential to inform us about our cultural history. They may be the best example of their kind or a rare survivor of their type."²

Movable heritage items are an integral part of the significance of heritage places and are related to people, such as communities, groups of workers, etc. Within the broad range of heritage items, movable heritage means reasonably portable items of historical or cultural significance that are not fixed to buildings or land.

Because movable heritage is portable, it is easily sold, relocated or discarded during changes of ownership, fashion and use. For this reason, movable heritage is vulnerable to loss, damage, theft and dispersal, often before its heritage significance is appreciated.

Healthcare has historical significance to the people of NSW. Movable heritage represents the lives and practices not only of the medical, nursing and administrative staff, but also those of the patients, visitors, ancillary staff and volunteers of SEH, and of the communities and organisations that have supported its work.

The 1977 Heritage Act NSW was amended in 1999, and these amendments affect state government agencies including NSW Health. Section 170 of the Act requires State government agencies to prepare heritage and conservation registers of the items they own or manage. The amendments require them to maintain their identified heritage items in accordance with the best practice heritage principles³. Heritage items to be maintained include items of movable heritage. Specific elements include:

- ❖ the conservation of heritage through the development of the community's understanding of heritage as an essential component of our culture,
- ❖ the promotion of and recognition of heritage as an integral part of managing environmental change,
- ❖ ensuring that State heritage is appropriately conserved.

² NSW Heritage Manual, 1996.

³ NSW Heritage Office, An Introduction to the Heritage Amendment Act, 1999.

The NSW Heritage Office conducted a forum in September 1999 to develop guidelines to assist Government instrumentalities with the preservation of movable heritage items. The principles (Appendix A) that were enunciated recognise the importance of:

- ❖ Researching, understanding and retaining the significance of movable heritage as an integral part of the heritage and cultural diversity of NSW
- ❖ Documenting provenance, physical context, associations and ownership and conserving movable heritage as part of our legacy to future generations
- ❖ Promoting the value of movable heritage items to the community through access, education and interpretation programs
- ❖ Managing movable heritage items and collections in their significant place and community context
- ❖ Recognising the role of private individuals and community custodians in caring for movable heritage; and
- ❖ Establishing partnerships between owners of movable heritage and the government, professional and community organisations which can assist them.

The *Burra Charter* also needs to be considered as it is the widely accepted reference document for heritage conservation standards in Australia. Evolving from the International Council on Monuments and Sites (ICOMOS), the *Burra Charter* provides guidance for the conservation and management of places of cultural significance (cultural heritage places), and is based on the knowledge and experience of Australia ICOMOS members⁴ (see Appendix B).

⁴ Australia ICOMOS, *The Burra Charter: The Australia ICOMOS Charter on Caring for Places of Cultural Significance*. 1997

3. PROFILE OF THE AREA

Prior to the establishment of the Area Health Service Act all the facilities that now comprise South East Health operated independently under the control of their own boards. The first change created the Southern and Eastern Sydney Area Health Services, however in August 1995 these were amalgamated to form the South Eastern Sydney Area Health Service, now known as South East Health (see Appendix C).

South East Health (SEH) extends from Sydney Harbour in the north through Botany Bay and Port Hacking to the Royal National Park in the south. The Area incorporates the Local Government Areas (LGAs) of Woollahra, Randwick, Botany, Waverley, Rockdale, Hurstville, Kogarah and Sutherland and part of South Sydney and Sydney LGAs. South East Health is in the unique situation of having within its geographical boundaries some of the first health facilities in Australia e.g. Sydney Hospital and St Vincent's Hospital, and the first hospital fully owned and operated by the NSW Government, Prince Henry Hospital.

Over the years there have been various other facilities that have been involved in the delivery of health services within this geographical area. A brief synopsis of the naming of these facilities is listed in Appendix D.

The current inpatient facilities include the principal referral hospitals – Prince of Wales/ Prince Henry, St George Hospital and St Vincent's Hospital; the specialised referral hospitals – Sydney Children's Hospital, Sydney / Sydney Eye Hospital and the Royal Hospital for Women; Sutherland Hospital, Calvary Hospital, War Memorial Hospital and the Garrawarra Centre for Aged Care. In addition there are various facilities, which deal with the delivery of community services and/or house administrative staff, including the Royal South Sydney Community Health Centre, the site which is under redevelopment, and Primrose House at Dolls Point

4. SEH AND HERITAGE MANAGEMENT

Within SEH, heritage and non-heritage buildings and real estate are managed via Total Asset Management with the assistance of a property register. Asset registers should flag heritage items. This approach adopts a whole of life approach to the management of assets covering all aspects of planning, delivery, ownership and disposal of assets. This property register does not encompass items of movable heritage.

The movable heritage items within SEH have significance to the facility where they are located, possibly the room or space, significance in the course of the history of the agency and State health policy and significance for the people of NSW, communities and other groups of people eg the staff who worked in health services and possibly patients.

At present there is no policy within the Area Health Service or the NSW Department of Health, which gives direction for the collection and upkeep or protection of movable heritage material. During early 2000 the threat of loss to several items of historical significance highlighted the absence of clear Area policy on the collection, maintenance and disposal of movable heritage items.

A Discussion paper on Health Heritage Preservation was presented to the SEH Board for approval. The paper recommended three priority issues:

- ❖ that there be an interim order advising Executive Directors that items may have heritage significance and should not be destroyed or redistributed,
- ❖ that a committee be established to develop an Area policy on the management of health heritage, and
- ❖ that an interim audit be undertaken to establish the location and extent of heritage collections and other significant items.

As a result of this, a Health Heritage Preservation Committee was established mid-2000 (see Appendix E). The committee included a Board member, Area representatives, nominees of facilities that have collections, the curator of the health and medicine collection at the Powerhouse Museum, representative/s from the local historical societies and community museums and local community representatives. The work of this committee is reflected in the production of this policy.

To ascertain the scope of movable heritage items across the Area an audit tool was developed. The audit tool survey sought information on whether sectors had a named collection; its location, display facilities, and space requirements; and whether it had researchers, a collection policy or other heritage items. A copy of the audit and a summary of the results are listed in Appendix F.

The historical materials/collections that are currently recognised as such in SEH facilities vary in nature and substance, however they all share the same basic difficulties:

- ❖ Space - accommodation for display and storage has traditionally been dependant on the goodwill of managers
- ❖ Collection Policies - few, if any, of the collections in existence in SEH have a clear direction for acquisition/disposal
- ❖ Management of the collections is variable and is almost entirely by volunteers, mostly retired health professionals.
- ❖ Access to the material is limited for all of the above reasons.
- ❖ Ownership of existing materials is questionable as many items have been "rescued" from destruction by vigilant and interested staff members. Some collections, particularly St George and Prince Henry Hospital have a considerable collection of donated items, particularly photographs and nursing records.
- ❖ Records and artefacts from closed and/or amalgamated facilities have been located at other facilities however their locations are not well known and access is not readily available.
- ❖ Collections currently appear to fall into one or more of the following categories:
 - Official collections (eg those kept in museums)
 - Unofficial collections (eg those kept in departments or individuals' offices)
 - Separate items of heritage significance (eg photographs, paintings, furniture etc).

5. FRAMEWORK FOR MOVABLE HERITAGE MANAGEMENT IN SEH

As stated, the Heritage Act NSW amendments of 1999 require State government agencies to prepare heritage and conservation registers of the items they own or manage.

To progress movable heritage management, SEH recognises the need for a movable heritage policy. The policy for heritage in the Area requires an organisational framework to support and assist individuals and facilities in movable heritage management and guidelines for the management of health heritage items/collections that recognise the value of the items and which provide assistance and encouragement to facilities in their management of collections.

Given the obligations of government instrumentalities to actively manage movable heritage it is essential that there is organisational structure to facilitate the process. As the SEH Board is the peak legal entity of the Area it is logical that the Board have responsibility for oversight of the movable heritage policy and implementation.

5.1 Structures To Support Movable Heritage

South East Health recognises the value of movable heritage collections and the need to develop policy that will assist in the management and preservation of its movable cultural heritage. South East Health is focusing on movable health heritage in line with its principle business of provision of health services

Whilst the Board subcommittee may have an overseeing role, the wide dispersal of heritage items across the Area necessitates a local management structure to oversee policy implementation and monitoring. This role may be taken up by an existing committee whose brief may be extended to incorporate the management of movable heritage, e.g. assets management committee or facility management committee.

Recommendation 1:

A Board sub-committee be formed which has Area-wide responsibility for the management of movable heritage across the Area.

Recommendation 2:

Facilities nominate a committee responsible for the oversight and implementation of the movable heritage policy at a local level.

Implementation of this policy rests with existing management committees where they are constituted, otherwise the Executive Director of the facility or his/her nominee will be the responsible officer.

5.2 Guidelines for the Management of Movable Heritage

The key dimensions of the movable heritage policy require the organisation to:

- ❖ Identify and record items and collections of movable heritage
- ❖ Retain heritage items in their significant place and context wherever possible and if this is not possible, retain the items in managed collections
- ❖ Research heritage items and collections and document their provenance, association and significance
- ❖ Recognise the value of contemporary health items and their potential to enhance collections of historical items
- ❖ Take steps to care for and conserve heritage items
- ❖ Promote the value of health heritage to the community by providing research opportunities, access (either physically or electronically), and interpretative programs such as displays and exhibitions.
- ❖ Provide clear directions re acquisition, disposal or retention of items *in situ*.

These dimensions are in accordance with the principles developed by the NSW Heritage Office in 1999 to assist government instrumentalities in the preservation of their movable heritage as outlined earlier and will form the basis of movable health heritage management in SEH.

The identification, collection, conservation, display and interpretation of movable health heritage items should always be considered within an ethical framework relating to the provision of access for the general community and for research opportunities. In the event that concern is expressed regarding the nature or use of collections, referral should be made to the Area Ethics Committee which has the role of considering issues arising from clinical practice and research in a broad medical, legal and moral context.

For the purposes of simplifying the management of movable heritage in SEH the dimensions are divided into two main categories: documentation of movable heritage, and physical management and processes relating to movable heritage.

5.3 Documentation of Available Heritage

5.3.1 Identification of Movable Health Heritage

The SEH heritage committee-commissioned audit, as described earlier, provided an indication of the scope or breadth of movable heritage items in the Area. Whilst providing an invaluable insight into the extent of the collection, it is by no means considered comprehensive or exhaustive.

For each facility in the Area it will be necessary to establish a register that records the identification and location of heritage items and collections. This register should be an evolving document that can be added to at any time, recognising that contemporary items also need to be preserved for their future value.

Recommendation 3:

Each facility establish a register of its movable heritage items. This should identify and record the location and storage of the items and collections, with a copy of the register being forwarded to the NSW Heritage Office as per Section 170 - Heritage Act 1977.

Recommendation 4:

Copies of the local registry be forwarded to the Area Heritage Committee to enable a central registry of movable heritage to be maintained.

5.3.2 Profiling and Assessment of Significance

Profiling of items includes researching history, recording provenance and associations with people and places, and assessing significance.

‘Significance’ means the historic, aesthetic, scientific and social values that an object or collection has for past, present and future generations.⁵

Each collection or item of movable heritage should have a ‘statement of significance’ so that it is clear to future generations why a particular item has been preserved. For the purposes of SEH, a single statement of significance may be sufficient for a whole collection, until such time as the individual items in the collection can be documented. This should give a description of the range of the collection, and note its highlights, strengths and relationship to places and people.

⁵ Heritage Collections Council. ‘A guide to assessing the significance of cultural heritage objects and collections’. Department of Communications, Information Technology and the Arts, Canberra, 2001.

Recommendation 5:

Profiling and assessment of the significance of movable heritage items be part of the documentation associated with the maintenance of movable heritage.

Recommendation 6:

The Management Committee / position responsible for each collection to develop documentation including statements of significance and a collection and accessions policy with a catalogue relating to the objects in their collection.

5.3.3 Conservation

Custodians of heritage items and collections should prepare a conservation management plan and follow its recommendations when storing or displaying items, and before making decisions on moving, disposing or restoring items and places.

For items that have been retained in the place where they belong, where possible the conservation management plan should be integrated with plans for the management of the places where they are situated. Such items can usually survive for long periods, as long as there is basic security, protection from pests and shelter from the elements. Items can be easily damaged through hasty and poorly planned actions. Maintenance, conservation or removal can be undertaken when the item's significance is understood.

For items in collections there are organisations and publications available that provide guidance in the development of conservation plans.

A special instance of movable heritage in health collections is pathology specimens. Often these have been collected over the years and used extensively for training purposes. Some of these specimens are undoubtedly unique and may be of extreme historical value and/or scientific value. Pathology specimen collections are particularly mentioned because they may be considered as active and still in use for teaching, or inactive when they are not being utilised as a teaching tool. Collections may become inactive if the institution is no longer teaching or has changed its service provision. All pathology collections should be catalogued with an interpretation of their historical perspective⁶. Guidance should be sought from experts regarding the management of pathology specimens. The UNSW Medical Faculty Pathology Museum should be contacted in the first instance for guidance.

Recommendation 7:

A conservation plan be developed by the custodians/owners of heritage items and collections.

⁶ Information received from Stephen Steigrad RHW.

5.4 Physical Management and Processes

5.4.1 Retention of Heritage Items in Context

Since movable heritage often derives significance from its relationship to place, it is important to retain movable heritage in its context wherever possible. A movable item can usually survive for long periods provided recommendations in the conservation management plan are carried out.

Where it is not possible to retain items in their significant place and context, they should be accessioned into managed collections, with documentation available so that it may be reinstated in the future. Custodians of collections should aim to adopt professional practices in the management of their collections.

Custodians of collections are encouraged to adopt professional practices in the management of their collections, which should include:

- ❖ a mission statement and collection policy (which includes acquisition, deaccession and disposal, retaining items *in situ*)
- ❖ the maintenance of an accessions register
- ❖ cataloguing and documentation of the objects in the collection and an assessment of their significance
- ❖ procedures for the management, conservation and the provision of access to the collection.

5.4.2 Ownership

There is confusion regarding the ownership of some of the items of movable heritage. Many of the items have been salvaged, rescued or donated by individuals who have been associated with the facility. Movable heritage items *in situ* are the property of the management committee. Whilst individuals may be in possession of these items because of their affiliation with the organisation, these items are ultimately the property of the management committee.

For the purposes of this policy, current ownership is deemed to be vested in the current management committees or individual collectors, however, where possible every attempt is to be made to develop supporting documentation including the recording of anecdotal evidence. All acquisitions following the promulgation of this policy must be adequately supported.

Recommendation 8:

The ownership of existing collections be deemed to be vested in the management committee of that collection, or the facility committee appointed for the management

of heritage. Where there is some doubt about the ownership of movable heritage items and they do not clearly belong to the facility or South East Health then they will be referred to the Area Health Heritage Committee.

5.4.3 Consultative Processes

Government, professional and community organisations are able to provide practical assistance in researching, managing and decision-making relating to heritage items, collections and museums.

Consultation is desirable when documenting the provenance and significance as it assists with researching the links to places, people, organisations and the history of services. There are many organisations and other resources that provide assistance with research, management and conservation, such as local museums, historical societies and the Heritage Council of NSW (see Appendices G and H).

Recommendation 9:

The custodians of movable heritage consult local museums and historical societies, professional organisations, health authorities and other relevant people and organisations for assistance with research, management and conservation of movable heritage.

5.4.4 Access

The heritage of health care in South East Health is important to the wider community and wherever possible access should be provided to items and collections of movable heritage. People who may benefit from access to movable heritage include researchers and scholars, schools, former and current patients and members of staff, as well as members of the general public.

It is envisaged that the implementation of this policy will assist in the promotion of the value of movable heritage to the community through improved and ready access, education and interpretation. It may also encourage interested staff within each facility to become involved with the preservation of movable heritage and also with the recognition of contemporary items that may be a welcome addition to the collections.

Access can take many forms. At the very least the registers of movable heritage at each of the facilities should not only be available to each of the other facilities, but should also be publicly available.

Physical access to items and collections is desirable and whenever possible custodians should provide access, even if this means only allowing access at strictly limited times or by appointment.

Interpretive and educative displays and exhibitions enhance access, as can interpretive leaflets and other publications. Digital technology –for example websites, CD-ROMs and downloadable documents – is another means by which access to movable heritage and interpretive information can be provided to a wide audience.

Recommendation 10:

Collections and items be displayed, stored and documented in ways that enable ready access to those who may require it.

Recommendation 11:

All facilities or collections have a written policy and conditions of access to the collections and items.

5.4.5 Archives

Archive collections do not fall into the category of movable heritage, however some of the collections of SEH incorporate records and so must be considered within this policy and the State Records Act 1998. This Act defines a State record as any record made and kept, or received and kept, by any persons in the course of the exercise of official functions in a public office, or for any purpose of a public office, or for the use of a public office.

Health records are a major source of personal health information in the public health system. It is therefore paramount that privacy issues are addressed. Records should be kept under adequate security and only removed from the public health organisation upon a court subpoena, statutory declaration, search warrant, coronial summons or order of the Director General.

Record disposal should take into account the type of information contained in the record and possible future demand for it as well as the needs of individual public health organisations. In particular the following should be considered: use of records for the client / patient care, medico legal purposes and research and teaching, archival value, provisions of the Evidence Act 1995 and the Statute of Limitations, available storage space and relevant provisions of the State Records Act 1998. Similar standards for maintaining privacy and security should be maintained for records in archival or

secondary storage as for records in current use⁷. Historical records should comply with this Act.

When a health facility closes, each responsible unit should create a file that includes details of records and documents destroyed, documents retained, documents transferred to other locations and the officers who undertook the closures. This information should be forwarded to the Area Committee. Australian Standard AS 4390 (set) provides information on Records management and Australian Standard AS 2828-1999 provides information on paper based health care records.

Under the State Records Act 1998, public health services are unable to destroy health-related records without the written approval of the State Records Office NSW or in accordance with an approved State Records General Disposal Authority. In order for public health services to dispose of patient /client records in the short term, the NSW Health Department in conjunction with the State Records Authority formulated the General Disposal Authority – Public Health Services: Patient / Client Records (GDA 5). This is the official authority for the disposal of patient and client records created by NSW public health services.

Recommendation 12:

All South East Health archival material be conserved and any disposal be in accordance with the State Records Act 1998 and the General Disposal Authority –Public Health Services.

⁷ NSW Department of Health, Circulars – procedures for health records.

6. MONITORING AND REVIEW ARRANGEMENTS

As noted, the local Heritage Committee is responsible for the implementation and monitoring of the movable heritage policy. This information should then be referred on to the Board Heritage Committee for ongoing monitoring.

A designated officer within each facility should be responsible for:

- ❖ keeping systematic records of the location of each movable heritage item and any subsequent relocation.
- ❖ recording the history of its collection, its conservation and any use in exhibitions (where applicable)
- ❖ keeping records of all inward and outward loans
- ❖ forwarding relevant information to the Area Committee.

In the event of changed circumstance (such as the redevelopment or closure of a facility) all items of movable heritage must be relocated in consultation with the Area committee. In the first instance, items specifically relevant to South East Health should be offered to other facilities or collections within the Area. In circumstances where it is necessary or appropriate to offer the item to another organisation, decisions about the relocation of items should be managed in consultation with relevant stakeholders.

There may be some circumstances where it is appropriate to reinstate items to their context by returning them to the community, a cultural group or individual where such persons have a claim to ownership. In general terms, items of movable heritage will not be given/assigned/lent/sold to an individual or private group without appropriate consultation.

Recommendation 13:

Items of movable heritage not be given/assigned/lent/sold to an individual or private group without appropriate consultation.

6.1 Review of Policy

This policy will be reviewed on an annual basis or as required.

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APPENDICES

Appendix A: Movable Heritage Principles: NSW Heritage Office

- 1. Movable heritage relates to places and people.**
Movable heritage exists in a variety of contexts in addition to museum, library and archive collections. It may be associated with places, regions, people and communities. It is often best to care for items in this context.
- 2. Educating the community about how to identify and manage movable heritage assist in conserve items and collections.**
Community education is an effective way to protect movable heritage in the long term. Private owners and community custodians have information and knowledge about movable heritage and why it is important. Communities need to be involved in managing and interpreting their cultural material.
- 3. Assess the heritage significance of movable items and collections before making decisions on managing them.**
Decisions on managing movable heritage, including acquisition, should be based on their significance, including relationships to places and people. The wishes of private owners and community custodians should also guide decisions.
Where relevant, conservation management plans should include policies that integrate the management of heritage places and their significant items.
- 4. Recognise the significance of indigenous movable heritage to indigenous communities and its unique role in cultural maintenance, cultural renewal and community esteem.**
It is important to respect indigenous intellectual property rights and the cultural traditions of indigenous people, including cultural restrictions.
Consult with the relevant community and key indigenous bodies and use their advice to guide decisions on identifying and managing movable heritage, including access and interpretation.
- 5. Retain movable heritage within its relationship to places and people, unless there is no prudent or feasible alternative to its removal.**
Movable heritage often derives significance from its relationship to a region, building or site. Removing items from a place can diminish or damage the significance of both the items and the place. Explore opportunities for conserving movable heritage in its context where this is possible.
- 6. Remove movable heritage from its relationship to places and people only where the items and collections are under threat and this is the only means of safeguarding or investigating significance.**
Moving items and collections may alter or diminish significance and cause damage. However, it may not always be possible, practical or desirable to retain movable heritage

in its context. It may be necessary for the cultural custodian to relocate the items and collections for cultural reasons or to remove them for research. It may be necessary to remove them temporarily for conservation treatment, exhibition or during works to a building site. Minimise the impact on heritage significance if moving items.

7. Provide community access to movable heritage and encourage interpretation.

Community access to movable heritage is important because it helps people to understand and maintain cultural traditions and practices. It also encourages the conservation of significant movable items. Interpret movable heritage and places and educate people to understand uses, functions, community history and cultural practices.

8. Document movable heritage.

Documentation includes reasserting history, assessing significance, recording provenance, physical context, associations with a building, site, region or community and the history of conservation and exhibition. Documenting items and collections can assist in exploring conservation options to return or reinstate movable heritage to places or people should circumstances change. Keep systematic records of the subsequent location of items both with the site or building records and with the items and collections themselves.

9. Acquire movable heritage where there is no alternative to removal, where this serves clearly defined collecting policies.

Organisations acquiring items and collections should identify their collecting intentions in co-operation with other bodies in their region. Where possible, movable heritage should form part of a collection that can be interpreted to promote an understanding of its significant place and community associations.

10. Reinstate or return items and collections to places and people when circumstances change.

It is important to consider the heritage significance of items and collections before making a decision about moving, relocating, and returning collections to their significant context. Relevant community and cultural groups should inform such a decision.

Appendix B: The Burra Charter (Revised November 1999)⁸

Considering the International Charter for the Conservation and Restoration of Monuments and Sites (Venice 1964), and the Resolutions of the 5th General Assembly of the International Council on Monuments and Sites (ICOMOS) (Moscow 1978), the Burra Charter was adopted by Australia ICOMOS (the Australian National Committee of ICOMOS) on 19 August 1979 at Burra, South Australia. Revisions were adopted on 23 February 1981, 23 April 1988 and 26 November 1999.

The Burra Charter provides guidance for the conservation and management of places of cultural significance (cultural heritage places), and is based on the knowledge and experience of Australia ICOMOS members. It 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 Charter should be read as a whole. Many articles are interdependent. Articles in the Conservation Principles section are often further developed in the Conservation Processes and Conservation Practice sections. Headings have been included for ease of reading but do not form part of the Charter.

The Charter can be applied to all types of places of cultural significance including natural, indigenous and historic places with cultural values. The standards of other organisations may also be relevant. These include the Australian Natural Heritage Charter and the Draft Guidelines for the Protection, Management and Use of Aboriginal and Torres Strait Islander Cultural Heritage Places.

Article 1. Definitions
Article 2. Conservation and management
2.1 <i>Places of cultural significance</i> should be conserved.
2.2 The aim of <i>conservation</i> is to retain the <i>cultural significance</i> of a <i>place</i> .
2.3 <i>Conservation</i> is an integral part of good management of <i>places of cultural significance</i> .
2.4 <i>Places of cultural significance</i> should be safeguarded and not put at risk or left in a vulnerable state.
Article 3. Cautious approach
3.1 <i>Conservation</i> is based on a respect for the existing <i>fabric, use, associations</i> and <i>meanings</i> . It requires a cautious approach of changing as much as necessary but as little as possible.
3.2 Changes to a <i>place</i> should not distort the physical or other evidence it provides, nor be based on conjecture.
Article 4. Knowledge, skills and techniques
4.1 <i>Conservation</i> should make use of all the knowledge, skills and disciplines which can contribute to the study and care of the <i>place</i> .
4.2 Traditional techniques and materials are preferred for the <i>conservation</i> of significant <i>fabric</i> . In some circumstances modern techniques and materials which offer substantial conservation benefits may be appropriate.
Article 5. Values
5.1 <i>Conservation</i> of a <i>place</i> should identify and take into consideration all aspects of cultural and natural significance without unwarranted emphasis on any one value at the expense of others.

⁸ Taken from Museums of Queensland website: <http://www.maq.org.au/publications/resources/moving.htm>

<p>5.2 Relative degrees of <i>cultural significance</i> may lead to different <i>conservation</i> actions at a place.</p>
<p>Article 6. Burra Charter Process</p> <p>6.1 The <i>cultural significance</i> of a <i>place</i> and other issues affecting its future are best understood by a sequence of collecting and analysing information before making decisions. Understanding cultural significance comes first, then development of policy and finally management of the place in accordance with the policy.</p>
<p>6.2 The policy for managing a <i>place</i> must be based on an understanding of its <i>cultural significance</i> .</p>
<p>6.3 Policy development should also include consideration of other factors affecting the future of a <i>place</i> such as the owner's needs, resources, external constraints and its physical condition.</p>
<p>Article 7. Use</p> <p>7.1 Where the <i>use</i> of a <i>place</i> is of <i>cultural significance</i> it should be retained.</p>
<p>7.2 A <i>place</i> should have a <i>compatible use</i> .</p>
<p>Article 8. Setting</p> <p><i>Conservation</i> requires the retention of an appropriate visual <i>setting</i> and other relationships that contribute to the <i>cultural significance</i> of the <i>place</i>. New construction, demolition, intrusions or other changes which would adversely affect the setting or relationships are not appropriate.</p>
<p>Article 9. Location</p> <p>9.1 The physical location of a <i>place</i> is part of its <i>cultural significance</i> . A building, work or other component of a place should remain in its historical location. Relocation is generally unacceptable unless this is the sole practical means of ensuring its survival.</p>
<p>9.2 Some buildings, works or other components of <i>places</i> were designed to be readily removable or already have a history of relocation. Provided such buildings, works or other components do not have significant links with their present location, removal may be appropriate.</p>
<p>9.3 If any building, work or other component is moved, it should be moved to an appropriate location and given an appropriate <i>use</i>. Such action should not be to the detriment of any <i>place</i> of <i>cultural significance</i> .</p>
<p>Article 10. Contents</p> <p>Contents, fixtures and objects which contribute to the <i>cultural significance</i> of a <i>place</i> should be retained at that place. Their removal is unacceptable unless it is: the sole means of ensuring their security and <i>preservation</i> ; on a temporary basis for treatment or exhibition; for cultural reasons; for health and safety; or to protect the place. Such contents, fixtures and objects should be returned where circumstances permit and it is culturally appropriate.</p>
<p>Article 11. Related places and objects</p> <p>The contribution which <i>related places</i> and <i>related objects</i> make to the <i>cultural significance</i> of the <i>place</i> should be retained.</p>
<p>Article 12. Participation</p> <p><i>Conservation, interpretation</i> and management of a <i>place</i> should provide for the participation of people for whom the place has special <i>associations</i> and <i>meanings</i> , or who have social, spiritual or other cultural responsibilities for the place.</p>
<p>Article 13. Co -existence of cultural values</p> <p>Co-existence of cultural values should be recognised, respected and encouraged, especially in cases where they conflict.</p>
<p>Conservation Processes</p>
<p>Article 14. Conservation processes</p> <p><i>Conservation</i> may, according to circumstance, include the processes of: retention or reintroduction of a <i>use</i>; retention of <i>associations</i> and <i>meanings</i> ; <i>maintenance, preservation, restoration, reconstruction, adaptation</i> and <i>interpretation</i> ; and will commonly include a combination of more than one of these.</p>
<p>Article 15. Change</p> <p>15.1 Change may be necessary to retain <i>cultural significance</i> , but is undesirable where it reduces <i>cultural significance</i>. The amount of change to a <i>place</i> should be guided by the <i>cultural significance</i> of the place and its appropriate <i>interpretation</i> .</p>
<p>15.2 Changes which reduce <i>cultural significance</i> should be reversible, and be reversed when circumstances permit.</p>

<p>15.3 Demolition of significant <i>fabric</i> of a <i>place</i> is generally not acceptable. However, in some cases minor demolition may be appropriate as part of <i>conservation</i>. Removed significant fabric should be reinstated when circumstances permit.</p>
<p>15.4 The contributions of all aspects of <i>cultural significance</i> of a <i>place</i> should be respected. If a place includes <i>fabric</i>, <i>uses</i>, <i>associations</i> or <i>meanings</i> of different periods, or different aspects of cultural significance, emphasising or interpreting one period or aspect at the expense of another can only be justified when what is left out, removed or diminished is of slight cultural significance and that which is emphasised or interpreted is of much greater cultural significance.</p>
<p>Article 16. Maintenance <i>Maintenance</i> is fundamental to <i>conservation</i> and should be undertaken where <i>fabric</i> is of <i>cultural significance</i> and its <i>maintenance</i> is necessary to retain that <i>cultural significance</i>.</p>
<p>Article 17. Preservation <i>Preservation</i> is appropriate where the existing <i>fabric</i> or its condition constitutes evidence of <i>cultural significance</i>, or where insufficient evidence is available to allow other <i>conservation</i> processes to be carried out.</p>
<p>Article 18. Restoration and reconstruction <i>Restoration</i> and <i>reconstruction</i> should reveal culturally significant aspects of the <i>place</i>.</p>
<p>Article 19. Restoration <i>Restoration</i> is appropriate only if there is sufficient evidence of an earlier state of the <i>fabric</i>.</p>
<p>Article 20. Reconstruction 20.1 <i>Reconstruction</i> is appropriate only where a <i>place</i> is incomplete through damage or alteration, and only where there is sufficient evidence to reproduce an earlier state of the <i>fabric</i>. In rare cases, reconstruction may also be appropriate as part of a <i>use</i> or practice that retains the <i>cultural significance</i> of the <i>place</i>. 20.2 <i>Reconstruction</i> should be identifiable on close inspection or through additional <i>interpretation</i>.</p>
<p>Article 21. Adaptation 21.1 <i>Adaptation</i> is acceptable only where the adaptation has minimal impact on the <i>cultural significance</i> of the <i>place</i>. 21.2 <i>Adaptation</i> should involve minimal change to significant fabric, achieved only after considering alternatives.</p>
<p>Article 22. New work 22.1 New work such as additions to the <i>place</i> may be acceptable where it does not distort or obscure the <i>cultural significance</i> of the place, or detract from its <i>interpretation</i> and appreciation. 22.2 New work should be readily identifiable as such.</p>
<p>Article 23. Conserving use Continuing, modifying or reinstating a significant <i>use</i> may be appropriate and preferred forms of <i>conservation</i>.</p>
<p>Article 24. Retaining associations and meanings 24.1 Significant <i>associations</i> between people and a <i>place</i> should be respected, retained and not obscured. Opportunities for the <i>interpretation</i>, commemoration and celebration of these associations should be investigated and implemented. 24.2 Significant <i>meanings</i>, including spiritual values, of a <i>place</i> should be respected. Opportunities for the continuation or revival of these meanings should be investigated and implemented.</p>
<p>Article 25. Interpretation The <i>cultural significance</i> of many <i>places</i> is not readily apparent, and should be explained by <i>interpretation</i>. Interpretation should enhance understanding and enjoyment, and be culturally appropriate.</p>
<p>Conservation Practice</p>
<p>Article 26. Applying the Burrea Charter process 26.1 Work on a <i>place</i> should be preceded by studies to understand the place which should include analysis of physical, documentary, oral and other evidence, drawing on appropriate knowledge, skills and disciplines. 26.2 Written statements of <i>cultural significance</i> and policy for the <i>place</i> should be prepared, justified and accompanied by supporting evidence. The statements of significance and policy should be incorporated into a management plan for the place.</p>

<p>26.3 Groups and individuals with <i>associations</i> with a <i>place</i> as well as those involved in its management should be provided with opportunities to contribute to and participate in understanding the <i>cultural significance</i> of the place. Where appropriate they should also have opportunities to participate in its <i>conservation</i> and management.</p>
<p>Article 27. Managing change</p> <p>27.1 The impact of proposed changes on the <i>cultural significance</i> of a <i>place</i> should be analysed with reference to the statement of significance and the policy for managing the place. It may be necessary to modify proposed changes following analysis to better retain cultural significance.</p>
<p>27.2 Existing <i>fabric, use, associations</i> and <i>meanings</i> should be adequately recorded before any changes are made to the <i>place</i>.</p>
<p>Article 28. Disturbance of fabric</p> <p>28.1 Disturbance of significant <i>fabric</i> for study, or to obtain evidence, should be minimised. Study of a <i>place</i> by any disturbance of the fabric, including archaeological excavation, should only be undertaken to provide data essential for decisions on the <i>conservation</i> of the place, or to obtain important evidence about to be lost or made inaccessible.</p>
<p>28.2 Investigation of a <i>place</i> which requires disturbance of the <i>fabric</i>, apart from that necessary to make decisions, may be appropriate provided that it is consistent with the policy for the place. Such investigation should be based on important research questions which have potential to substantially add to knowledge, which cannot be answered in other ways and which minimises disturbance of significant fabric.</p>
<p>Article 29. Responsibility for decisions</p> <p>The organisations and individuals responsible for management decisions should be named and specific responsibility taken for each such decision.</p>
<p>Article 30. Direction, supervision and implementation</p> <p>Competent direction and supervision should be maintained at all stages, and any changes should be implemented by people with appropriate knowledge and skills.</p>
<p>Article 31. Documenting evidence and decisions</p> <p>A log of new evidence and additional decisions should be kept.</p>
<p>Article 32. Records</p> <p>32.1 The records associated with the <i>conservation</i> of a <i>place</i> should be placed in a permanent archive and made publicly available, subject to requirements of security and privacy, and where this is culturally appropriate.</p>
<p>32.2 Records about the history of a <i>place</i> should be protected and made publicly available, subject to requirements of security and privacy, and where this is culturally appropriate.</p>
<p>Article 33. Removed fabric</p> <p>Significant <i>fabric</i> which has been removed from a <i>place</i> including contents, fixtures and objects, should be catalogued, and protected in accordance with its <i>cultural significance</i>.</p> <p>Where possible and culturally appropriate, removed significant fabric including contents, fixtures and objects, should be kept at the place.</p>
<p>Article 34. Resources</p> <p>Adequate resources should be provided for <i>conservation</i>.</p>

Appendix C: A Short History of Primrose House

Primrose House - A Short History

In 1840 a grant of 140 acres was made to John Betts, a large portion of land which has become known as the Sans Souci peninsula. There followed a succession of baffling transactions, and no document or newspaper made any reference as to whom or exactly when the present house was built. It is believed that around 1891 a publican's license was issued and these premises became known as The Scarborough Hotel, a remote spot for holiday makers. At what time the Scarborough Hotel slipped into the doldrums due to unprofitability is a mystery. Around 1929 it became known as St. Lawrence College, but by 1934, after the Great Depression, it had once again changed ownership and acquired the name "Primrose House".. in honour of Herman Burton Primrose, a Kogarah Solicitor and member of the Board of the St. George District Hospital. In 1936 Primrose House was acquired by St. George Hospital and used as a convalescing annex for nearly 54 years.

In 1989, with the formation of the Southern Sydney Area Health Service, the Area Administration Office was transferred from St. George Hospital to Primrose House and thus it has remained as the Head Office for the administration of hospitals in the south and more recently the east.

(Source: South Eastern Sydney Area Health Service: Information package "Welcome to Primrose House", May 1998.)

Appendix D: Brief Synopsis of Name Changes to Facilities in the Area

- ❖ In the southern sector of the Area The Garrawarra Centre has had five name changes from the Hospital for Consumptives, the Waterfall State Sanatorium for Tuberculosis, Garrawarra Hospital, the Garrawarra Centre for Aged Care to its present name.
- ❖ Previous institutions on the Randwick campus include the Randwick Asylum for Destitute Children, The Fourth Australian General Hospital, Randwick Auxiliary Hospital, The Sydney Hospital Annex -- Prince of Wales Division, The Randwick Chest Hospital, the Prince of Wales Hospital and it is now known as the POW/PHH.
- ❖ The Prince Henry Hospital was previously known as the Coast Hospital and although it is closed to inpatients, a health presence remains on the Little Bay site, and its name is preserved both on the Little Bay and the Randwick campus.
- ❖ The Royal Hospital for Women moved from its Paddington site to the Randwick campus in the 1990s
- ❖ Sydney Eye Hospital moved from Woolloomoolloo to the Macquarie Street site in the 1990s and is now known as Sydney/ Sydney Eye Hospital.
- ❖ Sydney Children's Hospital in 1962 was known as the Department of Paediatrics, Prince Henry and Prince of Wales Hospitals. In 1976, this changed to the Prince of Wales Children's Hospital, and in April 1996, became the Sydney Children's Hospital, Randwick.
- ❖ The Eastern Suburbs Hospital. Royal South Sydney Hospital, Crown Street and St Margaret's have all closed. Although there is a community health presence on the RSSH site. Strickland and the Sacred Heart Hospice have been incorporated into the management of POW/PHH and St Vincent's Hospitals respectively.

Appendix E: Health Heritage Preservation Committee

Judith Cornell	South East Health Board Member
Mark Ferson	Director & Medical Officer of Health South Eastern Sydney Public Health Unit
Yvonne Brugmans	Orientation and Work Experience Nurse Educator St George Hospital and Community Health Service
Megan Hicks	Curator Health and Medicine Powerhouse Museum
Ian Paterson	Chief Executive Officer, War Memorial Hospital
Michelle Brady	Nurse Educator, Sutherland Hospital
Wendy Brown	Volunteers Coordinator, Sutherland Hospital
Dr Stephen Steigrad	Director Reproductive Medicine, Royal Hospital for Women
Lyn Tozer	Facility Planner, Prince of Wales Hospital
Maylean Cordia	Prince Henry Collection
Marie Burdett	Project Officer, Corporate Services POW
Lesley Rosenberg	Arts Program, Sydney Children's Hospital
Helen Cacciola	Chief Executive Officer Calvary Hospital
Nerida Campbell	George Hanna Memorial Museum
Carol Meddings	Office Manager, Garrawarra Centre, Waterfall
Ann Ryan	Service Planner South East Health

Appendix F: Audit Tool and Summary of Results

South Eastern Sydney Area Health Service Health Heritage Collections Audit

Movable Heritage means reasonably portable items of historical or cultural significance. Within South East Health, such items could include, but not be restricted to, hospital equipment, furniture, uniforms, photographs and other memorabilia. The significance of these items lies not in their monetary value but in their ability to embody the practices, achievements and culture of organisations, the values and memories of the communities that support them.

The SESAHS recognises the value of such collections and the need to develop policy that will assist in the management and preservation of its movable cultural heritage.

To this end, an audit is being undertaken to establish the location and extent of heritage collections and other significant heritage items within the area health service facilities.

Your assistance in the completion of this questionnaire is appreciated.

1. Does your facility have a heritage collection of any kind?
2. Does this collection have a name?
3. Where is it located?
4. Do you have display facilities? If so please describe.
5. What person &/or group is responsible for the management of the collection?
6. Is the collection available to researchers and scholars? If yes, under what conditions
7. Do you have a collection policy(written or unwritten) that guides what material is included in the collection?
8. Briefly describe what kind of material is in the collection.
9. Does your collection include (please check)
- instruments
- scientific equipment
- hospital equipment
- photographs
- artwork

- uniforms and badges
 - commemorative items (eg. Foundation stones, trowels and trophies)
 - silverware
 - furniture
 - books
 - educational material
 - records
 - health promotion material (eg posters, brochures)
 - other, (please specify)
10. Can you give an estimate of how many items there are in the collection.
11. Do you know of other heritage items within your facility that are not part of an actual collection? Please give examples.
12. Any other comment?

Results of the audit are presented overleaf.

Health Heritage Collection Audit Results:

<i>Issue</i>	<i>St George</i>	<i>Sutherland</i>	<i>War Memorial</i>	<i>Calvary</i>	<i>Sydney / Sydney Eye</i>	<i>Garrawarra</i>	<i>Prince Henry</i>	<i>Prince of Wales</i>	<i>Royal for Women</i>	<i>Sydney Children's</i>
Collection	0	0	0	0	Not Official	0	0	0	0	Included in PH/POW
Name	0	X	0	X	X	X	0	X	X	X
Location	<i>Demountable room</i>	<i>Numerous people</i>	<i>Foyer / archives</i>	<i>CEO's Office, CRAGS</i>	<i>Throughout Hospital</i>	<i>ED's Office, Med Records Annex</i>	<i>Ward Two PHH</i>	<i>PBMS POW*</i>	<i>Museum</i>	<i>POW & PH Campus</i>
Display Facilities	X	X	0	X	X	X	0 (appt)	X	0	0
Researchers	0	0	X	0	X	0	unknown	(will be)	(will be)	0 will be
Collection Policy	X	X	X	X	X	X	X	X [Proposed]	X	Arts Collection Policy
Other heritage items	0	X	0	0	<i>None are really part of any official collection.</i>	0 (sent to Kenmore)	X	0	X	X
Space Requirement	<i>12 feet by 12 feet</i>	<i>45 square metres approx</i>	<i>Variable</i>	<i>5 cubic metres</i>	<i>Considerable</i>	<i>25 square metres</i>	<i>Fills a 20 bed ward</i>	<i>Proposal being developed.</i>	<i>26 m² plus storage space</i>	<i>Artwork exhibited in corridors, wards etc</i>

* POW is in receipt of a Federation Community Projects Grant to create a permanent repository for the POW Archive Centre to be located in the Edmund Blackett Building, POW.

Appendix G: Organisations Available for Assistance with Research, Management and Documentation of Movable Heritage

Australian Museums on Line <http://amol.org.au/>

Health and Medicine Museums Special Interest Group of Museums Australia Inc

PO Box A3669 Sydney South NSW. Hon. secretary: Megan Hicks (see Powerhouse Museum below)

Museum of Human Disease

School of Pathology Wallace Wurth Building University of NSW 2052

Museum manager: Jenny Horder

Phone: 02 9385 1522. Fax: 02 9385 1389. Email: j.horder@unsw.edu.au

Museums and Galleries Foundation of NSW

43-51 Cowper Wharf Road, Woolloomooloo NSW 2011

Phone: (02) 9358 1760. Fax: (02) 9358 1852. mgfnsw@ozemail.com.au

Museums Australia Inc

National Office PO Box 266 Civic Square ACT 2608

Phone: (02) 6208 5044. Fax: 02) 6208 5015. <http://www.museumsaustralia.org.au/aboutus.htm>

Museums Australia, NSW Branch

President: Richard Wesley

Phone: (02) 9518 4584. Email: richard_wesley@bigpond.com

National Trust of Australia

<http://www.nsw.nationaltrust.org.au/>

NSW Heritage Office

Movable heritage officer: John Petersen

Phone: (02) 9849 9567 <http://www.heritage.nsw.gov.au/index.html>

NSW Society of the History of Medicine

President: Brenda Heagney (see Royal Australasian College of Physicians below)

Powerhouse Museum

PO Box K346 Haymarket NSW 1239

Curator of health and medicine: Megan Hicks

Phone: (02) 9217 0254. Fax: (02) 9217 0355. Email: meganh@phm.gov.au

Libraries:

National Library of Australia <http://www.nla.gov.au/>

State Library of NSW <http://www.slnsw.gov.au/>

Royal Australasian College of Physicians Medical History Library Librarian: Brenda Heagney

Appendix H: Books and Articles Relevant to Local Health History*

Australian No. 4 Army General Hospital (1919). *Remnants from Randwick*. Randwick, NSW: No 4 Army General Hospital (copy held at State Library, also PoW Corporate Services)

Beveridge, J. (date unknown). *Testament to an Era. Commissioned by the Nursing Staff, The Prince of Wales Children's Hospital* – available at Executive Unit, Sydney Children's Hospital.

Broughton, C.R. (1963). *A coast chronicle: The history of Prince Henry Hospital 1881-1981 (2nd ed.)*. Sydney, NSW: The Board of the Prince Henry Hospital.

Cope, I. & Garrett, W. (1997). *The Royal: A history of the Royal Hospital for Women 1820-1997*. Sydney, NSW: Royal Hospital for Women.

Cordia, M. (c1990). *Nurses at Little Bay*. Little Bay, NSW: Prince Henry Hospital Trained Nurses Association.

Frederick, W. J. (1911). *The history of Sydney Hospital from 1811 to 1911*. Sydney: W.A. Gullick Government Printer

Hickie, J. B. (2000). *The thinkers: A history of the physicians and the development of scientific medicine at St Vincent's Hospital, Sydney. 1857-1997*. Caringbah, NSW: Playright Publishing.

Ritchie, L. (1998). *The healing saint – 1892-1994. A hundred year history of the St George Hospital*. Kogarah, NSW: St George Hospital.

Simpson, E.M. (1981). *Saga of a coast nurse*. Double Bay, NSW: E. M. Simpson

* Most of these publications are available at NSW State Library