

DECEMBER 2023

Cobbett House, Manchester Royal Infirmary, Oxford Road, M13 9WL
Charities Office - Planning portal ref: PP-12395807

Heritage Statement



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Introduction

- 1.1 This Heritage Statement has been prepared on behalf of Manchester University NHS Foundation Trust (MUNHSFT) in respect to an application for Listed Building Consent for the internal refurbishment of the former Everett's Café to form the Charities Office within part of the Ground floor of Cobbett House, MRI, off Oxford Road, Manchester (the 'application site').
- 1.2 The proposal broadly comprises the removal of modern-era café installation including catering kitchen and servery equipment, lightweight partitions and fitted-furniture along with all of the associated building services and new office fit-out comprising proprietary glazed and lightweight plasterboard partitions and flexible office furniture and related buildings services infrastructure. The fit-out has minimal intrusions to the building fabric and is reversible.
- 1.3 This application seeks the support of the Council and Conservation Officer for the sensitive refurbishment of the former café to provide modern and attractive accommodation for the Manchester Royal Infirmary Charities Office to continue their essential charitable support of the hospital and the wider Trust.
- 1.4 From an historic environment perspective, Cobbett House is a Grade II listed building and therefore Manchester City Council, as Local Planning Authority (LPA), has a 'statutory duty' under the Planning (Listed Buildings and Conservation Areas) Act 1990 to have special regard to the desirability of preserving the listed building or its setting or any features of special architectural or historic interest that it possesses.
- 1.5 National planning policy in respect to the conservation of the historic environment is set out in the National Planning Policy Framework (revised 2018) (NPPF) and places the following requirements on applicants:

"In determining applications, local planning authorities should require an applicant to describe the significance of any heritage assets affected, including any contribution made by their setting. The level of detail should be proportionate to the assets' importance and no more than is sufficient to understanding the potential impact of the proposals on their significance. As a minimum the relevant historic environment record should have been consulted and the heritage assets assessed using appropriate expertise where necessary. Where a site on which development is proposed includes, or has potential to include, heritage assets with archaeological interest, local planning authorities should require developers to submit an appropriate desk-based assessment and, where necessary, a field evaluation."
(NPPF Paragraph 189).

- 1.6 The works will not affect the significance, including setting, of any other heritage assets and given the above legislative and policy context Section 2 of this Heritage Statement describes the significance of Cobbett House, proportionate to the potential impact of the preservation development, and the contribution of the relevant Facade to the overall significance of the heritage asset. Section 3 provides an assessment of the potential impact and Section 4 makes a series of conclusions with reference to the relevant legislation and policy requirements.

Structure of the Statement

In order to provide a clear understanding of the proposed scheme and its relationship with the surrounding area, this statement includes:

- Signification of Heritage Assets;
- A description of the application site and surrounding area;
- National and Local Planning Policy Context Planning Appraisal – Impact Assessment
- A review of the relevant national and local planning policy guidance;
- The Proposal;
- An appraisal of the proposal against its planning policy context; and,
- Conclusion.

Supporting information

The application is supported by the following information:

DAY Architectural drawings:

1449-23 020101 – Site Location Plan-A;
1449-23 030101 – Existing General Arrangement Plan;
1449-23 100101 – Proposed Demolition Plan;
1449-23 120101 – Proposed Phasing / Site Logistic Plan;
1449-23 200102 – Proposed General Arrangement Plan;
1449-23 220101 – Proposed Internal Partition Types Plan;
1449-23 320101 – Proposed Internal Glazed Screens Schedule;
1449-23 320102 – Proposed Internal Door Schedule;
1449-23 350102 – Proposed Reflected Ceiling Plan;
1449-23 350301 – Typical Ceiling Raft Details;
1449-23 350302 – Typical Ceiling Details;
1449-23 421001 – Proposed Floor Finishes;
1443-23 421002 – Proposed Wall Finishes Plan;
1443-23 670101 – Proposed Fire Strategy;
1443-23 700101 – Proposed Loaded Layout;
1443-23 740101 – Proposed Sanitary Schedule;
1443-23 760101 – Proposed Joinery Layout Plan;
1443-23 763101 – Proposed Reception Desk;
1443-23 763102 – Proposed Low-level Storage Unit;
1443-23 763103 – Proposed High-level Storage Unit;
1423-23 763104 – Proposed Kitchenette;
1443-23 763105 – Proposed 4-person Booth;
1443-23 763106 – Proposed Double Unit (with recycling);
1443-23 770001 – Proposed Office (cellular);
1443-23 770002-00 – Proposed Office (open-plan);
1443-23 444002-01 – Proposed Open Office Area;
1443-23 770003 – Proposed Print Area;
1443-23 770004 – Proposed Meeting Room;
1443-23 770005-01 – Proposed Flexible Space;
1443-23 770006 – Proposed Kitchenette;
1443-23 770007-01 – Proposed Reception;
1443-23 770009 – Proposed Store;
1443-23 77010-01 – Proposed Circulation;
1443-23 770011 – Proposed Accessible WC;
1443-23 770012 – Proposed WC; and,
1443-23 770013 – Proposed Booth.

FPL site photographic record photographs.

Signification of Heritage Assets

Historical background

- 2.1 Manchester Royal Infirmary (MRI) is a large NHS teaching hospital in Chorlton-on-Medlock, Manchester, England. Founded by Charles White in 1752 as part of the voluntary hospital movement of the 18th century, it is now a major regional and national medical centre. It is the largest hospital within Manchester University NHS Foundation Trust, and based on its Oxford Road Campus in South Manchester where it shares a site with the Royal Manchester Children's Hospital, Manchester Royal Eye Hospital and Saint Mary's Hospital as well as several other educational and research facilities. The Hospital is also a key site for medical educational within Manchester, serving as a main teaching hospital for School of Medical Sciences, University of Manchester. Cobbett House houses the main administrative functions of the Trust.
- 2.2 The hospital was originally founded by Dr Charles White in a house in Old Bridge Street, Salford, as the "Lying-in Charity". Five years later in 1795, the charity became the Manchester Lying-in Hospital; it was accommodated however in the Bath Inn, Stanley Street, Salford. https://en.wikipedia.org/wiki/Saint_Mary%27s_Hospital,_Manchester_-_cite_note-1 Inpatient accommodation was available for widows, deserted wives, and those whose homes were unsuitable. 80 were admitted in 1791/92. In 1799/1800 there were 177 and 800 home patients. In 1819 it moved to smaller premises at 18 King Street Manchester but moved back to Stanley Street in 1822.
- 2.3 White's collection of 300 pathological specimens was given to the hospital after his death in 1813. It was available for inspection by the public. In 1840 the charity moved to 2 South Parade, but there was a disastrous fire there in 1847 which destroyed most of White's collection. In 1854, the hospital changed its name to St Mary's Hospital and Dispensary for the Diseases peculiar to Women and for the Diseases of Children.
- 2.4 From 1855 to 1903 it occupied a new building in Quay Street which was erected at the expense of Dr Thomas Radford. It had 80–90 beds some of which was for children. Home visiting of sick women and children, and clinical teaching of students also began at this time.
- 2.5 In 1904, the hospital was amalgamated with the Manchester Southern Hospital for Women and Children and two new hospitals were built. One was in Whitworth Street West on the corner of Oxford Street, designed by Alfred Waterhouse and built between 1899 and 1901. It had an octagonal tower and a circular ward block on three floors of 43 feet diameter.
- 2.6 The other hospital was located on Oxford Road in Chorlton-on-Medlock. The hospital also had a School of Nursing that certified midwives. By 1915 the city centre hospital provided maternity and outpatient services and had 56 maternity beds and cots, with accommodation for medical students, midwives and pupil nurses. The suburban hospital provided gynaecological and paediatric services and contained 115 beds.
- 2.7 Discussions about moving the whole of the infirmary to its present site in Oxford Road started in 1875, and a plan was finally agreed in 1904. The Piccadilly site was sold to the City Council for £400,000 and plans for new buildings designed by Edwin Hall and John Brooke were accepted after a competition. It was officially opened by King Edward VII on 6 July 1909.
- 2.8 A radiology department was not envisaged in the plans, but Dr Barclay, appointed in 1909, established a department in the basement. In 1913 more than 5,000 patients were examined

radiologically. Radiotherapy for cancer patients started in 1914 and Manchester and District Radium Institute was established in a building next to the hospital in 1921. In 1930 a new nurses' home, Sparshott House, was built. It was not until 1933 that the official title of the hospital was changed to the Manchester Royal Infirmary.

- 2.9 On 28 August 1939, 400 patients were evacuated and 440 beds prepared for expected casualties. By November 1939, in the absence of the expected casualties all the beds were brought back into use. A large emergency blood transfusion centre was established and continued after the war.
- 2.10 A high explosive bomb penetrated the new nurses' home, Sparshott House, on 11 October 1940. 112 nurses were in the basement shelters, but nobody was hurt. However, none of the rooms could be used and the nurses had to sleep elsewhere, including in the University. Within a month, 130 bedrooms were back in use. The biggest raids on Manchester were on 22 and 23 December 1940. On the first night very few actually struck the hospital buildings but most of the windows were blown out. 10,000 panes of glass had to be replaced. On the first night, 186 casualties were admitted and 400 more treated in the casualty and first aid posts. On the second night a time bomb fell on the X-ray and teaching block which exploded on the following day, 24 December, leading to significant disruption.
- 2.11 In 1950 a new neurology and neurosurgery unit was built, with its own operating block.
- 2.10 A new hospital was constructed on Hathersage Road between 1966 and 1970 at a cost of over £3 million. The wards were housed in a tower block with laboratories and the antenatal clinic in a podium. Each ward had 4 four-bedded rooms with nine single rooms, three nurseries, each with six cots, a day room and a utility room. Regional facilities – a special care baby unit, the medical genetics centre and In-Vitro Fertilisation services were developed. Throughout the early 1970's the Department of Radiology was a pioneer of X-ray computed tomography under Consultant Neuroradiologist, Dr Ian Isherwood. In 1972, the MRI became the first hospital in the world to obtain a commercially available CT scanner, the 'EMI CT1000', following the development of the prototype at Atkinson Morley Hospital in London the year before. In 1975, the department received the first whole-body CT scanner in Europe, the EMI CT5000.
- 2.11 In 2009, paediatric (excluding neonatal) services from St Mary's Hospital were transferred to the newly re-built Royal Manchester Children's Hospital, which opened on 11 June 2009, however Cobbett House remains the administrative building for the Trust.

The Signification of Heritage Assets

- 2.12 The NPPF defines a heritage asset as follows: “A building, monument, site, place, area or landscape identified as having a degree of significance meriting consideration in planning decisions, because of its heritage interest. Heritage asset includes designated heritage assets and assets and those identified by the local planning authority (including local listing).”
- 2.13 The NPPF confirms that designated heritage assets comprise, World Heritage Sites, scheduled monuments, listed buildings, protected wreck sites, registered parks and gardens, registered battlefields and conservation areas.
- 2.14 The NPPF defines the significance of a heritage asset as: “The value of a heritage asset to this and future generations because of its heritage interest. That interest may be archaeological, architectural, artistic or historic. Significance derives not only from a heritage asset’s physical presence but also from its setting.” (Annex 2: Glossary).
- 2.15 With respect to the consideration of ‘significance’ across a range of heritage asset types of Historic England guidance in Managing Significance in Decision-Taking in the Historic Environment, Good Practice Advice in Planning: 2 (2015) confirms:
- “A variety of terms are used in designation criteria (for example, outstanding universal value for World Heritage Sites, national importance for scheduled monuments and special interest for listed buildings and conservation areas), but all of these refer to a heritage asset’s significance.”
- 2.16 Listed buildings are designated for their special architectural or historic interest in accordance with the DCMS Principles for Selection of Listed Buildings (2010). Of particular local and relevant interest with regards to this application, these are Royal Infirmary (Cobbett H, Admin/DRS Res Block, X Ray Teaching Block and Chapel) (Grade II).
- 2.17 The Royal Infirmary including Cobbett House, was listed in February 1989 and the List Entry describes the building as follows:

Hospital. 1905-8, by E.T.Hall and John Brooke; partly destroyed by war damage. Blood-red brick with liberal dressings of white limestone; slate roofs. Three long ranges on the same axis, all originally linked by bridges, but the junction of the centre and north ranges destroyed; the main range originally U-plan with a central tower but its left wing cut short, and the south range with a tower at the north end. Edwardian Baroque style. Four storeys plus the towers. The main range has channelled rustication to ground floor, false quoins to 1st floor, giant Ionic pilasters to the 2nd and 3rd floors, plain frieze and modillioned cornice; the tower is of stone and projects, and has (inter alia) a pedimented porch with Gibbs surround, coupled windows in the centre and single-light windows at the sides, a segmental open pediment over the centre, and an octagonal turret with concave corners, clockface to the front and oculi to the sides, and a domed roof. Windows with glazing bars in the upper leaves, some coupled and some with broken pediments. Two-storey segmental bow window to south wing. Stone link attached to right-hand side of this wing in the form of a semi-circular arched bridge with mask keystone, run-out voussoirs and balustraded parapet, and open passage with Tuscan colonnade. Tower (to which this connects) has 4-stage Baroque turret with square 1st stage and cylindrical upper stages, colonnades, domed roof (etc). Otherwise, both the north and south ranges have 3:5:3 bays, in similar but simpler style, with (inter alia) giant Ionic colonnades to the upper floors of the centres.

Listing Entry Number: 1246540

Listing NGR: SJ8494496101

Listing Entry Name: ROYAL INFIRMARY (COBBETT H, ADMIN/DRS RES BLOCK, X RAY TEACHING BLOCK AND CHAPEL).

Map:

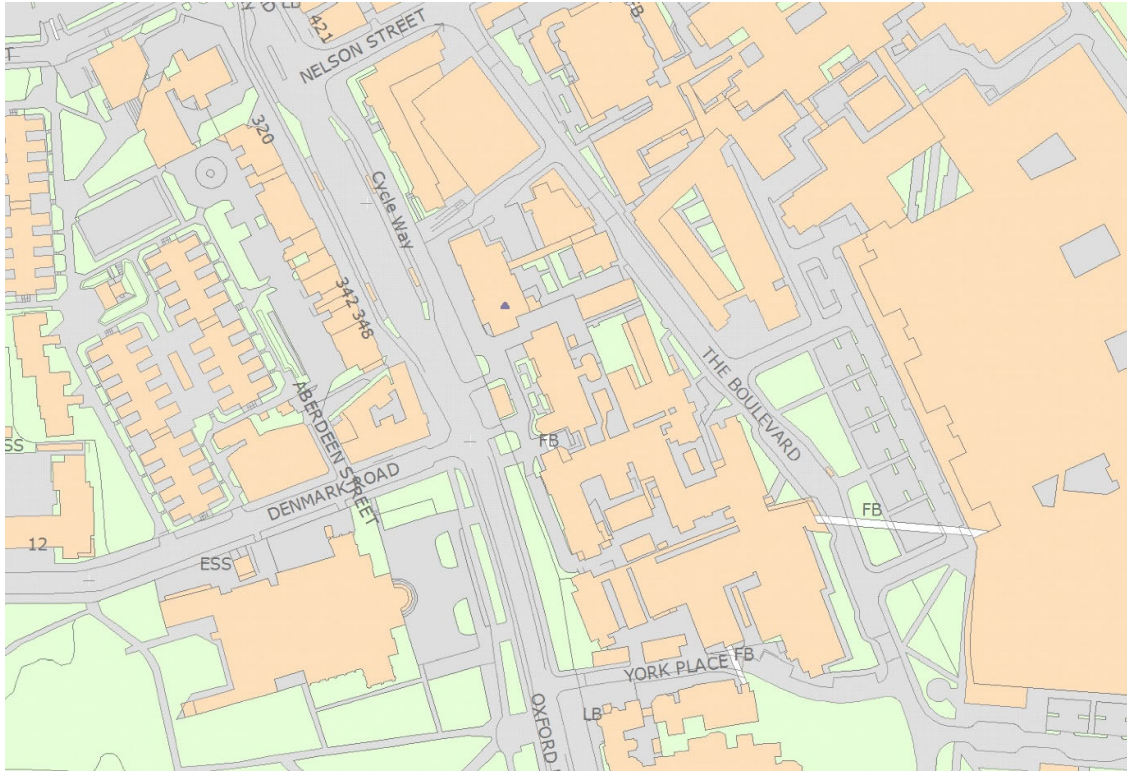


Figure 1.1: Official Listing Entry Plan.

District: Manchester (Metropolitan Authority)

National Grid Reference: SJ 84944 96101

Details: SJ8496 OXFORD ROAD, Chorlton-On-Medlock 698-1/21/611 (East side) 15/02/89 Royal Infirmary (Cobbett H., Admin/Drs Res. Blk, X Ray Teaching Blk and Chapel).

Special Architectural Interest

The remaining buildings of the Royal Infirmary originally formed the formal frontage of a vast complex that extend back from Oxford Road.

Pevsner (Pevsner Architectural Guides Manchester, C.Hartwell, 2001) describes the Royal Infirmary as: "Vast, and in the Greenwich Baroque style, brick and much Portland stone, on the traditional pavilion plan."



Figure 1.2: The 'Greenwich Baroque' style Royal Infirmary complex prior to the WWII bomb damage.

The Greenwich-esq comparisons with the original frontage, prior to the war damage, are clear. The symmetrical composition of the three pavilions and powerful roofscape or domes and turrets and vivid contrast of the red brick and white stone detailing created a significant presence on the eastern side of Oxford Road.

War damage resulted in the loss of the bridge link between the central administrative block and northern pavilion, the northern projecting bay of the central block and tower of the northern pavilion. However, the complex still forms an imposing frontage on Oxford Road.



Figure 1.3: Post WWII damage, the left link between the central and northern ranges is missing, the scale of the complex extends well back to the rear of Cobbett House.

The plan form of the complex also includes the former Lodge to the Royal Infirmary. And the Oxford Road frontage is enclosed by a high railing on a low stone plinth, with four gate piers.

The pedimented entrance porch and clock tower forms the axis of the symmetrical frontage to Oxford Road and leads into a draft lobby and entrance foyer with timber panelling and a dentil cornice moulding.

The Foyer is open on the side of the central spine corridor that extends for the full width of the building, culminating in matching timber staircases to the western and eastern gables.



Figure 1.4: The main entrance bay to Cobbett House.



Figure 1.5: Cobbett House North entrance foyer.

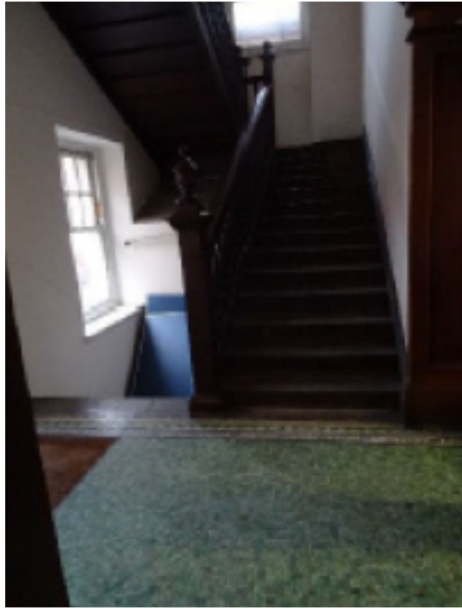


Figure 1.6: The western staircase at ground floor level.

A short central axis corridor crosses the main spine corridor at right-angles and is notable for the fine mosaic floor.

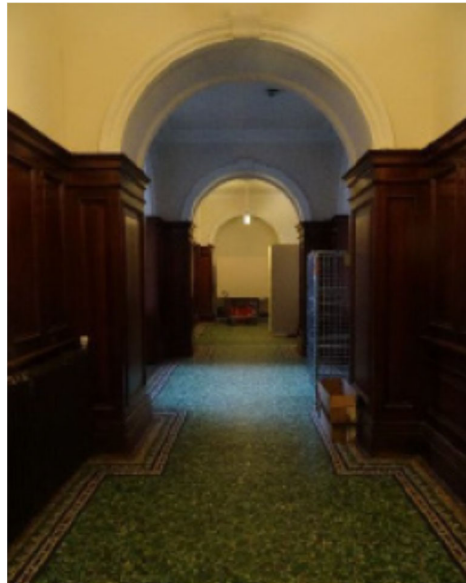


Figure 1.7: Ground floor axis corridor to rear service core.

The circulation spaces within Cobbett House have a clear vertical hierarchy rising through the building. The ground floor corridors and associated panelling, floor and joinery are clearly designed to be the most prominent part of the interior. The decoration to the upper floors becomes more stripped back and lacks ornamentation, however distinctions are achieved through details such as the skirtings and dados.

The floor plan throughout the building is largely intact. The most significant change relating to the amalgamation of one of the main meeting rooms on the western side of the Entrance Foyer with the

associated Ante room. On the eastern side of the Entrance Foyer the original room plan is complete, with the original principal fire-surround remaining in the Boardroom and an original fire place surviving in the attached Ante Room.



Figure 1.8: Typical Boardroom fireplace.

The rear service core has been subject to previous change, particularly in respect to the construction of the lift shaft that has been inserted into the centre of the stairwell.



Figure 1.9: The rear service core to Cobbett House with contrasting brickwork and window details above the ashlar string course.



Figure 1.10: Facade of Cobbett House North at present indicate the extension after the WWII bombing.



Figure 1.11: Existing Northern frontage at present.

Northern frontage opposing Oxford Road has proven the existing red brick and white stone work require cleaning and pointing, see Figures GG and HH.

The contrast of Rainwater goods has been subject to maintenance which in result in previous changes from cast iron to plastic.

The existing windows appear to be in an aged-condition, showing signs of rot, with paint coverings failing. The initial condition survey shows that some of the timbers are decayed.

Upon closer examination, it seemed the glazing within the windows are not original. Given the extent of WWII bomb damage across the Royal Infirmary site, it seemed the impact lead them to be replaced, as highlighted in a history of the published to celebrate the Bi-centenary of the hospital.

"In fact nearly 10,000 panes of glass had to be replaced. The glass roofing of the corridors, mostly half-inch glass was shattered and falling glass was a source of danger to stretcher bearers and those on duty in the first aid post. One explosion wrecked the protective covering of an operating theatre while an operation was in progress. In one ward, in addition to the damage to the windows, an incendiary bomb fell down the chimney. It was immediately extinguished by the nurse-in-charge. Patients were covered with blankets to protect them from falling glass." (Portrait of a Hospital 1752 – 1948, page 184, William Brockbank, 1952).



Figure 1.12: Images of the front, northern tower collapsing following WWII bomb damage (Brockbank, 1952).

Special Historic Interest and Context

The Royal Infirmary complex on Oxford Road was constructed to replace a previous hospital erected in Piccadilly Gardens in 1755.

Oxford Road became a focal point for hospital development with a cluster of facilities including the Royal Eye Hospital and St Mary's Hospital.



Figure 1.13: The original Royal Infirmary, Piccadilly Gardens.



Figure 1.14: The left-hand bay removed following WWII.

The WWII bomb damage and decision not to rebuild the damaged part of the building, despite its importance in relation to the symmetrical plan form of the complex, adds a further layer of historic interest to the application site.

The architects Edwin Thomas Hall and John Brooke, also designed hospitals in Leeds and London and notable for designing the Liberty Store on Regent Street in London.

The Lodge makes an important contribution to the symmetrical plan of the original hospital complex and contributes to the grandeur of the Oxford Road frontage with a series of gate piers and associated railings.

The Contribution of Setting to Significance

The immediate setting of Cobbett House as part of the Greenwich style frontage of a major Edwardian hospital is fundamental to its significance.

The plan form has been damaged, to an extent, as a result of WWII bombing, however the ambition of the frontage remains largely intact.

Cobbett House is experienced with the setting of the associated Chapel and Lodge, which have considerable group value. The adjoining hospital buildings to the east and west of the Royal Infirmary although contrasting in architectural style, also add to the group value and setting of Cobbett House.



Figure 1.15: Front elevation of Lodge with gate piers and railings.

The Site & Historical Context

- 3.1 The application site of Cobbett House is bounded by Oxford Road (west), Nelson Street (north), The Boulevard (east) and York Place (south). The Cobbett House is Grade II listed and is currently in use for healthcare. The site is not located within a Conservation Area or any sites of specific scientific interest.
- 3.2 The application site is part of the wider campus of Manchester Royal Infirmary along the Oxford Road Corridor to the south of Manchester City Centre. Primary vehicular access routes to the site are from Nelson Street, Hathersage Road and Oxford Road with numerous pedestrian routes percolating between the adjacent buildings and public footpaths.
- 3.3 The area to the north and northeast of the site comprises of various hospital buildings within the Manchester Royal Infirmary. To the west across Oxford Road lies Whitworth Park and the Whitworth Art Gallery. To the south across Hathersage Road lies Wilmslow Park House, with basement car parking, ground floor retail units, and student accommodation to the upper floors.
- 3.4 Oxford Road is a major arterial route into Manchester City Centre, with the A34 Upper Brook Street to the east being another major access road into the City Centre. The location of the site adjacent to the Manchester Royal Infirmary allows excellent access to the public transport routes provided to the Hospital. The area also benefits from a high level of pedestrian and vehicular accessibility, and overall offers exceptional linkages to a variety of multi-modal public transport connections.

Development of the site

- 3.5 At the beginning of the twentieth century Manchester was riding the wave of economic success generated by one of the most ambitious municipal undertakings of the nineteenth century, the Manchester Ship Canal, which opened in 1894. It elevated Manchester to a port of international stature and helped to diversify its economic base.
- 3.6 This success was reflected in the proliferation of commercial and municipal buildings built across the city at the time. One of the most popular styles of this period was the neo-Baroque style – as exemplified by Woodhouse, Willoughby & Langham’s police and fire station of London Road (1901-6) and the Royal Infirmary by ET Hall and J Brooke in 1905-8. 2.6 A site on the east side of Oxford Road was chosen as the successor to the city-centre location of the Manchester Royal Infirmary at Piccadilly which had been erected in 1775 and demolished in 1909.
- 3.7 The land was donated by Owens College (subsequently the University of Manchester) who wished to improve teaching facilities for their Medical School. The Eye Hospital had already been established near the site, and St Mary’s Hospital followed later. The hospitals have subsequently expanded over 42 acres replacing former mid-nineteenth century housing.



Figure 1.16: OS Map (1893 revision) showing the site of the hospital bounded by Stanley Grove to the north, York Place to the south and Oxford Road to the west (Manchester Local Studies Library).

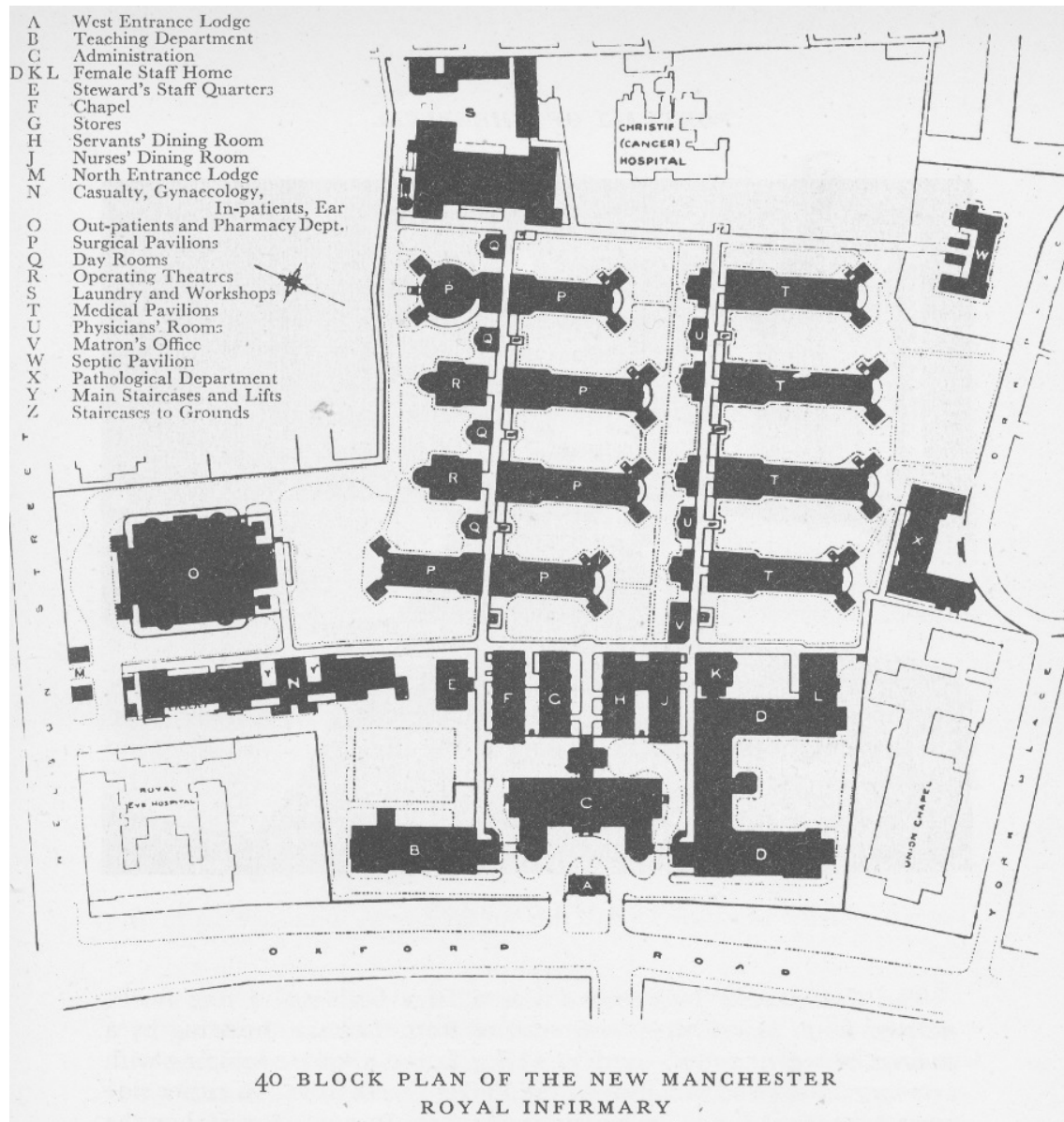


Figure 1.17: Block Plan of new MRI (1909), (Manchester Local Studies Library).



Figure:1.18 OS Map new MRI (1933), showing the site of the hospital bounded by Nelson Street to the north, York Place to the south and Oxford Road to the west (Manchester Local Studies Library).

- 3.7 St Mary's Hospital was built in 1909 and designed by John Ely, a Manchester based architect, in an Accrington red brick with matching terracotta dressings and Welsh slate roofs. The 3-storey west front of the building combines the baroque revival with English domestic architectural forms combined with more formal elements such as domes and cupolas. It has been described as being in a 'diluted Edwardian Baroque style' and it fully opened in 1911 with women's and children's wards.
- 3.8 The symmetrical front elevation is divided horizontally using stringcourses and articulated vertically by projecting bays and gables. Gables, domes, corner turrets, gabled attic dormers and tall chimneystacks above a cornice and balustrade parapet enliven the roofline. The western elevation is the most formal, with the 2-storey southern Hathersage Road elevation in a more domestic style and scale. The side and rear of the building are treated more plainly.
- 3.9 Internally, the E-plan building was arranged with administration in the 3-storey front range and three 2-storey rear pavilions or wings for gynaecology wards (north and middle wing) and children's wards in the southern wing fronting Hathersage Road. A stained-glass window by Heaton Butler & Bayne lights the central main entrance and staircase.
- 3.10 The children's wing had a south facing 2-storey verandah, the upper level of which was known as the 'sunshine balcony' where children's beds could be wheeled into the open air. Operating theatres were provided on the ground and first floor of the middle wing and in the children's wing.

Development and alteration of the hospital

- 3.11 Following the initial phase of development, six construction phases have been identified for the building. The first took place in 1917 when a first-floor chapel was added to the east end of the middle wing, designed by John Ely and paid for by a Mr E. Reid. The chapel has a half octagonal east end with shallow projections to the north and south. The interior was fitted with dado panelling, marble sanctuary steps and exposed hammerbeam-style roof.
- 3.12 Major changes were made in 1937-38 to designs by HS Fairhurst & Son, when the pitched roofs to the north and middle wings were removed and a flat roofed second floor was added to each wing to provide an additional 50 beds. A new operating suite with flat roof was added to the north side of the middle wing at the same time.
- 3.13 Also in the late 1930s, a new children's outpatients department was built on Hathersage Road, also designed by HS Fairhurst & Son, a single storey brick building in distinctive modern style with steel windows and concrete entrance canopy. A women's outpatient department was built to the north-east corner of the site with nurses' accommodation the upper floor.
- 3.14 Two utilitarian 3 storey sanitary blocks were added to the north side of the north wing in the late 1950s to provide additional WCs and bathrooms.
- 3.15 In the mid-1960s the north side of the north wing was remodelled to designs by architects Watkins Gray & Partners. This is expressed externally with bands of horizontal fenestration and blue brick, contrasting with the earlier red brick, providing new staff offices, treatment rooms and ward kitchens.
- 3.16 In the late 1960's additions were also made to the middle wing including a 3 storey sanitary block on the north side and covered corridors were inserted into the spaces between the south

and middle wings to connect the front range with buildings to the rear of the site, with a lift shaft added in the late 20th century.

- 3.17 Some remodelling of the upper floors of the north and middle wings took place in the late 20th century with sliding ward doors, PVCu windows, suspended ceilings and new floor finishes. Further in-filling took place between projecting blocks to the wings and the rear yards.

The Wider Context

- 3.18 There are a number of other listed buildings nearby – some of which form part of the late Victorian/Edwardian hospital complex. The Royal Infirmary, its Lodge, St Mary's Hospital and the former Royal Eye Hospital form a group (along with Cobbett House) of grand, late 19th /early 20th century medical buildings built in an exuberant 'Edwardian Baroque' style in red brick and terracotta. In each case their grandest elevations being that which fronts Oxford Road.

The Grade II listed Whitworth Gallery is similar in architectural panache, materials and age – red brick and terracotta in a Free Jacobean style. It is a grand and imposing building, set back within its Park setting.

The Grade II listed statue of Edward VII was unveiled in 1912 and sits within Whitworth Park.

The heritage significance of the site's context

3.19 This section of the report describes the heritage significance of the site's context and surroundings.

The heritage context of the site

3.20 Cobbett House was listed Grade II in June 1994. The list description is noted in an earlier section.

There are several listed buildings in the vicinity of Cobbett House:

- Royal Infirmary – Grade II.
- Old St Mary's – Grade II.
- Former Lodge of Royal Infirmary, railings and four pairs of gate piers – Grade II.
- Whitworth Gallery – Grade II.
- Royal Eye Hospital – Grade II.
- Edward VII Statue, Whitworth Park – Grade II.
- Student Health Centre, University of Manchester – Grade II*.

The heritage significance of the site

The relevant heritage assets

3.21 In terms of the assessment of the proposals for the site, the heritage assets most relevant to considering the effect of the scheme are the listed building itself and other nearby listed buildings.

3.22 The effect of the proposed scheme on these assets will be on the special architectural and historic interest of the listed buildings and their setting.

Assessing heritage significance

3.23 Cobbett House and the listed buildings in the vicinity are 'designated heritage assets', as defined by the National Planning Policy Framework (NPPF).

3.24 'Significance' is defined in the NPPF as 'the value of a heritage asset to this and future generations because of its heritage interest. That interest may be archaeological, architectural, artistic or historic'. The Historic England 'Planning for the Historic Environment Practice Guide' puts it slightly differently – as 'the sum of its architectural, historic, artistic or archaeological interest'.

3.25 'Conservation Principles, Policies and Guidance for the sustainable management of the historic environment' (Historic England, April 2008) describes a number of 'heritage values' that may be present in a 'significant place'. These are evidential, historical, aesthetic and communal value.

3.26 Historical value is described as illustrative or associative. In this case the listed and unlisted buildings of any discernible historical quality and their relationship to one another illustrate the evolution of the site for medical and associated uses.

3.27 The complex is of historical significance as a purpose-built hospital for women and children. The original complex was one of two purpose-built premises built for St Mary's Hospital after 1904, the first being on Whitworth Street West in 1905 and this site, the second, in 1909-11. The hospital had its origins in two charitable institutions: the St Mary's Hospital and Dispensary and the Southern Hospital. Southern Hospital amalgamated with St Mary's in 1904 and the

institution was renamed St Mary's Hospitals. The new premises on Oxford Road were commissioned in 1904.

- 3.28 In 1947 the NHS was established, and the Royal Infirmary and St Mary's Hospitals were amalgamated along with other city hospitals to become United Manchester Hospitals, designated as a teaching hospital. The complex has group value and significance with its historical relationship with providing healthcare on the wider site.
- 3.29 In terms of Historic England's 'Conservation Principles', buildings can provide us with 'evidence about past human activity' and by means of their fabric, design and appearance communicate information about their past. The buildings and evolution of St Mary's Hospital provide evidence of changing medical practices and methods and the evolution of hospital care and treatment throughout the twentieth century. The buildings have also played a role in the lives of many thousands of patients and thus have considerable communal value for the people of Manchester and all those medical staff and students that worked and trained in the complex.
- 3.30 It is also clear that Cobbett House has 'architectural' and 'artistic interest' (NPPF) or 'aesthetic value' ('Conservation Principles'). In respect of design, 'Conservation Principles' says that 'design value... embraces composition (form, proportions, massing, silhouette, views and vistas, circulation) and usually materials or planting, decoration or detailing, and craftsmanship'. This value is also a group value shared with the other listed buildings that form the wider hospital campus including the Royal Infirmary and Royal Eye Hospital.
- 3.31 The building retains its Edwardian exteriors more or less intact and are the architecturally and aesthetically most significant elements of the building with a generally higher status approach to the architectural detailing on the front range and a more domestic approach to the south wing. The north and central wings were substantially altered in the 1930's when a second floor was added and in the 1960s when the north wing was remodelled externally, WC blocks and external corridors added.
- 3.32 Since original construction the elevations to the north and central wings have been substantially altered and obscured by new phases of development. The pitched roofs replaced with utilitarian flat roofed extensions and the 1960's covered corridors further altering their appearance. These changes have seriously eroded any architectural coherence and diminished their significance considerably.
- 3.33 The southern wing retains the most architectural coherence, although its northern elevation has also had some alteration with the insertion of one of the 1960's covered walkways.
- 3.34 The existing interiors vary widely in significance. The plan form of the front range remains largely intact, and this area also contains some surviving interiors and features – in particular the central staircase and stained-glass window. The offices retain some original joinery, doors etc. The 1917 chapel interior at first floor is also little altered and of high significance, but its exterior has been affected by late 20th century additions.
- 3.35 The interior of the Reception space adjacent to the proposed Charities Offices is of notable significance due to the perimeter timber panelling and decorative plaster cornice. Whilst of a relatively simple design in terms of composition, the panels thought to be mahogany comprise of upper and lower recessed fields separated by horizontal and vertical rails which are enriched with skirting, dado-rail and cornice.

- 3.36 Some of the upper panels contain brass inlay panels containing the names of former Matrons, Superintendents and Ward Sisters which it should be noted are unaffected by the works. In one corner of the space, two smaller matching panels, form a 'nib' (secret) door, which until earlier modern interventions to form the café, lead directly into the proposed Charities Office. After careful consultation with the client following feedback from the Conservation Officer, an adjustment to the design makes reuse of the existing door opening and thus no new openings are made in the panelling, thus preserving the overall visual and historical significance. Other existing openings and original features including the decorative plaster cornice are unaffected by the proposals.
- 3.37 The rear wing interiors have, by necessity as a working hospital, been considerably altered from their original form. Even where some of the original plan form remains legible, the over-laying of the various later construction phases combined with regular modernisation, refurbishment and partition means there is little architectural cohesiveness to the interiors. Whilst some of the wards remain intact most have had their fixtures and fittings replaced. Similarly, the operating theatres retain no features of significance.
- 3.38 Many of the upper floor windows have been replaced in PVCu, some of the rainwater goods replaced in plastic. Some chimneys have been truncated or removed at the time of extension.
- 3.39 Overall, historically the building has considerable historical significance as a purpose-built hospital for women and children, and with the Royal Infirmary and Royal Eye Hospital forms and important historical part of the development of healthcare in Manchester.
- 3.40 In terms of the architectural importance, the grand front range, in its Edwardian Baroque, and the southern wing retain the most architectural integrity. Much of the architectural coherence of the north and central wings has been lost through continual extension, alteration and in-filling. Internally, again the front range contains the most originality of plan form and features, in particular the central staircase and stained glass. Whilst the wings retain some plan form, in part, the spaces have mostly been refurbished, updated and altered – as expected with a working hospital – but consequently have lost most elements of significance. The one exception is the interior of the chapel with its hammerbeam roof and fixtures and fittings.

Impact Assessment

Introduction

3.41 The proposed refurbishment works has been assessed in accordance with the relevant legislation, national and local planning policies. The Planning (Listed Buildings and Conservation Areas) Act 1990.

The 1990 Act incorporates several 'statutory duties' for decision- makers, including the following:

"S.16 (2): In considering whether to grant listed building consent for any works the local planning authority or the Secretary of State shall have special regard to the desirability of preserving the building or its setting or any features of special architectural or historic interest which it possesses."

Case law has determined that 'preserve' means 'to do no harm'.

National Planning Policy Framework (2018).

3.42 Paragraph 190 requires LPAs to identify and assess the particular significance of any heritage asset that may be affected by a proposal, including development affecting the setting of a heritage asset, taking account of available evidence and any necessary expertise. LPA's should take this into account when considering the impact of a proposal on a heritage asset.

In determining applications, Paragraph 192, requires LPAs to take account of:

- a) the desirability of sustaining and enhancing the significance of heritage assets and putting them to viable uses consistent with their conservation;
- b) the positive contribution that conservation of heritage assets can make to sustainable communities including their economic vitality; and,
- c) the desirability of new development making a positive contribution to local character and distinctiveness.

3.43 When considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset's conservation.

"This is irrespective of whether any potential harm amounts to substantial harm, total loss or less than substantial harm to its significance." (Paragraph 193).

3.44 Paragraph 194 states that any harm to, or loss of, significance to a designated heritage asset, should require clear and convincing justification. Paragraph 196 requires that in circumstances that would lead to less than substantial harm to a designated heritage asset, the harm should be weighed against the public benefits of the proposal, including, where appropriate, securing its optimum viable use.

3.45 LPA's should look for opportunities for new development within the setting of heritage assets to enhance or better reveal their significance. Proposals that preserve those elements of the setting that make a positive contribution to the asset should be treated favourably (Paragraph 200).

3.46 In applying the above policies, the NPPF defines 'conservation' as: "The process of maintaining and managing change to a heritage asset in a way that sustains and, where appropriate, enhances significance."

Manchester City Council Core Strategy Development Plan Document (2012-2027)

3.47 The Core Strategy was adopted in July 2012 and contains the following policy with respect to 'Heritage': Policy EN 3:

"Throughout the City, the Council will encourage development that complements and takes advantage of the distinct historic and heritage features of its districts and neighbourhoods, including those in the City Centre. New developments must be designed so as to support the Council in preserving or, where possible, enhancing the historic environment, the character, setting and accessibility of areas and buildings of acknowledged importance, including scheduled ancient monuments, listed buildings, registered parks and gardens, conservation areas and archaeological remains. Proposals which enable the re-use of heritage assets will be encouraged where they are considered consistent with the significance of the heritage assets."

3.48 The City Council also retains a series of extant UDP policies relevant to 'Citywide Development Control', including the following that are relevant to the proposed development:

Listed Buildings "DC19.1 In determining applications for listed building consent or planning applications for development involving or having an impact on buildings of Special Architectural or Historic Interest, the Council will have regard to the desirability of securing the retention, restoration, maintenance and continued use of such buildings and to protecting their general setting.

In giving effect to this policy, the Council will:

- a) not grant Listed Building Consent for the demolition of a listed building other than in the most exceptional circumstances, and in any case, not unless it is satisfied that every possible effort has been made to continue the present use or to find a suitable alternative use;
- b) not permit a change of use of a listed building, where it would have a detrimental effect on the character and appearance of the building;
- c) not permit any external or internal alteration to a listed building where, in its opinion, there would be an adverse effect on its architectural or historic character;
- d) seek to preserve and enhance the settings of listed buildings by appropriate control over the design of new development in their expressed within the corridor itself, allowing the original structure and form of the corridor to be appreciated.
- e) permit demolition only where there are approved detailed plans for redevelopment and where there is evidence of a firm building contract;
- f) not permit alterations to a listed building which would prevent the future use of any part of the building, in particular upper floors or basements, or where poor maintenance is likely to result.

The Proposal

4.1 This section of the report briefly describes the proposed scheme and its effect on the heritage significance described earlier. The proposed scheme is illustrated in the drawings prepared by Day Architectural.

The proposed scheme and its effect on heritage significance:

4.2 From the assessment of significance for the Cobbett House there are clearly elements of the building that are of considerably less significant than others. However the proposal is only limited to a small area of the Ground floor and therefore the opportunity exists to maintain and preserve the majority of the significant elements of the existing building while enabling the historic building fabric to be enhanced in use, quality and architecture.

4.3 The proposal involves the refurbishment of a former café space to enable the relocation of the Charities Office administrative function from elsewhere within Cobbett House.

4.4 The works broadly comprise the removal of modern-era café installation including catering kitchen and server equipment, lightweight partitions and fitted-furniture along with all of the associated building services and new office fit-out comprising proprietary glazed and lightweight plasterboard partitions and flexible office furniture and related buildings services infrastructure. The fit-out has minimal intrusions to the building fabric.

4.5 As previously noted and given the significance of the timber panels in the adjacent Reception space, the existing 'nib' (secret) door, are to be preserved and repurposed to suit the proposed layout of the new Charities Office.

4.6 The existing doors have been considered as openable panels fitted with discrete ironmongery, which are intended to act as a 'visual screen' for the new Critall glazed door set inside the refurbished space. This will provide a secure and DDA compliant entrance door to the new space.

4.7 The works have been designed on a reversible basis and the space can be repurposed to suit any future needs of the Trust, without any significant impact on the original building fabric.

4.8 For the avoidance of doubt, this is NOT an application for temporary permission, but one which seeks the support of the Conservation Officer and Council to re-purpose a currently redundant space to the benefit of the wider NHS Trust, such that the unique healthcare provision provided, can be maintained and continue to function.

4.9 With the exception of the removal of redundant mechanical (extract and ventilation) plant, no external works are required.

4.10 The existing function of the immediately surrounding accommodation and beyond within Cobbett House will remain unchanged and undisrupted.

4.11 The works would also bring forward a series of other planned repairs to the wider Cobbett House building including but not limited to; cast-iron rainwater refurbishment, localised lime re-pointing, localised window repair / refurbishment and paint / redecoration and the like.

4.12 All other elements of the historic fabric including the main frontage to Oxford Road and north and south wings of the building are unaffected by the works. These elements are of the highest significance architecturally and internally the building will remain in-tact.

- 4.13 The building mostly contains the original fittings and fixtures, including doors, floor plan and fireplaces. These are unaffected by the works and will be retained.
- 4.14 The frontage of the building in particular is the key element of the hospital that visually – and architecturally - links it, as part of the group with the Royal Infirmary and the Royal Eye Hospital along Oxford Road. The robust architectural style and the deep red/terracotta materials gives the building great visual dominance.
- 4.15 The retained elements of the hospital represent the most significant architectural element of the complex, and as a consequence of its prominence and status on Oxford Road also enables the historical and communal values attributed to Cobbett House are to be retained and appreciated by those that knew the hospital in the past.
- 4.16 The proposals form a key part of an overall strategy at the hospital campus to improve the fabric of the historic and listed building fabric thus enabling the internal functions to be maintained and undisrupted. These amenities, for staff and visitors to the wider hospital site, do not exist elsewhere on the site and thus will increase vitality and vibrancy over the whole wider campus.
- 4.17 The main railings and gates along the Oxford Street frontage will be retained.
- 4.18 The proposals will preserve the grandeur of the historic ‘frontage’ buildings and their setting in the wider campus delineated by the historic Oxford Road buildings and the new buildings that form the world class medical campus that sit behind and are accessed primarily from York Place.
- 4.19 The continued use of the building forms a key element of the hospital’s strategic aim to enhance the city’s core clinical, research and innovation strengths.
- 4.20 The proposals will contribute to the opportunity to attract new clinical healthcare provision that will make a positive contribution to the NHS Trust, in respect of healthcare knowledge, expertise, skills and employment, all of which will make a strategic contribution to the objectives of Corridor Manchester and the quality of healthcare service within Manchester and the City Region.
- 4.21 Specifically, the facilities will provide the opportunity for the centralisation and upgrading of the Charities Office currently located elsewhere within Cobbett House, and for the essential function and contribution of the office to continue in supporting the essential services that the wider Trust provide.
- 4.22 The setting of the other listed buildings identified earlier in the report will not be affected by the proposals.

Compliance with policy and guidance

5.1 This report has provided a detailed description and analysis of the significance of Cobbett House and its heritage context, as required by Paragraph 128 of the National Planning Policy Framework. In addition, the report also describes how the proposed scheme will affect that heritage significance.

The level of 'harm' caused by the proposed scheme

5.2 As outlined in Section 4, the NPPF identifies two levels of potential 'harm' that might be caused to a heritage asset by a development: 'substantial harm...or total loss of significance' or 'less than substantial'. Both levels of harm must be caused to a designated heritage asset – in this instance, Cobbett House, other listed buildings and their settings.

5.3 The proposed scheme, in our considered view, preserves the special architectural and historic interest of the listed building, and thus complies with S.66(1) of the Planning (Listed Buildings and Conservation Areas) Act 1990. It does not lead to 'substantial' harm to the listed building or any other heritage assets.

The balance of 'harm' versus benefit

5.4 Even if it is regarded that the loss of some parts of the old hospital lead to 'less than substantial' harm, the potential benefits of the proposed scheme is clear (as set out earlier in this report and in detail in other documents submitted as part of this application).

5.5 The function provided within Cobbett House and the immediate vicinity unique and have local, regional and national importance and cannot be easily relocated or replicated elsewhere, thus it is essential they are maintained 'in-situ' with the least disruption possible.

5.6 The works have been specifically designed as a medium to long-term measure to suit technical, financial and logistical constraints and wider issues across the Trust.

5.7 The sensitive and non-intrusive nature of the proposals are designed to supplement the remaining historic elements in a way that allows the historic buildings on Oxford Road to retain its prominence. The proposal is also fully reversible.

5.8 The proposals will also maintain the amenities for patients, staff and visitors to the hospital not provided elsewhere on the campus. This would more than outweigh any 'harm' that might be asserted to be caused by the various interventions proposed. The core special architectural and historic interest of Cobbett House and other heritage assets remains entirely intact in the proposal.

The National Planning Policy Framework

5.9 In respect of Paragraph 131 of the NPPF, the proposed scheme can certainly be described as 'sustaining and enhancing the significance of heritage assets and putting them to viable uses consistent with their conservation'.

5.10 The proposed scheme complies with Paragraph 133 of the NPPF – we believe that it does not lead to 'substantial harm to or total loss of significance of a designated heritage asset'. The element of the building that is to be sensitively refurbished such there will be no loss of its architectural significance nor detracts from the main 'set-piece' architecture of the building. Further, the historical and communal significance of the building is still well-represented in the remaining historic building.

5.11 It also complies with Paragraph 134 for the reasons given in detail earlier in this report –any ‘less than substantial harm to the significance of a designated heritage asset’ (Paragraph 134) that might be ascribed to the scheme is outweighed by the substantial public benefits described in Section 5 of this report and elsewhere in the application. The proposal will give the building and its adjacent components, a continued use to provide world-class facilities to Manchester’s medical community.

Manchester’s Local Development Framework

5.11 In positively addressing the requirements of the National Planning Policy Framework, the works also meet the policy requirements of the Manchester City Council Local Plan relevant to the historic built environment.

5.12 In terms of Policy EN3 the proposals ‘complements and takes advantage of the distinct historic and heritage features of its districts and neighbourhoods’ through the contextual approach to the design. The development will ‘preserve and enhance the historic environment, the character, setting and accessibility of the area and buildings o acknowledged importance. In this instance, the area is historically acknowledged as the centre of the City’s medical hub and this development seeks to enhance that. Only the parts of the building that is clearly of less/no significance will be affected and the remaining elements will be refurbished and enhanced.

5.13 With regard to Policy DC19.1, it has been demonstrated that the proposals will physically only affect elements of the building that will not affect its ‘architectural or historic character’. The setting has been considered in the new design, with the materiality and form specifically designed to ensure that the main frontage building retains its prominence in views along Oxford Road.

Conclusion

- 6.0 This application seeks the support of the Council and Conservation Officer for the sensitive refurbishment of the former café to provide modern and attractive accommodation for the Manchester Royal Infirmary Charities Office to continue their essential charitable support of the hospital and the wider Trust.
- 6.1 The existing functions of the adjacent accommodation are unaffected by the proposal and remain unchanged.
- 6.2 The works will not affect the significance, including setting, of any other heritage assets and given the legislative and policy context of this Heritage Statement and the recognised significance of Cobbett House.
- 6.3 No new structural openings are to be formed, with existing openings being retained and repurposed where appropriate, thus preserving the historic fabric.
- 6.4 Significant elements of the building fabric, such as the timber panelling within the Reception space, are to be substantially retained and repurposed where appropriate (using existing features).
- 6.5 The proposal is considered to be in accordance with the relevant statutory duty of Section 16 of the Planning (Listed Buildings and Conservation Areas) Act 1990.
- 6.6 The works have been designed on a fully reversible basis, with no adverse impact on the historic fabric.
- 6.7 The proposals will sustain and enhance the significance of the identified heritage assets and would therefore be consistent with the requirements of the NPPF and the Manchester City Council Core Strategy and Development Plan Document.
- 6.8 Other minor repair works to the immediately adjacent external envelope are intended to prevent further deterioration. Cobbett House is a Grade II listed building and is a landmark for the Trust.

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