

JANUARY 2022

Old St Mary's, Manchester Royal Infirmary, Oxford Road, M13 9WL
Urgent fabric repairs - Planning portal ref: PP-11011765

Planning, Heritage & Design Statement



Contents

1 Introduction

2 Signification of Heritage Assets

3 Impact Assessment - Application Site & Surrounding Area and Planning History

4 The Proposal

5 National and Local Planning Policy Context Planning Appraisal and Compliance

6 Conclusion

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 urgent repairs (the 'Preservation Works') to the dome roofs of the north and south turrets of Old St Mary's off Oxford Road, Manchester (the 'application site').

1.2 The proposal broadly comprises the retention of the existing terracotta finish and concealed masonry supporting structure and over-leading using traditional detailing on a temporary and reversible basis, until such time that the intended carefully dismantling and rebuilding of the domes, can be technically, financially and logistically delivered by the applicant.

1.3 For the avoidance of doubt, this is NOT an application for temporary permission, but one which seeks the support of the Council and Conservation Officer to improve the weathering integrity of the domes, such that the unique healthcare provisions accommodated internally, can be maintained and function without disruption.

1.4 From an historic environment perspective, Old St Mary's 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 preservation works would 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 Old St Mary's, 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:

FPL drawings:

(0-)AXP001 Site location plan.

South turret

- (0-)AXP005 Existing roof plan & section a-a;
- (0-)AXP006 Existing west, south, east & north elevations;
- (2-)APP010 Proposed roof plan & section a-a; and,
- (2-)APP011 Proposed west, south, east & north elevations.

North turret

- (0-)AXP007 Existing roof plan & section a-a;
- (0-)AXP008 Existing east, north, west & south elevations;
- (2-)APP012 Proposed roof plan & section a-a; and,
- (2-)APP013 Proposed east, north, west & south elevations.

FPL site photographic record photographs.

Signification of Heritage Assets

Historical background

- 2.1 The hospital was founded in 1790 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.
- 2.2 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.
- 2.3 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.
- 2.4 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.
- 2.5 The other hospital on Oxford Road in Chorlton-on-Medlock opened in April 1911. The hospital also had a School of Nursing that certified midwives. In 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.
- 2.6 A clinic for venereal disease was opened in 1919 and ante-natal clinics were instituted in 1923. https://en.wikipedia.org/wiki/Saint_Mary%27s_Hospital,_Manchester - cite note-hub-2 A formal co-operation arrangement was made with the Manchester Royal Infirmary in 1939 which resulted in the Gynaecological department being transferred from the Infirmary to St Mary's and a shared nursing staff and training school being instituted.
- 2.7 During the Second World War most patients were moved, first to Blackpool and then to Prestbury, Cheshire, well away from the city-centre. Prestbury Hall and later Adlington Hall were also used. At the start of the NHS in 1948 it formed part of The United Manchester Hospitals.
- 2.8 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.

- 2.9 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.

The Signification of Heritage Assets

- 2.10 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)."
- 2.11 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.
- 2.12 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).
- 2.13 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."
- 2.14 Listed buildings are designated for their special architectural or historic interest in accordance with the DCMS Principles for Selection of Listed Buildings (2010). Royal Infirmary (Cobbett H, Admin/DRS Res Block, X Ray Teaching Block and Chapel) (Grade II).
- 2.15 The Royal Infirmary was listed in June 1994 and the List Entry describes the building as follows:

Hospital. 1909, by John Ely. Red brick with matching terracotta dressings, slate roofs. Extended E-plan formed by main range parallel to street with 3 slightly-radiating ward blocks to the rear. Diluted Edwardian Baroque style. Three storeys with basement and attics, 7 bays (3:2:3:3:3:2:2 windows at 1st floor), symmetrical, the centre bay wider, those flanking it breaking forwards slightly and gabled, and the end bays canted; with a 1st-floor band, modillioned cornice and balustraded parapet. The centre has steps up to a wide central entrance with an architrave of coupled fluted Tuscan columns on pedestals with triglyph frieze and broken segmental pediment, and a round-headed doorway with raised run-out voussoirs and keystone, and coupled windows in a pedimented architrave above this. The gabled bays have 4-light windows at 2nd floor, segmental pediments over the cornice, and attic gables with 2-light windows and apex finials. The canted end bays have octagonal turrets with domed lead roofs. All the windows have keystones, those at 1st floor have shouldered architraves and cornices, and those at 2nd floor are paired and have similar architraves; those at 1st and 2nd floor are sashed with glazing bars but those at ground floor have altered glazing. Returned ends and rear wings in similar style. Interior not inspected. Forms group with Royal Infirmary to north.

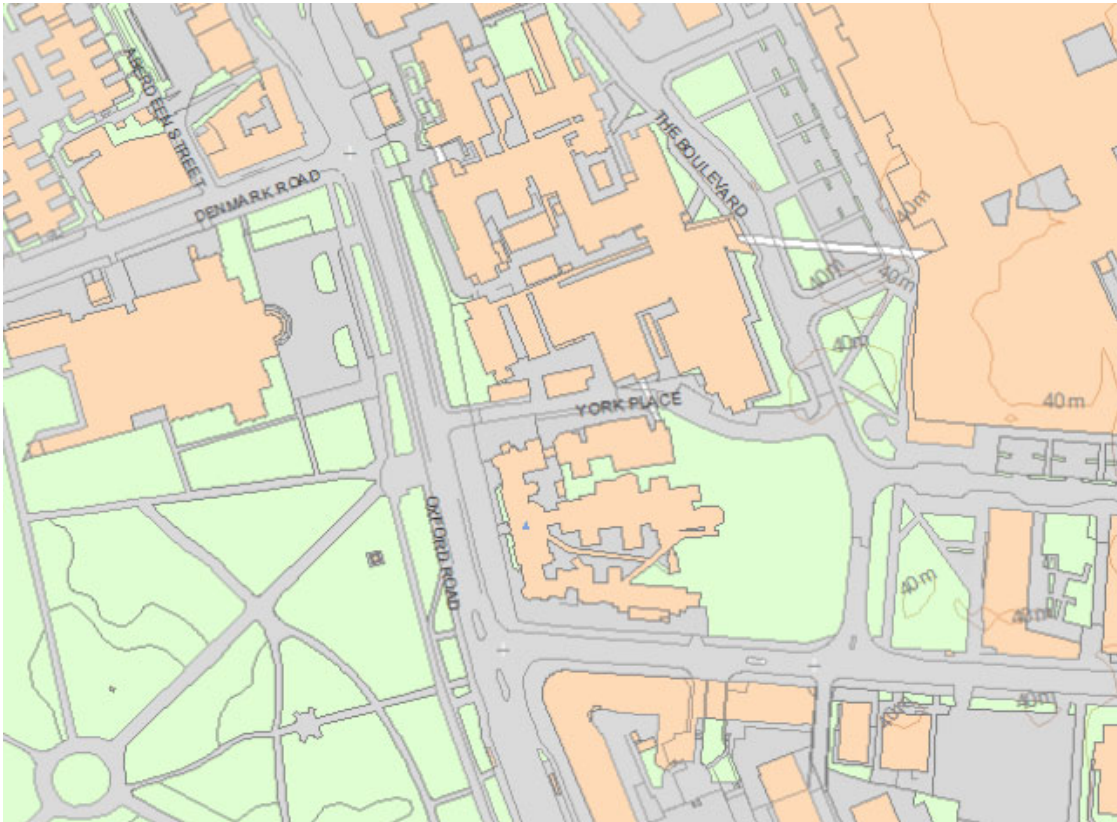
Listing NGR: SJ8499595902

Listing reference SJ 8496 - 698-1/21/611 on 15/02/1989.

Manchester Oxford Road, Chorlton-on-Medlock (East side)

Royal Infirmary (Cobbett H, Admin/Drs Res, X Ray Teaching Blk and Chapel) GV II.

Map:



District: Manchester (Metropolitan Authority)

National Grid Reference: SJ 84944 96101.

Details:

SJ89NW OXFORD ROAD, Chorlton-On-Medlock 698-1/4/613 (East side) St Mary's Hospital

The Site & Historical Context

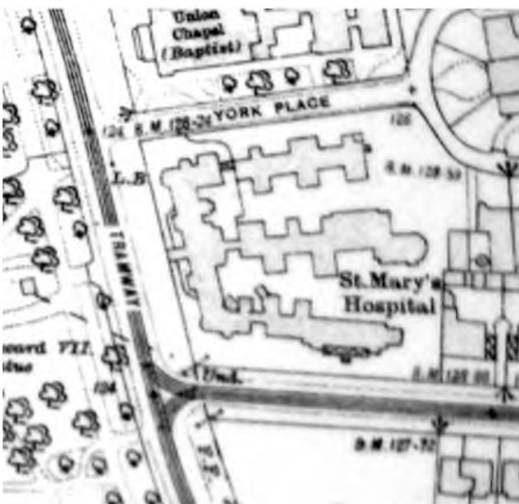
- 3.1 The site of the Old St Mary's Hospital is bounded by Hathersage Road, Oxford Road and The Boulevard. The Old St Mary's Hospital is Grade II listed and is currently in use for healthcare. The site is not located within a conservation area or any sites of specific scientific interest.
- 3.2 The site is located adjacent to the Manchester Royal Infirmary along the Oxford Road Corridor to the south of Manchester City Centre. Access to the site is from the Hathersage Road and Oxford Road. 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.
- 3.3 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

- 3.4 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.
- 3.5 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.
- 3.6 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. The hospitals have subsequently spread over 42 acres replacing mid-nineteenth century housing.



Figure: OS Map (1889-89 revision) showing the site of the hospital bounded by York Place to the north and Oxford Road to the west (Manchester Local Studies Library).



Figures: Fig: OS Map (1915-1916) Figure 3: OS Map (1949/50) Showing the evolution of the hospital over the first half of the twentieth century. (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 1960s additions were 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 and the former Royal Eye Hospital form a group (along with old St Mary's Hospital) 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 St Mary's Hospital was listed Grade II in June 1994. The list description is noted in an earlier section.

There are a number of listed buildings in the vicinity of Old St Mary's Hospital:

- Royal Infirmary – 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 St Mary's Hospital 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 being 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 St Mary's Hospitals were amalgamated with the Royal Infirmary and 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 St Mary's Hospital 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 front and south wings of the building retain their 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 1930s 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 1960s 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 1960s 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 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.

- 3.36 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.
- 3.37 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.
- 3.38 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 as a consequence 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

3.39 The proposed preservation 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).

3.40 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.

3.41 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).

3.42 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.

3.43 LPAs 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).

3.44 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)

3.45 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."

3.46 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 Finlason Partnership.

The proposed scheme and its effect on heritage significance:

- 4.2 From the assessment of significance for the Old St Mary's Hospital building there are clearly elements of the building that are of considerably less significance than others. There is also an opportunity to maintain and preserve the most significant elements of the existing building while enabling the historic building fabric to be maintained as a whole and enhanced in use, quality and architecture.
- 4.3 The proposed works is intended to address the failed weathertightness of the minor terracotta domes and adjacent building fabric at high-level to prevent further damage from continued water ingress.
- 4.4 The works broadly comprise the retention of the existing terracotta finishes and concealed masonry supporting structure and over-leading using traditional detailing.
- 4.5 The works have been designed as temporary measure and reversible basis, until such time that the intended carefully dismantling and rebuilding of the domes, can be technically, financially and logistically delivered by the applicant.
- 4.6 The stability of the supporting brick domes are to be checked by the structural engineer to due to wet rot and water ingress. If necessary, temporary support to prevent the domes from collapsing is to be introduced, until such time that the permanent works (careful dismantling and rebuilding of the domes) can be delivered effectively.
- 4.7 Other associated works include the reinstatement of lead cornice dressings, reinstatement of damaged / missing rainwater goods, localised re-pointing of the brickwork and terracotta facings and general making-good and preserving the historic architectural features and fabric using traditional methods and materials.
- 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 significantly improve the weathering integrity of the domes, such that the unique healthcare provision provided internally, can be maintained and continue to function without further disruption.
- 4.9 Existing mortar joints have become soft, cracks and damages are visible. To prevent any further water damage the proposal is to repoint below the domes to the first primary cornice level. The original mortar shall have a sample taken and the mix analysed and repeated to achieve the same performance and appearance. A sample panel will be carried out with the mortar and struck to match the pointed joints.
- 4.10 Similarly, all supporting lintels above the window openings are to be inspected by the structural engineers to check their condition and advise on any remedial works subject to LPAs approval.
- 4.11 Other minor repair works are intended to prevent further deterioration. Old St Mary's is a Grade II listed building. It's a landmark for the Trust and it's the Trust best interest to carry out preservation work to stop further deterioration and to enable improved use of the facilities.

- 4.12 The existing function of the accommodation below the domes will remain unchanged and undisrupted.
- 4.13 The preservation works would also bring forward a series of planned repairs to the wider Old St Mary's building including but not limited to; adjacent slate and lead roofs, leadwork, stone repairs and windows and the like.
- 4.14 Cleaning the facade brick and stone works would rekindle the original materiality of the red brick with matching terracotta dressings architectural frontage to the vast community. Reinstated slipped roof tiles and felt will make the building fabric weathertight and prevent further wet rot damages to all internal features.
- 4.15 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.
- 4.14 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.
- 4.15 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.
- 4.16 The retained elements of the hospital represents 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 Old St Mary's Hospital to be retained and appreciated by those that knew the hospital in the past.
- 4.17 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.
- 4.18 The main railings along the Oxford Street frontage will be retained. The lead covering of the domes in a traditional manner, will not detract in any way from an appreciation of the overall composition of the listed hospital and its setting will be retained.
- 4.19 The proposals aim to 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.
- 4.20 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.
- 4.21 The proposals will continue to 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.

4.22 Specifically, the facilities will provide the opportunity for the upgrading of the clinical facilities within Old St Mary's, particularly the Department of Reproductive Medicine (also known as the IVF unit) and essential services that support the Justice System.

4.23 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 Old St Mary's Hospital 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, Old St Mary's Hospital, 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 care provided at Old St Mary's within the immediate vicinity of the domes is 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 short to medium-term measure due to technical, financial and logistical constraints and wider issues across the Trust.
- 5.7 The lead-covering over of the domes is designed to supplement the remaining historic elements in a way that allows the historic buildings on Oxford Road to retain its prominence, however is fully reversible.
- 5.8 The proposals will also provide 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 Old St Mary's Hospital 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 proposed to be demolished has been unsympathetically altered and extended to such an extent that it has lost its architectural significance and now detracts from the main 'set-piece' architecture of the front building and south wing. Further, the historical and communal significance of the building is still well represented in the remaining historic building – including the chapel.

- 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 extensions a use that can provide world-class facilities to Manchester's medical community. The most significant element of the old hospital will be retained, repaired and refurbished back to its former glory.

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 The care provided at Old St Mary's within the immediate vicinity of the domes is 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.
- 6.1 The proposed works is intended to address the failed weathertightness of the terracotta domes and adjacent building fabric at high-level to prevent further damage from continued water ingress.
- 6.2 The works have been specifically designed as a short to medium-term measure due to technical, financial and logistical constraints and wider issues across the Trust.
- 6.3 The lead-covering over of the domes is designed to supplement the remaining historic elements in a way that allows the historic buildings on Oxford Road to retain its prominence.
- 6.4 The works have been designed as temporary measure and reversible basis, until such time that the intended carefully dismantling and rebuilding of the domes, can be technically, financially and logistically delivered by the applicant.
- 6.5 The stability of the supporting brick domes are to be checked by the structural engineer to due to wet rot and water ingress. If necessary, temporary support to prevent the domes from collapsing is to be introduced, until such time that the permanent works (careful dismantling and rebuilding of the domes) can be delivered effectively.
- 6.6 Existing mortar joints have become soft, cracks and damages are visible. To prevent any further water damages the proposal is to repoint below the cornice. The original mortar shall have a sample taken and the mix analysed and repeated to achieve the same performance and appearance. A sample panel will be carried out with the mortar and struck to match the pointed joints. When this is agreed with the Listed Building Control Officer the panel will be the benchmark to this elevation.
- 6.7 Similarly, all supporting lintels above the window openings are to be inspected by the structural engineers to check their condition and advise on any remedial works subject to LPAs approval.
- 6.8 Other minor repair works are intended to prevent further deterioration. Old St Mary's is a Grade II listed building. It's a landmark for the Trust and it's the Trust best interest to carry out preservation work to stop further deterioration and to enable improved use of the facilities.
- 6.9 The existing function of the accommodation below the domes will remain unchanged.
- 6.8 The preservation works would bring forward a series of planned repairs to the wider Old St Mary's building including but not limited to; slate and lead roofs, leadwork, stone repairs and windows and the like.
- 6.10 Cleaning the facade brick and stone works would rekindle the original materiality of the red brick with matching terracotta dressings architectural frontage to the vast community. Reinstated slipped roof tiles and felt will make the building fabric weathertight and prevent further wet rot damages to all internal features.
- 6.11 The proposals are therefore in accordance with the relevant statutory duty of Section 16 of the Planning (Listed Buildings and Conservation Areas) Act 1990.

6.11 The proposals would 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.

Prepared by:

Martyn Wilshaw

FPL Architect, Director

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Finlason Partnership Ltd
Suite 4, Beech House
1 Cambridge Road
Hale
Cheshire
WA15 9SY

0161 929 4422
www.finlasonpartnership.co.uk
Company No: 8982722
VAT: 185 2403 13