LEVRANT

# Ward 90, Old St Mary's Hospital, Manchester

## Asbestos removal to first floor ceiling

## Heritage Statement

June 2026

### Introduction

This Heritage Statement has been prepared to accompany a Listed Building Consent application for the removal of the first floor ceiling to the south wing (Ward 90) of the Grade II listed Old St Mary's Hospital, Manchester. The report is produced by Levrant, a practice of conservation architects, surveyors, and heritage consultants who specialise in the built historic environment.

The removal of the ceiling to the first floor is proposed due to contamination of the area with asbestos containing materials. Redundant services above the ceiling were lagged in asbestos which have deteriorated throughout the ceiling void. Given the type of asbestos, its friability and large distribution, the existing expanding metal lath (EML) and plaster has been found to be contaminated with asbestos. Removal of the ceiling is required to facilitate the wider refurbishment of Ward 90 to allow it to be put back into active use as a hospital ward.

In line with the requirements of the NPPF (Paragraph 207), the purpose of this report is to first set out the significance of the heritage asset to be affected by the proposals and subsequently assess the degree of change and relative impact of the proposals upon the significance.

This Statement should be read in conjunction with the drawings and DAS prepared by Sheppard Robson and others.

This statement was prepared by:

- Kirsten McKnight BA (Hons), MA, MSc, IHBC – Associate Director

### Location and Designations

Old St Mary's Hospital (**Figure 1**) is located to the south of Manchester City Centre on Oxford Road at its junction with Hathersage Road. The building is Grade II listed – the full list description for the building is provided in Appendix A.


© HERITAGE ARCHITECTURE LIMITED

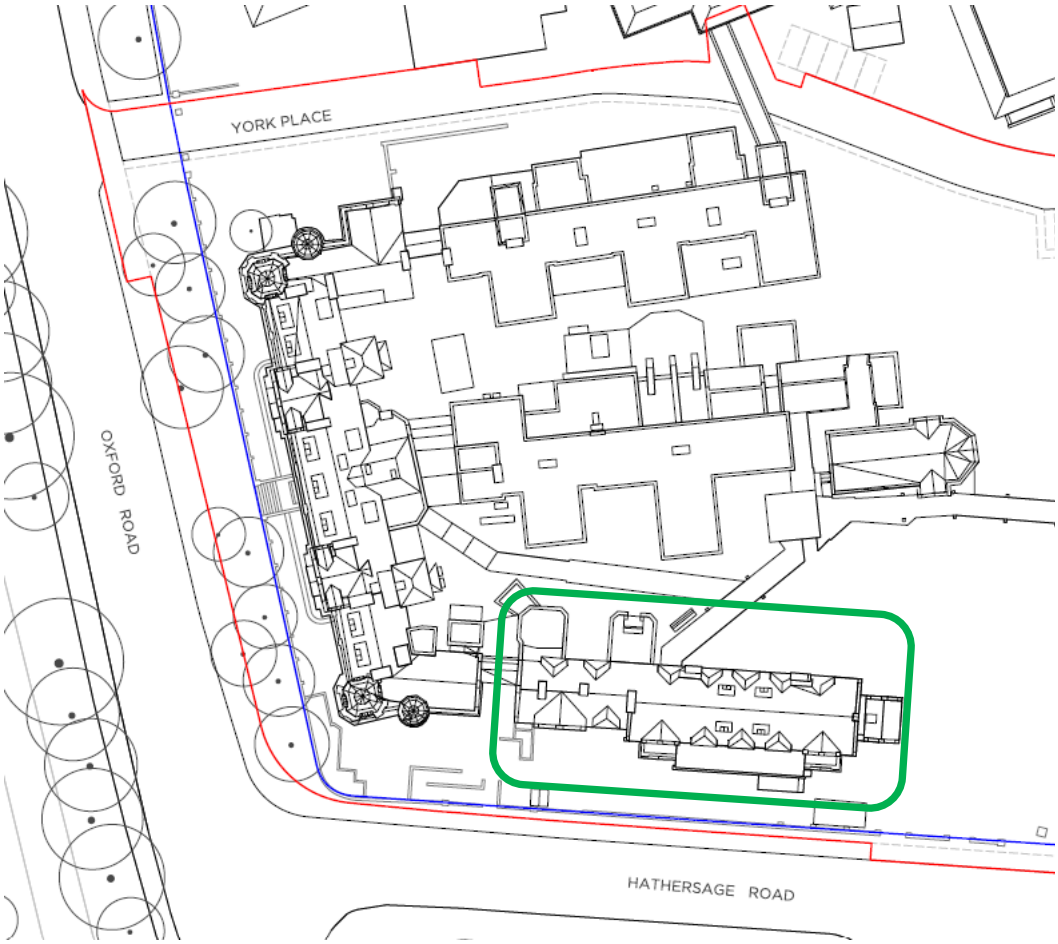



**Figure 1**: Site plan illustrating the location of the south wing in relation to the wider site (outlined in green). Source: Sheppard Robson

## Overview of Relevant Legislation, Planning Policy, and Guidance

This document was prepared in consideration of the following:

*National Legislation and Policy*

- Planning (Listed Buildings and Conservation Areas) Act 1990
- National Planning Policy Framework (NPPF) (2024) N.B. Last updated February 2025.
    - The relevant paragraphs are: 135, 139, 207, 212, 213, 214, and 215

*National Guidance*

- National Planning Policy Guidance (PPG) (2024)
- Conservation principles, policies and guidance for the sustainable management of the historic environment, English Heritage, April 2008
- Good Practice Advice in Planning, Historic England (GPAs):
    - Planning Note 3: The Setting of Heritage Assets (December 2017)
- Advice Notes, Historic England (HEANs)
    - Note 12 - Statements of Heritage Significance: Analysing Significance in Heritage Assets (October 2019)

*Relevant Regional and Local Policy and Guidance*


© HERITAGE ARCHITECTURE LIMITED

- Greater Manchester Combined Authority Places for Everyone (PfE) (2024)
    - Policy JP-P2 addresses 'Heritage'
- Manchester City Council's Core Strategy (2012)
    - Policy CC9 (Design and Heritage), Policy EN3 (Heritage)
- Manchester City Council's Unitary Development Plan
    - Development Control Policy 19.1 (listed buildings)

## Significance Appraisal

The purpose of the significance appraisal is to use recognised criteria to assess the heritage significance and interest of the site and of the settings of the identified heritage assets which could be affected by the form of the proposed development of the site.

The significance appraisal will inform the subsequent Heritage Impact Assessment (HIA) which considers the effects of the proposals in heritage terms upon the significance of the identified heritage assets. This in turn allows, in a planning policy context, the extent of "harm" upon any heritage asset incurred by the proposals to be established within the terms defined by the NPPF.

*Old St Mary's Hospital – Background and First Floor of Ward 90*

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. It fully opened in 1911 with women's and children's wards. 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.

The E-plan building was arranged with administration in the 3-storey front range and three 2-storey rear pavilions or wings for maternity and women's wards to the north and middle wings, and a children's ward in the southern wing fronting Hathersage Road.

Archival plans illustrate that the whilst the main part of the ground floor of the southern wing was designed as an open ward, the first floor contained cubicles for staff (**Figure 2**). It is not known if these proposals were implemented, as a photo from c.1912 (**Figure 3**) illustrates that the ground floor ward was not built with the large central chimney flue seen in the archival plans and instead has large, covered radiators/ heaters. The veranda at first floor level is also not shown. The archival plans illustrate the west end of the wing at first floor level was split into rooms for bedrooms; the eastern end housed toilet/ bathroom facilities.

Following the recent soft strip of the first floor an asbestos survey has revealed that a high level of asbestos containing materials are present above the existing ceiling. The accompanying photographic schedule of the ceiling, by Shepard Robson, illustrates the present condition of the ceiling which is damaged in areas due to previous services/ installations and water damage. **Figures 4 and 5** illustrate the revealed original ceiling of the ward, which consists of expanding metal lath (EML) and plaster. The photos also illustrate that the ceiling is plain and utilitarian in appearance; there are no fixtures or fittings of note within the space. The key areas of historic fabric relate to the external envelope/ fenestration arrangement and remaining internal plan form – these are considered to be of high significance. Whilst the historic roof structure is also considered to be of high significance, the EML and plaster ceiling is typical of its time and not rare – it is considered to be of low-to-medium significance.


© HERITAGE ARCHITECTURE LIMITED

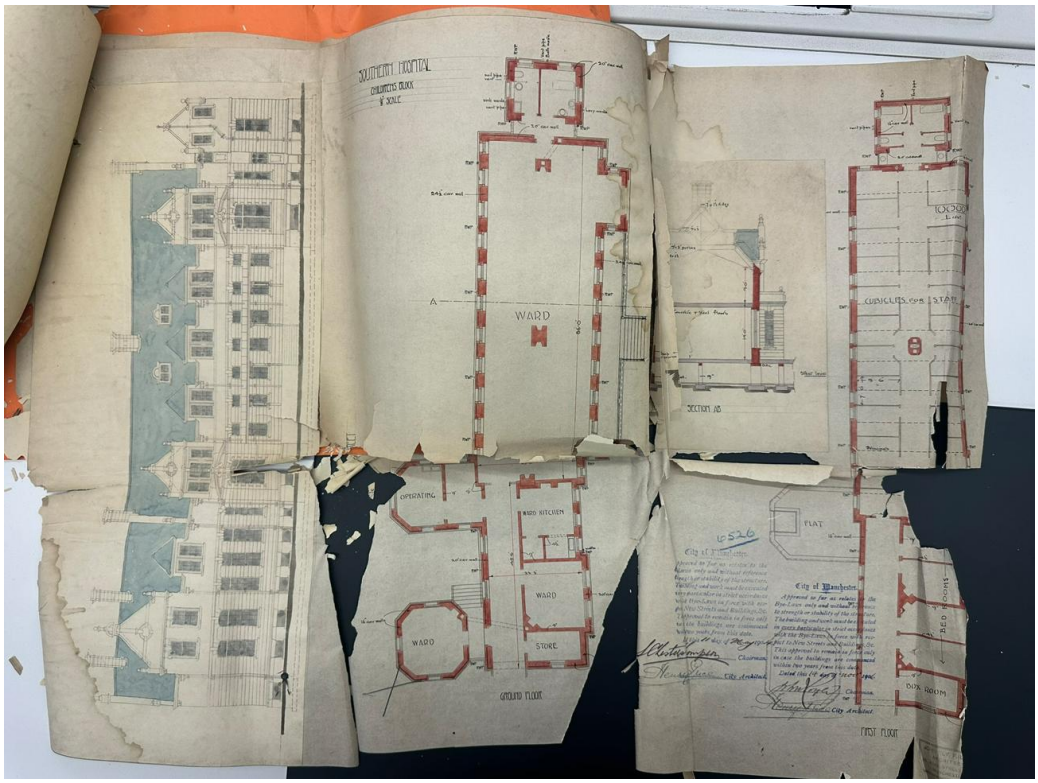



**Figure 2:** Building control plans of the south wing dated 1906. Source: Manchester Libraries




**Figure 3:** Photo from 1912 of the ground floor area of the southern wing


© HERITAGE ARCHITECTURE LIMITED



**Figure 4:** Photo of Ward 90 looking west post-soft strip – April 2026 (Source: Sheppard Robson).



**Figure 5:** Detail of an exposed area of the EML and plaster ceiling to Ward 90 (Source: Sheppard Robson).


© HERITAGE ARCHITECTURE LIMITED

*Proposals*

The works comprise the removal of all areas of existing EML and plaster ceilings to ward 90, as illustrated in **Figure 6**.

The areas where the EML and plaster is to be removed will be replaced with foil backed plaster board. The existing structural elements of the ceiling will not be affected. Please refer to the DAS and application drawings for full details.

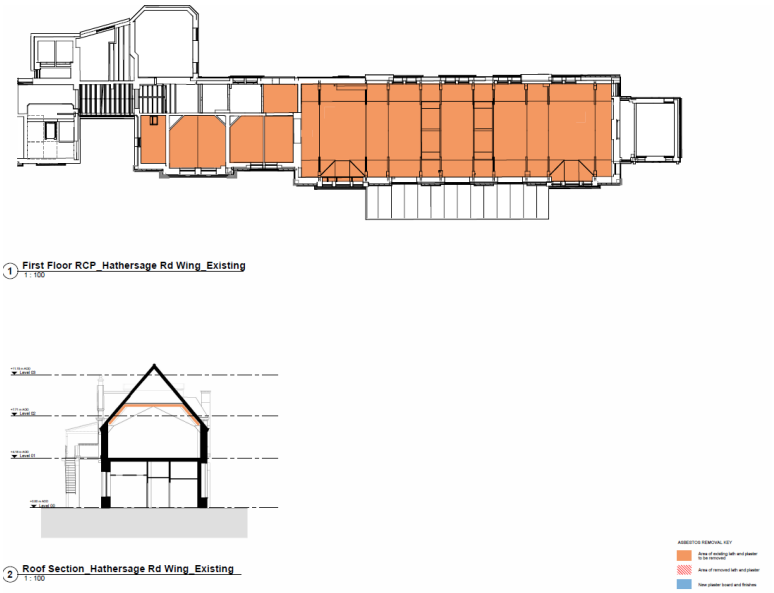



**Figure 6:** Detail of an exposed area of the EML and plaster ceiling to Ward 90 (Source: Sheppard Robson).

*Methodology*

Measuring the heritage impact of the proposed development is essentially an evaluation of change to the fabric, character, and appearance of the identified heritage asset, balanced against their relative significance. Please refer to Appendix B for relative significance / values, and the criteria for assessing the magnitude of change and significance of impact used in this Heritage Statement.

The assessment follows the recommended approach to evaluating heritage impact derived by ICOMOS (2011).

*Impact Assessment*

The focus of the proposals is to ensure that the hospital ward can be returned to active use as soon as possible, which means removing the asbestos contamination within the affected fabric of the ceiling. Whilst the removal of the removal of the ceiling, which is original historic fabric, is considered to have a minor adverse impact, it should be recognised that the replacement ceiling will retain the visual appearance of the existing ceiling and not affect the higher significance structural elements of the roof physically or visually.


© HERITAGE ARCHITECTURE LIMITED

## Conclusions

The proposals seek to remove an area of EML and plaster ceiling to the first floor of the south wing of the Grade II listed Old St Mary's Hospital. Clear and convincing justification has been provided for the extent of proposed fabric removal which is due to the contamination of the fabric with asbestos containing materials. The ceiling is considered to be original to the building but is not rare or innovative and is unadorned.

The proposals have been carefully designed to minimise impact upon the historic fabric and retain the character of the original roof/ ceiling structure in order to support the long-term viable use of the building as a hospital ward.

Whilst minor adverse harm will be caused by the removal of original historic fabric (i.e. the lower end of less than substantial harm), this is mitigated by the fact that the proposed replacement ceiling will retain the existing appearance of the ceiling, allowing for the exposed structural form to be retained. Paragraph 215 of the NPPF states, "*Where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal including, where appropriate, securing its optimum viable use".*

It will be clear that public benefits of the proposals, which include ensuring public health and safety and the long-term active use of essential hospital services, which is the optimum viable use of the building, are such that the localised adverse impact to the special interest of the listed building is outweighed.


© HERITAGE ARCHITECTURE LIMITED

## Appendix A: Official list entry

Heritage Category: **Listed Building**

Grade:**II**

List Entry Number:**1246550**

Date first listed:**06-Jun-1994**

List Entry Name:**St Marys Hospital**

Statutory Address 1:**ST MARYS HOSPITAL, OXFORD ROAD**

### Location

Statutory Address:**ST MARYS HOSPITAL, OXFORD ROAD**

District:**Manchester (Metropolitan Authority)**

Parish:**Non Civil Parish**

National Grid Reference:**SJ 84995 95902**

### Details

MANCHESTER

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

GV II

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.


© HERITAGE ARCHITECTURE LIMITED

## Significance Assessment

The appraisal of significance includes the result of desktop and site surveys, as well as professional judgement. Assumptions have been made based on previous experience and historical research sources where findings have been limited.

The key criteria for assessing the significance of assets is set-out in Historic England's 'Statements of Heritage Significance: Analysing Significance in Heritage Assets', published 21 October 2019. These definitions are in alignment with the NPPF definition of significance and are as follows:

- Archaeological interest – There will be archaeological interest in a heritage asset if it holds, or potentially holds, evidence of past human activity worthy of expert investigation at some point.

- Architectural and Artistic interest – These are interests in the design and general aesthetics of a place. They can arise from conscious design or fortuitously from the way the heritage asset has evolved. More specifically, architectural interest is an interest in the art or science of the design, construction, craftsmanship and decoration of buildings and structures of all types. Artistic interest is an interest in other human creative skills, like sculpture.

- Historic interest – An interest in past lives and events (including pre-historic). Heritage assets can illustrate or be associated with them. Heritage assets with historic interest not only provide a material record of our nation's history but can also provide meaning for communities derived from their collective experience of a place and can symbolise wider values such as faith and cultural identity.

The grading of values is typically considered using three categories: low, medium and high.

Very High / Exceptional: International architectural and historic interest and importance.

This heritage grading relates to the fabric and setting of Scheduled Ancient Monuments, Grade-I listed buildings, and Grade-I historic parks/gardens, and battlefields, defined by statute, where the particular site is well represented in the impacted historic environment.

High: National architectural and historic importance and interest.

This heritage grading relates to the fabric and setting of Grade-II* and grade-II listed buildings, Grade-II* and grade-II historic parks/gardens, battlefields, as defined by statute, and Conservation Areas containing very Important buildings where the particular site is well represented in the impacted historic environment.

Medium: Regional architectural and historic importance and interest.

This heritage grading relates to the fabric and setting of Grade-II listed buildings (dependant on character), Grade-II historic parks/gardens and battlefields, designated Conservation Areas, and Unscheduled archaeological sites and landscapes of potential national interest where the fabric and character of the site is well represented in the impacted historic environment.

Low: Local architectural and historic heritage importance and interest.

This heritage grading relates to the fabric and setting of Locally Listed Buildings (as formally identified by the Council and defined by an adopted Local Planning Policy), and sites identified and recorded as being of heritage interest on


© HERITAGE ARCHITECTURE LIMITED

the Historic Environment Record, which retain a definable heritage interest as a component of the historic environment.

### Impact Assessment

The following grading system has been used for impact assessments in this report.

**Substantial adverse**: a fundamental change in the appreciation of the heritage asset and its historic context, or setting, involving the degradation of a cultural heritage site of national importance, or the substantial demolition of any grade of a statutorily listed building. This is usually considered as 'substantial harm'. In relation to a conservation area, this is a high test representing a severe impact, where the significance of the asset is either totally lost or drained away, as established in the *Bedford BC v SSCLG38* appeal.

**Moderate adverse**: a change resulting in a level of impact that noticeably reduces the significance of a listed building or its setting, a locally important building, site, or landscape, but does not totally destroy its value. A moderate adverse impact to a conservation area occurs when development causes a noticeable, negative impact on its overall character or appearance, but does not fundamentally destroy its significance.

**Minor adverse**: a subtle change to a heritage asset resulting in a low-level, non-fundamental reduction in its significance or setting. Such harm or impact often includes reversible alterations, minor setting changes, or non-intrusive material changes This is usually considered as 'less than substantial harm'.

**Neutral**: the development would not materially affect the status quo.

**Negligible**: can be *adverse* or *beneficial* but essentially would have no significant effect on the heritage asset

**Minor beneficial**: small yet perceptible improvement in the setting of, or condition of, or character of the heritage asset or its setting. It may involve the removal of minor adverse features or be limited to appropriate reinstatement.

**Moderate beneficial**: a change that appreciably helps to explain the significance and history of the site and surrounding area, ensuring the long-term future and understanding of a heritage asset. This may include the reinstatement of lost historic features and the removal of inappropriate and intrusive later features.

**Substantial beneficial**: brought about when a development proposal significantly enhances, sustains, or better reveals the significance of a designated or non-designated asset.


© HERITAGE ARCHITECTURE LIMITED