UNDERGRADUATE BUILDING
Manchester Royal Infirmary

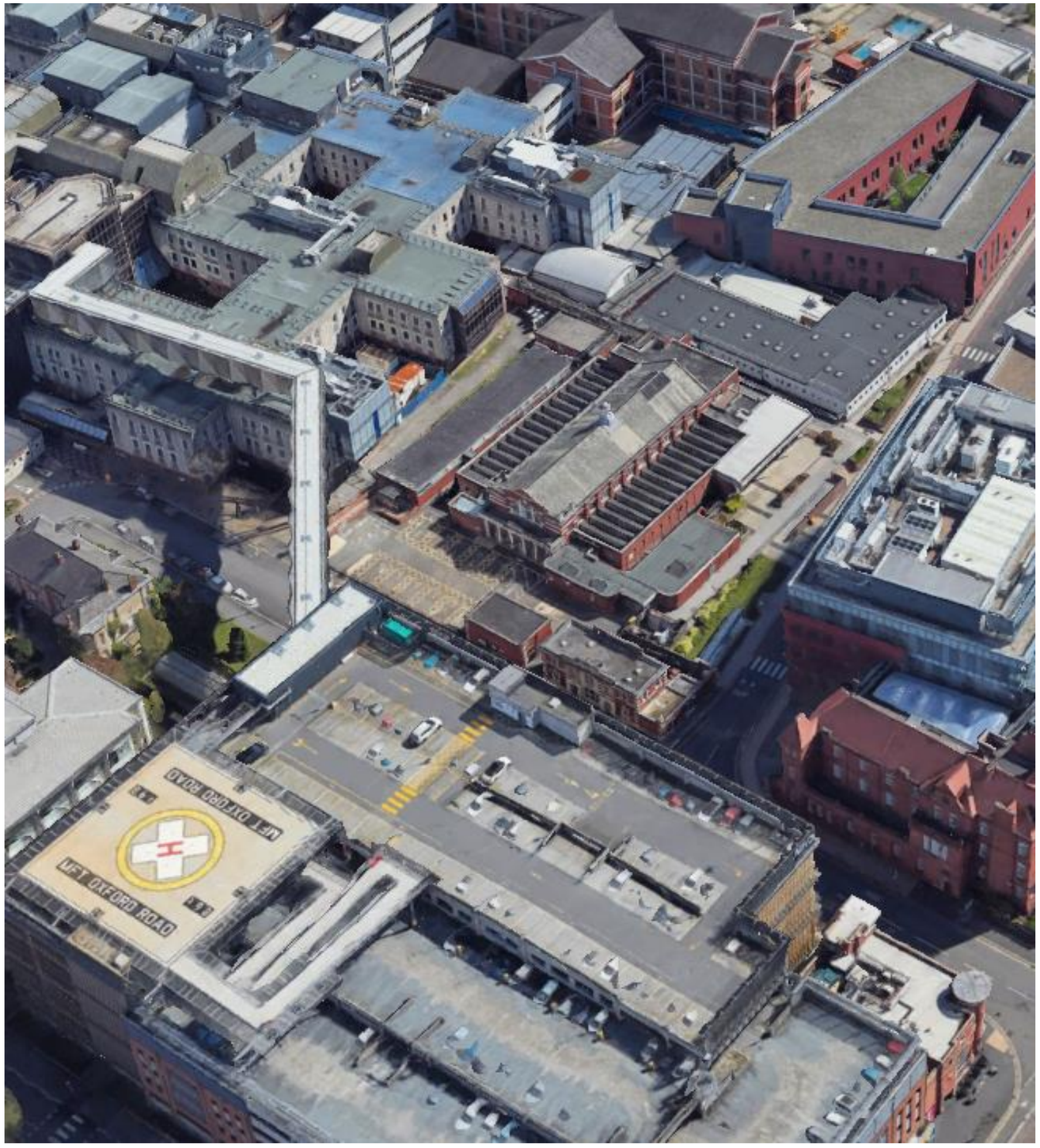
HERITAGE IMPACT ASSESSMENT

VERSION HISTORY

Project name: Undergraduate Building, Manchester Royal Infirmary — Reroofing Works
Project number: MAN\2026\02\0015
Client: Equan's

Rev	Date	Status	Name	Description
3	July 26	APPROVAL	Stephen Wardle	Senior Architectural Technologist	Planning Issue
2	June 26	APPROVAL	Stephen Wardle	Senior Architectural Technologist	Planning Issue
1	May 26	APPROVAL	Stephen Wardle	Senior Architectural Technologist	First Issue

This document has been prepared for the titled project or named part thereof and should not be relied upon or used for any other project without an independent check being carried out as to its suitabilityand prior written authority of **Graham + Sibbald** being obtained. **Graham + Sibbald** accepts no responsibility or liability for the consequences of this document being used for a purpose other than the purposes for which it was commissioned. Any person using or relying on the document for such other purpose agrees and will by such use or reliance be taken to confirm his agreement to indemnify **Graham + Sibbald** for all loss or damage resulting, therefore. **Graham + Sibbald** accepts no responsibility or liability for this document to any party other than the person by whom it was commissioned.



CONTENTS

1.0	**INTRODUCTION**	**6**
1.1	Background	6
1.2	Methodology	6
1.3	Authorship & Ownership	6
1.4	Heritage Policy and Guidance	7
1.5	Location & Description	10
1.6	Current Land Use & Management	10
1.7	Designations	10
2.0	**UNDERSTANDING THE HERITAGE**	**12**
2.1	Historic Overview	12
2.2	Former Outpatients Building	13
2.3	History & Development	14
2.4	Relevant Planning History	17
3.0	**ASSESSMENT OF SIGNIFICANCE**	**18**
3.1	Archaeological Interest	19
3.2	Architectural and Artistic Interest	19
3.3	Historical Interest	19
4.0	**SUMMARY OF PROPOSED WORKS**	**20**
4.1	General Condition	21
4.2	Main Roof Works	23
4.3	Loggia Roof Repairs	24
5.0	**HERITAGE IMPACT ASSESSMENT**	**25**
5.1	Methodology	26
5.2	Impact on the Former Outpatients Building	27
5.3	Conclusion	28
6.0	**BIBLIOGRAPHY**	**29**
6.1	Architectural Drawings	30

Project Summary

PROJECT SUMMARY

SITE NAME: Undergraduate Building (former Outpatient Building)
ADDRESS: Newton Street
SITE OWNER: Manchester University NHS Foundation Trust
LOCAL PLANNING AUTHORITY: Manchester City Council
DESIGNATIONS: Grade II Listed
CONSERVATION AREA: not applicable
DATE OF PROPERTY: circa 1900's

PROJECT TYPE: Heritage Impact Assessment
PREPARED BY: Stephen Wardle | Senior Architectural Technologist, Accredited Conservationist
QA BY: Carole Latham | Senior Director, Architect
DATE: May 2026

1.0

Introduction

1. INTRODUCTION

1.1 BACKGROUND

The following report presents a Historic Building Assessment has been prepared to inform the application process in relation to proposals to carry out external roof repairs to the Grade II listed former Outpatients Department at the Manchester Royal Infirmary, Nelson Street, Manchester, M13 9WL, henceforth referred to as 'The Site'. This report sets out the historic development and significance of the site and its context and considers the potential and scope for change and alteration.

The site is situated on the south side of Nelson Street and forms part of a listed group of buildings including the front iron railings and former lodge to the north of the building. The group is listed as Grade II and does not sit within the boundary of any Conservation Area.

The proposal seeks to replace the lead parapet gutters, replacing on a like-for-like basis, undertaking any structural timber and steel frame repairs subject to closer inspection where required. The works also seeks to includes for the removal, rebedding and repointing of the ridge tiles along with the replacement of any slipped or damaged slates to the roof slopes.

Additional works to replace the asphalt roofing to the north loggia are also proposed.

This report is to supplement a Listed Building Consent application for the above-mentioned works only. Any works above and beyond this scope of works would be subject to an additional Listed Building Consent Application, or through the advice of the conservation officer at Manchester City Council.

1.2 METHODOLOGY

This assessment sets out the development of The Undergraduate Centre on Nelson Street; within its setting of the Manchester Royal Infirmary and the impact the proposal will have upon this and the setting of neighbouring listed (both locally and nationally) buildings. This document is intended to support the submission of a Listed Building Consent application.

The document surveys the heritage, providing an overview of important information to foster a better understanding of the asset and its significance within the setting of the conservation area. It does this through the assessment of the existing building and its wider context. Significance is assessed in relation to heritage interests outlined by Historic England. The aim of this assessment is to understandthe site to provide a baseline against which to assess heritage impacts. This document has been written in accordance with National guidance.

Planning Policy Framework (2021), Historic England's Statements of Heritage Significance (2019), Conservation Principles, Policies & Management for the Sustainable Management of the Historic Environment (2008), and BS7913 - British Standards Guide to the Conservation of Historic Buildings have been used to provide reference to the formatting of this report.

The report is divided into four main sections. The first (section 2) describes the historic development of the site and the second (section 3) considers its significance together with an assessment within the context of the setting. The final two sections (section 4 and section 5) describe the proposed scheme and its effects.

It should be noted that in common with many historic buildings, sites, and places, it is not possible to provide a truly comprehensive analysis of the site's historic development. The research and analysis set out in this document is as thorough as possible given the type and number of archival resources available. Research has been undertaken using the Ordnance Survey mapping, Boltons Local History Centre, Bolton Councils planning website; and Historic England's Archive.

1.3 AUTHORSHIP & OWNERSHIP

This document has been prepared by Stephen Wardle,
BSc (Hons), MCIAT, CIAT-Accredited
Conservationist and reviewed by
Carole Latham, BArch, PgDip AAD, ARB, RIBA, ARIAS.

1.4 HERITAGE POLICY AND GUIDANCE SUMMARY

1.4.1 LEGISLATION

The primary legislation relating to Listed Buildings and Conservation Areas is set out in the Planning (Listed Buildings & Conservation Areas) Act 1990. Section 66(1) reads:

> *"In considering whether to grant planning permission for development which affects a listed building or itssetting, the local planning authority or, as the case may be, 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 historicinterest which it possesses."*

In relation to development within Conservation Areas, Section 72(1) reads:

> *"Special attention shall be paid to the desirability of preserving or enhancing the character or appearanceof that area."*

The Courts have determined that "preserve" in the context of the Planning Acts, means the minimum requirements of the Act would be met if there is an absence of harm. This statutory requirement relates todesignated heritage assets.

The NPPF and Historic England's Good Practice Guide in Planning No. 3 — The Setting of Heritage Assets(Historic England) [GPA3] makes it clear that the setting of a heritage asset in the surroundings in which a heritage asset is experienced, is a material consideration.

> *"The Courts have held that it is legitimate in appropriate circumstances to include within a conservationarea the setting of buildings that form the heart of that area (R v Canterbury City Council ex parte David Halford, February 1992; CO/2794/1991) and NPPF paragraph 80, for example, makes it clear that historic towns are regarded as having a setting."* [1]

And

> *"In primary legislation, the setting of conservation areas is not a statutory duty. However, the NPPF states that the setting of a designated heritage asset can contribute to its significance."* [2]

Revised National Planning Policy Framework
The National Planning Policy Framework (NPPF) was published on July 2018, revised in February 2019, and revoked all past Planning Policy Guidance and Statements and now embodies national policies and objectives.

Under the heading 'Achieving sustainable development' we are advised in paragraph 8 that:

> *"Achieving sustainable development means that the planning system has three overarching objectives, which are interdependent and need to be pursued in mutually supportive ways."*

Under an "*economic objective*" this is defined as:

> *"to help build a strong, responsive and competitive economy, by ensuring that sufficient land of the right types is available in the right places and at the right time to support growth, innovation and improved productivity; and by identifying and coordinating the provision of infrastructure."*

Under "*a social objective*" we are advised that this involves:

> *"to support strong, vibrant and healthy communities, by ensuring that a sufficient number and range of homes can be provided to meet the needs of present and future generations; and by fostering a well-designed and safe built environment, with accessible services and open spaces that reflect current and future needs and support communities' health, social and cultural well-being;"*

Under "*an environmental objective*" this is referred to as:

> *"to contribute to protecting and enhancing our natural, built and historic environment; including making effective use of land, helping to improve biodiversity, using natural resources prudently, minimising waste and pollution, and mitigating and adapting to climate change, including moving to a low carboneconomy."*

Although there is a presumption in favour of sustainable development, footnote 6 makes it clear that it isnot an automatic presumption where designated heritage assets are concerned. Paragraph 124 sets outthat *"good design is a key aspect of sustainable development" and that planning policies and decisions should ensure that developments*:

a. *will function well and add to the overall quality of the area, not just for the short term but over the lifetime of the development;*
b. *are visually attractive as a result of good architecture, layout and appropriate and effective landscaping;*
c. *are sympathetic to local character and history, including the surrounding built environment and landscape setting, while not preventing or discouraging appropriate innovation or change (such as increased densities);*
d. *establish or maintain a strong sense of place, using the arrangement of streets, spaces, building types and materials to create attractive, welcoming and distinctive places to live, work and visit; encourage the effective use of land by re-using land that has been previously developed (brownfield), provided it is not of high environmental value, conserve heritage assets in a manner appropriate to their significance, so that they can be enjoyed for their contribution to the quality of life of this and future generations.*

Chapter 16 relates specifically to 'Conserving and enhancing the historic environment' with paragraphs 184 — 202 being relevant to the consideration of proposals affecting heritage assets.

Paragraph 189indicates that:

> *"... 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 shouldbe proportionate to the assets' importance and no more than is sufficient to understand the potentialimpact of the proposal on their significance.*

The definition of a heritage asset as set out in the NPPF Glossary includes:

> *"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 identified by the local planning authority (including local listing)."*

Attention is drawn to paragraph 192 which requires, inter alia:

> *"the desirability of sustaining and enhancing the significance of heritage assets ...*
>
> *the wider social, cultural, economic, and environmental benefits that conservation of the historic environment can bring;*
>
> *the desirability of new development making a positive contribution to local character and distinctiveness; and opportunities to draw on the contribution made by the historic environment to the character of place."*

Paragraph 193 states that:

> "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 (and the more important the asset, the greater the weight should be). This is irrespective of whether any potential harm
>
> amounts to substantial harm, total loss or less

[1] GPA3, *'The extent of setting' Box 1, page 2*

[2] GPA3, *'The extent of setting' Box 2, page 2*

than substantial harm to its significance."

Paragraph 195 indicates that where a development

> *"will lead to substantial harm to (or total loss of significance of) a designated heritage asset, local planning authorities should refuse consent, unless it can be demonstrated that the substantial harm or total loss is necessary to achieve substantial public benefits that outweigh that harm or loss, or all of the following apply:*
>
> *a. the nature of the heritage asset prevents all reasonable uses of the site; and*
> *b. no viable use of the heritage asset itself can be found in the medium term through appropriate marketing that will enable its conservation; and*
> *c. conservation by grant-funding or some form of not for profit, charitable or public ownership is demonstrably not possible; and*
> *d. the harm or loss is outweighed by the benefit of bringing the site back into use. "*

Paragraph 196 refers to cases that will lead to less than substantial harm to the significance of a designated heritage asset, this harm is to be weighed against the public benefits of the proposal including where appropriate securing its optimum viable use.

Paragraph 197 requires that consideration be given to the impact of development proposals, directly or indirectly on non-designated heritage assets. This would include unlisted buildings in conservation areas. Again, a balanced judgement will be required having regard to the scale of any harm or loss and the significance of the heritage asset.

Paragraph 198 specifically states that LPAs should not permit the loss of the whole or part of a heritage asset without taking all reasonable steps to ensure the new development will proceed after the loss has occurred.

It is noted that Paragraph 200 indicates development is not prohibited within the setting of heritage assets where proposals would enhance or better reveal their significance. Proposals that preserve those elements of the setting that make a positive contribution to, or better reveal the significance of the asset are to be treated favourably.

The NPPF therefore recognizes the need to clearly identify relative significance at an early stage and then to assess the impact of development proposals in that context.

Planning Practice Guidance (PPG)
The Planning Practice Guidance (PPG) was published in March 2014 as a companion to the NPPF, replacing many foregoing Circulars and other supplementary guidance. In respect of heritage decision-making, the PPG stresses the importance of determining applications on the basis of significance and explains how the tests of harm and impact within the NPPF are to be interpreted.

The PPG also notes the following in relation to the setting of heritage asset:

> *"A thorough assessment of the impact on setting needs to take into account, and be proportionate to, the significance of the heritage asset under consideration and the degree to which proposed changes enhance or detract from that significance and the ability to appreciate it."*
> *(Ref I D: 18a-014-20140306)*

Historic England Conservation Principles: Policies and Guidance 2008
Historic England sets out in this document a logical approach to making decisions and offering guidance about all aspects of the historic environment, including changes affecting significant places. It states that:

> *"New work or alteration to a significant place should normally be acceptable if:*
> *a. there is sufficient information comprehensively to understand the impacts of the proposal on the significance of the place;*
> *b. the proposal would not materially harm the values of the place, which, where appropriate, would be reinforced or further revealed;*
> *c. the proposals aspire to a quality of design and execution which may be valued now and in the future;*
> *d. the long-term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future."*
> (page 59).

Historic England Managing Significance in Decision Taking in the Historic Environment Good Practice Advice (GPA) in Planning Note 2 (March 2015)
This advice note sets out clear information to assist all relevant stake holders in implementing historic environment policy in the National Planning Policy Framework (NPPF) and the related guidance given in the Planning Practice Guidance (PPG). These include:

> *"assessing the significance of heritage assets, using appropriate expertise, historic environment records, recording and furthering understanding, neglect and unauthorised works, marketing and design and distinctiveness."* (page 1)

Historic England Making Changes to Heritage Assets Advice Note 2 (February 2016)
This advice note provides information on repair, restoration, addition, and alteration works to heritage assets. It advises that:

> *"The main issues to consider in proposals for additions to heritage assets, including new development in conservation areas, aside from NPPF requirements, such as social and economic activity and sustainability, are proportion, height, massing, bulk, use of materials, durability and adaptability, use, enclosure, relationship with adjacent assets and definition of spaces and streets, alignment, active frontages, permeability and treatment of setting."* (page 10)

Historic England The Setting of Heritage Assets Historic Environment Good Practice Advice (GPA3) in Planning Note 3 (July 2015)
This document presents guidance on managing change within the settings of heritage assets, including archaeological remains and historic buildings, sites, areas and landscapes. Bullet point 4 on page 2 of GPA3 states that:

> *"Setting in urban areas, given the potential numbers and proximity of heritage assets, is therefore intimately linked to consideration of townscape and urban design and of the character and appearance of conservation areas. The character of the conservation area, and of the surrounding area, and the cumulative impact of proposed development adjacent, would suggest how much impact on the setting should be taken into account."*

Under the heading 'Views and setting' we note that the contribution of setting to the significance of a heritage asset is often expressed by reference to views which can be static, dynamic, include a variety of views across or including that asset, and views of the surroundings from or

through the asset. [3] At the same time it is noted that one does not need to be in direct view of a heritage asset to be within its setting. It does not depend on public rights or the ability to access it. [4]

GPA3 sets out a stepped approach to assessing setting and the role that it plays in contributing to the significance of a heritage asset/s. This process requires one to have an understanding about the significance of the asset/s in order to be able to determine if harm would arise. It is advised that the following steps are undertaken:

Step 1 — identify which heritage assets and their settings are affected;

Step 2 — assess whether, how and to what degree these settings make a contribution to the significance of the heritage asset(s);

Step 3 — assess the effects of the proposed development, whether beneficial or harmful, on that significance;

Step 4 — explore the way of maximizing enhancement and avoiding or minimizing harm;

Step 5 — make and document the decision and monitor outcomes.

It is acknowledged that this is not the only method of assessing setting, the role that it plays and if a site falls within that setting. It has however stood the test of time and has been accepted by Inspectors at appeal and public inquiries.

[3] Appendix 3: GPA3, *'Views and setting' paragraph 5, page 3*

[4] Appendix 3: GPA3, *'Setting and the significance of heritage assets' , page 4*

1.5 LOCATION & DESCRIPTION

The site is a two-storey freestanding block with pediment loggia located to the north of the Manchester Royal Infirmary site, on Nelson Street. The building sits adjacent to the Grafton Street multi-storey carpark to the north, Citylabs 1.0 to the west, Patrick Cryne Building to the south and Adult Outpatients Building to the east. The Boulevard Road parallel north-to-south to the west of the site. Manchester Royal Infirmary is located Chorlton-on-Medlock, 2 miles south of the City Centre.

The Manchester Royal Infirmary complex is bounded by Oxford Road (B5177) to the west, Grafton Street to the North, Upper Brook Street (A54) to the east, and Hathersage Road to the south. Both Oxford Road and Upper Brook Street are key arterial roads connecting Manchester to the south.

The building is a steel frame structure with red brick and Portland stone dressings and dual pitched slate roof with central domed ridge turret. To the north is a portico.

The site is located 50 yards away from the Grade II* listed Pankhurst Centre and Grade II listed 60 Nelson Street building, 75 yards to the Grade II listed Royal Eye Hospital building on Oxford Road, and 50 yards away from the Grade II listed Royal Infirmary Building (including Cobbett House, X-Ray Teaching Block and Chapel).

1.6 DESIGNATIONS

As noted above, the Undergraduate Building (formerly known as the Outpatient Building) is a **Grade II listed** building. It sits within the Manchester Royal Infirmary teaching hospital Oxford Road Campus. The building does not sit with a conservation area.



2.0

Understanding the Heritage

2. UNDERSTANDING THE HERITAGE

2.1 HISTORIC OVERVIEW

Manchester Royal Infirmary (MRI) is a large NHS teaching hospital in Chorlton-on-Medlock, Manchester. 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 is based on its Oxford Road Campus in central 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 education within Manchester, serving as a main teaching hospital for the School of Medical Sciences, University of Manchester.

Originally based at a house in Garden Street, off Withy Grove, Manchester, and subsequently moving to Manchester Piccadilly Gardens, discussions about moving the infirmary to its present site in Oxford Road started as early as 1875 *(see Figure 01)*, with a plan finally being agreed in 1904. The Royal Infirmary moved to the current site in 1908 which required the clearance of a number of large houses (see Figure 02 and Figure 03). The location was chosen due to its proximity to the medical education department at Owen's College. It was designed by the architects Edwin T Hall and John Brooke after a competition. King Edward VIII officially opened the new building on 6th July 1909.

Manchester Royal Eye Hospital was already located on the northwest corner of the site which was built between 1884 and 1886 and was designed by Pennington & Bridgen.

St Mary's Hospital was built on the Oxford Road campus between 1899 and 1901 and is situated to the southwest corner of the site at junction between Oxford Road with Hathersage Road. This building designed by Alfred Waterhouse and was used to provide services for Obstetrics and Gynaecology.

A radiology department was not envisaged in the original plans, but Dr Barclay, appointed in 1909, established a department in the Basement of the original building. 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 the Christie Cancer Hospital building next to the hospital in 1921.[5]

The site continued to expand with the addition of a nurses' home, Sparshott House being built in 1930; and a private patients home in being built 1937. It was not until 1933 that the official title of the hospital was changed to the Manchester Royal Infirmary.[6] During the Second World War the hospital was hit twice by overnight bombing.

The MRI continued to grow with the establishment of the National Health Service (NHS) in 1948. A neurological block was opened in 1950, with its own operating block.[7] In the latter half of the 20th century the hospital developed closer ties with The University of Manchester and set up specialist departments in Neurology, Orthopaedic Surgery, Cardiology, Clinical Haematology and Otolaryngology. Despite the continued growth, some parts of the MRI were starting to show their age and major rebuilding took place with a new surgical complex and an Accident and Emergency Department opening during the 1980s. The MRI became part of Central Manchester Healthcare Trust with the reorganisation of the NHS in 1991.

The site continued to expand during the course of the century. The Royal Manchester Children's Hospital was built on the south side of the site in August 2009 being officially opened by Queen Elizabeth II on 23rd March 2012.

To this day, the MRI seeks to advance the site to provide world class advanced medical treatment and research, building on the foundations laid by Charles White back in 1752 and his successors.

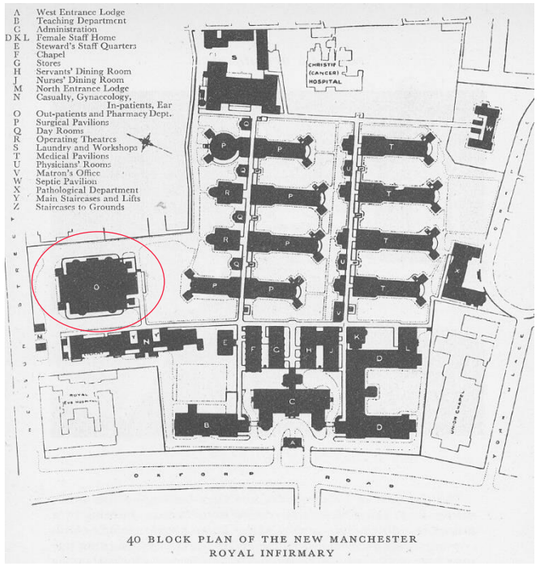


Figure 01 — Original Plan Layout of New Manchester Royal Infirmary



Figure 02 — 1850 Ordnance Survey Map
"Reproduced with the permission of the National Library of Scotland"



Figure 03 — 1889 Ordnance Survey Map
"Reproduced with the permission of the National Library of Scotland"



Figure 04 — 1915 Ordnance Survey Map
"Reproduced with the permission of the National Library of Scotland"



Figure 05 — 1961 Ordnance Survey Map
"Reproduced with the permission of the National Library of Scotland"

[5] Manchester University NHS Foundation Trust "History of Manchester Royal Infirmary" (2016)
[6] Fox, B.W. "The History of Radium in Medicine in Manchester" (1998)
[7] Manchester University NHS Foundation Trust "History of Manchester Royal Infirmary" (2016)

2.2 LIST DESCRIPTION

The Undergraduate Building was listed as Grade II on the 15th February 1989. The description succinctly describes the architectural features of the building. It states:

OUTPATIENTS DEPARTMENT OF ROYAL IMFIRMARY, LODGE AND IRON RAILINGS FRONTING NELSON STREET

List Entry: 1220317

National Grid Ref: SJ 8498796210

Date First Listed: 15-Feb-1989

County: Greater Manchester
District: Manchester (Metropolitan Authority)
Parish: Non-Civil Parish

MANCHESTER

SJ8496 698-1/21/860

NELSON STREET, Chorlton-On-Medlock (south side). Outpatients Dept. of Royal Inf., former lodge & iron railings fronting Nelson St.

GVII

Outpatients Department of Royal Infirmary. 1905-8 by E.T. Hall and John Brooke. Red brick. Portland stone dressings wand bands. Freestanding block. 1 storey. Pediment to road with Doric 5 bay loggia: thermal window above, flanked by polychrome banded piers. Arched windows to returns. Central domed fleche with applied columns. Portland stone balustrade to parapet Hall, 9 bays, centrally lit with semicircular principal trusses. The rebuild [8]consultation rooms to either side of the hall are not of special architectural or historic interest. The front iron railings and former lodge are included in this listing.

Despite the list description being written over 30 years ago, there appears to be very few changes to the architectural features of the Outpatients Department.



Figure 06 — Photograph taken circa. 1907

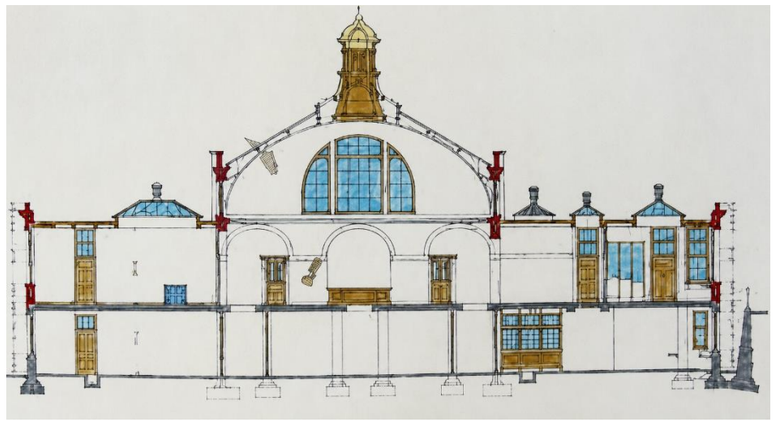


Figure 07 — Original Architectural Drawing: Cross-Section; circa 1907

2.3 HISTORY AND DEVELOPMENT

Constructed together with the adjacent Post-Graduate Building (former Teaching Department Block) between 1905 and 1909, Edwin Thomas Hall and John Brooke architects designed the building along with the rest of the hospital complex of the New Manchester Royal Infirmary site at Oxford Road. To the north sits the former North Entrance Lodge and iron railings, which fall part of its listing.

The building was originally built to house the Outpatient Department, with its large central waiting hall and consultation rooms to both the west and east wings. To the southern wing housed the pharmacy dispensary.

Constructed from a steel frame with semi-circular trusses, with red brick masonry and Portland stone dressings and bands; and a natural slate dual pitched roof with parapet gutters; the building is of an Edwardian style. To the north of the central hall is a 5-bay doric columned loggia, with pediment tablature reading: OUTPATIENTS; facing Nelson Street. The saddled wings were originally flat roof with parapets.

Originally single storey in height, the 9-bay central hall structure has a barrel-vaulted ceiling with a central ridge lantern. The middle bay has a central domed fleche with applied columns and louvers, providing ventilation to the wating hall (see Figure 08 and Figure 09). Each elongated side has arched windows to the upper portion. To the north and south is a central arched window with polychrome banded piers.

The rebuilt consultation rooms to either side of the hall *"are not of special architectural or historical interest"*. During the 1950s, the west and east consultation wings was drastically modified, with the roofs being altered with the installation of a sawtooth roof — a roof comprising a series of ridges with dual pitches of glass and copper standing-seam (see Figure 10).

Further changes occurred in 2009, when the building was repurposed as part of a major hospital expansion and renovation plan of the whole complex. The original consultation rooms either side of the central waiting hall were repurposed as teaching and training rooms; with a new entrance canopy created

to the west façade facing The Boulevard. The central waiting hall saw the most significant change, with the subdivision and installation of a first floor to create two lecture theatres.



Figure 08 — 1911 Postcard Image: Manchester New Royal Infirmary Outpatients Waiting Hall



Figure 09 — 1948 Photograph: Manchester New Royal Infirmary Outpatients Waiting Hall



Figure 10 — Sawtooth roof with glass and copper standing-seam to west and east wings.

2.4.1 SETTING

The Undergraduate Building occupies a prominent position on the northern edge of the Manchester Royal Infirmary campus, fronting Nelson Street and forming part of a coherent group of early twentieth-century healthcare buildings designed as the New Manchester Royal Infirmary complex. Although physically detached, the building is experienced as an integral component of the wider hospital estate and retains a strong functional and architectural relationship with the adjacent listed structures, including the former North Lodge and boundary railings, which are included within the same Grade II listing.

The principal elevation addresses Nelson Street through a formal five-bay Doric loggia and pedimented entrance, establishing a strong civic presence within the streetscape. The building remains visible in longer views from Grafton Street and Oxford Road and acts as a visual marker to the historic hospital campus. The mature landscaping and generous setbacks around the building allow the architectural composition, Portland stone detailing and central domed fleche to be readily appreciated.

The immediate setting has evolved considerably throughout the twentieth and twenty-first centuries, with the introduction of modern clinical, research and educational buildings, surface parking and highway infrastructure. Contemporary developments such as Citylabs and the multi-storey car park to the north contrast in scale, massing and materiality with the historic fabric but have become an established element of the site's character. Despite these changes, the Undergraduate Building continues to retain its individual identity and historic legibility through its distinctive Edwardian design, high-quality materials and formal relationship with the surrounding open spaces.

The wider setting contains several designated heritage assets, including the Grade II* Pankhurst Centre, the Grade II Royal Eye Hospital, the Grade II Royal Infirmary Building complex and other associated historic structures. Together these buildings illustrate the phased development of one of Manchester's principal medical and educational institutions and contribute to an understanding of the site's historic function and significance.

The significance derived from the setting of the Undergraduate Building is therefore primarily based upon its continued association with the historic Manchester Royal Infirmary campus, its visual prominence within the estate, and its contribution to a surviving group of early twentieth-century institutional buildings. While later development has altered the surrounding townscape, the building remains readily appreciable as a heritage asset and continues to make a positive contribution to the architectural and historic character of the wider hospital environment.



Figure 06 — Aerial Photograph, 1927

2.4 RELEVANT PLANNING HISTORY

There are a number of applications that relate to the site. These include the following:

- 2021 (reference 132083/LO/2021)
  Listed Building Consent — Replacement of 10no. existing timber windows (replacement to be double glazed) at first floor level of lecture theatres 01 and 02
  — GRANTED

- 2018 (reference 120237/LO/2018)
  Listed Building Consent — Internal Alterations
  — GRANTED

- 2017 (reference 117690/LO/2017)
  Listed Building Consent — Internal and external alterations related to refurbishment of Medical Records Department within the basement, to include replacement timber windows and installation of new louvres in existing subdivide frame above central doors
  — GRANTED

- 2017 (reference 117689/FO/2017)
  Full Planning Permission — Internal and external alterations related to refurbishment of Medical Records Department within the basement, to include replacement timber windows and installation of new louvres in existing subdivide frame above central doors
  — GRANTED

- 2010 (reference 092665/LO/2010/C1)
  Listed Building Consent — Part demolish no historic part of building and the erection of single storey extension and associated wall
  — GRANTED

- 2009 (reference 090951/LO/2009/C1)
  Listed Building Consent — External alteration to form new 1.9 metre hight fence in front of existing fence — Education North Building
  — GRANTED

- 1994 (reference 046763/OO/CITY2/94)
  Outline Planning — Outline application for the erection of a two-storey building to form new undergraduate education centre
  — GRANTED

- 1991 (reference 038669)
  Crown Development Consent — Conversion of existing outpatients department into a new school of Physiotherapy
  — GRANTED

3.0

Assessment of Significance

3. ASSESSMENT OF SIGNIFICANCE

Following guidance outlined in Historic England's Conservation Principles, Policies and Guidance (2008), along with the more recent Historic England Advice Note 12 Statements of Heritage Significance: Analysing Significance in Heritage Assets, the following section will aim to assess any heritage interest(s) that the site might hold.

The level of significance will be assessed based on the scale below:

Exceptional: Heritage interests having national or international importance, usually found where assets are designated at grade II*, grade I, scheduled monuments, and UNESCO World Heritage sites.

High: Heritage interests having national importance, usually found where assets are designated at grade II*.

Medium: Heritage interests having regional importance, usually found where assets are designated grade II. Also, generally applies to Conservation Areas.

Low: Heritage interests that make a positive contribution to their area, group or setting. Usually, non-designated heritage assets and historic townscapes.

Neutral: Historically unimportant. These ratings are intended to address the heritage values outlined below, and do not relate to the significance of specific buildings, spaces, or areas of fabric.

3.1 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.

The Former Outpatient Building was purpose built on the site between 1905 and 1908 to relocate the hospital from its original location at Piccadilly Gardens in the city centre. The site was formally large-detached houses that were cleared to make way for the New Manchester Royal Infirmary Hospital site. The condition of any potential remains on the site is likely to be medium due to high-levels of disruption from surround developments of the hospital expansion over the course of the century. The works proposed as part of this application will not be disturbing any below-ground strata; and would not warrant any expert investigation.

The archaeological value of the Former Outpatient Building is **medium**.

3.2 ARCHITECTURAL AND ARTISTIC INTEREST

These are interests in the design and general aesthetics of a place. They can arisefrom 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.

The Outpatients Department of the MRI was designed by Edwin Thomas Hall and John Brooke as a result from winning a competition to design the New Manchester Royal Infirmary at the Oxford Road campus. The building was built between 1905 and 1908, and is constructed from red masonry brick with Portland stone dressings and bands. The design is demonstrative of the construction, craftsmanship and decoration of a building typical for this period. The involvement of architect Edwin Thomas Hall (1851-1923) known primarily for the design of the Liberty & Co. department store in London, the Old Library at Dulwich College (1902-03) and various hospitals; together with John Brooke (1953-1914) who was a Manchester based architect know primarily for the design of many prestigious churches and entrance lodges makes this development of artistic interest. The artistic value of the former Outpatient Building is **medium**.

Edwin Thomas Hall was also the former vice-president of the Royal Institute of British Architects, and an active participant in drawing up the Institute charter in 1887. The involvement of E. T. Hall through association, makes this site of architectural interest.

The artistic value of the former Outpatient Building is **medium**.

3.3 HISTORIC INTEREST

An interest in past lives and events (includingpre-historic). Heritage assets can illustrate or be associated with them. Heritage assetswith 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 valuessuch as faith and cultural identity.

Historic interest derives from a sites ability to demonstrate an interest in past lives and events and assets that can be illustrative or be associated with them. The significance of this building likes within its ability to provide a material record of our nation's history, specifically the provision of structured healthcare within the Manchester district. Responding to community needs, the building was constructed to permit the relocation of the existing hospital site at Piccadilly Gardens in the centre of Manchester to Oxford Road, affording greater space for expansion and capacity. The site has pathed the way for medical research and advances both locally and worldwide.

The historic value of the former Outpatient Building is **medium**.

4.0

Summary of Proposed Work

4. SUMMARY OF PROPOSED WORKS

4.1 EXISTING BUILDING CONDITION

Overall Condition
The roof is generally structurally sound and remains in serviceable condition for its age. The slate roof slopes appear to be well consolidated, and there is no immediate indication of widespread failure. However, a number of maintenance issues have accumulated and should be addressed to prevent water ingress and further deterioration.

Key Defects
1. Slate Roof Slopes — Moderate Priority

- Several slates are damaged, slipped or missing.
- Previous repairs have been caried out using metal straps rather than appropriate slate repair hooks.
- The roof fixings could not be inspected, so their long-term condition is unknown.
- Overall, the roof appears stable but requires localised repairs.

Recommended action:
- Replace damaged and slipped slates.
- Remove temporary strap repairs where practical and install appropriate slate hooks or renew slates.

2. Parapet Walls and Coping Stones — High Priority

Several defects are evident:
- Cracked coping stones.
- 1no. coping stone on the west elevation is splitting and begging to detach.
- Mortar joints are badly weathered.
- Previous silicone repairs have failed.
- Vegetation and woody growth is established within the joints.
- Mortar has also failed beneath the coping stones and where the lead gutter is chased into the brickwork.

Risk:
- Water penetration into the parapet wall.
- Frost damage and accelerated masonry deterioration.
- Potential risk of falling masonry from the detached coping stone.

Recommended action:
- Remove vegetation, including rooted woody growth.
- Replace damaged coping stones.
- Rake out and repoint all failed mortar joints.
- Renew bedding where necessary.
- Repair failed mortar around lead chases.

3. Lead Parapet Gutters — High Priority

This is the most significant defect identified. The gutters:
- Have numerous historic repairs.
- Have been coated with a bituminous material which has now failed.
- Contain several splits in the lead.
- Have lifted seams.
- Show defects around all outlet locations, although the lead appears to be of good quality, is it no longer readily watertight.

Risks:
- Ongoing water ingress.
- Damage to the building fabric internally which is prevalent.
- Progressive deterioration if left untreated to the structure (steel frame and timber roof structure).

Recommended action:
- Strip back existing parapet gutter and replace with a stepped lead gutter at 1:80 falls.
- Carry out a detailed inspection by a timber specialist and structural engineer upon the removal of the existing lead covering to determine the extent of any timber damage.
- Renew defective sump outlet detail.

4. Cupola and Rooflights — Low Priority

The Cupola and rooflights are generally in reasonable condition.

Minor issues include:
- The timber cupola would benefit from redecoration to maintain its protective finish
- The fixed access ladder is corroded.
- There is no fall-arrest system for safe access.

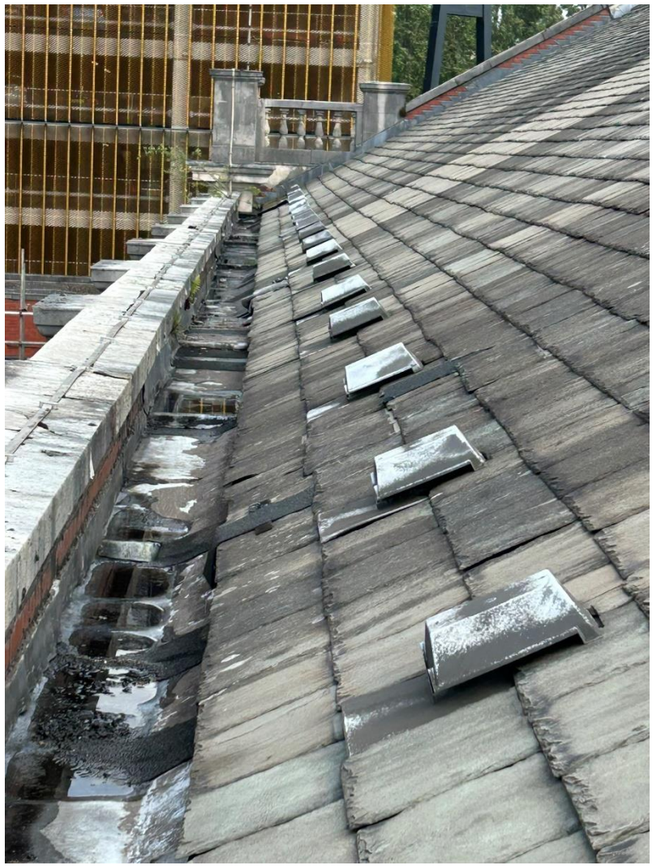
Recommended action
- Prepare and redecorate the Cupola timberwork.
- Treat or replace the corroded ladder.
- Install suitable fall protection if regular maintenance access is required.

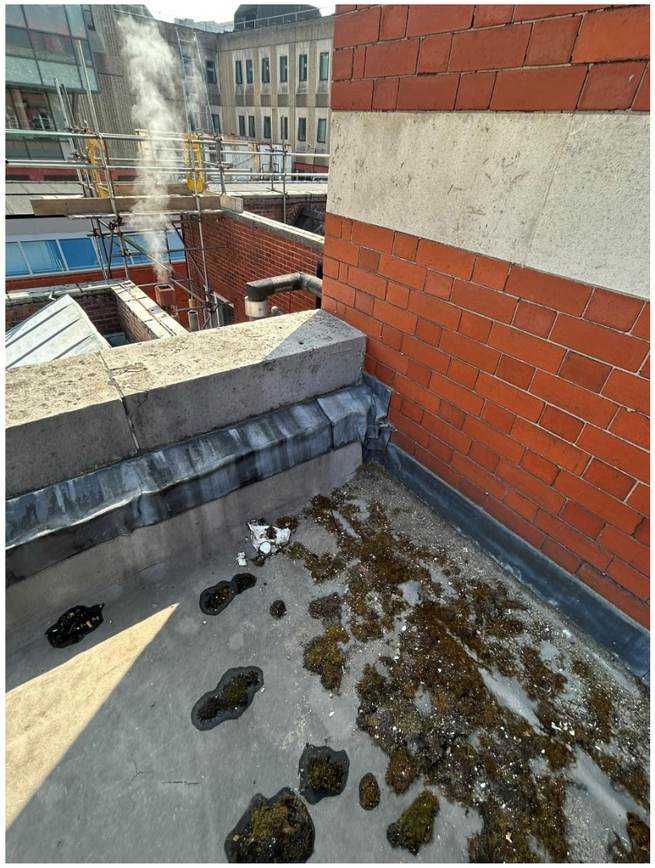
Overall Assessment

Element	Condition	Priority
Slate roof slopes	Fair/Good	Medium
Parapet walls	Fair with significant defects	High
Coping stones	Poor in places	High
Lead parapet gutters	Poor — water ingress likely	High
Cupola	Good	Low
Roof lights	Good	Low

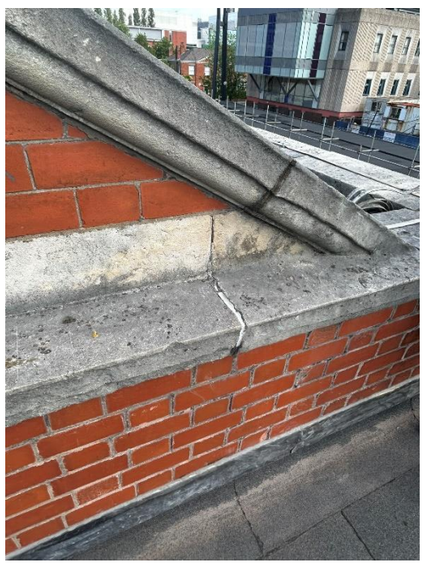
Overall, the roof appears fundamentally sound but is in need of planned maintenance; however, the parapet gutters would benefit from wholesale replacement due o their condition. The principal concern is the deteriorated lead parapet gutters and failing parapet detailing, which is the fundamental cause for water ingress internally.

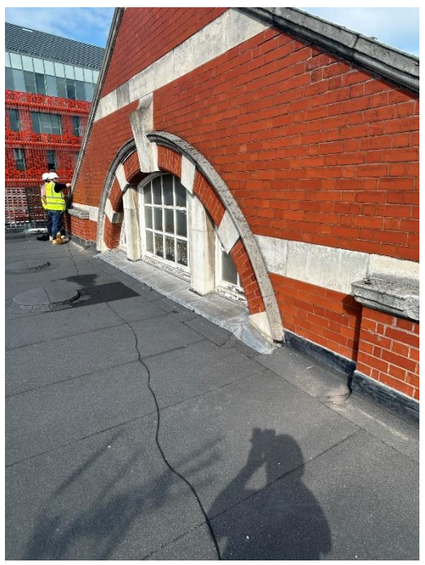
















4.2 MAIN ROOF REPAIRS

The proposed works comprise a programme of essential repair and maintenance intended to arrest ongoing deterioration and secure the long-term conservation of the Grade II listed Undergraduate Building. The proposals have been developed in accordance with the principles of minimum intervention and like-for-like repair, retaining as much historic fabric as practicable whilst ensuring the continued weatherproofing and structural performance of the roof.

The principal element of the works is the replacement of the existing lead-lined parapet gutters. The existing gutters have reached the end of their serviceable life and display numerous historic patch repairs, failed bituminous coatings, split lead linings and defective outlet details, resulting in persistent water ingress. The existing lead lining will be carefully removed and replaced with a new Code 6 stepped lead-lined box gutter laid to 1:80 falls, incorporating improved drainage whilst maintaining the existing configuration and concealed appearance.

Where access is gained to the gutter structure, the supporting timber wall plates and rafter ends will be inspected. Any decayed sections will be cut back and repaired using traditional splice repairs on a like-for-like basis, preserving as much original fabric as possible and treating adjacent timber to prevent further deterioration.

Repairs to the natural slate roof will be limited to the removal and replacement of slipped, broken or missing slates using matching natural slate fixed in accordance with current best conservation practice. Temporary strap repairs will be removed where practical and replaced with appropriate slate hooks or renewed slates. Existing ridge tiles will be carefully removed and rebedded using lime mortar, retaining the existing materials and appearance.

Repairs to the parapet walls will include the careful removal and rebedding of displaced stone copings, replacement of isolated failed stones where necessary, removal of vegetation growth and repointing of failed joints using an appropriate lime mortar mix compatible with the historic masonry. The existing central cupola, rooflights and decorative architectural features will remain unaltered other than routine maintenance and redecoration where required.

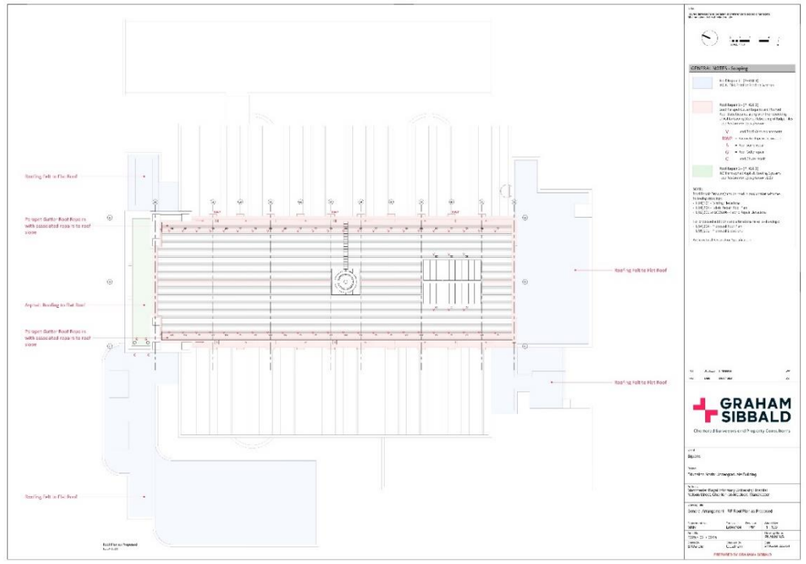


Figure 07 — Architectural Drawing L(04)101 — General Arrangement — Roof Plan as Proposed

The existing plastic roof ventilator terminal and vent cowl shall be carefully removed and replaced with a new purpose-made Code 6 lead roof vent to match the proposed detail. The new lead vent shall incorporate a 100mm diameter spigot, lead mesh with 12mm diameter openings, and stainless steel insect mesh soldered to the rear, providing a durable, weatherproof and maintenance-friendly ventilation solution while preserving the character of the roof. Existing natural slates shall be carefully lifted and re-used where possible, with any damaged slates replaced to match the existing in size, colour and texture. All work shall be completed to provide a fully weathertight installation integrated with the surrounding roof covering.

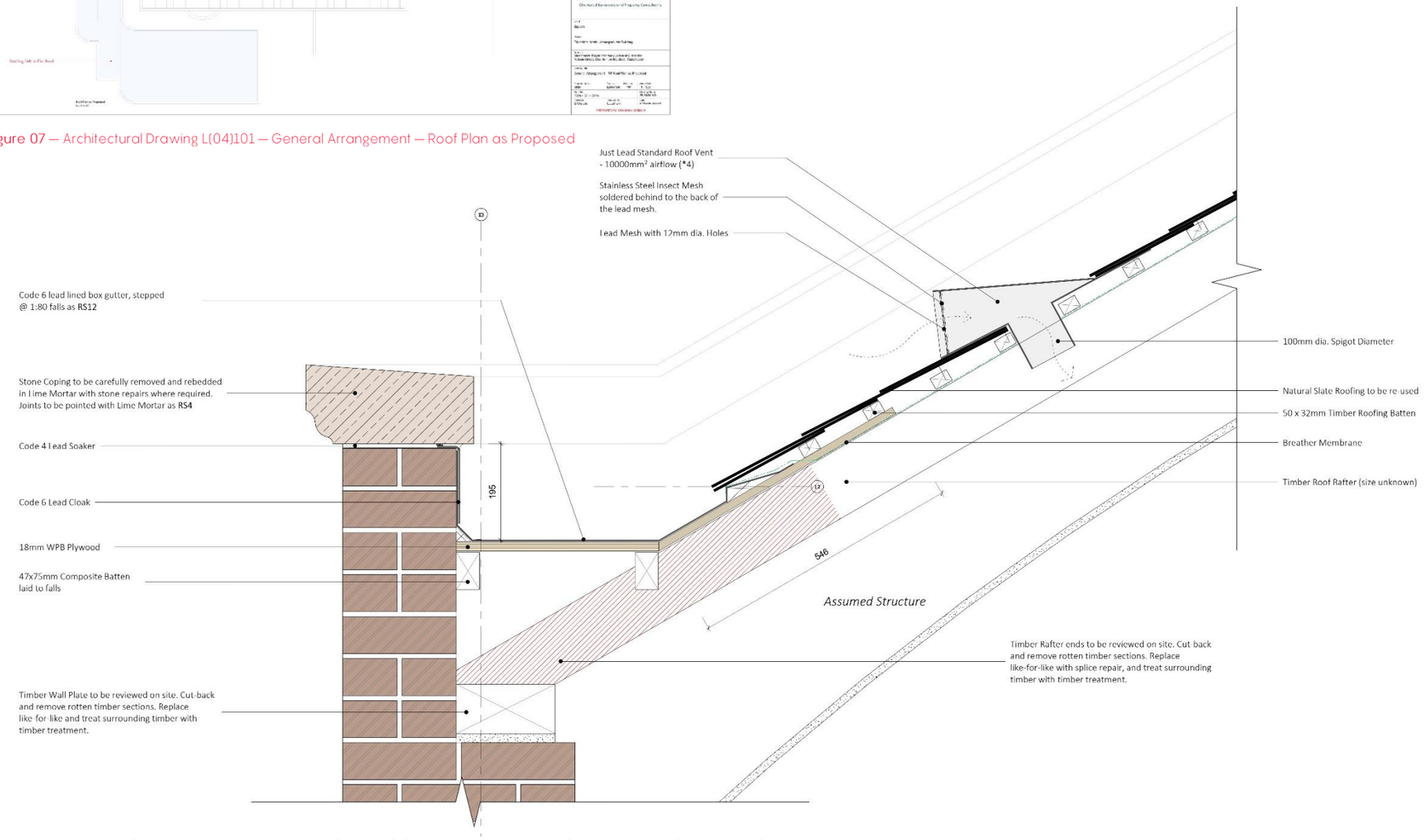
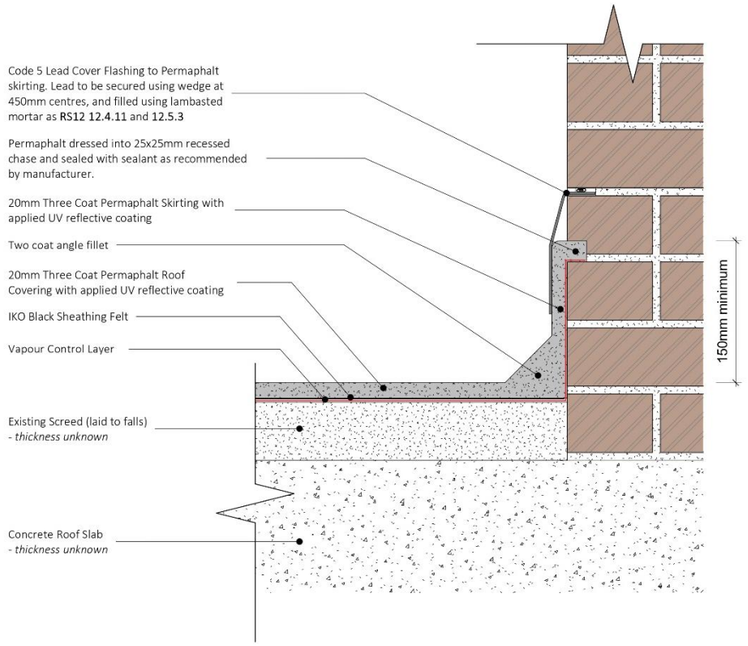


Figure 08 — Typical Parapet Gutter Repair (see architectural drawing L(37)001 — Typical Roof Repairs - Slate Roof and Parapet Gutter Repairs)

4.3 LOGGIA ROOF REPAIRS

The flat asphalt roof covering to the north loggia has deteriorated through age and weathering and is showing signs of failure at abutments and upstands. The proposal seeks to replace the existing asphalt covering with a new three-coat Permaphalt roofing system laid over the existing structure, incorporating new vapour control layers and angle fillets where required.

New Code 5 lead flashings will be installed within existing chases and detailed in accordance with Lead Sheet Association recommendations, ensuring improved weather performance while retaining the existing roof profile and architectural appearance. The works are confined entirely to the existing roof structure and will not alter the form, height or external character of the building.



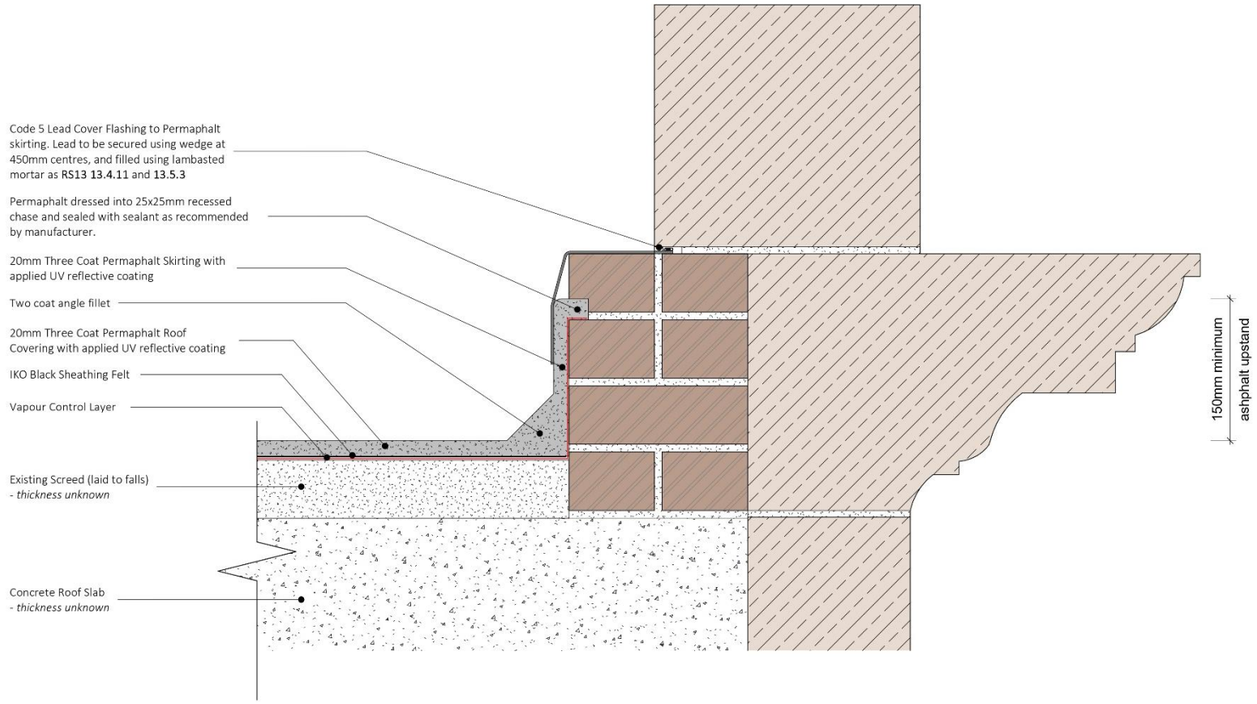


Figure 09 — Typical Asphalt Roofing Repairs (see architectural drawing L(37)002 — Typical Roof Repairs — Asphalt Roofing

5.0

Heritage Impact Assessment

5. HERITAGE IMPACT ASSESSMENT

5.1 METHODOLOGY

Impacts will be assessed and scaled per British Standards BS7913 guidance for the scale of impacts, which correlates with the ICOMOS Guidance on Heritage Impact Assessments. ICOMOS suggest a 9-point scale spectrum for defining the impacts of proposed changes, which is included here in Figure 11. This scale is a useful tool within the context of the benefit and harm dichotomy of the NPPF. The scale provides the opportunity for beneficial outcomes to be quantified, balanced, and considered alongside the NPPF outcomes of: no harm, less than substantial harm,and substantial harm. Together they create a holistic approach to assessment.

Assessment of Scale of Specific Impact and Change

The **scale of change** is based on the level of proposedintervention and how much potential the intervention has to alter fundamental principles of significance of the asset. The scale of impact relates this to the significance of the asset in question. It is important to note that impacts can be both direct and indirect, anddo not only relate to the physical fabric. Change and impact can also be primary or secondary; temporary or permanent; reversible or irreversible; and may arise as a consequence of construction or operationof the proposed development. For the purpose of this assessment, the following definitions have beenapplied:

Direct impacts are those that arise as a primary consequence of the Scheme. Direct impacts can resultin the physical loss of part or all of an asset, and/or changes to its setting. Setting is, *'the surroundings in which a place is experienced, its local context,embracing present and past relationships to the adjacent landscape.'*

Direct impacts resulting in physical loss are usually permanent and irreversible; normally occur as a consequence of construction; and are confined within the development footprint. The magnitude of these impacts will depend on the proportion of the asset affected, and whether its key characteristics would beaffected.

Direct impacts that affect the setting of an asset can occur as a consequence of construction or operation ofthe scheme and can affect assets some distance from the development. Assessment of impacts on setting refers to perceptible visual and aural effects that can be appreciated at a given time. Such impacts may be temporary or permanent, reversible, or irreversible depending on the extent to which the cause of the impact can be removed. Impacts may also be transientwhere occurrence is sporadic or of limited duration, forexample related to hours of operation or the frequencyof passage of vehicles.

Indirect impacts occur as a secondary consequence ofconstruction or operation of the development and can result in physical loss or changes to the setting of an asset beyond the development footprint.

Severity of impacts has been judged taking into account their direct and indirect effects and whether they are temporary or permanent, reversible, or irreversible. The cumulative effect of separate impactshas also been considered. The magnitude of impact (summation of direct and indirect impacts) is assigned one of the descriptors; impacts may be adverse or beneficial.

VALUE OF HERITAGE ASSET	SCALE & SEVERITY OF CHANGE/IMPACT (EITHER ADVERSE OR BENEFICIAL)				
	No Change	Negligible Change	Minor Change	Moderate Change	Major Change
Very High (Grade I/Scheduled Monument)	Neutral	Slight	Moderate / Large	Large / Very Large	Very Large
High (Grade II*)	Neutral	Slight	Moderate / Slight	Moderate / Large	Large / Very Large
Medium (Grade II/ Conservation Area)	Neutral	Neutral / Slight	Slight	Moderate	Moderate / Large
Low (Locally Listed)	Neutral	Neutral / Slight	Neutral / Slight	Slight	Slight / Moderate
Negligible (Non-Designated)	Neutral	Neutral	Neutral / Slight	Neutral/Slight	Slight

Figure 10 — Significance/Scale of Impacts Table

No Change	Negligible Change	Minor Change	Moderate Change	Major Change
No material change to the heritage asset or its setting.	A minor change or alteration, but unimportant. Having no visual or indirect impactson the asset or its setting. Slight changes to use oraccess.	A minor change to an element offabric or setting that results in a noticeable difference. Limitedindirect impacts or changes to character.	Changes to an element, includingreplacement, or insertion of a new element, where the asset or its setting has clearly been modified. Noticeable indirect impacts.	A change of great extent, including the complete removal of an element. Changesto most or all of the asset or its setting. Total alteration of the asset. Extreme indirect impacts.

Figure 11 — Definition of types of change

Major beneficial	Moderate beneficial	Minor beneficial	Negligible beneficial	Neutral	Negligible adverse	Minor adverse	Moderate adverse	Major adverse

Figure 12 — 9-point scale of impact

5.2 IMPACT ON THE FORMER OUTPATIENT BUILDING

The proposed works have been designed to preserve the special architectural and historic interest of the Grade II listed Former Outpatients Building whilst addressing significant maintenance defects that are currently contributing to the deterioration of the historic fabric.

The proposals consist almost entirely of repair, conservation and like-for-like replacement works. No extensions, alterations to the building envelope or changes to the external appearance are proposed. The existing roof form, silhouette, materials and architectural detailing will be retained.

The replacement of the lead parapet gutters represents the principal intervention. Although existing historic lead will be removed, it has undergone numerous previous repairs and bituminous coatings and no longer performs its intended function. The proposed replacement follows the existing alignment and profile while introducing improved falls and drainage arrangements that will significantly reduce the risk of continued water penetration. As such, the intervention represents a conservation-led repair that safeguards the underlying masonry, steel frame and timber roof structure.

Localised slate repairs and the rebedding of ridge tiles will retain the maximum amount of existing historic material. Replacement slates will be carefully selected to match the existing in colour, texture and size, ensuring visual continuity across the roof slopes. Similarly, repairs to parapet copings and lime mortar repointing will preserve the original detailing while improving structural integrity and weather resistance.

The proposal also includes the removal of existing modern plastic roof ventilator terminals and vent cowls, replacing them with a purpose-made Code 6 lead roof vent. The replacement utilises traditional materials that are more sympathetic to the character and appearance of the historic roofscape while maintaining the existing ventilation function. The new vent will be raised up by two courses to prevent water ingress in the event the parapet gutter becomes obstructed . The first five courses of natural slates will be carefully removed and reinstalled to facilitate the repair and any necessary repairs to the underlying timber roof structure. As the works replace unsympathetic modern additions with a more appropriate traditional detail, the intervention is considered to provide a minor enhancement to the architectural character of the listed building, with no loss of historic fabric or significance.

Any timber repairs required following opening-up investigations will be undertaken on a like-for-like basis using traditional splice repairs rather than wholesale replacement, thereby conserving historic fabric wherever possible.

The replacement asphalt roof covering to the loggia similarly represents a maintenance operation that preserves the existing roof profile and detailing while ensuring continued weather protection.

The proposals will have no impact upon the principal elevations, the distinctive Doric loggia, central domed fleche, Portland stone dressings or the wider appreciation of the building within its setting. There will be no adverse effect upon views of the listed building or its relationship with neighbouring designated heritage assets.

In accordance with the assessment methodology set out within this report, the Undergraduate Building is a Grade II listed heritage asset of medium significance. The proposed works constitute a negligible to minor physical intervention which preserves both the architectural character and historic significance of the asset while delivering substantial conservation benefits through the prevention of ongoing water ingress and fabric decay.

Overall, the proposals are therefore assessed as resulting in a **minor beneficial heritage impact**, with no harm arising to the significance of the designated heritage asset or its setting.

5.3 CONCLUSION

This Heritage Impact Assessment has considered the significance of the Grade II listed Undergraduate Building (Former Outpatients Department) at Manchester Royal Infirmary and assessed the impact of the proposed roof repair works.

The building derives its significance from its architectural quality as part of the Edwardian Manchester Royal Infirmary complex designed by Edwin Thomas Hall and John Brooke, together with its historic association with the development of healthcare and medical education within Manchester. Its distinctive roofscape, Portland stone detailing, Doric loggia and central domed fleche continue to contribute positively to its architectural character and its wider setting.

The proposed works comprise a programme of essential conservation repairs developed in accordance with established heritage principles of minimum intervention, repair rather than replacement, and like-for-like renewal. The replacement of defective lead parapet gutters, localised slate repairs, replacement of unsympathetic plastic roof vent with lead vents, rebedding of ridge tiles, masonry repairs and renewal of the loggia asphalt roof are all intended to arrest ongoing deterioration and secure the long-term preservation of the building.

The proposals do not alter the scale, form, massing or architectural character of the listed building and will preserve its contribution to the wider Manchester Royal Infirmary campus. Where replacement is necessary, works will utilise traditional materials and detailing that respect the historic fabric and maintain the building's significance.

The assessment concludes that the proposals will result in no harm to the significance of the Grade II listed building for the purposes of the National Planning Policy Framework and the Planning (Listed Buildings and Conservation Areas) Act 1990. Furthermore, the repairs will deliver a positive conservation outcome by preventing continued water ingress, extending the life of the historic fabric and ensuring the ongoing viable use of this important heritage asset.

Accordingly, the proposed works preserve the special architectural and historic interest of the Undergraduate Building and are fully supported by national planning policy and Historic England guidance relating to the conservation and sustainable management of designated heritage assets.

6.0

Bibliography & Sources

6. BIBLIOGRAPHY

Conservation Principles, Policies and Guidance;
Historic England (2008)

Historic Environment Good Practice Advice in Planning: 3
(2nd Edition) — The Setting of Heritage Assets;
Historic England (2017)

Lancashire CIV.15 OS Map — surveyed: 1888 to 1889; published: 1893
National Library Scotland (2026)

Lancashire CIV.15 OS Map — revised: 1915 to 1916; published: 1922
National Library Scotland (2026)

Listed Buildings and Curtilage — Historic England Advice Note 10;
Historic England (2025)

Listed Building Consent — Historic England Advice Note 16;
Historic England (2021)

Manchester and Salford Sheet 44, OS Map — surveyed 1850; published 1851
National Library Scotland (2026)

Portrait of a Hospital 1752-1948
Brockbank, William (1952)

SJ8496-SJ8596 OS Map — revised: 1949 to 1961; published: 1963
National Library Scotland (2026)

Statement of Heritage Significance: Analysing Significance in Heritage Assets — Historic England Advice Note 12,
Historic England (2019)

Understanding Historic Buildings;
Historic England (2016)

Website Source:
www.britainfromabove.org.uk/en/image/epw019134
www.citiesmcr.wordpress.com/wp-content/uploads/2012/05/manchester-royal-infirmary-outpatients-department-1948.png
www.manchester.gov.uk/planning-and-regeneration/planning
www.maps.nls.uk/view/231273936
www.maps.nls.uk/view/126522869
www.maps.nls.uk/view/126522872
www.maps.nls.uk/view/188910627
www.mft.nhs.uk/mri
www.picclick.co.uk/Manchester-Royal-Infirmary-Manchester-1927-England-OLD-PHOTO-325987154068.html

GRAHAM + SIBBALD