

Preliminary Heritage Appraisal of buildings at Mount Vernon Hospital, Rickmansworth Road, Hillingdon



**For Broadway Malyan &
Hillingdon Hospitals NHS Foundation Trust**

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1.0 Introduction

- 1.1 This preliminary heritage appraisal of land and buildings at Mount Vernon Hospital, Hillingdon has been prepared by Grover Lewis Associates Limited on behalf of Broadway Malyan, who have been instructed the Hillingdon Hospitals NHS Foundation Trust to review the scope for redevelopment of part of the site. The report has been written by Philip Grover BA (Hons), BTP, Dip Arch. Cons., MRTPI, IHBC and checked by Roy M Lewis BA (Hons), MA (Arch Cons), MRTPI, IHBC.
- 1.2 It is understood that significant parts of the Mount Vernon Hospital site will, in future, become surplus to the requirements of the Hillingdon Hospitals NHS Foundation Trust, and the Trust is therefore contemplating a range of development options. The original hospital building, which is located towards the centre of the site, is currently in use but its accommodation is unsuitable for modern healthcare provision, and is therefore surplus to requirements. In light of this, and in order to help inform deliberations about the future redevelopment potential for the site as a whole, a preliminary assessment of the buildings on the site is needed.
- 1.3 This short report therefore provides a preliminary assessment of the heritage status of buildings at Mount Vernon Hospital, including the original hospital buildings and chapel. It identifies the extent of curtilage of these assets, and highlights the heritage constraints and opportunities resulting from the presence of statutorily listed buildings on the site. It briefly outlines the issues that would need to be considered if a part disposal of the site were to be pursued. In doing so it identifies which parts of the buildings need to be retained in any strategy for redevelopment, as and considers how this might impact on emerging development options being considered for the site.

2.0 Historical development and heritage significance

- 2.1 The hospital has its origins as the *North London Hospital for Consumption and Diseases of the Chest*, which was founded in 1860 on a site in Fitzroy Square, London. The hospital moved to a site in Hampstead and became known as the Mount Vernon Hospital. In 1901 the Committee of the Mount Vernon Hospital received a very large anonymous donation, and in the following year purchased 60 acres of the Norwood Park Estate for the purposes of building a purpose-built sanatorium, to serve as a 'country branch' of the Mount Vernon Hospital. The hospital's chief benefactor turned out to be Charles Dunnell Rudd (1844-1916), a partner in the De Beers

Mining Co. (a plaque commemorating him can is displayed in the staircase hall of the original principal hospital building.

- 2.2 The principal two-storey hospital building was designed in 1901 by the London-based architect Frederick L Wheeler on behalf of London County Council. The innovative hospital building was designed with two long ward wings either side of a central staircase hall. It was purpose-designed with a sun-trapping inverted V-shaped or 'butterfly' plan form with long, south-facing elevations to enable patients to benefit from exposure to sunlight during the day. The design concept was specifically intended to encourage patients to inhabit the balconies and sun terrace, in line with the 'open air' philosophy for treatment of patients. The extensive landscaped grounds, with their varying gradients, were an integral part of the hospital treatment concept, designed to encourage patients to increase their exercise to get fitter. The principal landscaped area is the sloping lawned garden on the south side of the main hospital building. The foundation stone of the hospital was laid in May 1902 and the first patients were admitted into the purpose-built premises in 1904.
- 2.3 Part of the original design concept for the hospital site incorporated a free-standing chapel, also designed by FL Wheeler. This dates from 1905 and was designed in an eclectic Art Nouveau style, faced externally in knapped flint with ashlar stone dressings. Internally the building is faced with coloured stones and mosaic.
- 2.4 The hospital and chapel are considered by many to be amongst Wheeler's finest works. The architectural and historical significance of the hospital building is recognised in its status as a Grade II Listed building. The greater architectural significance of the chapel is reflected in its status as a Grade II* listed building.
- 2.5 Since the original foundation of the hospital the site has seen incremental change, with the erection of many new healthcare and associated buildings. Most of these buildings are utilitarian and functional structures which have been designed with no regard to the setting of the original hospital buildings. Together with large areas of associated surface car parking, they detract from the original 'open air' concept for the site, and seriously degrade the setting of the listed buildings. Having said that, the essential qualities of the listed buildings still survive, as does the important spatial relationship the main hospital building enjoys with the open landscape to the immediate south.

3.0 Heritage constraints and opportunities

- 3.1 The listed buildings on the site represent a constraint on future redevelopment at the Mount Vernon Hospital site. The relevant legislative provisions are set out in the Planning (Listed Buildings and Conservation Areas) Act 1990, and the relevant national policy guidance provided in Section 12 of the National Planning Policy Framework (NPPF).
- 3.2 The most important and obvious constraint applies to any works of demolition or alteration to the listed buildings that might be proposed, for which listed building consent would be required. In this connection it should be noted that, in considering whether or not to grant listed building consent for any works, Section 16 of the LBCAA places a duty on the local planning authority to have special regard to the desirability of preserving a building or its setting. A similar duty applies under Section 66 of the LBCAA with regard to new development within the setting of the listed buildings. National policy guidance contained in the NPPF makes it clear that, in considering proposals that would have an impact on a designated asset, '*great weight*' should be given to the asset's conservation. It further clarifies that substantial harm to or loss of a Grade II listed building should be '*exceptional*', and '*wholly exceptional*' in the case of a Grade I or II* listed building.
- 3.3 In order to understand the extent of nature and extent of the heritage constraints on the site it is, in the first instance, important to clarify the extent of statutory protection through listing, especially in relation to curtilage.
- 3.4 Under Section 1(5) of the Planning (Listed Buildings and Conservation Areas) Act 1990 the listed building includes not only the building identified as such on the statutory list complied or approved by the Secretary of State, but also:
 - a) any object of structure fixed to the building or
 - b) any object or structure within the curtilage of the building which, although not fixed to the building, forms part of the land and has done since 1st July 1948.
- 3.5 With specific reference to Mount Vernon Hospital this means that the listed status of the original hospital building includes not only the V-shaped hospital block (see Plate 1), but also the 1904 hospital buildings which sit to its immediate north, and are physically connected by narrow vaulted corridors. These buildings comprise the Restaurant (No. 53), the Administration/IT building (No. 54), and the Admissions / Patient Affairs / Main Entrance building (No. 55) (see Plates 2, 3 and 4). They are architecturally refined structures that, together with the hospital ward building itself and the

interlinking corridors (see Plate 5), should be retained in any proposed redevelopment of the site. The modern hospital structures that are attached to the original hospital buildings are also technically part of the listing, due to their physical annexation to the listed building. However, they clearly have no intrinsic architectural or historic merit that would warrant their retention. Indeed, their removal as part of any future redevelopment of the site would greatly enhance the listed building and its setting.

- 3.6 In terms of curtilage structures, the free-standing ancillary building that is currently occupied by the shop and minicab base (building No. 43) appears to be of pre-1948 date, and is therefore covered by the listing. It should, however, be noted that this building, which lies at the core of the site, and is surrounded by modern hospital buildings, has been extended and much-altered (see Plate 6). Therefore, its retention is not considered to be essential as part of any redevelopment scheme for the site. Elsewhere on the site, the red brick and tiled entrance lodge and its surviving gate pier adjacent to Gate 1 off Rickmansworth Road is clearly of pre-1948 date, and so forms part of the listing (see Plate 7). From the information we have been able to gather to date, and from our on-site investigations, we are unaware of any other structure within the site curtilage that is of a pre-1948 date and therefore covered by listing. The free-standing Grade II* hospital chapel is obviously statutorily protected in its own right (see Plate 8). The plan Appendix 2 shows the extent of protection through statutory listing, and what buildings could reasonably be demolished in any scheme of redevelopment.
- 3.7 With regard to the physical fabric of the listed hospital building, it would clearly be important to retain all of the original external architectural features. It would also be desirable to reinstate lost or damaged architectural features, such as the missing/damaged parts of the balcony balustrade, and to reinstate traditional timber windows in lieu of modern UPVC replacements. Internally, it would be essential to retain the impressive central staircase hall, together with its staircase and balustrade, as well as original internal finishes such as glazed bricks.
- 3.8 As highlighted above, any proposed development that would impact on the setting of any of the listed structures identified would be given 'special regard' by the local planning authority. Concern about the potentially adverse impact on setting could limit the extent and proximity of any new development, particularly on adjacent and hitherto undeveloped land. In this context it would be vitally important to retain the open land immediately to the south of the main hospital building. Whilst this potentially imposes constraints on the amount and disposition of new development, there could, on the other hand, be opportunities for securing additional development in return for improving the current setting of the listed buildings. This could be achieved through

carefully-sited and well-planned new development that enhances, rather than detracts from the settings of the listed buildings, and better reveals them as heritage assets.

4.0 Observations on emerging development concepts

- 4.1 The emerging development concepts for the site shown on the drawing entitled '*Indicative residential Layout 2*' dated February 2013 shows the retention of the two listed buildings, and proposed new residential development on land to the east of the original hospital building.
- 4.2 It is noted that the indicative layout shows the removal of modern hospital buildings (pharmacy, portacabin, and part of the kitchen complex) to the immediate north-west of the listed hospital building, and their substitution with a landscaped area. This would provide a welcome improvement to the setting to this aspect of the listed building. It is noted that the indicative layout shows the Administration/IT building being retained as part of the hospital function. This is likely to be acceptable, assuming the separation can be achieved without harm to the fabric of the listed structure, and that the buildings can still be 'read' as a group. It should be noted, as highlighted above, that the Administration/IT building forms part of the listing.
- 4.3 No specific new use is indicated for the retained main hospital building, but the building would readily lend itself to conversion to residential apartments without harming its significance. As the existing accommodation is quite generous and arranged on two floors, it would be realistic to expect to achieve in the order of 25-30 two-bedroom apartments. A potentially appropriate new use for the listed building would be as a high-specification retirement development, with some communal facilities including the open landscaped area immediately to the south.
- 4.4 Ideally, the whole of the original listed main hospital building, including its east and west end glazed pavilions should be included in any proposals for re-use, as indicated on the indicative layout plan. It is, however, recognised, that the western pavilion is surrounded by modern healthcare structures (including the Paul Strickland Scanner Centre) that realistically are unlikely to be removed in the foreseeable future. An alternative cut-off point between the existing healthcare uses and proposed new use at the western end of the building could therefore be achieved at the end of the corridor in the vicinity of the internal staircase.

- 4.5 The proposals show the removal of the unsightly and now largely un-used Grey Cancer Institute buildings that lie to the immediate east of the listed hospital building, and their replacement with new five-storey residential development. Whilst the removal of the monolithic redundant hospital building would potentially provide a welcome improvement to the setting of the listed building, care is required in the siting of replacement buildings, which should aim to have a positive architectural relationship with heritage asset. In this regard a slightly increased offset is recommended, and consideration of the visual impact that back gardens would have on the setting of the listed building.
- 4.6 In respect of the area immediately east of the Grade II* listed chapel it is noted that three storey housing is proposed on the existing permanent and temporary car parking areas, and on previously undeveloped land further to the east. In principle this would be acceptable in terms of the setting of heritage assets on the site. It is noted that informal play areas are indicted to the north and south of the chapel, which would potentially preserve its open setting. However, it is noted that some of the proposed units to the immediate east are shown in close proximity to the chapel, which could give rise to concerns from the LPA and English Heritage (who would be involved due to the Grade II* status of the building). Care should be taken to establish a positive architectural relationship with the listed chapel.
- 4.7 The possible development of 'Area B' on previously undeveloped land to the south of the existing hospital curtilage is unlikely to harm the immediate setting of the listed buildings. Development of this land, which is open land within the Green Belt could, if supported in principle by officers, be justified in terms of a trade-off for improving the setting of the listed buildings, as well as consolidating the healthcare facilities on site, and providing much-needed housing, including affordable units.

5.0 Conclusions

- 5.1 The site contains two listed buildings; the original hospital building and the separately listed chapel. The hospital listing includes both the original admin and cafeteria buildings, which are linked with vaulted corridors, and the attached modern buildings. Also included in the listing is the gate lodge off Rickmansworth Road, which forms part of the curtilage.
- 5.2 Apart from the obvious constraints on physical alterations to the listed structures themselves, development on the site would be constrained by the need to have regard to the settings of the listed buildings. The settings of the listed buildings have been debased as a result of piecemeal modern utilitarian healthcare development on the site.

5.3 In our opinion there is scope, both for the conversion of the principal listed hospital building (possibly to form up-market retirement apartments), and for a significant amount of new residential development on part of the site not required for healthcare purposes (in particular to the east of the main listed building.) This would be constrained by the need to respect the setting of both the original hospital building and the listed chapel. However, there is an opportunity to enhance the setting of these heritage assets through removal of redundant unsightly healthcare buildings and their replacement with carefully-planned new development. There could be justification for extending the development into the Green Belt as a trade-off for improving the setting of heritage assets on the site.

Appendix 1: List descriptions

**RICKMANSWORTH ROAD NORTHWOOD (South Side)
Mount Vernon Hospital**

GV II

Hospital. 1902-4 by F L Wheeler. Flemish bond brown brick with red brick quoins and dressings; stone ashlar dressings; gabled plain tile roofs; brick ridge and lateral stacks. Y-shaped plan, with V-shaped wards facing south with central block linked by corridors to entrance/dining block and domestic block to rear. Edwardian Free style. Central 3-storey, 5-bay block, with stone ashlar ground floor and central 4-storey tower, flanked by 2-storey, 14-bay wings. Central tower, with stone Ionic pilasters set on angle buttresses, has stone ashlar facing to 3 lower storeys with glazing bar casements set in semi-circular arched wood-mullioned and transomed window, square-headed stone-mullioned and transomed window and upper Ipswich window with blind tympanum; brick upper storey has continuous glazing bar casements divided by Ionic colonettes; classical stone cornice beneath copper roof surmounted by bell cupola. Tower flanked by 2-bay elevations with canted bay windows, stone mullioned and transomed windows, and dentilled stone cornice beneath 2-light stone mullioned windows and shaped gables with stone-coped parapets. This central block is flanked by semi-circular arched doorways with Ionic colonettes to jambs, set in ashlar surrounds with pilasters, and lower 2-storey wings with similar off-centre shaped gabled bays which each have stone mullioned and transomed window above semicircular arched entry; gauged red brick arches over later 1980's windows and French windows; continuous balconies with balustrades; modillioned wood cornices. Each wing terminated by tall winter garden, gabled with cast-iron casements to front; tall brick piers with moulded stone caps to each corner. Rear elevations, corridors and attached blocks in neo-Georgian style with sashes; central corridor linked to two blocks; first block has dining room, with lunette over curved bay window, to left and entrance block with modillioned stone cornice to two gables, plain ashlar pilasters to upper floor above ashlar lower floor which has fine pedimented doorway with Corinthian columns flanked by oculi set in carved rococo frames; rear block, former nurses home and kitchen area, has square bay window and pedimented doorway to multi-gabled facade. Interior green glazed brick dados, and semicircular ribs to corridor ceilings; staircase hall in central block has stained glass windows, plasterwork and staircase with turned balusters. History: Built as a hospital for the treatment of tuberculosis patients, and as a branch hospital of the original Mount Vernon hospital in Hampstead (built 1879-80). Noted for its advanced plan, including isolation wards and facilities including X-ray room and dental unit. (THE BUILDER, 27.2.1914, pp 246-7).

Source: English Heritage

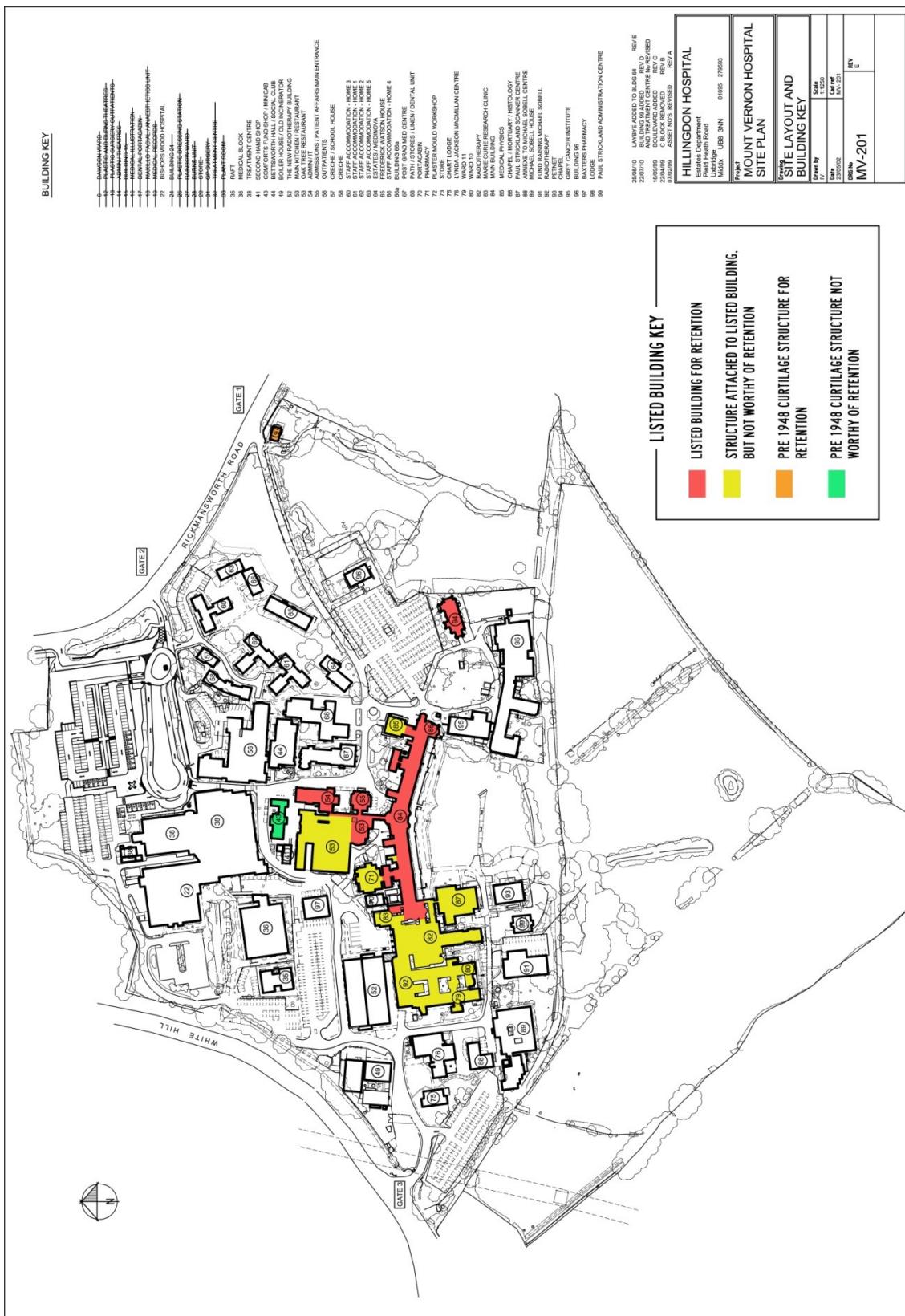
**RICKMANSWORTH ROAD NORTHWOOD (South Side)
Mount Vernon Hospital Chapel**

II*

1904 by F L Wheeler. Building in Art Nouveau style, of closely set knapped flint with ashlar dressings. Bay divisions are tall battered buttresses crowned by carved medallions with masks. Along north and south walls 5-light stone-mullioned and transomed windows fill the 4 bay spaces. Square west tower with battered buttresses at angles and lights, only in top stage, recessed under segmental relieving arches. Low-pitched swept tiled roof, with central spike and visible rafter ends at eaves. West door, also under segmental relieving arch, flanked by carved reliefs and side walls. Projecting 2-storey north vestry extension, with traceried window, at east end. Large high east window also traceried. Main roof tiled with east gable; chancel projects slightly from this. Inside of very high quality material and workmanship. Carved oak fittings include organ gallery, west pews, choir stall and choir screen with free serpentine garland to top beam. Excellent metal work inlaid with enamels and semi-precious stones. Sanctuary walls also inlaid with coloured stones and mosaic.

Source: English Heritage

Appendix 2: Plan showing extent of protection through listing



Appendix 3: Plates



Plate 1: Original V-shaped main hospital ward block (Building 84)



Plate 2: Restaurant (Building 53)



Plate 3: Administration/IT block (Building 54)



Plate 4: Admissions/Patient Affairs/Main Entrance (Building 55)



Plate 5: Linking corridor - external view



Plate 6: Shop/mini cab base (Building 43)



Plate 7: Gate Lodge off Rickmansworth Road (Building 97) and surviving pier



Plate 8: Chapel (separately listed Grade II*) (Building 94)