



Bootham Park Hospital

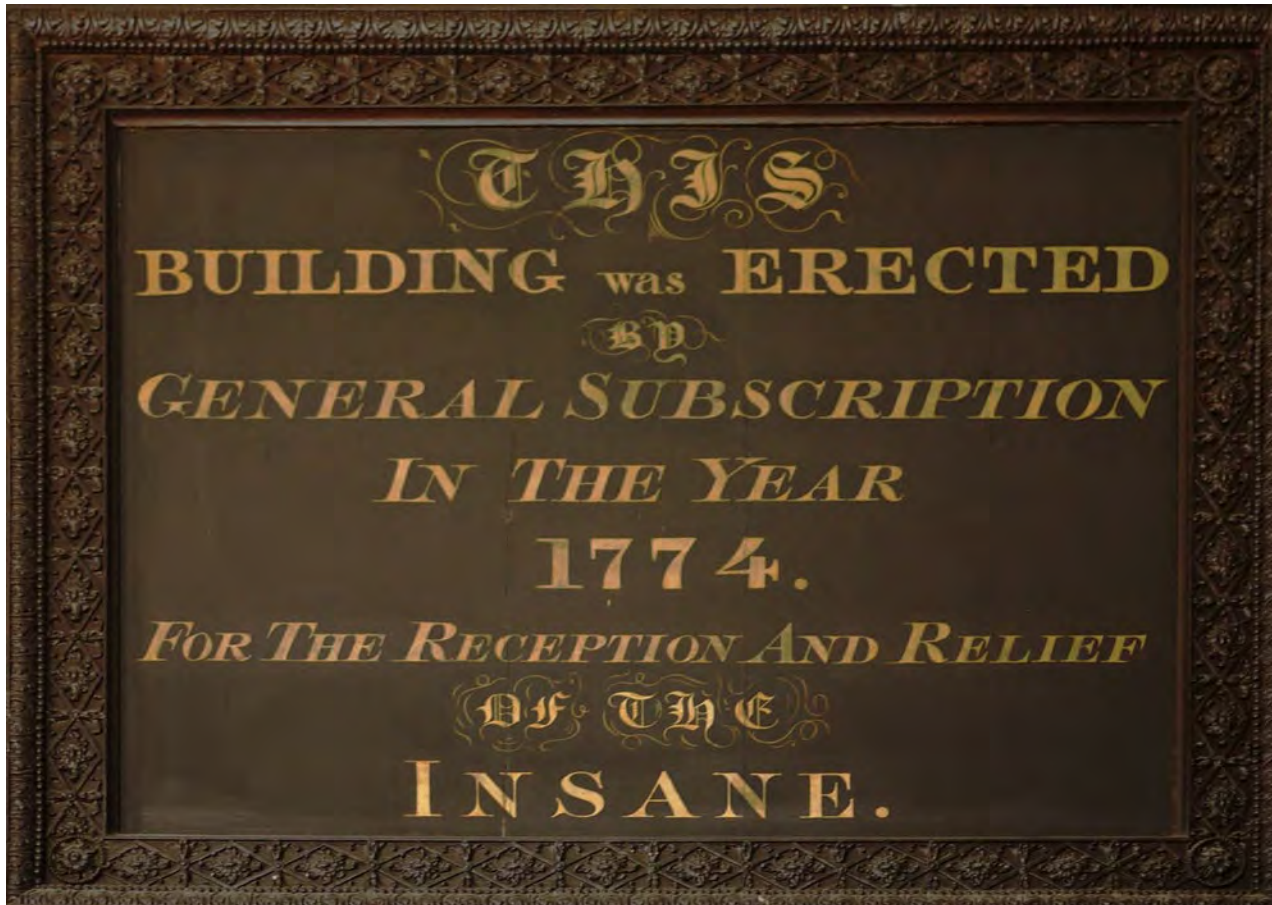
HISTORIC BUILDINGS APPRAISAL

Issue 1

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PURCELL





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EXECUTIVE SUMMARY

Bootham Park Hospital is Grade I listed and is of exceptional interest. The site is protected by the York Central Historic Core Conservation Area and is recognised for its setting and amenity value in policy C5 of the City of York Local Plan (2005). The special interest that lies at the heart of Bootham Park Hospital is its continued use as a mental healthcare facility from the late-18th century to the present day. The site is one of the oldest mental healthcare facilities still in its original use in Britain.

The understanding and assessment of significance for Bootham Park Hospital set out within this report provides a solid foundation from which to begin strategic discussions relating to the future of the site. This has been a major opportunity to understand the issues and potential of the site, and begin to inform its long-term management. The issues set out here relate to the building's constraints and its current clinical needs, the requirement to develop a viable future use and the need to conserve and enhance heritage value. A robust design process and early consultation with stakeholders will ensure that change is managed in a way that sustains and, where possible, enhances significance. Many areas of Bootham Park Hospital have capacity for change and there is much potential to develop the site in a way that enhances significance, increases amenity value and seeks to retain an element of NHS use.

Bootham Park Hospital was established as York Lunatic Asylum in 1777 to designs by John Carr, the nationally acclaimed classical architect. It was the fifth specialist mental healthcare facility in England to be built. The early years of the Hospital saw a rapid expansion of building on the site to meet demand and the asylum was often subject to overcrowding. Reform in the early 19th century improved management of the Asylum and led to renewed building work, including the 1817 female patient wing.

Expansion continued in the mid-19th century with the addition of a ward for refractory patients, two pauper wings, the chapel, the Medical Superintendent's house, the recreation hall and a complete internal refurbishment in the 1880s. The Hospital experienced a period of retrenchment until 1948, when the

Hospital was included within the new National Health Service. Mid to late-20th century expansion saw the addition of several new wings and infill blocks; creating the complex historic site that remains in use to this day.

The conflict between the heritage embodied within Bootham Park Hospital and the requirement to comply with healthcare legislation is high. The Hospital is currently subject to a Compliance Action for a breach of the Health and Social Care Act (2008) following a Care Quality Commission inspection in 2013 and again in 2014. The building has been found to be 'not fit for purpose'. If the hospital is to remain in its original use a major overhaul and building adaptations will need to be made in order to reduce environmental risk, rationalise services within the wards and provide the required number of beds.

The long-term use of Bootham Park Hospital is currently under consideration as part of a wide-reaching review of mental healthcare facilities in the Yorkshire catchment area. If the decision is taken that Bootham Park Hospital can no longer function as a suitable mental healthcare facility, thought must be given to a viable and sustainable use for its future. Historic environment guidance acknowledges that it is not always possible to achieve a continuation of use of a heritage asset as not all original uses are now viable or necessarily appropriate.

In conflict with the clinical issues, the City of York Council Local Plan sets out in policy C5 that any non-health service uses will be opposed on this site. Any case for disposal of the building will require robust justification in terms of public benefit.

There is the opportunity at Bootham Park Hospital to look beyond the short-term and find a beneficial use for the site that could be accommodated with less impact on heritage value than the current intensive hospital use, but also acknowledges the value embodied in the site through its continuous use.



I INTRODUCTION

I.1 AUTHORSHIP

This report has been prepared by Rebecca Burrows (BA (Hons), MSc, IHBC), Heritage Consultant at Purcell on behalf of NHS Property Services Limited. Copyright will be vested with Purcell, with NHS Property Services Limited given rights to distribute this report to relevant staff and stakeholders.

I.2 SCOPE OF THE STUDY

Bootham Park Hospital is a mental healthcare facility near to York city centre managed by Leeds and York Partnership NHS Foundation Trust. The Hospital occupies an extensive site on Bootham, to the north-west of the city walls. The site is within the York Central Historic Core Conservation Area and is covered by various listed building designations from Grade I to Grade II.

This Historic Buildings Appraisal has been prepared to understand the significance of the Bootham Park Hospital site and its capacity for change, with particular focus on the principal Grade I listed building. It will consider the potential issues and opportunities of the site in order to better inform and manage change in the future.

The production of this report at an early stage seeks to establish an appropriate framework; reflecting both the existing user requirements and on-going heritage objectives. This report is intended to inform future discussion surrounding the use of the site and will support future applications for Planning Permission and Listed Building Consent to City of York Council.

Section One of this report establishes the context within which the document has been commissioned.

Section Two of this report sets out our current understanding of the site; its history and development over time. Understanding has evolved following site analysis and in-depth historical research using online resources and archival collections.

Section Three is an assessment of the heritage values of the site based on the understanding gained in the previous section.

Section Four sets out the national and local legislation that may be relevant to the Bootham Park Hospital site, including the NPPF and Health Building Note 03-01.

Section Five looks at capacity for change across the site.

Section Six is the conservation framework, which considers the limitations and constraints of the site, the opportunities it can provide and recommendations for the future.

An audit of spaces has been produced as an overview of each area within the principal building, which can be found in Appendix H. A room by room Gazetteer of the site has also been produced as a separate document. Both should be consulted in conjunction with this report and as part of the decision-making process for the future of Bootham Park Hospital.

Running concurrently with these interim solutions, this Historic Buildings Appraisal has been produced to consider the sustainable options for the long-term future of the site as a continuing mental healthcare facility or through disposal and regeneration.

1.3 THE SITE

'The site' or 'the Hospital' referred to within this document is identified as being the main Grade I listed building of Bootham Park Hospital. The grounds of the hospital and surrounding buildings, both designated and undesignated are referred to as the setting.

Please note that throughout this report historic terms such as 'lunatic', 'insane' and 'asylum' have been used when necessary under their original historic meaning. References to the site prior to 1904 use the term 'York Asylum' but subsequently reverts to 'Bootham Park Hospital', following the change in its name in that year.

1.4 EXISTING INFORMATION

Several short histories of Bootham Park Hospital have been published, such as *From York Lunatic Asylum to Bootham Park Hospital* (Anne Digby, 1986), which make use of the extensive archival collections at the Borthwick Institute. The records relating to the formative years of the York Asylum (1772-1815) were deliberately destroyed in the early-19th century following claims of mismanagement. This represents a substantial gap in knowledge; however, much of this early history has been pieced together from other sources.

The archives of the Hospital were deposited with the Borthwick Institute in 1995, having been stored in the cellar of Bootham Park Hospital until 1990, when they were temporarily stored at Clifton Hospital for several years. The archival collections for Bootham Park contain a substantial amount of original drawings and plans from the late 19th century and early-20th century. The most extensive collection relates to the alterations to Ward I in 1908 by local architects. The archives also hold the annual reports for the Hospital and early-20th century inventories of contents.

The recent planning history and the archival sources contained within the Borthwick Institute and York Minster Library have been included in Appendix E at the end of this document.

2 UNDERSTANDING

2.1 SITE LOCATION

Bootham Park Hospital is located on the A19, known as Bootham, to the north-west of Bootham Bar and the historic core of York. The site is adjacent to York County Hospital to the north and Bootham School to the east. York railway station is half a mile to the south-west and the Scarborough line runs along the north-west boundary of the site. The site is within the vicinity of the historic St Peter's school, St Mary's hamlet and abbey, King's Manor, the Yorkshire Museum and Gardens and York City Football Club stadium. Views towards York Minster can be seen from the grounds of the site.



Aerial view of the Bootham Park Hospital site. The red line shows the boundary of the site and the blue line highlights the principal building.

2.2 OWNERSHIP, MANAGEMENT AND USE

Bootham Park Hospital is run by the Leeds and York Partnership NHS Foundation Trust and is owned by NHS Property Services Ltd. The Hospital is in use as a mental healthcare facility as one aspect of approximately 25 mental healthcare facilities the Trust runs in the York area. The priority of the NHS Trust is to provide the best care possible and to ensure that the environment is safe and conducive to providing high-quality care.

Bootham Park Hospital is currently in use as an acute mental healthcare facility. The services provided include assessment and treatment for adults over 18 with acute or severe mental illness. This could be through inpatient care at the Hospital for a period of time or intensive support in the community with outpatient services at the Hospital. The Hospital also has a crisis unit, replacing facilities previously provided by the police.

An inspection of Bootham Park Hospital in December 2013 and January 2014 by the Care Quality Commission (CQC) identified shortcomings that required immediate action to be taken to make improvements to safety and to consider longer term solutions.¹ The CQC inspection issued a 'Compliance Action' against the Hospital and stated that the site was no longer suitable for modern day mental healthcare. The recommendation was given that the acute mental healthcare facilities should vacate the premises as soon as alternatives could be found²

In the period since the most recent report (January 2014), Leeds and York Partnership NHS Foundation Trust has been working towards addressing their breaches in the Health and Social Care Act, 2008 to allow the Compliance Action to be removed.

The building has been found to be 'not fit for purpose' due to the environmental risks of the historic buildings, the lack of rationalised services and the inadequate provision of patient bedrooms. Problems encountered by staff relate to the safety of the patients; for example obscured lines of sight due to complex internal circulation, ligature risk relating to the historic fixtures and fittings and unsatisfactory hygiene standards due to the age of the structure. Many of the interiors within the Hospital contain late 20th century refurbishments and are tired and outdated. Elements of the building no longer comply with current guidance for mental healthcare facilities; for example the existing secondary glazing installations do not allow them to be patient-controlled. Issues with the building also centre on plan form, for example lines of sight within wards are important to maintain. See section 4.3 and 5.1 for more information on the relevant legislation and clinical issues.

Interim plans for the Hospital were released in August 2014, which involved refurbishing several wards and moving patients to more suitable areas with improved environments and better access to services.³ Following an initial assessment of the heritage in April 2015, work to Ward 8 and Ward 6 began in May 2015, followed by a Listed Building Consent application for alterations to the more historically significant Ward 1 and the Chantry Suite.

The future of the Hospital is uncertain as the conflict between the heritage embodied within Bootham Park Hospital and the requirement to comply with healthcare legislation is high. Constructive and creative options are now required to ensure that the building can be put to its optimum viable use, which should also be compatible with the exceptional interest of this Grade I listed site.

1 NHS Leeds and York Partnership, CQC Inspections article, 12 February 2014 http://www.leedsandYorkpft.nhs.uk/news/archive_news/11674

2 NHS Leeds and York Partnership, Bootham Park Hospital and Lime Trees update article, 24 April 2014 http://www.leedsandYorkpft.nhs.uk/news/archive_news/11699

3 NHS Leeds and York Partnership, Interim plans for Bootham Park Hospital services agreed article, 1 August 2014 http://www.leedsandYorkpft.nhs.uk/news/archive_news/1

2 UNDERSTANDING

2.3 DESIGNATIONS

Bootham Park Hospital is subject to various heritage designations, which are set out below. The Grade and Historic England reference number is included for each asset

A	York Central Historic Core Conservation Area (the Character Area is depicted in green)
B	Bootham Park Hospital, Grade I, I259396 (the red line is the site boundary, the Grade I listed building is highlighted in blue)
C	Former Chapel at Bootham Park Hospital, Grade II, I259398
D	Railings Enclosing Playing Field Approximately 95 Metres South Of Bootham Park Hospital, Grade II, I259405
E	Lodge at Bootham Park Hospital, Grade II, I259404
F	Gateway, Gates And Railings To Bootham Park Hospital, Grade II, I259400

Designated heritage assets within the setting of the site are set out below:

1	Number 51 And Bootham School Block To Rear Including John Bright Library And Attached Railings, Grade II*, I259468
2	Assembly Hall at Bootham School, Grade II, I393284
3	The Churchill, Bootham, Grade II*, I259444
4	Garden Railings And Gate Piers To Number 65 (The Churchill), Grade II, I259445
5	67 and 69 Bootham, Grade II, I259406
6	84 Bootham, Grade II, I259394
7	Ingram House, Bootham, Grade II*, I259395
8	80 and 82 Bootham, Grade II, I259413
9	Number 78 and attached railings, Grade II, I259412
10	59 Bootham, Grade II, I259439
11	Bootham House, Grade II, I259441
12	57 Bootham, Grade II, I259438

13	Numbers 53 And 55 And Attached Railings, Grade II*, I259432
14	Numbers 64 And 66 And Attached Railings (St Marys House Number 66), Grade II, I259443
15	Number 62 And Attached Railings, Grade II, I259442
16	Groves Chapel, Clarence Street, Grade II, I259270
17	Number 38 and attached wall and railings, Grade II, I256735
18	Number 70-76 (even) and attached front railings, Grade II, I259408
19	9-12 Grosvenor Terrace, Grade II, I257671
20	32 Clarence Street, Grade II, I259267
21	34 Clarence Street, Grade II, I259268
22	36-38 Clarence Street, Grade II, I259269

Numbers 1-8 and 13-28 Grosvenor Terrace have also been identified within the York Central Historic Core Conservation Area Appraisal as being Buildings of Merit.⁴ These are located at No.19.

⁴ City of York Council, York Central Historic Core Conservation Area Appraisal, 2011



2 UNDERSTANDING

2.4 SITE DESCRIPTION

2.4.1 ACCESS AND OPEN SPACES

Bootham Park Hospital occupies a site of approx. 20 acres, with extensive grounds of approximately 10 acres to the south, between the hospital and Bootham. This open space has been identified in the York Central Historic Core Conservation Area Appraisal as being a significant feature of the Bootham Park Hospital Character Area. The grounds are not open to the public but access running from Bootham to Clarence Street or York County Hospital is a popular short-cut used by pedestrians.

Within the site to the east are additional green spaces surrounding the chapel and, adjacent to the site, Bootham School has a large playing field.

Vehicle access to Bootham Park Hospital is from Bootham to the south and Clarence Street to the north-east. The link between the two roads is prevented by physical and car parking barriers. An additional pedestrian access point is via a footbridge that runs from Grosvenor Terrace over the Scarborough railway line.

2.4.2 PRINCIPAL BUILDING

Exterior Summary

The principal hospital building on the site is listed Grade I and is a complex group of structures of various dates and styles. The frontage building is the 1777 structure by the architect John Carr. The Buildings of England description of the building has been reproduced here:

A handsome red brick range with hipped Westmorland-slate roof, eleven bays and three storeys. End bays project slightly, the first floor has arched windows set in blank arches. Three-bay centre with upper giant Tuscan demi-columns carrying a pediment. The main doorway has alternating blocked columns

and a pediment. In the centre of the side elevation a tripartite window, Venetian window over and above that a tripartite lunette window.⁵

To the rear of this building, a T-plan range dates to the late 18th and early 19th century, with various modern additions of little interest, but also attractive additions of bays and turrets from the late 19th century. Beyond the 1817 range to the east is the 1860s medical superintendent's house, which has been joined to the main range by a single bay of a similar style, and further additions of the 1900s. To the rear are two late 20th century extensions.

To the north-west of the T-plan is a long late 19th century range running parallel, with late 19th century infill, such as the recreation hall and bowling alley (now café). At either ends of this long range are mid-20th century extensions, which vary in quality. Further north-west are the two pauper wings of the 1860s, which have had ground floor extensions to the north and south added and a new 1960s range to the north-west to create an internal courtyard. Further north-west are a series of maintenance yards, boiler rooms and garages.

Various architectural styles have been used across the principal building, which largely relate to the period when they were constructed. The original John Carr range, 1817 female ward and central service block are all constructed in an elegant but simple late 18th to early 19th century classical style, with hipped slate roofs, brick with stone string courses, classical proportions and large double height central bays or pediments.

The contrast between the original range and the adjacent additions of the late 19th century with their steep mansard roofs and fanciful iron work is strong. Further differences in style can be seen with the deep eaves, corbels and classical

pediment of the medical superintendent's house and the graceful curving bays of the 1980 additions.

Modern additions to the rear of the hospital are often simple brick structures with flat or pitched slate roofs and no embellishment. Two 1960s ground floor additions to Ward 6 clash unsympathetically with the original end bay projections of the 1860s pauper wings. However, some 1950s additions are attractive and well detailed. The majority of additions have been built with sash windows, respecting the historic character of the site, although the lack of glazing bars in some windows is not in keeping.



1 Principal 1777 building from the south.

2 The late 18th century service block with kitchens and laundry.

⁵ Pevsner and Neave, Buildings of England Series, Yorkshire: York and the East Riding, 2005, p.200

Interior Summary

More detail is provided on a room by room basis in the accompanying Gazetteer. The internal survival of historic features varies widely across the hospital. Almost all of the 1777 interiors have been lost, although the board room survives in its original condition and there are some elements of Carr's scheme retained in the former staircase hall. The plan form remains relatively intact although the original staircase has been removed. The building has been constructed over three floors, with a central corridor and small patient rooms leading from them on each floor. These are now in use as offices.

The majority of historic detailing dates to the late 19th century, as does the attractive cantilevered staircase. Rooms of interest include the mock-baronial style recreation hall of the 1870s, now in use as a gym and the timber panelled bowling alley, now used as the café. Many of the corridor and circulation spaces retain a coherent late 19th century scheme of high-quality joinery of classical proportions, plaster friezes and Minton tiles, including the Chantry Suite and entrances to Ward 6.

Additional staircases of interest survive within the building, as does a surprisingly large amount of decorative glazing. This appears to all be late 19th century but is a diverse collection including geometric coloured glass, hand-painted bird and leaf motifs, painted garlands of flowers and some frosted etched glass.

Other spaces within the hospital, particularly the bedrooms and bathrooms, have been extensively refurbished and any features of interest have been removed. Suspended ceilings have been installed in most areas, along with modern floor surfaces of vinyl or carpeting. Historic features such as cast iron radiators do survive in some places, and fireplaces have been boxed-in. The wholesale replacement of doors and features in some wards has reduced them to clinical spaces with no historic interest. However, in other locations patient services appear side-by-side with decorative stained glass screens and elaborate plasterwork.



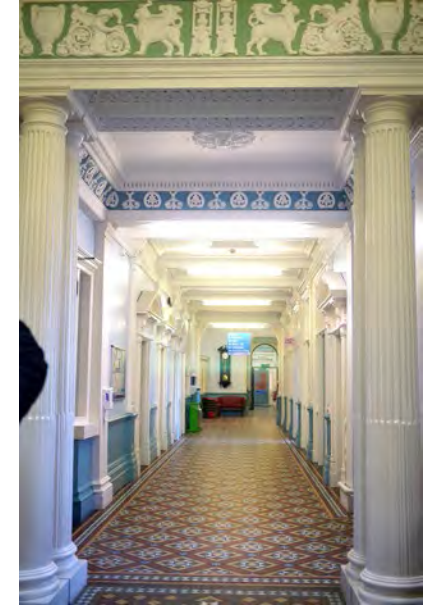
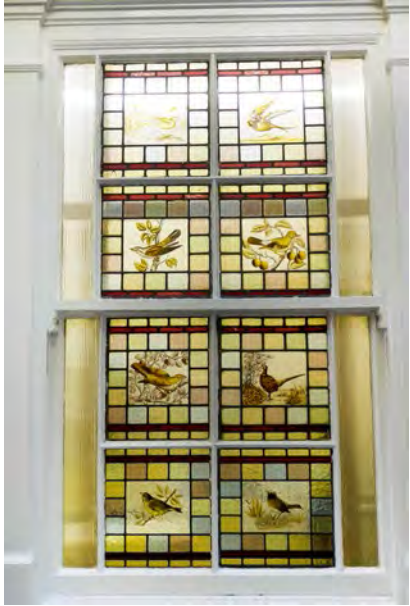
1 Second floor corridor of the principal 1777 block.



2 Boards of the original subscribers within the Board Room.

2 UNDERSTANDING

HISTORIC FEATURES



2.4.3 THE GROUNDS

Workshops And Ancillary Buildings

The workshops and ancillary structures to the north-west of the site, adjacent to the railway line relate to the maintenance of the Hospital site and replace structures that were previously contained within the main building in the past.

The mortuary is the oldest structure, and dates to the late-19th century. The remainder are all 20th century, of various dates. Substations and bin stores are of little value while the mid-20th century garages, workshop and boiler room have some merit.

The mortuary, attached workshop and bin store are notionally listed as part of the Grade I building as they are attached by a curved brick wall projecting from the southernmost 1860s pauper wing (Ward 6). The other buildings are post 1948 so are unlikely to be defined as curtilage structures.



- 1 The modern structure attached to the late-19th century mortuary
- 2 The interior of the main workshop facility on the site
- 3 External view of the mid-20th century garages
- 4 Internal view of the boiler room, serving both Bootham Park and York Hospital.

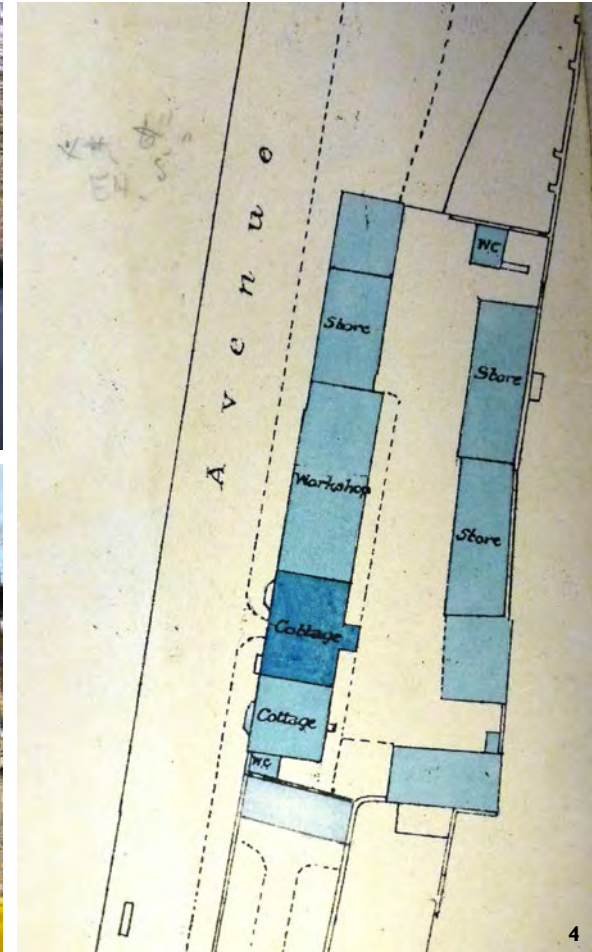
2 UNDERSTANDING

Cottage Buildings

The Cottage Buildings are a cluster of structures that run along The Avenue and form the boundary with Bootham School. The buildings consist of two ranges, both running parallel to the road, with a narrow courtyard between them. The buildings face inwards and have a fairly blank elevation fronting The Avenue.

The range abutting The Avenue is the earliest structure and pre-dates the 1892 OS map. The second range adjoining Bootham School was constructed before the 1930s (OS map). Both ranges of buildings are of low significance while the interiors are neutral due to extensive refurbishment. The buildings are currently in use as record stores, offices and training rooms.

The cottage buildings are not individually listed but are contained within the York Historic Core Conservation Area and could be defined as curtilage structures to the Grade I listed Bootham Park Hospital.

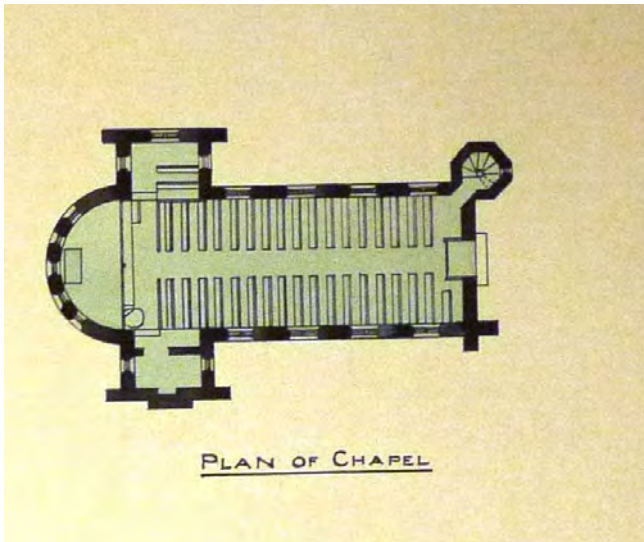


- 1 View of the cottage buildings from The Avenue, looking towards Bootham.
- 2 The buildings to the west of the central courtyard
- 3 The building to the east of the central courtyard
- 4 Site plan of the cottages and outbuildings along the Avenue, 1931-1936 Borthwick Institute BOO/2/1/1931(1-6)

Chapel

The Chapel is listed Grade II and is of 1865 by Rawlins Gould in an Early English style with an asymmetrical turret. The Chapel was converted to offices by Ashfield Architects in 1989 and is currently in hospital administrative use.

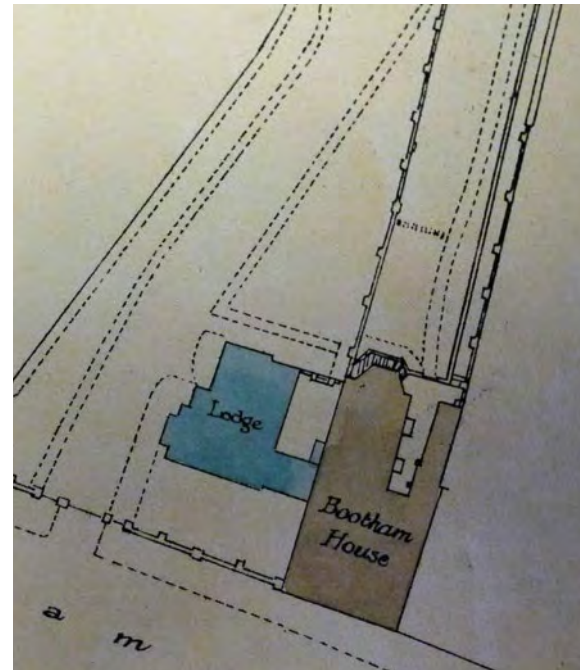
The chapel has significant value as an element of the Conservation Area and forms part of the setting of the Grade I listed Hospital. Internally the office conversion is highly intrusive into the character of the church but is an interesting example of a re-use scheme from this period.



- 1 View of the chapel from the south-west.
- 2 Plan of the Chapel

Lodge

The Lodge at the entrance to the hospital from Bootham is listed Grade II and dates to 1857. The building is T-plan and constructed in buff brick with slate roofs. Internally the Lodge has been extensively refurbished. The railings and gateway that separate the hospital from Bootham are also listed Grade II and are of 1857.



- 1 The Lodge and railings to Bootham.
- 2 Site plan of the Lodge on Bootham, 1931- Borthwick Institute BOO/2/1/1931(1-6)

2 UNDERSTANDING

2.4.4 LANDSCAPE

Bootham Park Hospital is contained within extensive grounds, which are laid to lawn in most places and contain mature trees around the buildings and boundaries. The seven acre field to the south-west between the Hospital and Bootham is used as a playing field by the York Minster School but is otherwise underused. This is surrounded by boundary planting of trees, somewhat shielding the railway line and surrounding streets.

The road leading from Bootham to the Hospital is known as The Avenue and is tree-lined. The grounds surrounding the main Hospital buildings are lawned, with some landscaped planting and many mature trees. To the north is a brownfield area of scrubland, which previously contained accommodation blocks. To the east are the grounds of the Chapel, which are also grassed and contain mature trees.

The landscape has changed considerable since the establishment of the Hospital on this site. Originally a low-lying flood plain, the original York Asylum was set out within a series of high-walled brick 'airing yards' for patients. As treatment styles changed, the walls were progressively lowered and removed. By the early-20th century the grounds were attractively and extensively landscaped with tennis courts, kitchen gardens and flower beds. The grounds are now managed to be low-maintenance, with large lawns and minimal planting.

The landscape surrounding the Hospital is an important element of the Bootham Park Character Area of the Conservation Area. Car parking areas to the south of the Hospital and the Chapel are modern intrusions into the landscape.



- 1 View of the grounds surrounding the Chapel, 2015
- 2 A view of the grounds around Bootham Park Hospital c.1910
- 3 Tennis court in the grounds of the Hospital c.1910. Note the glasshouse.
- 4 View from the principal building looking out across th Bootham

2.5 SETTING

Conservation Area

Bootham Park Hospital forms a Character Area within the York Central Historic Core Conservation Area. It is unique for being a large 18th century mental health hospital set within extensive grounds on the edge of the city.⁶

The area is busy with pedestrians and car traffic arriving and departing from the hospital, but the wide open spaces and wooded areas to the south-east maintain a quiet atmosphere. Within the setting of Bootham Park Hospital and within the Character Area are the hospital chapel (Grade II), the hospital lodge, the gates and railings onto Bootham (Grade II), Bootham School (Assembly Hall, 1965, Grade II), Union Terrace and the Wesleyan Chapel. Several buildings within the Bootham Character Area are also listed.

The significance of the Conservation Area lies in the attractive landscape setting of the principal façade of Carr's 1777 building. However, the Conservation Area Appraisal notes that the green space is underutilised and the boundary treatments are in a poor condition.⁷



- 1 View of Bootham Park Hospital across the extensive grounds from the Bootham entrance.
- 2 The south-east elevation of the hospital.

⁶ City of York Council, York Central Historic Core Conservation Area Appraisal, 2011

⁷ City of York Council, York Central Historic Core Conservation Area Appraisal, 2011

2 UNDERSTANDING

Streetscape and views

For such a large site, the hospital is relatively well screened from surrounding streets. The Scarborough railway line to the west is bound by a high brick wall, which blocks the majority of views from this angle. Structures of York County Hospital to the north also block views, as do the buildings of Bootham School to the south-east.

Key views are from Bootham, where wide views of the John Carr principal frontage can be seen across the grounds, between the listed (Grade II) railings and dense boundary planting. There are also views of the east elevations of the principal building (Grade I) and chapel (Grade II) from the Union Terrace car park and views of the rear elevations from the footbridge crossing the railway line.





The site is privately owned but is in constant use by the public as a thoroughfare and for NHS Trust services. The streetscape is well-maintained and accessible, with distinctive NHS-branded signage. Car parking on the site is in high demand and the car parks are often crowded, with some inappropriate parking. Road surfaces across the site are well-used, while informal footpaths have been worn into the landscape through constant use. The site has a very rural character when walking to or from the hospital from Bootham.







- 1 Principal elevation and car parking at the site.
- 2 View from the chapel across towards Grosvenor Terrace and Bootham.



2 UNDERSTANDING

Number	Image	Description
1		View of Bootham Park Hospital and grounds from Bootham. This view is glimpsed between iron railings and boundary planting and is generally only visible to pedestrians.
2		View towards the principal façade of the Hospital across the grounds by pedestrians and vehicles as they enter the site along the Avenue from Bootham.
3		Panoramic view of the principal building as vehicles and pedestrians emerge from the Avenue.
4		Main vehicle entrance and wide panoramic views of the south-east range of the building, showing various phases of development.

Number	Image	Description
5		Pedestrian entrance and minor vehicle entrance to the site from the historic Asylum Lane and York Hospital to the north. Modern buildings to the west block some views.
6		Pedestrian entrance to the site from York Hospital, giving views of the rear elevations, including the 1817 female ward range.
7		Views of the north-west corner of the site for pedestrians using the historic Asylum Lane, which now runs over the Scarborough railway line. Views are generally of single storey ancillary ranges but views of the two 1860s pauper wings can be seen.
8		Views are blocked along Grosvenor Terrace by a high wall and the Scarborough railway line, although the upper storeys of the houses along this street are prominent when looking out across the grounds.

2.6 ARCHAEOLOGICAL ASSESSMENT

The site chosen for York Asylum in 1772 was on previously undeveloped land (due to its low-lying topography and its propensity to flood) outside the city walls of York. To this day, the majority of the grounds to the south-west has remained undeveloped and is a substantial area of parkland. It has been used in the past as cricket and tennis grounds, and remains in use by the Minster School as a sports ground.

The grounds to the south-east have been sporadically developed, for example the construction of the Chapel in the 1860s and the nurses accommodation block in the 1990s. Today, the grounds are landscaped or tarmacked for vehicle access and contain few buildings. These grounds previously contained formal gardens and planting.

Bootham Stray is the name of the common land to the north of the Hospital, which has since been developed into York Hospital and has a dense urban grain. Early aerial photographs of this area show the presence of medieval ridge and furrow in this location. This area was used by Bootham Park Hospital in the 19th century as formal and kitchen gardens with planting, glasshouses and sports pitches.

To the north-west the land has been developed since the late-19th century, starting with the Scarborough railway line of 1845 and followed by streets of terraced houses on the long medieval burgage plots.

The site of the main hospital buildings has been heavily developed since the late-18th century, with on-going construction and rebuilding up to the present day. Earlier uses of the site saw the construction of a complex arrangement of high stone walls for patient 'airing yards'. These have since been demolished.

A desk-top archaeological assessment of Bootham Park Hospital has revealed few items of interest. In 1994 a watching brief was carried out by York Archaeological Trust in connection with the construction of new day care facilities at the Hospital (the 1950s Occupational Therapy wing). Natural deposits were encountered 1m below the surface but otherwise modern construction had reduced any archaeological deposits.

The city of York has a long and complex history but it appears that there has been little human activity on the site of Bootham Park Hospital prior to the 18th century due to its topography. Evidence of previous building phases on the site, for example the earlier wing for refractory patients to the west, may be present beneath existing phases of construction. Few investigations into the site have been carried out in the past and there may be scope to further our understanding of the site as opportunities arise.

CITY OF YORK HISTORIC ENVIRONMENT RECORD (HER)

Reference numbers refer to identifiers within the York Historic Environment Record catalogue.

Monuments

- 1-8 and 13-28 Grosvenor Terrace, MYO3891
- Bootham Park Hospital, MYO1794
- Union Terrace, MYO3892
- 9-12 Grosvenor Terrace, MYO1441
- York County Hospital, Ridge and Furrow, MY03773
- Former Chapel at Bootham Park Hospital, MYO1795
- Groves Chapel, MYO1719
- Railings Enclosing Playing Field Approximately 95 Metres South Of Bootham Park Hospital, MYO1798
- Lodge At Bootham Park Hospital, MYO1797

Events

- Nurses Homes, Wiggington Road, archaeological event, ref. 1975.1039
- Hyrst Grove, York City Gym Club, archaeological event, ref. 1985.1036
- Arcifacts: Unearthing Homeless Heritage In York, archaeological event, ref. null
- Union Terrace Car Park Archaeological Watching Brief, ref. null

See Appendix G for list entries for the City of York Historic Environment Record.

ARCHAEOLOGICAL DATA SERVICE

- Daycare Facilities, Bootham Park Hospital, Bootham, York: watching brief. York Archaeological Trust, 1994 - Natural deposits were encountered at approximately 1m below ground surface. Above this an undated occupation deposit was observed but modern construction truncated any other archaeological deposits.⁸

⁸ 1994/95 YAT Annual Report p.21 <http://archaeologydataservice.ac.uk/archsearch/record.jsf?titleId=1882915>

2 UNDERSTANDING

2.7 HISTORIC DEVELOPMENT

Additional plans and drawings from archival research can be found in Appendix I

2.7.1 SUMMARY TIMELINE

18TH CENTURY

1772

A meeting was held to support a project to erect a new public lunatic asylum for the people of Yorkshire. An initial sum of £5000 was given as a target for subscribers.⁹

1773

The first £5000 was raised and a suitable site near to York was chosen by the Lord Mayor and Dr Hunter; a strong supporter of the project. This was purchased for £1000. In August the plans of the architect John Carr were also approved.

1777

Construction moved slowly but in November the first patients were admitted at a cost of 8 shillings a week; Dr Hunter was the sole physician practicing at the asylum. York Asylum was the fifth public asylum to be established in England by this date.

1788

The Asylum was enlarged for a further twenty patient rooms. A total of £10,000 had now been spent on construction since conception. A tiered system of payment was introduced to allow affluent patients to be accommodated for a pound a week. The hospital also took on paupers, who paid 6 shillings a week.

1790

The death of a Quaker patient, Hannah Mills led to the establishment of The Retreat, York in 1796 to care for mentally-ill Quakers. Concern had begun to grow over the management of the Asylum and the conditions the patients were living in.

⁹ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

19TH CENTURY

1808

The first new wing is built to meet the demand of additional patients.

1814

Following further concerns over the overcrowding and mistreatment of patients, an inquiry in 1814 saw a substantial overhaul of the rules and administration of the Asylum. The reforms included physical alterations and additions to the building were made to improve the environment for staff and patients.

1814

The rear wing of the Asylum was destroyed by a fire. This was replaced in 1817 by the female patient wing, with male patients situated in the original 1777 building. Other alterations were also made to make the Asylum a more appropriate environment, with better ventilation, lighting, flooring, and new WC and bathing facilities.¹⁰

1818

Further alterations were made to create additional accommodation for wealthy patients but these were rarely used.

1824

A high proportion of violent patients were admitted under a new policy in this period. A new refractory ward was opened in 1828 to accommodate the patients, separated from the other buildings by a long passageway.

1852

An extension was made to the refractory wing.

¹⁰ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

19TH CENTURY (CONTINUED)

1854

Dr Needham was appointed Medical Superintendent in 1858 until 1874. He championed the perception of the Asylum as a curative hospital rather than a prison, which led to physical changes on the site. Heavy window and fire guards were removed, high walls around the airing courts were replaced by low walls (and hidden moats), new chairs, chests of drawers and washstands were installed, curtains were hung and cages of birds, hanging flower baskets and pictures were all provided to create a 'civilised' environment.¹¹

1860s

The Asylum was further enlarged in this period with the construction of the Medical Superintendent's house in 1862-3 and the chapel in 1864. Two new wings were constructed to house the pauper patients, whose accommodation was now compulsory following the Lunacy Act of 1845.

1870s

Extensive refurbishments were made to the central block including a new recreation and dining hall, wash house and boiler house.

1886

The interior of the Asylum was largely altered and refurbished.¹² Detailing from this period includes a large number of Minton tiled corridor floors, fireplaces, fine door cases, door heads and leaves and three elaborate staircases with stained glass screens.¹³

20TH CENTURY

1908

An extension to the female wing was constructed to accommodate the affluent female patients.

1913

Between 1913 and 1920 houses in nearby Union Terrace were purchased to provide nurse and staff accommodation.

11 Digby, From York Lunatic Asylum to Bootham Park Hospital, 1986

12 Borthwick Archives, catalogue information on the Bootham Park Hospital, 1995

13 An Inventory of the Historical Monuments in the City of York: RCHME: Outside the City Walls East of the Ouse: London: 1975: 47-9).

20TH CENTURY (CONTINUED)

1939

The central colonnaded turret from the 1777 principal building was removed. The base was later removed in 1951 and the end chimneys removed in the late-20th century.

1948

Bootham Park Hospital was included within the new National Health Service (NHS). In the late 1940s, following two decades of under-funding, the buildings and facilities were upgraded and the accommodation improved. The number of beds increased from 130 in 1948 to 172 in 1950. By 1960 this had risen again to 214.

1950s-1960s

Major structural and functional changes led to building renovations, a new out-patient building (1958) and new neuro-psychiatric unit (1966). Since 1948 the original John Carr building has been used for local NHS management, the Medical Superintendent's house is now part of Ward I and the chapel houses the psychology departments.

1989

The chapel interior was converted to offices by Ashfield Architects.

1995-1998

A significant upgrade of services at Bootham Park was carried out in 1995-6 including refurbishment of wards and staff facilities. The Chantry Suite out-patient area was created in this period in the 1817 north wing.

21ST CENTURY

2010

A new extension was built to the west of the Medical Superintendent's house to increase the size of Ward I.

Ongoing

Modernisation is a constant challenge as modern therapeutic care models evolve and patient and staff expectations change.

2 UNDERSTANDING

2.7.2 EARLY HISTORY OF THE SITE

In August 1772 an advertisement was placed in the York Courant for those interested in being involved in a project to erect an asylum in York. Dr A. Hunter expressed his support at this first meeting and later became the first physician at the Asylum. A target of £5000 was suggested for construction. Dr Hunter and the Lord Mayor of York began to search for a suitable site for the new asylum. Locations next to the County Hospital on Monkgate (established 1745), Straker's Garden on Bootham and a plot on St Marygate were all rejected.

The same year a newspaper article entitled 'Reasons for establishing a Lunatick Hospital' was published. These included the 'relief of unhappy sufferers' and outlined the lack of provision in the area. In the 1770s there was little suitable provision for mental healthcare, the author excluded both the workhouse and County Hospital as viable specialist options. The nearest asylums were in London, Manchester and Newcastle but were already oversubscribed.

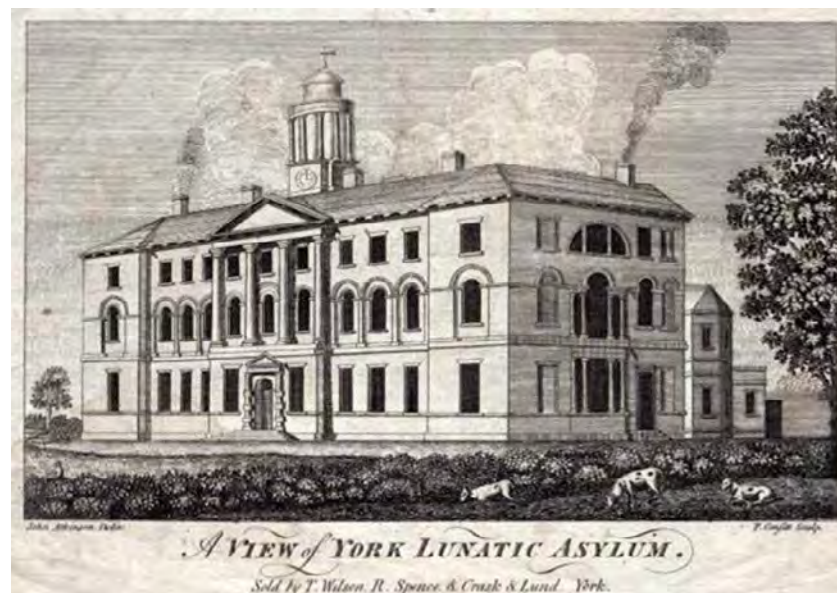
By July 1773 the initial £5000 was raised by subscription, following two appeals to the public. The subscription boards that still exist in the Board Room were erected in recognition of this local generosity. In August of that year two committee meetings were held to make the final choice of the site, which was outside of the city walls at Bootham Bar on low-lying, poorly drained land. £1000 was required to purchase the site.

At these meetings the plans of the architect John Carr were also approved and by January 1774 advertisements were placed for craftsmen to build the Asylum. Work commenced in February and continued into March, when subscribers were once again appealed to for more funds.

The Asylum was designed by John Carr with facilities for 54 patients. The first buildings on the site consisted of the principal hospital building and a detached service building to the north. The principal building was a classical three-storey red brick building with a central pedimented entrance with Tuscan columns and above the entrance was a round colonnaded turret. John Carr was the principal practising architect in York at the time of construction. He served as Mayor of York in 1770, took a prominent role in civic life and had a reputation as a competent designer and architect. Carr was working on the County Assize Courts in York at the time but had also previously built a Grandstand on the Navesmire and Fairfax House in York. Other projects further afield included Harewood House, Kirby Hall and Leeds Infirmary.

The early Asylum buildings were described in Sotheran's Guide to York in 1796:

*'The Lunatic Asylum is situated without Bootham Bar, on the north-east side, and is a handsome structure, extending in length 132 feet, in depth 52 and in height consisting of three stories. Of these the lowest is a rustic, from which four engaged columns are carried up to the general entablature, and sustain a pediment in the centre of the front, which has a south-west aspect. The ends of the front are finished as pavilions, and have a projection equal to that of the engaged central column already mentioned. Over the centre of the building rises an elegant cylindrical bell-tower, surrounded with engaged columns, and finished with a small cupola and vane. The internal plan is simple and convenient, consisting only of a corridor, extending from end to end of the building, and has on each side of it, on the upper floors, rooms very commodiously and securely finished for the reception of lunatics; and on the lower floor, beside similar rooms, is a committee room, and apartments for the physician and apothecary. Behind the whole, in a separate building, are the kitchen, wash-house, and over convenient offices' above are apartments for 20 patients more.'*¹⁴



Engraving of the York Lunatic Asylum from Sotheran's Guide to York, 1796

Construction was slow and dragged into 1777 due to money shortages, which led to further public subscriptions. A meeting in August agreed that the currently complete rooms should be immediately opened for patient admissions at 8 shillings a week. In November 1777 the first patients were admitted.

Rules and Regulations

The governors published rules and regulations for those using the Asylum:

- Those that had already been discharged as incurable from other asylums were not admitted.
- Epileptics, idiots, pregnant women and those suffering from venereal disease were prohibited.
- Preference was given to those who were the 'greatest objects, having regard to their circumstances as well as their insanity.'
- A one guinea deposit was required to cover funeral expenses in case of death.
- Cleanliness was important and each patient was provided with a new set of clothes.

The initial meeting for subscribers in 1772 stated that the new Asylum would be 'erected as a suitable building for the reception of lunatics being either parish poor or belonging to distressed and indigent families.'¹

York Lunatic Asylum was only the fifth public mental health hospital founded in England. By 1778 there were 15 patients at the Hospital; 23 in 1779 and 28 in 1780. Although the Hospital only officially took patients from the county of Yorkshire, they also accepted patients nationally. By 1788 numbers had risen over capacity to 68 and the Asylum was enlarged by the addition of a further twenty rooms to increase bedroom numbers and avoid turning patients away. A tiered system of payment was introduced in this period to allow affluent patients to be accommodated for a pound a week. The Asylum also took on paupers, who paid 6 shillings a week. By 1790 it is estimated that approximately £10,000 had been spent on construction.¹⁵

The early years of the Asylum have been described as the 'Dark Ages' by commentators, not only because the records from the period 1777-1788 were later destroyed, but because the dubious practices and poor conditions suffered by the patients were at odds with the original reasons for establishing the hospital. Changes to the rules and regulations created an eight tiered payment system, which allowed wealthy patients to be admitted. This new system was criticised by the subscribers as contrary to the original charitable purposes of the Asylum. There was also concern that the funds subscribed for poor lunatics were being misappropriated. Dr Hunter argued against this, as he believed the affluent patients were required to subsidise the treatment of the less well-off.¹⁶

Dr Hunter initially practiced in Gainsborough and Beverley and came to York in 1763. He was appointed the sole practitioner to the Asylum in 1777, which was unusual in terms of contemporary practice. He was also given a salary of £200 for a trial period in 1788, which was also unusual as most physicians took on the role as an honorary one and supplemented this with private practice. Dr Hunter is thought to have had no sympathy for the paupers and poorer patients at the hospital and prioritised those of middling rank and in low circumstances. He opposed the reduction in pauper's fees, which was suggested to increase their numbers. Dr Hunter wrote;

*'I am convinced that at no time the payments from the parish poor should be reduced; as under such an alteration, the house would be immediately filled with the lowest and meanest of the poor, to the exclusion of those of a middling rank and in low circumstances, for whom the Asylum was originally constructed.'*¹⁷

¹⁵ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

¹⁶ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

¹⁷ York Herald, 9th February, 1861

2 UNDERSTANDING

Changes to rules and regulations

By 1788 there had been considerable alterations to the admission rules first stated when the Asylum was founded:

- All people of unsound mind were now admitted, whether curable or not.
- Pregnant women were accepted, as long as provision was made for the child.
- Wealthy patients were admitted from 1784, as it was considered to be 'advantageous to the Asylum'.

These changes were justified by the governors as the charity sought to lessen the number of private 'mad-houses' and offered a viable alternative that was priced proportionately on a patient's ability to pay. In 1788 the patients were divided into eight classes; the lowest paying six shillings a week and the top class paying a pound or more. The payment was inclusive of board, lodging, tea, washing and medicine. Physician's fees were free to those who paid eight shillings or less.

Public concern over the management of the Asylum continued throughout the 1780s and 1790s. The provision for the 'opulent classes' was considered to be open to abuses and 'the growing influence of the physician of the day over the committee' led to its removal after three or four years.¹⁸ In 1793 the number of patients was 66, which rose to 137 by 1803 and rose again to 186 by 1808. In 1813 numbers had risen as high as 199.

In April 1790 the death of Hannah Mills, a Leeds Quaker suffering from 'melancholy', led to the establishment of The Retreat to care for mentally-ill Quakers. None of Hannah Mills' Quaker Friends had been allowed to visit or see the conditions she was treated under; which led to accusations that the Asylum was no longer charitable and had essentially become another private 'mad-house'.¹⁹

In reaction to this, the Quakers founded The Retreat in 1796 in Heslington, York. This smaller asylum championed more humane treatment methods and led, in part, to the Asylums Act of 1808. The Tuke family ran the institution and used humanity, reason and kindness, combined

with restraint only when absolutely necessary. Medical intervention was minimised and the building and grounds were small scale. Routines were designed to be domestic and the building was referred to as 'the house'.²⁰ The contrast of these mild methods of treatment with those used at the York Asylum further stimulated debate on the care and treatment of lunacy at the time.²¹



Sketch of The Retreat, which opened in 1796.

¹⁸ York Herald, 9th February, 1861

¹⁹ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

²⁰ S. Rutherford, The Victorian Asylum, 2008

²¹ K. Webb, From County Hospital to NHS Trust: The history and archives of NHS hospitals, services and management in York 1740-2000, Volume 1, History, 2002

2.7.3 19TH CENTURY

In 1804 Dr Best partly took over from Dr Hunter, on his recommendation as the sole medical practitioner at the Asylum. Best continued using traditional forms of treatment, which saw all patients medicated as a matter of routine not only to cure but to subdue. Mechanical restraint was also used, without scrutiny, and was only regulated in the 1890s. In 1809 Dr Hunter died and the board of governors agree that Dr Best should continue in post as before, rather than increase the number of physicians. Increased patient numbers saw another new wing built in 1808 to meet the demand of additional patients.

Dr Best held public offices at the York Asylum and Acomb dispensary between 1804 and 1815, which also helped build up his private practice. Dr Best was initially well-regarded as a physician but his reputation suffered from the unfavourable reporting as part of the early-19th century reforms, implicating him in the mismanagement of the Asylum.

Concern for the condition of the patients and the management of the Asylum peaked in 1813, which saw local social commentators attempting to stimulate reform. This began in earnest following a call to examine accusations of mistreatment of a pauper patient William Vickers by Godfrey Higgins. Godfrey Higgins was a West Riding magistrate who spearheaded the reform of the York Asylum c.1814, supported by Samuel Tuke, the grandson of the founder of The Retreat. Higgins visited the Asylum and discovered:

*'To my great surprise that the house is yet in the most shocking state. I discovered a number of secret cells in a state of filth; horrible beyond description and which in my opinion, it was impossible could be produced by the occupation of one or two patients in less than several nights. In one of these cells was a chair and hand-cuffs affixed to a board in the floor...these cells were occupied the last night by women, the most miserable objects I ever beheld.'*²²

Only 7 keepers were employed to look after 199 patients (in contrast The Retreat had one keeper for every ten patients). The number of patients was at its highest in 1813 at 199, which coincided with a decrease in the standards of living and increased mortality. The annual reports did not indicate an increase in deaths but the steward's books showed that 61 deaths had been concealed between 1807 and 1813.²³

In December 1813, a governor's meeting failed to respond to the accusations of ill-treatment, which prompted approximately 40 local gentlemen to pay £20 to qualify themselves as new governors and take-over the board. This reforming party gained control of the Asylum in 1814 and brought in considerable changes to the government and finances.²⁴ Led by Samuel Tuke (the grandson of the founder of The Retreat), their first meeting was used to discuss reform at the Asylum. Tuke was and advocated a complete overhaul of the Asylum's administration, based on the well-documented cases of ill-treatment. In 1814, at the height of these debates, a wing of the Asylum burnt down. This was most likely caused by a chimney fire in an adjacent room but was thought at the time to be another example of mismanagement and obstructive staff. Four patients died in the fire.

In 1814 new rules for the institution were implemented and new staff appointed. The objective of the new administrators was to create a larger building that would reduce overcrowding and provide a good environment for the patients. The Building Committee commented on the existing building that:

*'The airing courts are very small and confined, and the number of patients in each lodging-room appears to your committee much too great. The manner in which the male and female patients are distributed in the main buildings, the want of connection with airing courts, and the difficulty of inspection, have all claimed the attention of your committee.'*²⁵

The committee recommended that the existing main building be used for male patients only and the fire-damaged wing be rebuilt to house female patients. A new wing containing four female wards was built in 1817 by architects Messrs Watson and Pritchett, with male patients situated on the four wards in the 1777 building. Other alterations were also made to make the Asylum a more appropriate environment, with better ventilation, lighting, flooring in the low gallery, and new WC and bathing facilities.²⁶

By 1818 the new structures were complete and the 'provision for the opulent class' led to an increase in applications from affluent patients.²⁷ This led to the construction of additional accommodation with rooms advertised as possessing 'security with freedom from unnecessary coercion' and 'every degree of privacy, which is compatible with security'. However, the accommodation for eight to ten patients was never popular and housed no more than three at any one time.

²² York Herald, 26 March, 1814

²³ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

²⁴ Webb, From County Hospital to NHS Trust: The history and archives of NHS hospitals, services and management in York 1740-2000, Volume 1, History, 2002

²⁵ A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

²⁶ Digby, From York Lunatic Asylum to Bootham Park Hospital, 1986

²⁷ Digby, From York Lunatic Asylum to Bootham Park Hospital, 1986

2 UNDERSTANDING

In the same year the West Riding Asylum at Wakefield opened and some of the pauper patients from the York Asylum were removed here, but generally pauper numbers remained static. A change in policy in 1824 also saw an increase in the admittance of violent patients, which led to the erection of a new refractory ward in 1828 for 14 violent or 'troublesome' patients. A high proportion of these were initially placed under mechanical restraint but additional attendants were later appointed to lessen the need for personal restraint. In 1851-2 a further extension was added to the earlier refractory wing to the north-west of the Asylum site for male and female patients. These were both connected to the main buildings by two long passageways.

In 1840 a new physician Dr Wake was employed, who oversaw a rise in living standards as additional activities and forms of work and entertainment were provided for the patients. By this date the Asylum had 33 acres of pleasure gardens and fields.

The Patients

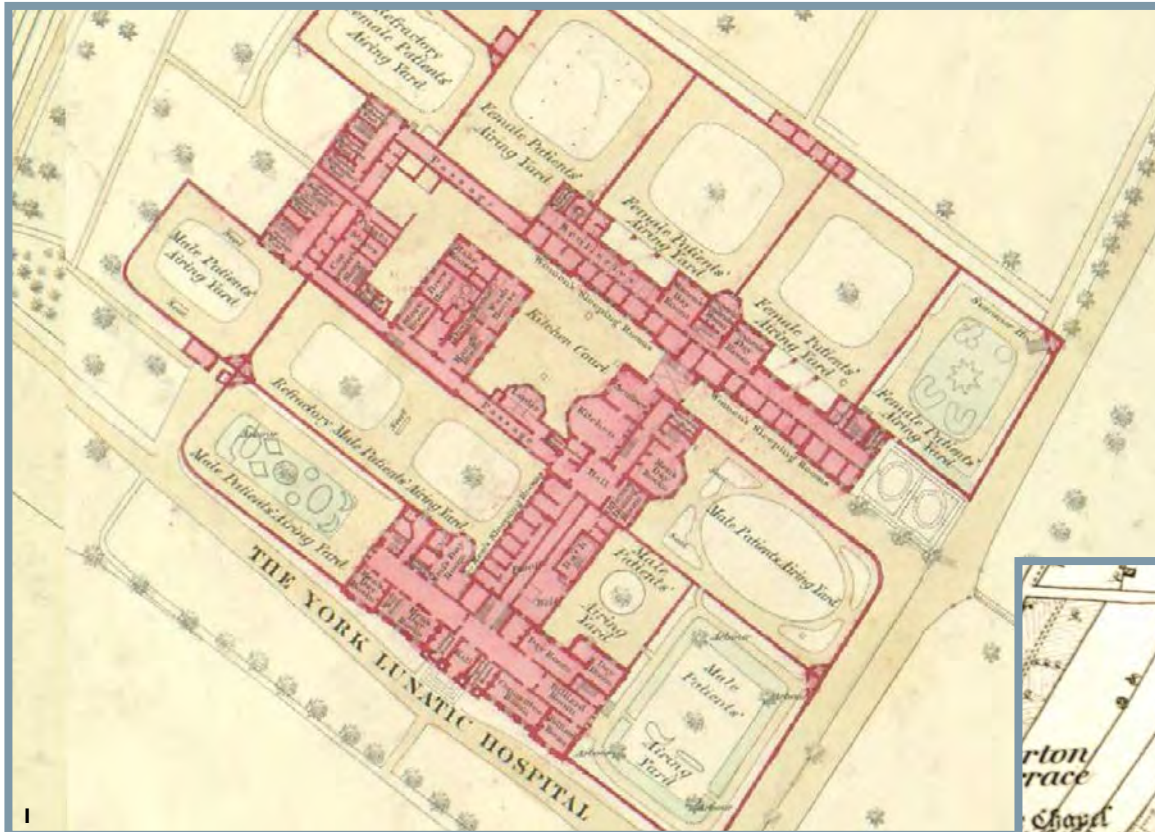
In 1838 there were 174 patients residing at the Hospital, of which only 20 were expected to recover. Two were convalescent, 105 suffered from imbecility, four from 'idiocy', five from epilepsy and two from paralysis. Five patients were thought to dangerous to themselves, 24 dangerous to others and 19 were disposed to destroy their clothes.

In the same year 59 patients were employed in some form of useful work. This increased to 96 by 1840 and continued to grow as the therapeutic value of this was recognised. The variety of activities and entertainment for patients grew from this period, corresponding with a rise in standards of living under the new physician, Dr Wake.²

By the 1850s the average duration of stay in the Asylum was 10 to 11 years. Male and female wings were separated, but as women consistently out-numbered the men, they were often subject to overcrowding.

In 1845, The Lunatics Act brought public asylums into line with each other. It made the provision of accommodation for pauper patients compulsory and required mental healthcare institutions with more than 100 patients to have a medically qualified superintendent at its head. It also required visits and inspections by a Lunacy Commission to increase scrutiny. At York, Mr Metcalfe was first employed, followed by Dr Edward Simpson in 1853. This date marks a watershed in the foundation of Lunatic Asylums and many large institutions were constructed nationally following this date. Interestingly, York Asylum became one of the few institutions that remained partly supported by charity and partly by patient fees.²⁸ In 1848 Clifton Hospital opened and many paupers were moved here from the York Asylum but only temporarily as there was not enough accommodation for them all.

²⁸ Webb, From County Hospital to NHS Trust: The history and archives of NHS hospitals, services and management in York 1740-2000, Volume I, History, 2002



- 1 Town Plan of York, 1852, 1:500
- 2 1852 Plan of York and surrounding areas

2 UNDERSTANDING

Dr Frederick Needham was appointed Medical Superintendent at the Asylum in 1858 and remained for 16 years. He had progressive ideas and contributed to the improvement of the patient environment at the Asylum. The perception of the Asylum as a curative hospital rather than a prison led to physical changes on the site. Heavy window and fire guards were removed, high walls around the airing courts were replaced by low walls (and hidden moats), new chairs, chests of drawers and washstands were installed, curtains were hung and cages of birds, hanging flower baskets and pictures were all provided to create a 'civilised' environment.²⁹ In 1871 Needham wrote:

*'I am satisfied that the influence of furniture and general surroundings is not even yet sufficiently appreciated in reference to insane persons. They are really important elements of cure.'*³⁰

Needham also oversaw major additions and modernisation on the site in the 1860s with the construction of the Medical Superintendent's house in 1862-3, the chapel in 1864 (the old chapel was converted to a billiards room) and the pauper wings in 1861-2. The two new male and female pauper wings were constructed on the site of the earlier refractory wing;

*'The new buildings, which are of two storeys, are erected in immediate proximity to and connected with, the western wards. They are spacious and airy, and contain each 14 beds. The sleeping rooms of the attendants also can be converted into three-bedded dormitories. The cost of the erection of the pauper wings had been about £1,800, including fitting and furniture.'*³¹

A recreation and dining hall was built 1871-2 and decorated as a baronial hall (in the characteristically elevated style of Victorian asylums).³² A new wash house, boiler house, kitchen, laundry and larder were also added and provision of gas cookers made domestic life easier. The old baths were replaced with enamelled ones, the hot water supply was improved and boards replaced old stone flags in some galleries and bedrooms. The improvements were described in a newspaper article of 1865:

'The various rooms and galleries are beautifully clean, cheerful and home-like, and are carpeted and furnished with the utmost comfort. There are open unguarded fires in all the rooms, book-cases and books, bagatelle boards, pianos, birds of various kinds, gold fish and indeed everything which can attract the attention of the patients and divert their minds from themselves.'

*The whole of the bed-rooms, to the number of about 10, which were formerly white-washed or coloured have been papered with light, cheerful, inexpensive papers, and in these bedsteads of an approved pattern have been placed together, with chests of drawers, wash stands and looking glasses. The whole of the sitting-rooms have been repainted and papered, about a dozen of these have been entirely refurbished. The walls of all the galleries have been painted from top to bottom. The doors and casings have been painted throughout and everywhere upon the walls are busts and pictures. These are rarely destroyed, even by the worst patients.'*³³



1 Photograph of York Asylum staff outside the principal building between 1860 and 1890. BOO1/12/1

2 The recreation hall c.1910 (Annual Report, 1911)

29 A. Digby, From York Lunatic Asylum to Bootham Park Hospital, Borthwick Papers, no.69, 1986

30 York 'A' and Tadcaster Hospital Management Committee report, 1958

31 Yorkshire Gazette, 21st June, 1862

32 York Herald, 23rd March, 1872

33 Yorkshire Gazette, 23rd December 1865

2 UNDERSTANDING

2.7.4 20TH CENTURY

Dr Hitchcock continued his reforms into the 20th century and following the construction of the new link block, the entrance hall within the 1777 building was enlarged and redecorated, providing a new central staircase and main corridors. Electric lighting was fitted in all the bedrooms in 1911.

As the Asylum moved towards a more wealthy class of patients, it changed its name in 1904 from York Lunatic Asylum to the more respectable Bootham Park Hospital. This coincided with changes in policy and the understanding of mental healthcare nationally. The desirability of open-air treatment was emphasised for example, leading to the construction of verandas and extensive airing grounds. The move towards the accommodation of upper and middle class patients was further expedited by the opening of a new city pauper asylum at Naburn in 1906. This hospital had accommodation for 362 paupers, at which point all paupers departed from Bootham Park Hospital.



- 1 The grounds of the Hospital c.1900
- 2 Bootham Park Hospital prior to 1948
- 3 The entrance vestibule c.1904

- 4 An aerial view from a hot air balloon that took-off from a Gala in the Bootham Park grounds. C.1900. In 1913 the Yorkshire Gala and Flower show was held for three days in June in the park in front of the Hospital. Large and enthusiastic crowds gathered, including many patients. Photograph of Bootham Park Hospital in the early-20th century, showing formal planting in the grounds, c.1900

- 5 Photograph of the Children's Fete, held to celebrate Queen Victoria's Diamond Jubilee in June 1897.

In 1908 a substantial extension was built by architect A. Creer of York in between the 1817 female wing and the Medical Superintendent's house to accommodate affluent female patients. The wing was built to 'afford exceptional accommodation to patients in a position to pay higher rates.'⁴⁰ In the same year the male ward no. 6 was decorated and refurnished at a cost of £463. All this work allowed the Hospital to employ its own department of joiners. They repaired furniture and built new items such as staircases, altar rails and tables and upholstered furniture.⁴¹ Additionally, in 1922 the Hospital engaged a painter and painting assistant as two permanent members of staff to keep up with the redecoration required.



- 1 The Drawing Room in the Ladies Gallery No. 1 (on the first floor of the 1908 extension) c.1910
- 2 The corridor and lobby within the Ladies' Gallery No. 1 (on the first floor of the 1908 extension) c.1910
- 3 The Lounge (on the ground floor of the 1908 extension) c.1910

40 Bootham Park Hospital, Annual Report, 1908

41 Bootham Park Hospital, Annual Report, 1911

2 UNDERSTANDING

Following the outbreak of war in 1914, many structural improvements were abandoned and only essential alterations and the redecoration of wards were carried out until the late 1940s. Minor changes include those carried out in 1924 when the boiler in the laundry was replaced, the boiler in the chapel condemned (but not replaced), stonework renovation to the chapel, purchase of new kitchen equipment, addition of two new rooms to the Medical Superintendent's house and alterations to the bathroom and lavatories in the female ward no. 6.⁴²

In the interwar period the Hospital began to take on increasing numbers of voluntary boarders and by 1939 85% of admissions were voluntary or temporary.⁴³ In 1930 the entire Hospital site was insured for an annual premium of £22.18 to cover the value of £44,687.13/4.

Following the outbreak of war in 1939, the colonnaded turret on the 1777 building was removed (the base was later removed in 1951 and the chimneys removed in the late-20th century).⁴⁴ The war also necessitated the windows to initially be blacked-out using paint while moveable opaque shutters were brought in. Many wards were moved downstairs to have the patients together and near the sandbagged shelters within the Hospital.

Between 1913 and 1920 houses in nearby Union Terrace were purchased to provide nurse and staff accommodation. The Hospital had extensive grounds with fruit trees, glasshouses, tennis courts, flower beds, a rock garden, cricket pitch and lawns in the 1920s. The Hospital had also acquired a large estate and extensive farmland during the 19th century, including the seven acre field fronting onto Bootham and a large area of fields to the north; the historic common land known as Bootham Stray. The Hospital also owned two farms; one on Haxby Road and another on Stockton Lane. The estate was of 33 acres in 1853 but the farms and land was being sold off by the early 20th century.⁴⁵



- 1 Photograph of the principal building, taken between the 1930s and 50s as the central colonnaded turret has been removed but its base is still visible, as are the chimneys.
- 2 The Avenue, looking north towards the Hospital buildings, c.1910

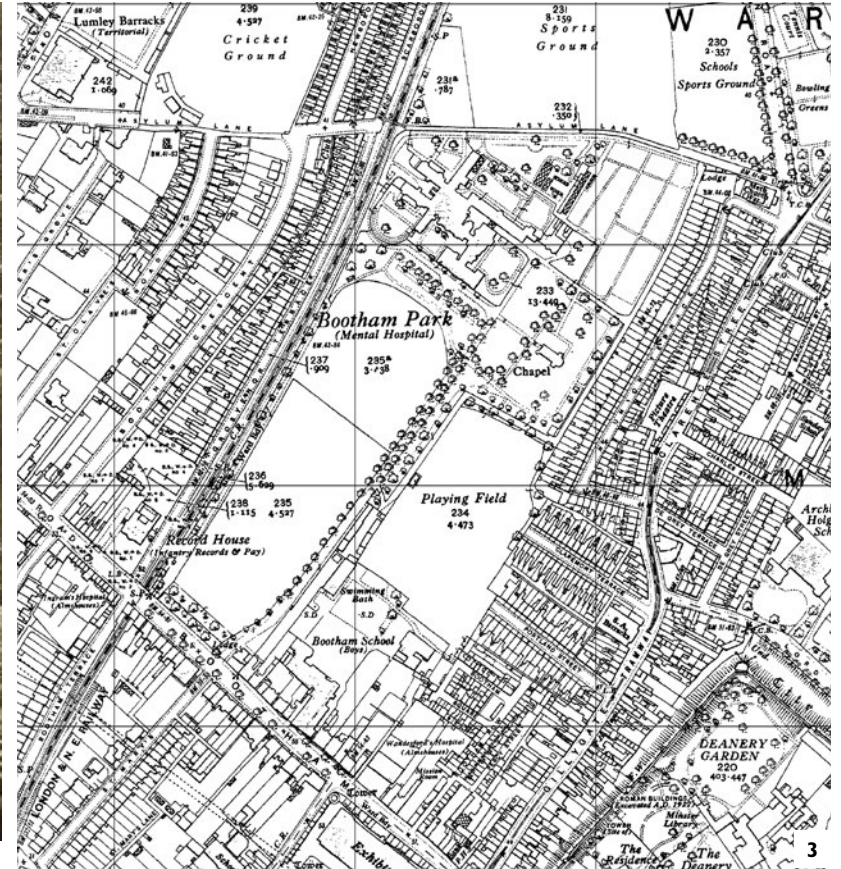


42 Bootham Park Hospital, Annual Report, 1924

43 The 1930 Mental Treatment Act had introduced the three classifications – certified, voluntary or temporary

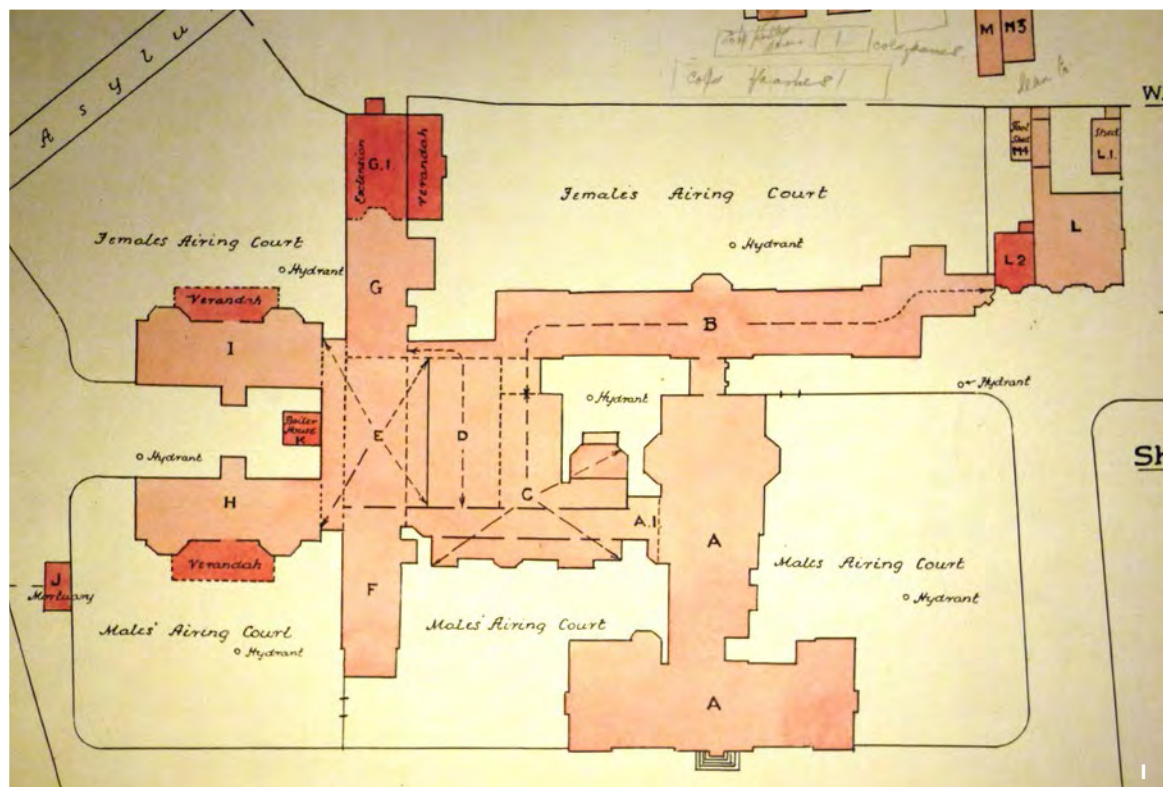
44 Digby, From York Lunatic Asylum to Bootham Park Hospital, 1986

45 Webb, From County Hospital to NHS Trust: The history and archives of NHS hospitals, services and management in York 1740-2000, Volume 1, History, 2002



- 1 The chapel c.1910. In 1989 the chapel was converted to offices by Ashfield Architects.
- 2 View of Bootham Park Hospital in the distance from the access road leading from Bootham, c.1910
- 3 OS map of Bootham Park Hospital, dating to 1931, 1:2,500.

2 UNDERSTANDING

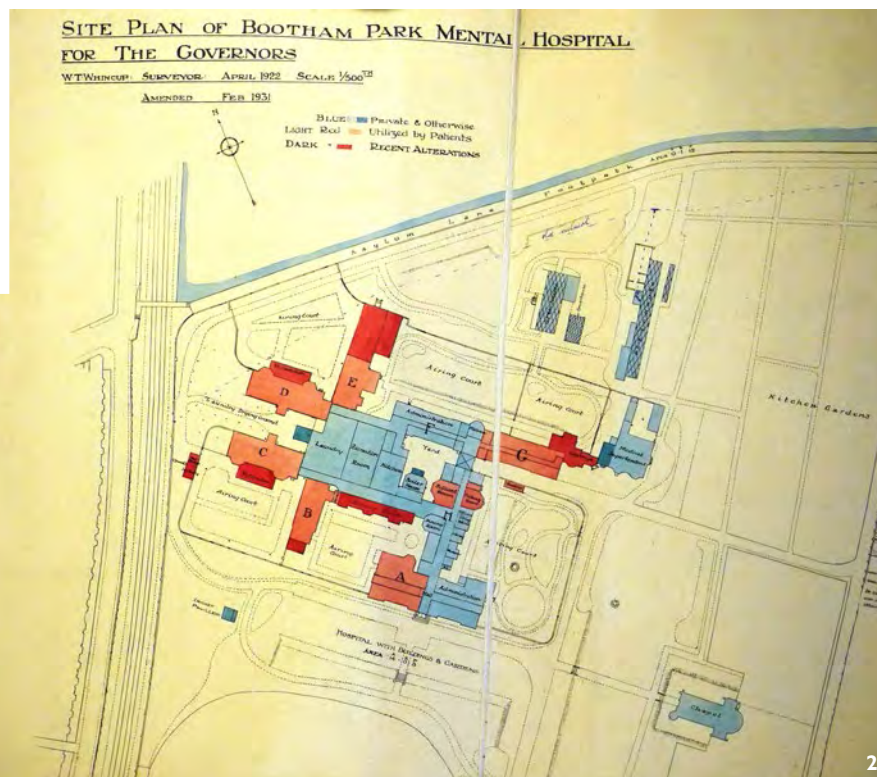


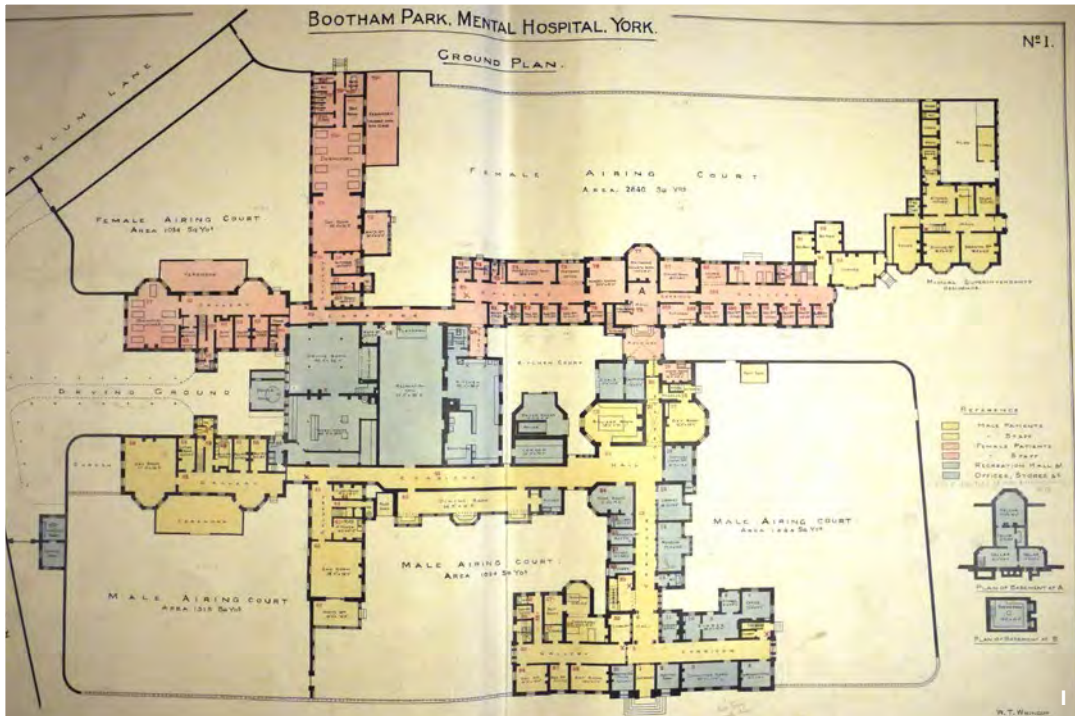
- 1 Block Plan for insurance, Borthwick Institute 1929, BOO2/1/1931 (1-6)
- 2 Site plan, 1931 showing patient (light red) and service areas (blue) and recent extensions (red)

Guide to areas within the hospital as set out in the 1930s insurance plan.

A	Comprises entrance, waiting room, office, surgery, committee room, stores etc, also male wards nos. 1, 2, 3 and 4
B	Female wards 1, 2, 3 and 4 and small cellar
C	Steam boiler house, mechanics shop, meat larder; kitchen, corridor, patient's dining room and scullery
D	Recreation hall or ball room for concerts and other entertainments
E	Laundry with bedrooms over

F	Male ward 5
G	Female ward 5
G extension	Single storey extension with nurses' rooms, bathroom, lavatories and veranda
H	Male ward 6
I	Female ward 6
J	Mortuary
K	Boiler house
L	Doctors dwelling house and outbuildings

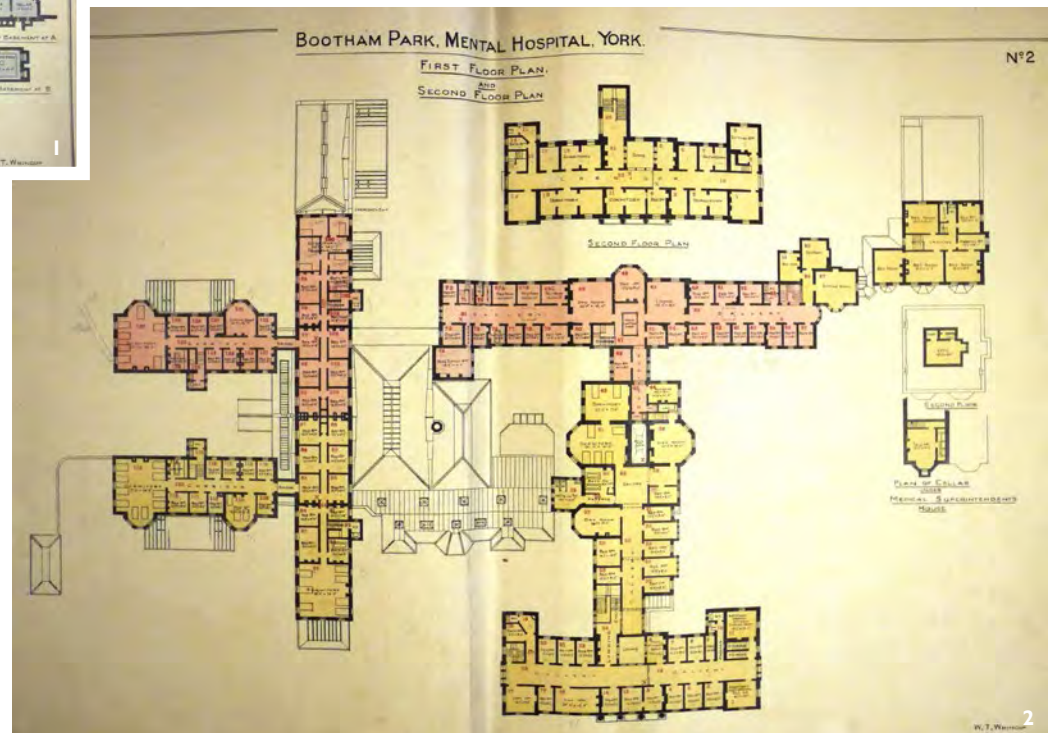




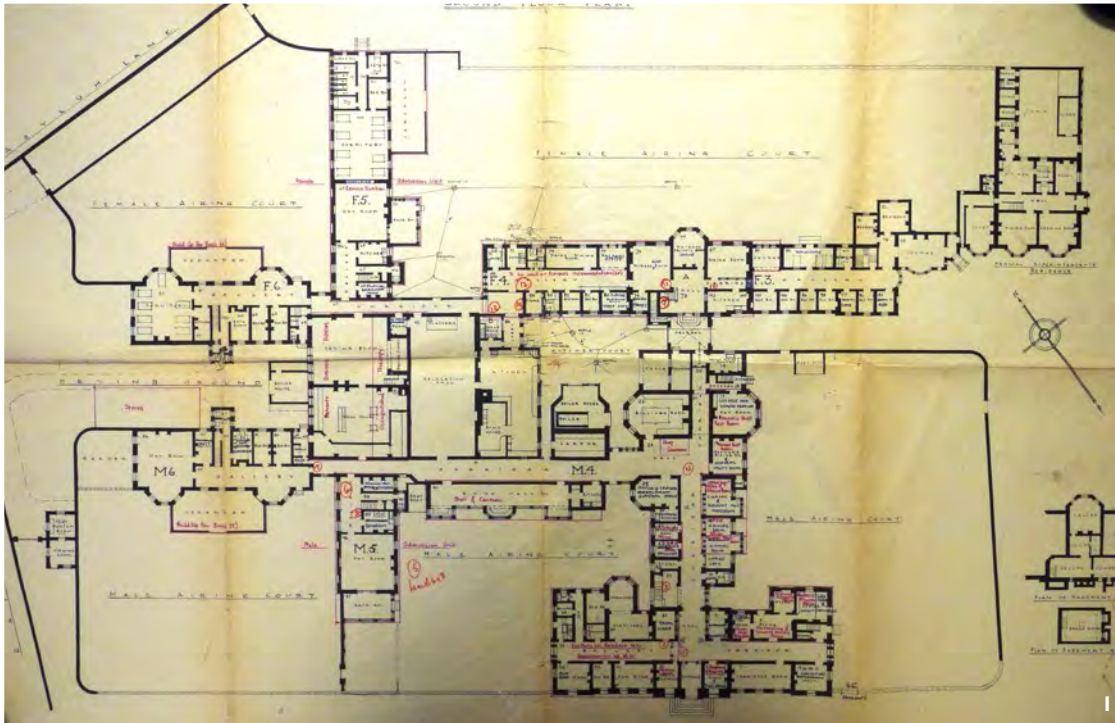
KEY

- Male patients
- Female patients
- Shared spaces and offices/stores

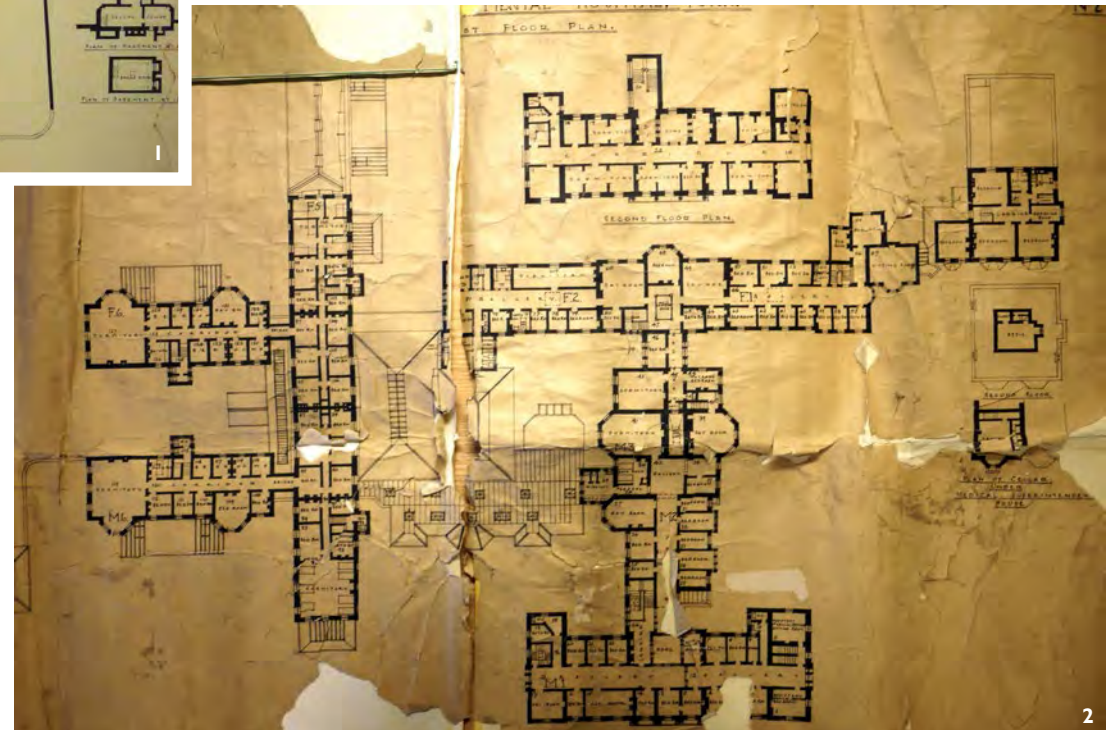
- 1 Block Plan of the Hospital, Ground Floor, 1931, BOO2/1/1931 (1-6)
- 2 Block Plan of the Hospital, First and Second Floor, 1931, BOO2/1/1931 (1-6)



2 UNDERSTANDING



- 1 Ground floor plan of the Hospital, 1938 - Borthwick Institute BOO2/1/1938(2)
- 2 First floor plan of the Hospital, 1938 - Borthwick Institute BOO2/1/1938(4)



In 1948 Bootham Park Hospital was included within the newly created National Health Service (NHS) and was designated a Mental Hospital within a group of 14 other hospitals in the region. The Hospital took on NHS patients but also those paying the full cost of treatment as previously. Following two decades of under-funding, the buildings and facilities were upgraded and the accommodation improved. The outcome of this was that the number of beds increased from 130 in 1948 to 172 in 1950. By 1960 this had risen again to 214. The small number of beds at the Hospital was seen as a disadvantage as the average mental healthcare facility had accommodation for over a thousand at the time.

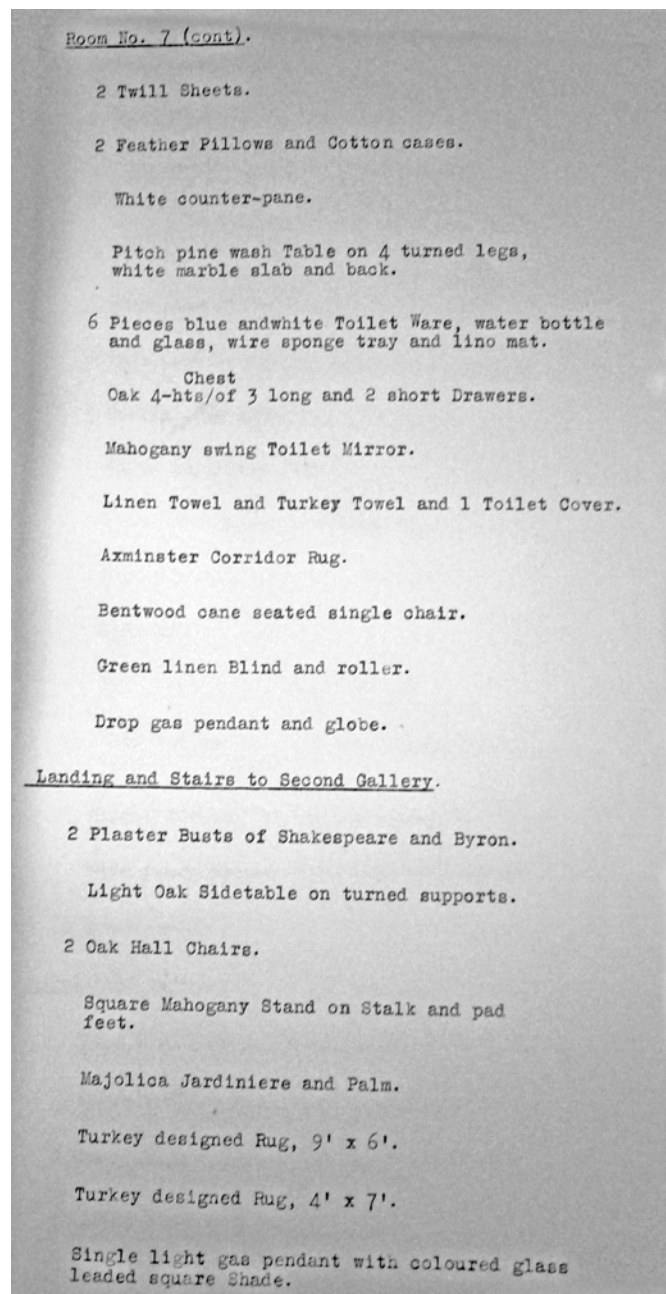
In 1952 Bootham Park Hospital was amalgamated with Naburn Hospital (former York City Asylum) and the two hospitals shared a catchment area and had a combined total of 583 beds.

The Hospital saw considerable structural alterations between 1947 and 1970; there was a new outpatient building in 1955-8 as part of the evolution of mental health practice towards care in the community, a new dining room in 1958, new neuro-psychiatric unit in 1966 and extensive internal refurbishment. From 1948 the 1777 principal building provided accommodation for the local NHS management and the Medical Superintendent's house became a separate ward.⁴⁶

*'It is interesting to see, at Bootham Park, in close physical proximity, the original York Lunatic Asylum façade of 1777 with its contained new Out-Patient Department, the adjacent Day Hospital, representing a still more recent advance and also a Neuro-psychiatric Unit in construction, heralding a yet further integration of the psychiatric and medical services.'*⁴⁷

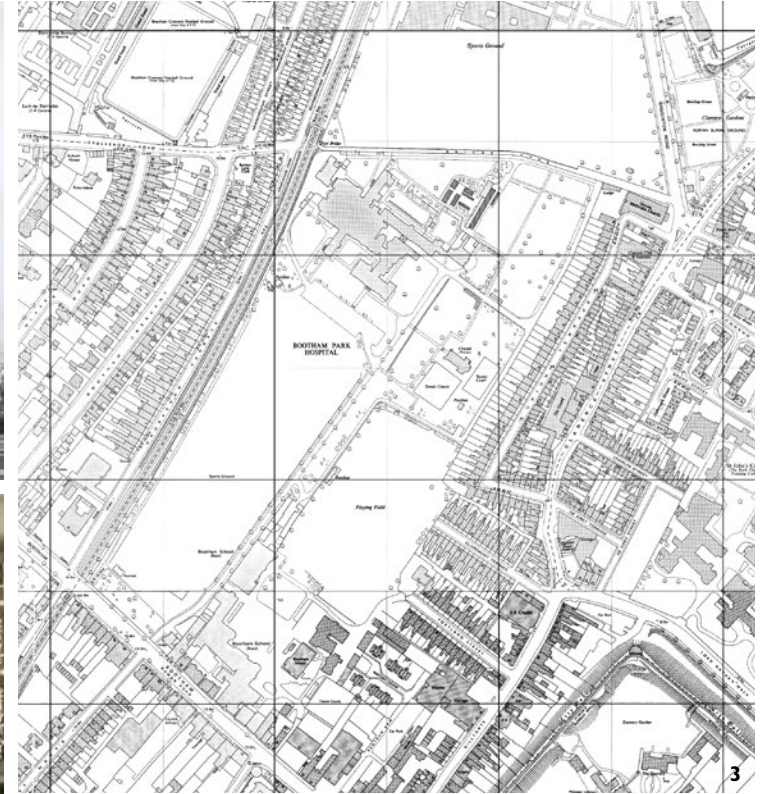
Expenditure at Bootham Park Hospital between 1948 and 1974 was £267,000. The neuro-psychiatric unit was opened at a cost of £72,000 in 1966.

⁴⁶ Webb, From County Hospital to NHS Trust: The history and archives of NHS hospitals, services and management in York 1740-2000, Volume 1, History, 2002
⁴⁷ York 'A' and Tadcaster Hospital Management Committee report, 1956



Example page from the 1929 inventory of the Hospital showing the wide range of items owned by the Hospital not only for patient use in the bedrooms, but for decorative and entertainment use as well in communal areas - Borthwick Institute BCO4/1/2 Inventory and Valuation of the contents and outside effects of the Bootham Park Mental Hospital, 1929

2 UNDERSTANDING



- 1 External appearance of the Hospital in 1954
- 2 The principal building in the 1960s, note that the chimneys are still intact at this date.
- 3 OS map of Bootham Park Hospital, dating between 1968 and 1987, 1:2,500.
- 4 The new dining room in 1958
- 5 The new Day Hospital extension of 1955, now the Occupational Therapy wing

Between the 1960s and 1980s changes in forms of mental health treatment once again had an impact on the physical structures. Many historic asylums had closed down by the 1960s as treatment began to integrate more closely with local communities to provide flexible and continuous care. By 1974 it was already claimed that Bootham Park Hospital was the oldest mental healthcare hospital still in use for its original purpose.⁴⁸

The 1980s saw further changes in mental healthcare strategies with almost all treatment being delivered in the community or in smaller specialist mental health units. Naburn Hospital closed in 1988. However, The Retreat remained open, partly because it had continued as a private charitable institution.

Between 1995 and 1996 a significant upgrade of services at Bootham Park Hospital was carried out, including refurbishment of wards and staff facilities. The Chantry Suite outpatient area was created in 1998 in the 1817 north wing, the Occupational Therapy Department was set-up in the 1950s wing and a new 24-bed ward for elderly patients was opened in 1996 on Ward 6 within the 1860s pauper wings.

2.7.5 21ST CENTURY

Bootham Park Hospital continues to evolve based on current medical guidance to ensure that it remains fit for purpose. There continues to be debate as to whether large mental health hospitals are economically viable or beneficial to patients. Government policy is potentially swinging back towards larger treatment centres in 2015.

Modernisation is a constant challenge as therapeutic care models evolve and the expectations of service users change. In 2015, Bootham Park Hospital continues to offer acute mental healthcare services and provides a central base for the smaller units within the community.



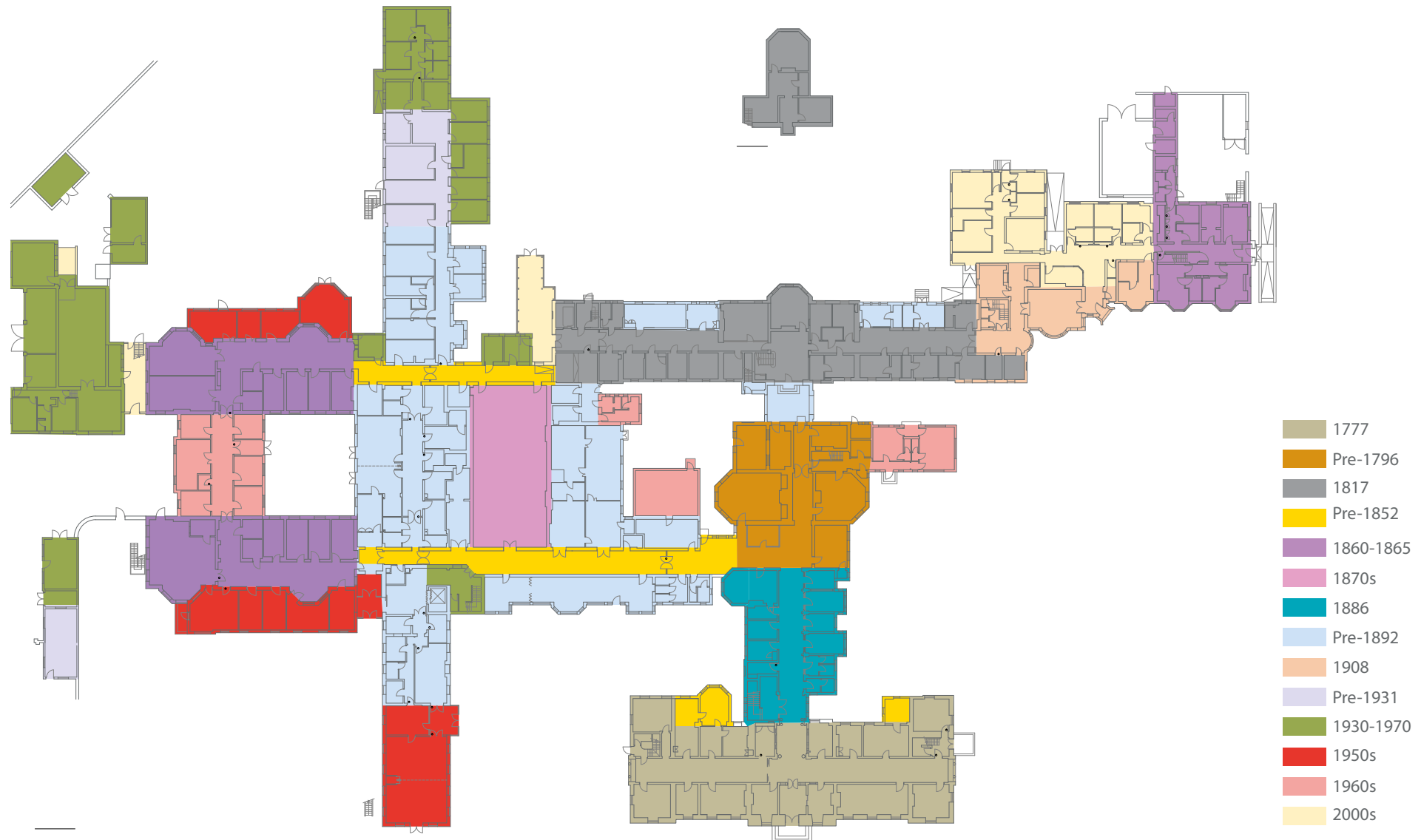
- 1 Principal elevation of the John Cantrill Asylum in the 1980s
- 2 The interior of the entrance hall in the 1980s



48 Report of the York 'A' Hospital Management Committee, 1948-1974

2.8 PHASES OF DEVELOPMENT

The plan below shows the phases of development of the principal building of Bootham Park Hospital. Similar development can be seen across the first and second floors.



2.9 CONTEXT

Public institutions for the care of mental illnesses are essentially an 18th century creation, before which psychiatric illnesses were considered to be a spiritual, rather than a medical condition. Early treatment of mental illnesses saw the containment of patients and their removal from society. The root of architecture relating to this lies in poor relief, such as the numerous Medieval almshouses and later workhouses. Voluntary hospitals were not established until the early-18th century, which served the sick poor and were run by boards of governors.

In the 18th century there was a practice of using or constructing structures for asylums that resembled country houses, due to the perceived benefits of the rural, open setting.⁴⁹ They were often designed by fashionable architects of the day such as John Carr (York) and Robert Hooke (Bethlem, London). Popular historic architectural styles were preferred by the architects; as seen in the Baronial recreation hall and 1886 classical revival style used for the major refurbishment at Bootham Park (although this was probably an easy decision given the presence of the original classical Carr building). Other styles included Elizabethan, Gothic and Queen Anne styles.

The development of the buildings at Bootham Park is typical of the picture nationally, as sites grew larger to accommodate more patients. New wings were connected by long passageways, surrounding a central administrative and service core. Together with the ancillary buildings such as chapels, laundry and workshops, boiler house and sometimes farms, these huge institutions formed impressive and coherent ensembles.⁵⁰ York Asylum was relatively small scale compared to some, such as Bethlem, which had a central corridor a quarter of a mile long in the mid-19th century.

Internally, male and female wards were always separated and were classified, for example the 'aged and infirm', refractory and 'moderately tranquil'.⁵¹ Wards would have had day rooms, a communal dining area, dormitories and individual bedrooms.

Historic England describes the York Asylum as a particularly fine example of the striking local tradition of philanthropy.⁵² The York Asylum is the fifth specialist public asylum to be established in England. The four earliest institutions are:

- Bethel, Norwich, 1713
- St Luke's Hospital, Moorfields, London, 1751
- Hospital for Lunatics, Newcastle, 1765
- Manchester Lunatic Hospital, Manchester, 1766

Bethlem Hospital, London (founded 1247) and Guy's Hospital, London (founded 1728) could also be included as both had wards dedicated to mental health. York Lunatic Asylum was established in 1777 and was followed by Leicester Lunatic Asylum in 1794 and Liverpool Lunatic Asylum in 1797. The Retreat was established in 1796 as a private charitable foundation.

By the mid-19th century there were over 250 asylums in use, which had shrunk to 102 in 1914.⁵³ These formed the core of the health service until the launch of the National Health Service in 1948.

⁴⁹ S. Rutherford, *The Victorian Asylum*, 2008

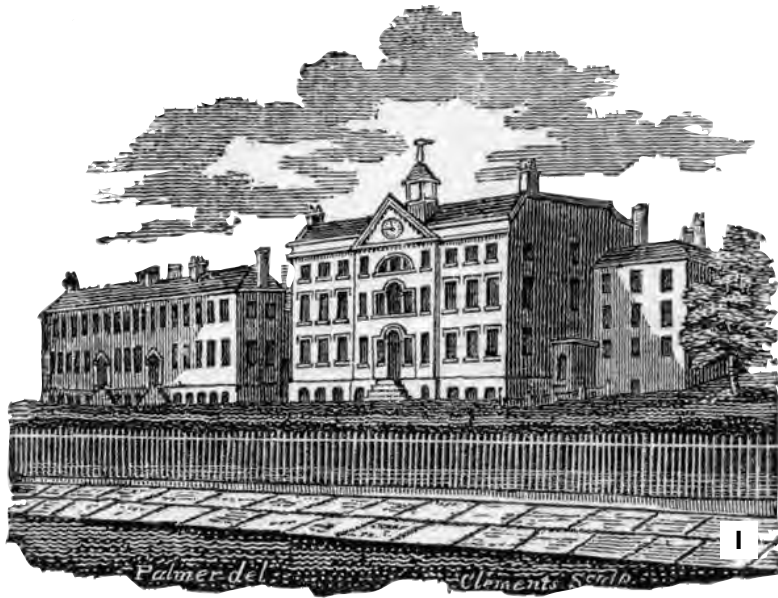
⁵⁰ Historic England, *Designation Listing Selection Guide: Health and Welfare*, 2011

⁵¹ S. Rutherford, *The Victorian Asylum*, 2008

⁵² Historic England, *Designation Listing Selection Guide: Health and Welfare*, 2011

⁵³ The 102 asylums in 1914 had space for 108,837 patients. <http://www.simoncornwell.com/urbex/misc/asylums.htm> Accessed 14/05/15

2 UNDERSTANDING



- 1 Manchester Lunatic Asylum, sketch of c.1824 showing the Royal Infirmary (right) and Lunatic Asylum behind it. The asylum was demolished in the 1850s. © Manchester Archives
- 2 New Bethlem Hospital of 1676 at Moorfields. It was demolished in the early 19th century when the hospital moved to a new site. © Wikimedia commons
- 3 St Luke's Hospital for Lunatics on Old Street, London in the mid-19th century. It was demolished in the 1950s © Wikimedia commons

2.9.1 YORKSHIRE ASYLUMS

A list of known public and private asylums in Yorkshire, listed chronologically;

- Bootham Park Hospital (York Lunatic Asylum), Bootham, York 1777
- The Retreat, Fulford, York 1796
- Hull and East Riding Refuge (Hull Retreat), 1814
- West Riding Pauper Lunatic Asylum, 1818
- Grove House, Acomb, York, pre-1844
- Dunnington, North Riding, pre-1844
- Gate Helmsley, North Riding, pre-1844
- Heworth, West Riding, pre-1844
- Clifton Hospital (The East and North Riding and York Yorkshire County Asylum) 1847
- York and East Ridings Asylum, 1849
- South Yorkshire Asylum, 1872
- Hull Borough Asylum, 1883
- West Riding Asylum, 1888
- Middlesborough County Asylum, 1898
- Scalebor Park, Burley in Wharfedale, 1902
- Naburn, York Borough Asylum, 1903



The Leicester and Rutland Lunatic Asylum, constructed in 1837 and now listed grade II. It stopped being a mental health hospital as early as 1907 and is now in use by the University of Leicester.

2 UNDERSTANDING

2.9.2 SURVIVAL RATES OF HISTORIC ASYLUMS

Asylums that were built before 1845 (when the first Lunatic Act was enacted) are rare and alteration to large institutional sites such as Bootham Park Hospital, which remains in intensive healthcare use, has been inevitable. However, on many sites there is some level of survival of principal buildings or plan form.⁵⁴ Many of the 18th century and early-19th century asylums have now been demolished or converted to new uses. When considered together with surviving ancillary building, Bootham Park Hospital is an important historic institution, which forms an impressive and coherent ensemble with a relatively intact layout.

From the 1960s, mental health policy worked towards the goal of community-based care and many historic asylums closed down in this period. However, it is also the case that many older structures were incorporated as part of the general healthcare provision and remained in use. The Retreat in York (1796) for example, remains in use as a private mental healthcare provider. Many hospitals were converted to general or military hospitals (Leicester and Rutland Asylum, from 1907), other institutional or civic buildings, while others are now derelict.

Survival levels of historic asylums have not been accurately assessed to-date and this remains a gap in knowledge that should be further explored to better understand the significance of Bootham Park Hospital. Some progress was made in the 1990s, triggered by extensive closures in the 1980s.

SAVE Britain's Heritage published the booklet *Mind over Matter* in 1995, which was thought to be the first comprehensive study of surviving historic mental healthcare facilities. It focused on Victorian buildings and an update by SAVE states that by 2000, 98 out of the 121 listed had been closed.⁵⁵ This booklet was produced based on the research of Dr Jeremy Taylor in the 1990s, which has since been updated to produce a gazetteer of historic asylums in 2008, summarising each one, its current condition and possible future.⁵⁶ A condensed version of this list has been included in Appendix L. Out of the 128 asylums on the list, 26% have been demolished, 48% converted, 16% are still open and 10% are derelict or partly demolished.

While this list is by no means definitive (York Lunatic Asylum has not been included), it certainly offers a picture of the level of survivals nationally, and allows the continuing use of York Asylum to be placed within this context.⁵⁷ On the basis of this list, York Asylum appears to be one of the oldest structure still in use as a mental healthcare facility. Several earlier asylums remain in use; Bethlem (1247), Newcastle (1765), Cheadle Royal (Manchester Lunatic Asylum, 1763) and St Luke's London (1751). However, the original buildings associated with these asylums have all subsequently been demolished in the early-19th century, 1869, 1850 and 1930 respectively.

Interestingly, The Retreat in York is also in its original use as a mental healthcare facility. The continued use and historic connection between the public York Lunatic Asylum (1777) and the private Retreat (1796), which was established in reaction to the perceived harsh treatment methods at York Asylum, cannot be overstated.⁵⁸

54 Historic England, *Designation Listing Selection Guide: Health and Welfare*, 2011

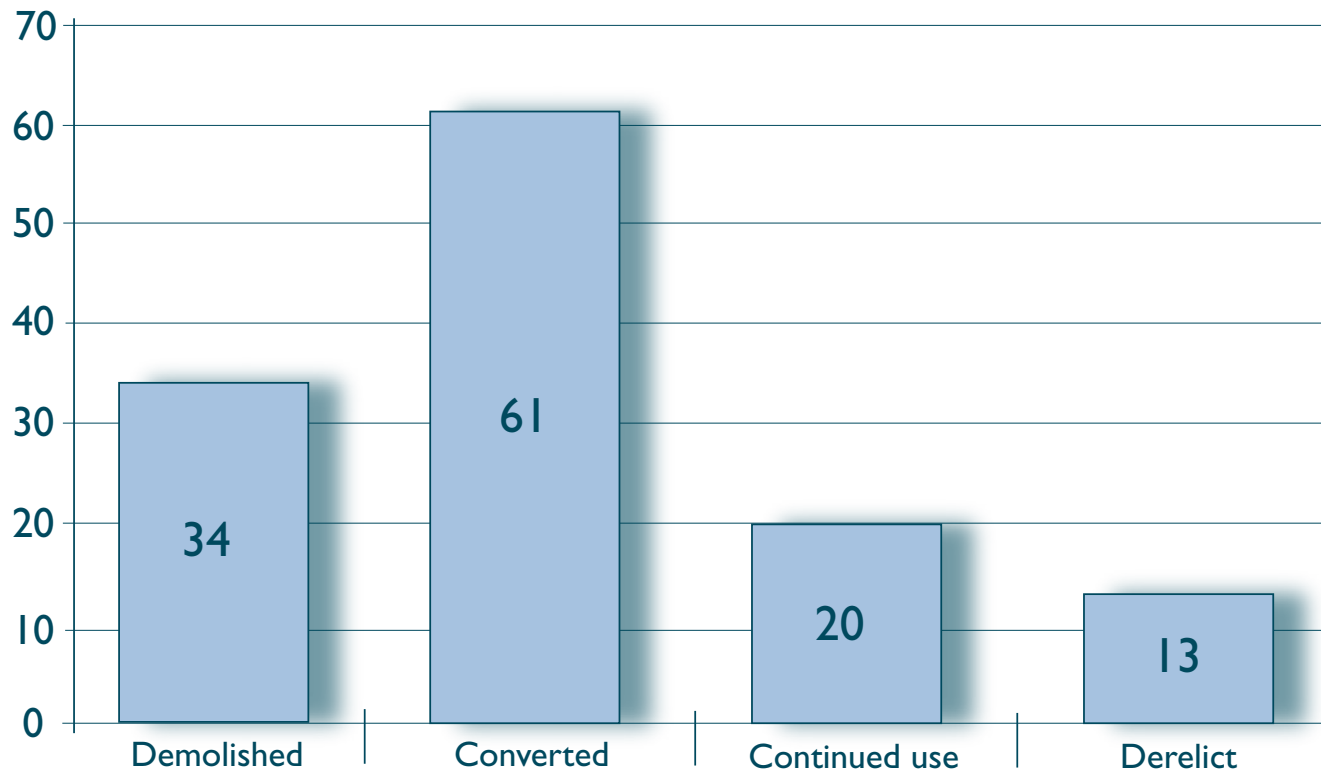
55 SAVE Britain's Heritage, *Mind over Matter*, 1995

56 Dr J. Taylor, *Hospital and Asylum Architecture: 1840-1914*, 1991

57 <http://thetimechamber.co.uk/beta/sites/asylums/asylum-history/the-asylums-list> Accessed 14/05/15

58 Further research into the survival rates of both public and private asylums is needed. There may be several small private institutions still in use that pre-date The Retreat.

NATIONAL SURVIVAL RATES OF HISTORIC ASYLUMS





3 SIGNIFICANCE

3.1 ASSESSING SIGNIFICANCE

Significance can be defined as the sum of the cultural heritage values that make a building or place important to this and future generations. The aim of conservation is to sensitively manage change to a place to ensure that its significance is not only protected, but also revealed, reinforced and enhanced at every possible opportunity. The range of values that may contribute to the significance of a place can be categorised under the following headings. These values are taken from Historic England's (formerly English Heritage) *Conservation Principles* (2008).

3.1.1 LEVELS OF SIGNIFICANCE

The significance of Bootham Park Hospital is assessed using a scale of significance ratings ranging from High to Detrimental:

EXCEPTIONALLY HIGH

This represents the most valuable themes, features, built fabric or spaces within the site. These elements are considered to be essential to the understanding and appreciation of the place and are contributors to its overall character and setting as well as its local, regional, national and international importance.

HIGH

A theme, feature, building or space which is important at national or international level, with high cultural value and important contribution towards the character and appearance of Bootham Park Hospital and its setting.

MEDIUM

Themes, features, buildings or spaces which are important at regional level or sometimes higher, with some cultural importance and some contribution towards the character and appearance of Bootham Park Hospital and its setting.

LOW

Themes, features, buildings or spaces which are usually of local value only but possibly of regional significance for group value. Minor cultural importance and contribution to the character or appearance of Bootham Park Hospital and its setting.

NEUTRAL

These themes, spaces, buildings or features have little or no cultural value but do not detract from the character or appearance of Bootham Park Hospital its setting.

DETRIMENTAL

Themes, features, buildings or spaces which detract from the values of Bootham Park Hospital, its setting, character and appearance. Efforts should be made to remove or enhance these features.

3.2 STATEMENT OF SIGNIFICANCE

- The principal building is Grade I listed and is of exceptional interest. The site is protected by the York Central Historic Core Conservation Area and is recognised for its setting and amenity value in policy C5 of the City of York Local Plan (2005).
- Historic England describes York Asylum as a particularly fine example of the striking local tradition of philanthropy.¹The special interest that lies at the heart of Bootham Park Hospital is its continued mental healthcare use from the late-18th century to the present day.
- It is thought that Bootham Park Hospital is one of the earliest historic asylum still in its original use today in Britain. Historic associations with the continuing facilities at The Retreat, York are also of high value.
- The site has high aesthetic value as the focal point of the Bootham Park Hospital Character Area. Externally, the principal 1777 building is of the highest significance, early-late-19th century ranges have medium and high aesthetic value. Later additions detract from significance in some instances.
- Internally, the intensive use of the Hospital has seen substantial alteration and interiors vary greatly in significance. Areas that retain historic features are of medium significance. The majority of the bedrooms and wards are neutral in terms of significance.
- The site has high illustrative value as an example of an early specialised mental healthcare facility. The Hospital is representative of the evolution of mental healthcare as the building has been continuously adapted to keep up with changing treatment practices. The site also has important nation and local connections, the most significant being to the leading 18th century architect John Carr.
- The site has archaeological potential for furthering our understanding of human activity and medium evidential value relating to the formative years of the Asylum as archives from this period have been destroyed.
- Bootham Park Hospital continues in its original use as a mental healthcare facility and has high communal value for the strong positive and negative emotions it evokes.

¹ Historic England, Designation Listing Selection Guide: Health and Welfare, 2011

3 SIGNIFICANCE

3.3 HERITAGE VALUES

The principal building is Grade I listed and as such is of exceptional interest. Only 2.5% of buildings are listed at this high level. The table below sets out the elements of Bootham Park Hospital that contribute or detract from its heritage value.

3.3.1 EVIDENTIAL VALUE

This derives from those elements of an historic asset that can provide evidence about past human activity, including its physical remains or historic fabric. These remains provide the primary evidence for how the asset has changed over time. It is the potential of a place to yield evidence about past human activity.

The Bootham Park Hospital site was originally a low-lying flood plain and was chosen by the board of governors in the late-18th century as a relatively cheap parcel of undeveloped land. This pattern is seen in the initial purchase of land for asylums elsewhere in the country.² As such there is limited evidential value in the site itself, as one which was relatively under-utilised in the preceding centuries. A desk-top archaeological assessment of Bootham Park Hospital has revealed few items of interest. In 1994 a watching brief was carried out by York Archaeological Trust in connection with the construction of new day care facilities at the Hospital. Natural deposits were encountered 1m below the surface but otherwise modern construction had reduced any archaeological deposits. However, York is an ancient settlement and the potential for furthering our understanding of human activity on the site cannot be discounted.

The main Hospital buildings on the site have been heavily developed since the late-18th century, with on-going construction and rebuilding up to the present day. Earlier uses of the site saw the construction of a complex arrangement of high stone walls for patient 'airing yards'. These have since been demolished. Earlier ranges such as the original female ward, the refractory wards and the service structures have all been extensively cleared from the site to make way for newer 19th century buildings.

The evidential value of the site is medium as there is potential to further understand past human activity on the site; for example survivals from the earlier wings may be present beneath existing phases of construction and late-20th century refurbishments have created ceiling voids and boxed-in features of which there are no records. Few investigations into the site have been carried out in the past and there may be scope to further our understanding of the site as investigations or alterations are carried out.

There is also some evidential value relating to the formative years of the Asylum as all known archives for the Hospital were wilfully destroyed, leaving a gap in our knowledge of the site.

Level of Significance : Medium

² Sarah Rutherford, *The Victorian Asylum*, 2008

3.3.2 HISTORICAL VALUE

The ways in which past people, events and aspects of life can be connected through a place to the present. These illustrative or associative values of an historic asset may be less tangible than its evidential value but will often connect past people, events and aspects of life with the present.

Illustrative Value

Based on the most recent list of historic asylums (which is by no means definitive), it seems that York Asylum (1777) and The Retreat in York (1796) are two of the oldest asylums still in their original use in Britain. This makes the historic value of both sites extremely high. The historic connection between the public Lunatic Asylum and the private Retreat, which was established in reaction to the perceived harsh treatment methods at York Asylum, cannot be understated. However, more research is required before this statement can be definitively agreed upon.

The site has high illustrative value as an example of an early specialised mental healthcare facility. The 1770s governors used up-to-date architectural practices and treatment methods to construct the building in the grand classical style of a country house, using a fashionable architect. The extensive grounds, rural setting and internal layout were all based on the most up-to-date research at the time, which became standard practice by the mid-19th century, albeit on a much larger scale. Bootham Park Hospital has always been relatively small in comparison to other large county institutions, with no more than 200 patients at its peak in the 1960s.³

The Hospital is representative of the evolution of mental healthcare in this country, and the building has been continuously adapted to keep up with changing treatment practices. This requirement continues to this day. Bootham Park Hospital is significant as its developing plan form can be read within the extant building fabric, and remains an impressive collection of structures.

The illustrative value of Bootham Park Hospital is highly tangible and can be clearly seen within the surviving fabric of the building. Change can be read throughout the building; from the earliest single 'cell' bedrooms in the 1777 building, through the late-19th century improvements to attract a more affluent class of patient, beyond the major refurbishments at the creation of the NHS and into the 21st century in order to comply with rapidly changing legislation.

The individual buildings on the site are also important for the evidence they offer relating to the wider national picture of mental healthcare in Britain. From the mismanagement and reform of the early-19th century to the pioneering treatments of the late-19th century; the extant structures tell this story. For example the 1860s pauper wards and Medical Superintendent's house relate to the new 1845 Lunacy Act and the 1950s extension following the creation of the NHS.

Level of Significance: Extremely High

Associative Value

The site has important connections to a leading national architect of the 18th century; John Carr. Much of Carr's work was Yorkshire-based but he was invited to join the London Architect's Club in 1791, indicating his status as a well-respected architect. His designs took their influences from the classical design books of Sebastiano Serlio, Andrea Palladio and Sir William Chambers, and are typified by Carr's minute attention to detail in their construction. The Conservation Area Appraisal describes Carr as a local architect characterised by high-quality detailing such as joinery and plasterwork, produced by highly-skilled local craftsmen according to identifiable local styles.

The principal building designed by Carr survives at the Hospital, which is significant as many of the 18th century asylums replaced their older buildings in the late-19th century. While the plan form of the building survives relatively intact, few historic features relating to the original scheme survive; detailing possibly survives from this period in the Board Room and main atrium.

The link with the Quaker Hannah Mills, Samuel Tuke and the establishment of The Retreat also has national implications, as it led to the creation of the 1808 Asylums Act. Tuke championed milder methods of treatment and was highly influential in connection with the greatest early Medical Superintendent, Dr William Ellis, who was based at Wakefield Asylum.

Other local connections include Dr Hunter, a renowned physician, Godfrey Higgins, a local activist and Dr Hitchcock the Medical Superintendent who was instrumental in the late-19th century alterations at the Hospital.

Level of Significance: Medium

³ Webb, From County Hospital to NHS Trust: The history and archives of NHS hospitals, services and management in York 1740-2000, Volume 1, History, 2002

3 SIGNIFICANCE

3.3.3 AESTHETIC VALUE

The ways in which people draw sensory and intellectual stimulation from a place. This might include the form of an historic asset, its external appearance and how it lies within its setting. Understanding the aesthetic value of an historic asset will be more subjective than the study of its evidential and historical values and will involve trying to express the aesthetic qualities or the relative value of different parts of its form or design.

The site has high aesthetic value as the focal point of the Bootham Park Hospital Character Area of the York Historic Central Core Conservation Area. Externally, the principal 1777 building is of the highest significance, but several early-late 19th century ranges also have medium and high aesthetic value. Many of the early-mid 20th century additions to the site are high-quality and sympathetic to the historic character of the site, for example the 1908 extension and the 1950s wing. Later additions such as the 1960s infill to the pauper wings and the 2010 extensions are very simple and detract from significance in some instances why.

The warm red brick of the principal façade facing out across the grounds is extremely pleasing, coupled with the bright sandstone columns and simple but stately classical details. The south east elevation is also particularly attractive, with its asymmetrical design, varying roofline and fanciful turrets.

Setting and dynamic views of the site are important as the Hospital represents a substantial open landscape within a dense urban grain and the contrast is high. Views towards the Hospital from Bootham are significant, as are views from walking routes along The Avenue and the railway footbridge. Elements of the building that add to this value include the continuous sash windows seen across the site, the use of red brick and the varying rooflines.

Internally, the intensive use of the Hospital has led to substantial alteration and the interiors vary greatly in significance. The main periods of alterations date from the 1870s, 1886, 1908, 1950s, 1990s and early-21st century.

It is unclear how much, if any, of the original John Carr interiors survive, although some glimpse of this character can be seen in the Board Room, the main atrium and on the upper floors of the principal building. While fixtures, fittings and decorative schemes have changed regularly, the plan form of the building has remained in most instances; illustrating the cosmetic nature of the alterations at the Hospital.

Areas within that Hospital that represent a complete interior of a specific period, for example the 1908 extension, the main circulation corridors and the recreation hall are all of high significance. Many areas contain historic features such as stained glass or cast-iron radiators, but are viewed within a series of successive refurbishments, until they have all but lost their context. This can be seen in the Elderly Administration office wing.

Many of the more intensively-used areas such as Ward 6 and Ward 8 are almost entirely devoid of features, although plan form again has been retained to a degree. On the other hand, areas such as Ward 2 have been generally successfully in integrating patient-uses with historic features.

Overall, the external appearance and character of the Hospital is of high significance, while the interiors are generally of low to neutral significance. Some areas contain complete historic schemes, which have been identified as high to medium significance on the plans.

Level of Significance: High

3.3.4 COMMUNAL VALUE

This derives from the meanings of a place for the people who relate to it, or for whom it figures in their collective experience or memory. Communal values are closely bound up with historical (particularly associative) and aesthetic values, but tend to have additional and specific aspects; it can be commemorative, symbolic or spiritual.

Mental healthcare facilities will always evoke strong emotions for local people and for the people using and working within them. This can be seen in the popularity of asylums on abandoned architecture and urban explorer sites such as 28dayslater.⁴ Stories of historic asylums also conjure unpleasant ideas of badly treated patients, over-crowding, mechanical restraint and experimental treatments. This often overlooks the benevolent and philanthropic intentions behind their original foundation.

The special interest that lies at the heart of the designation of Bootham Park Hospital as a Grade I listed building is its continued use as a mental healthcare facility for over 200 years. From its foundation as York Asylum in the late-18th century, following a change of name in 1904, the creation of the National Health Service in 1948 and continuing its use today.

Bootham Park Hospital has high communal value for the strong positive and negative emotions it evokes for patients, staff and local people and for its continuous original use on the site since the 1770s.

However, due to its nature as a working hospital, the building is not open to the public in the way other sites of its date and calibre might be, and as such has been unable to capture the imagination of visitors or tourists. The large isolated site and high boundary walls are imposing. Few people, even locally, will be aware of its significance.

Level of Significance: Medium

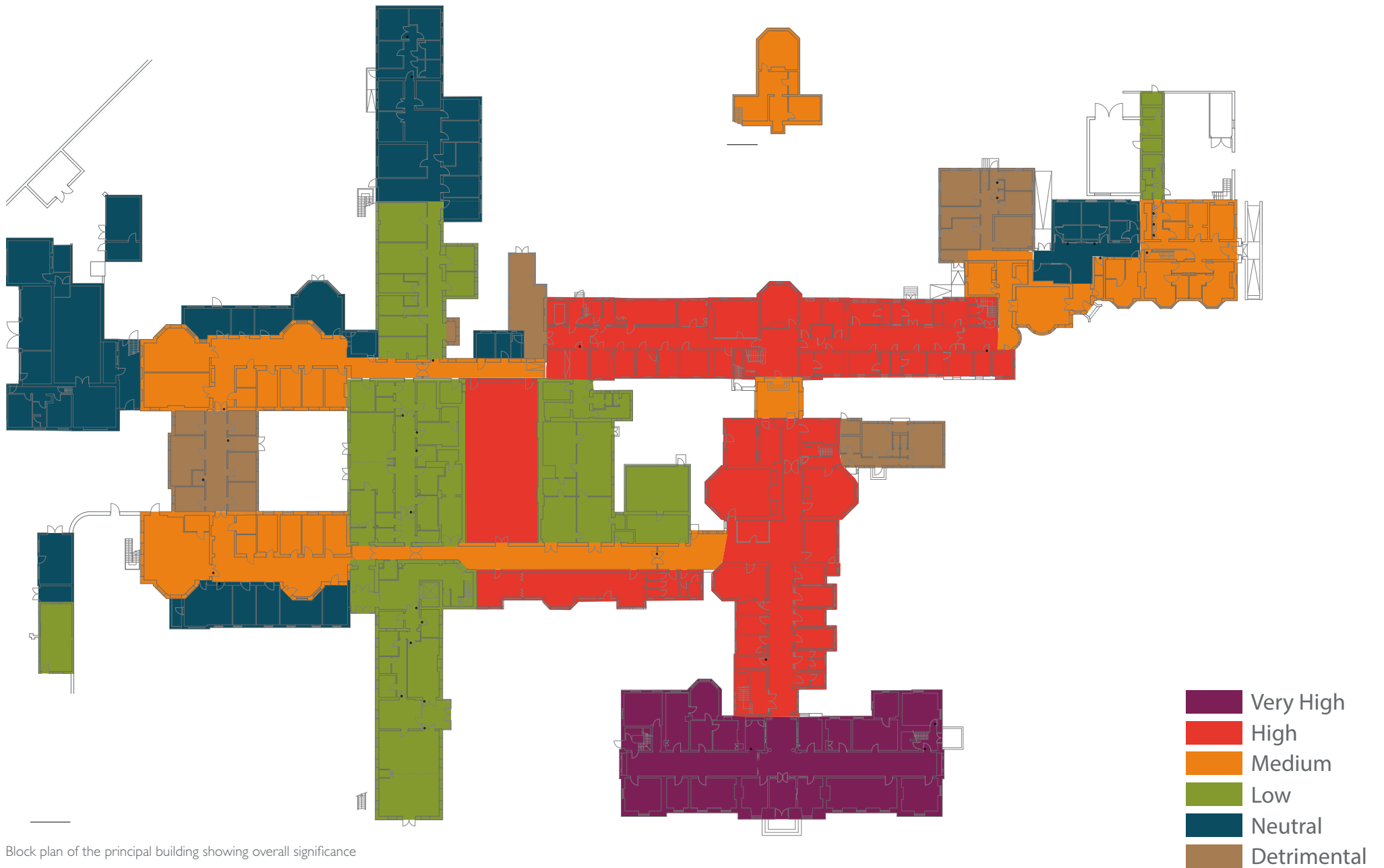
⁴ This website even offers a list of historic Asylums and their current status as open, closed or demolished; <http://www.28dayslater.co.uk/the-asylum-list-2014.t88816>

3 SIGNIFICANCE

3.4 SIGNIFICANCE PLAN

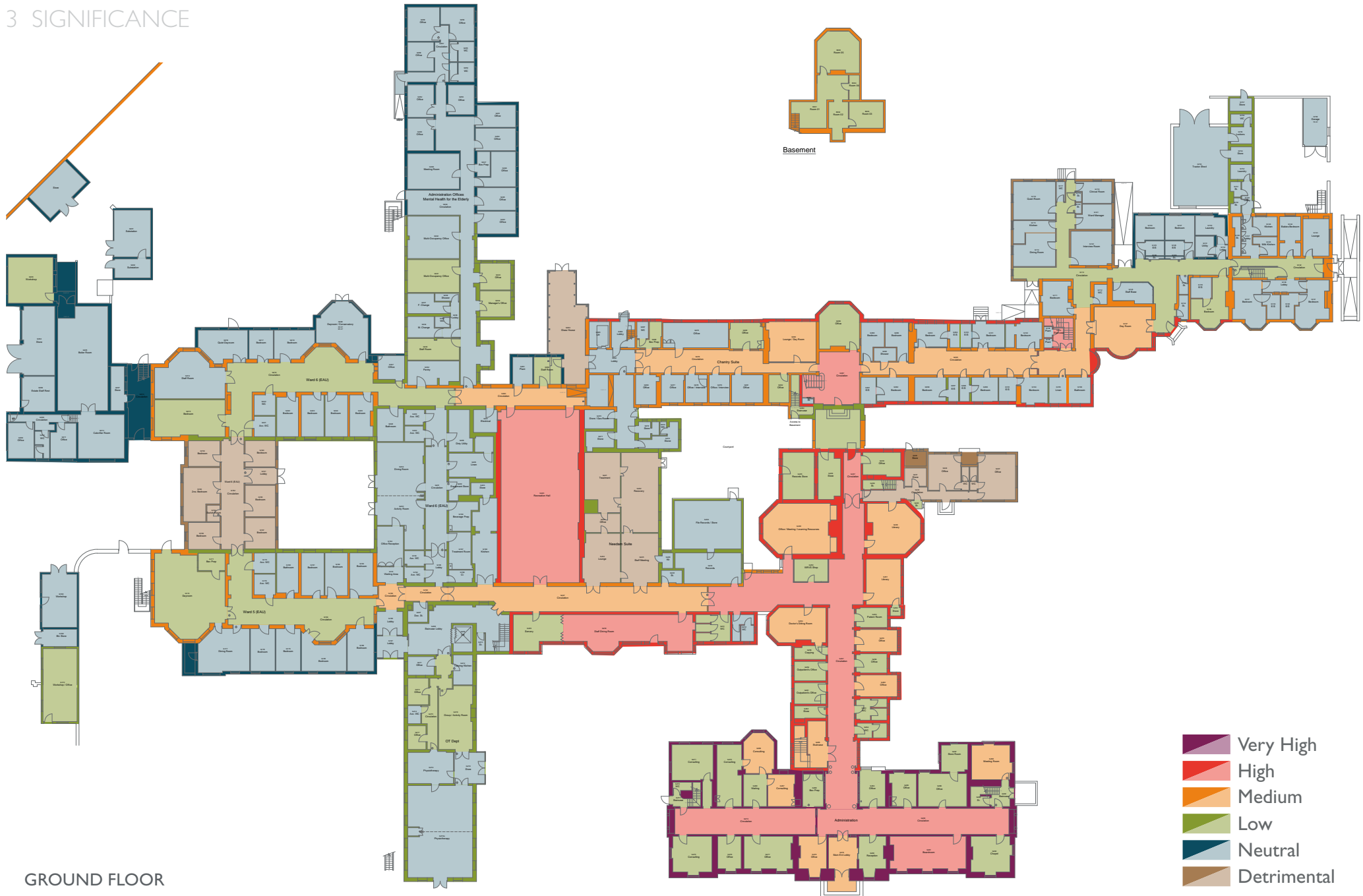
These plans set out the various levels of relative significance embodied within the fabric of the site. Significance has been given a value from high to low, with those elements considered to be neutral or detrimental also included.

The room by room significance plans have been produced based on the assessment of significance set out in the gazetteer. It considers the different levels of significance on each floor and incorporates understanding of survival levels within rooms. Significance of the structure has also been assessed, which is shown in a darker shade. The plans are not definitive and is likely to be amended as our understanding of the site evolves. This plan is likely to be useful for future planning applications for specific areas of the Hospital in order to understand where change may or may not be acceptable, and to what level of intervention.

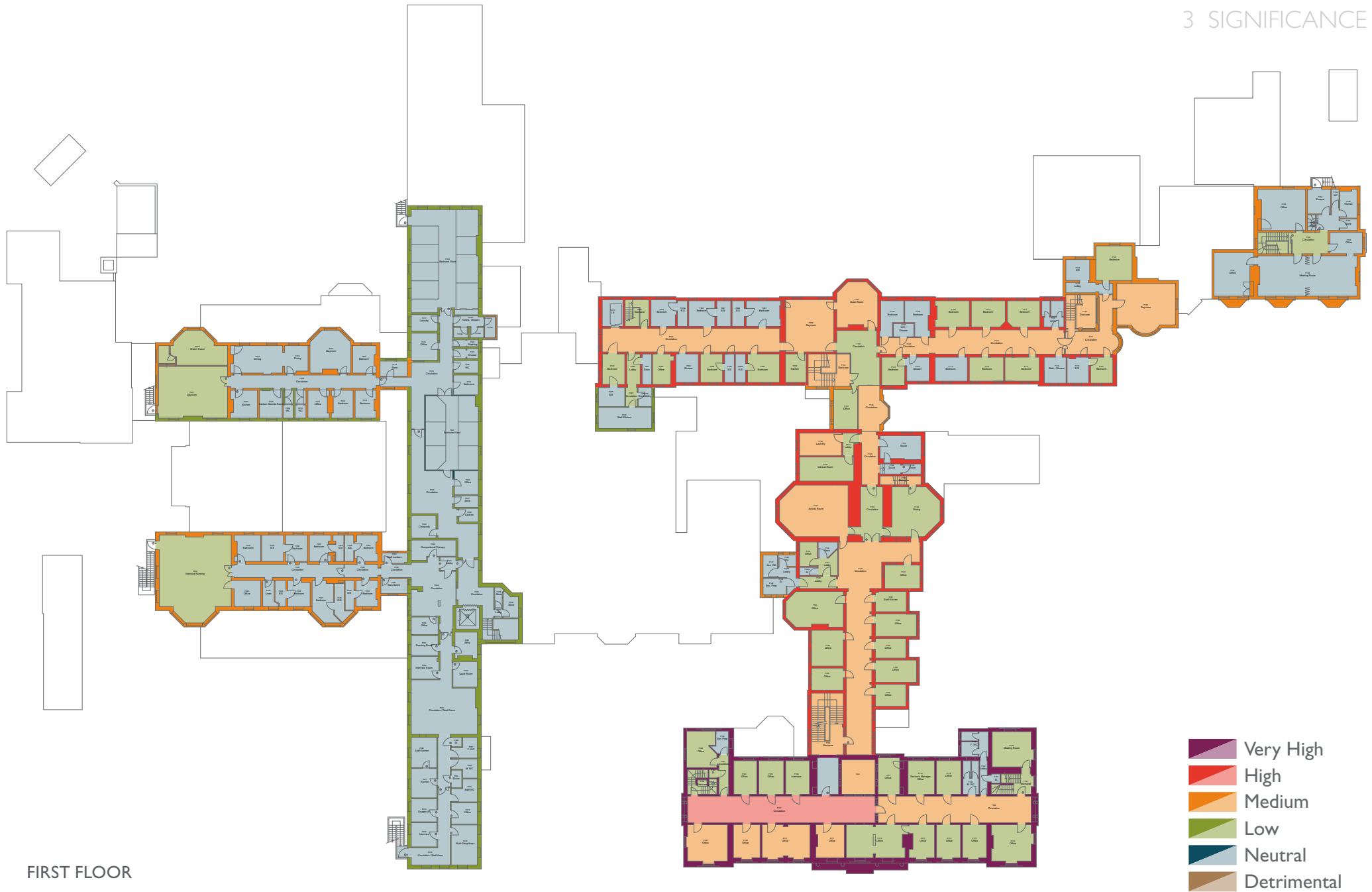


Block plan of the principal building showing overall significance

3 SIGNIFICANCE

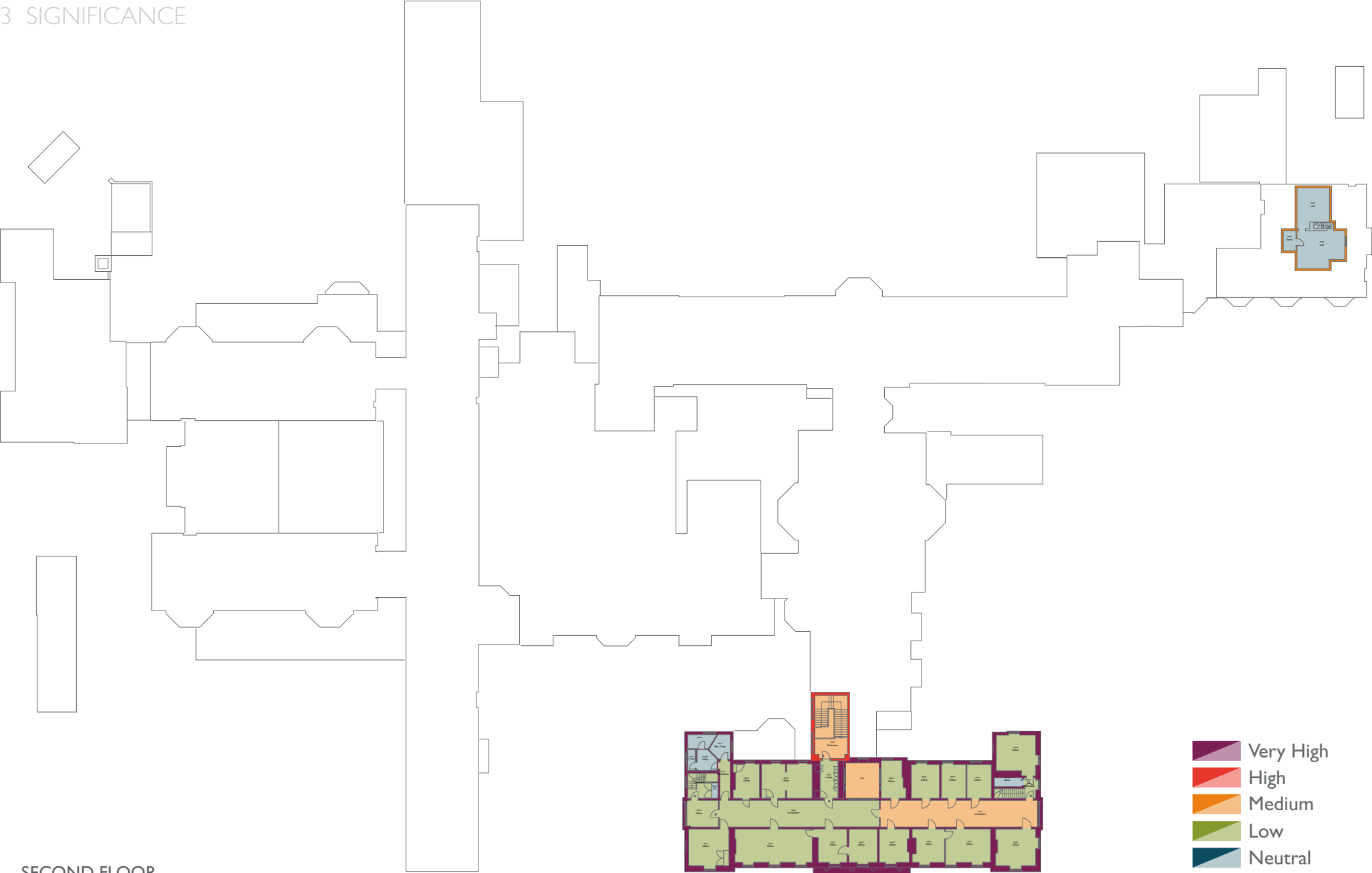


GROUND FLOOR
ROOM-BY-ROOM SIGNIFICANCE



FIRST FLOOR
ROOM-BY-ROOM SIGNIFICANCE

3 SIGNIFICANCE



SECOND FLOOR
ROOM-BY-ROOM SIGNIFICANCE

4 LEGISLATION AND GUIDANCE

4.1 NATIONAL POLICY AND GUIDANCE

This section sets out the relevant legislation and heritage guidance that should inform change to Bootham Park Hospital and which will be used to determine Planning and Listed Building Consent applications for change.

4.1.1 PLANNING (LISTED BUILDINGS AND CONSERVATION AREAS) ACT (1990)

Listed Buildings are designated under the Planning (Listed Buildings and Conservation Areas) Act 1990 for their special architectural or historic interest. Listing gives them protection as alterations, additions or demolitions are controlled by Listed Building Consent, which is required by local planning authorities when change is proposed. Conservation Areas are also protected under Section 69 of the same act.

4.1.2 NATIONAL PLANNING POLICY FRAMEWORK

The National Planning Policy Framework was published 27 March 2012 and sets out the Government's planning policies for England and how these are expected to be applied in *'the presumption in favour of sustainable development'*. It outlines the Government's requirements for the planning system only to the extent that it is relevant, proportionate and necessary to do so. The NPPF is a material consideration for local planning authorities in determining planning and LBC applications. It supersedes and vastly simplifies the policy that previously existed in the form of Planning Policy Statements.

Sustainable Development

The National Planning Policy Framework sets out in Achieving Sustainable Development that:

'The purpose of the planning system is to contribute to the achievement of sustainable development. Pursuing sustainable development involves seeking positive improvements in the quality of the built, natural and historic environment, as well as in people's quality of life.'

In particular, this positive improvement can take the form of replacing poor design with better design. Development should always seek to secure high quality design and a good standard of amenity for all existing and future occupants of land and buildings and take account of the different roles and character of different areas (Paragraph 9).

Plans and decisions need to take local circumstances into account, so that they respond to the different opportunities for achieving sustainable development in different areas.

4 LEGISLATION AND GUIDANCE

Conserving And Enhancing The Historic Environment

The objectives of the policies protecting the historic environment are to maintain and manage change to heritage assets in a way that sustains and, where appropriate, enhances its significance. In order to make a sound decision, a planning authority needs to understand the significance of any heritage asset affected.

When determining applications the authority should take into account the Government objectives as expressed in the overarching definition of sustainable development and particularly (paragraph 131):

- the desirability of sustaining and enhancing the significance of all heritage assets (whether designated or not) and putting them to viable uses consistent with their conservation;
- the positive contribution that conservation of heritage assets can make to sustainable communities, including their economic vitality; and
- the desirability of new development making a positive contribution to local character and distinctiveness.

Designated heritage assets are subject to specific policies (paragraphs 132 and 139) that require great weight be given to their conservation in all decisions, clear and convincing justification for any harm to significance. Substantial harm to or loss of designated heritage assets listed at Grade I such as Bootham Park Hospital should be wholly exceptional.

Conservation Areas

A conservation area is defined by the Planning (Listed Buildings and Conservation Areas) Act 1990 as an area of special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance.

The NPPF states in Paragraph 137:

'Local planning authorities should look for opportunities for new development within Conservation Areas and World Heritage Sites and within the setting of heritage assets to enhance or better reveal their significance. Proposals that preserve those elements of the setting that make a positive contribution to or better reveal the significance of the asset should be treated favourably.'

Justifying Harm

All grades of harm, including total destruction, minor physical harm and harm through change to the setting, can be justified on the grounds of public benefits that outweigh that harm taking account of the 'great weight' to be given to conservation and provided the justification is clear and convincing (paragraphs 133 and 134).

Public benefits will most likely be the fulfilment of one or more of the objectives of sustainable development as set out in the NPPF, provided the benefits will endure for the wider community and not just for private individuals or corporations.

4.1.3 HISTORIC ENGLAND, THE SETTING OF HERITAGE ASSETS 2011

Produced in 2011 by Historic England (formerly English Heritage), this document is in the process of being revised to reflect changes resulting from the NPPF. It sets out how the significance of a heritage asset derives not only from its physical presence and historic fabric but also from its setting – the surroundings in which it is experienced. The careful management of change within the surroundings of heritage assets therefore makes an important contribution to the quality of the places in which we live.

4.1.4 HISTORIC ENGLAND, CONSERVATION PRINCIPALS 2008

Historic England's (formerly English Heritage) 'Conservation Principals' sets out the principals that:

- The historic environment is a shared resource
- Everyone should be able to participate in sustaining the historic environment
- Understanding the significance of places is vital
- Significant places should be managed to sustain their values
- Decisions about change must be reasonable, transparent and consistent
- Documenting and learning from decisions is essential

It also sets out a method for thinking systematically and consistently about the heritage values that can be ascribed to a place. The assessment of significance within this report uses the 'values' set out within this guidance.

4.2 LOCAL POLICY AND GUIDANCE

4.2.1 CITY OF YORK DRAFT LOCAL PLAN INCORPORATING THE FOURTH SET OF CHANGES, 2005

The draft City of York Local Plan incorporating the fourth set of changes (April 2005) was not formally adopted but is still used as the basis for development management decisions until the new Local Plan is finalised. The Plan refers to the older Government policy PPG15. However, its principals are still largely relevant to the newer NPPF.

Chapter Four deals with the **Historic Environment** and sets out 12 policies. The objective of the policies is to preserve and enhance the character and appearance of conservation areas, listed buildings and historic parks and gardens whilst at the same time promoting sustainable development and to safeguard the City of York's archaeological heritage. Those policies that are relevant to this site are:

HE3 Conservation Areas – Within Conservation Areas, proposals for demolition of a building (listed or not), external alterations or change of use likely to generate environmental or traffic problems will only be permitted where there is no adverse effect on the character or appearance of the area. Applications for development in conservation areas will only be considered if full design details are included.

4.8 This policy is in place because of the need to preserve the unique identity of York's Conservation Areas – the mix of different architectural styles, tight groupings of buildings, informal streets and broken profiles of buildings and skylines.

4.9 The character of conservation areas is not only formed by buildings and spaces, but also by the land uses and activities, which occupy them. The desirability of protecting such character will therefore be a consideration in determining change of use applications.

HE4 Listed Buildings – Consent will only be granted for development in the immediate vicinity of listed buildings; demolition; internal or external alterations; change of use where there is no adverse effect on the character; appearance or setting of the building.

4.10 Alterations and extensions should preserve and enhance the special architectural or historic character of conservation areas and complement the character of listed buildings. Alterations will be expected to be of an appropriate design, using traditional natural materials and skilled workmanship. Any replacement of the fabric of listed buildings should be kept to a minimum in order to maintain the character and value of the building. The proposal should also be in scale with the original building and respect its character.

4.12 It is appreciated that many listed buildings are already in established uses and proposals for change should be considered within that context. Therefore issues such as improved access for users with mobility problems will be taken into account when assessing applications. This approach is consistent with advice in PPG15.¹

Additionally, **Chapter 13** considers Community Facilities and Bootham Park Hospital is included under **policy C5**:

'Hospital development proposals within the grounds of Bootham Park will only be supported if they would not detract from the setting of the listed buildings and the environment of the park. Other non-health service uses will be opposed.'

¹ PPG15 has now been replaced by the National Planning Policy Framework (NPPF) but many of the same principals apply.

4 LEGISLATION AND GUIDANCE

The Local Plan states that the Bootham Park Hospital site contains unique listed buildings within a parkland setting that contributes to the amenity of both patients and local residents.² It also considers the site to be under development pressure as a development site within the historic core of the city. The policy states that the significance of the site lies in its setting and amenity value.

4.2.2 YORK CENTRAL HISTORIC CORE CONSERVATION AREA APPRAISAL:

Bootham Park Hospital Character Area

The York Central Historic Core Conservation Area Appraisal was produced by Alan Baxter Associates and City of York Council and was approved and adopted in 2011. The Conservation Area is one of the most complex in England and has been split into 24 Character Areas to better deal with designations, streets, buildings, traffic and issues and opportunities. The report also considers views and building heights within the Conservation Area.

Bootham Park Hospital is Character Area One and is unique for being a large 18th century mental health hospital set within extensive grounds on the edge of the city. The significance of the Character Area lies in the attractive landscape setting of the principal façade of John Carr's 1777 building. However, the Appraisal notes that the green space is underutilised and the boundary treatments are in a poor condition.³

4.2.3 HEALTH AND SOCIAL CARE LEGISLATION

Health and Social Care Act, 2013

The recent amendments to the Health and Social Care Act (2013) created a framework for the provision of health care in England and represented a significant reform to the NHS. Primary care trusts have been replaced by clinical commissioning groups, which also means acute, mental health and community NHS trusts have been abolished. These reforms have been carried out to ensure the long-term sustainability of the NHS at a time of rising drugs costs and demand from an ageing population.

Health Building Note (HBN) 03-01

The Health Building Note (HBN) 03-01 is a national government document relating to acute mental healthcare environments. The Health Building Notes give advice on best practice for the design and planning of new healthcare buildings and the adaption and extension of existing facilities. Bootham Park Hospital is assessed against this Note at each Care Quality Commission inspection.

Health Technical Memorandum (HTM) 05-02

The Health Technical Memorandum (HTM) 05-02 is a national government document relating to fire safety requirements. It acknowledges that hospital services for people with mental health needs, and/or learning disabilities have specific requirements. The Memorandum offers guidance on horizontal evacuation, vertical escape and considerations of patient dependency.

National Suicide Prevention Strategy (NSPS) for England 2012

The suicide prevention strategy is a national government document that sets out plans for reducing suicide rates and supporting people affected by suicide. It considers the importance of the management and care of people who self-harm.

Bootham Park Hospital, Care Quality Commission (CQC) Report, 2013

The Care Quality Commission (CQC) inspection in late 2013 identified that Bootham Park Hospital was no longer suitable for modern day mental healthcare. The Hospital is currently subject to a Compliance Action for a breach of the Health and Social Care Act (2008) following a further Care Quality Commission inspection in 2014.

Bootham Park Hospital, Environmental Risk Assessment, 2014

An environmental risk assessment has been produced for the building, which sets out the risks on each ward on a traffic light system. Many features and elements of the building are highlighted as red risks as they cannot be altered and must be mitigated through observation only. This represents a significant compromise for staff, whose workload increases significantly with every environmental risk that cannot be removed or reduced. The functionality of the existing buildings for a coherent fire strategy is also a concern. Horizontal evacuation and compartmentation are two principals used within mental healthcare facilities that are difficult to achieve at Bootham Park Hospital.

Bootham Park Hospital, Anti-ligature Risk Assessment, 2014

An anti-ligature Risk Assessment produced by Leeds and York Partnership Trust in February 2012 and classified the site as high risk.

² City of York Draft Local Plan incorporating the Fourth Set of Changes, 2005, p.108

³ City of York Council, York Central Historic Core Conservation Area Appraisal, 2011

5 CAPACITY FOR CHANGE

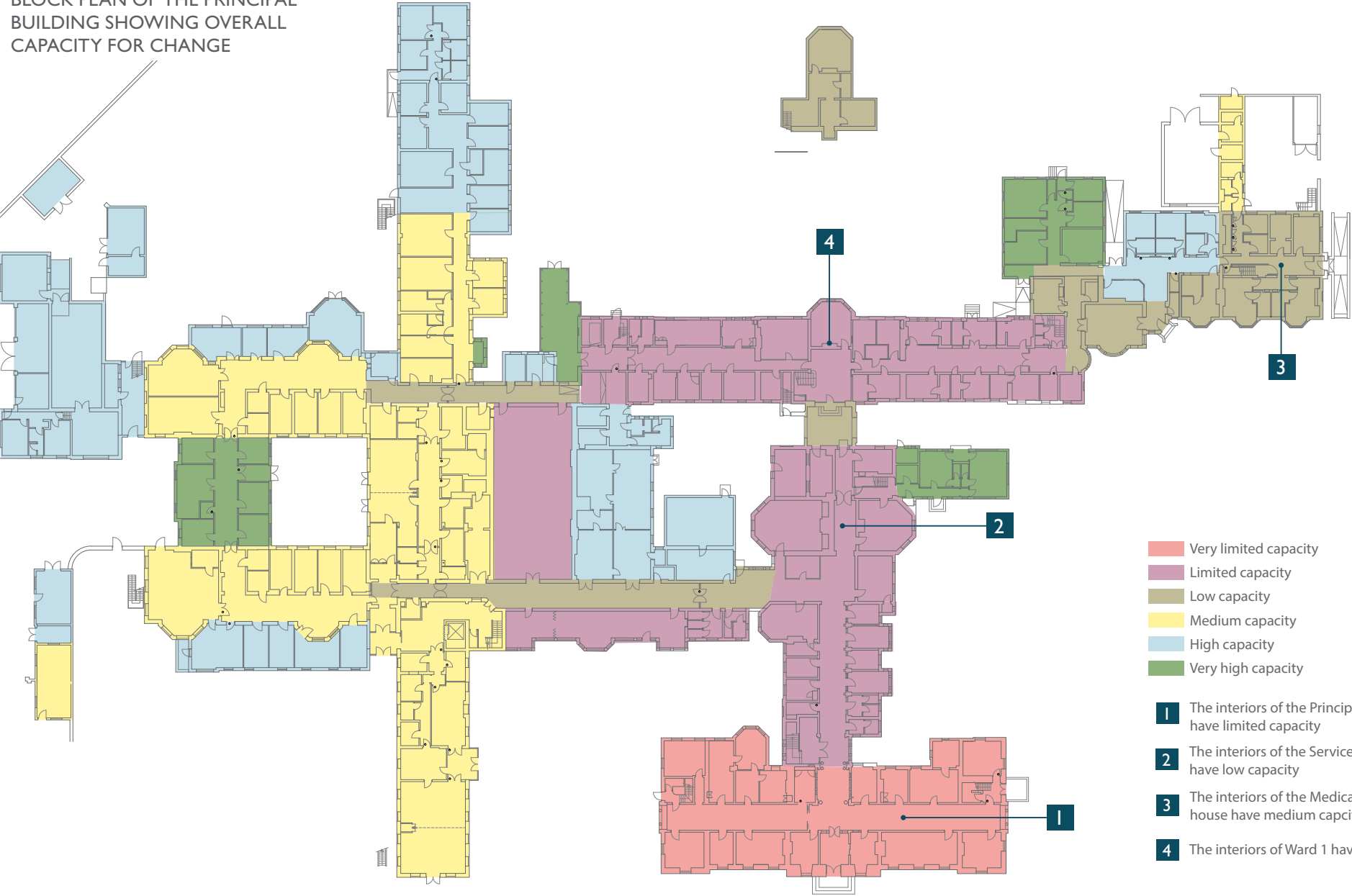
An assessment of the capacity for change has been included here to help inform future decisions and the careful management of change. The plan offer a rough guide on areas where alterations would be more acceptable than others on the site based on the assessment of significance. Only the ground floor has been depicted but levels are similar across all floors for each area. Several structures on the site are of low or neutral heritage value and there is scope that a proposal to development the principal buildings could incorporate selective demolition.

It should be noted that the potential for change for individual rooms has not been included here and that the interior spaces often have a higher capacity to change than the external envelope.

Please refer to the significance plans for more detailed information.

5 CAPACITY FOR CHANGE

BLOCK PLAN OF THE PRINCIPAL BUILDING SHOWING OVERALL CAPACITY FOR CHANGE



- Very limited capacity
- Limited capacity
- Low capacity
- Medium capacity
- High capacity
- Very high capacity

- 1** The interiors of the Principle Building have limited capacity
- 2** The interiors of the Service Block have low capacity
- 3** The interiors of the Medical Superintendent's house have medium capacity
- 4** The interiors of Ward 1 have low capacity

6 CONSERVATION FRAMEWORK

This section identifies the issues and opportunities associated with Bootham Park Hospital and the conservation management recommendations that should be considered and pursued by NHS Property Services Ltd. At this early stage it is inevitable that our understanding of the issues and opportunities on the site will evolve and this section will be updated regularly as discussions progress.

These management recommendations should not to be viewed as a rigid and impractical set of rules, but as informed guidance on the ways in which issues can be actively addressed and opportunities unlocked to ensure a sustainable future for the site while protecting its special qualities and significance. The key issues and opportunities are disaggregated here for ease of reference, but inevitably there is much that is interrelated.

6 CONSERVATION FRAMEWORK

6.1 SUMMARY FRAMEWORK

Category	Issues	Opportunities	Recommendations
EXISTING MANAGEMENT AND USE	<ul style="list-style-type: none"> Environmental risk Rationalisation of services Patient bedroom numbers Conflicting local policy 	<ul style="list-style-type: none"> Original use of the site can continue Advantageous site location Strategic discussions to inform major overhaul for existing use Selective demolition Masterplanning 	<ul style="list-style-type: none"> Begin strategic discussions to inform the future management of Bootham Park Hospital. Start from the assumption that the original use is the optimum viable use. Take a holistic approach to future use through the masterplanning process to identify opportunities.
VIABLE FUTURE USE	<ul style="list-style-type: none"> Original building is potentially not fit for purpose and original use is no longer viable Local Plan Policy C5 – retaining the site in healthcare use Direct and indirect value of the site is unknown Building constraints 	<ul style="list-style-type: none"> Potential for a new viable, economic use Conserve and enhance significance through a less intensive new use Opportunity to increase public access through a mixed-use development 	<ul style="list-style-type: none"> A viable future use for Bootham Park Hospital should conserve and enhance heritage value. The assessment of capacity for change should form the basis of future proposals. Options should be demand-led, economically sustainable and tested through a robust feasibility study.
BUILDING CONSTRAINTS	<ul style="list-style-type: none"> Access Environmental control Energy efficiency Plan form Setting 	<ul style="list-style-type: none"> Major overhaul to increase functionality Improvements as part of future strategic direction of the site 	<ul style="list-style-type: none"> Address building constraints such as access, plan form and energy efficiency as part of any future proposals for the site.
CONSERVING AND ENHANCING THE HISTORIC ENVIRONMENT	<ul style="list-style-type: none"> Lack of understanding of significance Gaps in knowledge Conflict between heritage value and current use Conflict between conservation of original use vs. historic fabric Lack of resources to conserve the site to appropriate standards Optimum viable use is not necessarily the most financially viable 	<ul style="list-style-type: none"> Opportunity to continue original use Opportunity to conserve historic fabric Conserve and/or enhance by removing detrimental elements of the site Localised and wider benefits of regenerating the historic environment Increasing awareness of the site for wider audiences 	<ul style="list-style-type: none"> Continue to develop our understanding of the site through investigations, research and surveys. Conserve and/or enhance the significance of Bootham Park Hospital by retaining it in its original use or developing a viable future use. Future proposals should include the removal of detrimental elements.

Category	Issues	Opportunities	Recommendations
DESIGN PROCESS	<p>Idiosyncratic features and plan form requires robust design principals to avoid harm</p> <p>Approaches to new development will need to comply with local policy and be well justified</p>	<p>Unlock potential through a thorough feasibility process</p> <p>Design development can be based on understanding and on-going discussion</p>	<p>Ensure key stakeholders and professionals are involved in the design and feasibility process from an early stage.</p> <p>Set out a holistic design strategy for the site at feasibility stage to ensure significance is not harmed by inappropriate change.</p>
STATUTORY CONSENTS	<p>The need to apply for listed building consent and planning permission</p> <p>Compliance with national and local planning policy</p> <p>Statutory advisors</p> <p>Conflict between new use and heritage value</p>	<p>Early consultation to provide strategic direction</p> <p>Presumption in favour of sustainable development</p> <p>The opportunity to offer public benefit</p>	<p>Consult with statutory advisors and decision-makers at an early stage to inform proposals.</p> <p>Ensure that future proposals are compliant with national and local planning policy relating to the historic environment.</p> <p>Obtain the necessary consents.</p>
ENGAGING STAKEHOLDERS	<p>Inefficiencies in the consultation process</p> <p>Seeking to engage marginal groups</p> <p>Incorporating feedback into the design process</p>	<p>Open up access to new audiences</p> <p>Forge partnerships and celebrate heritage</p>	<p>Identify key stakeholders at an early stage to inform requirements of the proposals and forge partnerships.</p> <p>Actively seek to engage local communities to increase understanding in the historic environment and manage public expectations.</p>

6.2 EXISTING MANAGEMENT AND USE

6.2.1 ISSUES

Bootham Park Hospital is owned by NHS Property Services Ltd and managed by Leeds and York Partnership NHS Foundation Trust. It is currently in use as an acute mental healthcare facility for York and the surrounding areas. It is in separate ownership to York Hospital on the adjacent site but shares facilities such as heating services and maintenance staff. There are many clinical issues surrounding the use of the historic buildings that require consideration:

- Bootham Park Hospital is no longer fit for purpose as an acute facility and is currently subject to a Compliance Action for a breach of the Health and Social Care Act (2008) following a Care Quality Commission inspection in 2013 and again in 2014.
- Due to constraints of the historic building; patients, staff and visitors are not adequately protected against environmental risks caused by unsafe or unsuitable premises.
- Ligature risks that relate to the historic fabric (and late-20th century refurbishments) are high. A fatality occurred on Ward 6 in 2014.
- An Anti-Ligature Risk Assessment produced by Leeds and York Partnership Trust in February 2012 classified the site as high risk.
- Many of the environmental risks related to the historic structure have been identified as being at high risk level such as internal doors and architraves, light fittings, existing windows, heating and pipework, and brassware. Late 20th century refurbishments are also a concern, for example suspended ceilings and other fittings.
- The degree of non-conformity with the HBN 03-01 (the Health Building Note relating to mental healthcare facilities) is high. For example, windows should be patient controlled, fittings should be anti-ligature, doors should be anti-barricade, open both ways and have vision panels, entrances should be visible, lines of sight should be maintained, finishes should be easy to clean, ceilings should be robust and services should be able to be overridden.
- Temperature fluctuations, ventilation and areas that are too hot or too cold are an on-going concern.
- Some areas are non-compliant with the Equality Act, for example there are a limited number of accessible patient bathrooms.
- Current ward arrangements are inadequate and would require rationalisation, for example areas of mixed use need additional staff oversight compared to areas of separate bedroom and activity functions.
- The Hospital does not meet the minimum requirements for acute mental health bedroom accommodation in the area, nor the requirement for a minimum number of accessible bathroom spaces.
- The Hospital is currently inadequate in terms of HTM 05-02 (the Health Technical Memorandum relating to fire safety requirements). Non-compliance includes detection device placement, fire compartmentation integrity, mixed-use compartments, integrity of risk rooms, coverage of fire alarms, and maintenance of the fire system.

NHS Property Services Ltd is currently in the process of reviewing mental healthcare facilities in Yorkshire to consider the extent to which they might continue in their existing use. There is an understanding that beyond the short-term alterations to reduce environmental risk, the long-term use of Bootham Park Hospital as part of the NHS estate is being carefully considered.

In conflict with these issues, the City of York Council Local Plan sets out in policy C5 that any development or conversion to non-health service uses will be opposed on this site. The loss of this site as an acute mental healthcare facility would be detrimental in terms of historic significance but also for the loss of medical services in this area. It is therefore the responsibility of the NHS Property Services Ltd to first consider the feasibility of retaining the site in full or part healthcare use. Any case for disposal of the building will require robust justification in terms of public benefit.

There is recognition at local planning level that substantial alterations continue to be required in the short-term to make the buildings fit for purpose. However, following the most recent scheme of refurbishment (required to comply with current legislation) it has become clear that continuing to refurbish the building ward-by-ward without a cohesive masterplan for the site is harmful to its heritage values.

6.2.2 OPPORTUNITIES

Strategic discussions relating to the future of Bootham Park Hospital is a major opportunity to begin to understand the issues and opportunities surrounding the site and to inform future change and management.

Firstly, increased understanding of the principal buildings within this report has identified areas (internally and externally) that have more capacity for change than others. Secondly, on-going masterplanning for the site, in conjunction with assessment of all mental healthcare facilities in the Yorkshire area, will ensure that all options are considered for the future.

Understanding of the site will allow a holistic plan for the Hospital to be produced. This may offer the opportunity to comply with recent mental healthcare legislation and guidance through a major overhaul and upgrade of existing facilities on the site. This could include the provision of administrative centres in sensitive areas of the building, major refurbishment of existing wards, selective demolition of structures that are of low value, and the construction of new compliant wards.

The site is advantageous for its central urban location within York and its proximity to York Hospital. There are many benefits in retaining the site in healthcare use, for example the high cost of purchasing a new site in a similar urban area. Retention and refurbishment of existing buildings as opposed to the constructing of a new building safeguards the embodied carbon emitted during the production of the materials used in those assets. It is also economically practical as demolition, disposal of waste and the construction of a replacement building is inefficient.

However, the masterplan may also identify other uses for the site that would better preserve special interest and may identify other sites or solutions for the provision of mental healthcare facilities in Yorkshire. The optimum viable use for the site is addressed in 5.3 below.

6.2.3 RECOMMENDATIONS

1. **Begin strategic discussions to inform the future management of Bootham Park Hospital. These should start from the assumption that the original use is the optimum viable use for this historic site and should be retained if possible.**
2. **Address the current non-compliance of the site by taking a radical approach to the future of the mental healthcare provision on the Bootham Park Hospital site by considering major refurbishment, selective demolition and rationalisation of services.**
3. **Take a holistic approach to future use through the masterplanning process to identify opportunities.**

6 CONSERVATION FRAMEWORK

6.3 VIABLE FUTURE USE

6.3.1 ISSUES

The best use for a historic building will often be the use for which it was originally designed and the continuation of that use should be the first option when the future of a building is considered. However, this is not always possible to achieve because not all original uses are now viable or necessarily appropriate.¹

If the decision is taken, following strategic masterplanning, that Bootham Park Hospital can no longer function as a suitable mental healthcare facility, thought must be given to a viable and sustainable economic use for its future. This exercise must be carried out by NHS Property Services Ltd before the site is disposed of.

There are several issues that will need to be addressed and taken into account when considering the viable future uses for the site:

- City of York Council Local Plan sets out in policy C5 that any development or conversion to non-health service uses will be opposed on this site. The case for disposal of the building will require robust justification in terms of public benefit.
- Any options for new uses would need to be demanded (rather than purely heritage driven) and should be based on robust market and cost analysis. The value of a scheme would need to be calculated as part of a feasibility study or options appraisal. Value can be either direct i.e. residential rental or capital values or indirect i.e. the value conferred on neighbouring properties or the number of jobs created.

- Critical to a successful regeneration scheme is finding a viable economic use that can support initial refurbishment, provide the owner or developer with a reasonable return on their investment and which generates sufficient income to ensure the long-term maintenance of the building fabric and any associated public open spaces.²
- The existing requirements of the building will need to be considered to ensure that a proposed new use is practical. For example, difficulties with access and circulation may create complex management requirements, especially if there are multiple occupiers. The nature of the building's plan form may also be problematic and preclude some uses, for example the cellular nature of the individual bedrooms. These are set out in further detail in section 5.4.

There is a strong economic case for regenerating historic buildings; however, critical to this success is finding a viable economic use that can support the refurbishment and ensure long-term maintenance or repair can be carried out. A balance will need to be made between the competing priorities of conservation against any possible commercial pressures.

6.3.2 OPPORTUNITIES

There is the opportunity at Bootham Park Hospital to look beyond the short-term and find a beneficial use for the site that could be accommodated with less impact on heritage value than the current intensive hospital use. Any new use would have to be justified in terms of its ability to conserve or enhance significance to a greater degree than the original use.

Any proposed new use will need to work with the grain of the building, for example making use of the cellular nature of the site. It will also need to consider local planning policy, which highlights the importance of the site's open landscape and amenity value. Set out below are initial options that could be included within a feasibility study:

Residential: The Hospital could be sub-divided into a mixture of large housing units and flats with relative ease. This use would create a high economic return while selective demolition and new structures within the grounds would increase revenue. However, this use would have a substantial impact on significance and setting, with loss of plan form through division of circulation routes and the opening up of rooms. It would also create a private, inaccessible estate, reducing public benefit. The majority of historic asylums have previously been converted to residential use but the level of harm to heritage value varies by site.³

Commercial – Retail: The small spaces within the Hospital do not offer attractive retail units and the distance from existing shopping areas makes the site of limited value, as does the complex plan form.

¹ Historic England, Heritage Works, 2013

² Historic England, Heritage Works, 2013

³ In Yorkshire, Scalebor Park, Burley in Wharfedale (1902) has been converted into luxury apartments following closure in 1995.

Commercial – Offices: This is a viable option that could be implemented across the site or within the principal areas i.e. Ward 1 and the 1777 building. Due to the cellular nature of the original plan form and existing office spaces/ services this would be a non-intrusive solution. This use could allow NHS administrative use to continue on the site while other options include creative suites for individual businesses or small start-ups. The historic appearance of the site is attractive to some businesses but there may be issues with access and parking. Selective demolition could also be included within this option.

Hospitality: The plan form of the existing building may be suitable for hotel use due to the cellular rooms and existing plumbing installations for en-suites. Large day rooms are also useful for larger suites or dining and activity facilities. However the complex circulation routes may cause issues with fire routes, access and customer comfort. Selective demolition would be appropriate with this use. This use would also allow the grounds to remain open to the public and extensive landscaping could be carried out.

Education: There is scope for the site to be taken on by a local education provider such as one of the universities, but possibly the various local schools such as St Peter's, Bootham School or the Minster School. However, the internal spaces would require significant alteration to make the building usable and the sheer scale of the site may preclude this as a single use.

Cultural: The high amenity value of this site within the centre of historic York could allow the Hospital to be developed into a new cultural, civic or tourist attraction for the city. There is much potential for the extensive grounds to be put to better use and the buildings would offer an attractive venue for a variety of uses.

Potentially a mix of the above uses could be included on the site, due to the complex plan form, which could offer separate ownership or uses in different areas without difficulty. It will be important to assess each option as part of a feasibility study and ensure that the understanding set out within this report is factored into decision-making.

An assessment of the capacity for change has been included in section 6 of this report, to help inform future decisions and the careful management of change. The visual plans offer guidance on where alterations would be more acceptable than others on the site. Several structures on the site are of low or neutral heritage value and there is scope that a proposal to development the principal buildings could incorporate selective demolition.

6.3.3 RECOMMENDATIONS

4. **A viable future use for Bootham Park Hospital should offer a greater degree of conservation or enhancement of heritage values than the current intensive hospital use does.**
5. **The assessment of capacity for change within this report should form the basis of discussions to ensure proposals are not harmful to significance.**
6. **Each option for future use should be demand-led, economically sustainable and tested through a robust feasibility study prior to disposal.**

6.4 BUILDING CONSTRAINTS

6.4.1 ISSUES

The existing buildings at Bootham Park Hospital are extensive and offer particular challenges within a Grade I listed building. The issues below relate to the physical restraints of the built environment. The clinical constraints of the buildings have been included within 5.2:

- **Access and the Equality Act (2010):** Due to the current use of the site there is good access across the building, with lifts, ramps and consolidated floor levels. However this is often heavy-handed and detrimental to significance. Sub-division of use in the future may also create additional problems. Site access will need to be considered, including new access routes.
- **Intellectual and Visitor Access:** Bootham Park Hospital is unusual for being a Grade I listed building on the scale of a substantial country house that offers no public access. While it is publically accessible through its provision on the NHS, access is restricted to service users. A lack of understanding of mental health services increases the sense of isolation and trepidation surrounding its current use.
- **Environmental Control:** Temperature fluctuations are a significant problem within the building due to the lack of zonal heating services and single glazed windows. Secondary glazing and security controls in patient areas also restrict air flow.
- **Energy efficiency:** Few resources have been spent in the past on increasing energy efficiency within the buildings. Building services that conserve energy and minimise waste will need to be considered.

- **Plan form:** The nature of the building as one that has evolved over time has resulted in a complex plan form that is difficult to navigate. Consolidation of this will be required to ensure future uses are effective.
- **Setting:** The Hospital is contained within a dense urban setting, which is part of the York Central Historic Core Conservation Area. Additional structures, alterations and landscaping that affect the external appearance of the site will need to be carefully considered. This amenity value is identified as being of high value within the City of York Local Plan.

6.4.2 OPPORTUNITIES

The building constraints mentioned above will need addressing whether Bootham Park Hospital remains in its current use or is converted to a new use. They relate to how well the building functions as a useable space. These constraints will have a lesser or higher impact depending on the preferred use.

There is an opportunity to radically rethink functionality of the site and update building services to an appropriate standard.

There is also an opportunity to think about how carbon emissions can be reduced in the future without causing harm to heritage values. Future-proofing the building against climate change will also be important, for example increased rainfall.

6.4.3 RECOMMENDATIONS

7. **Address building constraints such as access, plan form and energy efficiency as part of any future proposals for the site.**

6.5 CONSERVING AND ENHANCING THE HISTORIC ENVIRONMENT

6.5.1 ISSUES

The National Planning Policy Framework (NPPF) seeks to maintain and manage change to heritage assets in a way that sustains and, where appropriate, enhances its significance. There are several issues relating to the current and future use of Bootham Park Hospital that may conflict with the desire to conserve and/or enhance heritage value:

Current Use

- There is a lack of understanding within the existing building users of the significance of the building, from the maintenance and estates departments to the clinical ward staff. Often there is an acknowledgement of the value the buildings offer as positive historic environment to work in, but this does not translate into understanding.
- There are substantial gaps in our knowledge about the building, for example there is no record of the features that may survive behind extensive false ceilings and boxing-in.
- The conflict between clinical requirements and the historic buildings is high. On-going alterations and refurbishments are intrusive and harmful to significance. If these short-term works continue on a long-term basis there is potential for substantial harm to heritage value of the internal spaces.
- Refurbishment or development of any Grade I listed building should be to an exceptional standard, commensurate with its significance. There is a concern that, in this age of austerity, public services such as the NHS do not have the resources to spend on refurbishment to a standard that reflects the Grade I listing of Bootham Park Hospital.

Future use

- The NPPF requires proposals to conserve and/or enhance significance. Therefore the optimum viable use for the site may not be the most financially viable due to the harm it may cause to significance.
- Clear and convincing justification for any harm to significance is required and substantial harm to or loss of designated heritage assets listed at Grade I such as Bootham Park Hospital should be wholly exceptional.
- Harm can be justified through balancing it against public benefits. The future use of the site must therefore offer public benefits if major interventions will be required on the site, including selective demolition.
- Heritage can be perceived as a barrier to regeneration. This perception is damaging and can result in a scheme that goes against the grain of the building.
- Our understanding of the physical structures is ever-evolving and investigations into the building will be required to assess its capacity to be adapted. This will be required internally and in relation to archaeological deposits.

6.5.2 OPPORTUNITIES

It is recognised in national planning policy that the historic environment provides a sense of place for the people who live, work or visit them and that historic buildings enrich the experience through their physical qualities and historic associations.

The heritage values embodied within Bootham Park Hospital relate to its evidential, historic, aesthetic and communal values. Some of these values are more tangible than others. For example the Hospital has evidential and aesthetic value relating to its physical fabric and historic features. It also has historic value relating to its continued original use for over 200 years. The various options for the future of Bootham Park Hospital will have a different impact on different heritage values:

Current Use: A substantial proportion of the heritage value of Bootham Park Hospital relates to its continued use as a mental healthcare facility for over 200 years. While this is not a tangible value, this significance should be conserved and should be taken as a starting point for any future proposals. However, this use may also result in a higher level of harm to historic fabric.

Future Use: The historic physical fabric of Bootham Park Hospital is also of significance and a viable new use may be more consistent with conservation than retaining it in intensive hospital use.⁴ A scheme that seeks to enhance aesthetic or historic value through the retention of historic features and plan form may be enough to justify a move away from mental healthcare use.

As with the building constraints; the conservation and/or enhancement of the historic environment is required regardless of the future use of the site. Further research is one opportunity to better inform our understanding of the heritage values of the site, allowing us to make a decision on whether the tangible or intangible qualities of the site are of greater value.

The long-term benefits of conserving Bootham Park Hospital are great and there is now an opportunity to remove elements of recent programmes of refurbishment that are detrimental to significance. The historic environment captures imaginations and lends value to new development in their context. Values such as economic growth and community well-being have been proven many times to be outcomes from heritage-led regeneration.

6.5.3 RECOMMENDATIONS

- 8. Continue to develop our understanding of the site through investigations, research and surveys.**
- 9. Conserve and/or enhance the significance of Bootham Park Hospital by retaining it in its original use or developing a viable future use. Each option offers unique challenges and may cause harm to heritage values, which will need to be balanced against public benefit.**
- 10. Future proposals should include the removal of detrimental elements across the site.**

⁴ The NPPF places emphasis on the sustainable use of an historic buildings rather than the importance of the original use.

6.6 DESIGN PROCESS

6.6.1 ISSUES

Refurbishment of Bootham Park Hospital has been intrusive in the past with little respect for the historic setting. In order for alterations to avoid harm, they will need to be designed to a level of detail that allows each surviving feature to be considered individually and within its context. There are several areas that will need careful design consideration at Bootham Park Hospital in order to produce an acceptable scheme:

Historic Features: Alteration, boxing-in or removal of historic features has been a necessity in the past to deal with the environmental risks of the building that conflict with its current use. Each feature has been looked at individually to consider the level of intervention required based on environmental risk. A key factor in decision-making has been the reversibility of the alterations, to ensure that in the future, features can once again be revealed or reinstated. However, there is no doubt that this level of intervention has resulted in whole areas of the Hospital that are now devoid of historic interest and the concern is that if this approach continues there will be nothing of value retained internally.

Plan Form: The layout of central circulation corridors with smaller flanking rooms is significant, as are the connections between each area as the site developed. There is a concern that a future use would require sub-division of these circulation routes, limiting our understanding of the historic use of the site. Additionally, the cellular nature of the buildings could easily be lost through intensive and inappropriate redevelopment.

New Development: New development on the site will need to take into account the various levels of designation across the site, including the Grade I listing and the Conservation Area. Direct impact such as how a new structure connects to the existing will need to be considered, as will indirect impacts such as views and rooflines relating to external setting. Retention of the current amenity value of the site will be important, in compliance with local planning policy.

There is a concern that without a holistic plan for the entire site, the design approach could be incoherent and disjointed, resulting in harm to significance.

6.6.2 OPPORTUNITIES

Bootham Park Hospital is a large urban site and offers many opportunities for constructive conservation and high-quality new design. Structures of low, neutral or detrimental value could be selectively removed to make way for new structures that better suit the future use of the site.

These opportunities on the site can be unlocked by using this report as a basis for initial discussion but should also build on this by producing holistic design principals for the site.

NHS Property Services Ltd should follow a thorough design process to ensure the heritage values of the site are placed at the heart of the decision-making. The stages of the design process are set out below:

Concept Development: The crucial element of this stage is to understand the heritage assets and their ability to accommodate change. This has begun with the production of this report. Early consultation with stakeholders and statutory consultees will also be important when thinking about long-term management.

Feasibility Study: The key to the success of a heritage-based regeneration project is finding the right use or mix of uses. Therefore, it is important that at the earliest stage the options are tested to assess whether they are commercially viable and the opportunity is of interest to developers.⁵ The feasibility study should include various options for future use, including its existing use. Design principals should be developed relating to the building and the impact of possible uses on this. This design strategy should set out an appropriate approach to the restoration, reconstruction and reinstatement of lost features, the approach to sub-division and the design approach to new development within the setting.

Design Development: Following the feasibility study, a preferred option for the site should be chosen in consultation with key stakeholders. As the design develops the practicality of physically adapting the building to achieve functionality will need to be considered. It is important to include experienced contractors and conservation specialists in the process and to be aware of the difficulties sometimes encountered in meeting modern building and fire regulations requirements.

6.6.3 RECOMMENDATIONS

11. **Ensure key stakeholders, experienced contractors and heritage professionals are involved in the design process from an early stage to inform the preferred option.**
12. **Set out a holistic design strategy for the site at feasibility stage to ensure significance is not harmed by inappropriate change. This could be produced as an addendum to the Historic Buildings Appraisal.**

5 Historic England, Heritage Works, 2013

6.7 STATUTORY CONSENTS

6.7.1 ISSUES

Bootham Park Hospital is of exceptional interest as a Grade I listed building and any future proposals will need to be compliant with the relevant legislation; set out below:

Listed Building Consent: Listed building consent is required for the demolition of a listed building or any works that will alter or extend a listed building in a manner which would affect its character as a building of special architectural or historic interest. Any works would change the character or appearance of the external façade, the internal configuration, or any original features (staircase, fireplace, ceiling mouldings, paintwork) require consent.

Listed building consent may also be required for works to separate buildings within the curtilage of the listed buildings. Applicants for Listed Building Consent will be required to describe the significance of any heritage asset affected by proposals. The level of detail should be proportionate to the asset's importance.⁶ This process has begun with the production of this report; however, a heritage impact assessment will be required for any specific proposals.

Planning Permission: Planning permission will be required for any external alterations to the site. It will also be required for a change of use. Conservation Area consent now falls under planning permission; it must be demonstrated that the development proposals in a Conservation Area look for opportunities to enhance or better reveal the significance.

NPPF: The National Planning Policy Framework (NPPF) provides the government advice on change within the historic environment. At the heart of the NPPF is a presumption in favour of sustainable development. The NPPF sets out that, when considering the impact of a

proposal on the significance of a designated heritage asset, great weight should be given to the asset's conservation. The more important the asset, the greater the weight should be.

Statutory Advisors: Planning authorities are required to notify Historic England of listed building applications that affect Grade I and Grade II* listed buildings. Historic England are the government's advisors for the historic environment. Their advice will be given to the planning officer for consideration when making a decision on the proposals. Other statutory advisors such as The Victorian Society, The Georgian Society and the Council for British Archaeology should also be consulted at the appropriate stage.

There is potential for conflict between heritage legislation and new development to arise. It will be the responsibility of NHS Property Services Ltd to initial early discussions with statutory bodies and ensure that all the appropriate consents are gained before work commences.

One area of potential conflict is Policy C5 of the City of York Draft Local Plan (2005), which states that other non-health service uses at Bootham Park Hospital will be opposed. The policy notes that the significance of the site lies in its setting and amenity value and that the site, within the historic core of the city, is under pressure of development.

6.7.2 OPPORTUNITIES

Bootham Park Hospital is an important site within the city of York and there is now an opportunity to consider the site's strategic direction and the benefits it could bring to the wider area. Early consultation with the City of York Council and national amenity societies such as Historic England will be beneficial and will avoid unexpected issues arising later. Early consultation will also provide these bodies

with a good understanding of the project objectives and viability issues, which will assist in reaching agreement on suitable uses.⁷

The NPPF recognises the benefits of the historic environment, for example the positive contribution to local character and distinctiveness they can bring. Heritage assets are a key component of sustainable development. The re-use of such assets can be used to boost local economies, attract investment, highlight local distinctiveness and add value to neighbouring properties.

It is recognised that not all elements of the Bootham Park Hospital site contribute to its significance and that some elements are detrimental to our understanding. Some elements of the buildings will have more scope for change than others but it will be important to ensure that the appropriate consents are in place before any work commences.

The Local Plan considers the setting and amenity value of the site to be of high significance. It will therefore be important for any future uses to ensure that this is not harmed or encroached upon. There is the opportunity for NHS Property Services Ltd to consider a viable new use for the site that offers high levels of public benefits.

6.7.3 RECOMMENDATIONS

13. Consult with statutory advisors and decision-makers at an early stage to inform proposals.
14. Ensure that future proposals for Bootham Park Hospital are compliant with national and local planning policy relating to the historic environment.
15. Obtain the necessary consents.

6 CONSERVATION FRAMEWORK

6.8 ENGAGING STAKEHOLDERS

6.8.1 ISSUES

The communal value of Bootham Park Hospital is defined as being of medium significance and it will therefore be important to ensure that local and wider communities are involved in the design process relating to the future use of the site.

Early, extensive and rolling consultation with local community groups, heritage and amenity societies, existing service users, staff and neighbours will be necessary. While this offers benefits, it will also slow down the process and will potentially add costs through the requirement to change designs based on feedback from local people.

The requirement to manage public expectations will be exhaustive but engaging people at an early stage will make this less onerous.

6.8.2 OPPORTUNITIES

One of the main opportunities of the current discussions is the potential to open up the site to new audiences and make it accessible to the public in new ways. The Conservation Area Appraisal recognises the possibility to better utilising the grounds fronting onto Bootham.

It will be important from an early stage to forge partnerships with influential local groups, but also those that have a strong vested interest but are usually excluded from planning processes. It will be important to start with a clear set of objectives and realistic expectations.

Involving the community at an early stage can build support for a project, help to avoid opposition later and may uncover unexpected resources. It will be important for key stakeholders and decision-makers to be identified, briefed and kept informed at all stages of the project.

This investment will increase public awareness of the Hospital's heritage, which will help the local community celebrate their buildings and their distinctiveness.

6.8.3 RECOMMENDATIONS

- 16. Identify and brief key stakeholders at an early stage in order to inform the requirements of the proposals and forge partnerships.**
- 17. Actively seek to engage local communities in the research and design process to increase understanding in the historic environment and manage public expectations.**

APPENDICES

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Appendix B: Site Plan

Appendix C: Conservation Area

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Appendix G: Historic Environment Records

Appendix H: Historic Floor Plans

Appendix I: 1908 Alterations

Appendix J: Glossary

Appendix K: List of Historic Asylums

APPENDIX A: BIBLIOGRAPHY

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- Archaeology Data Service <http://archaeologydataservice.ac.uk/>
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- and <http://thetimechamber.co.uk/beta/sites/asylums/asylum-history/the-asylums-list>
- and <http://www.28dayslater.co.uk/the-asylum-list-2014.t88816>

APPENDIX B: SITE PLAN

APPENDIX B: SITE PLAN

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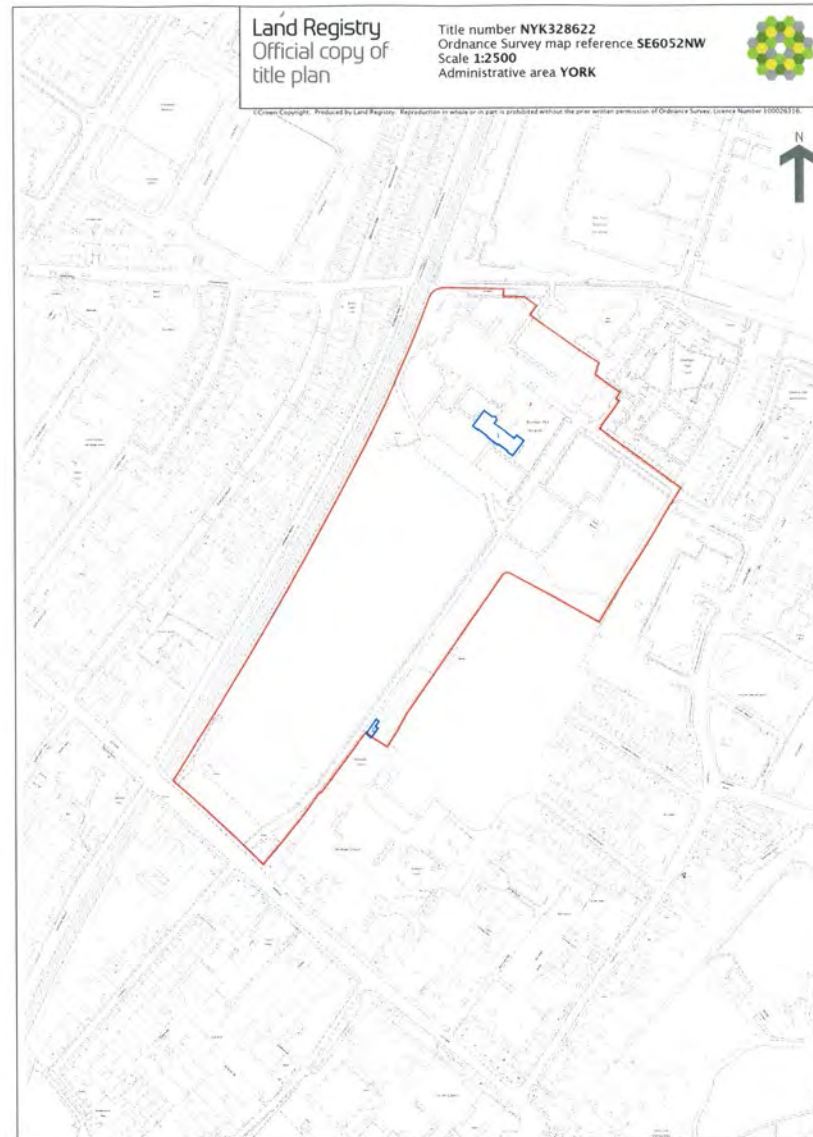
The electronic official copy of the title plan follows this message.

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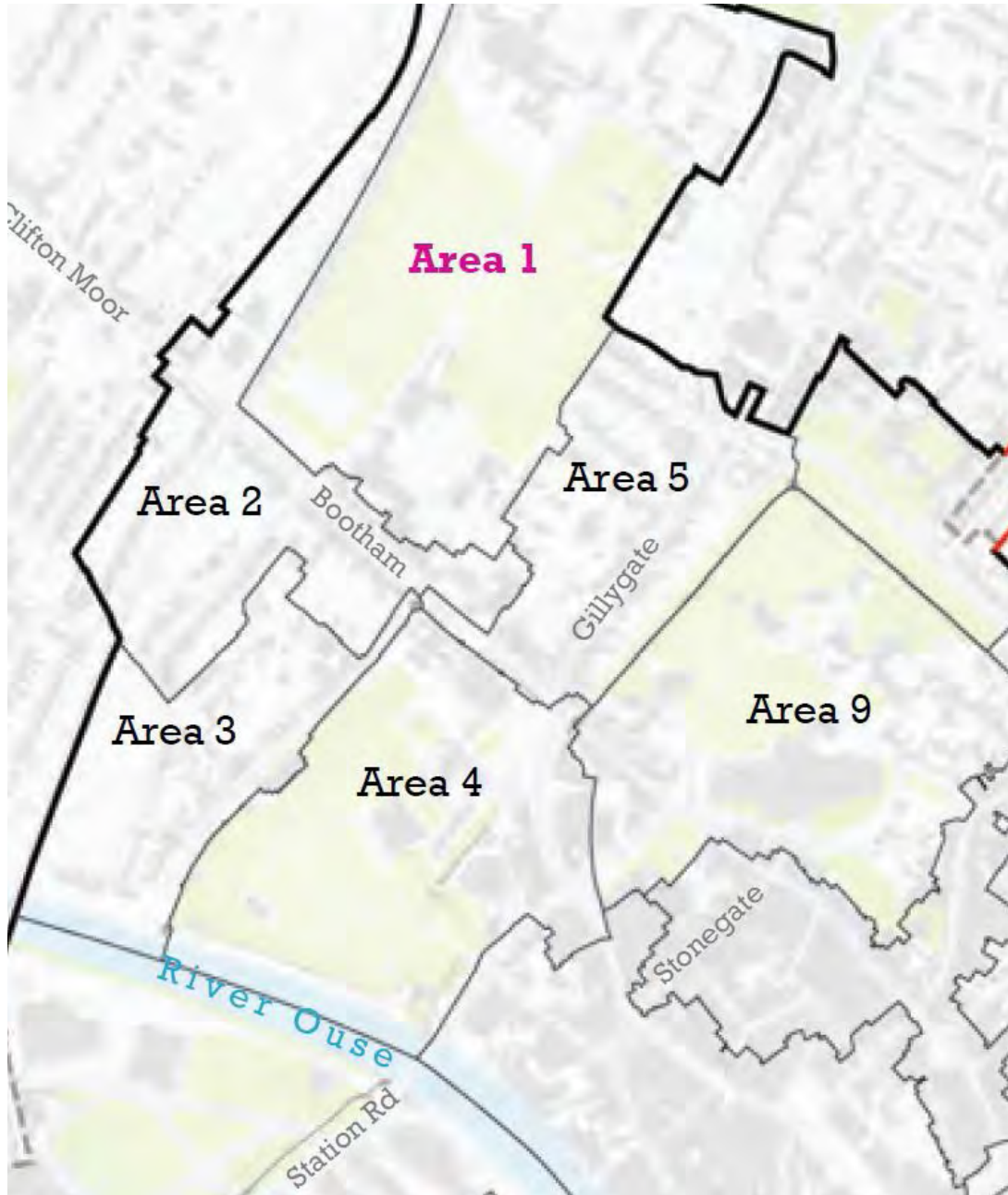


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APPENDIX C: CONSERVATION AREA

This plan shows the boundary of the Character Areas within the York Central Historic Core Conservation Area. The Bootham Park Hospital Character Area is shown as Area I. This plan has been taken from the Conservation Area Appraisal, produced by City of York Council.

APPENDIX C: CONSERVATION AREA



APPENDIX D: LIST DESCRIPTIONS

BOOTHAM PARK HOSPITAL

Reference: I259396

Listed: 24 June 1983

Grade: I

County Lunatic Asylum, now hospital. 1772 designed by John Carr of York; additions c1790, 1814, c1840; 1886 largely remodelled internally with additions. C20 various modern extensions. Brick with stone dressings. EXTERIOR: 3 storeys; a slightly projecting one window bay at either side; 3 window centre bay having 4 giant engaged Tuscan columns rising over upper storeys to a plain frieze, Doric cornice and pediment; sides each have 3 windows; 1st storey windows are semi-circular headed and set in arched recesses. Continuous moulded stone band at 1st floor; narrow stone stringcourse at lower sill level and another at impost level of 1st storey arcading; centre doorway in Gibbsstyle surround of alternatingly blocked Tuscan columns, with semi-circular head, Doric cornice, and pediment. The side elevations each have a central tripartite window, a Venetian window over and, above that, a tripartite lunette window. To the rear, T-plan additions of various dates, amalgamated together 1886. Linking 2storey, late C19, 6bay block, with square bay windows topped by pyramidal bell canted roofs. Beyond, an early C19 5bay, 2storey block with ashlar bands and a central 2storey canted bay window with glazing bar sashes. This is linked to the main rear block by a segment arched first floor brick bridge with canted bay windows. The 19bay early C19 main rear wing has a 5bay centre, with central canted bay windows, all with glazing bar sashes. To the northeast a single bay late C19 gabled wing, topped by a cupola, with a curved single storey link, adjoining a further 6bay by 3bay addition with 3 canted bay windows with plain sashes on the ground floor. To the northwest a mid-C19 series of blocks, originally of a double cross

plan, now largely infilled. These blocks are brick, 2storey, with hipped slate roofs and glazing bar sashes. The two northwest wings have 5bay outer façades with two 2storey canted bay windows. To the southwest a 7bay single storey late C19 addition, with outer square bay windows and a central canted bay window. INTERIOR: board room survives as designed by John Carr; as does some decoration in the former staircase hall. The remaining interiors are late C19, with much period detailing including a large number of Minton tile corridor floors, fireplaces, fine door cases and doors. 3 elaborate staircases with stained glass screens. A central hall, now gymnasium, with full height arched panelling and an elaborate wood and iron roof. A former bowling alley, now dining room, with full height panelling and glazed roof lights. The present chapel has an elaborate stained glass screen, and the rear entrance hall has a similar screen. (An Inventory of the Historical Monuments in the City of York: RCHME: Outside the City Walls East of the Ouse: London: 1975: 479).

Listing NGR: SE6008352831

FORMER CHAPEL AT BOOTHAM PARK HOSPITAL

Reference: I259398

Listed: 24 June 1983

Grade: II

Church, now offices. 1865 by Rawlins Gould; conversion c1988. Coursed squared sandstone with limestone dressings. Roof slated in bands of alternating colour. Ridge tiles have iron cresting. STYLE: Gothic Revival. PLAN: comprises a 4-bay nave with continuous chancel, short north and south transepts, and an apsidal east end. An octagonal turret projects from the south-west angle. EXTERIOR: the west wall has a window of 3 trefoiled lights with 4 quatrefoils under a pointed head.

APPENDIX D: LIST DESCRIPTIONS

The west doorway has double angle shafts with carved foliage, an outer pointed arch and an inner trefoiled arch. The doors are late C20. The gable is coped and has a cross finial. The upper stages of the turret are of ashlar and have sunken quatrefoils below an open bell stage with pointed arches separated by shafts with foliated caps. The stone spirelet has a weather vane finial. The nave windows have 2 trefoiled lights and a quatrefoil under pointed heads and have angle shafts with foliated caps. The south window of the south transept is similar, and its east window has a single light. The transept gable is coped with a cross finial. The north transept is similar, except that it has no north window and has a chimney breast which projects slightly and terminates with an ashlar cap. Below its west window there is an inserted doorway. The 5 windows at the east end are each of one trefoiled light with a trefoil under a pointed head. INTERIOR: east window lights separated by columns with foliate capitals set with masks and volutes and moulded bases with bar stops; continuous moulded sill has corbel stops at each end. Windows have continuous hoodmould springing from carved bosses and angel corbels bearing the symbols of the Communion. At west end, tower door is boarded with scrolled hinges in 2-centred arch. Hammerbeam roof of arch-braced trusses springs from angel corbels and have floral bosses attached. (The Buildings of England: Pevsner N: Yorkshire: York and the East Riding: Harmondsworth: 1972-: 154).

**RAILINGS ENCLOSING PLAYING FIELD
APPROXIMATELY 95 METRES SOUTH OF BOOTHAM
PARK HOSPITAL, GRADE II,
Reference: 1259405
Listed: 14 March 1997
Grade: II**

Length of wall and railings approximately 200 metres long, 3.5 to 4.0 metres high, enclosing the north-west and north-east sides of playing field: carriage gates and gate piers. 1857. Manufactured by William Walker of Walmgate. Dwarf wall of red brick with cambered coping and piers of

tooled stone; cast-iron carriage gates between rendered brick gate piers. Railings are square in section, set diagonally in dwarf wall and have spear finials: piers on square on plan, chamfered and tapering to octagonal domed heads. Carriage gates of same railings with arcuate braces beneath dog rail: gate piers square on plan with flat caps.

**LODGE AT BOOTHAM PARK HOSPITAL, GRADE II,
Reference: 1259404
Listed: 24 June 1983
Grade: II**

Lodge. 1857. Yellow brick with stone dressings. Slate roof. T-plan. EXTERIOR: one storey plus attic. The north-west front, facing the drive, has a crosswing gable at the right. This has chamfered quoins and a 1-storey bay window of brick with stone dressings. 3 sashes without glazing bars face forwards and have segmental heads, and each side has one similar window. The roof of the bay window is slated with bracketed eaves. The attic window above is sashed with a stone surround which has the jambs continued upwards as a round arch with carved tympanum. The roof verges project and have plain bargeboards and a central finial. The main range is of one bay and has a ground-floor window which is sashed with a tripartite stone surround. Above the central light there is a semicircular arch with carved tympanum. The attic is lit by a flat-roofed dormer. At the right, in the angle with the cross-wing, is a porch. The outer doorway has a round arch with keystone. Above there is a shaped tablet inscribed '1857 CA'. The south-west wall of the cross-wing, facing Bootham, has 2 tripartite windows similar to that to the main range, with linked lintels and a sill band. Between them and below the eaves there is a recess containing shield of arms of the City of York. Chimney on ridge of cross-wing, with clustered shafts. INTERIOR: not inspected.

**GATEWAY, GATES AND RAILINGS TO BOOTHAM
PARK HOSPITAL, GRADE II,
Reference: 125940
Listed: 28 April 1988
Grade: II**

Gateway and railings. 1857-8. Designed by George Fowler Jones of York (Yorkshire Gazette), manufactured by William Walker. Brick plinth with ashlar copings and gate piers, iron railings and gates. Railings front Bootham and form south-western boundary to grounds of Bootham Park Hospital (qv); main gateway near south-east end. The railings are set on a dwarf wall with deeply-chamfered copings and are supported by intermediate piers of a chamfered square section that tapers to become octagonal; ball finials. Diagonally-set square bars with top rail crested by spear finials every sixth of which is raised on scrollwork. The hospital entrance has double gates and side gates which match the railings and have closely-spaced dog bars with arcuate braces beneath twin rails with rings. Banded gate piers with triglyphs, paterae and cornices surmounted by lanterns on scrolled supports. The railings terminate at banded end piers; near the west end is a double gate. (York Historian: Malden J: The Walker Ironfoundry, York, c.1825-1923: York: 1976-: 51).

APPENDIX E: PLANNING HISTORY

Below are the recent Listed Building Consent and Planning application reference numbers for the City of York Council planning portal that relate to the site.

External alterations to The Old Chapel including repair works to the external masonry, roof, rainwater goods and windows

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 14/00738/LBC | Received: Fri 28 Mar 2014 | Validated: Mon 31 Mar 2014

Internal alterations to Cotford Ward

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 13/03311/LBC | Received: Thu 10 Oct 2013 | Validated: Thu 10 Oct 2013

Demolition of existing cricket pavilion

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 11/02663/LBC | Received: Fri 30 Sep 2011 | Validated: Wed 26 Oct 2011

Erection of smoking shelter

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 11/01091/FUL | Received: Fri 13 May 2011 | Validated: Tue 28 Jun 2011

Conditions 3, 4, 5, 6, 7, 8, 9 and 11 (09/02006/FUL)

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: AOD/10/00305 | Received: Fri 17 Sep 2010 | Validated: Fri 17 Sep 2010

Non-material amendment to approved application comprising revised elevations to 09/02006/FUL rear extension and substitution of metal fence with timber fence

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 10/01249/NONMAT | Received: Mon 07 Jun 2010 | Validated: Mon 07 Jun 2010

Internal alterations and rear extension (amendments to scheme approved under 09/02008/LBC)

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 10/01198/LBC | Received: Thu 03 Jun 2010 | Validated: Tue 22 Jun 2010

Single storey rear extension, new external ramp and railings and internal and minor external alterations

Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 09/02008/LBC | Received: Wed 04 Nov 2009 | Validated: Thu 05 Nov 2009

Single storey rear extension, new external ramp and 2m high railings Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 09/02006/FUL | Received: Wed 04 Nov 2009 | Validated: Thu 05 Nov 2009

Conversion of redundant electrical sub-station into generator house Bootham Park Hospital Bootham York YO30 7BY

Ref. No: 08/01557/LBC | Received: Mon 16 Jun 2008 | Validated: Mon 07 Jul 2008

Conversion of redundant electrical sub-station into generator house

Bootham Park Hospital Bootham York YO30 7BY
Ref. No: 08/01555/FUL | Received: Mon 16 Jun 2008 |
Validated: Mon 29 Sep 2008

Internal alterations to install double doors to existing opening in Ward 3

York Health Services Trust Bootham Park Hospital
Bootham York
Ref. No: 02/03928/LBC | Received: Fri 27 Dec 2002 |
Validated: Fri 27 Dec 2002

Internal alterations to staircase leading to Ward 2

York Health Services Trust Bootham Park Hospital
Bootham York
Ref. No: 02/03886/LBC | Received: Thu 19 Dec 2002 |
Validated: Thu 19 Dec 2002

Internal alterations to stairwell

York Health Services Trust Bootham Park Hospital
Bootham York
Ref. No: 02/02290/LBC | Received: Tue 16 Jul 2002 |
Validated: Tue 16 Jul 2002

Change of use of accommodation C3 to offices B1

York Health Services Trust Bootham Park Hospital
Bootham York
Ref. No: 98/01243/FUL | Received: Wed 27 May 1998 |
Validated: Wed 27 May 1998

Internal alterations to provide improved sanitary accommodation - wards 1, 2, 3 and 8

York Health Services Trust Bootham Park Hospital
Bootham York
Ref. No: 97/01992/LBC | Received: Mon 08 Sep 1997 |
Validated: Wed 17 Sep 1997

APPENDIX F: ARCHIVAL SOURCES INDEX

BORTHWICK INSTITUTE ARCHIVES

BOO 1 GENERAL ADMINISTRATIVE

/1 Minutes

- /1 Quarterly Court of Governors
- /2 Committee of Governors
- /3 Draft Committee Minutes
- /4 Minutes of Other Committees

/2 Annual Reports

/3 Rules and Regulations with Related Papers

/4 Clerk's (later Secretary's) Letter Books

/5 Deputy Group Secretary's Files

/6 Hospital Secretary's Files

/7 General Correspondence and Papers

/8 Visitors' Reports

- /1 Commissioners in Lunacy (later Board of Control)
- /2 Visiting Governors
- /3 'A' Group Mental Hospital House Committee Visitors
- /4 Lady Visitors
- /5 Consulting Physician

/9 Medical Superintendent's Books

/10 Chapel Books

- /1 Chaplain's Report Books
- /2 Registers of Services
- /3 Chapel Service Books

/11 Miscellaneous Printed Material

- /1 York Lunatic Asylum/Bootham Park
- /2 Commissioners in Lunacy; Lunacy Acts
- /3 Other Miscellaneous Material (mostly concerning lunacy)

/12 Photographs

/13 Consultant's Papers

BOO 2 LAND AND BUILDINGS

/1 Plans and Drawings

/2 Deeds and Papers relating to Land and Buildings

BOO 3 FINANCIAL

/1 General Ledgers

/2 Expenses Ledgers

/3 Cash Books

/4 Monthly Cash Account Books

/5 Secretary's Cash Account Books

/6 Bought Day Books

/7 Farm Account Books

/8 Arts and Crafts Account Books

/9 Financial Summaries, Annual Accounts, Balance Sheets

APPENDIX F: ARCHIVAL SOURCES INDEX

/10 Subscriptions, Donations, Bequests and Special Funds

- /1 General
- /2 Subscriptions
- /3 Lupton's Fund
- /4 Wake's Fund
- /5 Lancelot Foster Fund
- /6 John Joseph Hunt Fund
- /7 Other Legacies

/11 Investments, Stocks and Shares

/12 Insurance Policies and Valuations

- /1 Fire Insurance on Main Building and Contents
- /2 Fire Insurance on Farm Buildings
- /3 Fire Insurance on 61 Bootham
- /4 Fire Insurance on Houses in Union Terrace
- /5 Insurance Policies on Boilers
- /6 Insurance Policies on Laundry Equipment
- /7 Insurance Policies on Chapel Organ
- /8 Workmen's Compensation Act Policies

/13 Taxes and Duties

/14 Bank Books and Related Papers

/15 Patients' Accounts

- /1 Account Books
- /2 General Papers relating to Patients' Accounts
- /3 Maintenance Agreements and Contracts
 - /1 With Poor Law Unions
 - /2 With Individuals
- /4 Correspondence and Papers dealing with Patients' Maintenance
 - /1 Correspondence with Charities, Overseers, Poor Law Unions
 - 2 Correspondence with Individuals

/16 Salaries and Wages

- /1 Salaries and Wages Books
- /2 Papers re Salaries and Wages
- /3 Superannuation

BOO 4 STORES AND EQUIPMENT

/1 Inventories

/2 Provisions

/3 Other Goods and Equipment

BOO 5 ESTABLISHMENT

/1 Staff Appointments

/2 Registers of Staff

/3 Nursing

BOO 6 PATIENTS

/1 Admission Forms and Reception Orders

/2 Admission Registers

- /1 Admission Books
- /2 Registers of Cases
- /3 Registry of Admissions Books
- /4 Civil Registers
- /5 General Registers
- /6 Registers of Patients

/3 Medical Registers

/4 Removal Orders and Orders for Transfers

/5 Discharges, Transfers and Deaths Registers

- /1 Discharges and Deaths Registers
- /2 Discharges and Transfers Registers
- /3 Deaths Registers

/6 Case Books/ Case Notes

- /1 General
- /2 Voluntary Boarders
- /3 Indices to Case Books
- /4 Post 1948 Case Notes

/7 Indices of Patients

/8 Registers of Mechanical Restraint and Seclusion

/9 Medical Journal and Weekly Report Books

- /1 Private Patients
- /2 Pauper Patients
- /3 Individual Patients

/10 Daily Numbers Books**/11 Registers of Dysentery and Diarrhoea****/12 Registers of Patients' Doctors****/13 Post Mortem Notes****/14 Registers of Deaths and Undertakers****/15 Ward Report Books****/16 Papers and Correspondence concerning Patients****/17 Day Hospital****/18 Occupational Therapy**

YORK MINSTER LIBRARY COLLECTIONS

From York lunatic asylum to Bootham Park Hospital

Digby, Anne. ; Borthwick Institute of Historical Research, Borthwick Papers. no:69
University of York 1986

A letter to the right honourable Earl Fitzwilliam, respecting the investigation which has lately taken place, into the abuses at the York Lunatic Asylum.

Higgins, Godfrey, 1773-1833

Doncaster; : printed and sold by W. Sheardow; sold also by F.C. and J. Rivington, London; Hurst, Rees, and Orme, London; and Todd, York 1814

A letter from a subscriber to the York Lunatic Asylum, to the governors of that charity.

Subscriber to the York Lunatic Asylum.

The second edition., York : printed by Wilson, Spence, and Mawman. Sold by B. White and Son, London; and by T. Wilson and the other booksellers in York 1788

Report of the Committee of Inquiry into the rules and management of the York Lunatic Asylum

York Lunatic Asylum

[Doncaster : W. Sheardown 1814

The rules and regulations of the York Lunatic Asylum. With a list of the governors, &c. Corrected to the 13th September, 1815

York Lunatic Asylum

York : printed by Thomas Wilson and Sons 1815

Passages in the history of the York Lunatic Asylum, 1772-1901

Gaskell, Charles G. Milnes

Wakefield : W.H. Milnes 1902

York Minster Library Reading Room Bay 5 DA 2 GAS

A bedlam in ruins.(New York Lunatic Asylum is rich historically but does not have funds for restoration into a centre open to visitors)(Brief Article)

Author: Horn, Miriam

U.S. News & World Report, May 26, 1997, Vol.122(20), p.58(1)

York Lunatic Asylum. The charity, which bears the name of the York Lunatic Asylum, was established in the year 1777

Hunter, Alexander, M.D. ; York Lunatic Asylum

The annual report of the Lunatic Asylum erected at York; with a short history of its rise and progress

York Lunatic Asylum.

[York 1785]

Observations on the present state of the York Lunatic Asylum

York, pr. by R. & J. Richardson, sold by J. Todd, & J.

Wolstenholme 1809

Retaliation; or, hints, to some of the governors of the York Lunatic Asylum

Atkinson, Charles, surgeon

York : printed for the author; by M.W. Carrall, and sold by all the booksellers in the city and county. 1814

A Few free remarks on Mr Godfrey Higgins's publications respecting the York Lunatic Asylum

York, by W. Blanchard, sold by J. & G. Todd, J.

Wolstenholme, Spence & Burdekin, T. Deighton, W. Storry 1814

A complete collection of the papers respecting the York Lunatic Asylum, published originally in the York newspapers, during the years 1813, 1814, and 1815

Tuke, Samuel, of the Society of Friends ; Belcombe, William ; Best, Charles ; Higgins, Godfrey, ; Tuke, William

York, Herald-Office; to be had of Wm Alexander, J. & G. Todd, Spence & Burdekin; 1816

An earnest application to the humane public, concerning the present state of the asylum erected near York, for the reception of lunatics

York Lunatic Asylum

[York 1777]

A history of the York Lunatic Asylum: with an appendix, containing minutes of the evidence on the cases of abuse lately inquired into by a committee, &c. Addressed to William Wilberforce

Gray, Jonathan

York, : by W. Hargrove, for J. Wolstenholme; sold by Baldwin, Cradock, & Joy & J. Hatchard, London 1815

APPENDIX F: ARCHIVAL SOURCES INDEX

A sermon preached at York on Wednesday the 10th of April, 1782, for the benefit of the Lunatic Asylum. By the Rev. R.B. Dealtry, A.M. of Trinity College, Cambridge

Dealtry, R. B

York : Printed by A. Ward; and sold by T. Cadell, in the Strand, and R. Baldwin, Pater-nost-Row, London; also by J. and J. Merrill, in Cambridge; and J. Todd, in York 1782

An appendix to a book lately published, entitled, "Incontestable proofs, &c. &c." (in which the publications of Mr. Higgins and others on the York Lunatic Asylum, are not sparingly criticised,) containing observations on the reports, expences, & incidents, that have occurred in that asylum within the last two years

[York], : sold by J. & G. Todd, York, and all booksellers.

Printed by W. Storry 1818

The evidence taken before a Committee of the House of Commons respecting the Asylum of York; with observations and notes, and a letter to the Committee, &c. &c. &c.

Higgins, Godfrey, 1773-1833 ; Best, Charles

Doncaster : W. Sheardown; sold also by F.C. & J. Rivington, Longman, Hurst, Rees, Orme & Brown, London; & Todd, York; 1816

NEWSPAPER ARTICLES

All articles listed below can be accessed via The British Newspaper Archive online. There are many other articles related to the annual reports of the York Asylum that have not been included here.

Hull Packet, 30 April, 1816

Leeds Mercury, 21 September, 1898

York Herald, 23 March, 1872

Sheffield Daily Telegraph, 22 March, 1899

Whitby Gazette, 22 March, 1901

York Herald, 09 February, 1861

York Herald, 20 March, 1880

York Herald, 24 March, 1838

York Herald, 26 March, 1814 p1

York Herald, 27 October, 1877

York Herald, 24 December, 1881

York Herald, 20 June, 1891

Yorkshire Gazette, 04 January, 1862

Yorkshire Gazette, 21 June, 1862

Yorkshire Gazette, 22 July, 1854

Yorkshire Gazette, 23 December, 1865

Yorkshire Post and Leeds Intelligencer, 16 March, 1881

APPENDIX G: HISTORIC ENVIRONMENT RECORDS

HER Number: MYO1794
Type of record: Building
Name: BOOTHAM PARK HOSPITAL

Summary
None recorded

Grid Reference: SE 6008 5283
Map Sheet: SE65SW
Parish: York, City of York, North Yorkshire
Monument Type(s)

- PSYCHIATRIC HOSPITAL (c1790, Late C18 to Early C19 - 1770 AD to 1810 AD)
- PSYCHIATRIC HOSPITAL (1772, Late C18 - 1772 AD to 1772 AD)
- PSYCHIATRIC HOSPITAL (1814, Early C19 - 1814 AD to 1814 AD)
- PSYCHIATRIC HOSPITAL (c1840, Early C19 to Mid C19 - 1820 AD to 1860 AD)
- PSYCHIATRIC HOSPITAL (1886, Late C19 - 1886 AD to 1886 AD)
- HOSPITAL (C20, Late C19 to C20 - 1900 AD to 1999 AD)

Protected Status

- Listed Building
- Conservation Area

Full description

County Lunatic Asylum, now hospital. 1772 designed by John Carr of York; additions c1790, 1814, c1840; 1886 largely remodelled internally with additions. C20 various modern extensions. Brick with stone dressings. EXTERIOR: 3 storeys; a slightly-projecting one-window bay at either side; 3-window centre bay having 4 giant engaged Tuscan columns rising over upper storeys to a plain frieze, Doric cornice and pediment; sides each have 3 windows; 1st storey windows are semicircular headed and set in arched recesses. Continuous moulded stone band at 1st floor, narrow stone string-course at lower sill level and another at impost level of 1st storey arcading; centre doorway in Gibbs-style surround of alternatingly-blocked Tuscan columns, with semicircular head, Doric cornice, and pediment. The side elevations each have a central tripartite window, a Venetian window over and, above that, a tripartite lunette window. To the rear, T-plan additions of various dates, amalgamated together 1886. Linking 2-storey, late C19, 6-bay block, with square bay windows topped by pyramidal bell-canted roofs. Beyond, an early C19 5-bay, 2-storey block with ashlar bands and a central 2-storey canted bay window with glazing bar sashes. This is linked to the main rear block by a segment-arched first-floor brick bridge with canted bay windows. The 19-bay early C19 main rear wing has a 5-bay centre, with central canted bay windows, all with glazing bar sashes. To the north-east a single-bay late C19 gabled wing, topped by a cupola, with a curved single-storey link, adjoining a further 6-bay by 3-bay addition with 3 canted bay windows with plain sashes on the ground floor. To the north-west a mid C19 series of blocks, originally of a double-cross plan, now largely infilled. These blocks are brick, 2-storey, with hipped slate roofs and glazing bar sashes. The two north-west wings have 5-bay outer façades with two 2-storey canted bay windows. To the south-west a 7-bay single-storey late C19 addition,

APPENDIX G: HISTORIC ENVIRONMENT RECORD

with outer square bay windows and a central canted bay window. INTERIOR: board room survives as designed by John Carr, as does some decoration in the former staircase hall. The remaining interiors are late C19, with much period detailing including a large number of Minton tile corridor floors, fireplaces, fine doorcases and doors. 3 elaborate staircases with stained glass screens. A central hall, now gymnasium, with full-height arched panelling and an elaborate wood and iron roof. A former bowling alley, now dining room, with full-height panelling and glazed roof lights. The present chapel has an elaborate stained glass screen, and the rear entrance hall has a similar screen. (An Inventory of the Historical Monuments in the City of York: RCHME: Outside the City Walls East of the Ouse: London: 1975-: 47-9). Listing NGR: SE6008352831

Derived from English Heritage LB download dated: 22/08/2005

HER Number: MYO1795
Type of record: Building
Name: FORMER CHAPEL AT BOOTHAM PARK HOSPITAL

Summary
None recorded

Grid Reference: SE 6016 5270
Map Sheet: SE65SW
Parish: York, City of York, North Yorkshire

Monument Type(s)

- CHURCH (1865, Mid C19 - 1865 AD to 1865 AD)
- OFFICE (c1988, C20 - 1983 AD to 1993 AD)

Protected Status

- Listed Building
- Conservation Area

Full description

Church, now offices. 1865 by Rawlins Gould; conversion c1988. Coursed squared sandstone with limestone dressings. Roof slated in bands of alternating colour. Ridge tiles have iron cresting. STYLE: Gothic Revival. PLAN: comprises a 4-bay nave with continuous chancel, short north and south transepts, and an apsidal east end. An octagonal turret projects from the south-west angle. EXTERIOR: the west wall has a window of 3 trefoiled lights with 4 quatrefoils under a pointed head. The west doorway has double angle shafts with carved foliage, an outer pointed arch and an inner trefoiled arch. The doors are late C20. The gable is coped and has a cross finial. The upper stages of the turret are of ashlar and have sunken quatrefoils below an open bell stage with pointed arches separated by shafts with foliated caps. The stone spirelet has a weather vane finial. The nave windows have 2 trefoiled lights and a quatrefoil under pointed heads and have angle shafts with foliated caps. The south window of the south transept is similar, and its east window has a single light. The transept gable is coped with a cross finial. The north transept is similar, except that it has no north window and has a chimney breast which projects slightly and terminates with an ashlar cap. Below its west window there is an inserted doorway. The 5 windows at the east end are each of one trefoiled light with a trefoil under a pointed head. INTERIOR: east window lights separated by columns with foliate capitals set with masks and volutes and moulded bases with bar stops; continuous moulded sill has corbel stops at each end. Windows have continuous hoodmould springing from carved bosses and angel corbels bearing the symbols of the Communion. At west end, tower door is boarded with scrolled hinges in 2-centred arch. Hammerbeam roof of arch-braced trusses springs from angel corbels and have floral bosses attached. (The Buildings of England: Pevsner N: Yorkshire: York and the East Riding;

Harmondsworth: 1972-: 154). Listing NGR: SE6016352706

Derived from English Heritage LB download dated: 22/08/2005

HER Number: MYO1797
Type of record: Building
Name: LODGE AT BOOTHAM PARK HOSPITAL

Summary
None recorded

Grid Reference: SE 5990 5245
Map Sheet: SE55SE
Parish: York, City of York, North Yorkshire

Monument Type(s)

- DATE STONE (1857, Mid C19 - 1857 AD to 1857 AD)
- LODGE (1857, Mid C19 - 1857 AD to 1857 AD)

Protected Status

- Listed Building
- Conservation Area

Full description

Lodge. 1857. Yellow brick with stone dressings. Slate roof. T-plan. EXTERIOR: one storey plus attic. The north-west front, facing the drive, has a crosswing gable at the right. This has chamfered quoins and a 1-storey bay window of brick with stone dressings. 3 sashes without glazing bars face forwards and have segmental heads, and each side has one similar window. The roof of the bay window is slated with bracketed eaves. The attic window above is sashed with a stone surround which has the jambs continued upwards as a round arch with carved tympanum. The roof verges project and have plain bargeboards and a central finial. The main range is of one bay and has a ground-floor window which is

sashed with a tripartite stone surround. Above the central light there is a semicircular arch with carved tympanum. The attic is lit by a flat-roofed dormer. At the right, in the angle with the cross-wing, is a porch. The outer doorway has a round arch with keystone. Above there is a shaped tablet inscribed '1857 CA'. The south-west wall of the cross-wing, facing Bootham, has 2 tripartite windows similar to that to the main range, with linked lintels and a sill band. Between them and below the eaves there is a recess containing shield of arms of the City of York. Chimney on ridge of cross-wing, with clustered shafts. INTERIOR: not inspected.
Listing NGR: SE5990452457

Derived from English Heritage LB download dated:
22/08/2005

HER Number: MYO1798

Type of record: Building

Name: RAILINGS ENCLOSING PLAYING FIELD
APPROXIMATELY 95 METRES SOUTH OF BOOTHAM
PARK HOSPITAL

Summary

None recorded

Grid Reference: SE 6009 5266

Map Sheet: SE65SW

Parish: York, City of York, North Yorkshire

Monument Type(s)

- GATE (1857, Mid C19 - 1857 AD to 1857 AD)
- GATE PIER (1857, Mid C19 - 1857 AD to 1857 AD)
- RAILINGS (1857, Mid C19 - 1857 AD to 1857 AD)
- WALL (1857, Mid C19 - 1857 AD to 1857 AD)

Protected Status

- Listed Building
- Conservation Area

Full description

Length of wall and railings approximately 200 metres long, 3.5 to 4.0 metres high, enclosing the north-west and north-east sides of playing field: carriage gates and gate piers. 1857. Manufactured by William Walker of Walmgate. Dwarf wall of red brick with cambered coping and piers of tooled stone; cast-iron carriage gates between rendered brick gate piers. Railings are square in section, set diagonally in dwarf wall and have spear finials: piers on square on plan, chamfered and tapering to octagonal domed heads. Carriage gates of same railings with arcuate braces beneath dog rail: gate piers square on plan with flat caps.
Listing NGR: SE6009052665

Derived from English Heritage LB download dated:
22/08/2005

HER Number: MYO3892

Type of record: Building

Name: Union Terrace

Summary

Two nearly identical rows of mid 19th century terraced houses on Union Terrace. They retain sash windows and have small dormer windows in the slate roofs. Doors are set within original doorcases with rectangular fanlights above. There are small front gardens bounded by black iron railings many of which contain the same ornate pattern on the gate piers. There is no trace of stable paviour cobbling. Described as Buildings of Merit in the Historic Core Conservation Area Appraisal.

Monument Type(s)

- TERRACE (Mid C19 - 1834 AD to 1866 AD)

Protected Status

- Conservation Area

Full description

None recorded

HER Number: MYO1719

Type of record: Building

Name: GROVES CHAPEL

Summary

None recorded

Grid Reference: SE 6033 5283

Map Sheet: SE65SW

Parish: York, City of York, North Yorkshire

Monument Type(s)

- OFFICE (Now, Undated)
- WESLEYAN METHODIST CHAPEL (1881-1884, Late C19 - 1881 AD to 1884 AD)

Protected Status

- Listed Building
- Conservation Area

Full description

Wesleyan Chapel, now offices. 1881-4 by WJ Morley (Bradford), but dated 1883 on frieze. Light red brick with sandstone dressings; slate roof. EXTERIOR: road front 2 storeys, 4 bays with 2 inner bays raised, projecting and pedimented. Paired doors with fanlights in twin arched porch with keyed archivolt resting on detached columns; impost string, cornice and low blocking course (original

APPENDIX G: HISTORIC ENVIRONMENT RECORD

balustrade over porch now removed). Flanking segment-headed windows, with apron panels, in architraves. At first floor centre 2 large round-arched windows, with shaped glazing in heads, in keyed architraves with impost string; this section framed in side pilasters and top entablature with WESLEYAN 1883 CHAPEL in stone frieze panels and cornice on paired brackets. Pediment has oculus in tympanum, acroterion and antefixae. Side bays have similar but plainer windows, side pilasters, cornice and blocking course with urns on corner pedestals. Hipped roof with ridge vents. 6-bay returns have windows similar to those in front outer bays; and first-floor string and top entablature. Lower 1-bay rear extension. INTERIOR: a large open preaching box with gallery curved round 3 sides. Deeply-coved cornice to panelled ceiling with raised borders framing large, ornamented central areas. Central pulpit area now partitioned off, as are the choir benches above and the large organ, with panelled arcaded console, framed in fluted composite pilasters and entablature with enriched frieze. Good-quality panelled woodwork throughout. Painted glass in heads of windows with archivolt linked by impost string. Listing NGR: SE6033952837

Derived from English Heritage LB download dated: 22/08/2005

HER Number: MYO3891
Type of record: Building
Name: 1-8 and 13-28 Grosvenor Terrace

Summary

Grosvenor Terrace is quite different from all the other 19th century streets in this area. The houses are white brick and do not have any classical details. Instead they have subtle 'Romanesque' or Gothic details such as the round or pointed arched windows and carved capitals on the bay windows. The houses are of lower architectural detail than those on Bootham Terrace. In 2012 there was a c.20% survival of original doorbell recesses and a c.5% survival of bootscrapers.

Described as Buildings of Merit in the Historic Core Conservation Area Appraisal.

Monument Type(s)
TERRACE (C19 - 1801 AD to 1900 AD)
Protected Status
Conservation Area
HER Number: MYO1441
Type of record: Building
Name: 9-12 Grovesnor Terrace

Summary

None recorded

Grid Reference: SE 5989 5268
Map Sheet: SE55SE
Parish: York, City of York, North Yorkshire

Monument Type(s)

- APARTMENT (Now, Undated)
- HOTEL (Now, Undated)
- TERRACE (1870-1880, Late C19 - 1870 AD to 1880 AD)
- TERRACED HOUSE (1870-1880, Late C19 - 1870 AD to 1880 AD)

Protected Status

- Listed Building
- Conservation Area

Full description

Terrace of 4 houses; now hotel and flats. 1870-80. Possibly by John Bellerby. MATERIALS: white brick in English garden-wall bond with dressings of ashlar and red stone; red brick or terracotta eaves frieze behind white brick corbelled cornice with timber guttering; slate roof with gabled dormer windows with 4-pane sashes, originally with pierced and scalloped bargeboards and turned timber finials; white brick stacks panelled in red brick and with white moulded brick

cornices. House divisions marked by inserted moulded stone corbels at second floor and eaves levels. EXTERIOR: 3 storeys, 8 bays, each house 2 bays; the outer bay of each house forms a 2-storey canted bay window topped by low parapet over coved cornice linked at second floor level by ceramic tile band. Short flights of steps lead to paired front doors of shaped panels in moulded surrounds which project slightly forward beneath shared moulded cornices. All windows are 1-pane sashes, those on first and second floors having 2-centred pointed heads. All openings have 2-centred arched surrounds with colonnette jamb shafts of red stone with foliate capitals and moulded square abaci; ground floor capitals incorporate carved heads. Ground floor openings have continuous hoodmould with head stops; on second floor, hoodmould is formed by moulded impost band stepped up over window heads. Ground and first floor windows have sill bands: on second floor windows have sills on shaped brackets. INTERIOR: not inspected. Listing NGR: SE5989852686

Derived from English Heritage LB download dated: 22/08/2005

HER Number: MYO3406
Type of record: Monument
Name: Ridge and Furrow York City

Summary

Medieval ridge and furrow in the district of York seen as earthworks on early air photographs. Most of the area is now built upon, but some isolated pockets of ridge and furrow can be seen as surviving on later photography.

Grid Reference: SE 5965 5320
Map Sheet: SE55SE
Parish: York, City of York, North Yorkshire

Monument Type(s)

- BROAD RIDGE AND FURROW (Undated)

APPENDIX H: AUDIT OF SPACES

PRINCIPAL BUILDING: GROUND, FIRST AND SECOND FLOOR

Key Dates: 1772; 1777; 1886; 1948

DESCRIPTION:

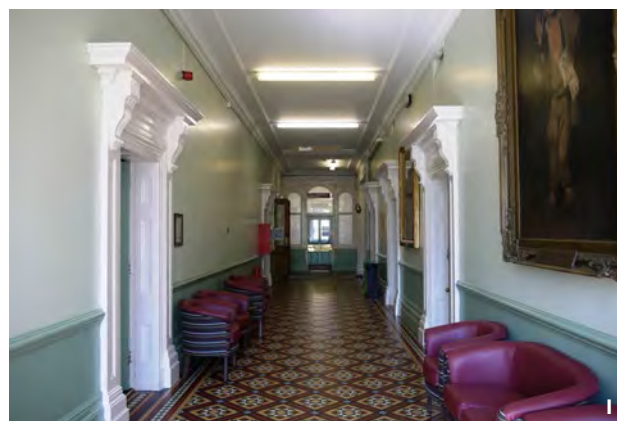
The principal building was designed by the classical architect John Carr in 1772 and completed in 1777 by public subscription. The principal building is approached from Bootham along The Avenue, offering attractive panoramic views of the front elevation. The building is of three storeys with a central pediment and four large Tuscan columns. The first floor has round-arched window-heads while those on the ground floor are rectangular. Those on the second floor have smaller sashes. The narrow sides of the building have Venetian and semi-circular tripartite windows to the central corridors internally. The building is typical of the county house model often used for the early asylums and is a severe and simply-detailed version of Carr's classical style; on a larger scale.

Internally, the main reception is still accessed through the central entrance, which leads into a T-plan corridor. The original plan form, seen across all three floors, was of a central corridor with individual patient rooms leading off from this. The original staircase was contained within what is now the central atrium. This atrium is a late-19th century full-height space over three floors, with decorative panelled screens of coloured and painted glass on three sides at each level. Above is a large coved ceiling to a skylight above (originally a lantern). At ground floor level the space is decorated with double Greek columns, a Minton tiled floor and a plaster frieze. The list description states that some original John Carr decoration survives here but it is unclear which elements this refers to.⁵⁹

This classical character continues throughout the ground floor and relates to the extensive refurbishment and alterations carried out in 1886. Between this date and 1900 the staircase was removed and a new cantilevered staircase constructed within the link block, to the north. The principal building interiors are less ornate than some areas of the central and link block but still contain high-quality door architraves and door heads, window surrounds, geometric floor tiles, dentilled corning, skirting and dado rails on the ground and first floor.

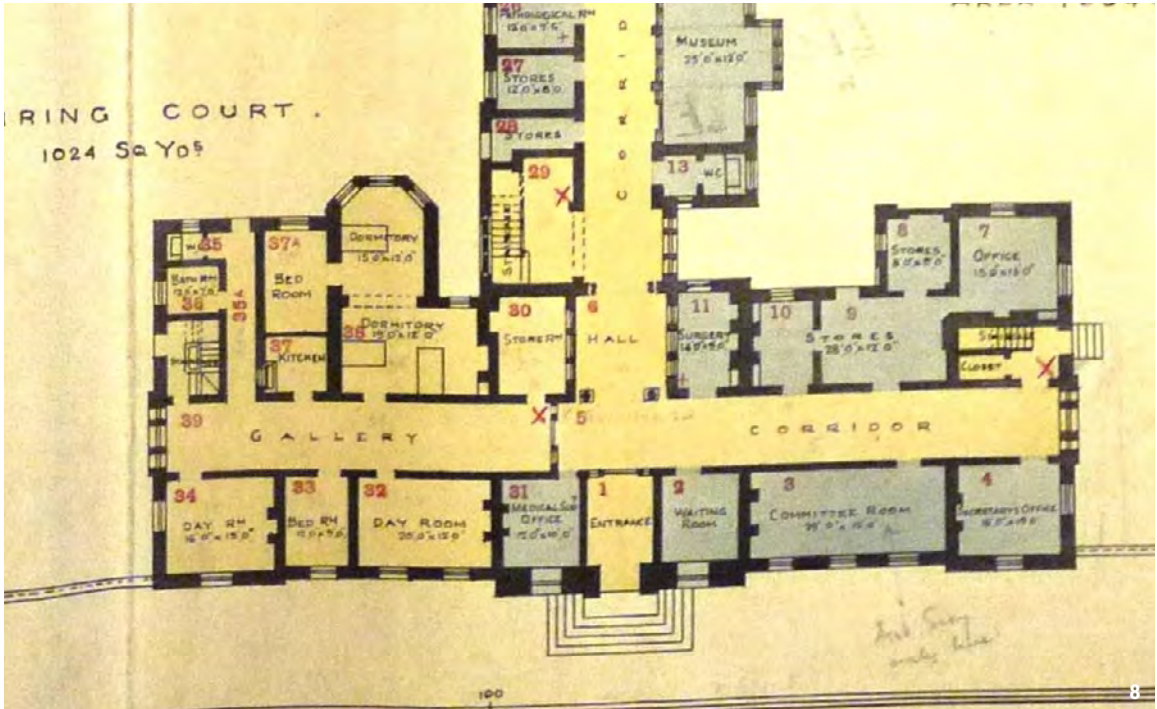
The Board Room to the south-east of the range is of particular interest as it contains the original subscription boards from the late-18th and early-19th century, some now in a poor condition.

The first floor and second floor retain much of their 18th century character, with early doors with bevelled panelling and the original plan form. However, mid-late-20th century conversion has resulted in some alteration and loss of character. The individual patient rooms are now in use as individual offices.



- 1 Ground floor central corridor looking towards the north-west. The screen was added in the 1880s.
- 2 View looking up towards the lantern in the atrium, created as part of a high-quality scheme of the 1880s
- 3 Detail of the tiled floor within the atrium. This was restored in the 1990s
- 4 The original subscription boards within the Board Room

⁵⁹ List description, Bootham Park Hospital, no. 1259396



- 5 The entrance vestibule c.1904
- 6 Photograph of the entrance hall in the 1980s BOO1/12/3
- 7 Photograph of the first floor corridor in the 1980s BOO1/12/3
- 8 Ground floor plan of the Hospital, 1938

APPENDIX H: AUDIT OF SPACES

PRINCIPAL BUILDING: GROUND, FIRST AND SECOND FLOOR

UNDERSTANDING

- The building was built in 1777 to 1772 designs by John Carr.
- A Billiards Room was added to the south-west of the ground floor corridor in the mid-19th century, this had been removed by the 1930s.
- Additions to the rear of the wings are added prior to 1850.
- In 1886 the early link block was either demolished and replaced or extensively rebuilt. This coincides with the extensive internal refurbishment of the entire Hospital. It is likely that the staircase was moved between 1890 and 1990.
- The building remained in use as a male patient ward with bedrooms on the upper floors until at least the 1930s. Its conversion to office space is likely to coincide with the formation of the NHS in 1948.
- The lantern was removed in the 1930s and its base finally removed in the 1950s. Chimneys were removed late-20th century

FEATURES OF INTEREST

- Board Room with original 18th century subscription boards
- 1886 alterations to the atrium area including frieze and tiled floors
- 1886 door/window architraves and heads, stained and painted glass
- Early doors with bevelled panelling and early ceiling vents
- Ceiling vents, chimney breasts, fixed cupboards, cast-iron radiators
- Sash windows and interesting fenestration i.e. tripartite/Venetian
- Surviving plan form

MODERN INTERVENTIONS

- Late-20th century decorative scheme including Artex wall coverings
- Modern floor coverings and some suspended ceilings
- Substantial fixed cupboards and filing cabinets in upper corridors
- Early-21st century electrical trunking, services, strip lighting

SIGNIFICANCE

The principal building is the late-18th century York Lunatic Asylum and is of **very high** significance. The external appearance and the setting of the principal building is also **high** as part of the surrounding Conservation Area. Internally the ground floor has some spaces of **high** significance. Upper floors have retained their original plan form well and are of **medium** significance while some are **low** due to more recent refurbishments.



GROUND FLOOR



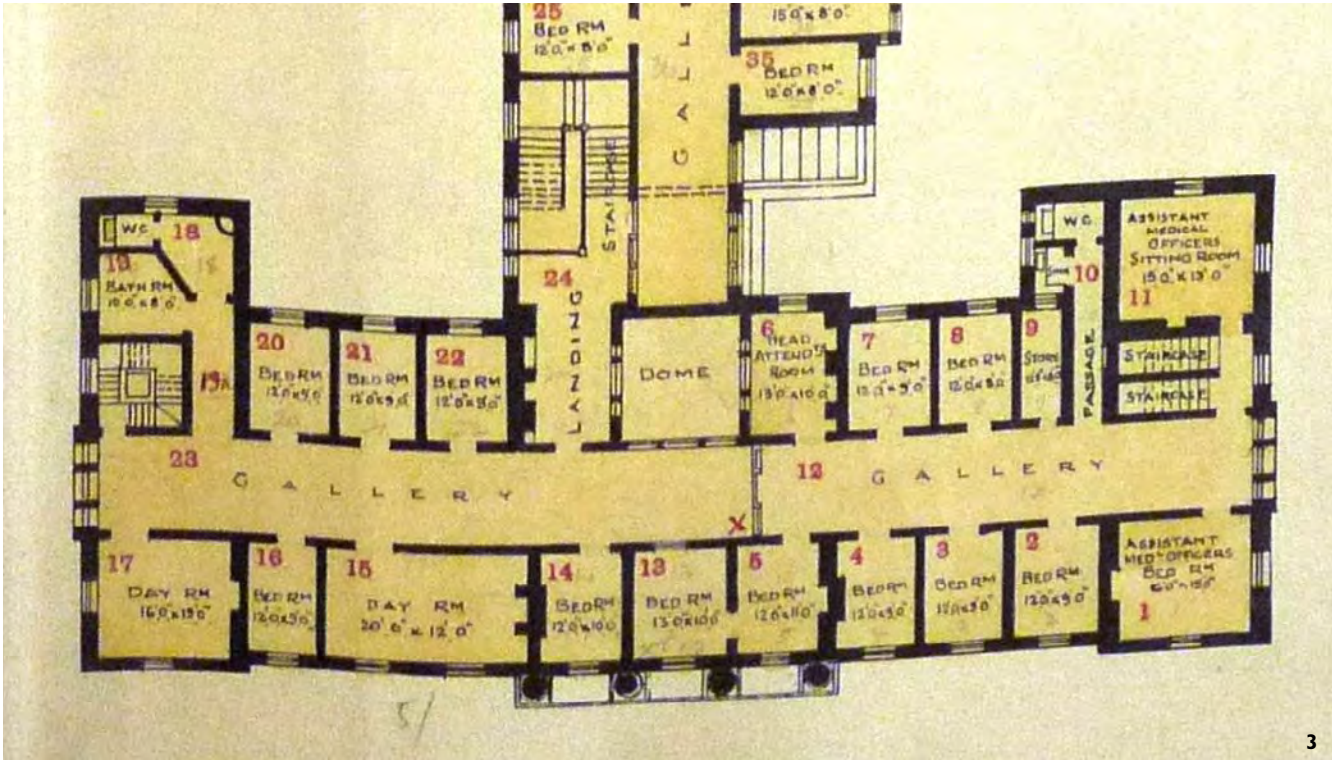
FIRST FLOOR



SECOND FLOOR

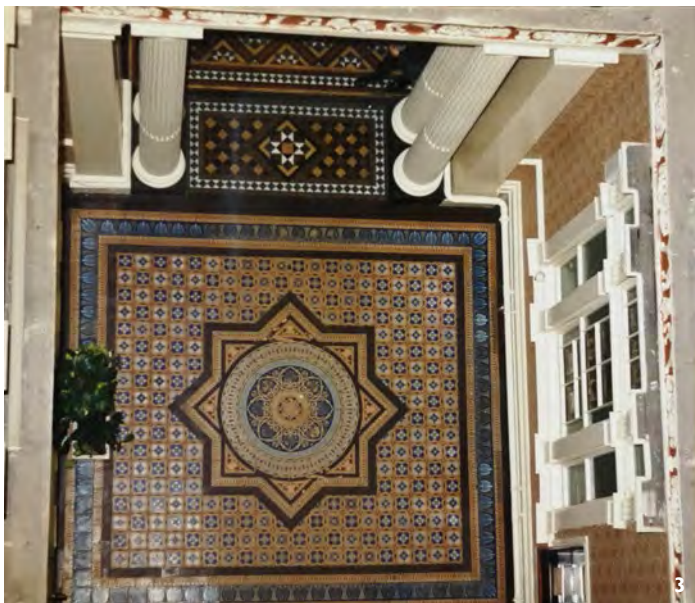


- 1 Example of one of the small bedrooms (now offices) on the first floor
- 2 First floor corridor within the principal building looking towards a central dividing screen.
- 3 Detail view of the first floor of the 1777 principal building, 1938 - Borthwick Institute BOO2/1/1938(4), 1938



APPENDIX H: AUDIT OF SPACES

PRINCIPAL BUILDING: GROUND, FIRST AND SECOND FLOOR



- 1 Photograph of the board room in 1989 BOO1/12/1
- 2 Photograph of the exterior of the principal building in the 1960s BOO1/12/2
- 3 Photograph of the newly-laid tile floor in the entrance hall, 1992 BOO1/12/15

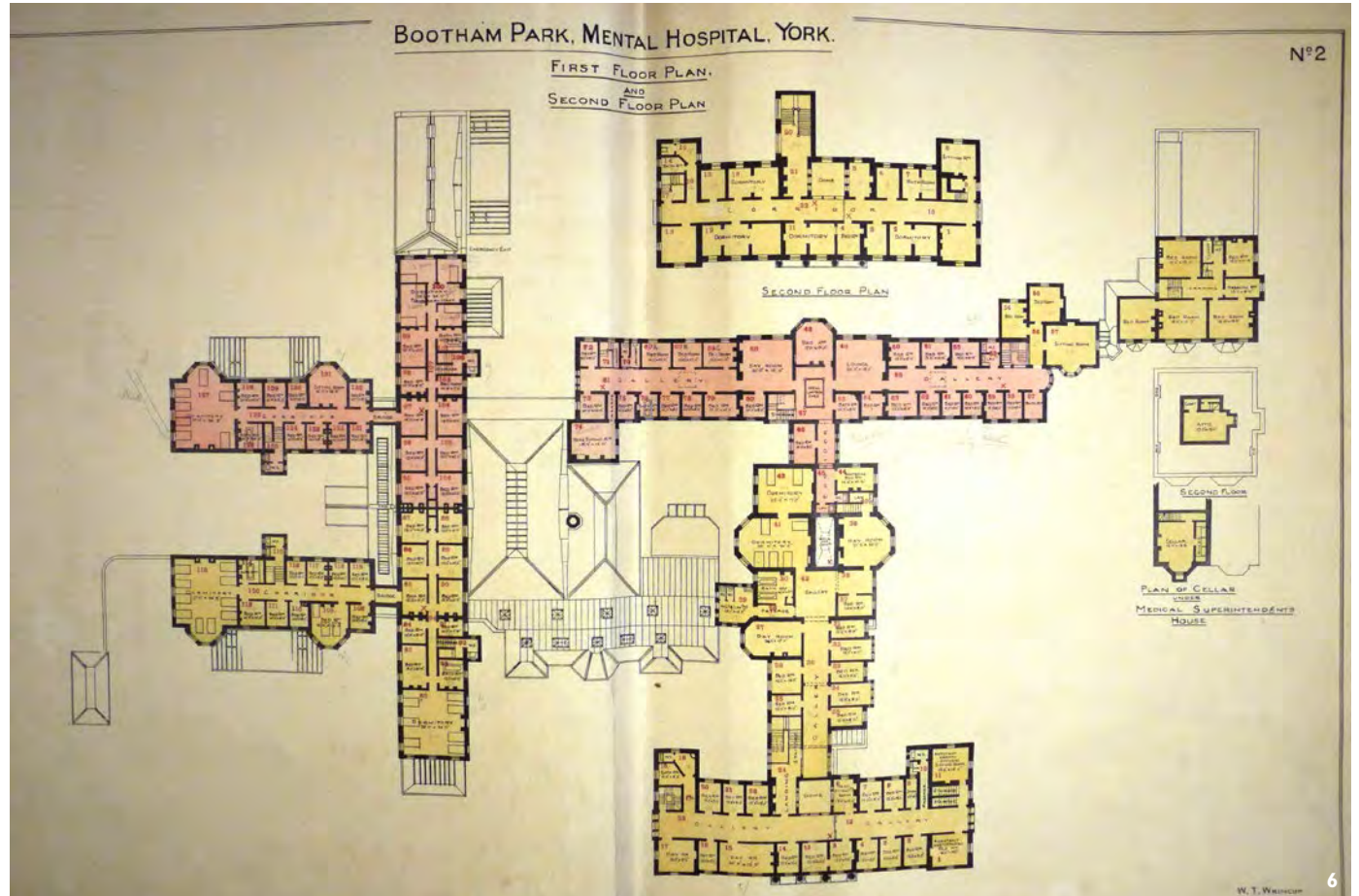


4

Committee Room.

Commensal Iron Fender
 24 Iron Sticks
 Club-mounted Cane Receiver
 Ornamental Iron Screen
 2 Iron Table tops
 Slap stool
 13 Arm Chairs, seats in hair
 Mahogany Centre Table, inside top
 turned legs
 Tripieces in Ebony's base, & Brass
 japanned Hat Umbrella Stand
 Carp Iron-bound chest
 3 White Plinths, Rollers & Racks
 Bronze 24 Gaspendant Globes
 Chair back Screen
 Brussels Carpet to Room
 Admirals Harbith Rug
 2 Metal Iron Pots

5



Nº 2

6

- 4 External elevation of the principal building.
- 5 Items listed in the committee room (board room) in the 1891 inventory - Borthwick Institute Inventory of the furnishings and effects of York Lunatic Asylum, Bootham, 1891 BOO4/1/1
- 6 First and second floor plans of the Hospital, 1931 - Borthwick Institute BOO/2/1/1931(1-6)

LINK BLOCK: GROUND AND FIRST FLOOR

Key Dates: Early 19th Century; 1886

DESCRIPTION:

Externally, the link block can be seen clearly from entrances to the north of the site. Its fanciful French chateau-style mansard roofs with decorative ironwork are striking and its elevation is lively, with bays and recesses.

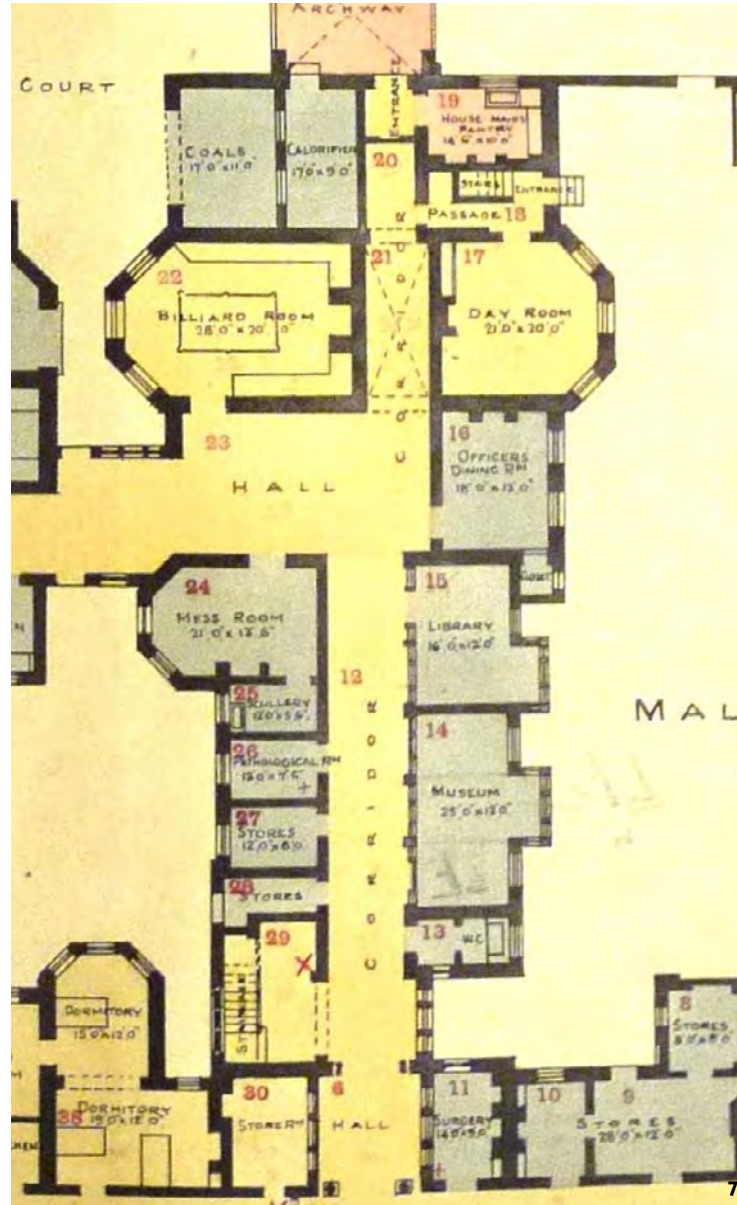
The building is constructed over two floors and originally connected the principal building with the early service range to the north. Today it forms the lower end of the T-plan corridor that allows access to the other areas of the Hospital. It forms a central corridor leading away from the main entrance, with small offices to the west and larger ones to the east.

On the ground floor the high-quality 1886 fixtures and fittings dominate the character of the building, with robust classical architrave heads to doors, ornate geometric tiling and chunky cornicing and panelling. The internal 1886 scheme continues to the north-west along the corridor through into the Central Block. The rooms on the ground floor were originally larger but have been sub-divided. They retain their historic features such as dentilled cornicing and ceiling roses. The central circulation space in this block was originally a hall but now contains an inserted shop unit (WRVS shop), which was constructed in the late-20th century.

On the first floor the 1886 fixtures and fittings are of a lower order but are still intact and of high-quality. They survive around a modern decorative scheme and alterations to provide suitable office spaces. This has resulted in the installation of suspended lay-in-grid ceilings in some rooms.



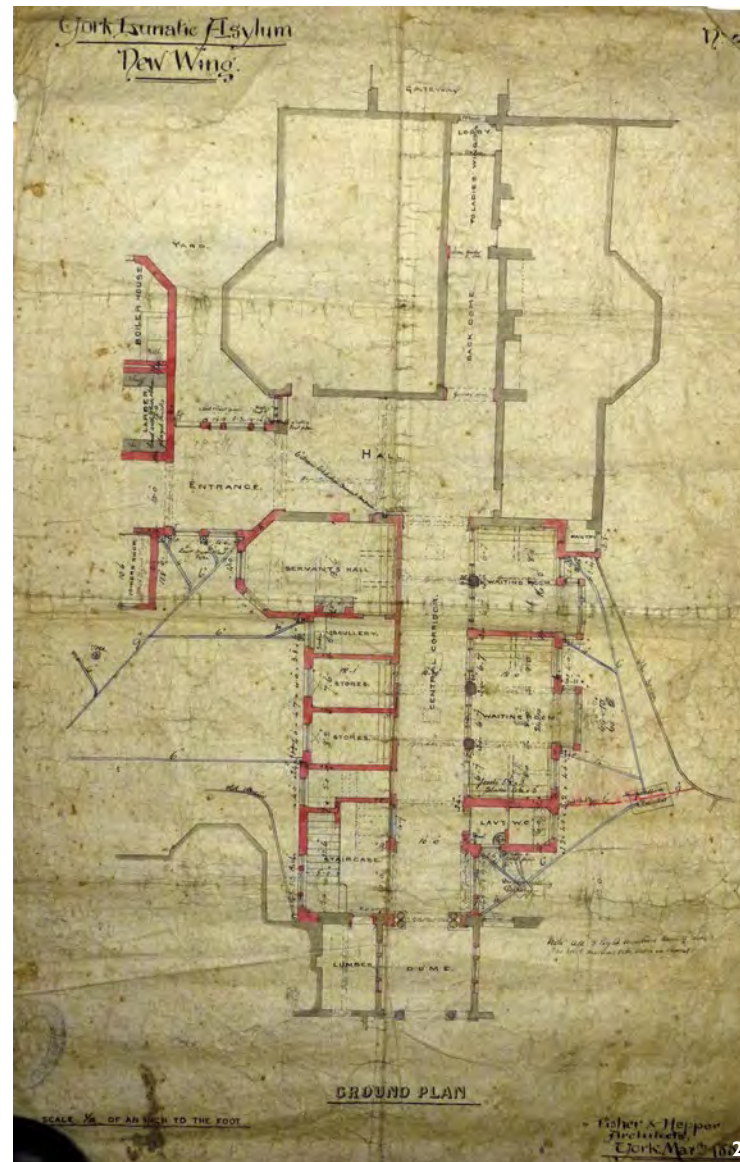
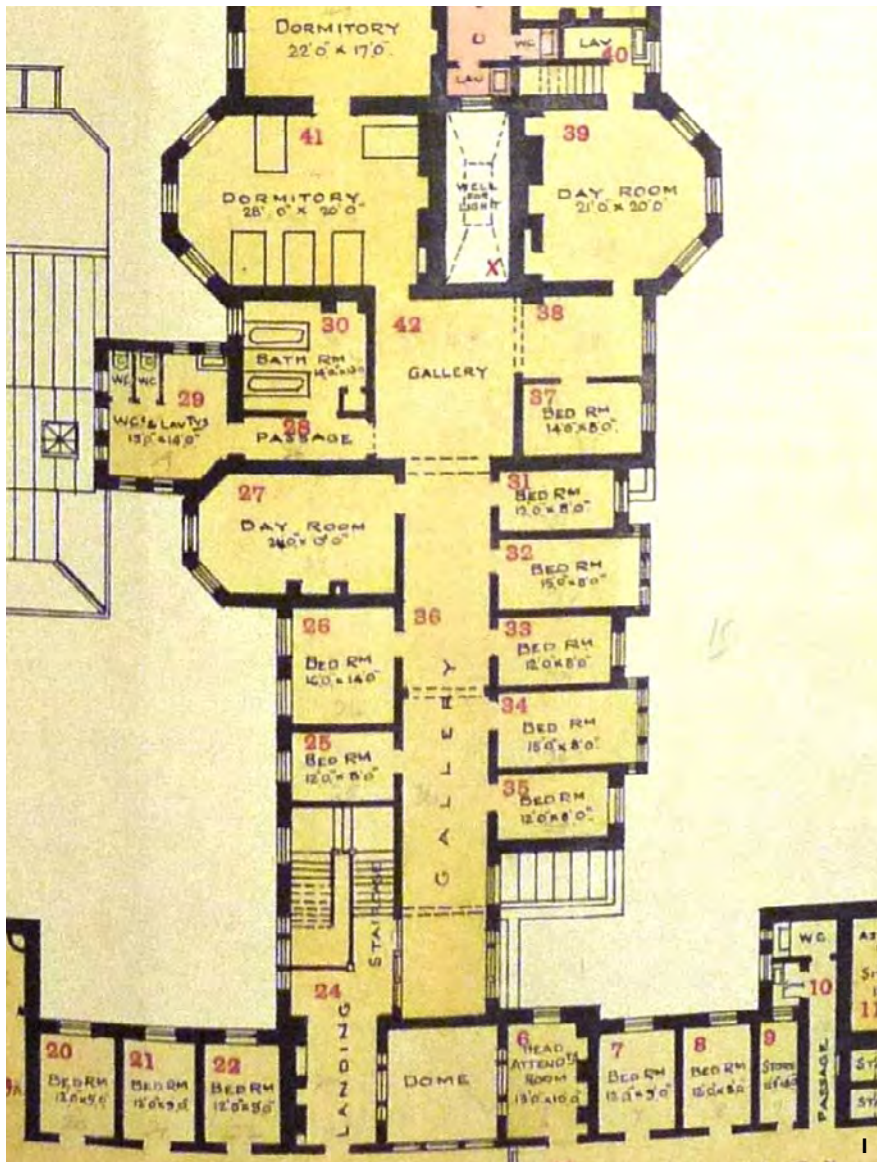
- 1 Example of the ornate classical architraves on the ground floor
- 2 Central corridor looking north from the central atrium
- 3 Example of the small office spaces on the ground floor
- 4 The staircase; inserted in the 1880s.



5 An office space with suspended ceiling on the first floor

6 The first floor corridor looking north

7 Ground floor plan of the Hospital, 1938



- 1 First floor plan of the Hospital, 1938
- 2 Plan showing the new wing of the Hospital, by Fisher & Hepper, 1886 - Borthwick Institute BOO2/1/1886(1) New wing of Asylum, ground plan, 1/8" - 1', coloured (original no 3), Fisher and Hepper, York March 1886

APPENDIX H: AUDIT OF SPACES

LINK BLOCK: GROUND AND FIRST FLOOR



- 1 Photograph of the link corridor in the 1980s BOO1/12/3
- 2 Photograph of the link corridor in the 1980s BOO1/12/3
- 3 Photograph of the WRVS shop being constructed in the 1980s BOO1/12/3



View of the eastern elevation of the link block from the principal building, 2015

SERVICE BLOCK: GROUND AND FIRST FLOOR

Key Dates: Late 18th Century

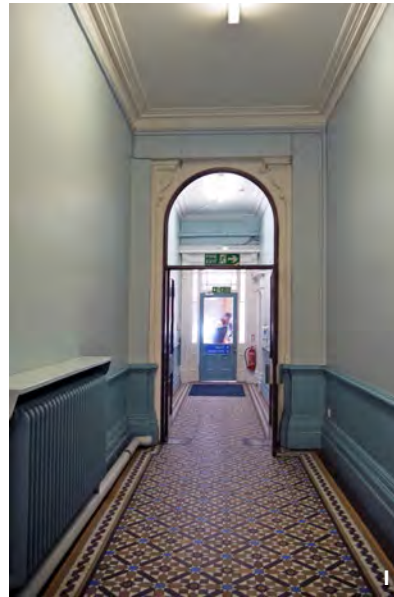
DESCRIPTION:

The service block is built in a simple classical style of the late-18th century over two floors, with a hipped roof and large central room with bay window. The 19th century link block to the south and a 1960s extension to the north-east have both caused alterations to the plan form internally, but this can still largely be read.

The 1886 refurbishments of the interiors continued into this block and are of high-quality. Centrally are two large intact rooms with bay windows, the western one of which was an early kitchen.

Further north, the internal arrangements are more piecemeal, and have been altered, with several smaller stores and offices, and a 1960s extension with modern features.

The first floor of this block is now incorporated into Ward 2 and will be described in that section.



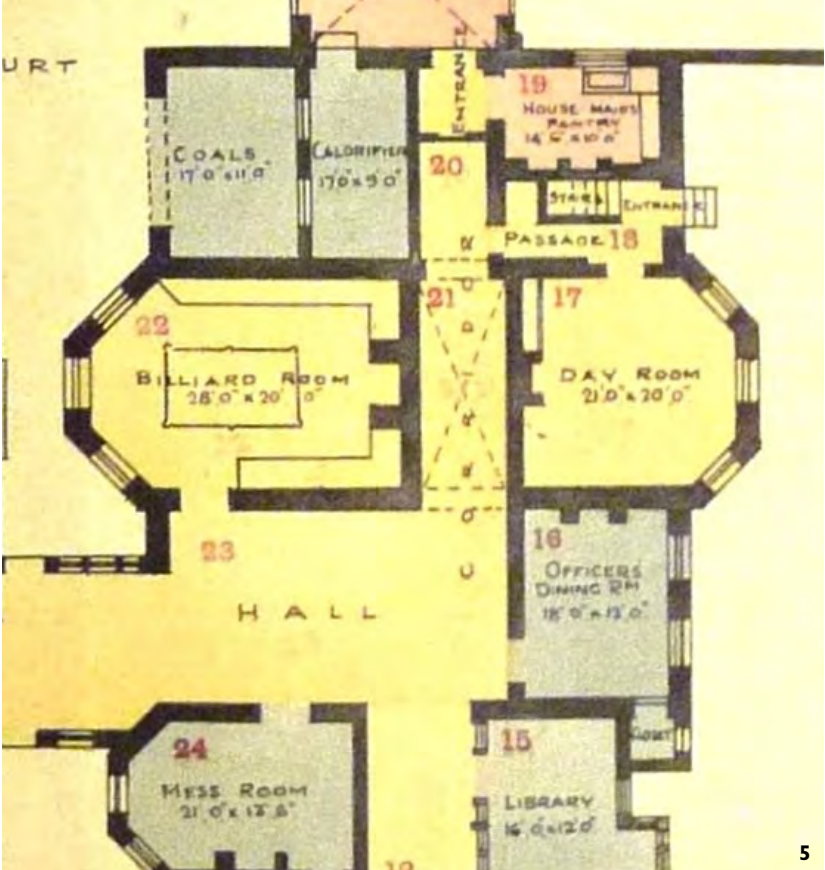
1 The corridor leading north to Ward 1



2 The 1960s office extension



3 One of the two large rooms on the ground floor; it was used as a day room in the 1850s, a library in the 1930s and is now an office. Note the intrusive trunking around the window heads.



4 Engraving of the York Lunatic Asylum from Sotheran's Guide to York, 1796. Note the service range visible in the background
5 Ground floor plan of the Hospital, 1938

APPENDIX H: AUDIT OF SPACES

SERVICE BLOCK: GROUND AND FIRST FLOOR

UNDERSTANDING

- A 1790s description of York Asylum describes a separate service building behind the Hospital in which there 'are the kitchen, wash-house, and over convenient offices' above are apartments for 20 patients more.' It seems likely that this building was added shortly after the Hospital was opened in the 1770s and is visible in an early engraving of the site.
- The 1850s Town Plan of York shows the service block to the north, now linked to the principal building.
- The service block was still used as a kitchen in the 1850s but the wash house had been moved to a separate range. By the 1930s the block was in patient-use.
- A flat roofed ground floor extension was added to the east in the 1960s.

FEATURES OF INTEREST

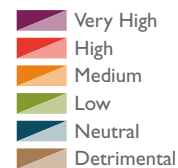
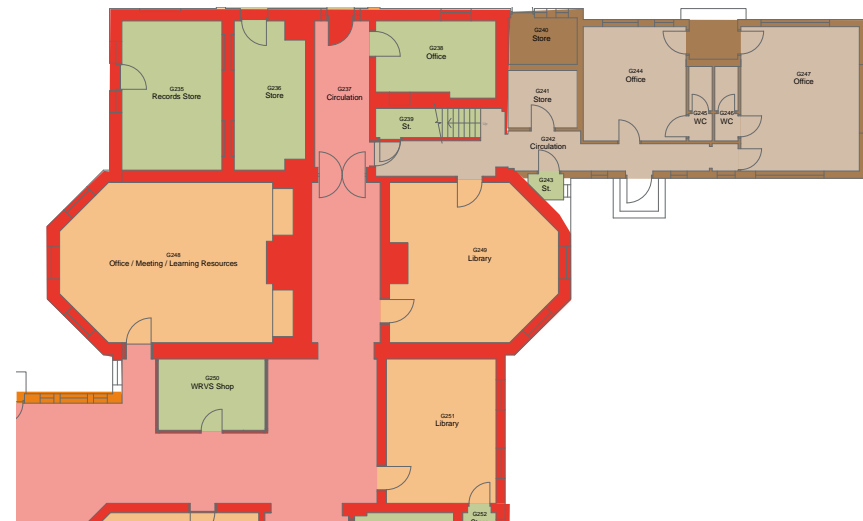
- 1886 door/window architraves and heads, panelling and pilasters
- Skylights, chimney breasts, fixed cupboards, cast-iron radiators
- Sash windows and large bay windows on the ground floor
- Surviving plan form of central rooms

MODERN INTERVENTIONS

- Modern services, lighting and decorative scheme
- 1960s addition is detrimental to significance

SIGNIFICANCE

The service block is associated with the early use of York Asylum and is of **high** significance. Internally the corridor space is **high** while the rooms are **medium** to **low**. The 1960s extension is **detrimental**.



GROUND FLOOR



North-east elevation of the Service Block

CENTRAL BLOCK: GROUND FLOOR

Key Dates: 1870s to 1880s; Late 20th Century

DESCRIPTION:

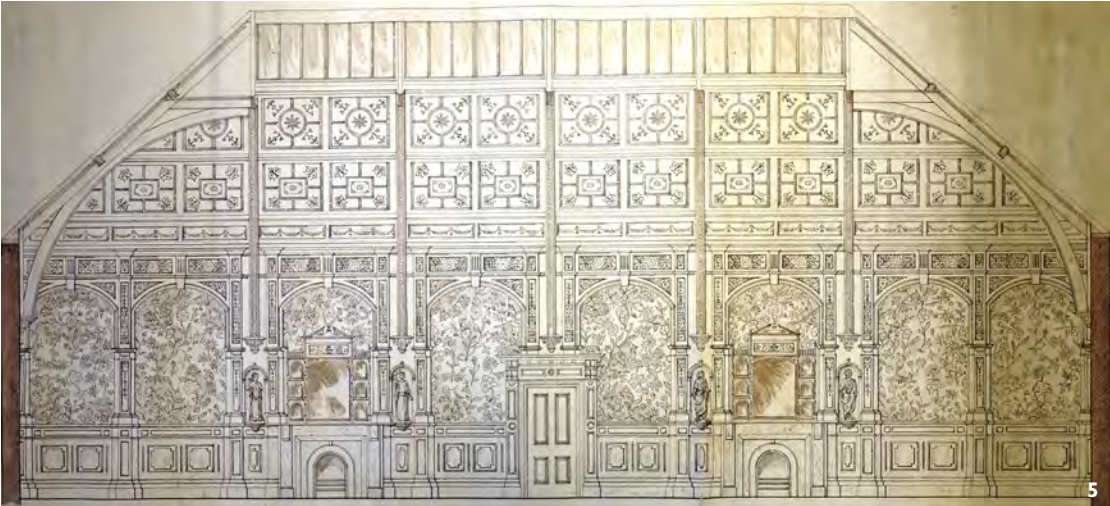
The Central Block was originally made up of service buildings but was largely infilled in the late 19th century to create communal facilities for patients. The two link corridors retain their high-quality 1886 fixtures and fittings such as decorative timber and plasterwork, and geometric tiled floors.

The central space is the recreation hall, which has full-height arched panelling, plaster panelled ceiling and an elaborate wood and iron roof. Another important space is the bowling alley, now in use as a dining room. This also has full-height panelling and covered ceiling to glazed skylights.

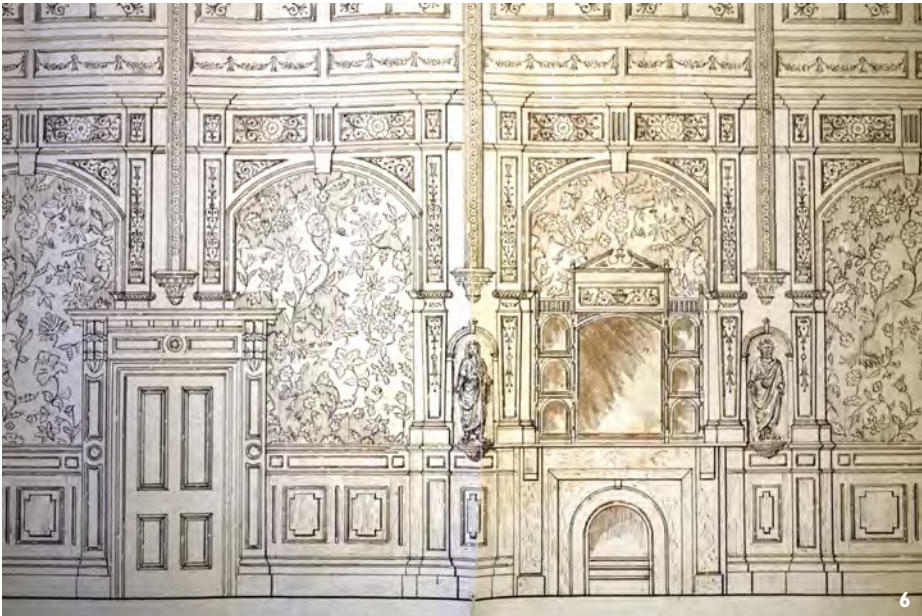
Other spaces are of little interest due to extensive refurbishment in the late-20th century. Rooms to the east have suspended ceilings and modern decorative schemes. The Needham Treatment Suite in particular was refurbished in the 1960s, has few features of interest and contains uPVC windows.



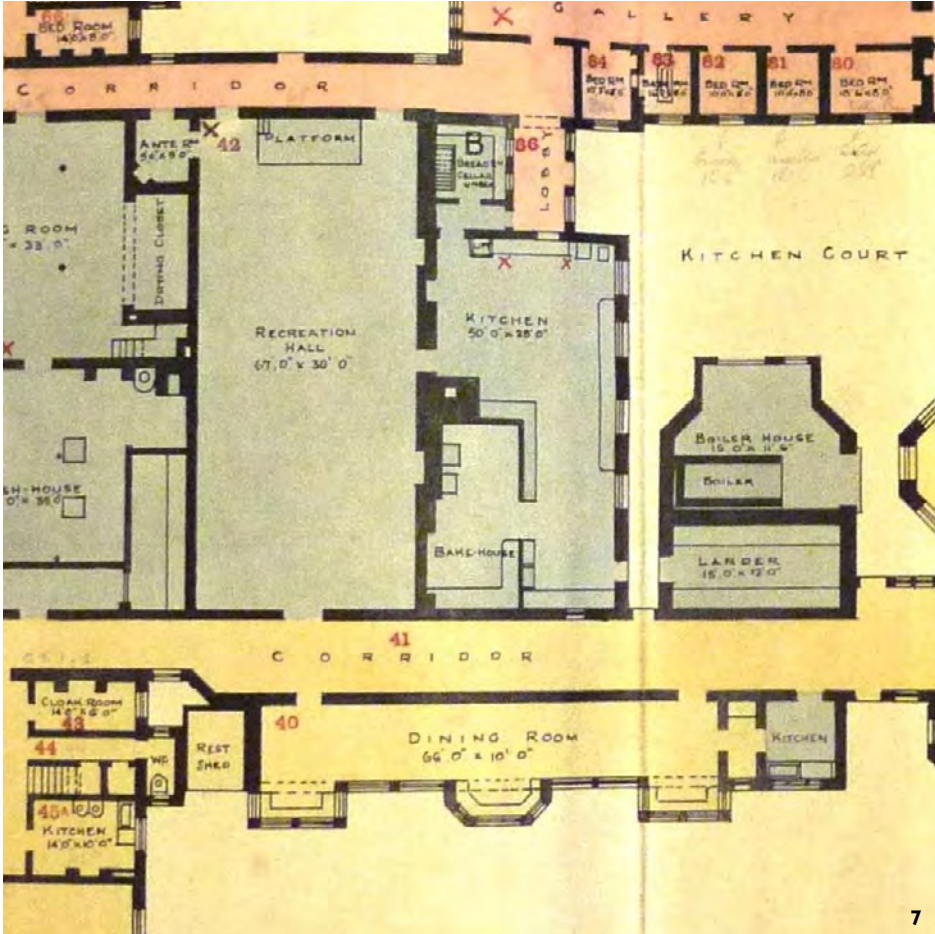
- 1 Detailing of the corridor ceilings and door architraves.
- 2 Example of the fittings within the Needham Suite, refurbished in the late-20th century.
- 3 The historic bowling alley, now a dining room for staff and patients
- 4 The 1870s recreation hall, still in its original use.



5



6



7

- 5 Decoration to the recreation hall, 1893 - Borthwick Institute BOO2/1/1893(1) - Designs for decoration to dining hall, elevation looking towards fireplaces (original no 'sheet no 2'), no name of architect, but address given: 4 Spurrigergate, York, June 1893
- 6 Detail of decoration to the recreation hall, 1893 - Borthwick Institute BOO2/1/1893(1)
- 7 Ground floor plan of the Hospital, 1938

APPENDIX H: AUDIT OF SPACES

CENTRAL BLOCK: GROUND FLOOR



Bowling & Skittle Alley
 Mahogany Seat with back Rail and perforated Seat 9ft 6
 2 Iron Chairs perforated Seat
 Walnut Orthopedic Stand
 Square Writton Rug
 14 Melon shaped Gas Pendants 44 Globes
 Patent Gas Pendent with Globe & back
 Gas Jet in Lavatory
 Mahogany Seat with Rail & perforated Seat 13ft 2
 Walnut Side Table
 Writton Rug
 Mahogany Seat with Rail back and perforated Seat 9ft 6
 The Game of Skittles, comprising 9 Pins
 12 Balls, 3 Stuffed Cushions fixed to floor
 The Ball Run & Ball Trough
 Rules Marking Board



- 1 The recreation hall in 1933 exhibiting patient's work (Annual Report 1939)
- 2 The Bowling Alley c.1910
- 3 View of the roofs of the central block, 2015
- 4 Photograph of the recreation hall in the 1980s BOO1/12/3
- 5 Items listed in the bowling alley in the 1891 inventory - Borthwick Institute Inventory of the furnishings and effects of York Lunatic Asylum, Bootham, 1891 BOO4/1/1
- 6 The bowling alley exterior shown in the 1980s following external landscaping. Note the roof of the recreation hall that can be seen above.

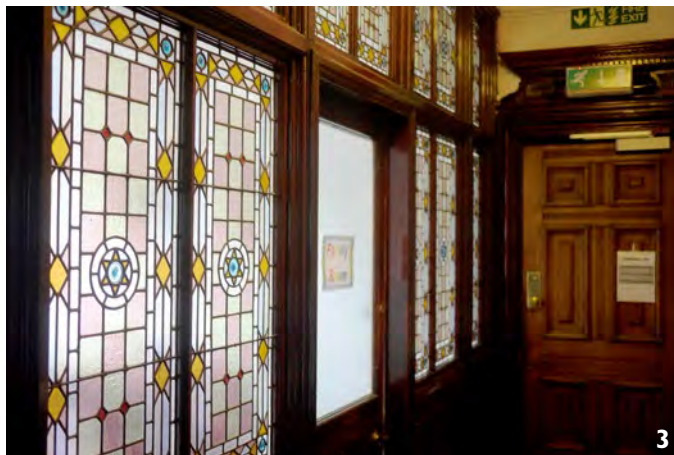
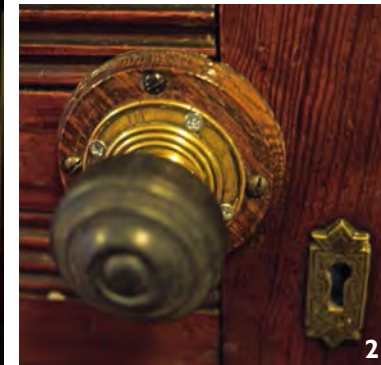
CHANTRY SUITE: GROUND FLOOR

Key Dates: 1817, 1886, 1998

DESCRIPTION

The Chantry Suite is an outpatient ward that occupies the western half of the 1817 range. The 1880s refurbishment scheme has remained relatively intact here as the safety guidelines are less stringent for outpatient areas. An ornate glazed timber screen acts as the entrance into a staircase hall with high-quality joinery with classical details and ceiling pendants. The space also contains Minton tiles and a decorative plaster cornice. Within the suite the plan form has survived relatively intact with a central corridor and small rooms leading from this. High-quality doors, architraves, pilasters and ceiling decoration all survive, as does a stained glass screen.

Externally, alterations can be seen in the building fabric. The 1817 range originally had two covered external loggia, which have subsequently been filled in.



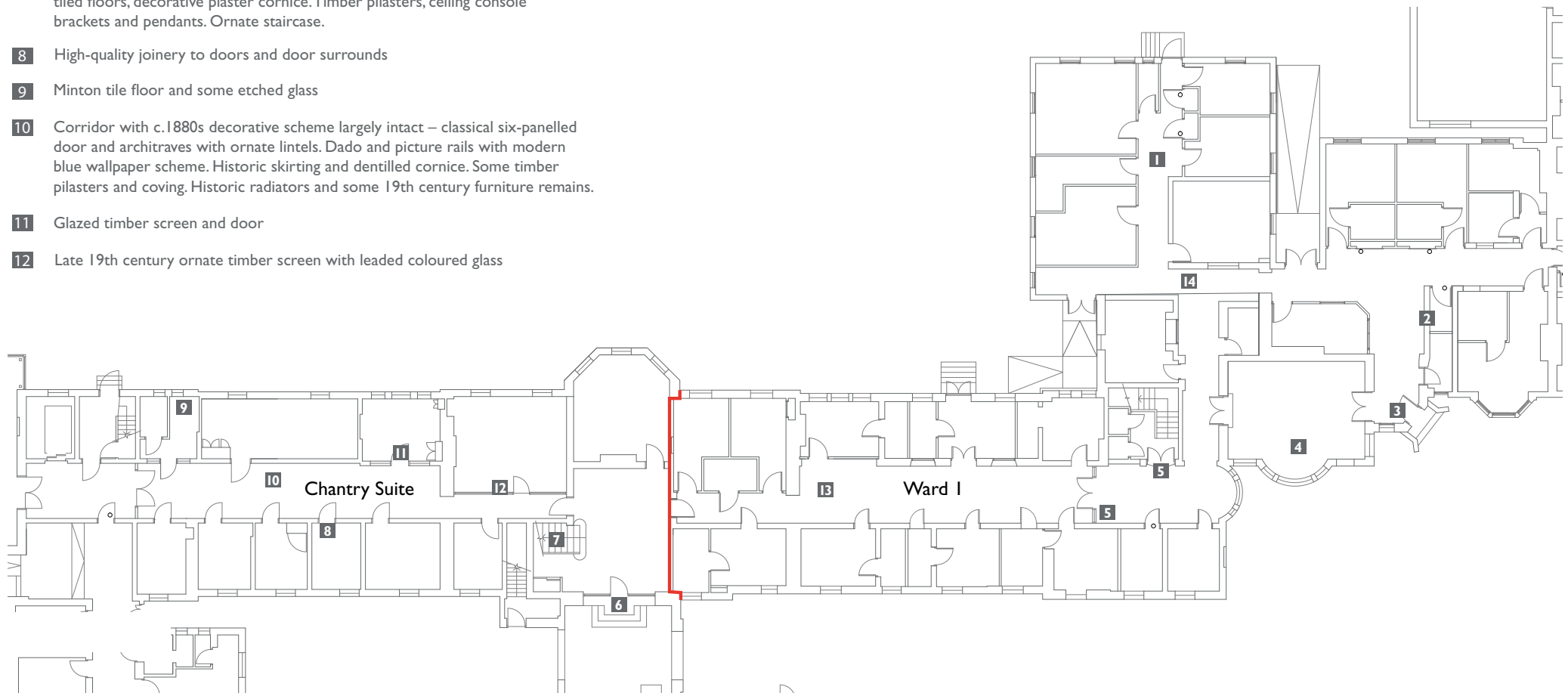
- 1 Main circulation space within the Chantry Suite
- 2 Historic door furniture within the Chantry Suite
- 3 Glazed timber screen with decorative coloured glass. The principal elevation (north) of the 1817 range
- 4 The principal elevation (north) of the 1817 range
- 5 The area of the range occupied by the Chantry Suite (ground floor)

- 1 Modern extensions of the late 20th to early 21st century – modern decorative scheme, floors, ceilings, windows etc. Some well-detailed door surrounds and panelled doors.
- 2 Timber panelling and early 20th century stained glass with protective glazing
- 3 Early 20th century panelling to entrance hall
- 4 c. 1908 decorative timber doorways, overlights, Jacobean-style plaster ceiling, pilasters, console and frieze with ribboned swags
- 5 Glazed timber screen and double doors with stained glass panels with protective glazing
- 6 Ornate c.1880s timber panelled entrance with late 19th century leaded coloured glass (with protective glazing)
- 7 Ornate entrance hall with six panelled doors, dado panelling, minton tiled floors, decorative plaster cornice. Timber pilasters, ceiling console brackets and pendants. Ornate staircase.
- 8 High-quality joinery to doors and door surrounds
- 9 Minton tile floor and some etched glass
- 10 Corridor with c.1880s decorative scheme largely intact – classical six-panelled door and architraves with ornate lintels. Dado and picture rails with modern blue wallpaper scheme. Historic skirting and dentilled cornice. Some timber pilasters and coving. Historic radiators and some 19th century furniture remains.
- 11 Glazed timber screen and door
- 12 Late 19th century ornate timber screen with leaded coloured glass

- 13 Modern decorative scheme including floors and ceilings. Retention of late 19th century doors, panelling etc. Deep window and door surrounds, classical console brackets and pilasters.
- 14 Dentilled cornicing

Throughout: six over six sash windows with secondary glazing to most windows. Boxed-in fireplaces.

Plan form – the entrance hall is a late 19th century construction, as it differs from the 1852 plan of the wing. The central northern bay and flanking rooms remain intact and rooms to the south of the corridor have remained as bedrooms. The location of the staircases at the far ends of the wing have been retained but the two loggias have been infilled. To the east is an extension of 1908, built for affluent patients, and infills the space between the 1817 wing and the 1860s Medical Superintendent's House. The two extensions to the north-east are both modern.



APPENDIX H: AUDIT OF SPACES

CHANTRY SUITE: GROUND FLOOR

UNDERSTANDING

- 1817 – A new range is built for female patients following a fire in 1814.
- 1850s-1890s – The loggias or covered areas on the north façade are enclosed.
- 1886 – Substantial redecoration of the entire hospital is carried out, including the 1817 range. Joinery, fixtures and fittings within this range date to 1886.
- 1908 – A new extension is added to the east end connecting the 1817 range to the Medical Superintendent's house.
- Post 1948 – The original female ward is split-up (retained in Ward I) and the Chantry Suite is created as an outpatient suite
- 1998 – The internal decorative scheme is upgraded

FEATURES OF INTEREST

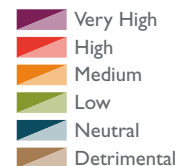
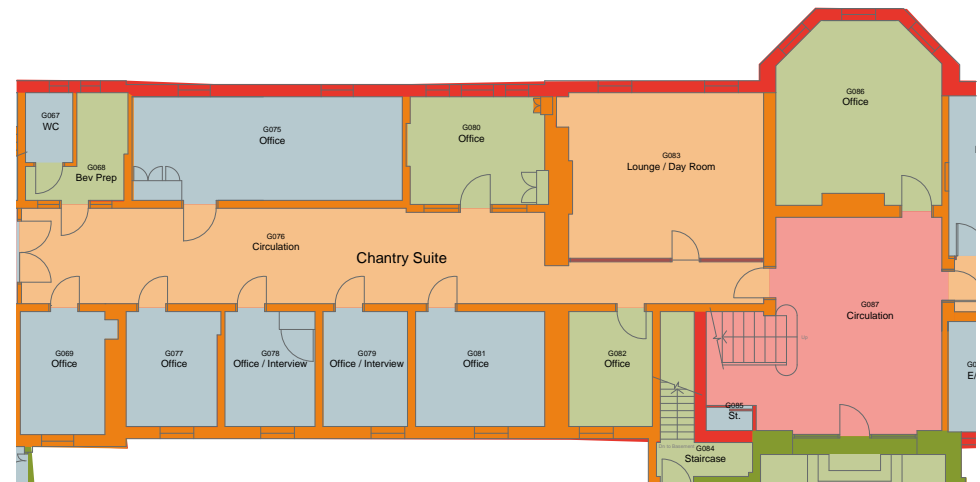
- High-quality decorative joinery and decorative plasterwork
- Decorative glazed timber screen to external archway
- Late 19th century leaded coloured glass
- Historic door surrounds and doors
- Cornices, pilasters and dado rails
- Staircase and entrance hall with tiled floor

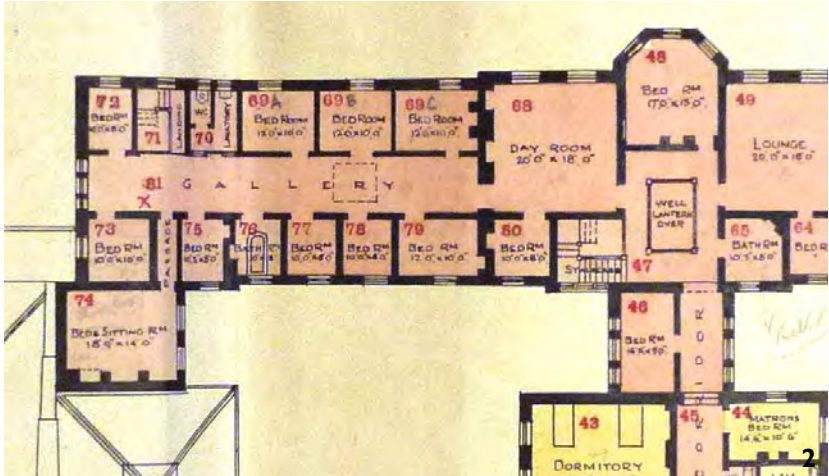
MODERN INTERVENTIONS

- Decorative scheme
- Secondary glazing
- Modern floor and ceiling surfaces
- Modern bedroom and bathroom fittings
- Modern lighting

SIGNIFICANCE

Exterior **high**, staircase and entrance hall **high**, circulation spaces **medium**, intact day rooms **medium**, bedrooms and bathrooms **neutral**. The doors, stained glass and panelling are **medium**. Decorative scheme is **neutral**.





- 1 Ward I and Chantry Suite, 1931, BOO2/1/1931 (1-6)
- 2 Chantry Suite, 1938 BOO2/1/1938 (4)
- 3 Carved doorway (Annual Report)
- 4 Sitting Room, c.1910 (Annual Report)
- 5 Photograph of the Main corridor c.1910 from the Annual Report
- 6 Main corridor following refurbishment in 1998 (Borthwick Archives BOO1/12/16)
- 7 A day room following refurbishment in 1998 (Borthwick Archives BOO1/12/16)

WARD I: GROUND FLOOR

Key Dates: 1817, 1886, 1908, Late C20, 1998, 2010

DESCRIPTION

Ward I makes use of the eastern half of the 1817 range, which continues in its original use as a female ward. It also extends into the infill additions of 1908 to the east and into two modern extensions of the late 20th and early 21st century.

The 1817 range consists of a central corridor with rooms leading from this. It retains its original staircase at the end but the 1880s internal scheme has been somewhat altered in order to comply with safety and hygiene guidelines. Features of interest include the stained glass screens and classical joinery to the ceilings and doors. The 1908 areas are also of high-quality and retain a day room with an attractive plaster ceiling and decorative frieze. Timber doors, architraves and panelling all survive from this period. To the rear, the corridor and modern extension blocks have some high-quality doors and architraves but otherwise are of little interest.

Externally, the additions to the building can be read in the fabric, the front elevations being of high-quality while the modern extensions to the rear are extremely plain. A glazed leaded cupola has survived, which relates to the 1908 additions. Views of the entrance to the ward and the long rear range of the 1817 wing are significant.



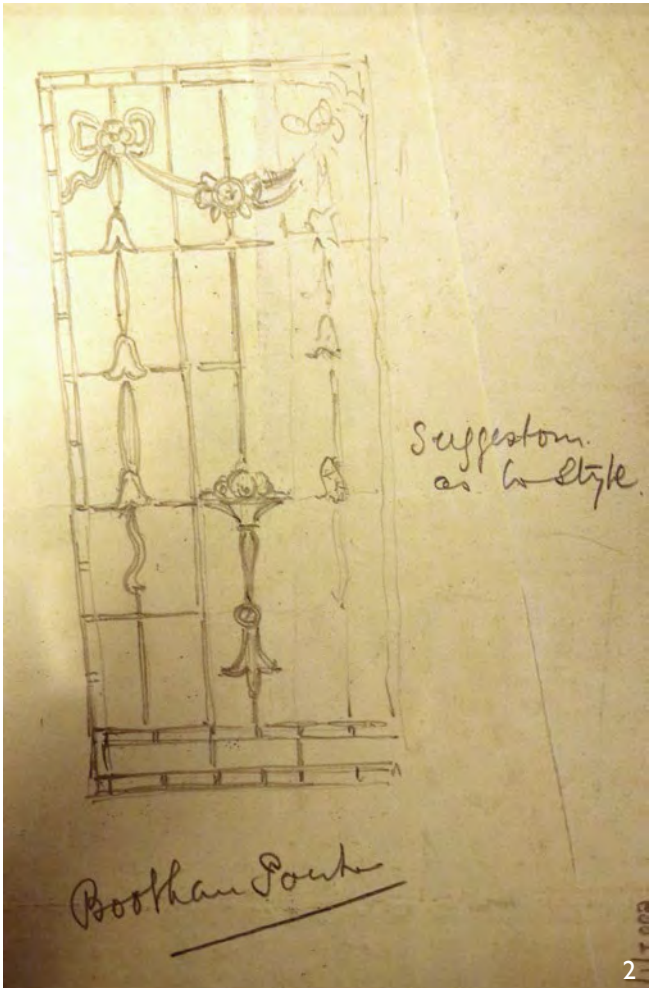
- 1 Sitting room within the 1908 extension.
- 2 Main circulation space of Ward I.
- 3 Corridor linking the 1908 extension and Medical Superintendent's house in Ward I.



- 1 South-east elevation of the 1908 extension to the original 1817 female patient range.
- 2 South elevation of ward I.
- 3 2010 extension to Ward I.
- 4 1990s extension to Ward I.

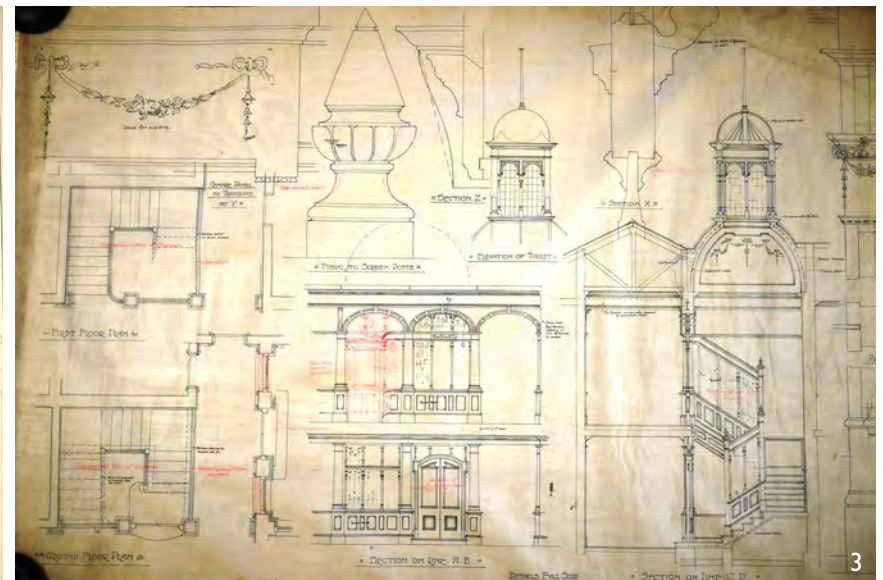
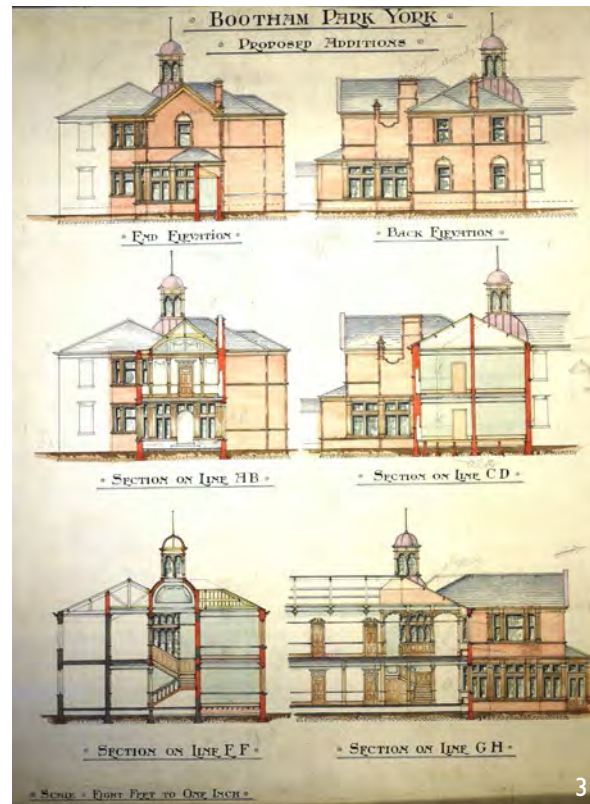


- 1 Ward I, 1938 BOO2/1/1938 (4)
- 2 Suggestion for the style of stained glass in Ward I, 1908, BOO2/1/1908 (46)



APPENDIX H: AUDIT OF SPACES

WARD I: GROUND FLOOR



- 1 Proposed additions to Ward I, A. Creer, 1908, BOO2/1/1908 (3)
- 2 Early proposed additions to Ward I, 1908, BOO2/1/1908 (6)
- 3 Proposed additions to Ward I, A. Creer, 1908, BOO2/1/1908 (7)

APPENDIX H: AUDIT OF SPACES

WARD I: GROUND FLOOR



- 4 Photograph of the Lounge c.1910 from the Annual Report
- 5 Sitting Room fireplace in the 1980s (Borthwick Archives BOO1/12/4)
- 6 Staircase to main corridor in the 1980s (Borthwick Archives BOO1/12/4)
- 7 Sitting Room in the 1980s (Borthwick Archives BOO1/12/4)

WARD 2: FIRST FLOOR

Key Dates: 1817; 1886; 1908; Late 20th Century

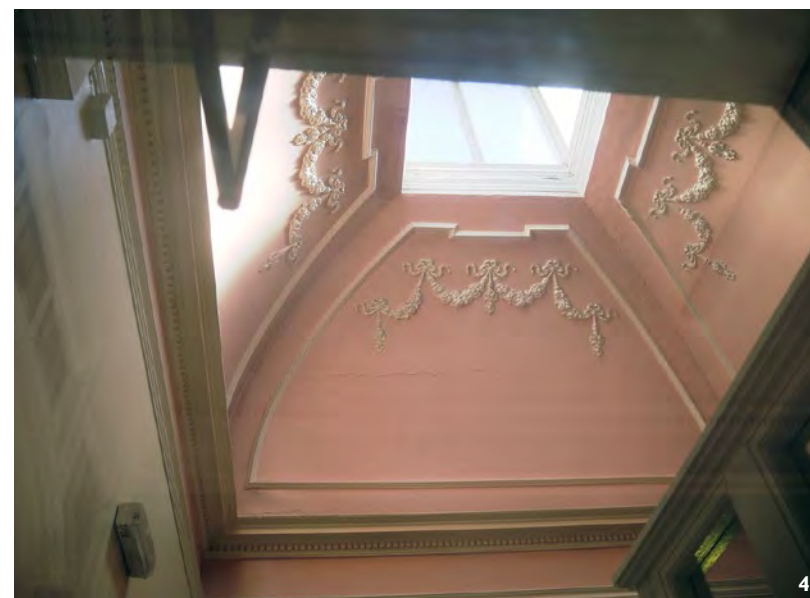
DESCRIPTION:

Ward 2 is contained within the first floor of the 1817 range, the 1908 additions and the upper floor of the late-18th century service block. This ward was historically used as part of the female ward below but is now in use as an acute male ward. Externally the entire 1817 range is visible from the north and the glazed leaded cupola or lantern can be seen. Views of the entrance to the ward and the long rear range of the 1817 wing are significant.

The plan form is similar to that of Ward 1, with a central corridor running east to west with small bedrooms leading from this. Centrally, facing north is a large room with bay windows and flanking this are two communal rooms. The ward is accessed centrally from the 1886 staircase in the Chantry Suite, which has coloured geometric glass screens and a large roof light. There are additional staircases at either end of the range. To the north-east are several rooms associated with the 1908 extension, which are now used as a de-escalation or isolation suite.

The corridor is ornate and contains high-quality 1886 features as seen in other spaces within the Hospital such as elaborate doors and cases, down-stands, plaster cornicing and ceilings. The larger communal spaces retain features such as ceiling vents or roses and their open plan form. The rooms are in use as patient bedrooms and have been fitted with modern flooring, doors, ensuites and furniture. Radiators have been boxed-in and few features survive internally beyond the sash windows and barrel vaults.

To the east the ward is linked to the 1908 extension, which contains features also seen on the ground floor such as stained glass screens and bow windows. The staircase to the ground floor has a delicate coved ceiling with swagged plasterwork below a lantern. To the south, the ward continues into the upper floor of the late-18th century service block, with several clinical rooms and large day rooms. The same character continues here, with 1886 features although some modern lay-in grid ceilings have been installed.



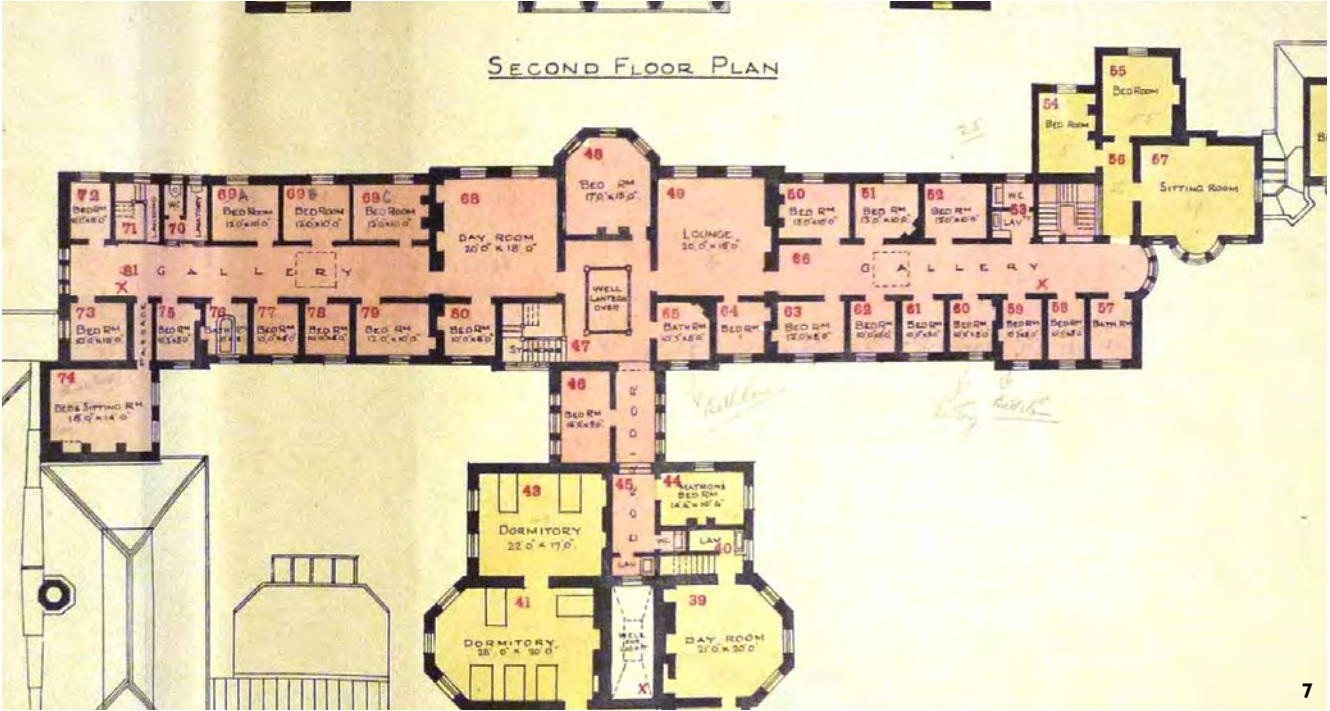
- 1 Example of the interior of the bedrooms on Ward 2. Note the barrel vaulted ceiling.
- 2 View looking east along the bedroom corridor on the first floor.
- 3 A day room on Ward 2 showing the bay window and ceiling decoration.
- 4 The coved ceiling of the 1908 staircase lantern



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- 5 One of the larger activity rooms within the service block portion of Ward 2.
- 6 The clinical room within Ward 2.
- 7 First floor plan of the Hospital, 1938

APPENDIX H: AUDIT OF SPACES

WARD 2: FIRST FLOOR

UNDERSTANDING

- 1817 – A new range is built for female patients following a fire in 1814
- 1886 – Substantial redecoration of the entire Hospital is carried out, including the 1817 range. Joinery, fixtures and fittings within this range date to 1886.
- 1908 – A set of new rooms are added between the 1817 ward and the Medical Superintendent's house for affluent patients. The proposals are produced by local architect A. Creer of Bootham Crescent. A new elevation is added to the end of the 1817 range.
- 1998-2010 – The internal decorative scheme is upgraded several times

FEATURES OF INTEREST

- Historic doors, cases and reveals
- Barrel vaulted ceilings to some bedrooms
- 1886 features such as decorative pilasters and capitals, door heads, plaster ceilings and cornicing
- Staircase and hallway with coloured glass and rooflight

MODERN INTERVENTIONS

- Modern bedroom fixtures and fittings including boxed-in features
- Some false and suspended ceilings that come to below the tops of windows
- Modern flooring and decorative scheme

SIGNIFICANCE

The range is a complete example of an early-19th mental healthcare ward and has an important position within the social history of the Hospital; it has **high** significance. The plan form is relatively intact and the 1908 additions add another layer of interest. Internally the spaces that retain their high-quality historic features are of **high** to **medium** significance while many of the bedroom spaces are **low** to **neutral** due to high levels of alteration.





- 1 Photograph of a day room within Ward 2 in the 1980s BOO1/12/5
- 2 Photograph of a day room within Ward 2 in the 1980s BOO1/12/5
- 3 Photograph of a dining room within Ward 2 in the 1980s BOO1/12/5

MEDICAL SUPERINTENDENT'S HOUSE: GROUND AND FIRST FLOOR

Key Dates: 1862-3; 1908; 1920s; 2010

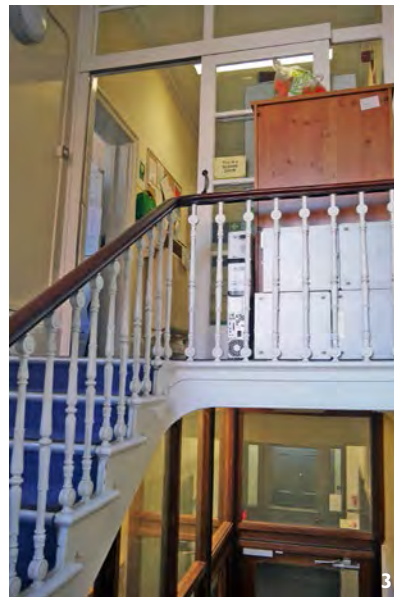
DESCRIPTION:

The Medical Superintendent's house is currently in use as a crisis suite (136 Suite) on the ground floor and offices spaces on the first floor. The south-western elevation is of three bays, one of which is a later extension, with large projecting windows. The main entrance is to the north-east. The main elevation is of three bays, with a central projecting bay, deep eaves and a pediment. The window and door surrounds are in stone.

Internally the ground floor was extensively altered in the 2000s and has been recently fitted out as a crisis suite to accommodate referrals from the police. The character of the building has been retained to some degree with high ceilings and the retention of plan form, but a modern decorative scheme obscures this. Late-20th century glazed partitions on both floors and conversion to office space on the first floor have also reduced interest.

On the ground floor, a central hallway leads to a rear staircase. To the south are two large rooms which were originally the drawing room and dining room and are now used as bedrooms. To the north the plan form associated with the kitchen and pantry spaces has survived.

On the first floor more alteration has taken place, with some walls removed and additional partitions added. A long range of small outhouses and storerooms runs north from the house. Stairs beneath the main staircase lead to a cellar, which has not been inspected.



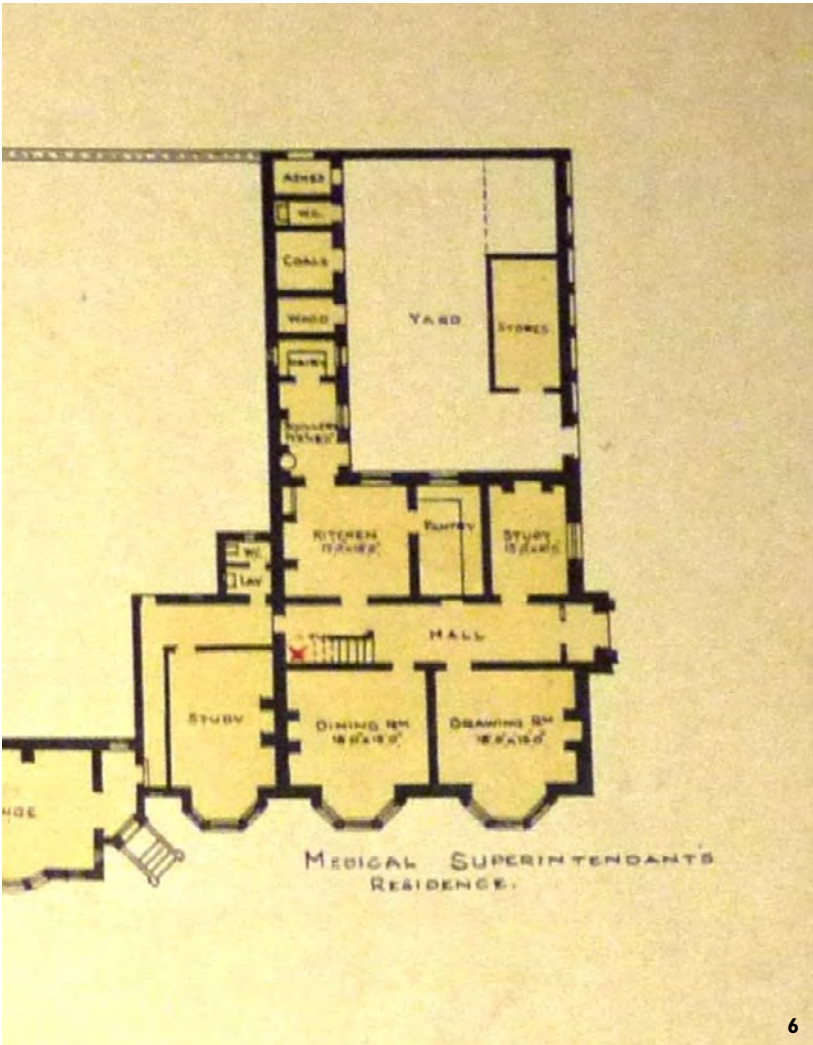
- 1 Modern office spaces on the first floor; following removal of a central wall.
- 2 View of the central ground floor hallway looking towards the main entrance.
- 3 The central staircase and modern glazed partitions on the ground and first floors.
- 4 Interior of a small outhouse to the rear of the building.

MEDICAL SUPERINTENDENT'S HOUSE: GROUND, FIRST AND SECOND FLOOR



5 External front elevation of the Medical Superintendent's house

6 Ground floor plan of the Hospital, 1938



APPENDIX H: AUDIT OF SPACES

MEDICAL SUPERINTENDENT'S HOUSE: GROUND, FIRST AND SECOND FLOOR

UNDERSTANDING

- The Medical Superintendent's house was built in 1862-3, following the 1845 Lunatics Act, which specified that all Asylums should have a named Medical Superintendent.
- The 1908 extension to Ward I physically linked the two areas via a passageway but they remained in separate uses.
- An additional bay two rooms deep was added to the west of the original building in the 1920s, fully linking the two structures.
- The house was still in residential use in the 1930s, and presumably remained so until the creation of the NHS in 1948.
- The ground floor was converted to a Mother and Baby suite in the early-21st century but was never put into use.

FEATURES OF INTEREST

- 19th century staircase
- Historic features such as door cases and cornicing, cast-iron radiators

MODERN INTERVENTIONS

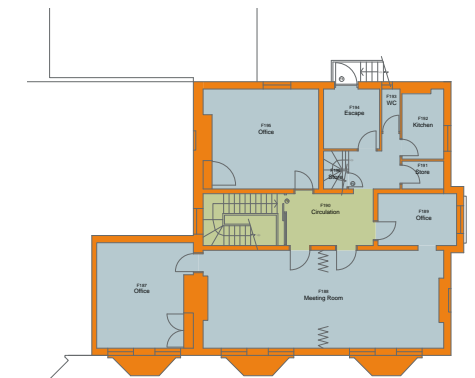
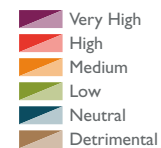
- Modern decorative scheme, floor coverings
- Some modern door replicas
- Glazed partition screens

SIGNIFICANCE

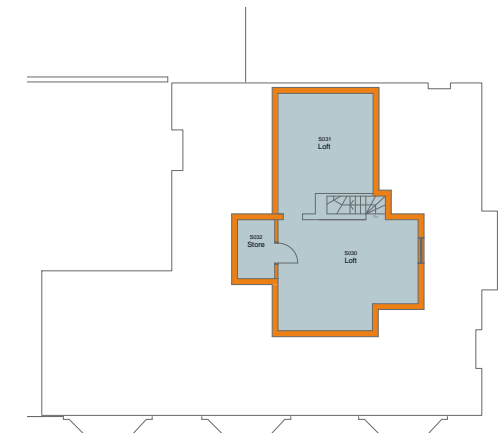
The Medical Superintendent's house is of **medium** significance and is a strong element of setting externally. Internally the majority of the spaces are of **low** to **neutral** significance, having been extensively altered.



GROUND FLOOR



FIRST FLOOR



SECOND FLOOR

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ELDERLY ADMINISTRATIVE OFFICES: GROUND FLOOR

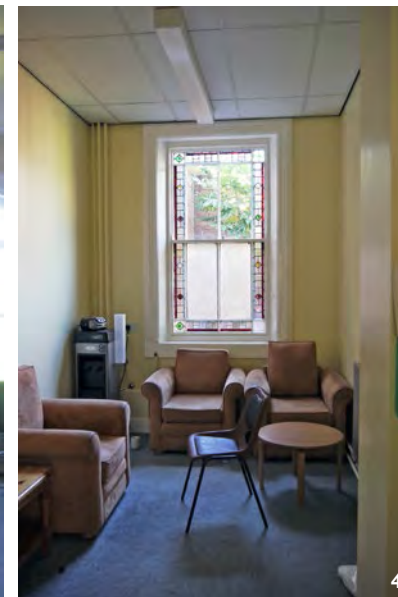
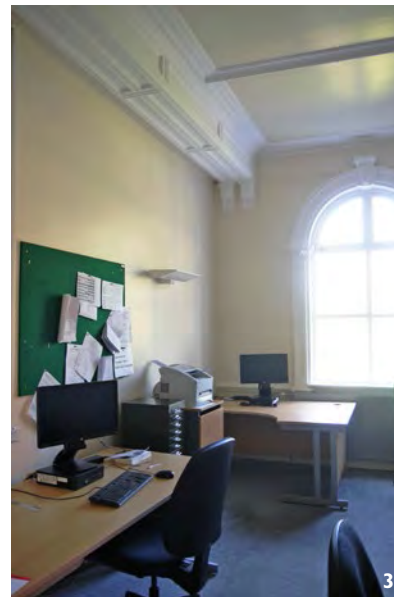
Key Dates: Late 19th Century; Early 20th Century; Mid-20th Century

DESCRIPTION:

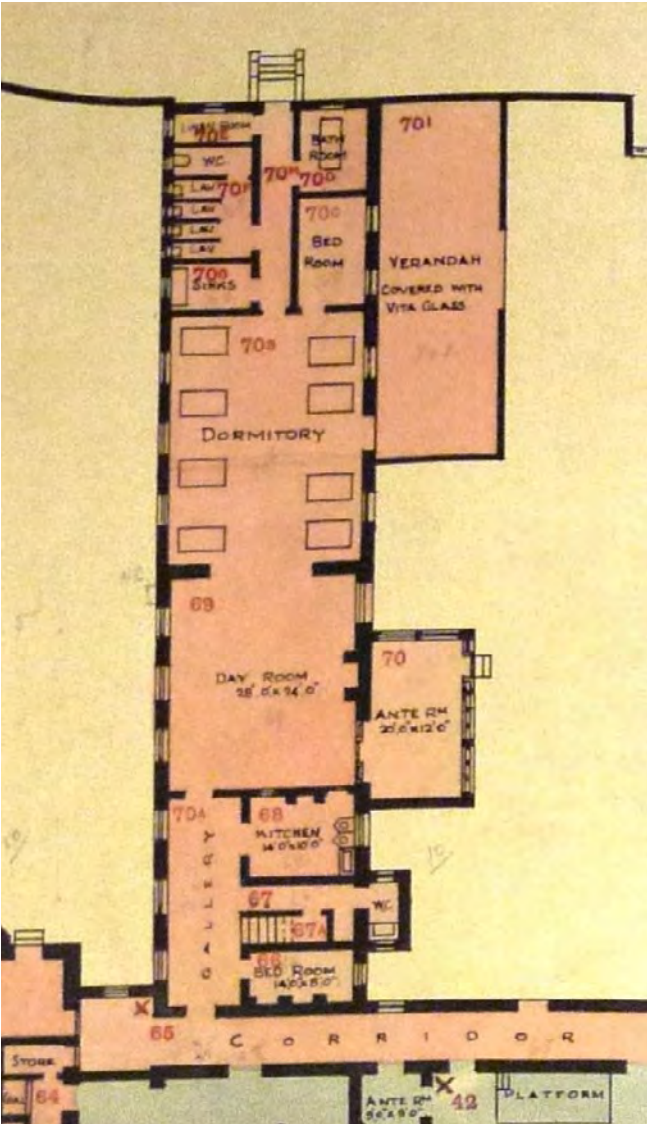
This range is a single storey structure and represents several phases of building, of which some are of interest. Externally these phases are visible but the wing holds little aesthetic value due to modern additions. Equally, the internal plan form has been entirely lost through alteration, and large spaces have been sub-divided into smaller offices. The range has a corridor that runs the length of the building, with the majority of rooms to the west and some additional rooms to the east within projecting bays. Towards the northern end the corridor opens up into a circulation space but narrows again in the mid-20th century addition.

The southern end of the range has some features related to the 1886 refurbishment, such as coloured glass and ornate timber and plasterwork. Suspended ceilings and modern wall structures in these areas reduce our understanding of the spaces. Floor coverings, doors and ceilings are generally modern but the wing retains several attractive spaces (G040 and G039).

Further north the historic interest is reduced as the structure is entirely mid-20th century. Efforts have been made to replicate sash windows although suspended ceilings and small spaces reduce the character of these rooms.



- 1 G044 1 – View of the central corridor; looking north.
- 2 Image: G059 – A modern space to the north of the wing with suspended ceilings.
- 3 G041 1 – One of the more ornate office spaces to the south of the wing.
- 4 G033 – Staff room within the late-19th century area of the wing.



Ground floor plan of the Hospital, 1938



1 The rear entrance of the Hospital and the Elderly Administrative offices to the right, 2015
2 The rear of the wing from the north-west



2

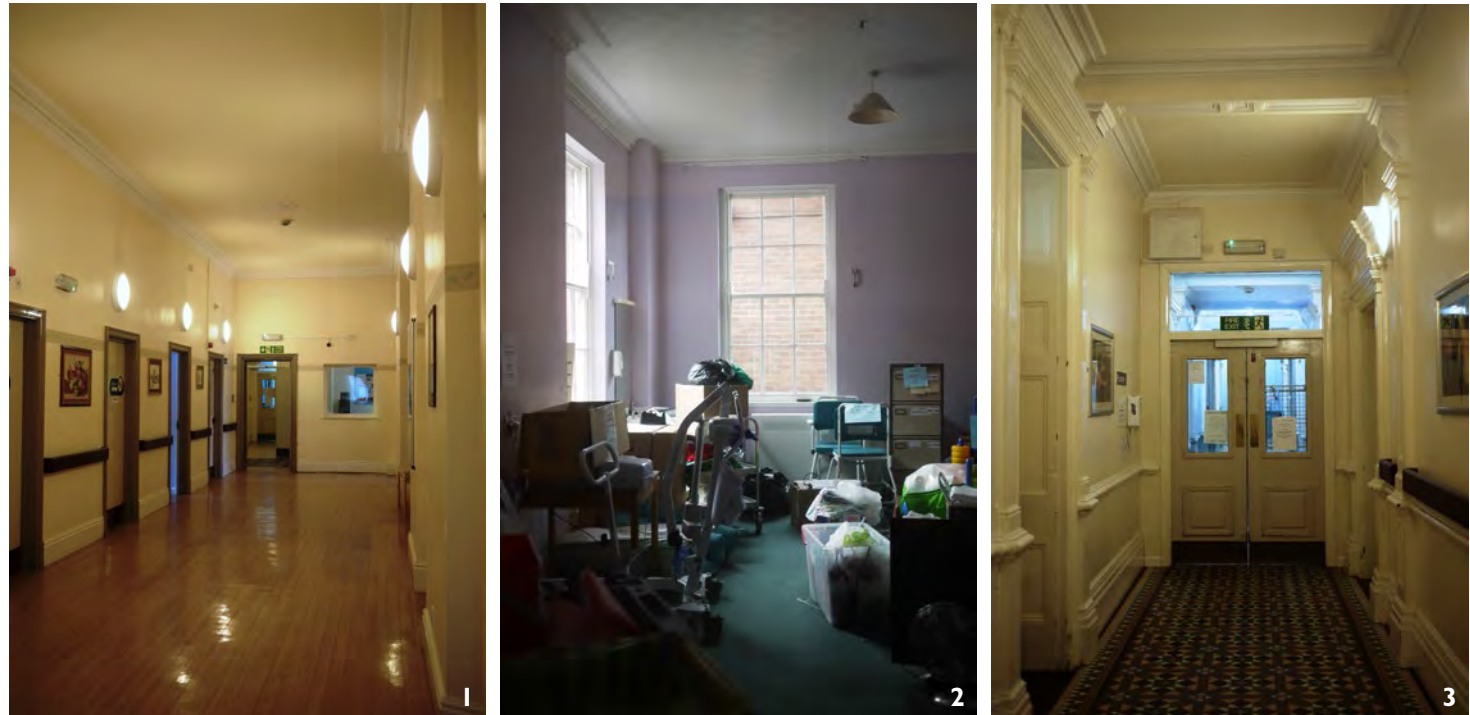
WARD 6: GROUND FLOOR

Key Dates: 1860s; 1950s; 1995

DESCRIPTION

Ward 6 is contained within the two pauper wings of the 1860s and additional mid-late 20th century extensions. The entrance hallways retain their late 19th century decorative scheme with high-quality joinery and Minton tiles. Within the ward proper the spaces have been extensively refurbished to make them fit for purpose, necessitating the removal of the majority of historic features. The circulation spaces retain some features of interest, such as the blocked bay windows of the original pauper wings, overlights, high ceilings and cornices, and sash windows. However, the floor coverings are modern and the bedroom and bathroom spaces have been substantially altered, with vinyl flooring, suspended ceilings, handrails and modern

Externally, the original layout of the two pauper wings is still visible, but ground floor extensions have infilled spaces and detract from the original structures. The Ward is also linked to the north-west to the modern maintenance buildings and boiler rooms.



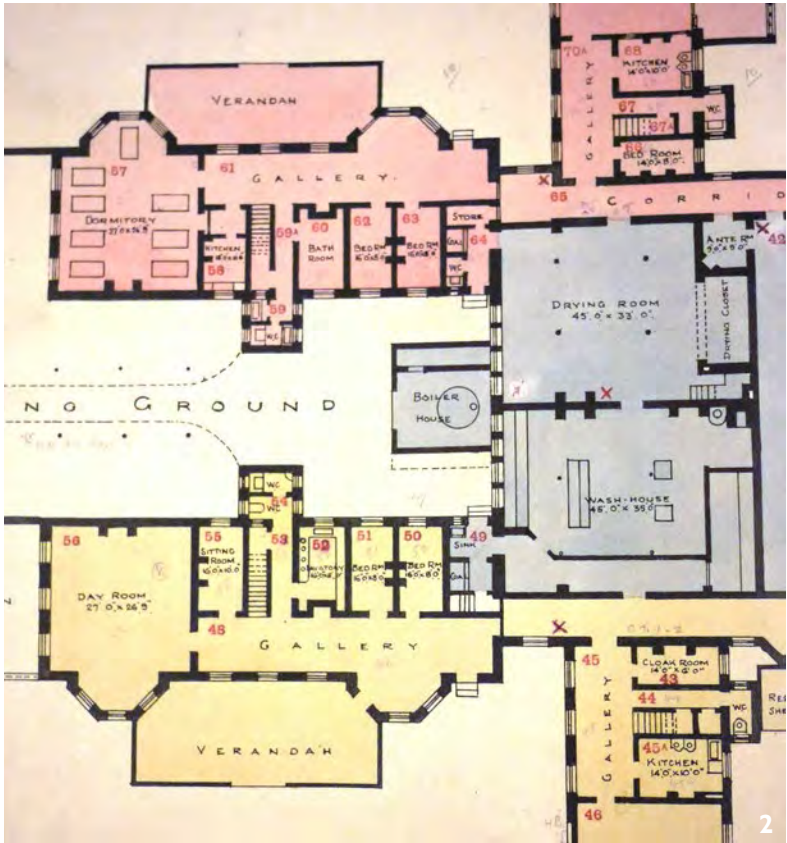
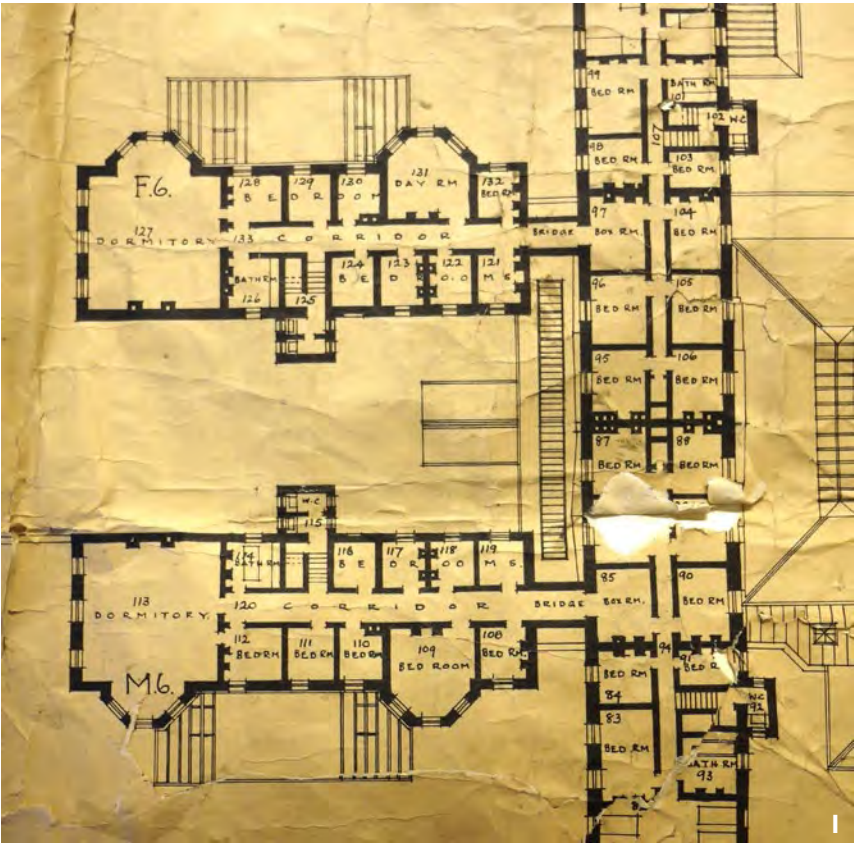
- 1 One of two corridors within the original 1860s pauper wings.
- 2 An 1860s day room currently used for storage.
- 3 Link corridor leading from the ward into the main building.

MEDICAL SUPERINTENDENT'S HOUSE: GROUND, FIRST AND SECOND FLOOR



- 4 North elevation of the 1860s pauper wing.
- 5 View of the 1950s ground floor additions to the wing.
- 6 View of the 1960s infill between the two 1860s pauper wings.





1 Ward 6, 1938 BOO2/I/1938 (4)
 2 Ward 6, 1931, BOO2/I/1931 (1-6)

APPENDIX H: AUDIT OF SPACES

WARD 6: GROUND FLOOR



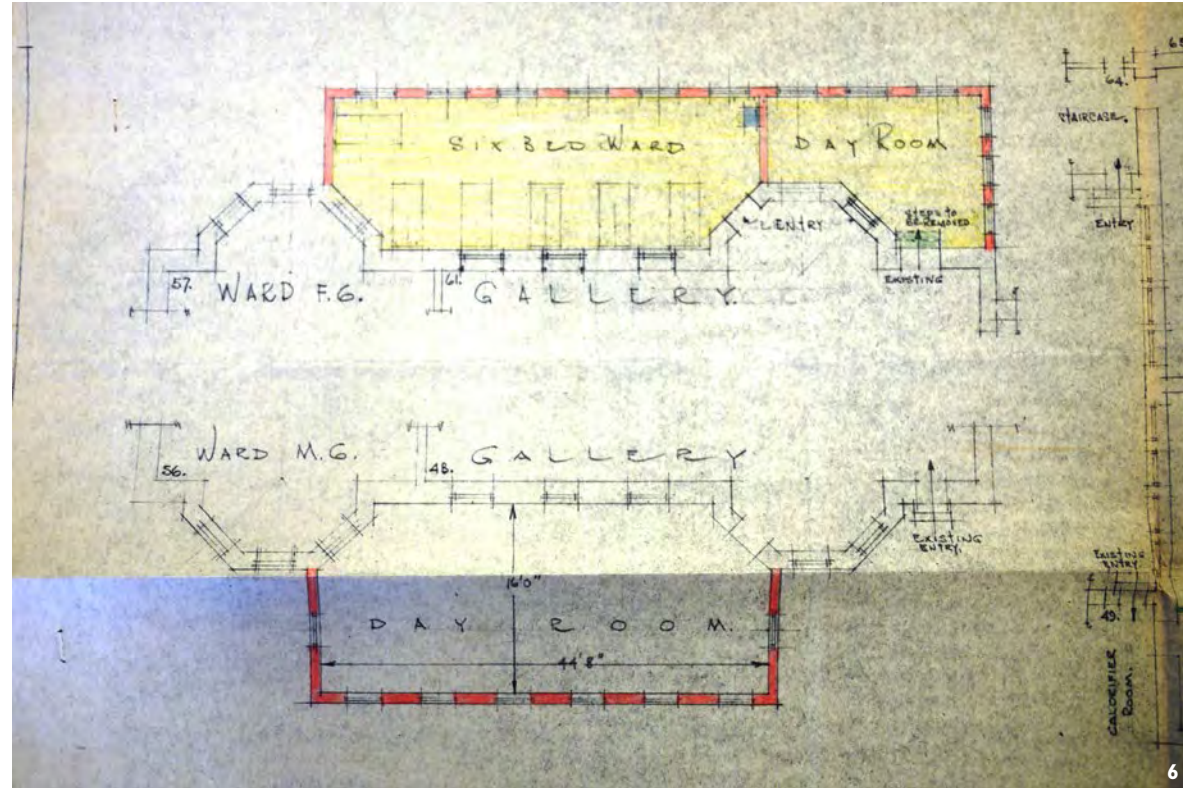
- 1 Ward 6 in the 1980s prior to refurbishment
- 2 Ward 6 in the 1980s prior to refurbishment
- 3 Ward 6 in the 1980s prior to refurbishment



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- 4 Ward 6 in the 1980s following refurbishment
- 5 Ward 6 in the 1980s following refurbishment
- 6 P1270114 – Plan of alterations to Ward 6 showing the addition of two new ground floor extensions, 1953 - Borthwick Institute BOO2/1/nd(1) Bootham Park Hospital, internal reorganisation: parts of floor plan, 1/8"-1" (no: 2/2017A), part coloured, Richard Mellor; architect to Leeds Regional Hospital Board (marked on back: 'RHB pilot scheme of alterations', and 'Built up verandahs') 1953)

WARD 8: FIRST FLOOR

Key Dates: 1860s; 1983; 1995

DESCRIPTION

Ward 8 is an L-plan ward on the first floor of the hospital, in the northern pauper wing of the 1860s, above Ward 6. The ward is of little historic interest and has been extensively refurbished in the late 20th century. The circulation and private spaces have modern carpeting, suspended ceilings and doors. The kitchen and toilet facilities are dated and unsuitable for use. One 19th century built-in cupboard has survived within the Dining Room and a fireplace is likely to exist behind boxing. Some cast-iron radiators survive. Historic furniture of some interest has been stored here for several years.

Externally, the ward is unaltered since the 1860s and the wing retains its sash windows.



- 1 View of the north elevation of Ward 8 (first floor).
- 2 View of the southern pauper wing.



3 Circulation space within Ward 8.
4 Day room within Ward 8.



APPENDIX H: AUDIT OF SPACES

WARD 8: FIRST FLOOR

UNDERSTANDING

- 1820s – A wing is built to house the refractory patients to the north-west of the main buildings, connected by long passageways.
- 1861-2 – Two new wings for male and female pauper patients are built in this location, replacing the existing refractory wing. The earlier passageways remained in use and were refurbished in the 1880s.
- 1980s – The ward is extensively refurbished and modernised.
- 1995 – Minor refurbishments.

FEATURES OF INTEREST

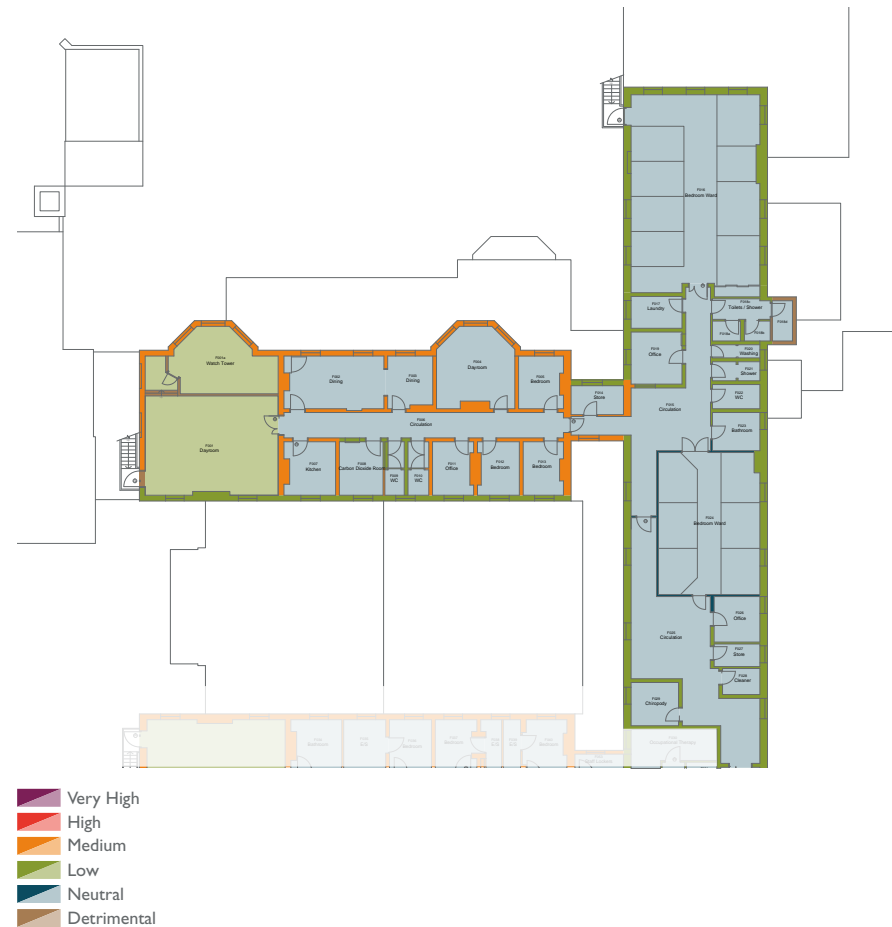
- Stored furniture from the early 20th century
- Historic radiators and one timber built-in cupboard

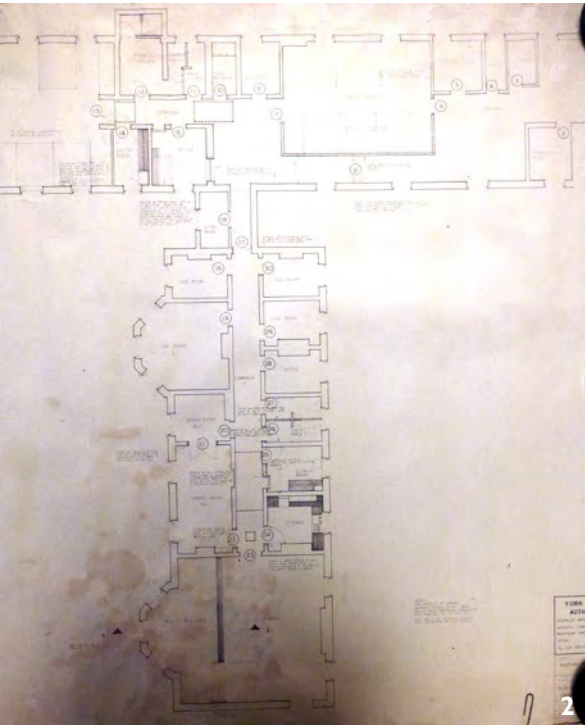
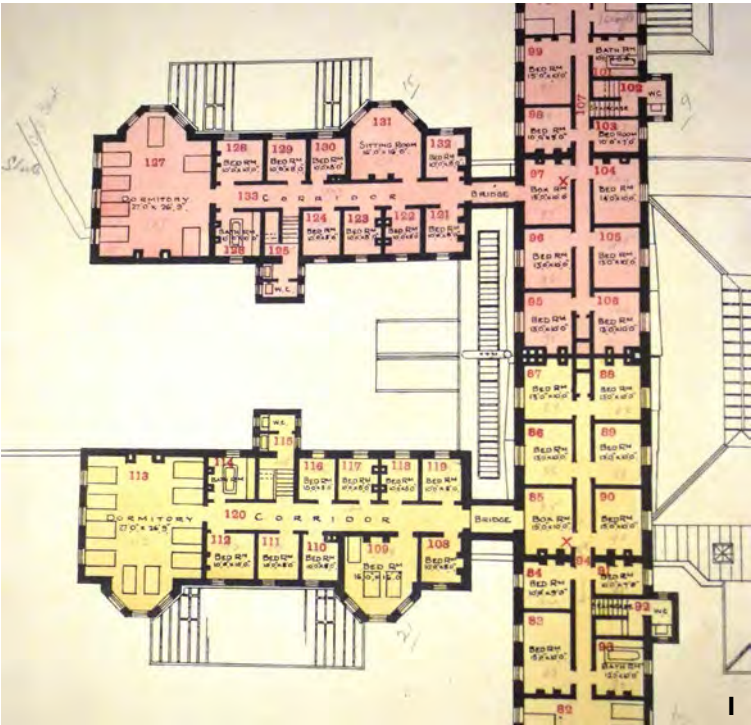
MODERN INTERVENTIONS

- Modern floor and ceiling surfaces including suspended ceilings
- Modern decorative scheme, doors and door surrounds
- Modern fixtures and fittings including 1980s kitchen and bathroom suites
- Secondary glazing
- Some light-weight partitions and new wall openings

SIGNIFICANCE

Exterior **medium** in the pauper wing and **low** in the main block. Internally the spaces are **neutral** or **detrimental**.





- 1 Ward 8, 1931, BOO2/1/1931 (1-6)
- 2 Proposed alterations to Ward 8, 1983, BOO2/1/1983
- 3 Ward 8 in the 1980s
- 4 Ward 8 in the 1980s
- 5 Ward 8 in the 1980s

OCCUPATIONAL THERAPY DEPARTMENT: GROUND FLOOR

Key Dates: Late 19th Century; 1958

DESCRIPTION:

The Occupational Therapy Department is contained on the ground floor of a long wing, which runs south-west away from the main buildings, on the front elevation of the site. Its extension in the 1950s created a form of courtyard between it and the principal building. The 1950s structure is distinctly of its time, particularly in its choice of brick and window design. However, it is not intrusive and blends in well with the overall mix of the Hospital buildings.

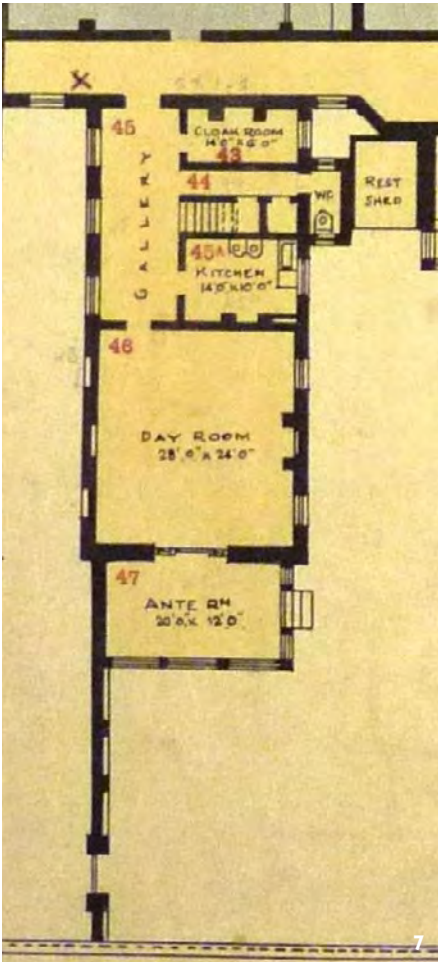
Internally, the plan form of the late-19th century range has been extensively altered and sub-divided, to create a large activity room, narrow corridor and small office spaces. Ornate down-stands, corbels, ceiling roses and features from the 1886 refurbishment can be seen, terminating behind the modern wall division.

The 1950s extension contains only a few rooms, the largest of which is now a physiotherapy room and gymnasium.



- 1 The Activity Room within the wing
- 2 View of the physiotherapy room within the 1950s extension.
- 3 Detail of the Activity Room showing the truncated ceiling decoration.
- 4 View of the 1950s extension.

OCCUPATIONAL THERAPY DEPARTMENT: GROUND FLOOR



- 5 The new extension to the Hospital, c.1955
- 6 Photograph of the principal building and the OT department block in the 1980s BOO1/12/3
- 7 Ground floor plan of the Hospital, 1938

APPENDIX H: AUDIT OF SPACES

OCCUPATIONAL THERAPY DEPARTMENT: GROUND FLOOR

UNDERSTANDING

- The northern element of the wing (up to G216) is visible on the 1892 OS map. Surviving 1886 features internally collaborate with this date.
- Beyond this, the wing is an extension of 1958, built as an outpatient ward following the creation of the NHS in 1948.
- By the early 1960s, this was in use as the Day Hospital, where patients could be treated during the day and return home at night.

FEATURES OF INTEREST

- Features relating to the 1886 refurbishment in the Activity Room and adjacent sub-divided corridor.

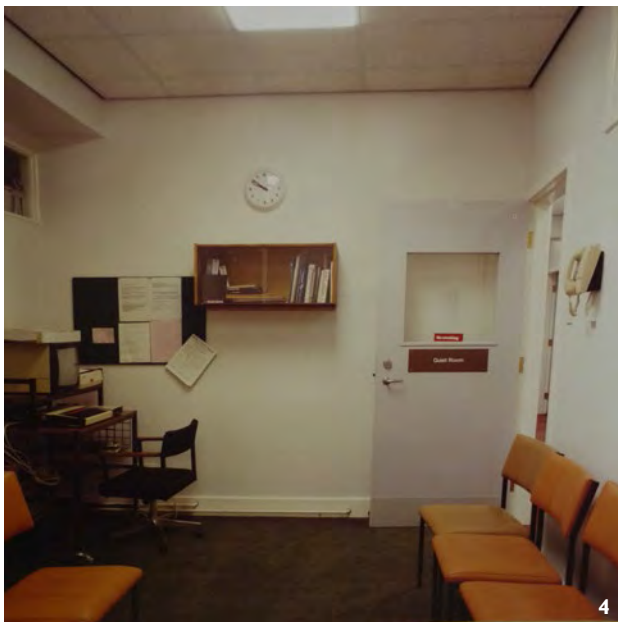
MODERN INTERVENTIONS

- Intrusive sub-divisions of space to the north
- Modern decorative scheme and services

SIGNIFICANCE

The Occupational Therapy Department is of **low** significance as a mid-20th century addition to the Hospital site. However, it does have historical value as the first major extension to the site following the formation of the NHS in 1948.





- 1 Photograph of the OT department and ward (?) in the 1980s BOO1/12/3
- 2 Photograph of the new facilities in the 1980s BOO1/12/10
- 3 Photograph of the new facilities in the 1980s BOO1/12/10
- 4 Photograph of the new facilities in the 1980s BOO1/12/10
- 5 Photograph of a day room within Ward 5 in the 1980s, now the Occupational Therapy Department BOO1/12/6
- 6 Photograph of a bedroom dormitory within Ward 5 in the 1980s, now the Occupational Therapy Department BOO1/12/6

TRAINING SUITE: FIRST FLOOR

Key Dates: 1860s; Late 19th Century; 1950s

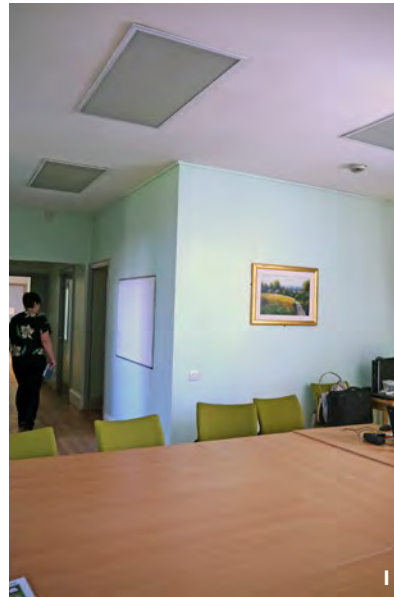
DESCRIPTION:

The first floor training suite is an amalgamation of the first floor of the southern wing of Ward 6 and the first floor of the Occupational Therapy extension. This L-shaped area encompasses a 1860s pauper wing and the late-19th century/1950s extension. The training suite is generally underutilised and the office spaces are vacant.

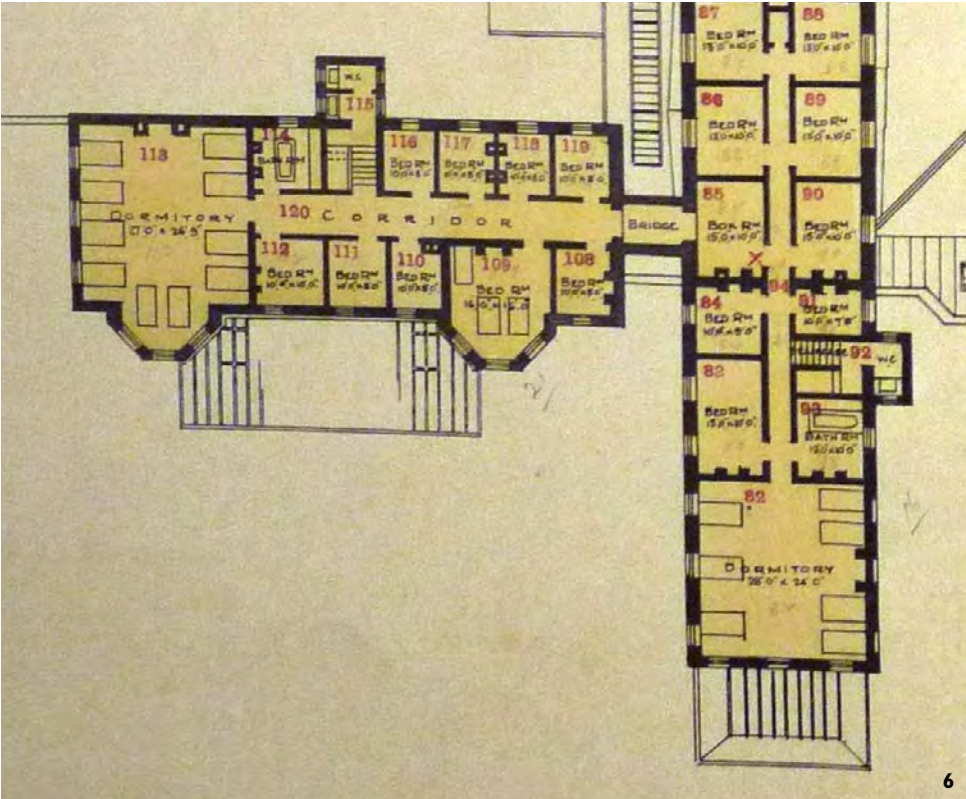
Externally, the original layout of the pauper wing is visible and the distinctive 1950s brickwork of the extension is prominent from the grounds of the Hospital.

Internally, the 1860s pauper wing has been refurbished in the 2000s and it is in a better condition than the corresponding wing of Ward 8. The refurbishment has been comprehensive and is fairly intrusive in terms of historic character. The wing has retained its large open room to the west, which is connected to the main building by a central corridor, flanked by smaller rooms, most recently used as offices. Intrusive false ceilings in this wing reduce ceiling heights and come to below the window tops in some cases. There is almost nothing of historic interest in these spaces and some sash windows also appear to be replicas.

The late-19th century/1950s extension wing has a central corridor with flanking offices that leads to a larger circulation space. Beyond this are additional small offices within the 1950s element. The internal decorative scheme, fixtures and fittings are generally early-21st century and of no historic interest, although some cast-iron radiators survive.



- 1 An entirely modern space within the late-19th century element of the wing.
- 2 The waiting room on the first floor at the far end of the 1950s extension.
- 3 The large day room at the end of the 1860s wing. Note the intrusive false ceiling.



First floor plan of the Hospital, 1938

2 UNDERSTANDING

TRAINING SUITE: FIRST FLOOR

UNDERSTANDING

- 1820s – A wing was built to house the refractory patients to the north-west of the main buildings, connected by long passageways.
- 1861-2 – Two new wings for male and female pauper patients were built in this location, replacing the existing refractory wing. The earlier passageways remained in use and were refurbished in the 1880s.
- 1920s – Ground floor verandas were added to the external elevations of the two pauper wings.
- 1953 – Two new extensions were added to replace the light-weight verandas, containing two day rooms and a six-bed ward.
- 1960s – Infill extension was constructed between the two wings to create a quadrangle with central yard.
- 1980s - The wards were extensively refurbished and modernised.
- 1995-2000 – Scheme of refurbished.

FEATURES OF INTEREST

- Large open day room to the west
- Surviving plan form of the 1860s wing
- Cast-iron radiators

MODERN INTERVENTIONS

- False ceilings that block window tops and modern floor coverings
- Comprehensive modern decorative scheme and boxed-in radiators

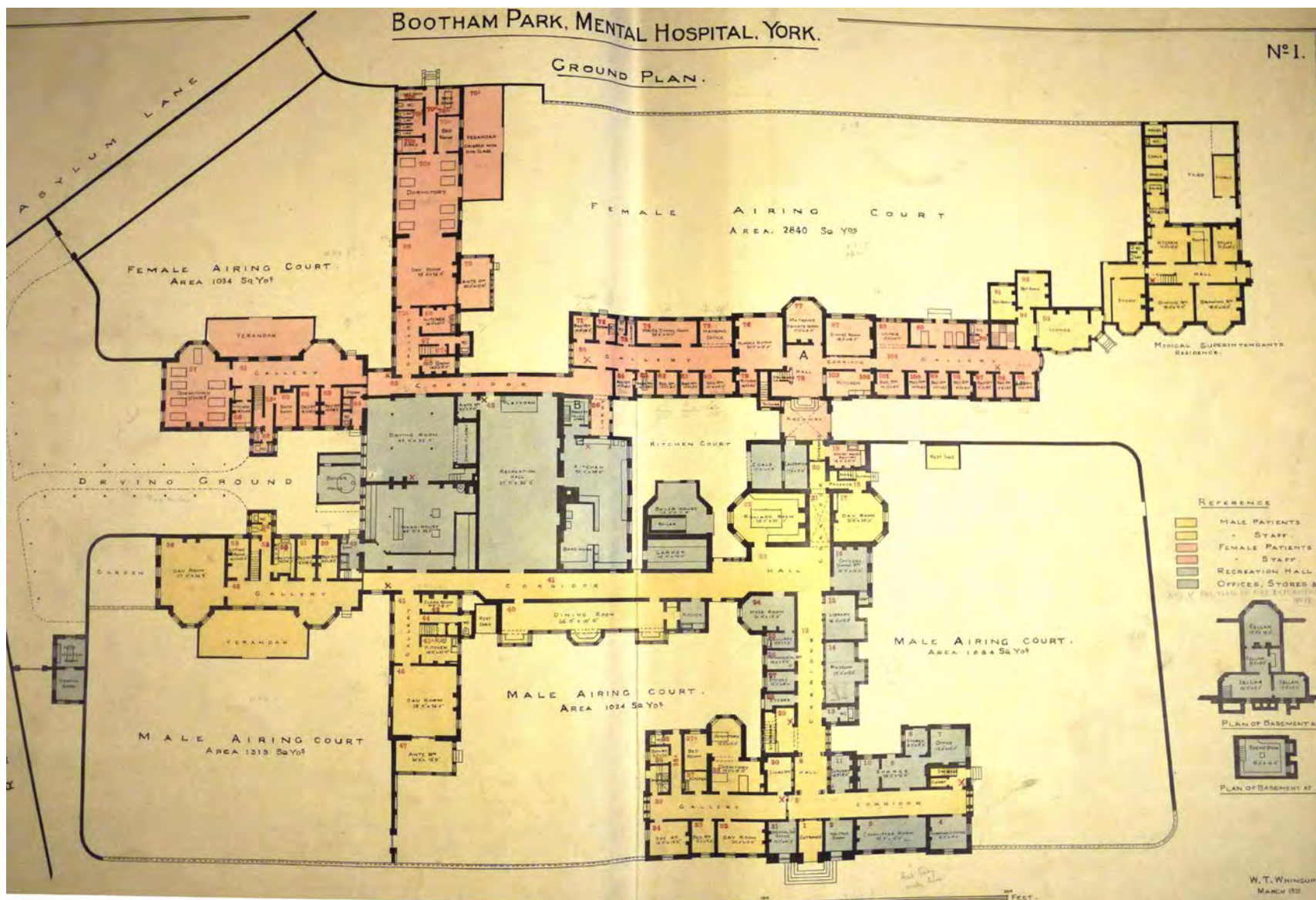
SIGNIFICANCE

The structure of the pauper wing has **medium** significance and the late-19th century/1950s extension has **low** significance. Internally the first floor spaces are **neutral** or **detrimental**.

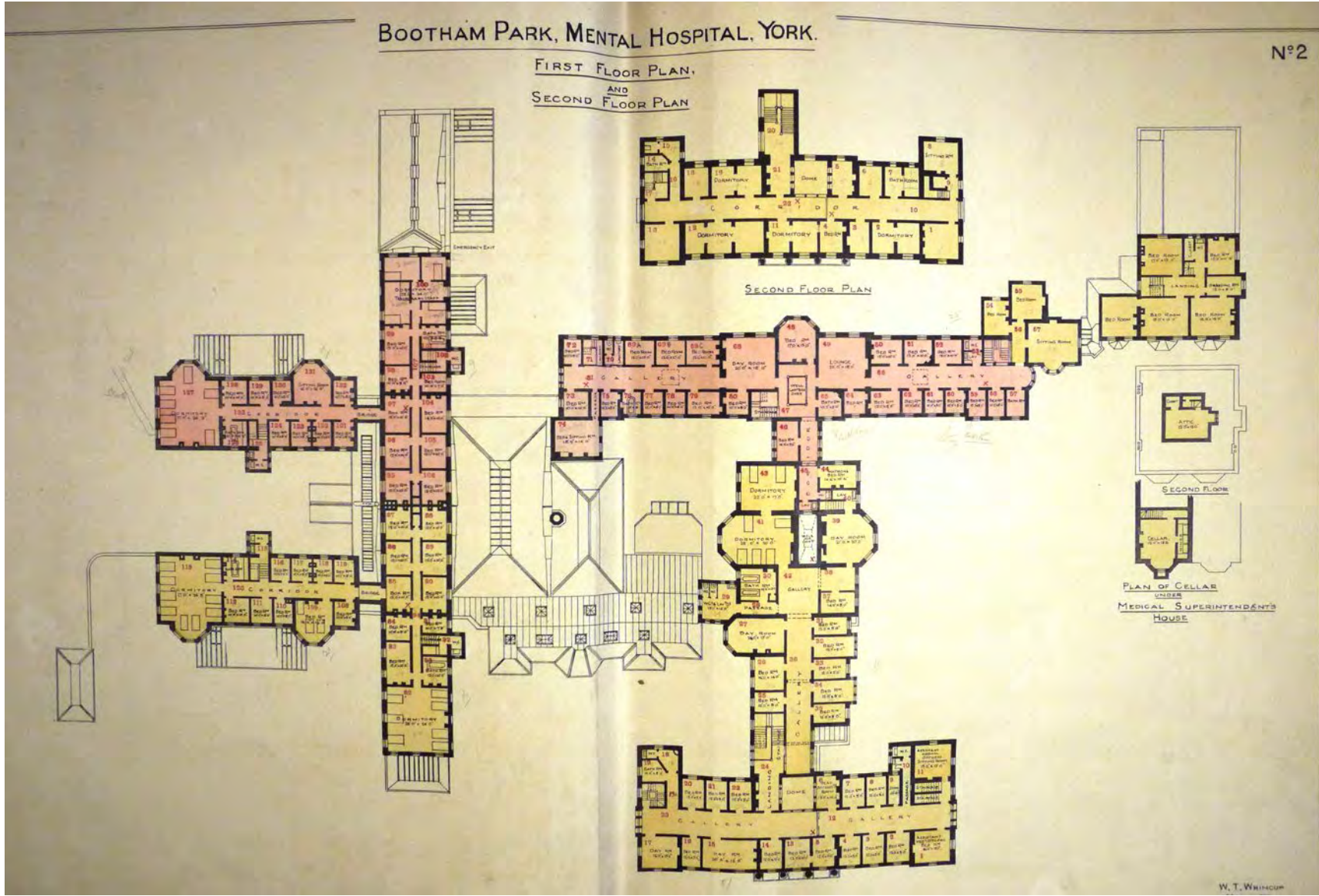


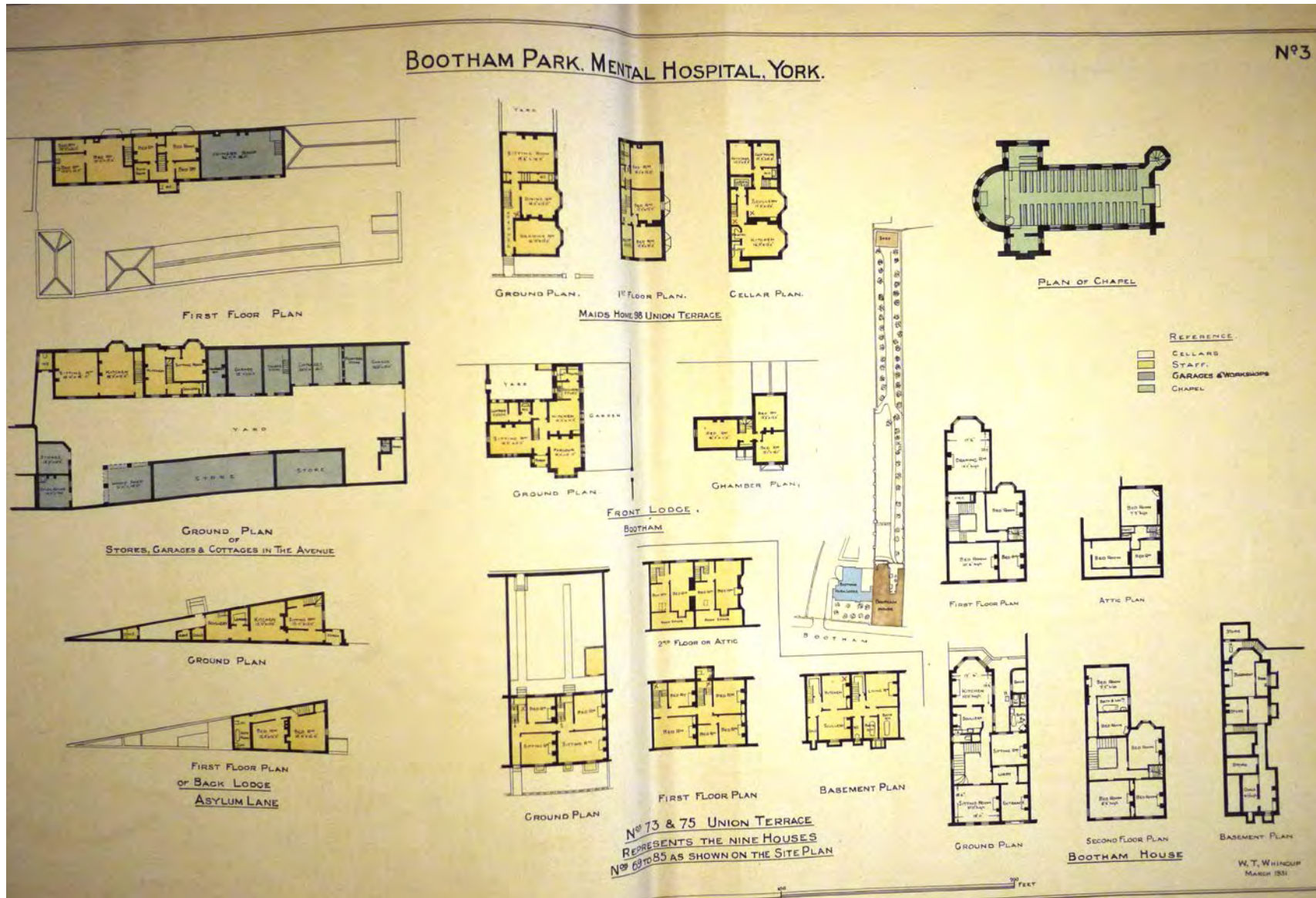
APPENDIX I: HISTORIC FLOOR PLANS

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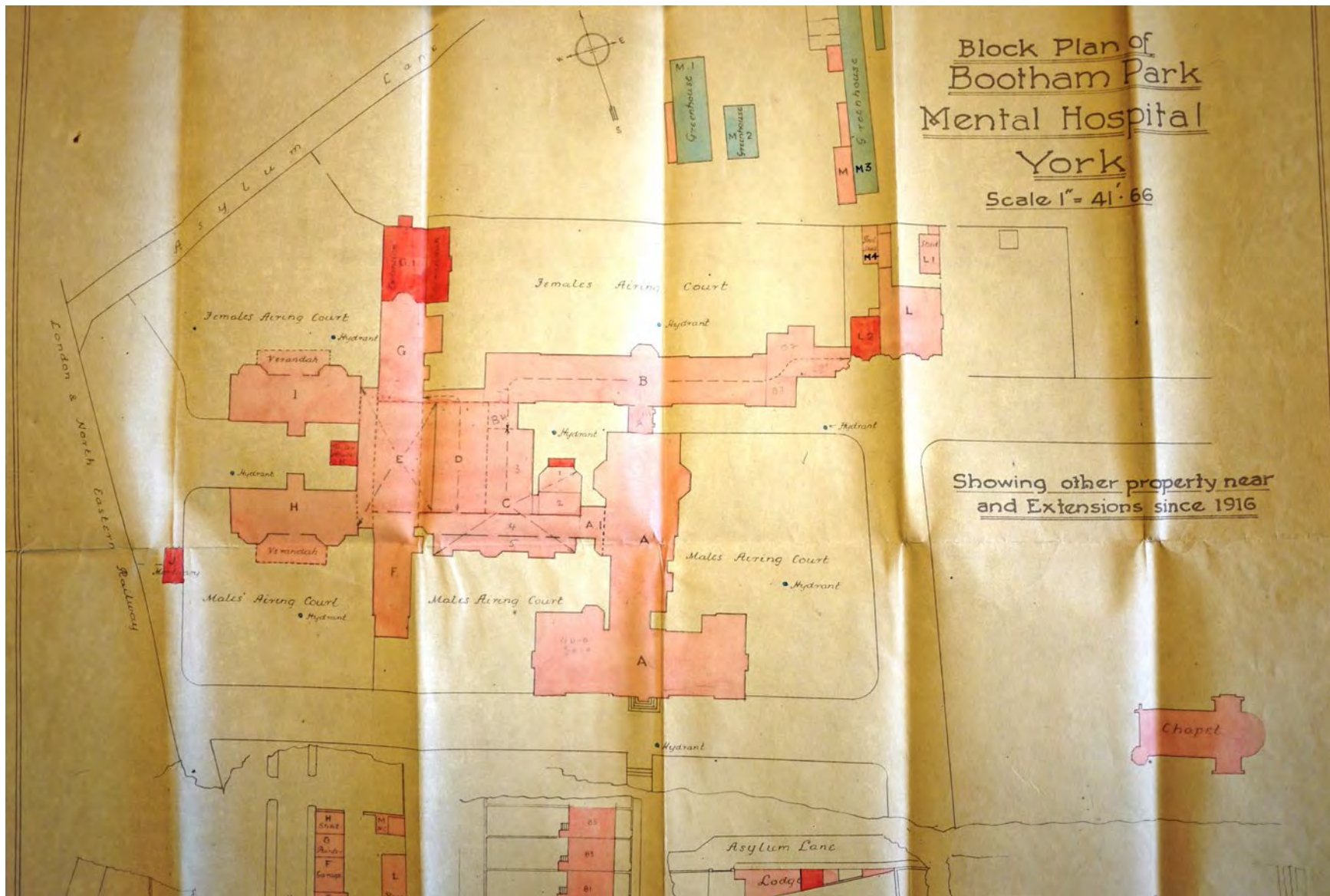


Ground floor plan of the Hospital, 1931. Yellow shading denotes male areas, red shows female areas and blue shows recreation, office and store areas. - Borthwick Institute BOO/2/1/1931(1-6) Volume of 'Plans of Bootham Park Mental Hospital, York, 1931' containing ground plan (also plans of basement areas), 6 1/4" - 100', coloured (original no: 1), W.T Whincup, surveyor; March 1931, (gives room measurements and names, shows airing courts, drying grounds, and male, female, staff and administrative areas).



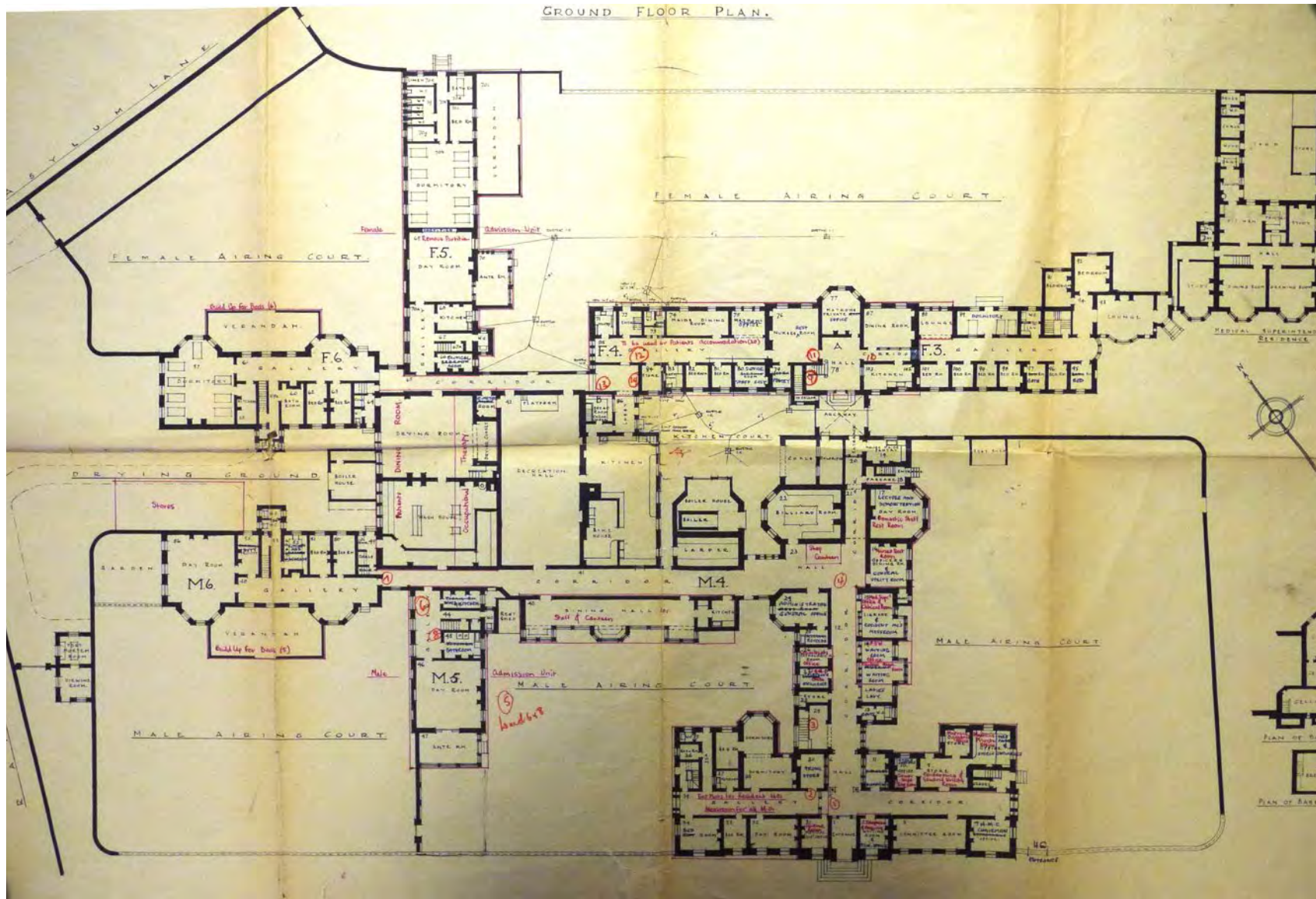


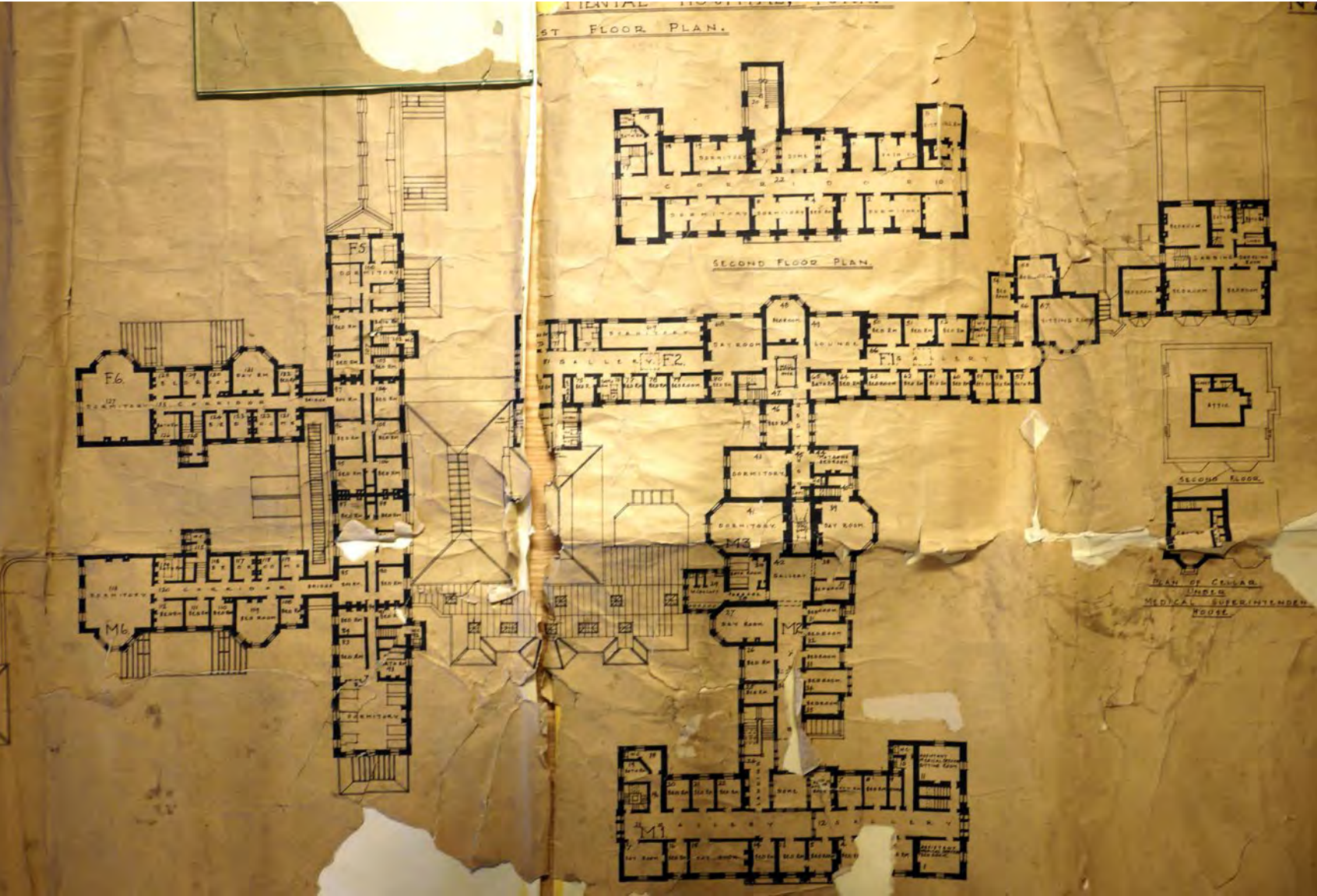
Ancillary buildings plans, 1931 - Borthwick Institute BOO/2/1/1931(1-6) - complete floor plans of stores, garages, cottages in avenue, back lodge on Asylum Lane, maids home in 98 Union Terrace, front lodge on Bootham, and 73 and 75 Union Terrace, representing the nine houses 69-85 Union Terrace, as on site plan, also plan of chapel, and Bootham House, 6 1/4" - 100', coloured, (original no: 3); WT Whincup, March 1931 (same level of detail as (1))



Block plan of the Hospital for the 1930 insurance policy, BOO3/12/1/21

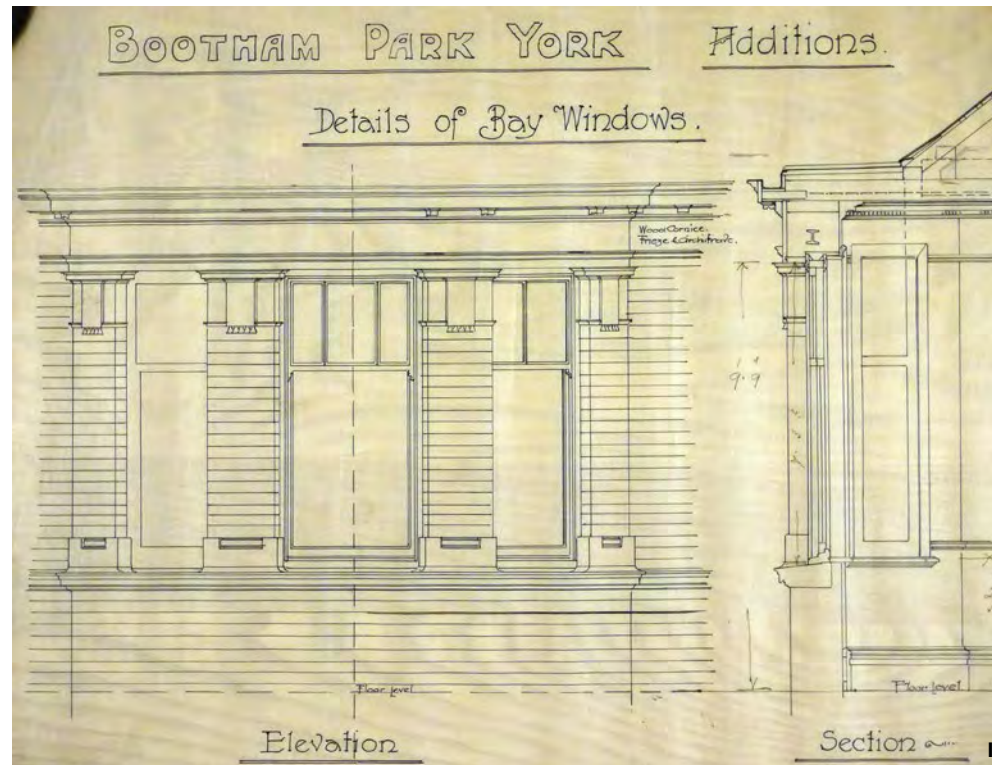
APPENDIX I: HISTORIC FLOOR PLANS



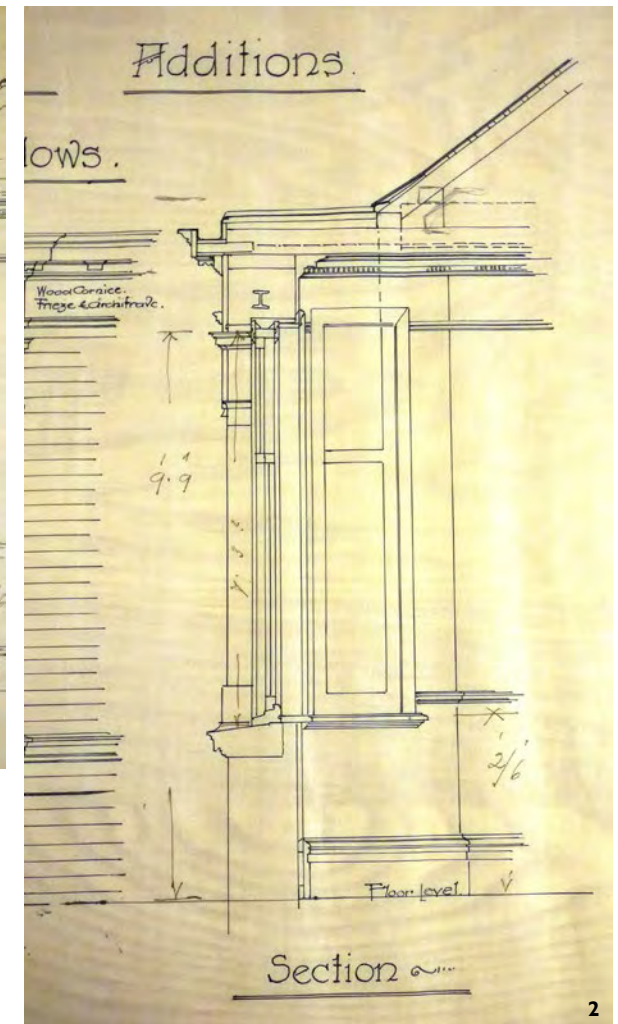


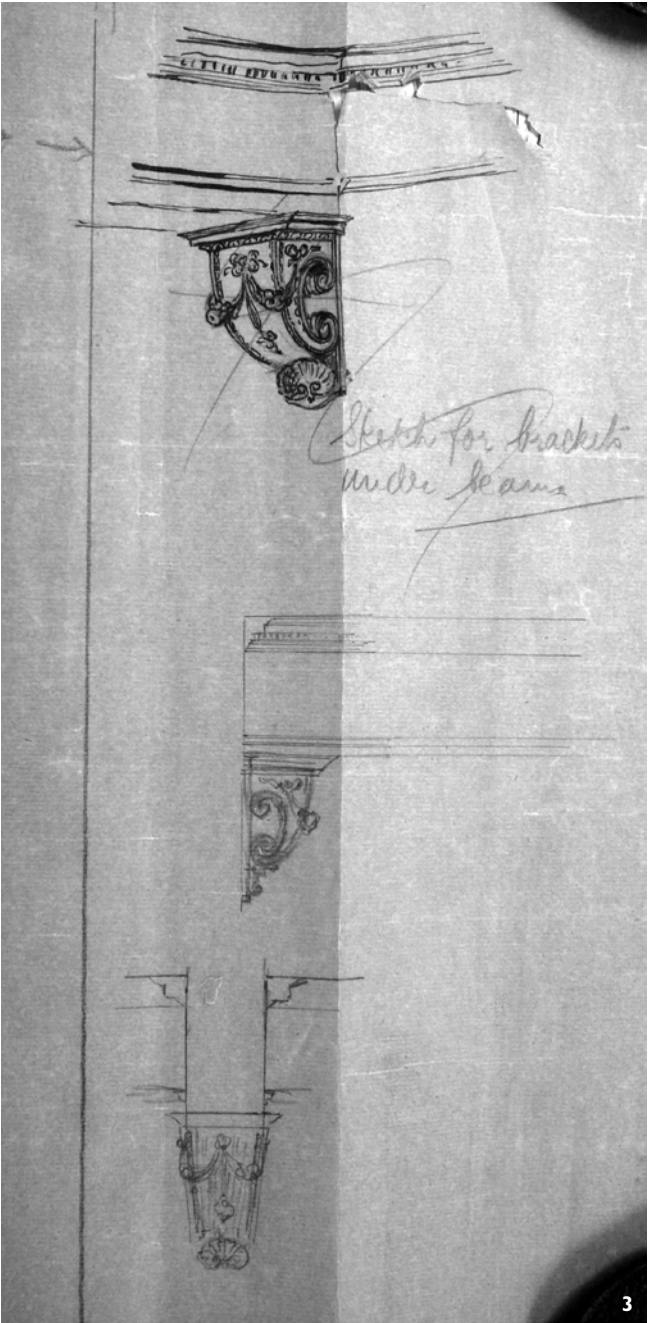
First floor plan of the Hospital, 1938 - Borthwick Institute BOO2/1/1938(4)

APPENDIX J: 1908 ALTERATIONS

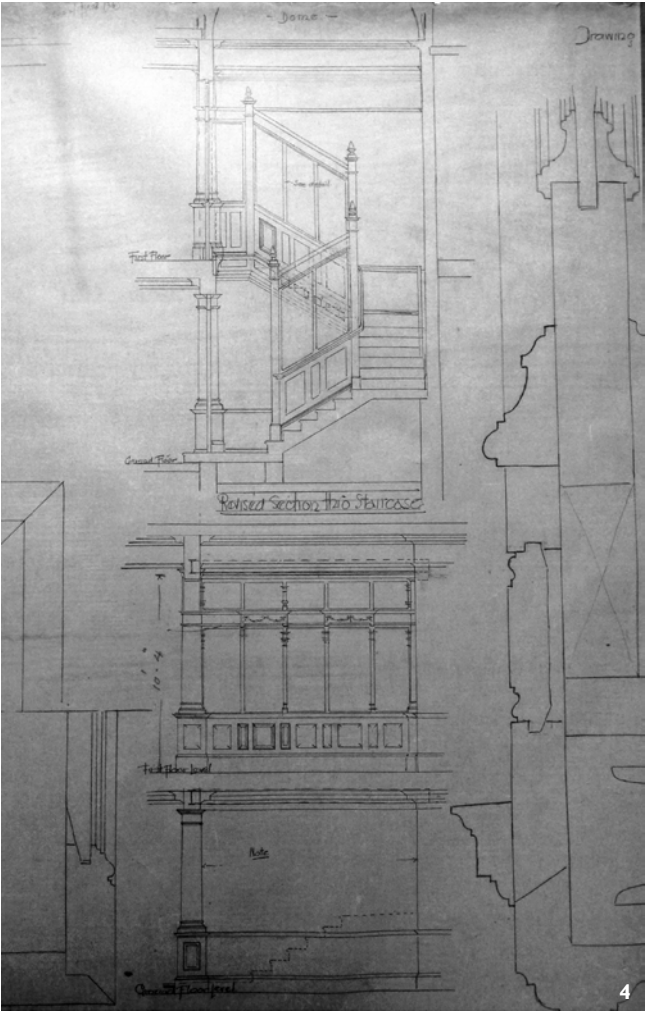


- 1 Borthwick Institute BOO2/1/1908(33) - [Additions]: details of bay windows: elevation, section, plan, section, plan through frames, full size details, A Creer
- 2 Borthwick Institute BOO2/1/1908(33) - [Additions]: details of bay windows: elevation, section, plan, section, plan through frames, full size details, A Creer

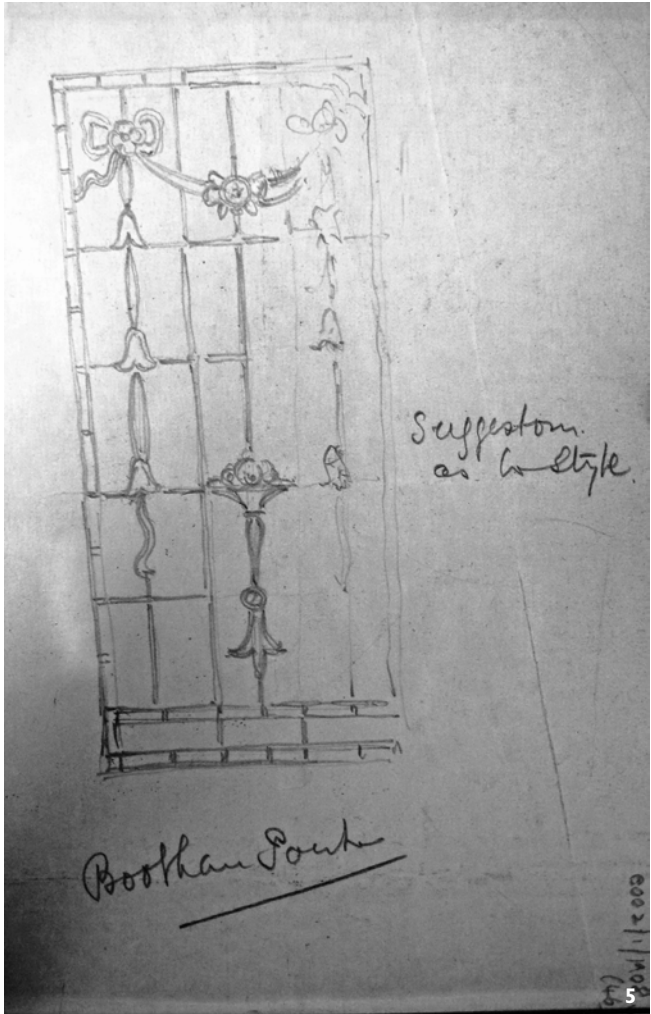




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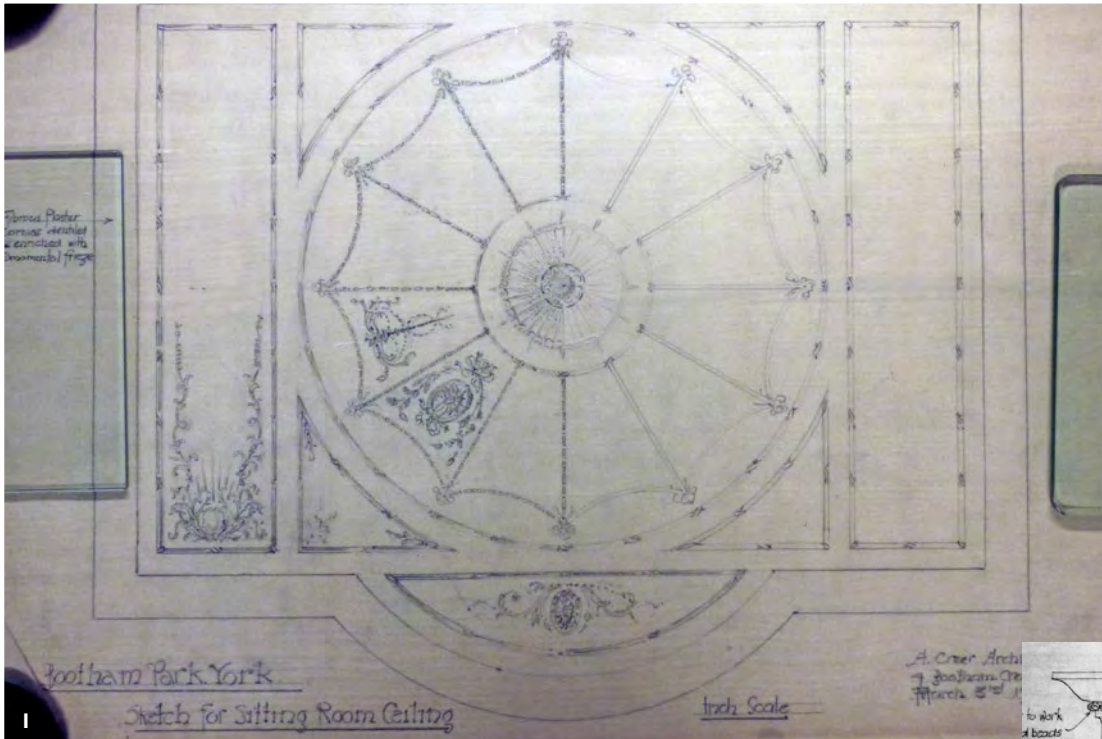
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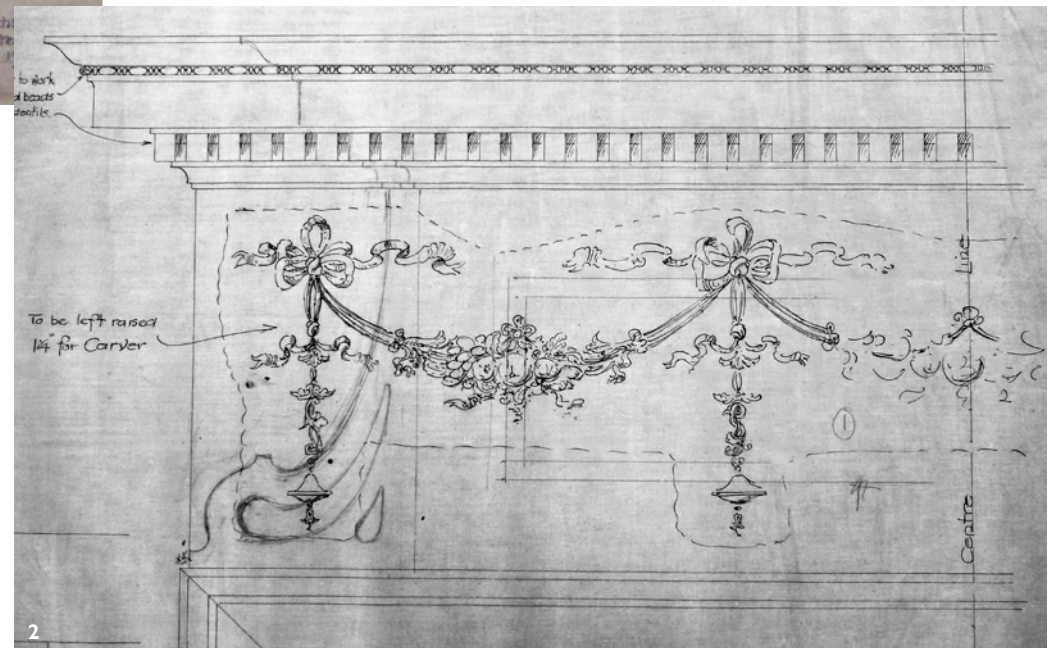
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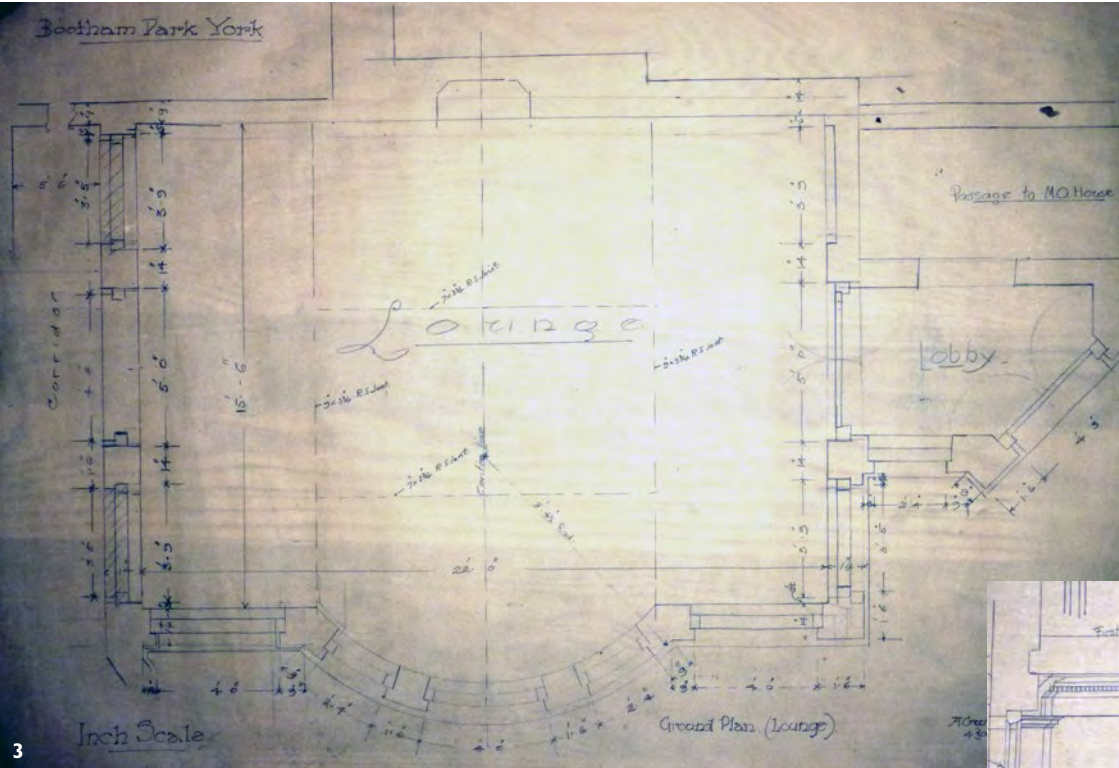
- 3 Detail of corridor ceiling, A. Creer, Architect, 1908 - Borthwick Institute BOO2/1/1908(32) - [Additions]: details of bay windows [corridors], pencil drawing, A Creer
- 4 Details of the staircase screens, 1908 - Borthwick Institute BOO2/1/1908(36) - [Additions]: details of staircase screens etc, 1/2" scale and full size, pencil drawings, A Creer
- 5 Suggested style for stained glass, 1908 - Borthwick Institute BOO2/1/1908(46) - [Additions]: details of [corridor decoration], small pencil drawing marked 'suggestions to style', [A Creer]

APPENDIX J: 1908 ALTERATIONS

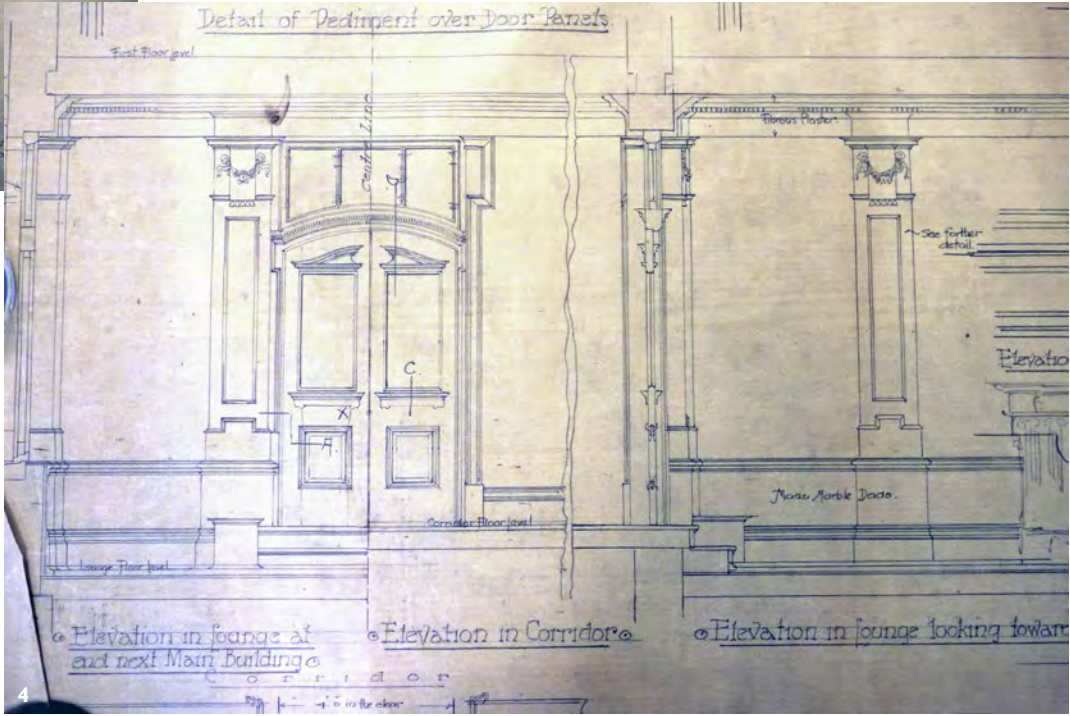


- 1 Sketch for sitting room ceiling, 1908 – Borthwick Institute BOO2/1/1908(44) - [Additions]: sketch for sitting room ceiling, 1" scale, pencil drawing, A Creer
- 2 Detail of over doors, 1908 - Borthwick Institute BOO2/1/1908(40) [Additions]: sketch for sitting room ceiling, 1" scale, pencil drawing, A Creer

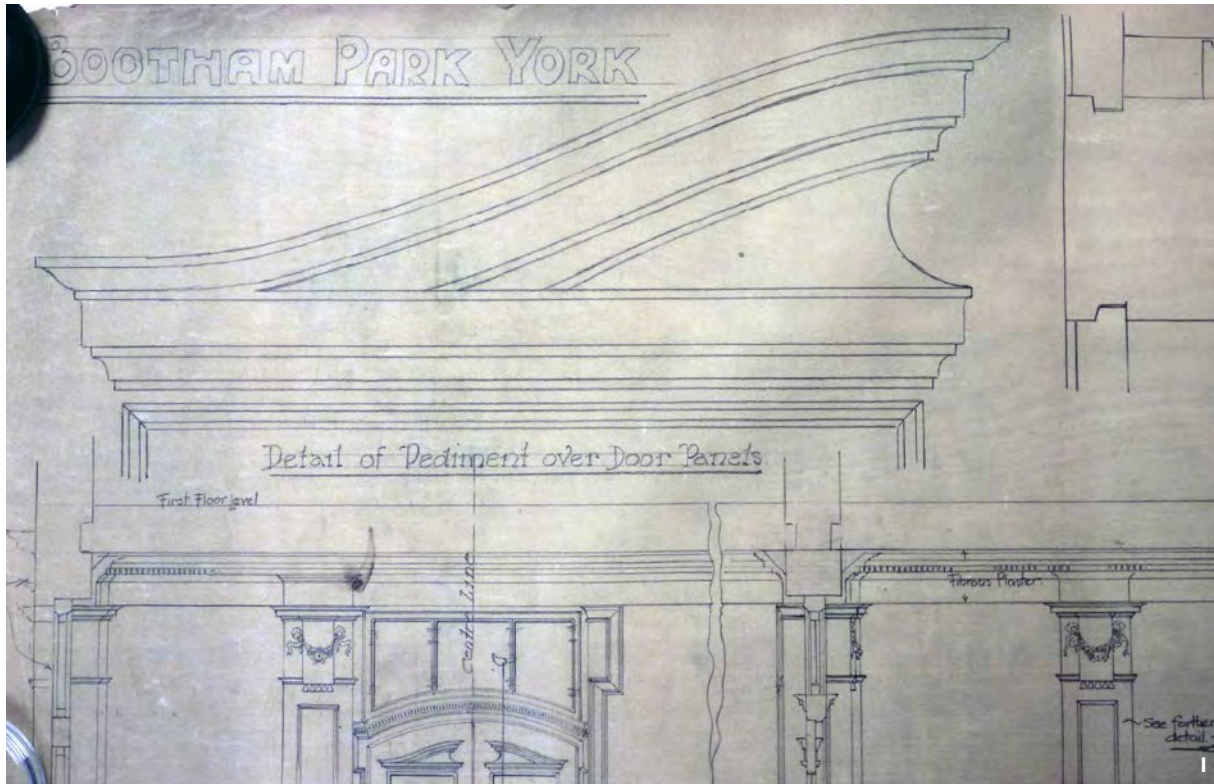




- 3 Lounge plan - BOO2/1/1908(38) [Additions]: detail of stonework: full size detail through sill etc to bay window, full size detail through cornice etc, pencil drawing, A Creer
- 4 Details of woodwork in lounge - Borthwick Institute BOO2/1/1908(42) [Additions]: details of woodwork in lounge, pencil drawing, A Creer

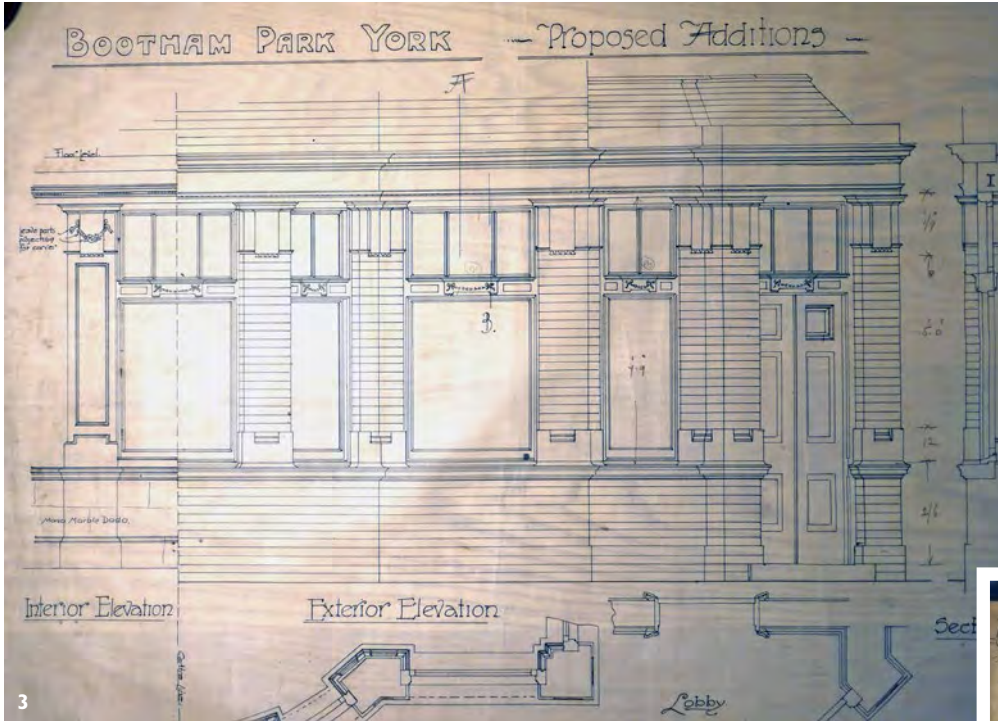


APPENDIX J: 1908 ALTERATIONS

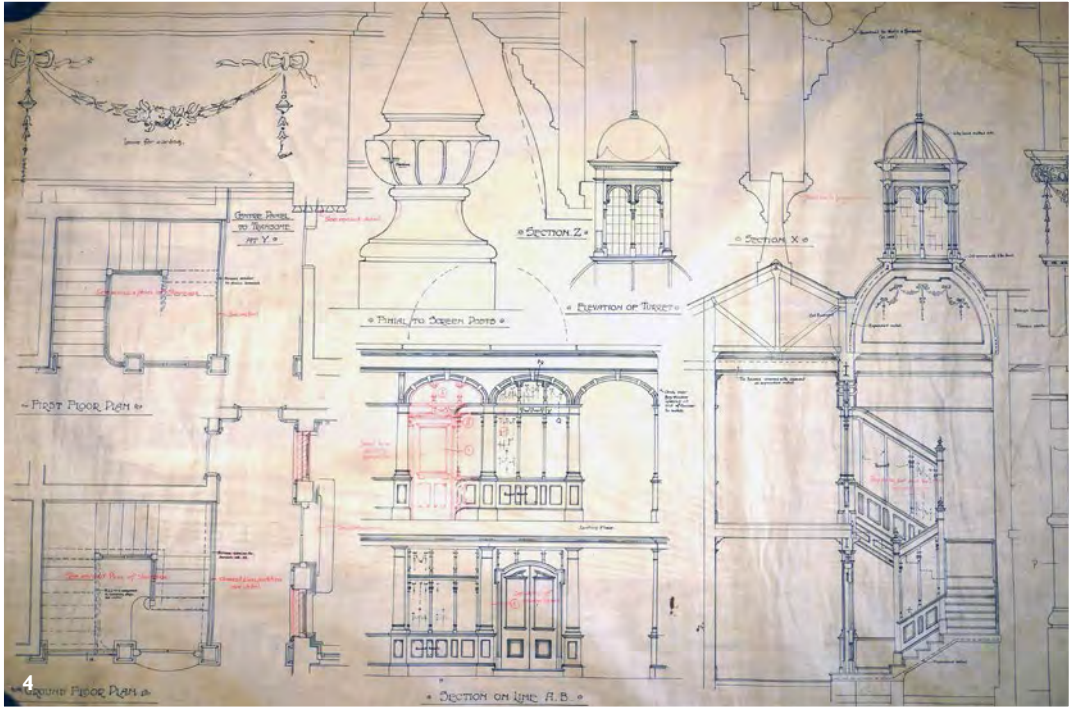


- 1 Details of woodwork in lounge - Borthwick Institute BOO2/1/1908(42) [Additions]; details of woodwork in lounge, pencil drawing, A Creer
- 2 Proposed additions to the Hospital, ground and first floor; 1908 Borthwick Institute BOO2/1/1908(3) Proposed additions: first floor and ground floor plans, 8' - 1", coloured, [A Creer]

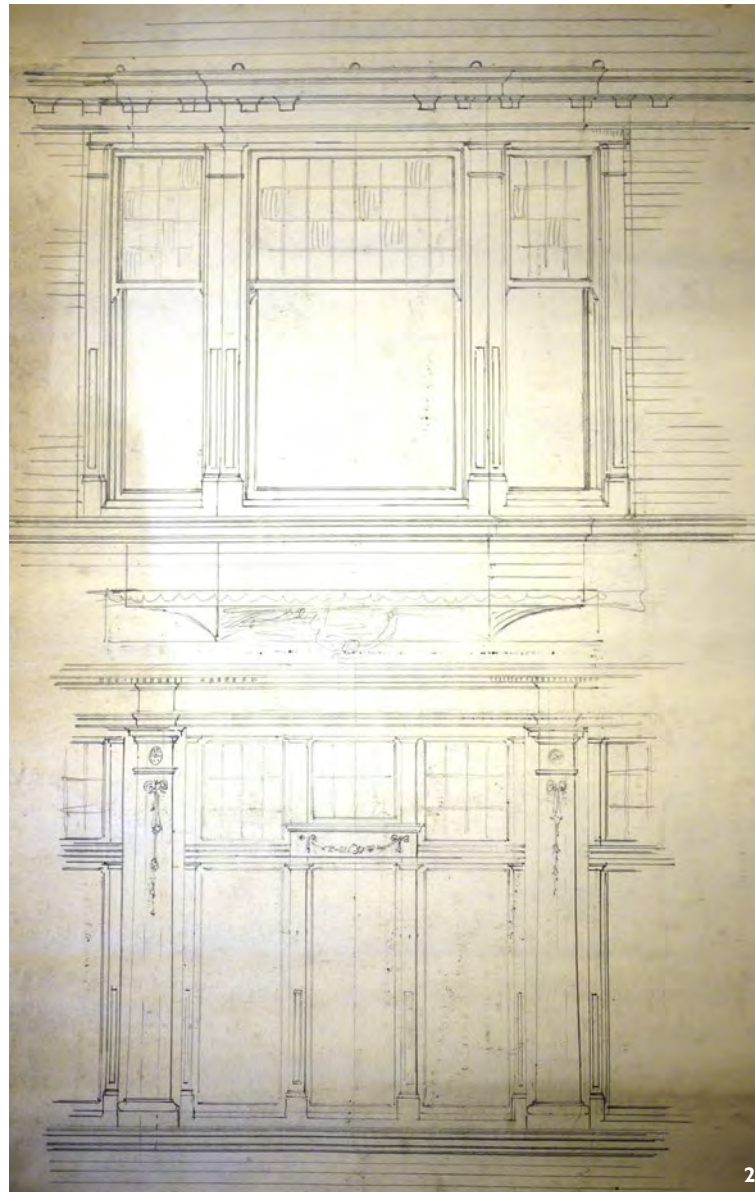
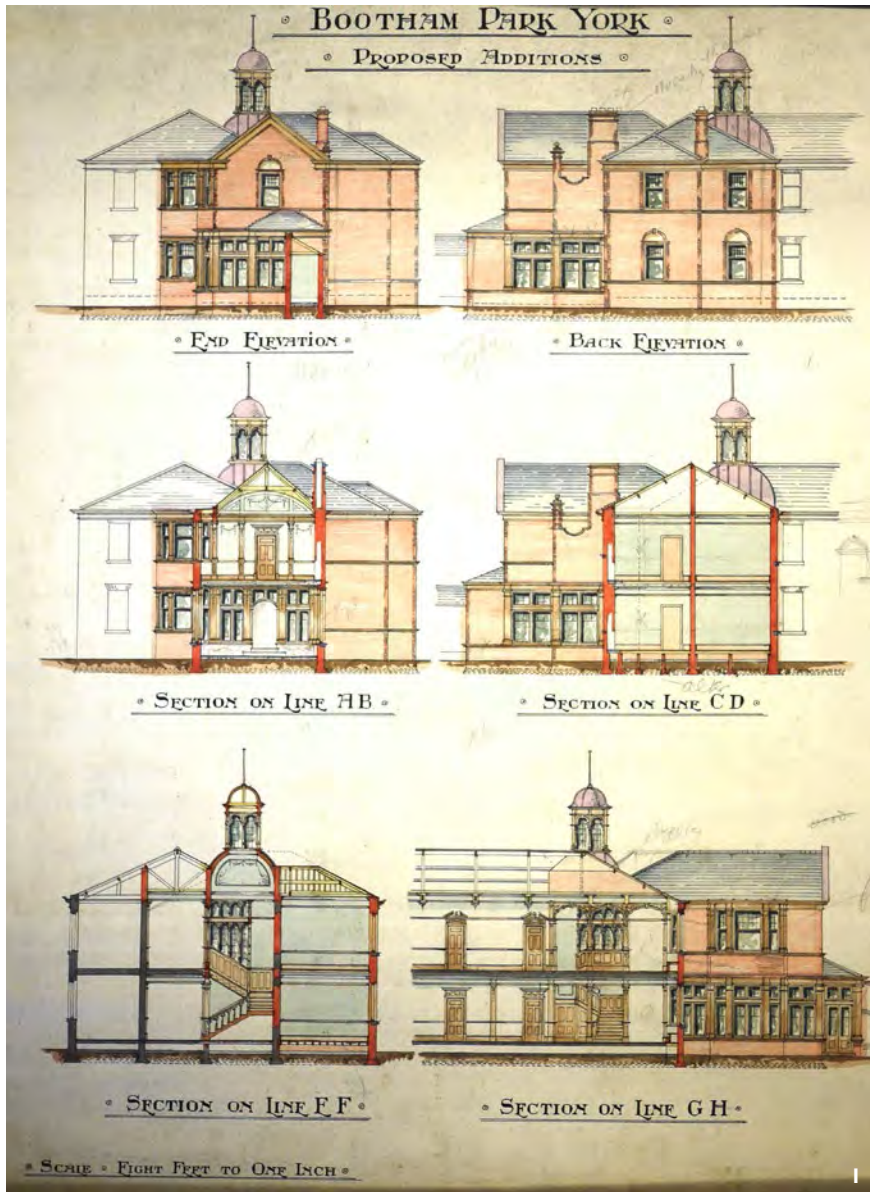




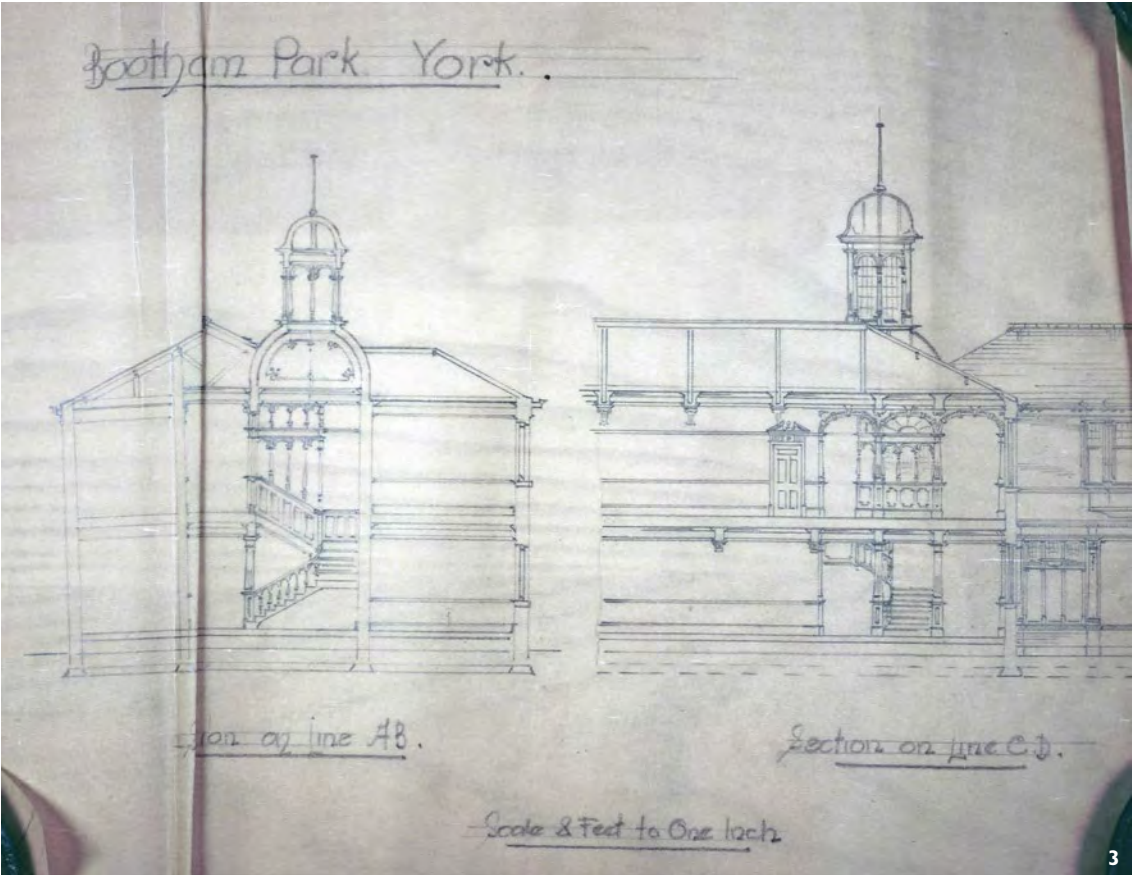
- 3 External elevations for proposed additions, 1908 - Borthwick Institute BOO2/1/1908(4) Proposed additions: exterior elevation, ground plan, interior elevation, sections, detail section, 1" scale, copy on waxed paper; A Creer; 4 Bootham Crescent, York
- 4 Details of lantern and stairs, 1908 - Borthwick Institute BOO2/1/1908(8) Additions: elevation of turret, sections of corridors, various drawings of details, 1/2" - 1', working drawing [A Creer]



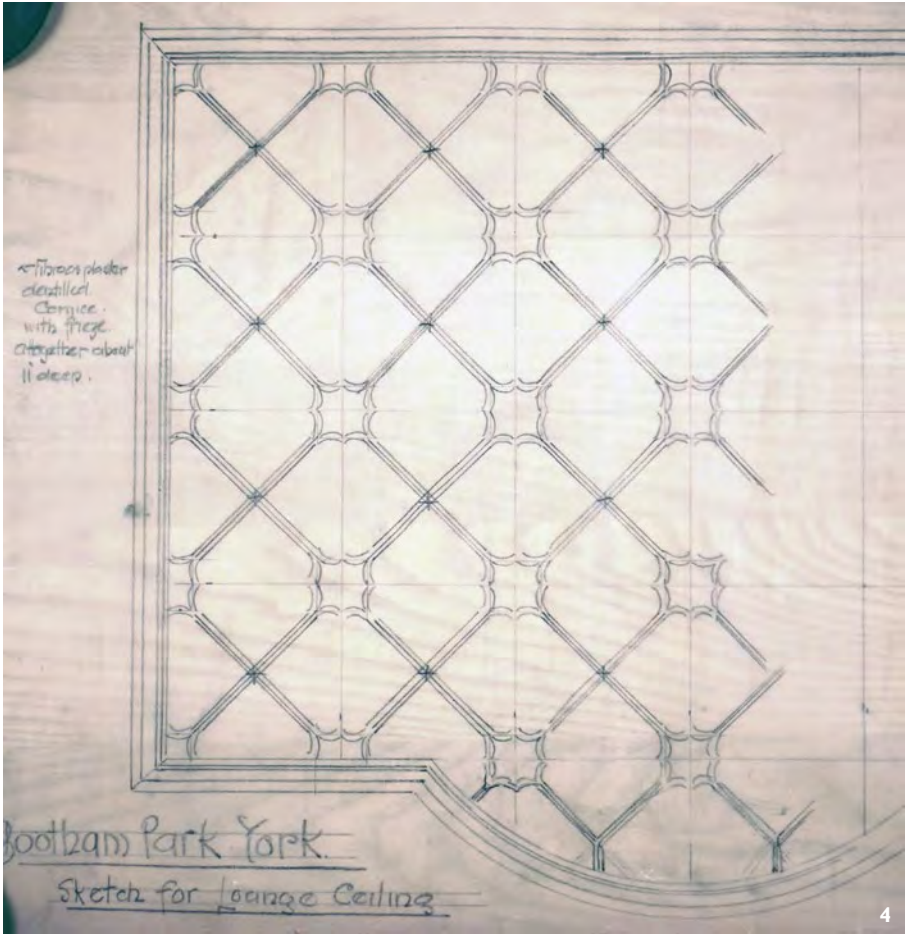
APPENDIX J: 1908 ALTERATIONS



- 1 Early proposed plans (not constructed), 1908 - Borthwick Institute BOO2/1/1908(6) Proposed additions: elevations, sections, 8' - 1", coloured [A Creer]
- 2 Screen sketch detail, 1908 - Borthwick Institute BOO2/1/1908(10-13) [Additions]: four pencil drawings, A. Creer



- 3 Early proposed plans (not constructed) - Borthwick Institute BOO2/1/1908(9) Additions: sections through turret and stairs, elevation of turret, section through corridors, full size details, first floor and ground floor plans, coloured, signed by contractor; William Birch
- 4 ketch for lounge ceiling – Borthwick Institute BOO2/1/1908(41) [Additions]: sketch for lounge ceiling, 1" scale, pencil drawing, A Creer



APPENDIX K: GLOSSARY

HEALTHCARE DEFINITIONS

Anti-ligature measures

The elimination of ligature points through design to aid the prevention of self-harm in mental healthcare facilities. Environmental alterations can be made to all structures, fixtures, fittings or furnishings to reduce this risk.

Lunatic Asylum

An historic term used to describe an institution devoted to housing patients with mental illness or learning difficulties. Other historic terms that were commonly used in the 19th century but are not considered appropriate today include 'idiocy', 'insane' and 'imbecility'.

PLANNING DEFINITIONS

National Planning Policy Framework (NPPF)

The NPPF sets out the government's planning policies for England and provides guidance for local planning authorities and decision-takers. Section 12 deals specifically with the Historic Environment.

Sustainable development

Pursuing sustainable development involves seeking positive improvement in the quality of the built environment. The NPPF seeks economic, social and environmental (including historic environmental) gains jointly and simultaneously.

Public Benefit

Public benefits in this sense will most likely be the fulfilment of one or more of the objectives of sustainable development as set out in the NPPF, provided the benefits will endure for the wider community and not just for private individuals or corporations.

Historic Environment

All aspects of the environment resulting from the interaction between people and places through time, including all surviving physical remains of past human activity, whether visible, buried or submerged, and landscaped and planted or managed flora.

Heritage asset

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.

Designated heritage asset

A World Heritage Site, Scheduled Monument, Listed Building, Protected Wreck Site, Registered Park and Garden, Registered Battlefield or Conservation Area designated under the relevant legislation.

Significance

The value of a heritage asset to this and future generations because of its heritage interest. That interest may be archaeological, architectural, artistic or historic. Significance derives not only from a heritage asset's physical presence, but also from its setting.

Conservation

The process of maintaining and managing change to a heritage asset in a way that sustains and, where appropriate, enhances its significance.

Setting

The surroundings in which a heritage asset is experienced. Its extent is not fixed and may change as the asset and its surroundings evolve. Elements of a setting may make a positive or negative contribution to the significance of an asset, may affect the ability to appreciate that significance or may be neutral.

Harm

All grades of harm, including total destruction, minor physical harm and harm through change to the setting, can be justified on the grounds of public benefits that outweigh that harm taking account of the 'great weight' to be given to conservation and provided the justification is clear and convincing

The conservation of heritage assets should always be given 'great weight' and any harm can only be justified if the application clearly and convincingly shows that the harm will be outweighed by public benefits.

Viability

Sometimes harm is necessary to enable change of use of the asset to its optimum viable use. The optimum viable use is either the sole viable use of the asset or, if there is more than one viable use, the use most consistent with its ongoing conservation. Enabling such a change of use can be a public benefit that outweighs the harm done.

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
DEMOLISHED				
Bedford Asylum, Bedford	Bedfordshire	1812	1860	
Fountain Mental Hospital, Tooting	London	1892	1963	
Banstead, Banstead	Middlesex	1877	1986	
Darenth Park Hospital	Kent	1878	1988	
Naburn, Fulford, York	Yorkshire	1903	1988	Formerly York Borough Asylum, in conjunction with Bootham Park Hospital
Broadgate, Beverly	Yorkshire	1871	1989	
Cane Hill, Coulsdon	Surrey	1882	1991	Admin, Water Tower, Chapel & Cottage Hospital retained

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
St John's, Stone	Buckinghamshire	1853	1991	
Rainhill, Prescot	Lancashire	1851	1992	
Rubery Hill, Birmingham	Warwickshire	1882	1993	
Carlton Hayes, Narborough	Leicestershire	1904	1994	
Clifton, York	Yorkshire	1849	1994	Formerly York and East Ridings Asylum
Coney Hill, Gloucester	Gloucestershire	1883	1994	
Hellingly, Hellingly	Sussex	1903	1994	
Calderstones, Clitheroe	Lancashire	1915	1995	
Caterham Mental Hospital	London	1870	1995	
St Matthew's, Burntwood	Staffordshire	1865	1995	Chapel remains
Whittingham, Preston	Lancashire	1873	1995	Admin and Front Four Villas remain
Tooting Bec Mental Hospital, Tooting	London	1903	1995	
Barnsley Hall, Birmingham	Worcestershire	1907	1996	
Parc Hospital, Bridgend	Glamorgan	1887	1996	

Hospital Name	County	Opened	Closed	Notes
Winterton, Sedgfield, Durham	County Durham	1859	1996	
De La Pole, Willerby, Hull, Humberside	Yorkshire	1883	1997	Chapel remains - used as a funeral venue (multi-faith). Formerly Hull Borough Asylum
Winwick, Warrington	Lancashire	1902	1997	Chapel remains
Bexley, Dartford	London	1898	1998	Chapel remains
Cherry Knowle, Ryhope, Sunderland	County Durham	1895	1998	
Shenley, Shenley	Hertfordshire	1934	1998	Chapel & Water Tower remains
Warlingham, Warlingham	Surrey	1903	1999	Water tower remains
St Lawrence's, Bodmin	Cornwall	1815	2002	Original radial buildings converted. Foster annex demolished in 2014
Countess Of Chester, Chester	Cheshire	1829	2005	

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
St Ebba's Hospital, Epsom	London	1903	2009	Mostly demolished, water tower & 2-3 other wards open/derlict
St Lukes, Middlesbrough, Cleveland	Yorkshire	1898	2009	Formerly Middlesbrough County Asylum
Kingsway, Derby	Derbyshire	1888	2010	
Runwell, Chelmsford	Essex	1936	2010	Admin, chapel & water tower retained
CONVERTED				
Royal Holloway, Virginia Water	Surrey	1885	1982	
The Lawn, Lincoln	Lincolnshire	1820	1985	
The Coppice, Nottingham	Nottinghamshire	1859	1986	
Digby, Exeter	Devon	1886	1987	
Saxondale, Nottingham	Nottinghamshire	1902	1987	
Horton Road, Gloucester	Gloucestershire	1823	1988	
Powick, Powick, Hereford & Worcester	Worcestershire	1852	1989	
Mendip, Wells	Somerset	1848	1991	

Hospital Name	County	Opened	Closed	Notes
Fulbourn, Cambridge	Cambridgeshire	1858	1992	
Herrison, Dorchester	Dorset	1863	1992	
Long Grove Hospital, Epsom	London	1907	1992	
St Augustine's, Canterbury	Kent	1875	1992	
Whitecroft, Newport, Isle Of Wight	Hampshire	1896	1992	
Friern, Barnet	Middlesex	1851	1993	
Glenside, Bristol	Gloucestershire	1861	1993	
Moorhaven, Plymouth	Devon	1891	1993	
St Audry's Hospital, Woodbridge	Suffolk	1829	1993	
Brookwood, Woking	Surrey	1867	1994	
Exminster, Exeter	Devon	1845	1994	
Mapperley, Nottingham	Nottinghamshire	1880	1994	
Netherne, Hooley	Surrey	1909	1994	
Oakwood, Maidstone	Kent	1833	1994	
Pastures, Derby	Derbyshire	1851	1994	

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
St Mary's, Burghill	Herefordshire	1871	1994	
Claybury, Redbridge	London	1893	1995	
Hill End, St Alban's	Hertfordshire	1899	1995	
Leavesden, Abbots Langley	Hertfordshire	1870	1995	
Roundway, Devizes	Wiltshire	1849	1995	
Scalebor Park, Burley In Wharfedale	Yorkshire	1902	1995	
St Francis, Haywards Heath	Sussex	1859	1995	
St Mary's, North Saltwick	County Durham	1914	1995	
Stanley Royd, Wakefield	Yorkshire	1818	1995	Formerly West Riding Pauper Lunatic Asylum
Tone Vale, Tauton	Somerset	1897	1995	One ward to right of admin & main hall still derelict
Central Hospital, Hatton	Warwickshire	1852	1996	
Hollymoor, Birmingham	Warwickshire	1905	1996	
Knowle, Fareham	Hampshire	1852	1996	
Littlemore, Oxford	Oxfordshire	1846	1996	

Hospital Name	County	Opened	Closed	Notes
Manor Hospital, Epsom	London	1899	1996	
Park Prewett, Sherbourne St John	Hampshire	1921	1996	
Pen-Y-Fal Hospital Abergavenny	Monmouthshire	1851	1996	Chapel remains derelict
Royal Albert, Lancaster	Lancashire	1873	1996	
Fairfield, Stotfold	Bedfordshire	1859	1997	
Horton Asylum, Epsom	London	1902	1997	
Parkside, Macclesfield	Cheshire	1871	1997	
Prestwich, Manchester	Lancashire	1862	1997	
Royal Earlswood, Redhill	Surrey	1855	1997	
Normansfield, Kingston	London	1868	1997	
Napsbury, St Alban's	Middlesex	1905	1998	
Garlands, Carleton, Carlisle	Cumbria	1862	1999	
Lancaster Moor, Lancaster	Lancashire	1816	1999	South buildings under demolition/ conversion

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
Middlewood, Wadsley Park, Sheffield	Yorkshire	1872	1999	West Riding of Yorkshire County Asylum
All Saints, Winson Green, Birmingham	Warwickshire	1850	2000	
St Edwards, Cheddleton, Staffordshire	Staffordshire	1898	2001	
Graylingwell, Chichester	Sussex	1897	2002	
Warley, Brentwood	Essex	1853	2002	
Fairmile, Cholsey	Oxfordshire	1870	2003	
High Royds, Menston	Yorkshire	1888	2003	Few wards still derelict to west of site
The Towers, Humberstone	Leicestershire	1869	2005	Some small parts still derelict
Stone House Hospital, Dartford	Kent	1897	2007	
West Park, Epsom	London	1923	2009	
STILL OPEN				
Glanrhyd Hospital, Bridgend	Glamorgan	1864		
Bethlem Royal Hospital	London	1247		The oldest asylum in Britain

Hospital Name	County	Opened	Closed	Notes
Broadmoor Hospital, Crowthorne	Surrey	1863		Plans to replace original asylum buildings in 2016
Cheadle Royal, Cheadle	Cheshire	1763		Formerly Manchester's Royal Lunatic Asylum, existing buildings are 1850s
Cefn Coed Hospital	Glamorgan	1932		
Hellsdeon Hospital, Norfolk	Norfolk	1828		
Maudsley, Southwark	London	1923		
Springfield, Wandsworth	Surrey	1842		
St Andrew's, Northampton	Northamptonshire	1838		
St Cadoc's Hospital, Newport	Monmouthshire	1906		
St Clement's Hospital, Ipswich	Suffolk	1870		Hospital Closed/ Administration Blocks still in use
St James's, Portsmouth	Hampshire	1879		

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
St Luke's, London	London	1751		Existing buildings are 1930s
St Martin's, Canterbury	Kent	1902		
St Nicholas's, Coxlodge, Newcastle	Northumberland	1869		
St Bernard's, Ealing	Middlesex	1831		
The Retreat, York	Yorkshire	1796		Still a charitable psychiatric hospital
Warneford, Headington, Oxfordshire	Oxfordshire	1826		
Whitchurch Hospital, Whitchurch	Glamorgan	1908		
Wonford House, Exeter	Devon	1801		
Demolished or part derelict				
St John's, Bracebridge Heath	Lincolnshire	1852	1989	Final Part of Conversion Underway
Broadgate, Beverley	Yorkshire	1871	1989	Demolished
Storthes Hall, Kirkburton	Yorkshire	1904	1991	Only Admin remains

Hospital Name	County	Opened	Closed	Notes
North Wales Hospital, Denbigh	Denbighshire	1848	1995	CPO ongoing
St Crispins, Duston	Northamptonshire	1876	1995	Some Derelict Buildings - Recent Fire Damage
St Georges, Stafford, Staffordshire	Staffordshire	1818	1995	Conversion to start soon
Rauceby, Sleaford	Lincolnshire	1902	1997	Original block derelict, very stripped. Chapel under conversion, Rest converted[/
Severalls, Colchester	Essex	1913	1997	Planned demolition to start in 2014
St Andrew's, Norwich	Norfolk	1814	1998	Some of annex to north remains and is Grade II* listed
St George's, Morpeth	Northumberland	1859	1999	Awaiting demolition
Mid Wales Hospital, Talgarth	Breconshire	1903	2000	Recent planning application to convert to housing refused
St David's Hospital, Carmarthen	Carmarthenshire	1862	2002	Council owned/ Some buildings in use

APPENDIX L: LIST OF HISTORIC ASYLUMS

Hospital Name	County	Opened	Closed	Notes
Barrow Hospital, Barrow Gurney	Somerset	1939	2008	Final stages of demolition
Goodmayes, Chadwell	Essex	1901	2012	Outpatients, Administration & Services buildings still in use. Main wards closed
Royal Shrewsbury Hospital (Shelton), Shrewsbury	Shropshire	1845	2013	Closed/Derelict

