

Hinckley Cottage Hospital Mount Road, Hinckley Leicestershire

Historic Building Recording and Investigation (Level 3)



*Report prepared for:
NHS Property Services*

CA Project: MK1187

CA Report: MK1187_1

September 2025



Hinckley Cottage Hospital
Mount Road, Hinckley
Leicestershire
Historic Building Investigation and Recording (Level 3)

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prepared by	Hannah Blackmore, Historic Building Consultant
date	September 2025
checked by	Fraser White, Historic Building Consultant
date	September 2025
approved by	Sacha Hunter IHBC, Senior Historic Buildings Consultant
signed	
date	September 2025
issue	1

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Cirencester Building 11 Cotswold Business Park Cirencester Gloucestershire GL7 6BQ t. 01285 771022 f. 01285 771033	Milton Keynes Unit 8 – The IO Centre Fingle Drive Stonebridge Milton Keynes Buckinghamshire MK13 0AT t. 01908 564660	Andover Stanley House Walworth Road Andover Hampshire SP10 5LH t. 01264 347630	Suffolk Unit 5, Plot 11 Maitland Road Lion Barn Industrial Estate Needham Market Suffolk IP6 8NZ t. 01449 900120
e. enquiries@cotswoldarchaeology.co.uk			

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SUMMARY

Project Name: Hinckley Cottage Hospital

Location: Mount Road, Hinckley, Leicestershire

NGR: SP 42952 93733

In November 2024, NHS Property Services commissioned Cotswold Archaeology to undertake a Historic Building Recording of the Hinckley Cottage Hospital, located at the Hinckley & District Hospital on Mount Road (Hinckley, Leicestershire). The recording is required to preserve the building by record prior to its demolition/conversion under Condition 3 (25/00461/FUL).

The building comprises the surviving elements of the Hinckley Cottage Hospital building at the Hinckley and District Hospital. The purpose-built Cottage Hospital within the Site was opened in 1900, built in the Arts and Crafts style, to celebrate Queen Victoria's Diamond Jubilee. The building was extended in 1928, again in 1938, and a connective corridor was added to link the Cottage Hospital to the new health centre in 1978.

The building historically included men's, women's and children's wards; an accident ward; an x-ray suite; an operating theatre; sanitary annexes to the wards; a day room; a mortuary; staff accommodation, and various other ancillary areas to provide kitchens, bathrooms, pantries, and a laundry. Many of these facilities remained throughout the hospital's history, although the uses of some areas changed to accommodate the hospital's evolving requirements. The hospital was also altered and upgraded with each extension and over the following decades, again to keep up with the changing needs of the building and the population it served.

The brick building is roughly rectangular in plan and aligned on a north-west to south-east axis. The building is of two storeys in height with gabled and flat roof forms, and has its original entrance to the south-east elevation as well as many other access points. Despite various refurbishments and restoration schemes, there are some surviving features from the early phases, including original terrazzo flooring, 1920's and 1930's fireplaces, some timber doors, fireplace surrounds and panelling, and both the original 1900 and 1928 staircases.

The results of the Level 3 building recording presented here will be archived as per the terms of the WSI (Appendix 1).

1. INTRODUCTION

1.1. In November 2024 Cotswold Archaeology (CA) was commissioned by NHS Property Services to undertake a programme of historic building recording of the Hinckley Cottage Hospital building (Fig.1, NGR: SP 42952 93733). The Hinckley Cottage Hospital (hereafter called the 'Building'), is permitted for demolition under planning application 25/00461/FUL. Condition 3 attached to the full planning permission is related to built heritage and states that:

"No demolition/development shall take place/commence until a written scheme of investigation (WSI) has been submitted to, and approved in writing, by the Local Planning Authority. For the land and structures that are included within the WSI, no demolition/development shall take place other than in accordance with the agreed WSI, which shall include the statement of significance and research objectives, and:

- The programme and methodology of site investigation and recording and the nomination of a competent person(s) or organisation to undertake the agreed works*
- The programme for post-investigation assessment and subsequent analysis, publication & dissemination and deposition of resulting material. This part of the condition shall not be discharged until these elements have been fulfilled in accordance with the programme set out in the WSI"*

The "Programme of Work" referred to will in this case be the historic building survey recording during development, in accordance with the Specification to be agreed.

Reason: To ensure a satisfactory historic building survey and to record and advance understanding of the significance of the affected resource prior to its loss in accordance with Policies DM11, DM12 and DM13 of the adopted Site Allocations and Development Management Policies Development Plan Document (2016) and the National Planning Policy Framework (2024)".

1.2. The building comprises the surviving elements of the Hinckley Cottage Hospital building at the Hinckley and District Hospital. The purpose-built Cottage Hospital within the Site was opened in 1900, built in the Arts and Crafts style, to celebrate Queen Victoria's Diamond Jubilee. The building was extended in 1928, again in 1938, and a connective corridor was added to link the Cottage Hospital to the new health centre in 1978.

-
- 1.3. Fig. 2 outlines the extent of the building recording; the building was recorded to Level 3 in accordance with Historic England (HE) guidance (2016) as agreed through the Written Scheme of Investigation.

Location

- 1.4. The Building is located within the site of the Hinckley and District Hospital on Mount Road, Hinckley, Leicestershire.

Significance

- 1.5. The Building is not statutorily or locally listed and the building site is not located within a Conservation Area.

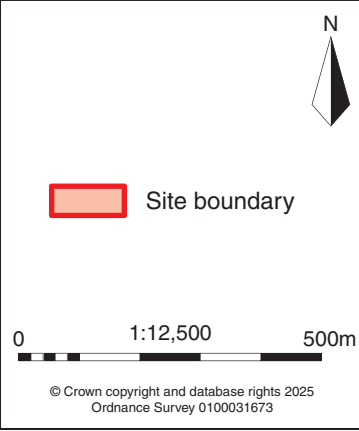
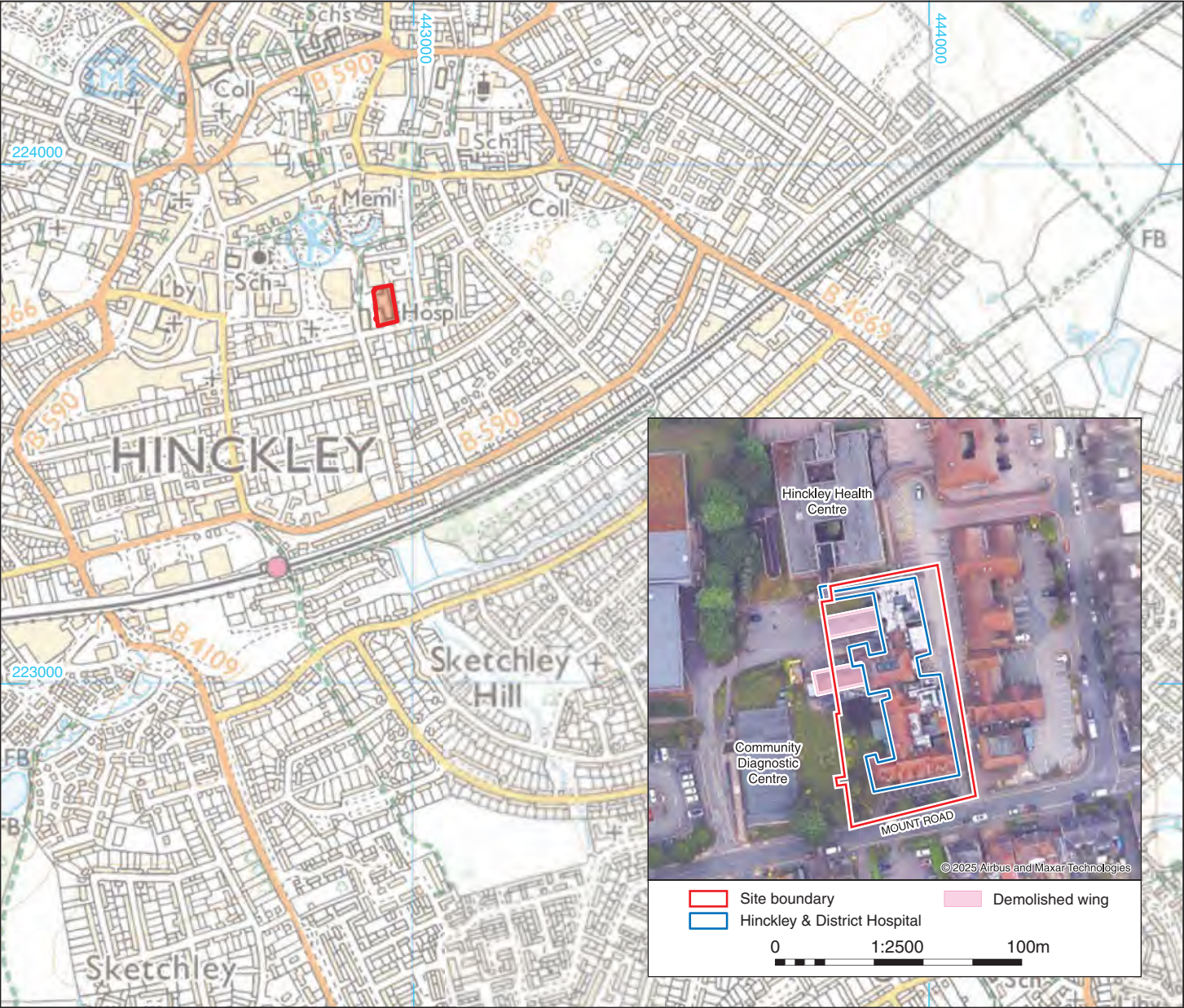
Scope of work

- 1.6. A draft Written Scheme of Investigation (WSI) was produced by Cotswold Archaeology and issued to Paul Grundy, Senior Planning (Conservation) Officer at Hinckley and Bosworth Council, and William Kelly, Senior Planning Archaeologist at Leicestershire County Council, on 28th July 2025. Prior to formal submission of the WSI to discharge Condition 3, it was requested that they review the draft WSI and let us know if they had any comments or amendments to be addressed before formal submission. Paul Grundy responded on 1st August and had no critical comment on the draft WSI, and William Kelly responded on the 12th August 2025 to confirm that he was happy to advise the LPA that the draft document is satisfactory. The WSI will be submitted for formal discharge of condition in due course.

The Building was subject to a Level 3 recording and the recording was undertaken in accordance with Historic England (HE) guidance (2016), comprising an analytical recording of the Building.

Acknowledgments

- 1.7. Cotswold Archaeology would like to thank NHS Property Services for commissioning this work.





Andover 01264 347630
Cirencester 01285 771022
Milton Keynes 01908 564660
Suffolk 01449 900120
www.cotswoldarchaeology.co.uk
enquiries@cotswoldarchaeology.co.uk

PROJECT TITLE
 Hinckley Cottage Hospital

FIGURE TITLE
 Site location plan

DRAWN BY	KL	PROJECT NO.	MK1187	FIGURE NO.
CHECKED BY	HK	DATE	26/08/2025	
APPROVED BY	HB	SCALE@A4	1:2000 & 1:25,000	1

2. AIMS AND OBJECTIVES

- 2.1. The key objective of the survey is to produce a concise analytical record of the building in its current state prior to demolition, as required under Condition 3 of planning permission 5/2024/0213.

Professional standards

- 2.2. Cotswold Archaeology (CA) is a Registered Organisation with the Chartered Institute for Archaeologists (CIfA). This report has been prepared in accordance with the appropriate standards and guidance issued by Historic England (2016) *Understanding Historic Buildings – A Guide to Good Recording Practice* and the CIfA's *Standard and Guidance for the archaeological investigation and recording of standing buildings and structures* (2020).

3. METHODOLOGY

Level 3 Building Record

- 3.1. The building recording comprises a Level 3 record as set out in the Historic England guidance '*Understanding Historic Buildings: A Guide to Good Recording Practice*' (2016). It is required in Condition 3 of planning permission 25/00461/FUL. A Level 3 building record is defined by Historic England as an 'analytical record', which consists of a drawn, written and photographic record of the Building.

Site Visit

- 3.2. A site visit was completed on the 8th November 2024 by Hannah Blackmore, Historic Buildings Consultant, to observe and photograph the Building and its context before it was subject to a phase of stripping to remove asbestos from the Building. A second site visit was carried out on 16 July 2025 to observe and photograph any elements which had been revealed by the asbestos strip. Particular attention was paid to evidence of the former use of the Building and any evidence relating to the primary or historic use was recorded and interpreted to inform the overall understanding of the Building.

Drawn record

- 3.3. The drawn record is based on existing plans provided by the client. This element includes items 2, 6 and 7 of the Historic England guidance regarding 'the drawn record'. The drawings include plans as existing, with photo location points and annotations indicating the form and location of any structural features and/or detail of

historic significance including any evidence for former fixtures and fittings (Fig. 10). The drawn record also includes annotated measured elevations as existing (Fig. 11), showing any form of architectural decoration and to aid the understanding of the building's design, development or function; and a site plan at 1:500 or 1:1250 relating the building to other structures, topographical and landscape features (Fig. 9).

Photographic record

3.4. A digital photographic record has been compiled. Photography has been undertaken with a Canon EOS 4000D 18mpx TTL digital camera set to .jpeg format in accordance with items 1 to 9 of the Historic England guidance (HE 2016). The photographic record includes general views of the building, shots of the external appearance and the overall appearance of principal spaces and functional areas. Specific architectural details that relate to date, alteration, or function have been subject to more detailed photographic recording. Where surviving, external or internal detail (structural or decorative) relevant to the building's design, development and use has been photographed, with scale where appropriate. The photographic survey comprises digital images of the building and specific features of interest.

3.5. Images have been saved in .jpeg format. Appropriate levels of Metadata will be maintained and included in the digital archive following the approach set out in the aforementioned guidance.

Written record

3.6. The Level 3 written record is analytical in its composition and includes the building location, the dates of the record and the name of the recorder. The written record is intended to supplement and support the other elements of the recording to provide additional descriptive analysis of the building in terms of its architecture, setting, construction, development and use.

3.7. The written record includes a brief summary of the building's historic and architectural context, based upon the site inspection and the historic research. This record includes a detailed description of the exterior and interior of the Building, and important features such as fixtures and fittings. The components of the written record are in-line with Items 1-3, 6-9, 11-13 and 23 of the Historic England guidance (HE 2016).

Historic research

- 3.8. A programme of historic research, including map regression, was undertaken to enhance the overall understanding of the history and development of the Building. This has been informed by accessible published online sources as well as historic context taken from the Heritage Assessment produced by Cotswold Archaeology in May 2023,

Report and archive

- 3.9. The archive will be compiled in accordance with the standards contained within MoRPHE guidance (HE). This record comprises the illustrated report presenting the results of the work, in addition to a catalogue of digital photographs. Copies of the report and metadata will be uploaded to the OASIS online repository (which publishes to the Archaeology Data Service).

Limitations of the assessment

- 3.10. This assessment is principally based upon a historic building survey, undertaken on 8 November 2024 and 15 July 2025, which has been supplemented by secondary information derived from a variety of sources, only some of which have been directly examined for the purpose of this assessment. The assumption is made that this data, as well as that derived from other secondary sources is reasonably accurate.
- 3.11. Access to the building was possible within all areas over the course of the two site visits. The focus of the survey was the physical fabric of the buildings; any objects that were not considered to be a fixture or fitting were not assessed. There are no existing floorplans for the basement, and therefore basement plans have not been included in the figures, but a written and photographic description will be included in the report.

4. HISTORIC CONTEXT

Landscape context

- 4.1. Hinckley is a rural market town in south-west Leicestershire (Fig. 1). It is situated in the River Sence valley, though the historic centre of Hinckley sits on top of a small hill. It is located c. 22km from Leicester in the north-east, the county city and c.26km from Coventry in the south-west. The town is a sub-regional centre and urbanisation has led to the expansion of the town and of the neighbouring southern villages of Burbage, Barwell and Earl Shilton. The area west of the town is largely rural in character whilst on the eastern edges lies Burbage Common and Woods, an 85-hectare Local Nature Reserve.
- 4.2. The Site is situated in south-east Hinckley, and slopes uphill towards the centre of Hinckley, starting at c.120 AOD in the south-west and rising to c.130 AOD in the north-east of the Site. The Historic Landscape Characterisation Project identifies the Site as having a 'civic and commercial' function.

Historic Context

- 4.3. Hinckley is first recorded in the Saxon period as a village called *Hinca's leah*; a leah being a clearing in a wood (Beavin 1983). In the Domesday Book of 1086 it is recorded as a large village with 200 inhabitants and it grew over the next 200 years into a small market town; a market was first recorded there in 1311 (*ibid.*). In 1346 Hinckley is recorded as being within the Sparkenhoe Hundred (*ibid.*).
- 4.4. In the early 1100s a small priory was established under the mother house of Lyre Abbey in La Vielle-Lyre, Normandy, c.115m west of the Site. The priory was dissolved around 1414, and its property transferred to Mount Grace Priory in North Yorkshire. A motte and bailey fortified Norman castle was established in 1151 by Hugh de Grantmesnil, Earl of Leicester c.50m north of the Site. It was known to be in decay by the mid-1300s and used by the villagers as grazing during the later medieval period (Beavin 1983). In 1240 St. Mary's church, c.170m east of the Site was built on the site of an earlier Norman church which it is believed was the abbey church to the priory. Fig. 3 shows the extent of the 'historic settlement core' of Hinckley as mapped by the HER with the boundary lying adjacent to the Site boundary.
- 4.5. Hinckley expanded at a rapid rate during the post-medieval period due to the development of the industry of stocking weaving, firstly artisan and then industrialised, but the Site appears to have remained undeveloped until the late 19th

century. Hinckley continued to grow and maintain its market town status from 1500 onwards. In 1551 the town was formally granted a Monday market by Edward VI, and this marked a period of expansion for the town (Beavin 1983).

4.6. Hinckley played a role in national political events during the late medieval and post medieval period. It is 8km from the Battle of Bosworth site and was thus involved in the War of the Roses. In 1644 Hinckley was occupied by Loyalist troops in the English Civil War but following an attack by Parliamentary forces which concluded in the market square when the Loyalists were driven out (*ibid.*). In 1640 the first installation of the hosiery stocking frame was brought to Hinckley; this industry was to become the main employment occupation of the town during the following centuries. The town expanded from 2,000 to 5,000 from 1717 to 1800, largely due to the influx of hand weavers to the stocking industry (*ibid.*).

4.7. During this period, and as was occurring across the country, Hinckley's open land was enclosed by an Act of Parliament in 1759 and though cartography does not exist from this period, a map of 1782 by J Robinson (Fig. 2) does show the northern part of the Site of the building within enclosed land and describes it as 'lawn', which generally refers to grassy ground indicating it was likely in use as pasture at this time. As later mapping indicates (see Fig. 5), the Site included part of a farmstead at this time, possibly comprising a barn or similar outbuilding, with the house and probably attached outbuildings to the south. Unusually, the Tithe apportionment does not include any reference to these buildings. No above ground remains of any of the former farmstead buildings survive and negligible below ground remains of such structures is anticipated.

4.8. In the 19th century Hinckley saw change at a fast pace. Industrialisation and the advent of steam powered frames in the 1850s brought with it the biggest expansion of population; this expansion was also physical, as factories were built to increase production. Many other Victorian developments occurred, including the installation of sewers, the advent of the Railway, gas lighting, the construction of the nearby Ashby canal and the Union Workhouse. Non-conformism came early to the town, and was a popular form of worship and hence the town has a number of chapels (Beavin 1983).



Fig. 2 1782 map by J Robinson (approximate area of the Site circled in red)



Fig. 3 The 1844 Tithe map (reproduced from the Genealogist – Crown copyright. Reproduced courtesy of the National Archives, London and database rights 2025)

4.9. Cartographic evidence chronicles the expansion of the town. On the 1844 Tithe map (Fig. 3) the Site and its environs is under the ownership of William Orton (Plot 205, site of the car park) John Power Esquire (Plot 207 'the lawn'), Thomas Smith (Plot 206 'mount piece') and Nicholas Hurst (Plots 177 'hovel lawn close' and 178 'first lawn'), who was the owner of the castle mound lands and Castle Hill House. There are two new buildings depicted within the Site at this time. The northern-most of these buildings within 'hovel lawn close' is likely to be a 'hovel', i.e. a simple shed/outbuilding with may have been used to shelter animals or for storage, from which the field derives its name (Field 1989; '*grass ground or land containing a shed*'). The southern building within the Site appears to be a similar structure and the reference to lawns and thus pastures indicate both were likely animal shelters.

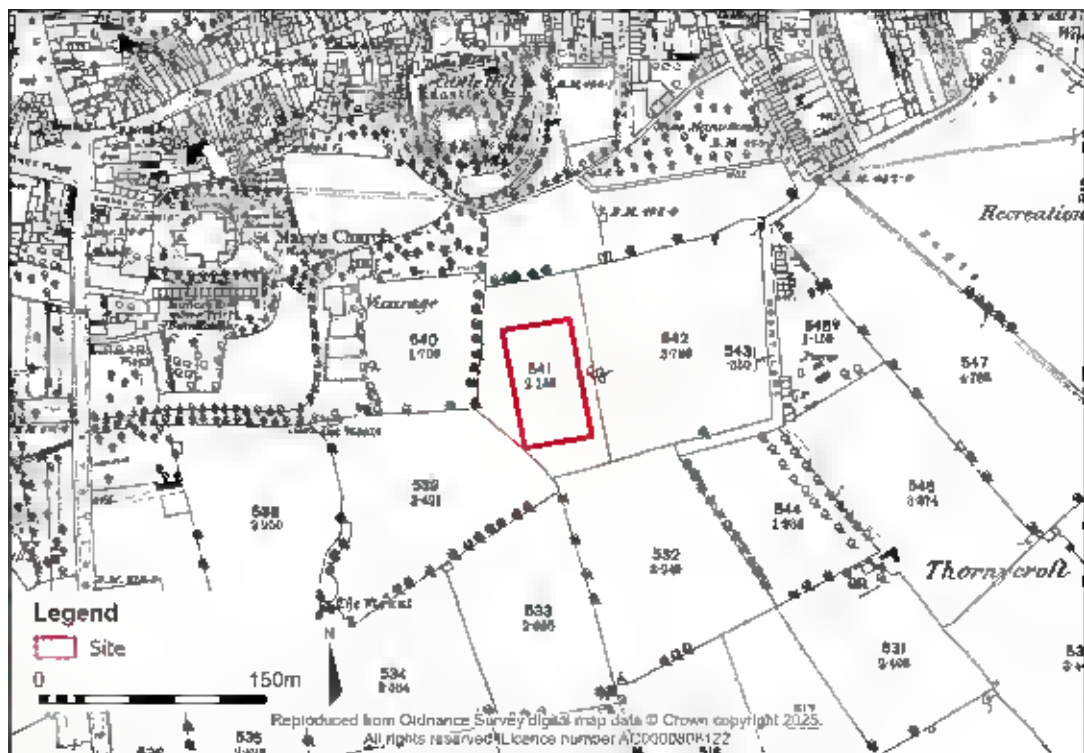


Fig. 4 Extract of the 1889 Ordnance Survey map showing approximate area of hospital site

4.10. The 1889 Ordnance Survey (Fig. 4) shows that the Site remains across agricultural fields very similar in formation to that shown on the 1844 map. Only one of the buildings, the northern-most building, survives by this time. The presence of a benchmark on this building (indicated by the symbol to the north) indicates that the building was likely to be of stone or brick construction as opposed to, for example, a wooden structure. No above ground remains of either structure survive within the Site environs and, given that they were likely to be of very simple construction, negligible

below ground remains are anticipated. Three ponds are also recorded within the Site at this time (Fig. 4), likely established for watering livestock.

- 4.11. In 1903 (Fig. 5) the 2nd Edition Ordnance Survey map illustrates that Cottage Hospital has been built in its earliest plan form, and terraced domestic development has occurred along the roadsides of Hill Street and Mount Lane, five of which were included within the present Site boundary. The previous field pattern of earlier maps has been broken up with the urban expansion of the town, and the small building in the north of the Site environs has been demolished and its location incorporated into the rear gardens of the three new detached houses built in the north of the Site.



Fig. 5 Extract of the 1903 Ordnance Survey map

- 4.12. The hospital has clearly been extended northwards by 1924 (Fig. 6), and considerable further residential development has occurred adjacent to the Site and within the study area. This includes extensive new terraced and detached buildings on Mount Road and Thorneycroft Road (was Mount Lane)..



Fig. 6 Extract of the 1924 Ordnance Survey map

- 4.13.** Maps of the 20th century (Figs. 6, 7 and 8) detail the expansion of the hospital part of the Site. The 1961 Ordnance Survey map shows the greatly extended Cottage Hospital, with open land, likely gardens, occupying much of the north of the Site and what looks to be a semi-detached pair of dwellings in the south-west corner of the Site. The detached dwellings on Hill Street in the north-east corner of the Site environs remain extant but have been altered and incorporated into the hospital function as they are labelled as Nurses Home and Rehabilitation Centre. The dwellings in the south-east corner of the Site appear to remain as private homes at this time.
- 4.14.** The Ordnance Survey map of 1986-1992 (Fig. 8) shows even greater expansion of the Cottage Hospital; the former terraced and detached houses on Hill Street and Mount Road have been demolished for further hospital buildings including the Health Centre. The 'portacabin' building on the south-west corner of the Site is also extant by this time replacing two former dwellings. The southern car park is first formally depicted on late 1960s/early 1970s Ordnance Survey mapping and the Orchard Resource Centre is first depicted on a 1995 Ordnance Survey map.



Fig. 7 Extract of the 1961 Ordnance Survey map

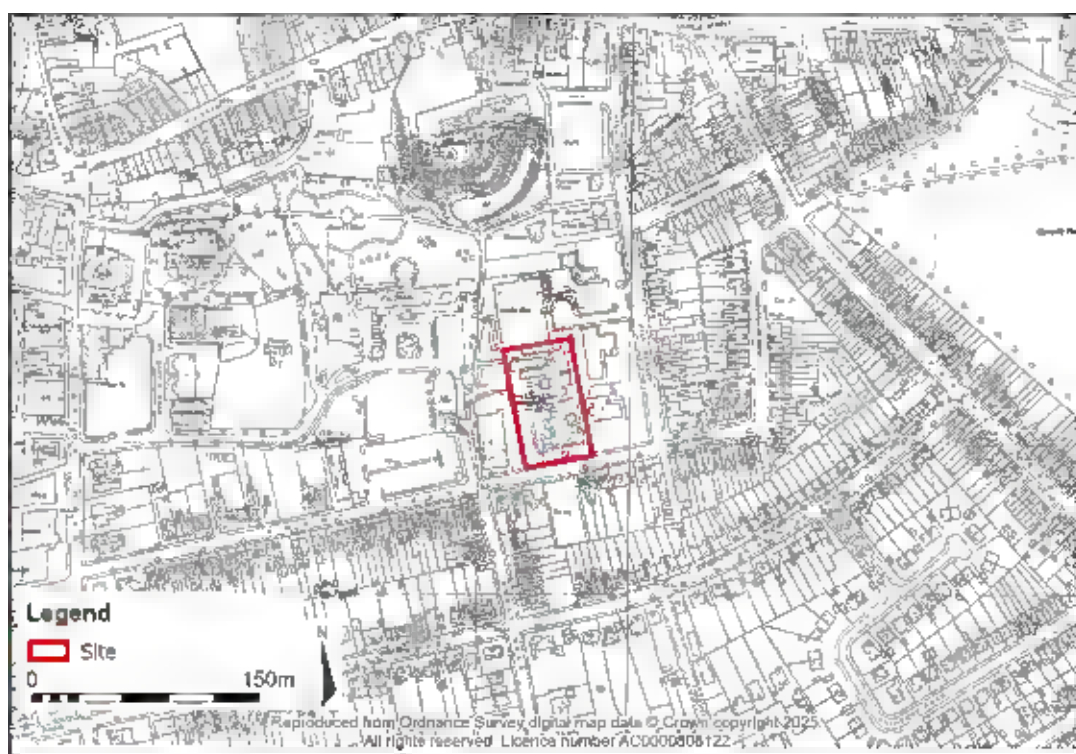


Fig. 8 Extract of the 1986-1992 Ordnance Survey map

Historic development of Hinckley Cottage Hospital

- 4.15. Cottage hospitals started to emerge in the 1860s; the general ethos being that they were placed locally, in 'homely' domestic scale buildings, to give medical treatment and care to local residents close to their homes, often on a subscription basis. They were part of a wider development and improvement in formal health provision and medical knowledge during the second half of the 19th century (Historic England 2017).
- 4.16. A cottage hospital was opened in Hinckley in the late 1890s in a domestic house on Wood Street. The town had undergone a change in its government during the 1860s, from a Court Leet (made up of a mayor and 17 appointed officials) to a Local Board whose duties included water, cleansing, sewerage, health and welfare (Beavin 1993). Hinckley Cottage Hospital was built as part of and within the context of significant public health improvements made during the latter half of the 19th century.
- 4.17. The purpose-built Cottage Hospital within the Site was opened in 1900 to celebrate Queen Victoria's Diamond Jubilee. The Hospital was built in a turn of the century Arts and Crafts style popular within the cottage hospital movement. A foundation stone was laid in 1899 within the south-west corner of the building. A local architect, John Wigg, was commissioned to design the hospital, which was constructed on a budget of c. £1,400 by Andrew Jeffcote, a local builder. This part of the Building originally comprised of:
- 14 hospital beds;
 - Sanitary annexes adjacent to the wards;
 - Day room;
 - Operating room;
 - Kitchen;
 - Pantries;
 - Larder and scullery;
 - Laundry
- 4.18. In 1914, a letter was written to the chairman and members of the committee of the Cottage Hospital from what appears to be a firm of architects/surveyors (available from Leicester Records Office). The letter was written following an inspection of the hospital facilities in order to inform possible new extensions and alterations to the Building. The inspector noted that the hospital was a '*useful and satisfactory*

building... the wards are pleasant, and generally, the administration buildings are good'. They also noted that the Building had some shortcomings, including:

- Sanitary annexes to the wards were insufficient and not disconnected from the wards;
- The hot water service was 'practically non-existent';
- The drying and airing room arrangements at the laundry were 'not good'; and
- There was no proper heating apparatus.

4.19. The letter further discusses the possibility of extending and altering the building to add a children's ward, a plan which did not come to fruition until 1928 (see below). The location of the children's ward is discussed, although not specified; it is likely that it was planned to be constructed to the north of the original building, where the 1928 extension was eventually placed. It was also recommended that, should the children's ward be built, the existing sanitary annexe should be extended and rebuilt, which likely took place in 1928. It was also recommended that open-air balconies to each of the present wards would be a 'great acquisition', although it does not appear as if these were ever added.

4.20. The hot water system was also discussed, describing it as being provided by a boiler and cylinder 'adjoining the laundry'. It was recommended that if the hospital were to be extended, the hot water system should be replaced or improved; it was suggested that the extant boiler and cylinder could be modified, and placed at a lower level than where they were located at that time (the ground floor).

4.21. Fundraising in the 1920s resulted in a suite of further extensions to the northern part of the hospital in 1928, which as discussed above had been planned for over ten years. This extension added the following facilities to the Hospital:

- A new women's ward;
- Mortuary;
- X-ray suite;
- Two additional private wards;
- Children's ward;
- Enlarged operating theatre;
- Extension of the accident ward and additional staff bedrooms; and
- A further 20 ward beds.

4.22. This expansion came to an overall cost of £12,000 (Hinckley Past and Present). In 1938 more extensions for wards and an operating theatre and alterations were constructed, the architect being Arthur Keay of Leicester (Hinckley Past and Present). Floor plans for these extensions (and including the existing hospital) were available from Leicester Records Office and have been reproduced in Appendix 2. It appears from records that the floor plan of the hospital is largely unaltered from this period, though of course rooms and areas have been repurposed. Photo 1 shows historical images of the interiors in use as wards.



Photos 1 and 2 Historical images of ward rooms (courtesy of Hinckley and District Hospital). (Date unknown)

4.23. In 1971 the X-Ray department was built on to the east elevation of the cottage hospital. In 1978 the Site was further developed by the addition of the Health Centre (Photos 11 and 23) which was joined to the Cottage Hospital via a glazed link corridor. Further development occurred in 1995 with the addition of the Orchard Resource Centre. A Physiotherapy 'portacabin' building was established in the south-west corner of the Site in the late 1980s; this has also been demolished and replaced with a Diagnostics and Endoscopy building.



- Site boundary
- Hinckley & District Hospital
- Demolished wing

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Andover 01264 347630
 Cirencester 01285 771022
 Milton Keynes 01908 564660
 Suffolk 01449 900120
www.cotswoldarchaeology.co.uk
enquiries@cotswoldarchaeology.co.uk

PROJECT TITLE

Hinckley Cottage Hospital

FIGURE TITLE

Site plan

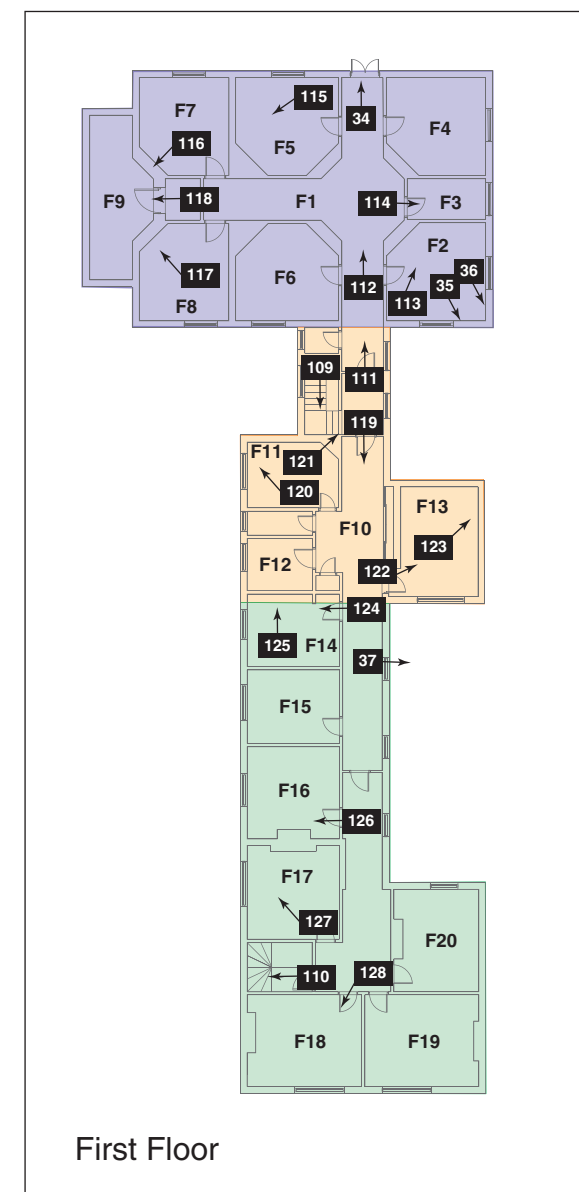
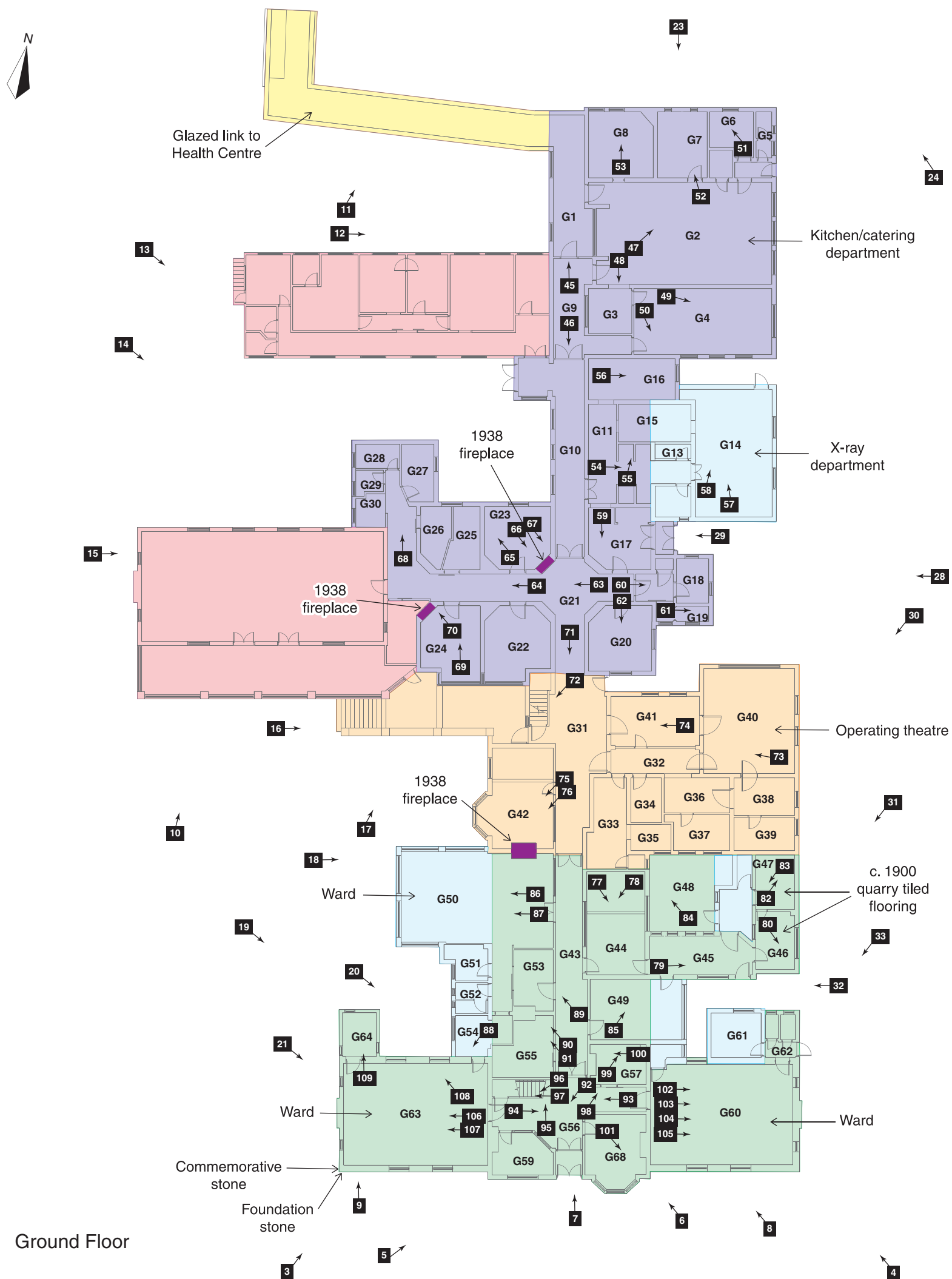
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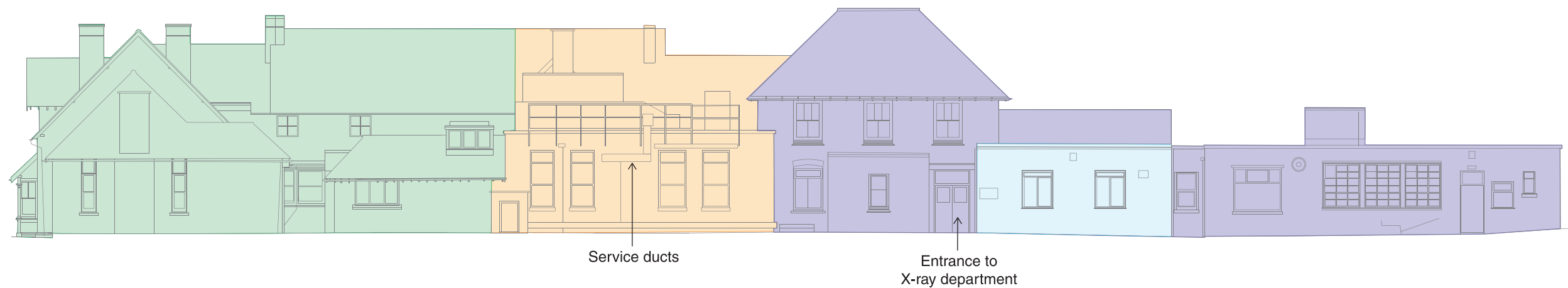
FIGURE NO.

9



- 1900 phase
- 1928 phase
- 1938 phase
- 1978 phase
- Post-1950s extensions
- Demolished wing
- Photograph location





■	1900 phase
■	1928 phase
■	1938 phase
■	1978 phase
■	Post-1950s extensions
■	Demolished wing

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 Cirencester 01285 771022
 Milton Keynes 01908 564660
 Suffolk 01449 900120
 e enquiries@cotswoldarchaeology.co.uk

PROJECT TITLE
 Hinckley Cottage Hospital

FIGURE TITLE
 Elevations

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5. BUILDING RECORDING

Overview

- 5.1. The Cottage Hospital's foundation stone was laid in 1899, and the original building was completed in 1900. The hospital was further extended in 1928 to create additional Further extensions and alterations were carried out in 1938 to create additional wards and an operating theatre. A glazed link was added to connect the Cottage Hospital to the new Health Centre when it was built in 1978. Externally there are various modern external plant and equipment accretions (such as ducts, pipework etc.) which have been added over the years to serve the Hospital's evolving functions.
- 5.2. Various windows have been replaced in ad hoc styles and materials, with a mixture of original timber sashes, Crittall and uPVC, though again the principal front elevation appears to retain the original timber sashes (3/3 with a top light on the wings and horns), albeit in poor condition (Photo 8).
- 5.3. Further to the original 1900 building phase, the assessment of the building has identified four further alteration phases which are identified and referenced throughout the historic building survey:
- 1928 extension phase;
 - 1936 extension phase;
 - Post-1950's extensions;
 - 1978 extension phase.

External

- 5.4. The Cottage Hospital is roughly rectangular in plan form and is orientated on a north-west to south-east axis. Its principal façade faces south-east onto Mount Road, and has retained its original domestic scale. The axial north-east and south-west elevations extend far northwards into the Hospital site, having been elongated by the various extensions and alterations added to the original Building, and have a more functional scale and appearance.
- 5.5. As is expected with the various phases of alterations of the hospital, the varied roofscape is cluttered with additional plant and extensions, though its original forms are still discernible. Chimneys played a functional and decorative role, with some of

the exposed stacks in the cottage vernacular (the hospital was not heated via a central system when it first opened).

- 5.6. The external fabric is largely red brick in English Bond formation, combined with some sandstone detailing and decorative yellow brick string courses. Brick dentil detailing can also be seen under a number of principal windows and carved sandstone lintels over. The roof coverings are of red clay tile. The building has a variety of external rainwater goods, ranging from the original cast iron with decorative detailing (Photo 29) to modern plastic pipes.

Front (south-east) elevation

- 5.7. The principal elevation is the south-west facing elevation, and overlooks Mount Road (Photos 3 and Photo 4). This elevation was specifically designed to look like a domestic building in an Arts and Crafts style, rather than having an 'institutional' type of appearance. It is also the most decorative of the elevations, featuring brick dentil detailing beneath each window; carved sandstone lintels and yellow brick string courses to the side wings, and leaded light windows to the central section. The walls are of red brick laid in English bond, and the roofs are of gabled form with red tiled covering; the roofs have overhanging eaves with protruding and exposed rafter feet which seems to be a specific feature.



Photo 3
east

Principal (south-east) elevation as viewed from Mount Road, looking north-



Photo 4
west

Principal (south-east) elevation as viewed from Mount Road, looking north-

5.8. The principal façade (Photo 4) is six bay symmetrical arrangement with two wings and a two bay projecting central section. The central two bays are of two-storey height, while the flanking wings are of one-storey height, albeit with high roofs/ceilings to accommodate the ward rooms (see Fig. 12). The central section is of red brick to the ground floor level, with painted roughcast render to the first floor (Photo 4). The central section has a double gabled roof with Tudorbethan stud detail, beneath which are two windows at first floor level; these are later replacements with metal frames and tripartite casements.

5.9. The central section has a covered entrance veranda supported by plain timber columns with square detailed capitals and plinths (Photos 5 and 6). This was the original and main entrance into the cottage hospital, and has remained relatively unchanged from its original 1900 construction. There is a projecting 3-light bay window to the left of the entrance door (Photo 6), which is a sturdy timber boarded door with decorative black ironwork hinges and door furniture. The bay window on the north side has three large sliding 1/1 sashes with horns, with the upper panes made up of rectangular lead lights (Photo 7). The window left of the entrance door is tripartite 1/1 sash with horns and lead light detail in the upper panes (Photo 7).



Photo 5 Principal (south-east) elevation, looking north-east



Photo 6 Principal (south-east) elevation: central entrance

- 5.10.** A concrete ramp leads to the main entrance door, which is a later addition, and the original tiles survive to each side of the ramp, consisting of red and cream tiles in a chequerboard pattern. At the ground floor level, there is a row of red canted bricks,

below which is a line of engineering bricks, which is likely to protect from water ingress as well as a decorative detail (Photo 6).



Photo 7 Principal (south-east) elevation: entrance doors

5.11. Each flanking wing is made up of two bays, with a gabled roof structure. Each wing also has projecting roof dormers with decorative finials (Photo 8), which align with the windows below. The north wing has two timber windows formed of 3/3 sashes, with a hopper casement window over (Photo 8). The elevation has a decorative band formed of two rows of yellow bricks (Photo 8) and decorative sandstone detailing above the windows.

5.12. The flanking wing to the south is essentially a mirror image of that to the north, with the same form and detailing. Because the ground is lower at this level, it also has the same detailing as seen in the central section, with a row of glazed canted bricks and a row of dark glazed bricks below, creating a projecting plinth at basement level. The hospital's foundation stone is also located on this wing, dated June 1899 (Photo 9); the lettering reads:

"HINCKLEY DIAMOND JUBILEE
COTTAGE HOSPITAL
AND NURSING INSTITUTE
THIS STONE WAS LAID BY

Sir John R. L. Rolleston

K.J.P”

- 5.13.** The foundation stone also features two symbols, including a masonic square and compass symbol and a Maltese-shaped cross (similar to a Victoria cross) with ‘No. 50’ (Photo 9).



Photo 8 Principal (south-east) elevation: north side

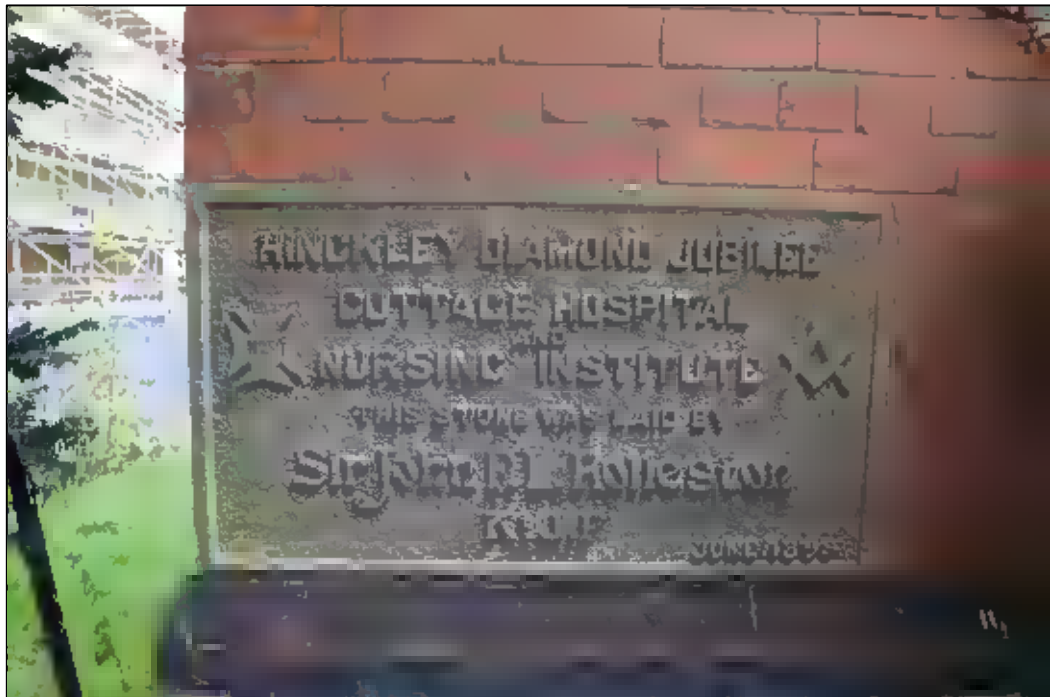


Photo 9 Principal (south-east) elevation: foundation stone

South-west elevation

- 5.14.** The south-west elevation is comprised of the 1978 glazed link to the north; the 1938 extension; the 1928 extension, and finally the original 1900 cottage hospital building to the south end (Fig. 10). Because of the various extensions over the years, this elevation is longer, more complex in form and less coherent in design than the principal elevation, for example, although there is some continuity in materials, windows and roof forms. The ground level on this side of the building is much lower than that on the north-east elevation. This means that what is referred to as the ground floor of the building (which is at ground level on the north-west side) appears raised up on a higher level here, but will still be referred to as the ground floor.
- 5.15.** At the time of the survey, some sections of the building on this elevation had already been demolished, including the records wing and the Atkins ward (see Fig. 10). The main photographs have recorded the elevation after this demolition, however Photo 10 (taken in 2019 on an earlier site visit) shows the Atkins ward as it appeared before demolition. The former Atkins ward was added in 1938, and at this date was built to function as the women's ward. Plans from 1937 detail and specify the joinery for a new set of verandah windows attached to the 1938 extension (see Appendix 2). These were replaced in later years with what looked to be uPVC windows. The Atkins ward also had decorative details which reflected the first 1900 phase of the building such as the double gable features to the roof level.



Photo 10 **View of the Atkins ward, c. 2019- looking north-east**

- 5.16. The glazed link was added in 1978 to connect the cottage hospital to the new health centre (see Fig. 10). Due to the changing ground levels the link is slightly higher than one-storey level, and is formed of a red brick foundation laid in stretcher bond, with a metal-framed, glazed covered corridor above (Photo 11).



Photo 11 **South-west elevation: view of glaze link, looking north**

- 5.17. The 1938 extension is functionally and modestly designed but retains echoes of the original design intent of the 1900s hospital in the gable features. The northern section of the 1938 extension has red brick walls laid in Flemish bond, with cement flaunching to the roof level and a parapet section in the centre (Photo 12). The lower section of bricks at ground floor level have been finished with a dark glaze which stands in contrast to the red bricks above. The roof structure is flat on this section. There are two bays to the north side, with two 1930's Crittall windows with cement cills below.
- 5.18. At the time of recording in 2025, there was an exposed gabled brick section in the centre, with two boarded up windows, which is where the demolished records wing was formerly located (Photo 12). Photo 13 depicts this wing in 2019 before it was demolished. It was two-storeys in height, with a gabled roof. The walls were of red brick laid in Flemish bond, and the upper level was covered with external weatherboarding; a slightly unusual feature not seen anywhere else on the building. The windows appeared to be the original 1930's, 12-light Crittall windows with one small opening hopper at the centre top of the window. There was also an external

metal access stair on the west-facing elevation, with a narrow access door at the upper level.

- 5.19.** Immediately to the south of this structure was a flat-roofed projecting section with an open doorway; this once provided external access from the hospital via a flight of stairs which has also been demolished. It also has a south-facing window, and former entrance on the north-facing wall which formerly gave access to the records wing (Photo 12).



Photo 12 **South-west elevation: north section (1938 phase)**



Photo 13 View of the former records wing c. 2019, before demolition

- 5.20.** To the south of this entrance opening there are three timber framed sash windows; the north window is of the 3/2 light arrangement seen elsewhere on the building, while the other two windows are of a more simple 1/1 arrangement. All have simple timber lintels and canted brick cills, and these appear to date to the original 1938 phase build. There is also a cast-iron hopper head and downpipe against this wall with decorative detail, including a rose symbol (Photo 12 and Photo 14).
- 5.21.** There is also a metal access stair to the roof at this location, which was likely added at a later date for service and roof access. Below this at ground floor level is a single-storey, projecting brick structure of blue engineering brick with a flat roof. This was not accessible at the time of survey, and does not appear on floorplans; there did not appear to be any internal access to this structure (Photo 14). It may have been used for storage or to house plant/equipment related to the hospital services.
- 5.22.** Further south is a projecting section of the elevation; there is a two-storey part at the rear (west), and an additional two-storey section attached on the west side. The higher two-storey section at the back comprises a ground floor and first floor level. The section at the front, although it is two storeys in height, actually comprises the basement on the lower level and the 'ground floor' on the upper level; this is due to the changing ground levels on the Site (Photo 14).



Photo 14 **South-west elevation: 1938 Phase, looking south-east**

- 5.23.** The north-facing return wall has a sash window at ground floor level with arched brick lintel; the window itself may be a later replacement. To the first floor there are two 3/2 timber sash windows with simple lintels and cills, and a set of timber double doors, each with 3 lights, which give access to the roof space and may be an early (1938) type of fire escape exit. The north-facing wall of the front section has two timber casement windows with concrete lintels at basement level. At first floor level, there are two soldier course lintels in the brickwork wall which indicate the presence of two former windows, now bricked up.
- 5.24.** The south-facing wall is where the Atkins ward was formerly attached, and has now been demolished, leaving an exposed gabled section (Photo 15). There is a blocked single door to the upper (ground) level, and two blocked single openings to the basement level. The exposed wall sections show that the walls here were solid brick of 1.5-brick thickness (Photo 15).
- 5.25.** To the north of this area, there are three simple 1/1 sash windows to the first floor, and a third casement window in the centre; all of these are likely later replacements (Photo 15). There is a set of double-leaf timber doors with concrete lintel over at ground floor level; to the south of these doors is an opening in the building structure which is the remnants of a demolished staircase, with several surviving reinforced

concrete steps at the top. The presence of this staircase and its former use is unclear, as it does not appear to give access to anything at the upper level; it is possible that there was formerly a doorway where the casement window is now located.



Photo 15 **South-west elevation: 1939 phase, showing demolished area**

5.26. Due to the demolitions in this area, the appearance of the elevation is changed and the original form is therefore somewhat confused and obscured. The lower level, despite being at ground level externally, is actually the basement interior. An open area has been exposed here which formerly had a metal grille over (See Fig. 11), this is part of the basement area which was under the verandah of the Atkins ward. There are two brick chimneys stacks to the roof level above.

5.27. To the south of this area is another external staircase which gives access to the interior of the building (Photo 16). The original 1938 plans show the staircase but does not indicate the reason for including it, and it was probably built to provide another entrance and exit to the building and improve circulation. The steps are cement or concrete, with brick parapet walls, brick pillars with flat concrete or stone caps, and metal handrails. The entrance to the building is a projecting, single-storey brick structure with a hipped roof over which is a surviving part of the verandah (Photo 16). The entrance is formed of uPVC glass doors with flanking glazed panels which are relatively recent replacements. There is a uPVC window to the south-facing return

wall at the upper floor level. At basement level, there are two openings; the east opening has a covering over, possibly concealing a window behind. On the west side is a basement level there is a triple casement window with top-hung hopper opening.

5.28. There is a metal-framed tripartite casement window with small top-hung opening and safety glass (Photo 17). This is a later replacement, with the typology of the window suggesting that it is of mid-late 20th century date. This window has a concrete lintel above the window with some simple recessed detailing and a tiled cill. There are concrete structural transverse beams in the wall above each window opening. There is some difference in the colour of the brickwork at this lower level, which is darker in appearance than the brickwork on the level above; this may be due to weathering, or suggest that the walls of the entrance area above were rebuilt at some later stage.

5.29. On the west-facing wall above the entrance area there are two timber-framed sash windows to the floor level; one being a 3/6 sash and one a smaller and simple 1/1 sash; both appear to be the original 1930's windows.



Photo 16 **South-west elevation: 1928 phase**



Photo 17 **South-west elevation: Detail of external stairs**

5.30. The 1928 phase of the elevation is formed of two bays (Photo 18). To the ground floor there is single door on the north side, which is above ground level and has no external access; it is possible that there was formerly some kind of staircase which has since been removed, and the door has not been used in recent years. To the right hand bay is a canted bay window which has three uPVC casement windows in each section, with leaded light upper panes. There are three windows to first floor level; these are all uPVC replacements, although they appear to be in the original window openings with thin concrete or cement cills with brick dentil detailing below, and arched brick lintels above.



Photo 18 **South-west elevation: 1928 phase, indicated in red**

- 5.31.** The last part of the elevation is comprised of the original 1900 build (Photo 19). It is formed of seven axial bays, and has sections of both one-storey and two-storey height with a series of intersecting gabled roofs. At the north end are two bays, with the ground floor level actually comprised of a single-storey 1938 extension to house the new children's ward (Fig. 10). This section is also of red brick in Flemish bond; there are two windows to the north-facing return wall, two at the west-facing wall, and one on the south-facing return wall. All windows are tripartite casement uPVC windows which are relatively recent replacements. The first floor bays are the 1900 part of the building and there are three windows which are relatively recent uPVC replacements, although within the original window openings with thin concrete or cement cills with brick dentil detailing below, and arched brick lintels above. There is a small brick chimney stack to the roof level above.
- 5.32.** There are two bays on the section between the children's ward and the projecting part of the elevation which houses one of the original ward rooms (see Fig. 10). There are four small casement windows to the ground floor; which appear to be later replacements, with concrete lintels and slim concrete cills. Beneath these windows at basement level is an exposed structural concrete beam, with two openings below covered by metal grilles (Photo 20). There are two windows to the first floor, one

arched and one flat-headed; both of these are later uPVC replacements. There is a brick chimney stack to the roof level above (Photo 20).

- 5.33.** The projecting wing of the building, which houses the ward, although it appears to be at a higher level above the ground, is actually comprised of one internal floor level (Photo 19). The north-facing return wall of the ward section has two windows formed of 3/3 sashes, with a single fixed panel over. This is the same style as those seen on the flanking wings of the principal elevation, and are believed to be from the original 1900 build.



Photo 19 **South-west elevation: 1900 phase, looking south-east**

- 5.34.** The ward wing has a projecting section at its north end, which has one window to the east-facing return wall, and two windows to the north-facing wall at the upper level (Photo 20). One of the windows is boarded over and possibly missing. The other is a 1/1 timber sash with horns; both window openings have arched brick lintels and slim concrete cills with brick dentil detailing below. These windows appear to be original.



Photo 20 **South-west elevation: 1900 phase, looking south-east**



Photo 21 **South-west elevation: 1900 phase, exterior of ward**

- 5.35.** The west-facing wall of the ward has an externally protruding chimney breast and a large brick chimney stack above, which was used to heat the ward when first constructed (Photo 21). The wall of the elevation is red brick laid in English bond. There is a projecting brick plinth at ground floor level on the south side formed of a

row of canted glazed bricks with a row of glazed or engineered bricks below. There is further detailing to the wall, with the next four courses being of red brick, and the remaining courses at ground floor level being of glazed or engineered bricks.

5.36. There is no plinth on the north side, although there is a line of glazed or engineered bricks with the same alternating brick detailing below. There are three windows to this section; two are very tall timber windows formed of a 1/1 sash with horns, and a hopper casement at the top. They have slender concrete lintels and brick dentil detailing below. The third is an arched timber window formed of a 1/1 sash with horns, an arched brick lintel and slim concrete cill with dentil detailing below. There is also a decorative band formed of two rows of yellow bricks at the upper level of the wall.

5.37. There is another commemorative stone to the south corner of this elevation, with a heraldic symbol carved in relief into a recessed panel, with a plain stone surround (Photo 22).

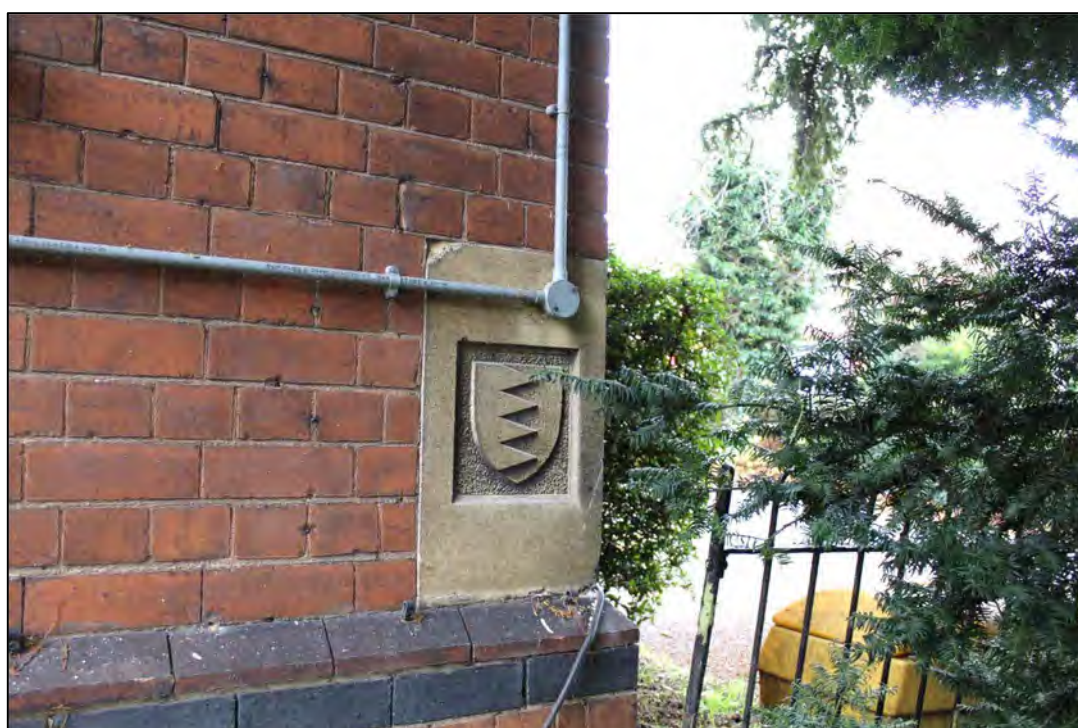


Photo 22 **South-west elevation: Commemorative stone with heraldic detailing**

Rear (north-west) elevation

5.38. The rear elevation is one storey in height and has a simple and utilitarian appearance (Photo 23). The east part of the elevation is comprised of the 1938 extension of the Building, and the west of the brick-built elevation (not visible in Photo 23) is formed of the brick and glass. The wall is formed of red brick laid in Flemish bond, with

cement flaunching at the roof level above a brick parapet which hides the flat roof area. There are three, four casement-style windows with metal frames in varying sizes with concrete or cement cills, and a brick-built chimney to the centre of the brick-built elevation. The glazed link is visible from the west side of the Building and is discussed under the south-west elevation.



Photo 23 **North-west elevation**

South-east elevation

5.39. The south-east elevation, as with the north-west elevation, is longer, more complex in form and less coherent in design than the principal elevation due to the various extensions over the years. Despite this, there is still some continuity in materials, windows and roof forms. The elevation is comprised of the 1938 extension to the north; the 1928 extension in the centre, and finally the original 1900 cottage hospital building to the south. The north end of the elevation is located close to, but separate from, the 1978 health centre (Photo 24). Due to the higher ground level on this side of the building, the heights of this elevation appear as would be expected, i.e. the ground floor is at ground floor level, compared to the north-west elevation.



Photo 24 **The 1978 health centre, looking north-west**



Photo 25 **Overview of the north-east elevation, looking south-west**

5.40. The north section of the 1939 phase is single-storey in height, with a flat roof structure (Photo 25 and Photo 26). This part of the building houses the kitchen quarters. The walls are of red brick laid in Flemish bond with cement flaunching to the roof level, and three rows of glazed bricks laid in English bond at ground floor level. At the north

end there are two windows and a single fire escape access door with glazed panel over. One of the windows is timber framed and one metal framed, and both with two 1/1 arrangement with top-hung casements. The smaller metal-framed window has a substantial cement or concrete cill, while the other does not, which may indicate that one was inserted later than the other. In the centre of this section is a large triple window. Each metal-framed window has 18 lights, with the bottom 6 lights having textured glass, and each window has four small hopper windows to each corner to allow for good ventilation of the interior spaces. This triple window has then been covered over externally by a form of secondary glazing formed of panels of metal framing with metal glazing bars and metal transverse rods, and glass panes. One of the glass panes is missing. This appears to be a later addition, and was possibly added to improve the thermal performance of the 1930s windows.



Photo 26 North-east elevation: 1938 phase, north section formed of the kitchen areas

- 5.41. There is one Crittall window on the south side, formed of four panes in a 3 over 1 arrangement, with a top-hung casement opening in the centre of the top row. Adjacent to this window is a large circular outlet for a ventilation system. The south-facing wall of this section has a central single door with glazed panel over, flanked by two metal-framed windows with 1/1 arrangement, top-hung casements above, and thick cement or concrete cills. To the south side of the kitchen is a recessed area with

an east-facing window which is a later uPVC replacement, with a cement or concrete cill.

- 5.42. The central protruding section of the 1938 phase houses the X-ray department, and is one-storey in height with a flat roof structure (Photo 27). This, like the others, is formed of red brick walls and is laid in stretcher bond. The north-facing wall had a brick pier to the centre, and a single timber entrance door on the east side (the door is a relatively recent replacement) with a soldier course brick lintel over.



Photo 27 **North-east elevation: 1938 phase, central section formed of the x-ray department**

- 5.43. The east-facing wall of the central section has two windows which are set almost flush with the wall. They are timber framed with timber cills, and are formed of two fixed panes below with a narrow casement window above. The south-facing wall of this section is a blind brick wall with a central brick pier, similar to the north-facing wall.
- 5.44. The south section of the 1938 phase is formed of two-storeys with a hipped roof structure, and the walls are red brick laid in English bond (Photo 28). The ground floor has three axial bays; the central bay is formed of a single-storey extension which houses a bathroom and toilet. The walls have a painted roughcast render, and the roof is a flat structure with cement flaunching and lead flashing at roof level. The

north-facing return wall has a 1/1 timber sash window with horns, textured glass panes, and a canted brick cill. The east-facing wall has one window of the same type, and the south-facing return wall has two windows of the same type.



Photo 28 **North-east elevation: 1938 phase, south section**



Photo 29 **Downpipe detailing with heraldic rose detailing**

- 5.45. The north bay at ground floor level has a timber double access door with glazed panel above, protected by a canopy above which creates a sheltered entrance. When first constructed, the adjacent internal room was a ward, and it is possible that there was a window in this location. In recent years, these doors have given access to the X-ray and ultrasound department reception room inside. To the south side of the doors is a cast iron hopper head and downpipe (Photo 29), with decorative detailing including a rose emblem.
- 5.46. The south bay has one window at ground floor level; it has an arched head with an arched brick lintel, and a slim concrete or cement cill (Photo 28). The window itself is uPVC and the whole window arrangement appears to possibly be a later insert, as it differs in typology from the other windows on this elevation. There are three timber sash windows at first floor level on this section. They are all of 3/2 arrangement with horns, a simple timber lintel, and canted brick cill; these appear to be the original 1938 form.



Photo 30 **North-east elevation: 1928 phase**

- 5.47. To the south side of the central 1938 section is a recessed area where a single entrance door to the east-facing wall gives access to the interior (Fig. 10). This area was not accessible at the time of survey, but plans show there is one window to the south-facing wall, and two windows on the north facing wall (Fig. 10).

5.48. The 1928 phase of the elevation comprises a projecting one-storey section, with a two-storey level behind (Photo 30). The single-storey section is of red brick laid in Flemish bond, with cement flaunching at roof level and a flat roof structure. There are four windows to the east-facing wall, all identical, comprised of two glazed panels and a 'blind' panel at the top, and concrete or cement cills. These windows appear to be later replacements after the original 1928 build. There is one large tripartite window to the north-facing wall of the same typology. This part of the building has a series of service ducts to the roof and wall, with a metal guardrail at roof level to allow safe service access; these are all later additions to support the functioning of the operating theatre inside.



Photo 31 **North-east elevation: 1900 phase, north side**

5.49. To the south side of the 1928 phase is a small brick-built structure with a flat concrete or cement roof and timber batten access door (Photo 31). Its function is unclear, although it may be some kind of storage facility. There are two windows to the second-storey level above, which are mostly obscured by the ground floor level, but appear to be timber-framed sash windows of the 3/2 type seen elsewhere on the building.

5.50. The 1900 phase of the elevation is comprised of both single-storey and two-storey areas, with a series of interesting hipped and gabled roof forms (Photo 31). The north

side of the 1900 phase is formed of two bays, and has a single-storey ground floor section and a two-storey area behind (Photo 31). The ground floor section is attached to the 1928 phase; it is constructed of red brick laid in Flemish bond, and a hipped roof with a tripartite dormer window, which appears to be a later addition. The eaves of the roof have exposed rafter feet, the same design feature seen elsewhere on the 1900 part of the building. There is one window at ground level which is a timber tripartite design with fixed panes, and a slender cement or concrete cill with brick dentil detailing below. The window itself is a later replacement within the original opening. The south-facing return wall has a large uPVC window, which is a later replacement, and a single access door.

5.51. At first floor level on the north side, the walls have been covered in painted roughcast render. There are two windows at this level, which are 4-light metal-framed casements; these may be later replacements, as most of the original 1900's phase windows are of the timber-framed sash type.



Photo 32 North-east elevation: 1900 phase, central section

5.52. The central section of the 1900 phase comprises a projecting one-storey ground floor area with the two-storey part of the elevation rising above (Photo 32). The ground floor is recessed in between the north and south sides of the 1900 phase (Photo 32, Fig. 10). There are two windows to ground floor level which could not be closely inspected at the time of survey but appear to be timber framed, and one window to the first floor which is of the same metal-framed type as those on the north section.



Photo 33 North-east elevation: 1900 phase, south side

5.53. The south section of the 1900 phase comprises the north ward and ancillary areas at the ground floor level, with the second storey level rising behind it (Photo 33). The ancillary area to the north-east of the ward area was extended at some stage after 1938 (see Fig. 10 for phasing). There is a north-facing window to the ward area, which is hidden from external view, but appears to be a later replacement with safety glass. The ancillary section on the north-east corner of the ward building has three north-facing windows (Photo 32); the two windows on the right are timber framed 1/1 sash windows with horns, textured glass, and cement or concrete cills with brick dentil detailing beneath. The third window is on the later extension, and appears to be timber-framed and of a later casement style.

5.54. The east-facing wall, like that on the south-west side, has a central projecting external chimney breast and chimney stack to roof level which once served to heat the ward

room when first constructed. There is a window to each side of the chimney breast, which are tall timber 1/1 sash windows with horns and a hopper casement at the top; they have slender concrete lintels and brick dentil detailing below. There is also a single timber access door, which appears to be a later addition, as evidenced by the alterations to the brickwork and disruption of the decorative yellow brick band.

Roof areas

- 5.55. There was no direct access to the roof areas during the site visits, however areas of the roof were visible from inside the building. The roof areas consist of both the pitched roofs, covered in clay tiles, and flat roof areas behind brick parapet walls with cement flaunching (Photo 34 and Photo 37). There are metal staircases giving access to the roof from the ground floor, as well as stairs to give access to different levels of the roof (Photo 34 and Photo 35).



Photo 34 View of roof area on 1930 phase (west side) looking north-west

- 5.56. As previously discussed, the roof areas have accrued various additions over the years to accommodate the needs of the hospital, including a number of service and ventilation ducts (Photo 35 and Photo 37). Parts of the roof have also been fitted with key clamp safety barriers to the parapets in order to accommodate safe access (Photo 36).



Photo 35 **View of roof area on 1938 phase at first floor level (east side) looking south-east**



Photo 36 **View of roof area on 1938 phase at first floor level (east side) looking south-east- 2**



Photo 37 **View of roof area on 1900 phase at first floor level (east side)**

Internal (Fig. 10)

- 5.57.** The Building is formed of two storeys with a basement level below. In plan form the hospital functions off a long central spine corridor at ground and first floor, with wards and medical spaces accessed on either side. There are multiple access points to the Building at the ground floor level, and two staircases which give access to the first floor; one from the entrance hall in the original 1900 part of the Building, and one further to the north in the 1928 extension.
- 5.58.** When first opened, the hospital comprised two principal wards with sanitary annexes; an operating room; day room; laundry, and kitchen, pantries and scullery. The hospital was heated via fireplaces, which were felt to be satisfactory at that time, and did not have a central heating system until the later phase of alterations. The hospital expanded further to provide additional women's, children's and private wards; an X-ray department; an improved accident ward and operating theatre, and to provide better and additional staff accommodation and ancillary services.
- 5.59.** Much of the internal plan form and fabric of the original 1900 building, and the 1920s/1938 extensions are retained, albeit rooms have been repurposed and altered with additions, particularly services, and some temporary subdivisions. The two original 1900 wards to the left and right of the entrance door retain their double height

with exposed rafters, and the original central corridor is retained as the main access through the Building. The functions and uses of the hospital spaces from the building's most recent history will be described, and where known, the historic functions will also be discussed.

5.60. Some late Art Deco fireplaces from the 1938 works survive, as do earlier, more conventional Edwardian versions, though a number of fireplaces have been removed. The floor covering in the main circulation spaces is the original terrazzo tiling, though hospital vinyl has been since used in the wards and other medical areas. Original and 1920/30s joinery, panelling and decorative detailing was extant in all areas of the hospital prior to the asbestos strip though the overall legibility of these details are sometimes obscured by the clutter of later additions.

5.61. Fig. 10 illustrates the floor plans with phasing, annotations and floorplans.

Basement

5.62. There are no plans available for the basement, which is addressed in the limitations section of this report. The basement is accessed via a flight of stairs under the 1928 staircase in the 1928 phase of the building (Photo 38). The basement area, however, appears to sit under the 1938 phase of the building and is presumed to have been added at the time of the 1938 extension (Photo 40). The original use of the basement is unknown, as there are no historic plans, however it is likely that it was used to provide space for the services of the building such as heating, electricity and plumbing, and possibly further ancillary spaces to the west side of the building where it could be accessed from the ground floor outside (Photo 44).

5.63. At the time of the second site visit, the basement (which had been inaccessible due to asbestos in previous site visits) had been stripped out, and there were little to no fixtures and fittings remaining (Photo 40). The basement did, however still house a generator and two boilers, in addition to remaining electrical cabling and some older pipework (Photos 41 and 42). The basement structure is comprised of brick walling, mostly red brick laid in a mixture of Flemish and English bonds, with some areas constructed of engineering bricks; possibly for additional strength (Photos 42 and 43). The floors are of concrete, and the ceilings appear to be constructed of reinforced concrete.

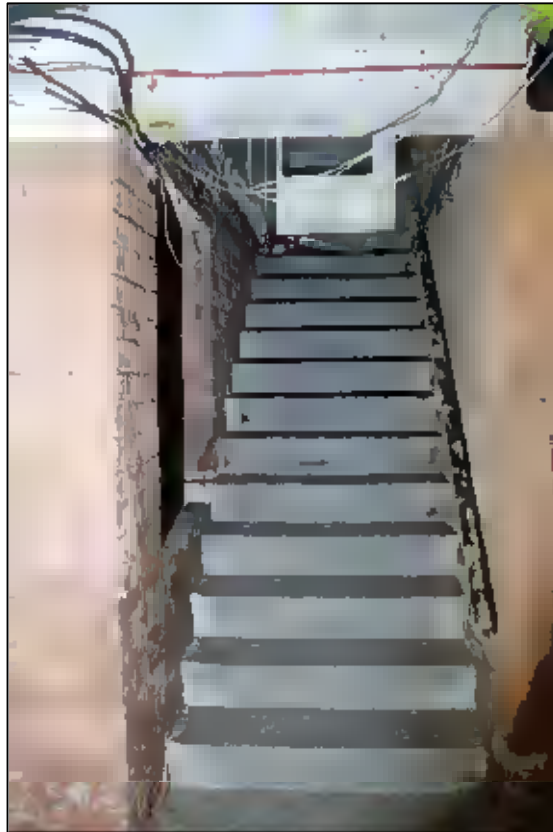


Photo 38 **View of basement access stairs**



Photo 39 **View of steps in basement area**



Photo 40 View of basement area under 1938 phase of the building, with typical red brick walls and concrete flooring

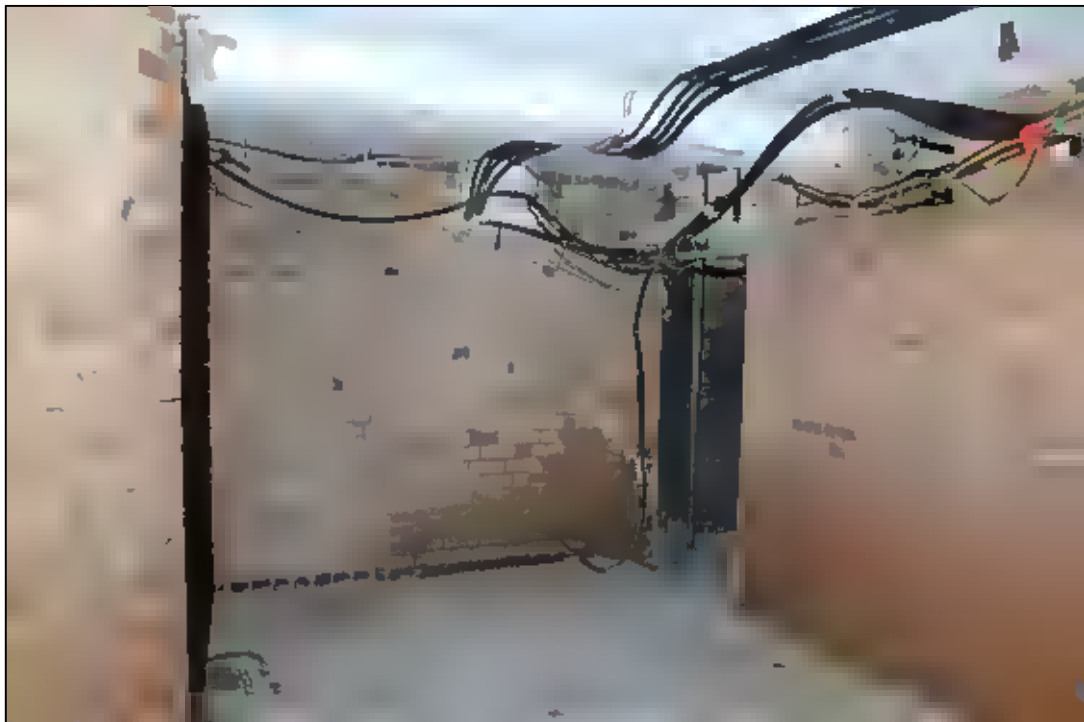


Photo 41 View of basement area with remaining electrical cabling



Photo 42 **View of corridor in basement area with remaining services and cabling**

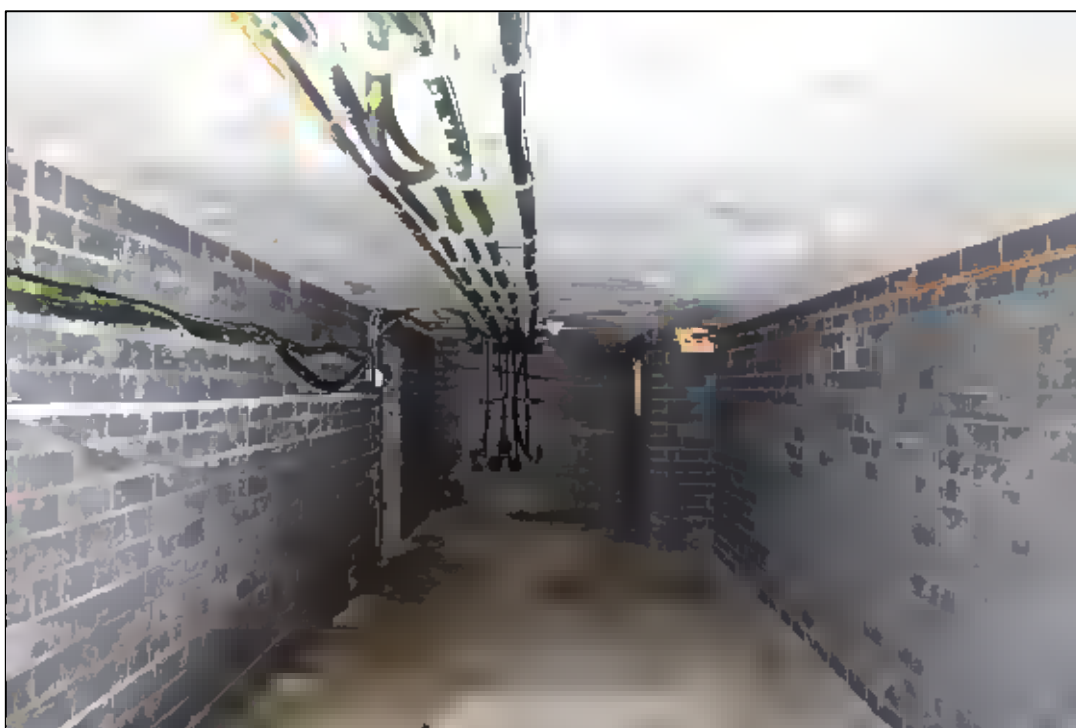


Photo 43 **View of basement corridor with engineering brick walls**



Photo 44 View of basement area to the west side of the 1938 phase, with partition walls, brick pier and windows to south-west elevation

Ground floor (Fig. 10)

5.64. Due to the many extensions over the years, the ground floor of the building is relatively large and extensive, with over 60 separate rooms and spaces. The ground floor of the hospital has historically comprised of the various ward spaces for men, women, children, plus an accident ward; the X-ray and ultrasound department; operating theatre, and kitchen and ancillary services, plus various offices and storage spaces. The use and function of the spaces have changed over the years, although there has been some continuity of use, particularly in regard to the ward areas, X-ray department, operating theatre and kitchen area.

1978 Phase (Fig. 10)

5.65. This phase essentially comprises the glazed link, which connected the health centre (constructed in 1978) to the existing hospital, allowing for internal access between the two spaces. The glazed link leads to a set of doors, which in turn give access to the 1938 phase of the cottage hospital (Photo 45).



Photo 45 **View of entrance to the cottage hospital**

1938 Phase (Fig. 10)

Overview

- 5.66.** At the point of the building's closure, the 1938 phase of the ground floor houses the catering department, X-ray department; some ward spaces; bathroom and toilet facilities, and the wing which houses the records department.

Catering department area (Fig. 10)

- 5.67.** The catering department is located at the north-east corner of the 1938 phase, and comprises the access corridors (G1 and G9), as well as a kitchen, dining room, prep room, wash room, WC, and storage rooms (G2-G8). This area has largely retained its historic function, having been constructed in 193 to house a kitchen, nurses' dining room, pantry, store, grocery room, larder, and maids' room.
- 5.68.** The corridor area (G1 and G9) runs the length of the ground floor but has been subdivided to form separate sections (Photo 46). This part of the corridor is formed of two spaces, G1 and G9, and now has late 20th/early 21st century decoration, with no historic features of note.

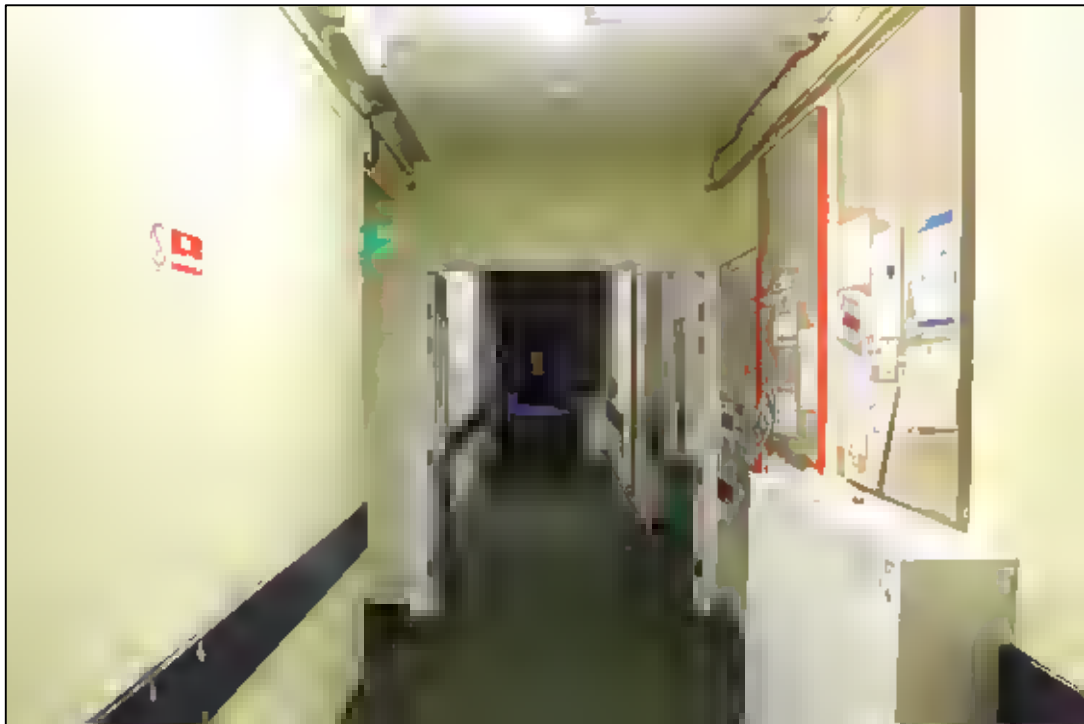


Photo 46 **View of access corridor, looking south**

- 5.69.** G2 is the kitchen room of the hospital, and has been a kitchen since its construction (see Appendix 2 for historic plans). This is a relatively large, rectangular planform space with windows to the east wall, and provides access to all the adjacent rooms (Photo 47). This room would originally have had a quarry tiled floor, service hatch to the west wall, a range and steamer to the south side, and dresser, refrigerator and mixer to the north wall; these have all gone.
- 5.70.** The operating requirements of a hospital kitchen would have changed quite extensively over the course of the building's history, as well as health and safety requirements and it makes sense that this room has been extensively updated in order to meet those requirements. This room now has late 20th/21st century decoration, fixtures and fittings, with no historic features of note. There was formerly a lantern roof to the centre of the room, which was removed at some stage and is now a recessed area in the ceiling.



Photo 47 **View of G2 (kitchen)**

5.71. G3 is a small room to the south-west of the kitchen; it has recently been used as a washroom and store, but was historically a pantry room with quarry tiled flooring (no longer extant) (Photo 48).



Photo 48 **View of G3 (Storeroom)**

5.72. G4 was constructed as a nurses' dining room, and has remained as a dining room space throughout the building's history (Photo 49). It is a fairly large room of rectangular planform with windows to the east and south wall, access to G3 (the former pantry) to the south-west corner. There is a timber floor and timber skirting which may be original to the 1938 construction; the 1930 plans specified a floor of 'maple boards with creosoted joists' (joists being treated with creosote being a historic method to protect from wood rot) but otherwise the room has been updated with late 20th/early 21st century education and there are no other features of note.

5.73. A photograph taken after the asbestos strip shows part of the surviving floor structure after stripping of the floor boards (Photo 50). The room had a suspended timber floor, below which were a series of internal brick sleeper walls with gaps between the bricks to aid cross ventilation (known as honeycomb construction). These sleeper walls are of red brick topped with a row of engineering bricks. Interestingly, the height of the sleeper walls is different, which may have been to accommodate the sloping ground levels. There are also ventilation gaps in the external walls, and there is a structural steel H-beam at the base of the east-facing wall, suspended on small engineering brick piers. The asbestos strip has revealed floor and foundation structures in other rooms of the building, most of which had a similar suspended floor construction.

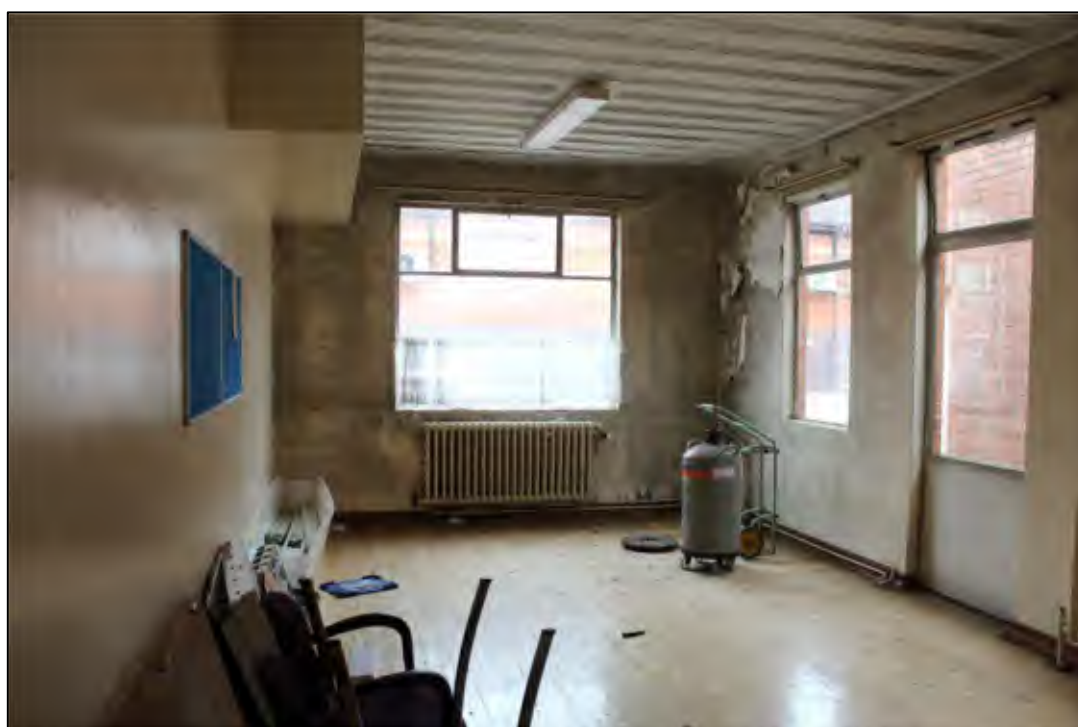


Photo 49 **View of G4, former dining room**



Photo 50 **View of G4, former dining room, showing floor detail after asbestos strip**

G5 and G6

- 5.74.** There is a small group of rooms to the north-east corner of the catering department, which includes a lobby area, WC (G5), a prep room (G6), and a small cupboard which is now accessed via the kitchen (G2). The 1938 plans show that room G5 has retained its historic function as a WC, but now has a modern wash suite and no historic features of note. Room G6 was originally a store room with quarry tiled flooring, which is now gone, and has been slightly subdivided to create the smaller store cupboard (Photo 51). There are no historic features of note.

G7

- 5.75.** This room is accessed via the kitchen, and is a smaller area of rectangular planform (Photo 52). This room historically had a wall which partially subdivided the room, and it comprised a grocery and larder with quarry tiled flooring. This subdividing wall has since been removed, and the room has been decorated with late 20th/early 21st century finishes; there are no features of note.

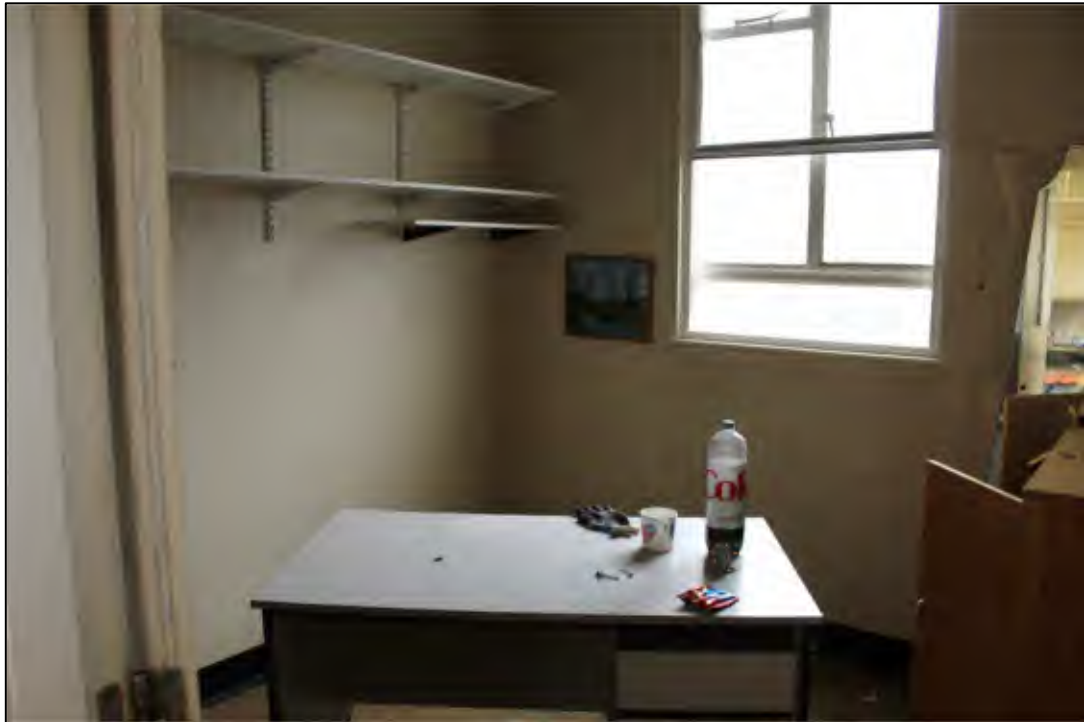


Photo 51 **View of room G6**

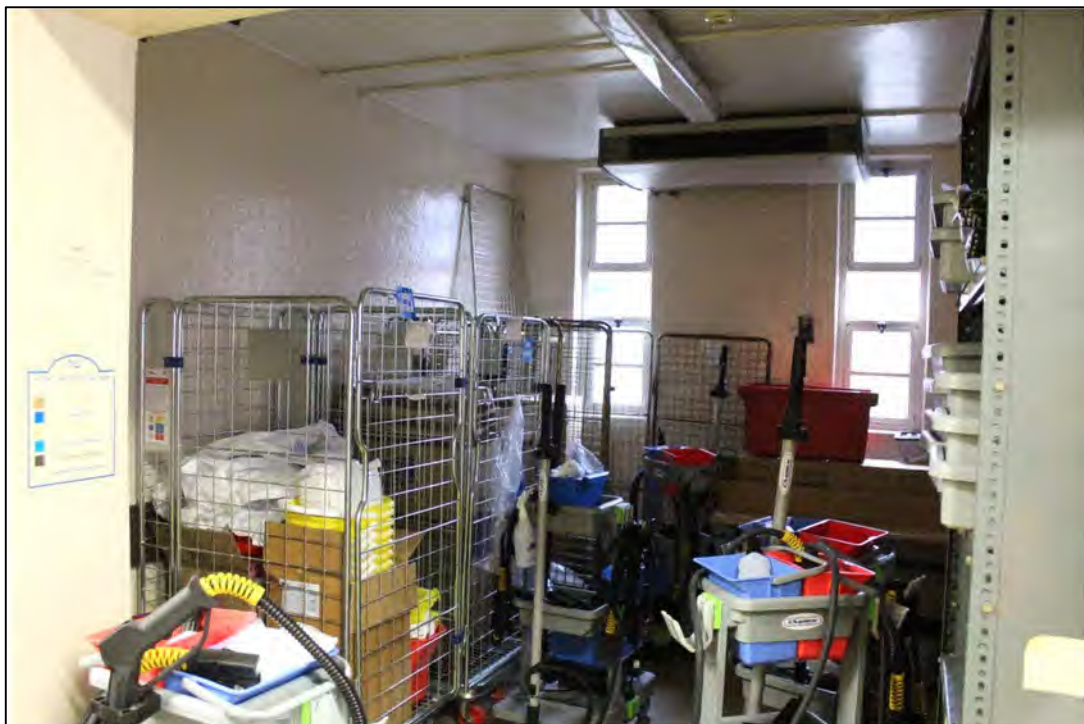


Photo 52 **View of room G7**

G8

5.76. This room is accessed via the kitchen and is rectangular in planform with two windows to the north wall (Photo 53). Its original function was as a maids' room. Like G4 (the dining room), the room has a suspended floor structure and would have been covered

with maple boards over 'creosoted' joists, although it is unclear if these are still in situ under the modern linoleum floor. There is a former chimney breast to the north-east corner of the room which would have heated the space when first built, but the fireplace has since been removed and blocked up, presumably as it fell out of use.



Photo 53 **View of room G8, the former maids' room**

X-ray department (Fig. x)

5.77. The X-ray department is located on the east side of the 1938 phase, although it has been extended beyond its original 1938 footprint to extend the facilities (see Fig. 10 for phasing details) and comprises the access corridor (G10), as well as a waiting area (G11), small ancillary room (G12), WC (G13), X-ray room (G14), wash room (G15), and dark room (G16). The department was also expanded at some point to take over some former ward rooms, and now also includes a reception area (G17), bathroom (G18), WC (G19), and an additional X-ray room (G20). This area has largely retained its historic function, having been constructed in 1938 as the X-ray department, which originally only comprised of an X-ray room with a cubicle, films room and dark room.

5.78. G10 is a stretch of corridor which gives access to the X-ray department to the east, as well as a set of double doors to the west wall which leads to the exterior. It is understood that there was a mortuary at the hospital site, and the 1938 plans include

a label indicating that the mortuary could be accessed through these doors to the exterior (see Appendix 2 for plans). It is unclear where the mortuary building was located and when it was removed; it is possible that the mortuary was in part of the basement and was accessed by a separate external entrance, but this cannot be confirmed.

5.79. G11 is an area comprising a changing space with small recessed changing areas to each side with timber benches (Photo 54 and Photo 55). When first built, this area, along with G12, G13 and G15, comprised the original X-ray room. This area has subsequently been subdivided when the X-ray department was extended and enlarged to form the changing area and bathroom/toilet facilities. Rooms G12 and G13 comprise a small ancillary room and WC, respectively, although all finishes and fixtures are late 20th/early 21st century. There are no historic features of note.

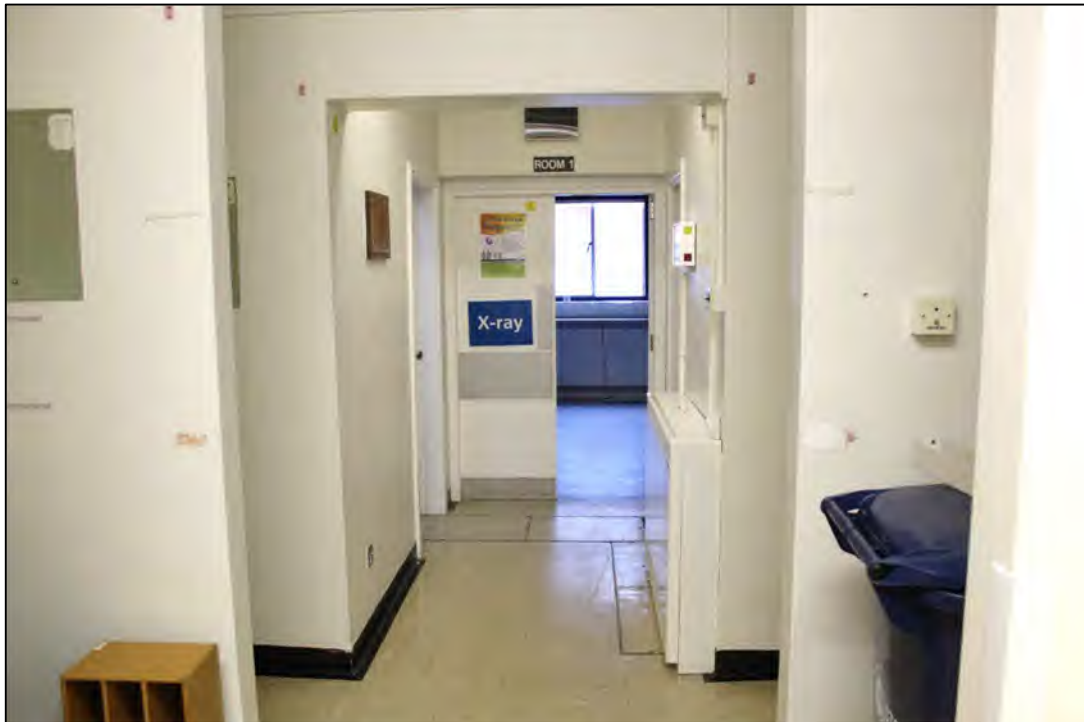


Photo 54 **View of changing area in x-ray department (Area G11)**

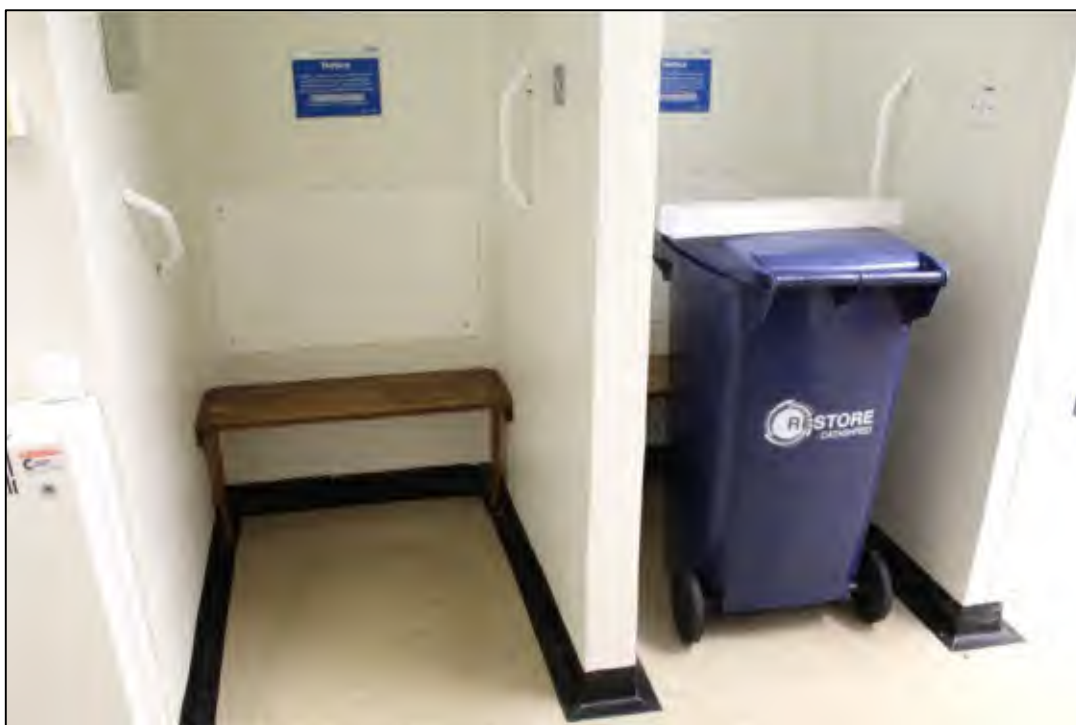


Photo 55 **Detail of area G11 with recessed changing areas**

5.80. G14 was the main X-ray room at the time of the hospital's closure (Photo 56). This area was an extension added to the original 1939 x-ray department; although it is not clear at what date it was constructed, it was possibly around the mid-late 20th century. It is rectangular in plan form with windows to the east wall and an access door in the north-east corner leading to the exterior. Some modern X-ray machinery and equipment were left in the room, and a fitted cubicle area is in the north-west corner. There are no features of note.



Photo 56 **Overview of the x-ray imaging room (G14)**



Photo 57 **Detail of ceiling in G14**

5.81. Room G15 was formed by the subdivision of the former X-ray room, and is understood to have been the image processing room once the original dark room ceased to be used (G18) and was converted into a kitchen. There is no equipment left in this space and it is mostly empty, with no features of note. When first

constructed in 1938, room G16 was subdivided into three spaces to provide a cubicle to the west, films room, and dark room on the east side. It is unclear when it was altered and ceased to function as a dark room, although room G15 later became the processing room. The subdivisions were removed and this room was then fitted out as a kitchen to serve the X-ray department, with a window to the east wall and a 21st century fitted kitchen (Photo 58). There are no features of note.



Photo 58 **View of room G16**

5.82. G17 is the former reception area for the X-ray department; there are access doors to the changing area (G11), to the internal access corridor, and double doors to the east wall lead to the exterior (Photo 59). This was formerly a ward room when first constructed in 1938, and was presumably taken over and converted at some point when the X-ray department was expanding. The shape of the room indicates that, like the other similar rooms (G22-G24 in the west ward area) there is a chimney breast in the south-west corner, and there would have been a fireplace, but it was removed at some stage.

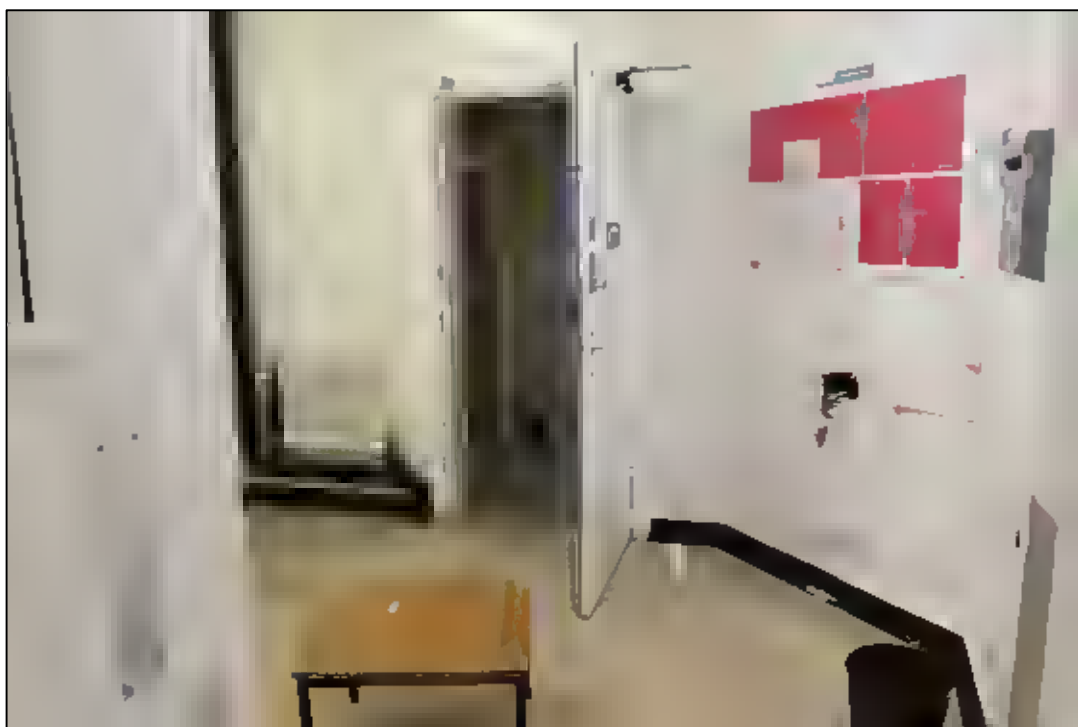


Photo 59 **View of G17, the x-ray department reception area**

5.83. Rooms G18 and G19 appear largely as they did when first constructed in 1938, although some subdivisions have been added to create a lobby area and small washroom (Photo 60). G18 and G19 comprise a WC and bathroom, and have retained their original function, although the WC and bath suites have been changed in subsequent years. The 1938 terrazzo flooring with glazed tile upstands is still *in situ* (Photo 61).

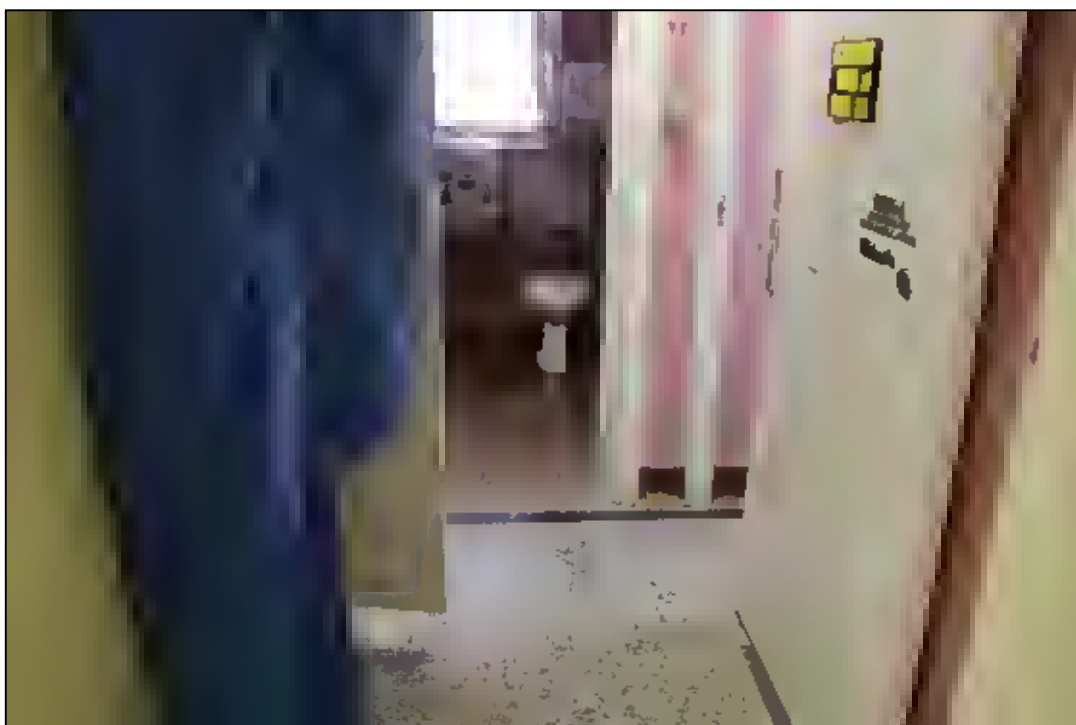


Photo 60 View of lobby to WC/shower rooms in X-ray department

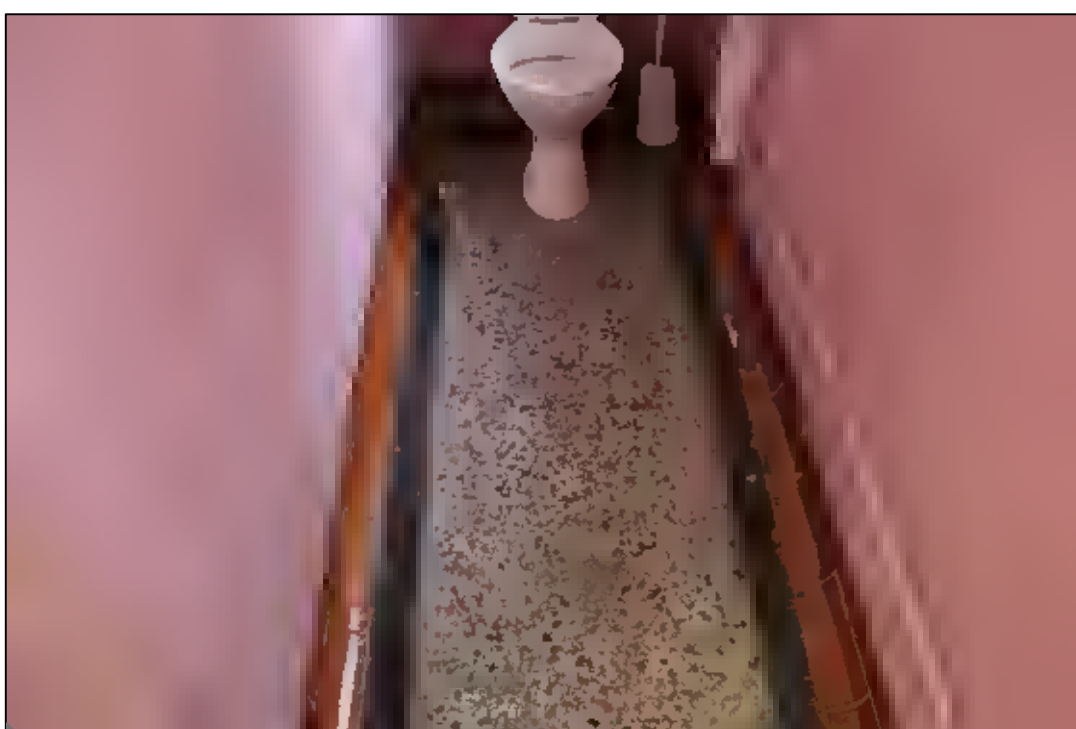


Photo 61 WC in X-ray department (G19) with 1938 terrazzo flooring

5.84. G20 is a secondary imaging room for the X-ray department (Photo 62). This was formerly a ward room when first constructed in 1938, and was presumably taken over and converted at some point when the X-ray department was expanding. The shape of the room indicates that, like the other similar rooms (G22-G24 in the west ward

area) there is a chimney breast in the south-west corner and there would have been a fireplace, but it was removed at some stage. There is a window each to the south and east walls, but no other features of note.



Photo 62 **View of x-ray imaging room (G20)**

5.85. G21 is an access area which is located roughly in the centre of the ground floor (Photo 63). It is comprised of a central octagonal space, with access corridors extending out to the north (leading to the catering department and health centre), east (to the X-ray department), west (to an area of wards and the former Atkins ward), and south to the 1928 phase of the ground floor. This part of the access corridor has retained its original, 1938 terrazzo flooring with glazed tile upstands, and the wall sections between the four access corridors have been finished with curved bullnose bricks to the corners to create a smooth, streamlined appearance.



Photo 63 Overview of the octagonal central access space (G21) looking west

West ward area (Fig. 10)

5.86. This area is located on the west side of the 1938 phase of the building. It is formed of the central transverse access corridor with rooms leading off to the north and south sides (G22-G26, and a series of smaller rooms to the west end (G27-G30, Photo 64). This is also where the former Atkins ward was located and accessed, now demolished. When first constructed, this area comprised three private ward rooms and a duty room, with a bathroom to the north-west. Some of these rooms have been subdivided to create additional spaces over the course of the 20th and 21st centuries, and their historic functions have changed, having been converted to kitchens, bathrooms and office spaces.



Photo 64 **View of access corridor in west ward area**

5.87. The access corridor is an extension of area G21, see Paragraph 5.82. Room G23 was originally a private ward room, but appears to have been used as a general ancillary room in recent years (Photo 65). It has retained its 1938 fireplace to the south-east corner of the room; the fireplace was produced by Candy and Co, a tile maker and manufacturer formerly based in Newton Abbott, Devon (the company ceased production in 1998¹). The fireplace is of a fairly simple design with a glazed tile surround and a curved glazed tile fender which protects the hearth (Photo 66). The cast iron hearth has the product name, patent number and manufacturer's stamp (Photo 67). The same design of fireplace survives in other parts of the 1930 building phase.

5.88. Rooms G25 and G26 have been created by subdividing one larger room, which was historically a duty room and had the same plan form as G23. It also has a chimneybreast to the south-west corner, which is now blocked, and probably had the same fireplace as seen in G23. G25 is now a kitchen and G26 is a storeroom; they have late 20th/early 21st century fixtures and finishes and there are no features of note.

¹ <https://www.potteryhistories.com/candyhistory.html>



Photo 65 Overview of G23, a former ward room



Photo 66 Overview of G23, a former ward room- 1938 fireplace

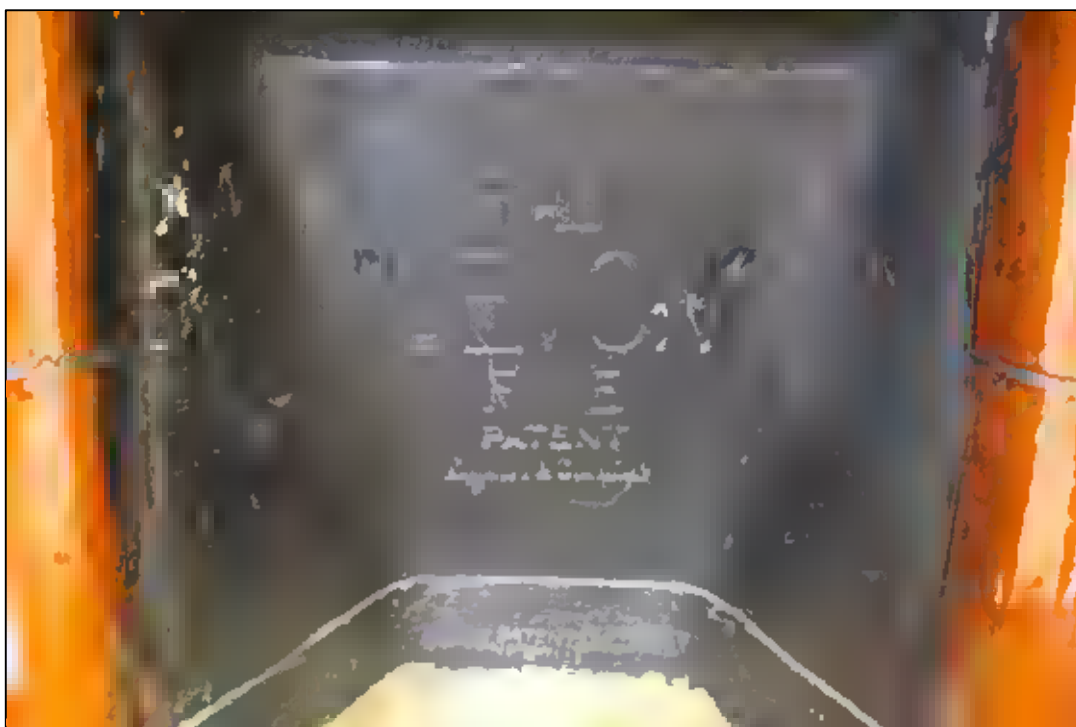


Photo 67 Overview of G23, a former ward room- 1938 fireplace detail

- 5.89.** Rooms G27-G30 were created by subdividing one large room, formerly a bathroom area for the wards. Partition walls created a number of smaller spaces as well as an access area, and this was presumably carried out as the hospital expanded and the requirements of the facilities changed. The rooms now comprise a small office (G27), toilets (G28 and G29) and a small kitchen area (G30) (Photo 68). These all have modern fixtures and finishes and there are no features of note.
- 5.90.** Rooms G22 and G24 were originally private ward rooms; G22 has been converted into a bathroom, while G24 has been converted into a kitchen, both at some stage during the later 20th or 21st centuries (Photo 69). Access through the original doors on the north side of the room was blocked at a later stage, and access has been provided via the rooms to the south. The rooms were not accessible on the first site visit in November 2024, but were accessible on the July 2025 site visit, as the original doorway in room G24 had been opened up. G24 has retained its original 1938 Candy and Co 'Devon' fireplace and terrazzo flooring (Photo 70).



Photo 68 **View towards rooms G27-G30 in west ward area**

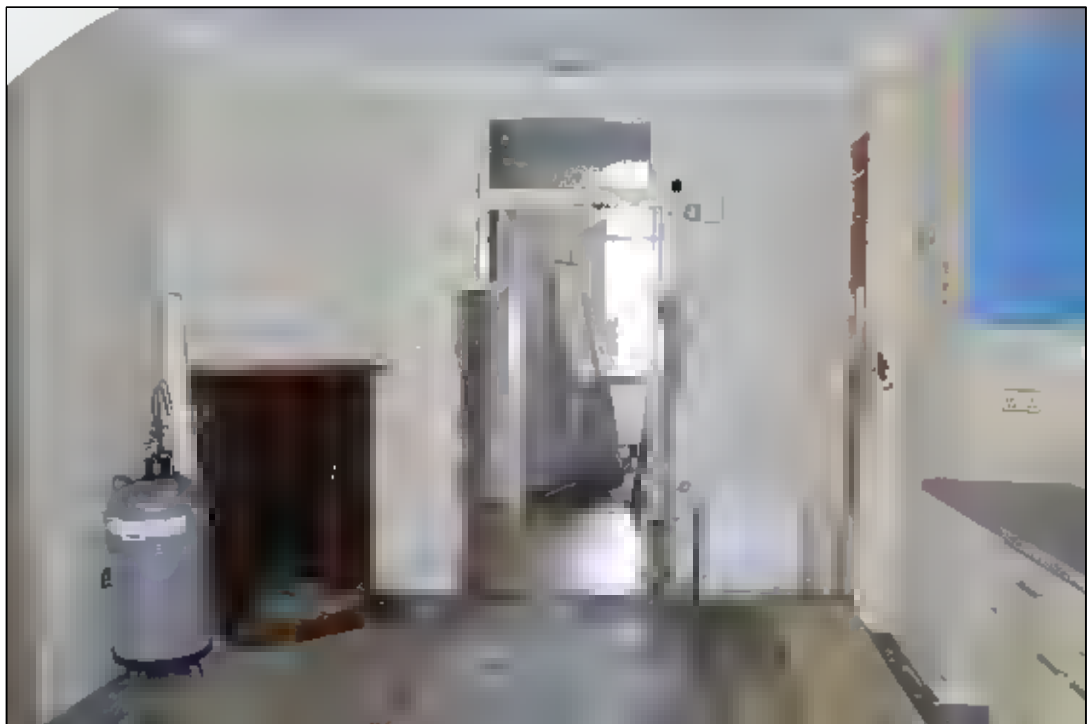


Photo 69 **View of G24, former ward room**

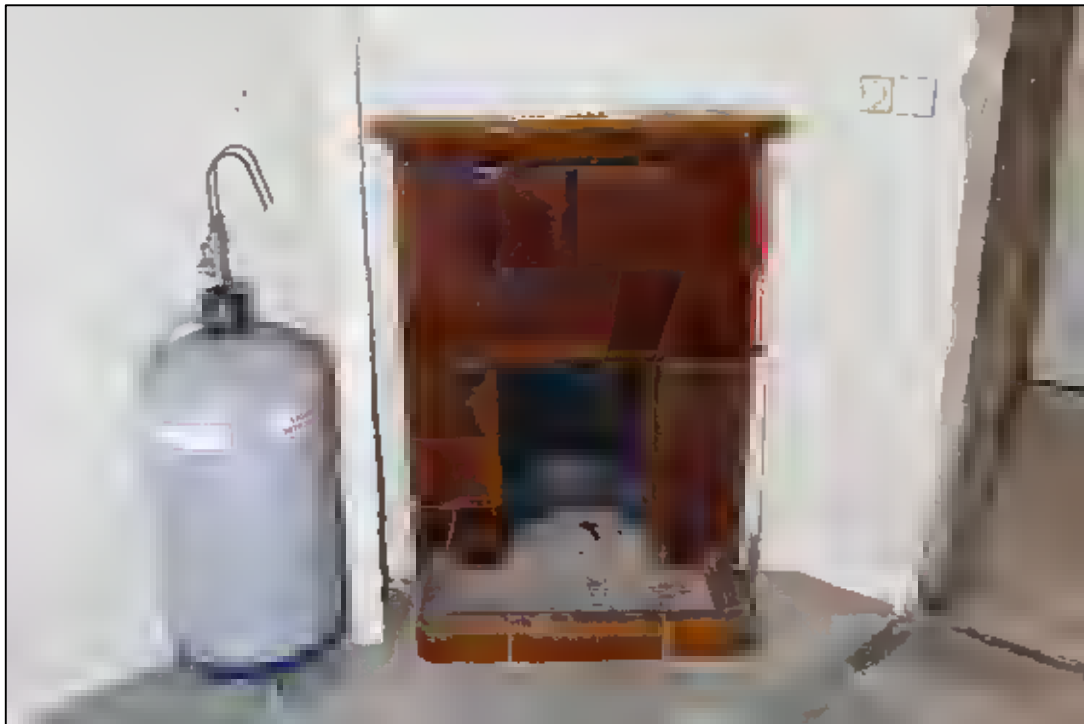


Photo 70 **View of G24, former ward room- fireplace detail**

1928 Phase

- 5.91.** The 1928 phase of the building, at the time of the hospital's closure, comprised of the access corridor and staircase to first floor; the operating theatre department to the east side, and the ward room on the west side.
- 5.92.** Area G31 comprises the central access corridor and the 1928 staircase to the first floor (Photo 71). The central corridor has retained its historic terrazzo flooring, although the glazed upstand has been removed in this area. The 1938 plans revealed that the terrazzo flooring was actually a 1938 replacement, and that the earlier flooring in the 1928 and 1900 phases was quarry tile. The staircase is of an open-well arrangement and has a fairly simple design (Photo 72). The flat balusters alternate between large and smaller sizes, with the larger balusters having a pierced heart and line detailing; it has simply-carved newel posts and handrails, the latter of which has been left as bare wood, while the rest of the staircase has been painted. This whole area has been extensively redecorated and apart from the flooring and staircase, there are no other historic features of note.



Photo 71 View of access corridor in 1928 phase, looking south



Photo 72 View of 1928 staircase

5.93. A large complex of rooms and areas (G32-G41) on the east side of the 1928 phase makes up the operating theatre department. When the 1930 extension plans were drawn up, this area was already in use as an operating theatre department, and has

retained its historic function, although the rooms have been altered and refurbished over the years to accommodate the changing needs of the hospital.

5.94. Area G32 is a lobby which was created from the former recovery area (as seen on the 1938 plans). Room G33 is a former surgeon's room and was later converted to form another ancillary staff space. Thus, the room originally had terrazzo flooring but this has been subsequently removed. Rooms G34 and G35 have been used as an office and a changing room in recent years, and were formed by subdividing a larger nurses' room. To the east are a series of four ancillary rooms (G36-G39) which have been used as lobby area, 'sluice' room, recovery room and clean storage room respectively. These rooms were created by subdividing two larger rooms; the former 'mackintosh scrubbing' room to the west side, and the former sterilising room on the east side. These rooms, as with elsewhere in the building, would have had terrazzo floors when built, but these have since been removed. All of these rooms have been extensively refurbished and recorded and there were no surviving historic features of note.

5.95. G40 is the operating theatre, and this space appears to have functioned as an operating theatre since its construction, based on the 1938 plans (Photo 73). It has access doors to the lobby (G32), the recovery room (G38), and the anaesthetic room (G41), and windows to the north and east walls. This room originally had terrazzo flooring, and a sink area to the north-west corner; although the sinks have been replaced in the 21st century, they are still located in the same area. This room has a series of panel lights to the ceiling, and the operating lights on mechanical arms are still *in situ*. G41 has also retained its historic function as an anaesthetic room (Photo 74); it formerly had terrazzo flooring and a glazed screen to the south wall, both since removed, and otherwise is largely devoid of features and fittings and has no historic features of note.



Photo 73 **View of G40, the former operating theatre**



Photo 74 **View of G41, the former anaesthetic room**

5.96. G42 is a room located on the west side of the central corridor. It has been altered from its historic plan form by subdividing the north side of the room, which is now a space accessed off the corridor via an arched opening. The reason for this alteration is unclear, although this space seems to have been used as a staff storage area. This

room was built as a staff dining room, and in later years has been used as another kitchen area. This room has retained some of its historic detailing to the south wall, with finishes that have largely been removed elsewhere in the building. This wall has a central fireplace with a cast iron hearth featuring Art Nouveau decoration (Photo 75). The surround is of glazed green tiles, with a simple carved timber surround and mantel. Above the fireplace is an area of timber raised and fielded panelling with decorative cornice. To each side of the fireplace is a four-panelled cupboard with two-panelled cupboard above. All the timber has been painted white.

5.97. The asbestos strip has also revealed the structure below the floor, which has the same suspended structure as seen (and described) in room G3 (paragraph 5.69) (Photo 76). There is also a substantial brick plinth to support the fireplace structure.



Photo 75 **Room G42 with with surviving 1928 detailing**



Photo 76 Floor structure of room G42 revealed after asbestos strip

1900 phase

5.98. This area comprises the original footprint of the 1900 building. This area historically contained the main wards in the flanking wings to the north and south sides, with sanitary annexes and various other ancillary facilities. The building has been altered and updated over the years, although many rooms have retained their historic function; and at the time of the hospital's closure this phase comprised of three main ward rooms; a casualty room; a minor operations room; various storerooms; bathrooms; day room, and entrance/reception area. The central access corridor (G43) has retained its terrazzo flooring, although the glazed tiled upstands have been removed.

North side- east

5.99. Room G44 was being used as the minor operations room when the hospital closed. This larger space has actually been subdivided into two smaller spaces; the north area appears to have been some kind of office space, but there are no fixtures or fittings. The main room has a glazed window to the west wall overlooking the corridor, formed of two panels in a timber frame with safety glass. The terrazzo flooring has been retained, albeit without the glazed upstands, and the four-panelled timber door may be contemporary with the 1900 build (Photo 77). There is also a large timber cupboard which has been fixed to the ground on the south side of the room; it doesn't

appear to date to the original phase, but was likely fitted later in the 20th century (Photo 78). This room was first used as a maids' sitting room.



Photos 77 and 78

Detail of door (77) and fitted cupboard (78) in room G44

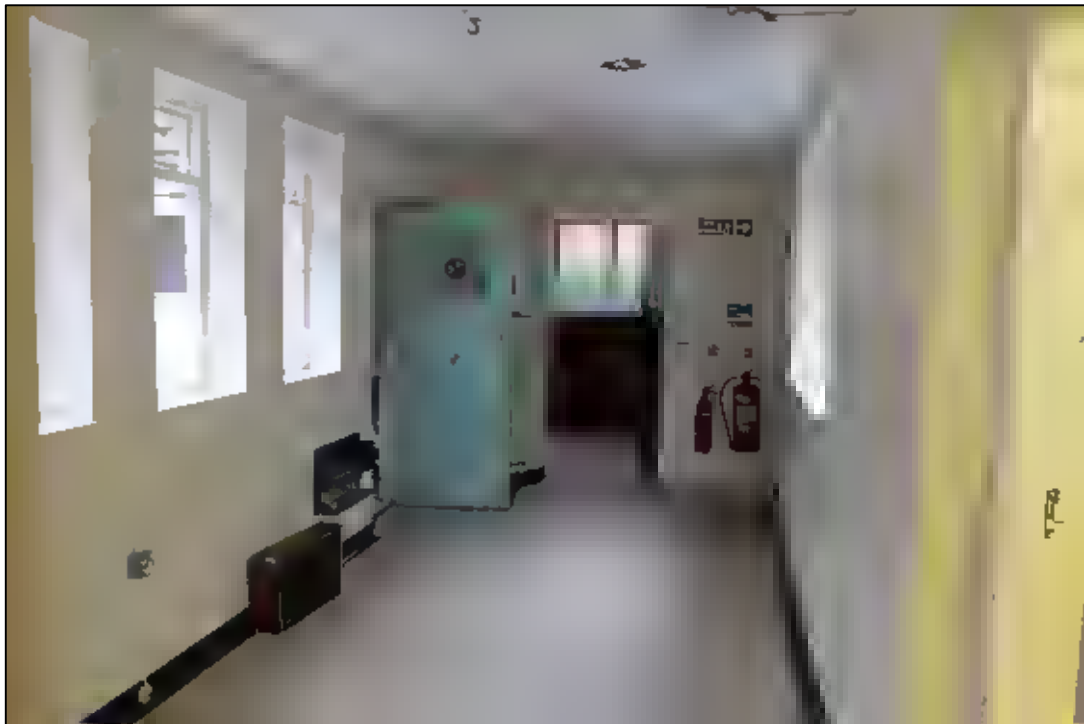


Photo 79 **View of covered corridor (G45)**

5.100. G44 gives access to a series of rooms further to the east. G45 is a covered corridor area which has access doors to the exterior and to rooms G46, G47 and G48 (Photo 79). Rooms G46 and G47 are two relatively small; rooms which were historically used as a waiting room and a consulting room, respectively. G46 has been used as a COSHH (Control of Substances Hazardous to Health) room in recent years and G47 as a store room, which is perhaps why they have retained much of their original finishes. Both rooms have red quarry tiled floors, and glazed terracotta bricks to half-height on the walls (Photo 80 and Photo 82). The entrance door to each room is a timber ledge, batten and brace door with arched brick lintel over, which appear to be from the original 1900 phase (Photo 83).



Photo 80 **Room G46, a former waiting room, with 1928 quarry tile floor and glazed brick detailing**

- 5.101.** G48 is a toilet and kitchen area, and appears to have been constructed at a later date after 1938; it does not appear on the 1938 plans of the building, and there is a bricked-up window in the south-east corner which formerly overlooked the courtyard area from room G46 (Photo 81).
- 5.102.** There is an enclosed courtyard area to the west of these rooms which was probably created at the time of the 1928 extension, and has been used as a garden area (Photo 84).



Photo 81 View of room G48, which is a post-1950's addition



Photo 82 View of G47 (former consulting room) with 1928 detailing

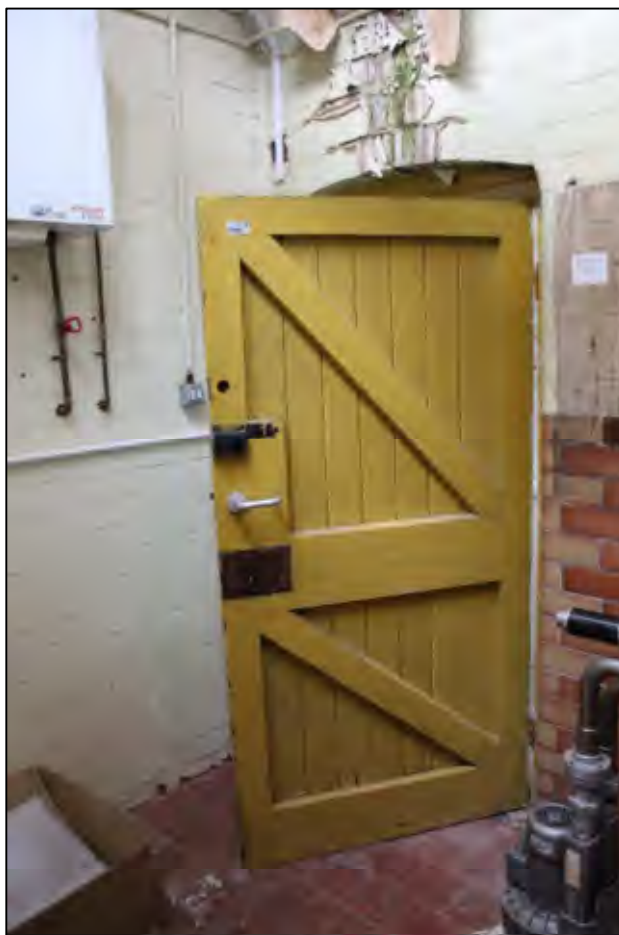


Photo 83 **Entrance to G47 with 1928 ledge, batten and brace and ledge timber door**



Photo 84 **View of enclosed external courtyard area**

5.103. Room G49 is located on the east side of the corridor, and has an access door to the corridor as well as one in the north-east corridor connecting it to the covered walkway (G45); the latter doorway is a later (post 1938) addition (Photo 85). At the time of the 1938 extension, this room was the existing operating theatre. In more recent years it has functioned as a casualty room. There are three windows to the east wall which have been covered over with decorated window film, and some fixtures and fittings from its recent use remain, however there are no historic features of note.



Photo 85 **View of G49, a former casualty room**

North side- west

5.104. G50 is a large, rectangular space which has most recently been known as the Christopher Ward (Photo 86). In the 1938 plans, this room is labelled as the children's ward. The original ward space also encompasses the corridor to the south and room G53, which were added created by subdividing the south end of the room. It has continued to be used as a ward room until the closure of the hospital, retaining its historic function. There is a chimney breast to the north-east corner of the room which has been boarded up, but would have heated the ward prior to the installation of the central heating system. Prior to the asbestos strip, the room had a suspended timber board floor (possibly maple board as in other rooms) which was laid over joists resting on brick sleeper walls (Photo 87).

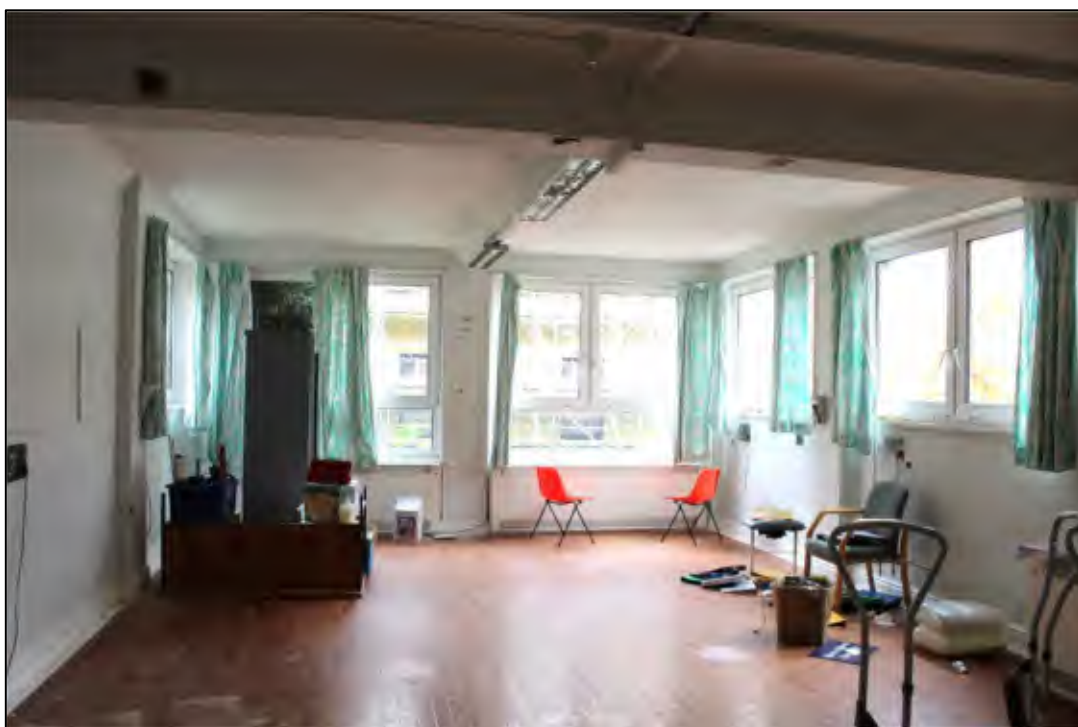


Photo 86 View of the former children's ward (room G50), looking west



Photo 87 Detail of sub-floor structure in room G50

5.105. Rooms G51, G52 and G54 comprise a part of the building which did not appear on the 1938 plan, and is a later extension which was added to the south side of the children's ward (G50). As with other various extensions and alterations, it was presumably added to create addition space that the hospital required. Room G51 is

a very small space with quarry tiled flooring which has been used a linen cupboard. This quarry tiling, although very similar, appears to be of a different (and presumably later) date than that seen in rooms G46 and G47, which are flatter and coarser in appearance. Room G52 is a toilet which has been fitted out in the 21st century. Room G54 is a utility room which served the Edington ward (G61), and has the same slightly more recent quarry tiled flooring (Photo 88). The east side of the room was part of the original 1900 phase, and was part of a former bathroom. The west side of the room is part of the later extension which added rooms G51, G52 and G54 to the building.



Photo 88 **View of G54, a utility room serving the Edington Ward**

- 5.106.** Room G53 was created by subdividing the south-east corner of the former children's ward, and in recent years has been used as an office and clinical room. The flooring (prior to the asbestos strip) was the same maple board as seen in room G50, and the door which gives access to the corridor is a large, 6-panelled timber door (Photo 89).
- 5.107.** G55 is comprised of two smaller rooms, which were opened up to create a larger space at some stage after 1938 (Photo 90). The two original rooms were an anaesthetic room on the east side, and a bathroom on the west side. There is a blocked up chimney breast on the north wall. The asbestos strip has also revealed

the floor structure in this room, which like the others was a suspended timber floor over brick sleeper walls (Photo 91).



Photo 89 **Entrance to room G53**



Photo 90 **Interior of room G55**



Photo 91 **View of sub-floor structure in room G55 after asbestos strip**

South section

- 5.108.** Area G56 is the original entrance and reception area of the 1900 phase of the building (Photos 92, 93 and 94). This area gives access to the central corridor to the north, to the ward rooms to the east and west (G60 and G63), the former duty room (G57) and

the day room (G58). The principal staircase has a closed-well arrangement, a solid timber balustrade with simple carved handrail, and a decorative newel post (Photo 93). There is a dado rail which runs up the length of the staircase, and decorative moulded skirting.

5.109. The newel post has Art Nouveau-type detailing to the top of the post; on the south side the date '1900' is carved into the wood (Photo 95); on the east side are the letters 'HRH' within a shield emblem (Photo 97), and on the north side of the post is a heraldic shield symbol (Photo 96) which is also carved into the commemorative stone on the south-west elevation (Photo 22). The newel post formerly had a cap and ball finial, which had been removed by the time of the November 2024 survey. There is a cupboard under the stairs accessed via a four-panelled timber door.

5.110. There is a reception area with an inbuilt desk on the south side of the entrance hall which was probably added in the late 20th or early 21st century to create a defined area for the receptionists to work from (Photo 92). The flooring in the entrance area is timber, although it is not clear if it is the original 1900 flooring. The walls are plastered and painted, and the ceiling has a coffered ceiling with recessed panels framed by plastered beams. A set of narrow double timber doors with glazed panels leads to an enclosed vestibule area, beyond which are the double front doors (Photo 92).



Photo 92 **View of 1900 entrance area (G56)**



Photo 93 **View of 1900 entrance area (G56), looking west**

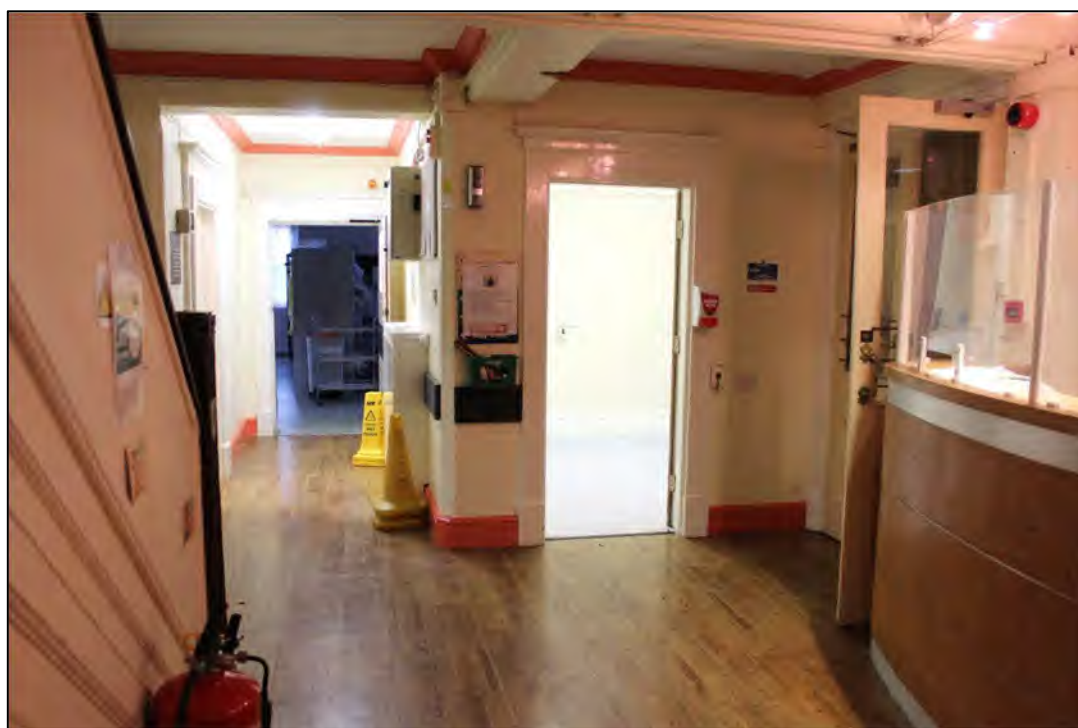


Photo 94 **View of 1900 entrance area (G56), looking east**



Photo 95 Detail of newel post on original 1900 staircase, looking north, with '1900' date

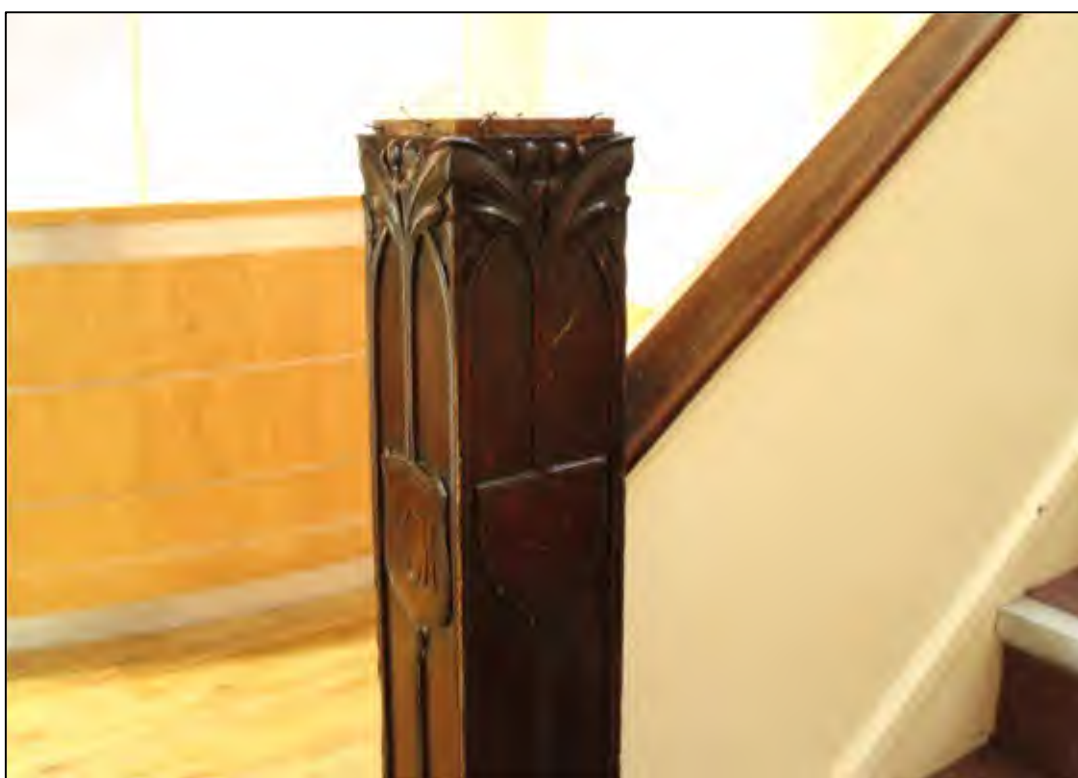


Photo 96 Detail of newel post on original 1900 staircase, looking south-west, with heraldic symbol

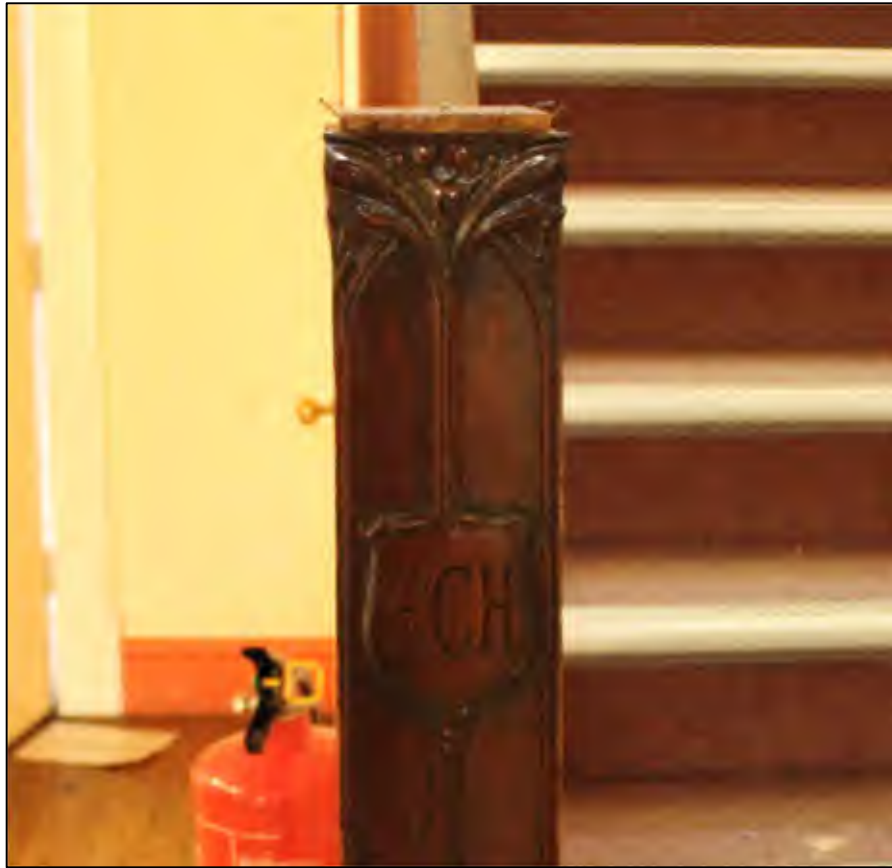


Photo 97 **Detail of newel post on original 1900 staircase, looking west, with 'HCH' detail**

- 5.111.** Room G57 is a former duty room, and appears to have been in a similar use in its more recent history. The entrance door to the room has a timber surround with cornice (Photo 98 and Photo 99). There is a chimney breast on the west side of the room, although no usable fireplace, and the recess has been tiled over. There are three narrow cupboards in a vertical line on each side of the fireplace, with panelled cupboard doors (Photo 100).



Photos 98 and 99
G57 (78)

Entrance to room G57 with timber surround (98) and interior of room

- 5.112.** Room G58 was the former secretary's office, and has been used as a day room in recent history (Photo 101). This has similar architectural detailing to other rooms and spaces in the 1900 phase, with skirting, coving, and the canted bay window with leaded lights. There is a chimney breast in the centre of the east wall which would once have heated the space, but has been blocked up in the 20th or 21st centuries.

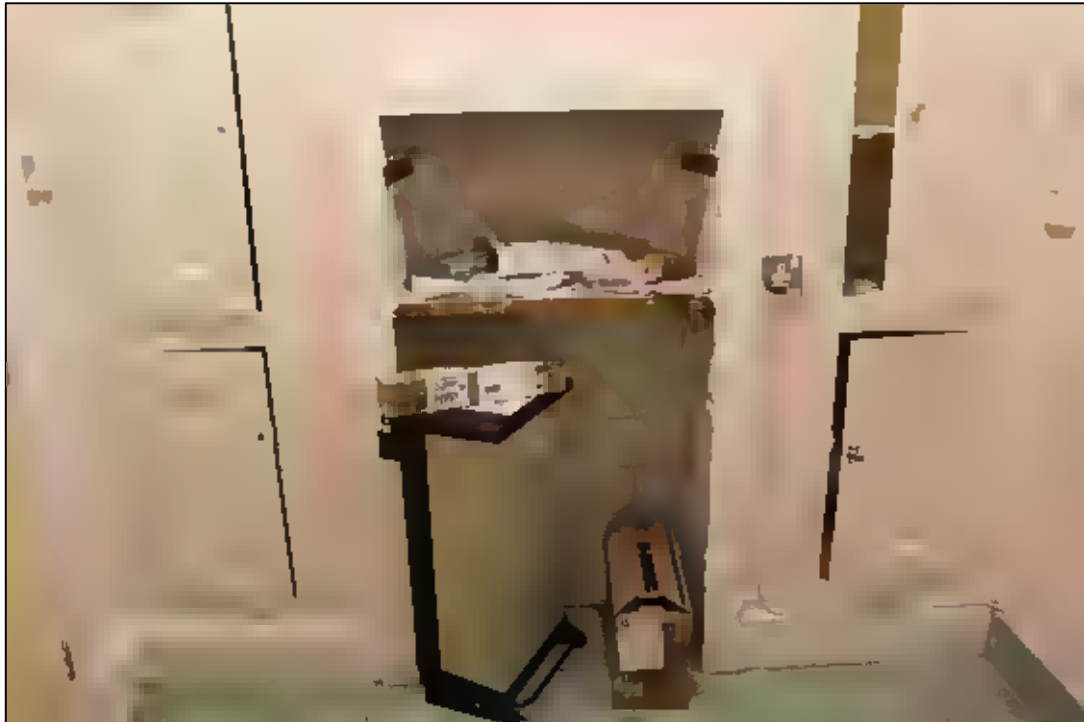


Photo 100 **Fireplace and cupboards in room G57**



Photo 101 **View of room G58, the former day room**

East ward

- 5.113.** G60 is one of the original ward rooms in the east wing. It has recently been known as Pritchard ward, and at the time of the 1930 extension to the hospital, it was the accident ward. It is a large double-height room of rectangular plan form, with windows

to the north, east and south walls (Photo 102). There is a chimney breast to the east wall (which is external, so it does not project into the room) and this room would originally have been heated via a fireplace, but this has since been removed.



Photo 102 **View of G60, the former Pritchard ward room, before the asbestos strip**

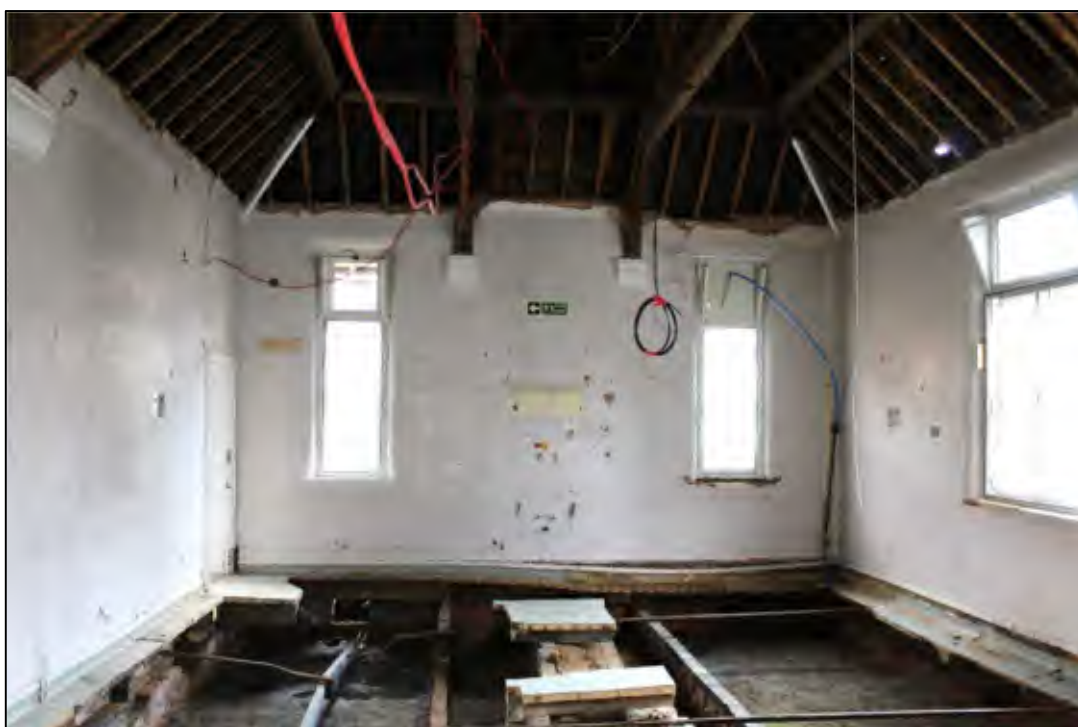


Photo 103 **View of G60, the former Pritchard ward room, after the asbestos strip**

5.114. The ceiling of the room was originally enclosed and plastered with only part of the timber roof structure exposed. After the asbestos strip, the whole roof structure has been exposed (Photo 103). The roof is formed of a central king post truss with two rows of clasped purlins, transverse beams which supported the former ceiling, and rafters supporting the roof covering (Photo 105).



Photo 104 **Detail of sub-floor structure in room G60**



Photo 105 **Detail of roof structure in room G60**

- 5.115. There is a small wing to the north-east corner of the room which houses two WCs and a bathroom (G61 and G62). The bathroom area was an additional extension to the existing 1900 phase. These rooms have been updated in recent years, and there are no historic features of note. The asbestos stripping has also revealed the structure below the floor, which has the same suspended floor composition seen in other ground floor rooms (Photo 104).

West ward

- 5.116. G63 is one of the original ward rooms in the east wing. It has recently been known as Edington ward, and at the time of the 1930 extension to the hospital, it was the men's ward. It is a large double-height room of rectangular plan form, with windows to the north, west and south walls (Photo 106). There is a chimney breast to the east wall (which is external, so it does not project into the room) and this room would originally have been heated via a fireplace, but this has since been removed.



Photo 106 View of G63, the former Edington ward room, before the asbestos strip

5.117. The ceiling of the room was originally enclosed and plastered with the roof timbers boxed in. After the asbestos strip, the whole roof structure has been exposed, and the roof structure appears to be the same as that in room G60 (Photo 107).



Photo 107 Detail of roof structure in room G63



Photo 108 **Detail of sub-floor structure in room G63**

5.118. There is a small wing to the north-west corner of the room which houses a bathroom (G64). This room has been updated in recent years, and there are no historic features of note (Photo 109). The asbestos stripping has also revealed the structure below the floor, which has the same suspended floor composition seen in other ground floor rooms (Photo 108).



Photo 109 View of room G64

First floor (Fig. 10)

- 5.119. The first floor of the hospital is not as large as the ground floor, with approximately 22 rooms. This is because the main activities of the hospital happened at the ground floor level, and the ground floor was extended and altered multiple times to accommodate the growing needs of the building. There are no historic plans for the first floor of the building, so unlike the ground floor, there is no clear information on the historic functions of the first floor spaces. These areas were likely to have comprised staff accommodation and other such spaces that were not directly related to patient treatments. The first floor can be accessed via the two staircases at the front and centre of the building (Photo 110 and Photo 111).
- 5.120. The first floor comprises the 1938, 1928 and 1900 phases of the building and outside of those principal phases there appears to have been little alteration to the planform and arrangement. The first floor rooms have however, been updated and refurbished over the years, so most of the spaces have a late 20th/21st century appearance and finish, with only a small number of surviving historic features, mainly fireplaces.
- 5.121. At the time of the hospital's closure, the first floor largely consisted of staff offices, staff rooms, administration, and the Castle Mead Radio room. Fig.10 illustrates the floor plans with phasing and annotations.

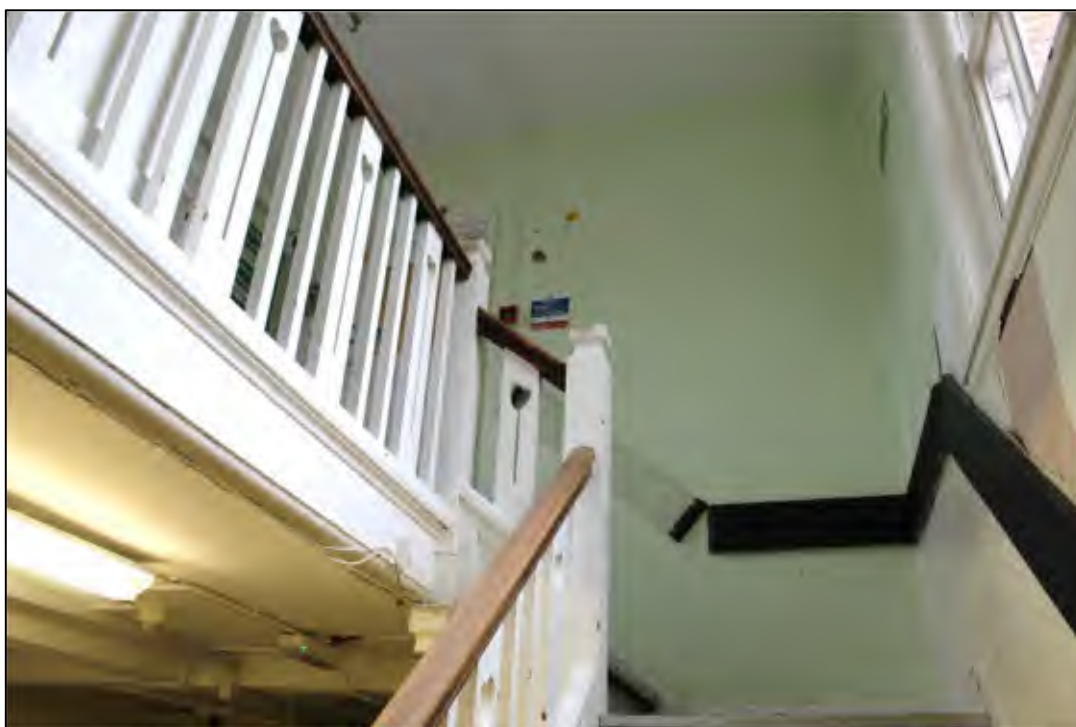


Photo 110 **View of 1928 staircase looking towards first floor**

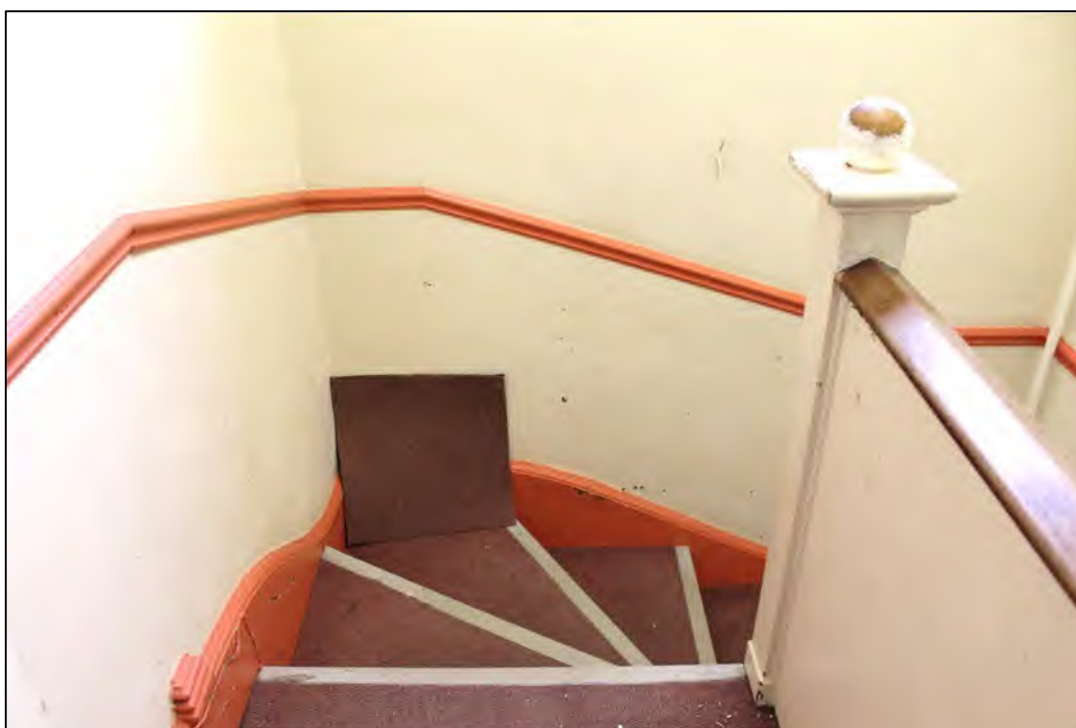


Photo 111 **View of 1900 staircase with decorative detailing**

1938 Phase

5.122. The 1938 phase of the first floor is almost identical in planform and layout to the area below on the ground floor. It comprises a central octagonal space (F1), around which the rooms are laid out (Photo 112 and Photo 113). Decorative skirting and moulding

survives in this area, and the floors are likely to be timber, although they have been carpeted over. Many of the timber panelled doors appear to be of the 1938 phase in age. There is a set of double timber doors at the north end of the entrance area which gives access to the flat roof beyond (Photo 113).

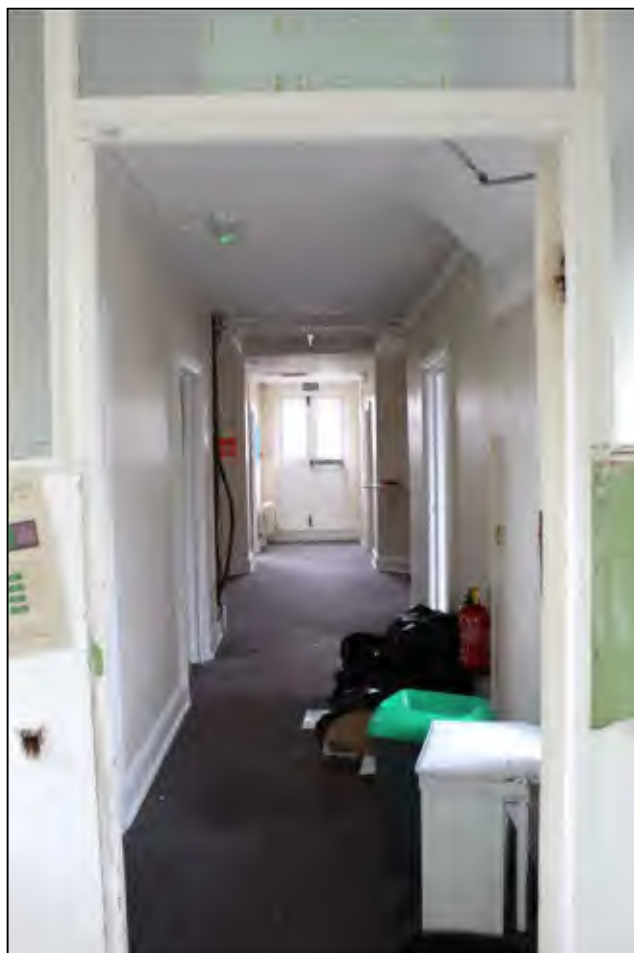


Photo 112 **View of access corridor in 1938 phase, looking north**

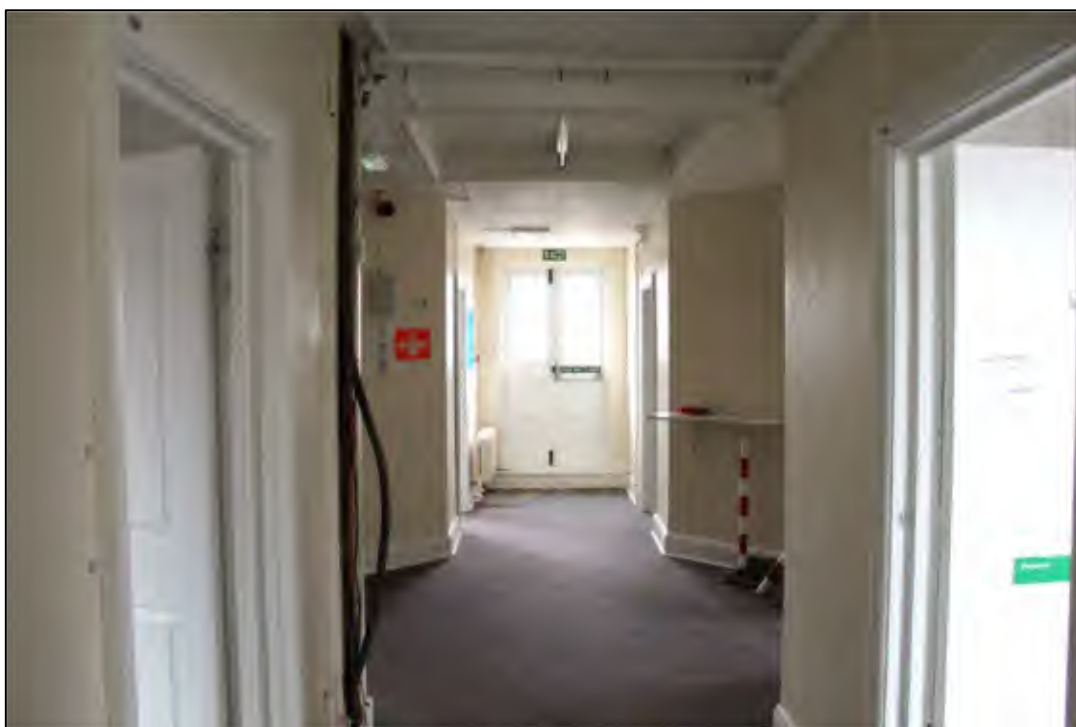


Photo 113 **View of central octagonal access area in 1939 phase (F1)**

- 5.123.** Rooms F2 and F4 are essentially mirror images of each other, and both served as staff rooms. They have been refurbished and carpeted, although they appear to have timber flooring beneath, and both rooms have timber skirting and picture rails, but otherwise there are no other features of note in these rooms (Photo 114).
- 5.124.** F3 served as a staff kitchen and has been fitted with a relatively recent kitchen unit. There is an area of half-height glazed tiling to the south and north walls in black and white colours, which may be of 1938 date, but otherwise there are no features of note (Photo 115).
- 5.125.** Rooms F5, F6, F7 and F8 were all used as offices and have a very similar size, layout and appearance, with F5, F6, F7 and F8 being mirror images of each other (Photo 116). The flooring is timber, although most of it is carpeted, and all rooms have skirting and picture rails. All four rooms would have been heated by fireplaces when first constructed, although a central heating system was also installed in the building. F5 and F6 have both lost their fireplaces, although they have retained their skirting and picture rails. Room F7 has a surviving fireplace in its south-west corner (Photo 117); the hearth itself is gone and was blocked up at some point. The surround is a simple design of dark terracotta glazed tiles with a moulded timber mantel. Room F8

also has a fireplace in its north-west corner, which is of the same design, but with dark green tiles (Photo 118).



Photo 114 **View of room F2**

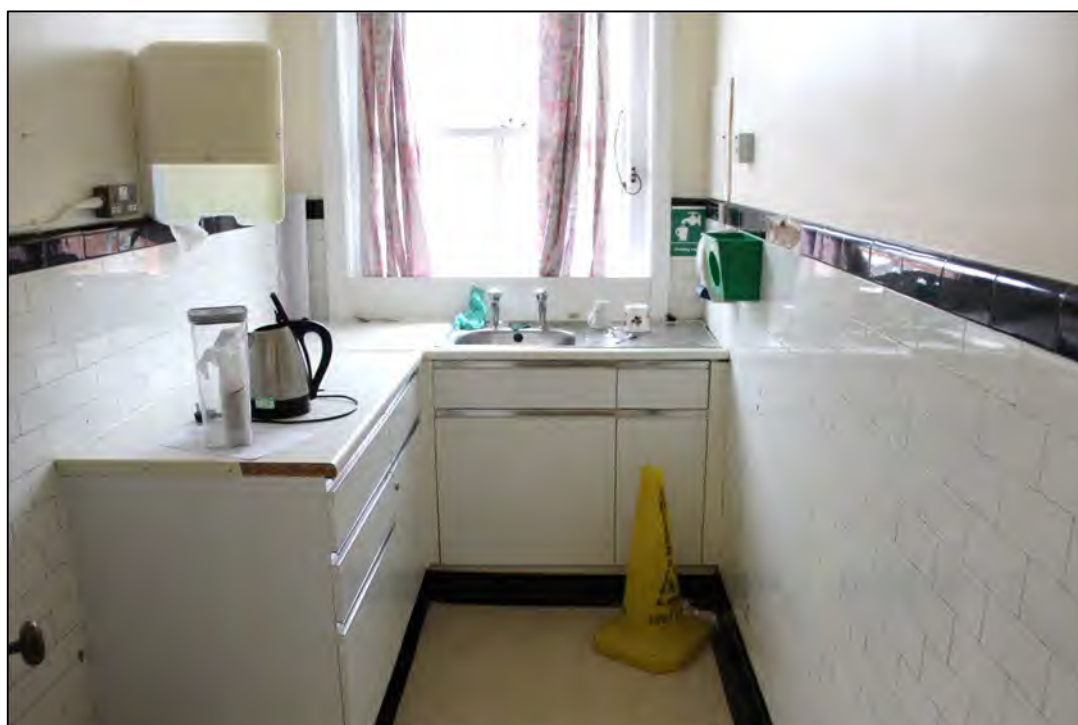


Photo 115 **View of room F3**



Photo 116 **View of room F5**

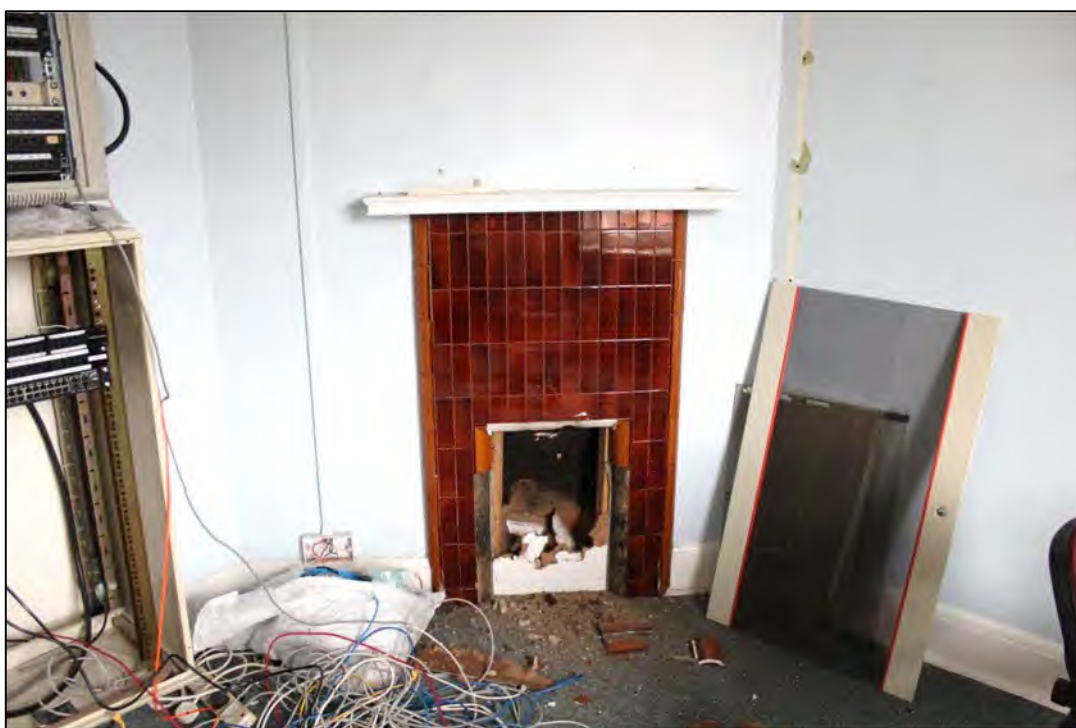


Photo 117 **Detail of original 1938 fireplace in room F7**



Photo 118 **Detail of original 1938 fireplace in room F8**

5.126. Room F9 is an entrance area which lead to the Castle Mead Radio station (Photo 119). This was located on the first floor of the former records office wing, and was demolished before the survey took place. This entrance area is accessed via an arch, and has a small flight of stairs which leads to the studio entrance door.



Photo 119 **View of room F9, the former entrance to the Castle Mead Radio station room**

1928 Phase

- 5.127.** This phase comprises four rooms, all of which are accessed directly off the central corridor. The central corridor is painted and carpeted, and has a row of storage cupboards on the east wall with panelled timber sliding doors; these may be of the 1928 date (Photo 120).
- 5.128.** F11 is located on the west side of the floor, and was used as a manager's office (Photo 121). It is similar to the offices in the 1938 phase, with timber flooring, timber skirting and an interwar fireplace to the north-east corner of the room, with red glazed hearth tiles that have been previously carpeted over (Photo 122).

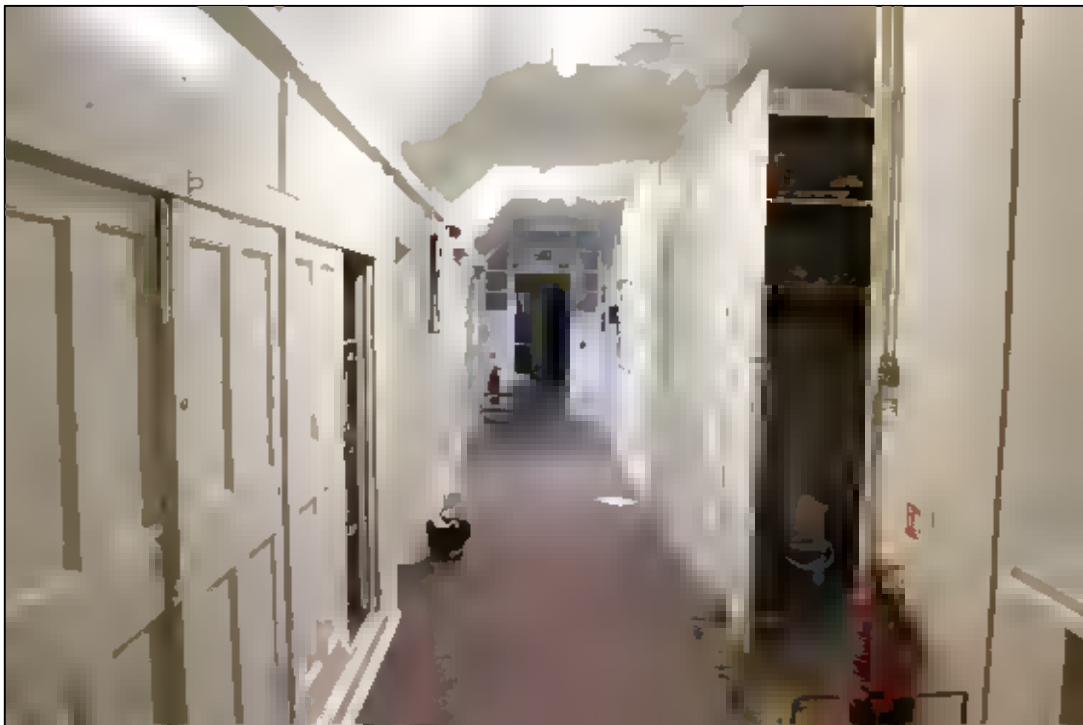


Photo 120 **Access corridor in 1929 phase, looking south**



Photo 121 **View of room F11**



Photo 122 **Detail of 1928 fireplace in room F11**

5.129. F12 is comprised of a separate male and female toilet; they have retained their timber skirting and four-panelled timber doors, but otherwise have been furnished with modern suites and have no other features of note.

5.130. Room F13 is located on the east side of the corridor, and is rectangular in planform, and larger than the other typical rooms on this floor (Photo 123). It was being used as a 'quiet room' before the hospital closed down. The room has timber skirting and picture rail, and timber flooring (probably pine). There is an Art-Deco style fireplace which is a later addition (this being the 1928 phase) and the only such example seen in the building (Photo 124).



Photo 123 **Overview of room F13, with timber flooring and 1930's fireplace**



Photo 124 **Detail of 1930's fireplace in room F13**

1900 Phase

5.131. Rooms F14-F17 comprise a row of offices on the west side of the floor. They are all accessed via the corridor, and each has a west-facing window. They have timber flooring, timber skirting, and four-panelled timber entrance doors, and otherwise have been decorated and in a late 20th/early 21st century style. Room F14 has a surviving fireplace on its north wall, of the same style as that in room F11 (Photo 125 and Photo 126). Rooms F16 and F17 share a chimney breast in their dividing wall, although the fireplace in room F16 has been removed and covered over (Photo 127). F17 has a picture rail, surviving fireplace opening and timber mantel but no surround or hearth (Photo 128).



Photo 125 **View of room F14**

5.132. Rooms F18, F19 and F20 are located the south end of the first floor, accessed via the central corridor, and were used as offices and staff spaces (Photo 129). All rooms are of the same finished and typology; they have timber floors, timber skirting and timber picture rails. All rooms have a chimney breast, although the fireplaces themselves have been removed (bar a timber mantel in room F18). All three rooms have been furnished and decorated in the late 20th/early 21st centuries with carpeted floors and painted walls, and there are no other features of note.



Photo 126 **Detail of 1900 fireplace in room F14**

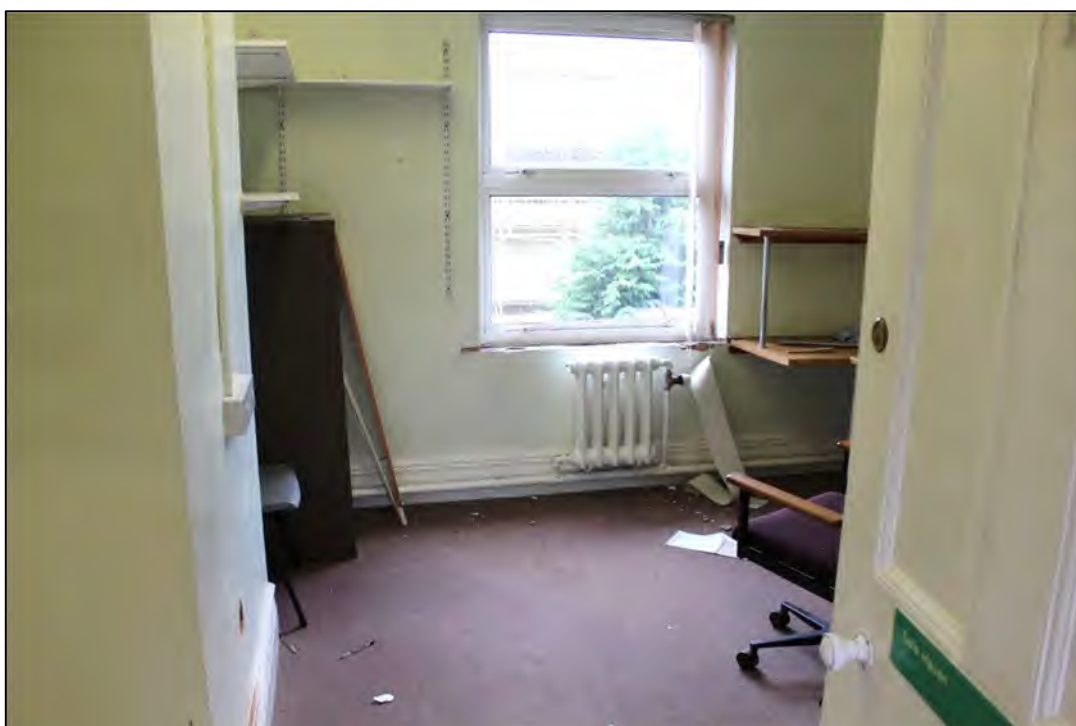


Photo 127 **View of room F16**



Photo 128 Overview of room F17, with fireplace removed



Photo 129 View of room F18

6. CONCLUSIONS

- 6.1. In November 2024, NHS Property Services commissioned Cotswold Archaeology to undertake an Historic Building Recording of the Hinckley Cottage Hospital, located at the Hinckley & District Hospital on Mount Road (Hinckley, Leicestershire). The recording is required to preserve the building by record prior to its demolition under Condition 3 (25/00461/FUL).
- 6.2. The building comprises the surviving elements of the Hinckley Cottage Hospital building at the Hinckley and District Hospital. The purpose-built Cottage Hospital was opened in 1900, built in the Arts and Crafts style, to celebrate Queen Victoria's Diamond Jubilee. The building was extended in 1928, again in 1938, and a connective corridor was added to link the Cottage Hospital to the new health centre in 1978.
- 6.3. The building historically included men's, women's and children's wards; an accident ward; an X-ray suite; an operating theatre; sanitary annexes to the wards; a day room; a mortuary; staff accommodation, and various other ancillary areas to provide kitchens, bathrooms, pantries, and a laundry. Many of these facilities remained throughout the hospital's history, although the uses of some areas changed to accommodate the hospital's evolving requirements. The hospital was also altered and upgraded with each extension and over the following decades, again to keep up with the changing needs of the building and the population it served.
- 6.4. The brick building is roughly rectangular in plan and aligned on a north-west to south-east axis. The building is of two storeys in height with gabled and flat roof forms, and has its original entrance to the south-east elevation as well as many other access points. Despite various refurbishments and restoration schemes, there are some surviving features from the early phases, including original terrazzo flooring, 1920's and 1930's fireplaces, some timber doors, fireplace surrounds and panelling, and both the original 1900 and 1928 staircases.
- 6.5. The results of the Level 3 building recording presented here will be archived as per the terms of the WSI (Appendix 1).

7. REFERENCES

- Beavin, Hugh 1983 *The Book of Hinckley*
- ClfA 2020 *Standards and Guidance for the archaeological investigation and recording of standing buildings or structures*
- Cotswold Archaeology 2023 *Hinckley and District Hospital, Mount Road, Hinckley, Leicestershire: Heritage Assessment*
- Historic England 2016 *Understanding Historic Buildings – A Guide to Good Recording Practice*
- Historic England 2017b *Health and Welfare Buildings Listing Selection Guide*
- Ministry of Housing, Communities and Local Government 2021 *National Planning Policy Framework (NPPF)*; published July 2021
- Planning (Listed Buildings and Conservation Areas) Act 1990 Act of UK Parliament

Cartographic sources (viewed at Promaps)

- | | |
|---------|---|
| 1843 | Extract of the 1843 Redbourn Parish Tithe Map |
| 1879 | Edition of the Ordnance Survey Map (1:2,500) |
| 1898 | Edition of the Ordnance Survey Map (1:2,500) |
| 1924 | Edition of the Ordnance Survey Map (1:2,500) |
| 1974-77 | Edition of the Ordnance Survey Map (1:2,500) |

Online sources

<http://www.hinckleypastpresent.org/>

APPENDIX 1: WRITTEN SCHEME OF INVESTIGATION

**Hinckley and District Hospital
Mount Road, Hinckley
Leicestershire**

*Written Scheme of Investigation for
Historic Building Recording (Level 3)*



Report prepared for:
NHS Property Services

CA Project: MK1187

CA Report: MK1187

July 2025



Hinckley and District Hospital Mount Road, Hinckley Leicestershire

Written Scheme of Investigation for Historic Building Recording (Level 3)

CA Project: MK1187

CA Report: MK1187

prepared by	Hannah Blackmore, Historic Buildings Consultant
date	July 2025
approved by	Sacha Hunter, Senior Historic Buildings Consultant
signed	
date	July 2025
issue	1

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Cirencester Building 11 Kemble Enterprise Park Cirencester Gloucestershire GL7 6BQ t. 01285 771022 f. 01285 771033	Milton Keynes Unit 8 – The IO Centre Fingle Drive Stonebridge Milton Keynes Buckinghamshire MK13 0AT t. 01908 564660	Andover Stanley House Walworth Road Andover Hampshire SP10 5LH t. 01264 347630	Suffolk Unit 5, Plot 11 Maitland Road Lion Barn Industrial Estate Needham Market Suffolk IP6 8NZ t. 01449 900120
e. enquiries@cotswoldarchaeology.co.uk			

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1. INTRODUCTION

1.1. This document sets out details of a Written Scheme of Investigation (WSI) for a programme of historic building recording of the surviving elements of the Cottage Hospital building at Hinckley and District Hospital, Hinckley, Leicestershire, prior to a scheme of demolition (centred at NGR: SP 42949 93702; hereafter referred to as 'the Site'). The assessment has been commissioned by NHS Property Services to discharge Condition 3 relating to planning permission 25/00461/FUL.

1.2. Full planning permission was granted by Leicestershire Council on 22nd July 2025 for the demolition of former Cottage Hospital and development of new day case surgery building with associated landscaping and parking. Condition 3 attached to the full planning permission is related to built heritage and states that:

"No demolition/development shall take place/commence until a written scheme of investigation (WSI) has been submitted to, and approved in writing, by the Local Planning Authority. For the land and structures that are included within the WSI, no demolition/development shall take place other than in accordance with the agreed WSI, which shall include the statement of significance and research objectives, and:

•The programme and methodology of site investigation and recording and the nomination of a competent person(s) or organisation to undertake the agreed works

•The programme for post-investigation assessment and subsequent analysis, publication & dissemination and deposition of resulting material. This part of the condition shall not be discharged until these elements have been fulfilled in accordance with the programme set out in the WSI"

The "Programme of Work" referred to will in this case be the historic building survey recording during development, in accordance with the Specification to be agreed.

Reason: To ensure a satisfactory historic building survey and to record and advance understanding of the significance of the affected resource prior to its loss in accordance with Policies DM11, DM12 and DM13 of the adopted Site Allocations and Development Management Policies Development Plan Document (2016) and the National Planning Policy Framework (2024)".

1.3. The scope of works outlined below is considered to address the requirement of the above recommended Condition, in relation to the required programme of Historic

Building Recording only and has been formulated in accordance with the requirements of the recommended Condition of the planning permission. The aim of the recording will be to fully understand and record the building to mitigate its loss through preservation by record.

- 1.4. This WSI has also been guided in its composition by the *Standard and Guidance for the archaeological investigation and recording of standing buildings or structures* (ClfA 2020); *Management of Archaeological Projects 2* (English Heritage 1991); *Management of Research Projects in the Historic Environment* (MORPHE) and *The Project Manager's Guide* (HE 2015a). This specification should be read in conjunction with *Understanding Historic Buildings: A guide to good recording practice* (HE 2016). The scope of this WSI does not therefore include any provision for below ground archaeological investigation, recording or post investigation assessment. These works will be covered in a separate WSI for archaeological investigation.

2. BACKGROUND

- 2.1. The building to be recorded is the surviving elements of the Cottage Hospital building at the Hinckley and District Hospital, Hinckley, Leicestershire. Hinckley Cottage Hospital was built as part of and within the context of significant public health improvements made during the latter half of the 19th century. The purpose-built Cottage Hospital within the Site was opened in 1900, built in the Arts and Crafts style, to celebrate Queen Victoria's Diamond Jubilee. Fundraising in the 1920s resulted in a suite of further extensions to the northern part of the hospital in 1928, and in 1938 more extensions for wards and an operating theatre and alterations were constructed.
- 2.2. In 1971 the X-Ray department was built on to the east elevation of the cottage hospital. In 1978 the Site was further developed by the addition of the Health Centre which was joined to the Cottage Hospital via a glazed link corridor. Further development occurred in 1995 with the addition of the Orchard Resource Centre. The Cottage Hospital is considered to hold some limited heritage value and the Leicestershire and Rutland Historic Environment Record (HER) indicates the building is, or has the potential to constitute a heritage asset (or assets) with archaeological and heritage interest.

3. OBJECTIVES

- 3.1. The programme of building recording will encompass the surviving elements of the former Cottage Hospital, as shown on Figure 1. The building will be subject to the Level 3 (analytical) record, as defined in *Understanding Historic Buildings; A guide to good recording practice* (Historic England 2016; see Appendix A).

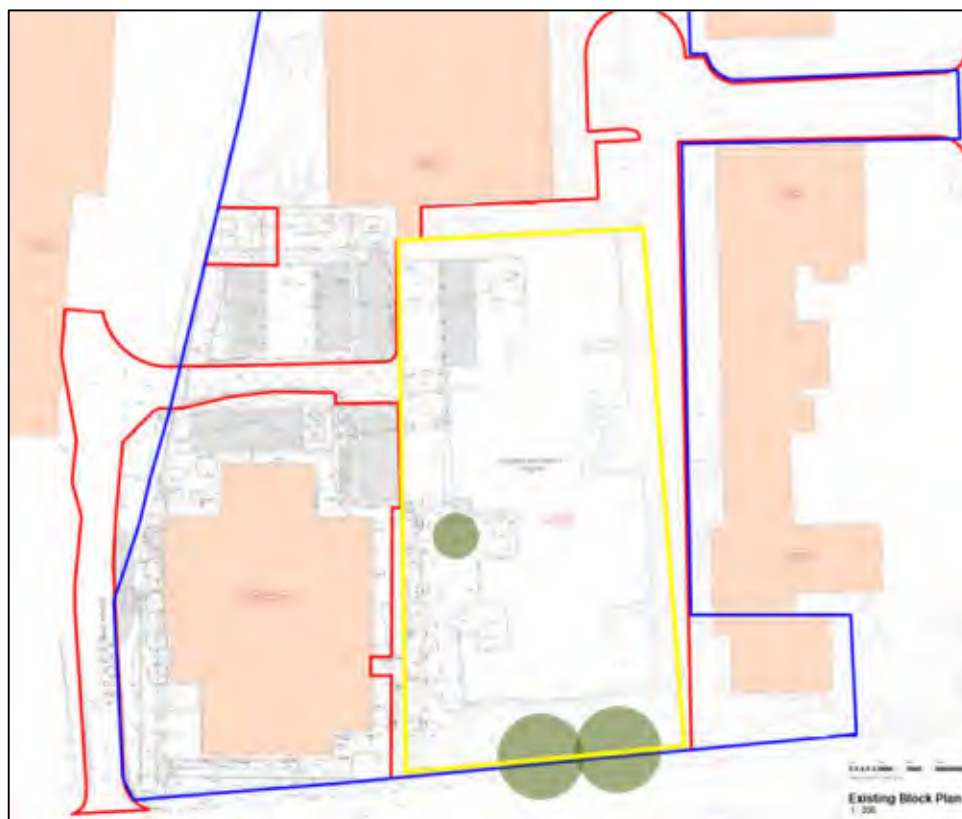


Figure 1: Existing Site Plan of Hinckley and District Hospital showing area to be recorded in yellow.

- 3.2. The objective of the recording is to understand the structural and functional history of the building and provide a clear record of significance. This will be achieved via the production of a record of the building in its current state (both pre and post soft strip), as a form of mitigation where its alteration is proposed. The record will comprise drawings, photographs and a written description.
- 3.3. The survey will be informed by full internal and external access of the building. This includes full access to all internal spaces, including attic spaces where practical. Where dense vegetation obscures visual or physical access to any part of a structure's exterior elevations, recording may not be possible. In any instance where visual or physical access to any part of a structure is not possible during the survey,

this will be omitted from the record and may require recording subsequent to the removal of vegetation. As a minimum the record will include analysis of:

- Layout and organisation;
- Function;
- Materials and method of construction;
- Internal arrangements;
- Original fixtures and fittings;
- Subsequent fixtures and fittings;
- Evidence of use and status, including an overview of the hospital's history in relation to the local community

4. METHODOLOGY

Historic Building Record

- 4.1.** The building recording will be undertaken to Level 3 standard (see Appendix A) as defined in *Understanding Historic Buildings: A guide to good recording practice* (Historic England 2016).

Drawn Record

- 4.2.** The drawn record will include annotated plans, sections and elevations as existing (utilising measured surveys where available and any existing plans and elevations produced to accompany the planning application), indicating the form and location of any structural features and/or detail of historic significance including any evidence for fixtures of significance, including former fixtures and fittings; as well as annotated measured elevational sections, showing any form of any architectural decoration and measured elevations to aid the understanding of the building's design, development or function; and a site plan at 1:500 or 1:1250 relating the building to other structures, topographical and landscape features.

Photographic Record

- 4.3.** The photographic record will include general views of the building and shots of its external appearance. Specific architectural details that relate to date, alteration, or function will be subject to more detailed photographic recording. The photographic

survey will comprise digital images of the building and specific features of interest and will be created in compliance with Historic England guidance. All record photographs will be taken using a Digital Single Lens Reflex (DSLR) Camera with a sensor of a minimum of 20 megapixels. A compact digital camera may be used for more general shots and working shots. Lenses will be chosen to reflect the requirements of the particular feature/features being recorded.

- 4.4. Appropriate scales will be located in some photographs where appropriate. However, where scaling can be seen from items within the view, or shots that may be used in publications, photographs without scales will also be taken.

Written Record and Reporting

- 4.5. The written account will be analytical in its composition and will include the location of the building; any designations; the date and circumstances of the record and name of recorder; an account of the structures' form, function, date, and development sequence; and the names of architects, builders, patrons and owners will be given, where known. Detail of the site's history, development and use will be informed by content from the Heritage Statement produced by Cotswold Archaeology (May 2023) where relevant and any additional online sources. Due to the archival research undertaken previously and included in the existing report, a visit to the Leicestershire Archives is not included within the offer of service, however in the event that following the submission of the WSI the LPA requires an archive visit this will be arranged.

5. REPORTING

- 5.1. An illustrated report will be compiled presenting the results of the Building Recording. The Leicestershire and Rutland HER will be contacted and an Event UID will be requested and included within the Report. The report will include the following sections:

- Non-technical summary
- Methodology
- Historic Context
- Results of the Historic Building Recording with photographs and annotated drawings
- Conclusions

-
- 5.2. A draft copy will be sent to the Historic and Natural Environment team at Leicestershire County Council for comments and approval. Copies of the report will be deposited with Leicestershire and Rutland Historic Environment Record in PDF(A) format within three months of the recording survey being completed and a digital copy uploaded to the Archaeology Data Service OASIS website.

6. DATA MANAGEMENT PLAN AND ARCHIVING

- 6.1. All born-digital and digitally-transferred project data created during the field survey will be stored by CA. Upon project completion and deposition, the data will be transferred to a secure external server. Data will be selected for inclusion in the final digital archive, as detailed below. It is proposed that data selection will occur following completion of the building recording and subsequent approval of the record report by Leicestershire County Council.
- 6.2. Images will be saved in .jpeg format. Appropriate levels of Metadata will be maintained and included in the digital archive following the approach set out in the Historic England guidance.
- 6.3. Copies of the report will be deposited with Leicestershire and Rutland Historic Environment Record in PDF(A) format within three months of the recording survey being completed. Selected digital files will be transferred to the Archaeology Data Service (ADS), in line with the relevant guidance and standards for both organisations. In adherence to CA's *Guidelines for essential archive tasks and the preparation of archives* (2017), it is proposed that the selected files will include final versions only. Digital photographs will be selected for inclusion in the archive in line with CA's *Guidelines for essential archive tasks and the preparation of archives* (2017) and *Digital Image Capture and File Storage: Guidelines for Best Practice* (Historic England 2015b).

7. STAFF AND TIMETABLE

- 7.1. This project will be under the management of Sacha Hunter, Senior Historic Buildings Consultant, CA.
- 7.2. The staffing structure will be organised thus: the Project Manager will direct the overall conduct of the recording programme. Building Recording will be undertaken

by a Historic Buildings Consultant, under the supervision of the Project Manager. It is envisaged that the Building Recording will require one day on site.

8. HEALTH AND SAFETY

8.1. Cotswold Archaeology conduct all works in accordance with the Health and Safety at Work Act 1974 and all subsequent Health and Safety legislation, Cotswold Archaeology Health, Safety and Welfare Policy (2014) and procedures. A risk assessment will be undertaken prior to commencement of the historic building survey, and the scope of works outlined above will be subject to any Health and Safety constraints.

8.2. Furthermore, the scope of works will be dictated by any hazardous substances (including asbestos), present on site. A Dynamic Risk Assessment will be undertaken upon arrival on Site. The client's site contamination assessment will be provided to Cotswold Archaeology at the earliest opportunity prior to any site visit in order to inform all RAMS documentation.

9. INSURANCES

9.1. Cotswold Archaeology holds Public Liability Insurance to a limit of £10,000,000 and Professional Indemnity Insurance to a limit of £10,000,000. No claims have been made or are pending against these policies in the last three years.

10. QUALITY ASSURANCE

10.1. Cotswold Archaeology is a Registered Organisation (RO) with the Chartered Institute for Archaeologists (RO Ref. No. 8). As a RO, Cotswold Archaeology endorses the Code of Conduct (CIfA 2014) and the Code of Approved Practice for the Regulation of Contractual Arrangements in Field Archaeology (CIfA 2014). All Cotswold Archaeology Project Managers and Project Officers hold either full Member or Associate status within the CIfA.

10.2. Cotswold Archaeology operates an internal quality assurance system in the following manner. Projects are overseen by a Project Manager who is responsible for the quality of the project. The Project Manager reports to the Chief Executive who bears ultimate responsibility for the conduct of all Cotswold Archaeology operations. Matters of policy and corporate strategy are determined by the Board of Directors, and in cases of dispute recourse may be made to the Chairman of the Board.

11. REFERENCES

BARS 2015 Collections Department Policy

English Heritage 1991 The Management of Archaeological Projects 2

Chartered Institute for Archaeologists 2020 Standard and Guidance for the archaeological investigation and recording of standing buildings or structures

Cotswold Archaeology 2017 Guidelines for essential archive tasks and the preparation of archives

Historic England 2015a The Management of Research Projects in the Historic Environment (MORPHE) and the Project Manager's Guide

Historic England 2015b Digital Image Capture and File Storage: Guidelines for Best Practice

Historic England 2016 Understanding Historic Buildings: A Guide to Good Recording Practice

Cotswold Archaeology 2023 Hinckley and District Hospital Heritage Assessment

APPENDIX A: LEVEL 3 BUILDING RECORDING REQUIREMENTS (HE 2016)

Level 3 is an ***analytical record*** and comprises an introductory description followed by a systematic account of the building's origins, development and use. The record will include an account of the evidence on which the analysis has been based, allowing the validity of the record to be re-examined in detail. It will also include all drawn and photographic records that may be required to illustrate the building's appearance and structure and to support an historical analysis.

The information contained in the record will for the most part have been obtained through an examination of the building itself. The documentary sources used are likely to be those which are most readily accessible, such as historic Ordnance Survey maps, trade directories and other published sources. The record may contain some discussion of the building's broader stylistic or historical context and importance. It may form part of a wider survey of a number of buildings which will aim at an overall synthesis, such as a thematic or regional publication, when the use of additional source material may be necessary as well as a broader historical and architectural discussion of the buildings as a group. A Level 3 record may also be appropriate when the fabric of a building is under threat, but time or resources are insufficient to allow for detailed documentary research, or where the scope for such research is limited.

The Level 3 record will consist of:

Drawings – item 2 and **sometimes** one or more of items 3-12

2: Measured plans (to scale or fully dimensioned) as existing. These may extend to all floors, or they may be restricted to one or a selection. The latter option may be appropriate, for example, in a town-centre building where an upper floor has been little altered. Buildings with a repetitive structure may also be planned on one floor, but a note or a sketch plan should be made to indicate the arrangement of other floors. Plans should show the form and location of any structural features of historic significance, such as blocked doorways, windows and fireplaces, masonry joints, ceiling beams and other changes in floor and ceiling levels, and any evidence for fixtures of significance.

3: Measured drawings recording the form or location of other significant structural detail, such as timber or metal framing.

4: Measured cross-sections, long-sections or elevational sections illustrating the vertical relationships within a building (floor and ceiling heights or the form of roof trusses, for example).

5: Measured drawings showing the form of any architectural decoration (the moulding profiles of door surrounds, beams, mullions and cornices, for example) or small-scale functional detail not more readily captured by photography. A measured detail drawing is particularly valuable when the feature in question is an aid to dating.

6: Measured elevations, where these are necessary to an understanding of the building's design, development or function.

7: A site plan relating the building to other structures and to any related topographical and landscape features.

8: A plan or plans identifying the location and direction of accompanying photographs.

9: Copies of earlier drawings throwing light on the building's history.

11: Reconstruction drawings and phased drawings, when these are of value. Since these are by their nature interpretative, the evidence on which any reconstruction or phasing is based must always be given. Successive phases of a building's development may be shown by graded tone (dark to light, with the darker being the earlier), by colour, by sequential diagrams or by annotation. Whenever phased drawings are included in a record, they must be accompanied by the unmarked drawings on which they are based.

12: Diagrams interpreting the movement of materials (process flow) or people (circulation), or the segregation of people or activities (eg permeability diagrams), where these are warranted by the complexity of the subject. As with items 10 and 11, the evidence supporting the interpretations must be provided.

Photography – items 1 to 9

1: A general view or views of the building (in its wider setting or landscape, if the views noted in 2 below are also adopted).

2: The building's external appearance. Typically a series of oblique views will show all external elevations of the building, and give an overall impression of its size and shape. Where an individual elevation embodies complex historical information, views at right angles to the plane of the elevation may also be appropriate.

3: Further views may be desirable to indicate the original design intentions of the builder or architect, where these are known from documentary sources or can be inferred from the building or its setting. In the case of building elevations which have been conceived as formal compositions, views at right angles to the plane of the elevation may again be appropriate.

4: The overall appearance of the principal rooms and circulation areas. The approach will be similar to that outlined in 2 above.

5: Any external or internal detail, structural or decorative, which is relevant to the building's design, development or use and which does not show adequately on general photographs. When photographing details it can be helpful to include a clearly marked and suitably sized scale next to the subject and parallel to one edge of the photograph.

6: Any machinery or other plant, or evidence for its former existence.

7: Any dates or other inscriptions, any signage, makers' plates or graffiti which contribute to an understanding of the building or its fixtures or machinery, if not adequately captured by transcription. A contemporaneous transcription should be made wherever characters are difficult to interpret.

8: Any building contents or ephemera which have a significant bearing on the building's history (for example, a cheese press or a malt shovel), where not sufficiently treated in general photographs.

9: Copies of maps, drawings, views and photographs, present in the building and illustrating its development or that of its site. The owner's consent may be required.

Written account - items 1-3, 5-9, 11-13, 15, 17, 18 & 23

1: The building's precise location, as a National Grid reference and in address form.

2: A note of any statutory designation (that is, listing, scheduling, Register of Historic Parks and Gardens, conservation area). Information on statutory designations can be found on the Historic England website. Non-statutory designations (local lists) may be added.

3: The date of the record, the name(s) of the recorder(s) and, if an archive has been created, its location.

5: A contents list; a list of illustrations or figures.

6: A longer summary statement. An alternative to 4. This account should summarise the building's form, function, date and sequence of development. The names of architects, builders, patrons and owners should be given if known. Its purpose is to describe the building when no fuller record is necessary. Alternatively it may serve as an introduction to the more detailed body of a record that may follow, for users who may need a summary of the report's findings.

7: An introduction briefly setting out the circumstances in which the record was made, its objectives, methods, scope and limitations, and any constraints. Where appropriate the brief for the work or the project design should be stated or appended.

8: Acknowledgements to all those who made significant contributions – practical, intellectual or financial – to the record or its analysis, or who gave permission for copyright items to be reproduced.

9: A discussion of published sources relating to the building and its setting, an account of its history as given in published sources, an analysis of historic map evidence (map regression) and a critical evaluation of previous records of the building, where they exist.

11: An account of the building's overall form (structure, materials, layout) and its successive phases of development, together with the evidence supporting this analysis.

12: An account of the past and present uses of the building and its parts, with the evidence for these interpretations. An analysis of any circulation pattern or decorative, iconographic or liturgical scheme. An account of any fixtures, fittings, plant or machinery associated with the building, and their purposes. For an industrial building, a sequential account of the ways in which materials or processes were handled.

13: Any evidence for the former existence of demolished structures or removed plant associated with the building.

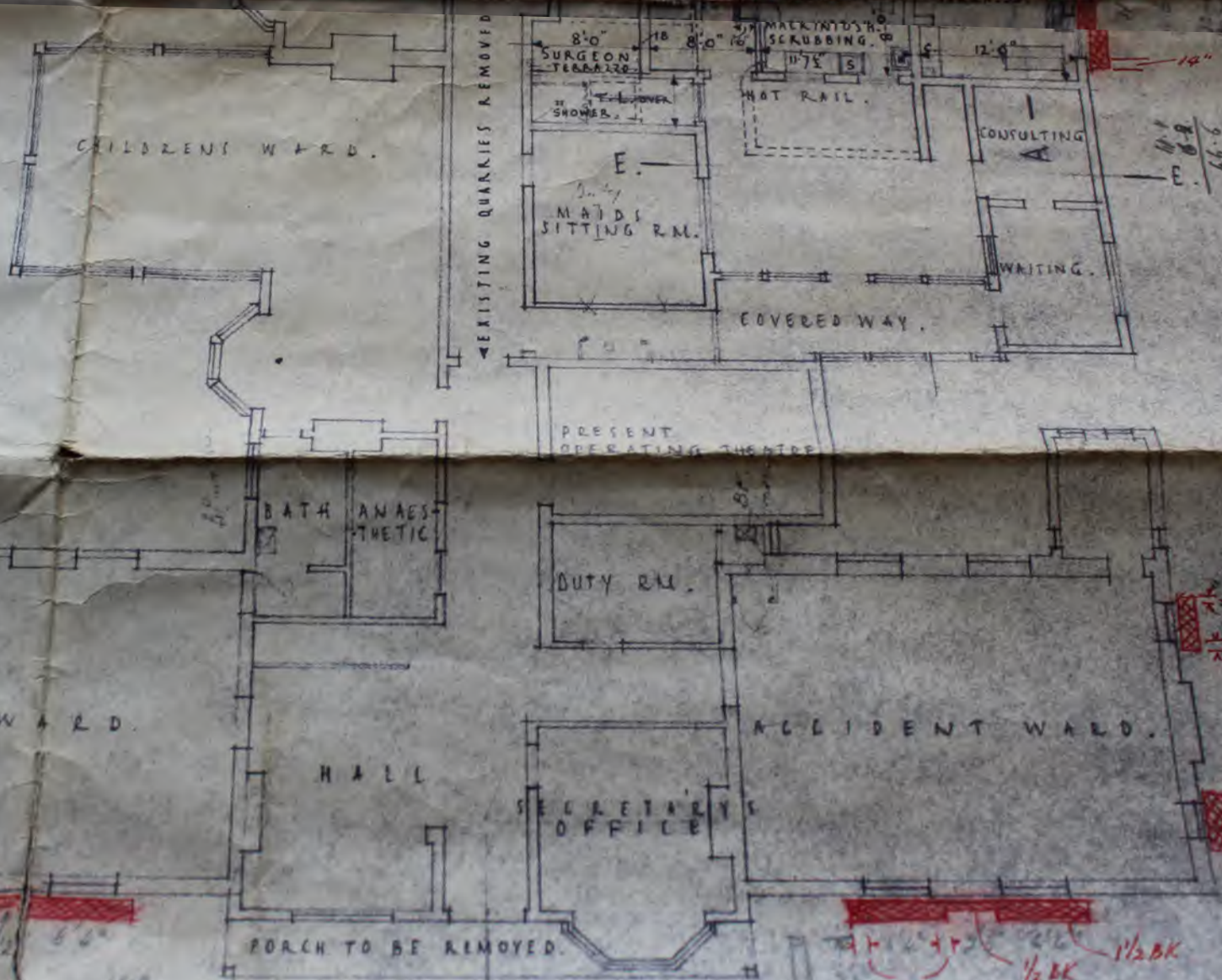
15: A discussion of the building's past and present relationship to its setting: its relationship to local settlement patterns or other man-made features in the landscape; its part in a larger architectural or functional group of buildings; its visual importance as a landmark, etc. For more guidance on investigating and recording landscapes see *Understanding the Archaeology of Landscapes* (English Heritage 2007; revised edition forthcoming).

17: A discussion of the architectural or historical context or significance of the building locally, regionally or nationally, in terms of its origin, purpose, form, construction, design, materials, status or historical associations.

18: Copies of historic maps, drawings, views or photographs illustrating the development of the building or its site (the permission of owners or copyright holders may be required).

23: Full bibliographic and other references, or a list of the sources consulted (in long reports it is preferable to include both). Websites which may prove to be ephemeral should be avoided as references wherever possible; where their use is unavoidable the full web address and the date on which the site was consulted should be noted.

APPENDIX 2: 1938 PLANS OF HOSPITAL EXTENSIONS (COURTESY OF LEICESTER RECORD OFFICE)



Andover Office

Stanley House
Walworth Road
Andover
Hampshire
SP10 5LH

t: 01264 347630

Cirencester Office

Building 11
Cotswold Business Park
Cirencester
Gloucestershire
GL7 6BQ

t: 01285 771022

Milton Keynes Office

Unit 8 - The IO Centre
Fingle Drive, Stonebridge
Milton Keynes
Buckinghamshire
MK13 0AT

t: 01908 564660

Suffolk Office

Unit 5, Plot 11, Maitland Road
Lion Barn Industrial Estate
Needham Market
Suffolk
IP6 8NZ

t: 01449 900120

e: enquiries@cotswoldarchaeology.co.uk

