



Worcester
CITY COUNCIL



Conservation Area Appraisal And Management Proposals

Conservation Area No 18 Royal Infirmary

Summary of Draft 2 for Consultation

City of Worcester, Conservation Area Appraisal and Management Proposals

No 18: Royal Infirmary



Draft 2 for consultation
(1.2007)

This document has been prepared and produced by:
The Conservation Studio, 1 Querns Lane, Cirencester, Gloucestershire GL7 1RL

Royal Infirmary Conservation Area Appraisal & Management Proposals

Part 1 – CONSERVATION AREA APPRAISAL

Introduction	4
Purpose of the appraisal	
The planning policy context	
Local planning policy	
Summary of special interest	5
Significance	
Special interest	
Location and setting	6
Location and context	
Landscape setting	
Topography, geology and relationship to surroundings	
Historic development and archaeology	7
Archaeological significance and potential	
Origins and historic development	
Spatial analysis	9
The character of spaces within the area	
Green spaces, trees and other natural elements	
Key views and vistas	
Definition of the special interest of the conservation area	10
Activities/uses	
Architectural and historic character	
Key buildings – Listed Buildings, other buildings and structures of Townscape Merit	
Buildings of Neutral Contribution	
Features & Buildings of Negative Contribution	
Building materials, colours and textures	
Public realm: Floorscape, street lighting and street furniture	
Key Issues	15
Replacement Buildings	16

PART 2 – MANAGEMENT PROPOSALS

Management Proposals	21
Legislative background	
Designation and Review	
Statutory Controls	
Listed Buildings	
Buildings of Local Significance and buildings and structures of Townscape Merit	
Erosion of Character and Additional Planning Controls	
Trees	
Setting and Views	
New development, redevelopment, alterations and extensions	
Boundary Treatments	
The Public Realm and its enhancement	
Open Space	
Monitoring and Review	26
Public Consultation	
Conservation Area Advisory Committee	
Boundary Review	
Buildings at Risk	
Document Review	
Bibliography	27
Useful addresses	28
Appendices <i>(to follow)</i>	29
A Speed's Map 1610	
B Speed's Map 1660	
C Doherty's Map 1741	
D Building Phasing	
E List description for Infirmary	
F Features of positive contribution	

PART 1 - CONSERVATION AREA APPRAISAL

1.1 INTRODUCTION

1.1.1 Purpose of the appraisal

This appraisal records and analyses the various features which give the Royal Infirmary Conservation Area its special architectural and historic interest. The area's buildings and spaces are noted and described, and marked on the Conservation Area Appraisal maps along with listed buildings, buildings of townscape merit, significant trees and spaces, and important views into and out of the Conservation Area. There is a presumption that all of these features should be "preserved or enhanced", as required by the legislation.

This appraisal builds upon national policy, as set out in PPG15, and local policy (see below). It provides a firm basis on which applications for development within the Worcester Royal Infirmary Conservation Area can be assessed.

The document is intended to be used by planning officers, developers and landowners to ensure that the special character is not eroded, but rather preserved and even enhanced through development activity. While the descriptions go into some detail, **a reader should not assume that the omission of any building, feature or space from this appraisal means that it is not of interest**; if in doubt, please contact the conservation staff at Worcester City Council.

1.1. The planning policy context

Conservation areas are designated under the provisions of Section 69 of the Planning (Listed Buildings and Conservation Areas) Act 1990. A conservation area is defined as "*an area of special architectural or historic interest the character or appearance of which it is desirable to preserve or enhance*". It is the quality and interest of an *area*, rather than that of individual buildings, which is the prime consideration in identifying a conservation area.

Section 72 of the same Act specifies that, in making a decision on an application for development in a conservation area, special attention shall be paid to the desirability of preserving or enhancing the character or appearance of that area.

This document should be read in conjunction with national planning policy guidance, particularly Planning Policy Guidance Note 15 (PPG 15) – Planning and the Historic Environment. The layout and content follows guidance produced by English Heritage, the Heritage Lottery Fund and the English Historic Towns Forum.

1.1.3 Local planning policy: Relevant Conservation Policies

Local Plan policies have been developed by the City Council and explained in the City of Worcester Local Plan, 1996-2011, adopted in October 2004 (CoWLP 2004). These include the intention to safeguard views and skylines (BE5 and 8) and to protect significant open areas (BE6). There are also policies to set out the circumstances when changes of use are likely to be acceptable (BE10), and what any new developments and extensions within conservation areas are expected to achieve (BE7 and 9). Other policies are to prevent some demolitions (BE11), to protect such boundaries as garden walls and gates (BE12), and to protect significant landscape features (BE13). In general these policies are intended to ensure that the character is preserved or enhanced by any development actions. Also of relevance are policies related to listed buildings, their alteration, use and setting (BE1-4, 17-19 & 30) but also archaeologically sensitive sites (BE20-23).

Also of relevance are a series of adopted Supplementary Planning Guidance notes on;

SPG5 - Historic Buildings and Conservation Areas (September 2001)

SPG8 - Archaeology and Development (November 1999)

SPG11 - Trees (May 1999)

With the introduction of new procedures in planning, the council is preparing a Local Development Framework, which sets out the range of appropriate policies for the whole of the city. The conservation area character appraisals, such as this, are considered to be integral with the spatial planning approach of the council. While they are seen as background documents, they support, affirm and in some instances amplify the development plan documents within the Framework.

1.2 SUMMARY OF SPECIAL INTEREST

1.2.1 Significance

The Worcester Royal Infirmary Conservation Area (No.18) was designated in January 2005.

This is an important part of the City and represents a particular period in its evolution, recording the growth and importance with which health care and patient conditions were regarded during the eighteenth century. Its continued use as an Infirmary from 1770 until its closure in 2002 illustrated its suitability for adaptation, extension and change. The original core building dates from the mid 18th century and was designed by Anthony Keck, one of the most eminent regional architects of the day.

1.2.2 Special interest

The special interest that justifies designation of the Worcester Royal Infirmary Conservation Area derives from the following features:

- Its significance as part of the late 18th and early 19th development of the town;
- Its importance as a historic record of the development of health care in the City as being at the forefront of its time and nationally as the founding site of the precursor organisation to the British Medical Association;
- Its valuable contribution to the growing civic pride of Worcester in the 18th and 19th centuries;
- The architectural and historic interest of the area's historic buildings, one of which is a grade II listed building, designed by a leading architect;
- The views afforded over to the race course at Pitchcroft and its immediate setting;
- The views of the area from the riverside and the west side of Worcester.
- Local details that collectively and individually give the conservation area a distinctive identity; i.e. the strong sense of enclosure, the quality of historic buildings, the survival of intact detailing, the institutional character and the relationship to open space.

1.3 LOCATION AND SETTING

1.3.1 Location and context

Worcester City Council's 'Worcester Royal Infirmary Conservation Area' comprises an almost rectangular site of approximately 2.5 hectares, consisting of the former site of the Infirmary itself, a terrace of sixteen properties to the east and a wedge of under-used land between the main site and the railway viaduct to the south west.

The area is located on the north western edge of Worcester's city centre and is bounded by Castle Street to the north, Infirmary Walk to the east (including the terraced housing), the railway viaduct and Butts Siding to the south and Croft Road to the west. The area overlooks Pitchcroft and the race course and, apart from the row of terraced housing along Infirmary Walk, consists of a range of hospital buildings, including wards, nurses' homes, offices, isolation ward, laundry, A&E reception, plant room, incinerator and other ancillary buildings consistent with such a use.

The conservation area is also bounded by the Riverside Conservation Area (No.16) to the west and the Historic City Conservation Area (No.1) to the south.

1.3.2 Landscape setting, topography, geology and relationship to surroundings

The Royal Infirmary is located on a slope looking westwards over the River Severn and Pitchcroft. The site is easily visible at some distance away, which is reinforced by the size and massing of the major buildings present. Equally, views from the site are important, but these are largely restricted to the west as the railway viaduct to the south visually closes off the site from the city centre.

The area is surrounded on the remaining three sides by other areas of interest including, nearby to the north, Britannia Square Conservation Area, an area of historic residential development. To the south the railway viaduct which forms part of the Historic City Conservation Area also provides a strong visual barrier to and from the rest of the city. The third side to the north along Castle Street has a distinctive civic quarter feel due to the range, size and concentration of public buildings and others which have a municipal character, which is reinforced by the former Royal Infirmary site.

The site lies on deposits of alluvial silts and clays of the flood plain, which overlay sand and gravels. The highest part of the site along Infirmary Walk is some 22m and the lowest along Croft Road some 15m above the river, which can be susceptible to flooding by the River Severn.

1.4 HISTORIC DEVELOPMENT AND ARCHAEOLOGY

1.4.1 Archaeological significance and potential

Being a town of largely Roman origin, within Worcester there is the potential for considerable archaeological deposits. In the conservation area there are currently two entries in the Worcester City Historic Environment Record. A number of important further records are in the vicinity, including the potential for a postulated Roman road which may have cut across the site in the vicinity of the far south eastern corner within the garden of Wall House. The potential for the site in terms of prehistoric remains is unlikely; however there is a likelihood of Roman remains. Further details of this potential can be seen in a recent report (*Mercian Archaeology*, January 2005, WCM 101298).

1.4.2 Origins and historic development

The conservation area lies outside the walled medieval city within an area which remained substantially undeveloped until the late 18th century, as clearly seen in Speeds' maps of 1610 and 1660, and further illustrated in Doherty's 1741 map of the City (Appendix A, B & C).

The original Infirmary was founded in 1745 by Bishop Maddox of Worcester on the eastern side of the city on Silver Street to serve the paying inhabitants of

the city. By 1765 a damning report on the condition and size of the timber framed building and the cost of its upkeep encouraged the Hospital Trustees to purchase two acres of land at Artichoke Field, indicating the original agricultural use of the land, from a local leadworker, Joseph Millington, for £200. The money was supplied by Edward Garlick, who advocated a hospital plan as seen at Gloucester. It was clear that not only should this new hospital serve the needs of the sick but should also be a fine piece of civic architecture, reflecting the growing confidence in the City and its position. Anthony Keck, a leading architect of the day won a competition for the design. As there was little precedent for such large civic buildings often designers of the day followed what they knew and adapted designs to suit the use. This can be seen clearly in the building's country house appearance and 'H' plan layout as illustrated in contemporary illustrations of the day.

(Insert 1860 View)

The Infirmary was completed in 1770 at a cost £6,085 after two years of construction work and only occupied the northern half of the present conservation area. The original site boundary can still be made out by the boundary wall which runs east/west. The only building within the whole conservation area to predate the Infirmary is Walnut House, located to the south east of the site, which it is believed was built in the mid 18th century, from both its style and the evidence of maps. The bricks were made locally on Pitchcroft and the sandstone for the string courses came from Wards of Bath. In July 1771 Lord Coventry laid the foundation stone but as the voluntary nature of care in the latter half of the 18th century relied heavily on annual subscriptions, legacies, leases of the grounds, gala events and other contribution raising events, its success was far from assured. By 1804 the hospital was reduced to only 24 beds. These financial difficulties dogged the Infirmary throughout its life and it was not until the period of the World Wars in the early 20th century that funding became relatively secure as the Infirmary served the needs of the injured.

Perhaps the Royal Infirmary's greatest historic link to the wider medical profession is the founding of the Provincial Medical and Surgical Association in 1832 in the Boardroom by Sir Charles Hastings, physician. This later was to become the British Medical Association, the professional association for doctors across the United Kingdom.

Despite the insecure funding situation for day to day costs, the site expanded rapidly through the 19th and 20th centuries to serve the growing needs of the city and county. Soon after the construction of the main Infirmary building, further wings were added culminating in the Chapel needing to be used and a new one built in 1851, in its present position. Such building enterprises were led by special events which raised the significant sums required such as the £5,000 in 1897 for Mulberry House, often from the inhabitants of the city, whose generosity had kept supporting the development of the Infirmary from its inception in 1768.

However, it was only in the 20th century that the development of land beyond the original site, to serve an ever-growing population of the city and county, really took place. Before 1897 most new building had been largely focused on the extension of the existing building in a similar style and quality, which reflected the classically inspired approach seen as appropriate for its use. After 1912 the quality of the design and the materials reflect a more utilitarian approach taken to construction on the site. These later additions largely consist of nurses' accommodation in the centre and south of the site and the extension of the hospital to the north west. Further ancillary buildings were added throughout the Post War period almost all of which have unfortunately detracted from the original design quality of the founders' aspirations.

With the coming of the railway the hospital site was physically cut off from the city centre by the viaducts (one is the line to Hereford, which is still in use and the other once serving the butts siding). These are not only a physical block but a visual one too, with only Infirmary Walk providing the local pedestrian access. This lane was originally known as Dr Wall's Walk, himself a physician at the former site on Silver Street, whose property once backed onto to the Walk.

In the early 20th century a terrace of sixteen properties was built to the east of the site along Infirmary Walk, creating an intimate route between Castle Street and the city centre.

1.5 SPATIAL ANALYSIS

1.5.1 The character of spaces within the area

As the conservation area is largely focused on the Infirmary site the sense of enclosure is created by the very strong boundary features described earlier, namely consisting of the viaducts to the south and the high boundary walls surrounding the site. It is only the area immediately in front of the original access that is open enough to be a valuable space to public viewing. This is a the first of a series of spaces which run clockwise from the north west corner of the site and provide a distinctive feel to the east of the area. This space then runs parallel to Infirmary Walk, which is open for the first 30m thanks to the railings, but is soon closed off again to the public by the high modern brick wall. This space as it travels southwards becomes effectively a quadrangle, surrounded by buildings on three sides, and the boundary wall. The scale of adjoining buildings is considerably different with those to the north of the original range being 4 storey and those to the east (Mulberry House) and west (nurses' homes) being three storey. While those to the south, Walnut House and Wall House are only two-storey, but are framed by the viaducts beyond.

The other large spaces are the garden in front of the nurses' home at the core of the site and the parking areas interspersed with ancillary buildings to the south west, neither of which makes any real contribution as a result of their poor design, modern construction and detailing plus the consistent use of

tarmac for surfacing. However, the relationship of space to buildings in this less dense area is important in ensuring the open character of the overall site and ensures views and vistas to the site and from the Pitchcroft are maintained and provide a less damaging visual edge to Croft Road, which would be otherwise the case if buildings had been constructed right up to the boundary wall, as along Castle Street.

1.5.2 Green spaces, trees and other natural elements

Only two green spaces exist within the conservation area, the area between Walnut Tree House and Mulberry House and the garden to the nurse' home. In addition, a number of trees and groups of trees on the site have been identified as protected by Tree Preservation Orders (TPO) although several appear not to be in a good state of health, or were immature and made little contribution. Those trees which do make a contribution to the character of the site are the two Scots pines at G1, the Scots pine at T2 and the two trees in G2. Others afforded protection are the almond, bronze maple, pear and walnut trees within the established TPO's, which make little contribution at present.

1.5.3 Key views and vistas

The most notable views are westwards out of the site. From inside the views are severely restricted by the height and proximity of other buildings. However, this sense of enclosure gives way to expansive views across Pitchcroft from the rear of the nurses' homes and over later, low rise buildings in the west of the site.

Views into the site are similarly constrained. From the north west views are closed by the height of the boundary wall, but also by the later 1930's buildings which back onto the earlier Infirmary building predating the mid 19th century. This is deeply unfortunate as the Chapel of 1851, of an apsidal design, is a decorative gem, enhanced by a judicious use of multi coloured brickwork. The positive impact of the rear of the earlier buildings and of the Chapel are completely obscured by the 1930's development which severely detracts from the interest of this part of the conservation area and strong consideration should be given to reopening this area. A post card of 1825 clearly illustrates the original concept and its positive visual impact upon both the lower reaches of Castle Street, Croft Road and over to Pitchcroft itself. This is probably the finest view of the Infirmary site with the Chapel given a central role in the composition.

(Insert Postcard of 1825 illustrating views across Pitchcroft to the Infirmary)

Another important vista is the view both to and from the city along Infirmary Walk. A pleasant symmetry exists between the vertical emphasis of the various buildings in the vicinity which are visible along this route. Looking northwards, the farthest tower of the Infirmary sits visually alongside the 1930's showroom, located on the opposite side of Castle Street, and the former Police

Station and its cupola roof on the corner of the junction of Infirmary Walk and Castle Street. Looking back along Infirmary Walk from the entrance to the site, the road width quickly diminishes where the terraced housing begins, which encourages an intimate scale where the steeple and towers to the city's ecclesiastical buildings can just be determined ahead. This is somewhat downgraded by the height and over-bearing nature of the modern boundary wall to the Infirmary which is in contrast to the section closer to the site entrance. This consists of fine 19th century railings of a similar height, but their visual openness is more conducive to the pleasantness of the Infirmary Walk.

1.6 DEFINITION OF THE SPECIAL INTEREST OF THE CONSERVATION AREA

1.6.1 Activities/uses

Although it ceased functioning as an Infirmary in 2002, it is clear the majority of the conservation area still exhibits the appearance of the old hospital. Some buildings on the site are have temporary uses including a security building (the entrance building), as a children's nursery (Wall House) and one of the 19th century buildings, adjoining the King Edward VII memorial building onto Castle Street, for a recent arts project at the time of survey (March 2006). All the terraced properties appear to be occupied. Much of the remaining site awaits reuse and development although at present many of the open spaces are being used temporarily for car parking.

1.6.2 Architectural and historic character

The main contributing feature to the architecture of the conservation area is Anthony Keck's Infirmary building of 1768-1770. Keck (1726-1797) is regarded as probably one of the finest regional architects of the day with many high profile patrons. His other works in the region included remodelling St Martin's Church; Longworth; Moccas Court; Canon Frome and Penrice Castle Court. However, his greatest achievement was the longest Orangery in the United Kingdom at Margam Abbey in Glamorganshire and it is said that Highgrove, the home of the present Prince of Wales, was also designed by Keck. To have engaged such a designer of repute illustrates the Hospital Trustees' desire to make a lasting statement, not only to prospective paying clients in the early days, but also a wider testament to the wealth and growth of Worcester to visitors. This statement sets the tone of not only the Infirmary site but also to some extent has guided the quality of later buildings in the vicinity both within the site and outside the conservation area. This can be seen in the public buildings which form the setting along Castle Street, including the former Police Station, the former car show room, the Labour Exchange and new Magistrate's Court. The phasing of development within the site is illustrated at Appendix D.

1.6.3 Key buildings – Listed Buildings, other buildings and structures of positive contribution (Townscape Merit) to the character of the Conservation Area

There is one primary listed building within this conservation area, the Royal Infirmary which includes the later Chapel and tower extensions, details of which can be seen in the list description at Appendix E. The extent of statutory listing needs to be determined in consultation with Worcester City Council and English Heritage, but could include;

1. Edward VII memorial building

- Built as a memorial in 1912 to the 'Peacemaker' Edward VII;
- Red brick with heavy buff sandstone quoins and wreath aprons to the windows add to the solemnity of the design;
- Fine external memorial plaque to Castle Street;
- Sash windows.

2. Smaller associated structures

- Built at various periods and adjoin the main infirmary;
- Red brick construction under slate roofs with dentil course detailing;
- Mainly of group value.

Also marked on the Conservation Area Appraisal Map (Appendix F) are a number of *unlisted* buildings which have been judged as being of Townscape Merit as they make a positive contribution to the character and appearance of the conservation area. These are:

3. Mulberry House and the balustrade adjoining the Infirmary

- Built in 1895 as nurses' accommodation;
- Red brick under a slate roof;
- Fine sandstone detailing to the door surrounds and pilasters;
- Fine stone door case to front elevation, highly decorated;
- It retains and reinterprets much of the detailing from the Infirmary building;
- Distinctive features include the use of wooden horned four light sash windows, dentil course brick detailing and deep eaves, small pediments to roof, stone string course and fine rubbed brick voussoirs, stone cills with brick aprons.

4. Walnut Tree House

- This is a fine mid-Georgian dwelling, probably of listable quality;
- Definitely predating 1768, it could be as early as the 1740s from mapping evidence;
- Well fired brick in an English garden wall bond under a slate roof ;

- Hornless curved head six over six sash windows to front and side with casements to rear, window light to rear in situ;
- Heavy door case with pediment and pilasters with limewashed faux quoins.

5. Wall House

- Post war building in a mock Queen Anne style probably designed to have sympathy with the adjoining Walnut Tree House with unfortunate modern extension to front.

6. The Cottage (formerly the Isolation Ward)

- Built between 1838 & 1886 (small extension to rear);
- English bond brickwork with stone cills and rubbed brick voussoirs;
- Oversailing dentil course under a slate roof;
- Original hornless sash windows;
- Fine front door surround in stone with corbels.

7. The terraced housing along Infirmary Walk

- Two storey terraced housing of the early 20th century showing remarkable consistency;
- Red brick to ground floor with plain render to upper floors with brick detailing to window surrounds and mock quoins to delineate boundary;
- Plain red tile roof with red brick chimney and red clay pots;
- Plain sash with horns, upper light of eight panes with stone cill, ground floors with three light bay windows under a shared porch roof with six panel plain front doors framed by corbels;
- Cast iron guttering with plain rendered dentil course;
- Blue brick plinth to boundary wall, almost completely intact, with recessed brick panel above, and terracotta mouldings topped with a cock-and-hen granite coping.

8. The viaduct and disused siding

- Built in 1865 of dark red brick and some blue brick for detailing;
- Viaduct still in use with distinctive regular blocked arches;
- Siding Butts no longer in use and truncated before crossing Croft Road.

9. Railings to the Infirmary Walk

- Fine wrought iron railings with plinths and gate piers;
- Originally from Worcester Arboretum and brought to the Infirmary in 1866.

10. Boundary walls and piers to Castle Street and Croft Road

- Original red brick boundary wall with piers and gateway with sandstone copings;

- Dating from 1768-1770 with later additions and alterations;
- Survives largely intact.

11. The original boundary wall between the southern and northern half of the site

- Original red brick boundary wall with piers and gateway with sandstone copings;
- Dating from 1768-1770 with later additions and alterations;
- Survives largely intact except for most westerly and easterly sections which have been replaced with later buildings.

These buildings and structures are considered to be good, relatively unaltered examples, of their type where original materials and details, and the basic, historic form of the building, has survived. Where a building has been adversely affected by modern changes and restoration is either impractical or indeed, not possible, they are excluded. There is a general presumption in favour of retaining such buildings, as set out in PPG15.

The Council has an inventory of "Buildings of Local Significance." Unfortunately, there are currently no buildings from this conservation area included, but two ought to be and as candidates for eventual inclusion on the statutory list;

1. Walnut House
2. Mulberry House

1.6.4 Buildings of Neutral Contribution

1. Nurses' accommodation (centre)

- Long three storey building of 1932;
- Dark red brick building with upper floors in a render finish under a dark clay roof tile;
- Original flat headed metal casement windows – possibly Crittal and bay windows to rear;
- Impressive classically inspired entrances to ground floor with broken pediment and ionic column detailing;
- Fine cast iron downpipes.

1.6.5 Features & Buildings of Negative Contribution

1. Features

- Treatment of spaces;
- Quality of green spaces, condition of trees and planting;
- Replacement boundary walls to Infirmary Walk;
- Domination of tarmac surfacing;
- Lack of locally distinctive public realm features.

2. Buildings

- All post war WW I construction, apart from the Wall House and the central Nurses' accommodation;
- Other earlier ancillary buildings not marked as being of positive contribution.

1.6.6 Building materials, colours and textures

Red bricks are almost universally used in the construction of the buildings, including the viaduct and sidings and boundary walls. The bricks do vary in tone, the earliest being a darker red as seen at Walnut Tree House. Later bricks used for the main Infirmary and all the way through to the early 1930s are red brick and they follow the texture of the day, and can be hand made or machine finished. Some blue brick can be seen, especially to the terraces boundary walls and some to the viaduct but it is surprisingly sparingly used.

Slate is the most common roof material, although clay tiles can be seen especially on the terrace of housing to the east of the area. Sandstone detailing is used throughout for cills, door surrounds, copings, string coursing and other details.

Sash windows are detailed in various ways. Many are curved head, hornless, six over six, as on Walnut Tree House, to six over nine, curved head, hornless on the Infirmary to plain, four pane, horned examples on Mulberry House. Later buildings from the 1930's onwards tend to have metal casement windows to slightly differing patterns but all multi-paned, except from Wall House which has wooden sash windows.

A particular feature of the Infirmary site is the emphasis on grand door surrounds to the main buildings. These are almost universally classically inspired and vary considerably but do assist in orientating the visitor around a complex site with impressive buildings.

The survival of most of the original details of the buildings is a surprise given its long institutional use. This could be partly down to the quality of the original construction and this gives an overall well preserved character to the site. Although some buildings are showing some signs of their age it appears most are in a good to reasonable condition.

1.6.7 Public realm

There are few if any features of real interest in the streetscape apart from the bollards on Infirmary Walk and the post box and former utility box embedded within the Infirmary boundary wall along Castle Street. The boundary walls are a key feature of the character of the area. Those to the Infirmary site have been described earlier but interestingly their relative simplicity contrasts

considerably to those of the terraced housing along the Infirmary Walk, which have recessed brick panels and are topped by a limestone cock and hen feature, which almost universally survive. The floorscape is tarmac and there are no historic features such as signage, lamp-posts, further bollards or other features which complement the special interest of the area.

1.7 KEY ISSUES

1.7.1 Intrusive traffic

Castle Street and Croft Road are subject to heavy traffic, serving as a part of the City's ring road. This detracts from the environmental quality and attractiveness of the area. There is no easy remedy to this situation. Arguably traffic is part of the character of the area but it may undermine the perceived safety of pedestrians using the site and passing through it. The noise can be distracting. This contrasts with Infirmary Walk, which is largely pedestrian as a result of strategically placed bollards.

1.7.2 Negative buildings or sites

Townscape analysis has identified the following buildings/sites which currently detract from the townscape quality of the area. This represents an opportunity as and when the redevelopment of these buildings occurs, that design improvements should be encouraged. The sites include:

- All post First World War development (excluding Wall House and former Nurses' Home)
- The modern boundary wall to Infirmary Walk

These buildings tend to be located in the western half of the former Infirmary site.

1.7.3 Weak public realm

The area suffers from a generally weak floorscape within the public realm. This consists of standard hard surfacing, furniture and lighting which adds little to the setting to the main fine buildings and structures within the conservation area. This continues on within the former Infirmary site itself where tarmac largely dominates the floorscape.

1.7.4 Inappropriate alterations to buildings

Residential buildings are beginning to suffer from an incremental loss of architectural detail, including the installation of replacement windows and doors constructed of modern materials, which are inappropriately detailed to reflect their special interest.

1.7.5 Condition of open spaces and green areas

The spaces between buildings in the east of the former Infirmary site make an important contribution to the character of the area. The insertion of new development into areas of open space and the extension of existing buildings threaten to harm one of the key characteristics of the area. In the western half of the site although the open spaces are degraded by their surroundings and treatment, the ratio of space to construction needs to be carefully considered if redevelopment proposals are prepared.

1.7.6 Potential for loss of traditional boundary walling

It is highly unlikely the front walls to the Terraced housing along Infirmary Walk would ever be subject to removal for parking, as a result of the lack of depth. However, if a more intense use of the former Infirmary site is planned to allow greater permeability there is a potential for the loss of boundary walls to the site itself, which would inevitably detract from the character and appearance of the area if not carefully and sensitively handled in their design and execution.

1.7.7 Retention and opening of important views into and out of the conservation area

The elevated position of the former Infirmary affords key views both into and out of the conservation area from across Pitchcroft. These are an essential element of the character of the conservation area and careful consideration will have to be given as to how these are handled in the redevelopment of the site. Strong consideration should be given to reopening the view to and from the Chapel and rear of the Infirmary site which overlooks Pitchcroft, as a hidden but positive backdrop to this important open space (as seen from the historic view illustrated earlier at paragraph 1.5.3).

1.8 REPLACEMENT BUILDINGS

1.8.1 General considerations

Given the strong likelihood of redevelopment within the Infirmary Conservation Area it is important to provide guidelines for replacement buildings. Generally, development should not overlook or dominate neighbouring properties, lead to an unacceptable loss of space particularly between properties, result in the loss of historic boundaries, or overwhelm the existing historic buildings. As with all replacement development Conservation Area Consent will be required prior to redevelopment and government policy on this matter is contained in PPG 15 at paragraph 4.29 which states;

"...demolition shall not take place until a contract for the carrying out of works of redevelopment has been made and planning permission for those works has

been granted. In the past, ugly gaps have sometimes appeared in conservation areas as a result of demolition far in advance of redevelopment."

1.8.2 Contextual design

All development, but particularly in conservation areas, must respond to its immediate environment, its "context", in terms of scale, form, materials and detailing. Applicants for planning permission must therefore provide a "Design Statement", to justify the design decisions that have been made as the scheme was developed and to show how the building relates to its context. Most of the development opportunities within the conservation area will be on parts of the site previously developed or areas identified as being of a negative contribution to the conservation areas character. Where the "context" - the surrounding buildings and the form of historic development - may be obvious but still needs to be positively acknowledged. The following are general principles which should be adopted for all development in all parts of the conservation area:

1.8.3 Urban grain

The "urban grain", or form, of historic development has been described in Part 1 of this document. It varies accordingly to location, for example a continuous terraced frontage defines the eastern side of the Infirmary Walk, whilst elsewhere there exists a tight form created initially by the series of extensions added to the original Infirmary building but later to the south and centre of the site a looser format created by more modern low lying development. While this later development in design terms is poor it does relate well to the terraced nature of the sites topography and any replacement buildings should also respond to the changes in level positively, ensuring the older historic buildings are not obscured unnecessarily from the Racecourse as they formed until the 1930's a very important frame to adjoining open space. This "urban grain" is an important part of the character of the conservation area and should be protected. Proposals for new development must include a detailed analysis of the locality and demonstrate that there is a full appreciation of the local townscape and how it has developed, including prevailing building forms, materials and plot ratios. This is particularly important on more central areas to the site where new development potential is very limited and must always be secondary in character to the more important primary buildings.

1.8.4 Scale

The appraisal identified that although development is predominantly institutional, there is a considerable variation in scale from the modest artisan cottages to the country house and villa appearance of the earlier hospital buildings. Scale is the combination of a building's height and bulk when related to its surroundings. However, some modest changes in scale may actually be advantageous, as this reflects the variety of form along the street. For such schemes, the applicant should provide accurate elevations of the surrounding

buildings, showing how the new development will relate to them. The appraisal has identified that the most significantly scaled buildings in the area are generally set towards the northern half of the site although set within generous open spaces as a reflection of their historic status. This relationship of building to space serves to give the area its special character and interesting contrasts in townscape. It is important that the character areas identified in the appraisal are respected by new development. In practice, it is the combination of scale with layout, landscaping and other factors which determines the quality and "feel" of new developments. Developments which have a detrimental effect on the character of the conservation area will be resisted. Part 1 of the document explains the historic development of the area and new development must recognise the differences in building pattern and form which can be attributed to different periods.

1.8.5 Height and massing

Within the conservation area, a number of buildings are already prominent because of their height and massing, particularly the Royal Infirmary, Mulberry House, the viaduct and the boundary walls. The domestic buildings, including the terrace and Walnut Tree House illustrate a hierarchy in scale of modesty, illustrating vernacular detailing which contrast to the imposing scale of the main hospital buildings. Generally, the height of new development should match the adjoining buildings, although allowing for the inevitable variations in height and bulk which are natural to historic townscape. Throughout the area two storeys of accommodation is the norm, with the grandest villas rising to four storeys in height. Massing is the combination of the scale of the development, its layout and its site coverage. Careful consideration will have to be given to replacement buildings in order not to damage this variance in height and massing across the conservation area.

1.8.6 Appearance, materials and detailing

The emphasis in any new development or alterations must always be on the need to provide a high quality of design. This can be innovative modern design, providing a contemporary statement, or more generally, a traditional design solution. Positive change in any historic townscape can provide vitality and interest to the streetscape and designation as a conservation area and the presence of listed buildings should not stifle well thought out, modern design. However, all new development in the conservation area should carefully consider the prevailing form of existing development, taking into account scale, height and massing. These elements may be used to set out the basic form of the new building(s), including roof shape, roof pitch, height, depth of plan and, most importantly, the relationship of the new buildings to existing surrounding buildings and to the street. Once this basic framework has been established and the general form and siting of the building agreed, the actual appearance of any new building may be either traditional or modern, providing some

opportunities for a good designer to experiment with new materials and details. In all cases, a design statement should be submitted.

Where a more traditional approach is appropriate, the Council will expect new buildings which are designed in a traditional form within the conservation area, to be detailed in a manner appropriate to the historic setting. Roofs should be pitched and covered in plain clay tiles or natural slate. Dormers and rooflights should be avoided, unless modestly sized and away from the public viewpoint on secondary elevations. Chimneys may sometimes be required in certain locations to maintain interest at roof level or reflect rooflines in the vicinity.

Walls should usually be faced in a suitable red brick, preferably hand finished. The inclusion of decorative details, such as string courses, overhanging eaves, shaped cills or lintels, recessed panels, aprons to openings, well defined and eligible entry points and other features can add interest and a sense of place and there are plenty of precedents for such details within the conservation area.

Windows should be timber, painted not stained. Their design should reflect traditional local styles, usually vertically sliding sashes varying in size and detail in relation to buildings in their immediate vicinity. If windows are to be double glazed, then these must be carefully designed. Avoidance of glazing bars, which can otherwise appear to be over dominant, can assist in achieving a satisfactory solution. Consideration should be given to alternative ways of complying with Building Regulations if traditional windows are to be used. In all cases joinery details must be submitted with the planning or Listed Building Consent applications. Modern top-hung lights and modern materials, such as plastic or aluminium, are generally unacceptable in the conservation area, particularly where the new building abuts a listed building or faces a principal street, unless these are used in the most innovative and high quality manner consistent with an area of such high existing architecture.

1.8.7 Design check list

All new development in the area should seek to:

- Achieve continuity in street frontage building lines, either set on the back edge of the pavement or behind enclosures such as well detailed brick walls or railings;
- Maintain the historic pattern of development by respecting the historic grain associated with historic plots and the historic morphology of development in the immediate area by retaining important spaces between buildings and the topography of the site, which contribute to local character;
- Complement the human scale, height and massing of historic development in the immediate streetscape and the wider conservation area and avoid creating competition on the skyline as with some of the over bearing buildings of the recent past;

- Respond to the orientation of existing buildings and do not obscure important views and vistas in and out of the conservation area;
- Reflect the proportion of solid to void found in the elevations of traditional buildings and employ robust detailing, avoiding fussy or gimmicky use of applied features or detailing;
- Respect the historic hierarchy of development and detailing between principle and secondary street frontages and within plots between frontage and rear elevations;
- Conceal any parking or servicing areas behind built frontages of appropriate scale or by sensitive use of hard and soft landscaping to provide screening;
- Reinforce local identity by the use of the traditional materials used in the conservation area;
- Re-use traditional buildings which positively contribute to townscape quality.

A good starting point for replacement buildings in such a finely grained area as the Infirmary is;

Buildings in Context: New Development in Historic Areas (January 2002) by CABI & English Heritage

DRAFT

PART 2 CONSERVATION AREA MANAGEMENT PROPOSALS

2.1 MANAGEMENT PROPOSALS

2.1.1 Legislative background

The designation and appraisal of any conservation area is not an end in itself. The purpose of this document is to present proposals to achieve the preservation and enhancement of the conservation area's special character, informed by the appraisal, and to consult the local community about these proposals. The special qualities of the area have been identified as part of the appraisal process in the first section of this document and both will be subject to monitoring and reviews on a regular basis. This guidance draws upon the themes identified in section 1.7 of the conservation area appraisal 'Key issues'. The document satisfies the statutory requirement of section 71(1) of the Planning (Listed Buildings & Conservation Areas) Act 1990 namely:

"It shall be the duty of the local planning authority from time to time to formulate and publish proposals for the preservation and enhancement of any parts of their area which are conservation areas."

Section 69(2) of the 1990 Act also states:

"It shall be the duty of the local planning authority from time to time to review the past exercise of functions....and determine whether any further parts of their area should be designated as conservation areas"

The document reflects Government guidance set out in Planning Policy Guidance 15 'Planning and the Historic Environment' (September 1994). English Heritage guidance titled 'Guidance on the management of conservation areas' (August 2005), as best practice guidelines, policies within the City of Worcester Local Plan, 1996-2011 (CoWLP 2004) and any policies which supersede this in the forthcoming LDF, together with published supplementary planning guidance such as the Development Brief for the former Infirmary site.

It is recognised that this is an area where large-scale development is likely to occur, which will generate major investment and improvements not only in the locality but also to the City of Worcester and beyond. It is important that the development control process ensures the preservation of special character and suitable opportunities are taken to identify and implement enhancements if this site is to meet both its optimum potential, balancing the value of the sites undoubted special architectural and historic interest with its future reuse.

2.1.2 Designation and extension

Although the conservation area was only recently designated in January 2005, the appraisal has identified an adjacent property on Infirmary Walk, the late 19th century former police station now the offices of a housing association, as of positive contribution and should be included. This building is in excellent condition and has recently benefited from a full conservation scheme with repairs to the external red brickwork and terracotta, amongst other features. Its appearance, scale and position sit well alongside both the terraced housing beyond and the entrance gates to the Infirmary, while it enhances the setting of the entrance court viewed from the main door of the former Infirmary. All these warrant its inclusion in the conservation area.

ACTION: The Council will seek to extend the existing Worcester Royal Infirmary Conservation Area boundary to include the former police station, now known as Chamber Court, 21 Castle Street on the corner of Infirmary Walk and Castle Street.

2.1.3 Statutory controls

Designation as a conservation area brings a number of specific statutory provisions aimed at assisting the “preservation and enhancement” of the area. These controls include requiring Conservation Area Consent for the demolition of any unlisted building, fewer permitted development rights for alterations and extensions, restrictions on advertisements and requiring notice for proposed tree works.

ACTION: The Council will seek to ensure that new development within the conservation area seeks to preserve or enhance the character or appearance of the area in accordance with policies laid down in CoWLP 2004 and other national, supplementary and advisory guidance.

2.1.4 Listed Buildings

Listed buildings are protected by law as set out in the Planning (Listed Buildings and Conservation Areas) Act 1990. The listing covers both the inside and outside of the building, and any structure or building within its curtilage which was built before 1947. “Listed Building Consent” is required from the Council for any work which affects the special architectural or historic interest of the listed building. There is only one principal Listed Building within the conservation area, but both those within its curtilage and attached to it are also subject to listed building control. Further advice as to the extent of the controls, to adjoining buildings and those in the vicinity, should be sought from the Council.

Extensions and alterations to listed buildings should conform with policies BE 1-4, 17-19 &30 of the CoWLP 2004 in accordance to the more detailed design advice in Part 2 of this document, and should generally:

- Take into account the prevailing forms of development;
- Complement the form and character of the original building;
- Be secondary in bulk and form to the principal building;
- Use high quality materials and detailing;
- Pay particular attention to roof lines, roof shape, eaves details, verge details and chimneys.

ACTION: The Council will seek to ensure that all works to listed buildings seek to preserve the building together with its setting and any features of architectural or historic interest which it may possess in accordance with CoWLP 2004 policies and other guidance.

2.1.5 Buildings of Local Significance and Buildings of Townscape Merit

In addition to the listed Infirmary building, there are many individual buildings and associated features which are of positive contribution to the special interest of the area, and these are marked on the Townscape Appraisal map. There are presently 26 significant unlisted buildings (coloured green in the Appraisal Map) and structures of Townscape Merit within the Royal Infirmary Conservation Area. The Council will encourage all applications for extensions, alterations and change of use to these buildings to be particularly carefully considered. There is a presumption that all such buildings will be retained. Policies BE 7&9, 11&12 of the CoWLP 2004 provides the criteria against which all such proposals for alterations will be assessed.

ACTION: The Council will seek to ensure that all Unlisted Buildings and Structures of Townscape Merit of a positive contribution are protected from inappropriate forms of alteration, extension or unjustified demolition.

2.1.6 Erosion of character and additional planning control

The appraisal identified that the following alterations pose a threat to the special character of the area:

- loss of timber windows and doors;
- removal of redundant chimney stacks;
- removal of boundary walling.

Certain minor works and alterations to unlisted buildings, in use as single family dwellings, can normally be carried out without planning permission from the Council. Development of this kind is called "Permitted Development" and falls into various classes which are listed in the Town and Country Planning (General Permitted Development) Order 1995. These minor alterations can cumulatively have an adverse effect on the character and appearance of a conservation area. Powers exist for the Council, known as Article 4(2) directions, to withdraw some of these permitted development rights for dwellinghouses in the interests of preserving and enhancing the character and

appearance of the conservation area. It is therefore recommended that consideration be given to the use of appropriate Article 4(2) directions to prevent the further erosion of townscape, subject to available resources.

Throughout much of the area development is defined by boundary walls or more rarely railings. These serve to enrich the street scene and are a key element of local distinctiveness. Every effort should be made to appropriately repair boundary walling and secure their accurate reinstatement. The Council can encourage owners to undertake these works by the provision of guidance regarding materials and suppliers, together with grant assistance towards the cost (subject to resources). The use of Article 4(2) directions, subject to resources, should be investigated to prevent the further loss of traditional boundary walling. Policy BE 12 of the CoWLP is of relevance to these issues.

ACTION: The Council will seek to consider the need for Article 4(2) directions on a case by case basis, starting with Infirmary Walk, to ensure that the special qualities of buildings and their boundaries of positive contribution are protected.

2.1.7 Trees

Within conservation areas, anyone intending to lop or fell a tree greater than 100 mm. diameter at 1.5 metres above the ground must give the Council six weeks written notice before starting the work. This provides the Council with an opportunity of assessing the tree to see if it makes a positive contribution to the character or appearance of the conservation area, in which case a Tree Preservation Order (TPO) may be served. The appraisal identifies a number of significant trees inside the former Infirmary site, especially those bordering the boundary wall to Infirmary Walk and those within the important enclosed area to the front of Walnut House, which are presently covered under a TPO.

ACTION: The Council will seek to consider tree planting as part of wider public realm improvements and enhancement schemes, in building upon the positive impact of existing notable trees within and adjoining the conservation area.

2.1.8 Setting and views

The setting of the conservation area is very important and development which impacts in a detrimental way upon the immediate setting and longer views into and from the conservation area will be resisted. The important views are identified on the townscape analysis map in the character appraisal. The Council will seek to ensure that all development serves to respect these important views. In particular, the open spaces to the east of the site and the views from the core of the site across to the Pitchcroft and beyond. More intimate vistas are identified along Infirmary Walk which is presently framed by the terrace of housing and the boundary wall and railings, with views both towards Castle Street and back to the city centre. If opportunities arise which would allow the Chapel and the main former Infirmary building to be exposed

and once again form an important backdrop to the Pitchcroft, positive consideration should be given to reopening this. Policies BE 5, 8 and 13 of CoWLP 2004 should be accorded with.

ACTION: The Council will seek to ensure that all development respects the important views within, into and from the conservation area, as identified in the appraisal. The Council will seek to ensure that these remain protected from inappropriate forms of development and that due regard is paid to these views in the formulation of redevelopment or enhancement schemes in accordance with policies laid down in CoWLP 2004.

2.1.9 New development, redevelopment, alterations and extensions

It has already been noted that there are considerable opportunities for large scale redevelopment within the conservation area, including some improvement or enlargement of the existing buildings which may be possible subject to very rigorous controls. As a result, there are considerable opportunities to remove and replace the high number of negative buildings within the former Infirmary site, where completely new development is acceptable. Careful consideration will need to be given to their treatment, scale and massing. It would seem appropriate that the institutional character of the site be maintained through high quality redevelopment. Archaeological remains are likely within the site and mitigating measures will need to be carefully considered. Within the conservation area, where the quality of the general environment is already acknowledged by designation, the Council will encourage good quality schemes that respond positively to their historic setting and in accordance with CoWLP 2004 policies BE 7&9 and 20-23.

ACTION: The Council will seek to determine applications with regard to the Council's adopted Design Guidance,, best practice guidance and the CoWLP 2004 policies and any which supersede this in the forthcoming LDF.

2.1.10 Boundary treatments

Traditionally, most boundaries in the conservation area are defined by attractive soft red brick walls, although a set of very impressive railings and boundary piers to the main entrance of the former Infirmary site are also present. These boundary walls are very important features, providing a strong link to the historic layout of the conservation area and the early development of the site. Boundary details which are not traditional in the area include modern brick walls to the site along Infirmary Walk which overbear this otherwise pleasant pedestrian route. It is important that materials and detailing found in the locality are used to help fit new development into its context. Policy BE 12 of the CoWLP gives clear guidance for the protection of these significant features.

ACTION: The Council will seek to resist proposals to remove traditional boundary walls or to promote new boundary treatments which fail to respect the form and materials of traditional boundary treatments in the area.

2.1.11 The public realm and enhancement

The appraisal has not identified any public realm features of real interest within the conservation area, not linked to the former Infirmary site. Highway signage and other structures can serve to detract from the quality of the public realm and character of the area and redundant modern features should be removed. The present road layout reflects the historic street pattern and this is unlikely to be vulnerable to future change. However, opportunities exist to enhance both Infirmary Walk and the surrounding pavements to the conservation area, including signage and lighting in a manner consistent with the character of the area.

ACTION: The Council will seek to work with their partners at Worcestershire County Council to ensure that any new highway works will bring a positive improvement to the conservation area. All works should accord with English Heritage's guidance.

2.1.12 Open Space

The character appraisal identified the two key open spaces within the eastern half of the former Infirmary site which should be protected from development. However, other spaces exist within the site and these the relationship of replacement building to open space should be retained within any redevelopment scheme in order to preserve the character of the conservation area. Policies BE 5, 6, 8 & 13 of the CoWLP should be accorded with in guiding the protection of these areas.

ACTION: The Council will endeavour to ensure that these areas of open space are appropriately managed and protected from development. It will explore landscape enhancements with the local community to improve the area, create visual links along Infirmary Walk and provide interpretation for the local history of the area, including the provision of heritage boards to explain the past use of the site.

2.2 MONITORING AND REVIEW

The following actions are recommended to ensure that this appraisal and management proposals are accepted and acted upon by the local community:

2.2.1 Public consultation

This is currently underway and a web based response to this consultation document is welcomed. Further details can be viewed at:

<http://www.worcester.gov.uk/index.php?id=953>

2.2.2 Conservation Area Advisory Committee

The Council has established a Conservation Area Advisory Committee (CAAC) as recommended for establishment in paragraph 4.13 of government planning policy note PPG 15 and English Heritage best practice guidance. It comprises a cross section of local people, including representatives of business interests, amenity associations and professional people. The Council consults the CAAC on applications affecting the character and appearance of conservation areas and listed buildings. The Committee could further play an important role in the monitoring of the conservation area, making proposals for its improvement.

ACTION: The council will seek to take account of the recommendations of the CAAC in considering applications for Conservation Area and Listed Building consent. The CAAC will be invited to consider the monitoring of conservation areas and the making of recommendations for their enhancement.

2.2.3 Buildings at Risk

Generally, the buildings in the Royal Infirmary Conservation Area are reasonably well maintained at present, although there are some emerging signs of lack of maintenance which do require attention as soon as practicably possible. Given the long period likely for the completion of the redevelopment of the site, it is suggested the Council should regularly monitor the condition of existing buildings, in order to raise potential problems at an early stage.

In view of its vacancy and near abandonment, the original Infirmary building itself is the only obvious "Buildings at Risk" in need of attention at the time of the survey (March 2006). The Council will monitor the condition of statutory listed buildings in the conservation area and, where a listed building is threatened by a lack of maintenance or repair, the Council will use the available statutory powers to force the owner to take action.

The Council also has powers to secure the preservation of unlisted buildings in the conservation area by using Urgent Works Notices in a similar way to listed buildings (Section 54), although in this case, the First Secretary of State's permission is required. This is of particularly relevance where a building is important for maintaining the character and appearance of the area. The Council may carry out such works as are necessary and recover the costs incurred from the owners.

ACTION: The Council will seek to monitor the condition of all listed and unlisted buildings, report findings and advise action, as necessary and as resources permit. Where the condition of a building gives cause for concern, appropriate

steps will be taken to secure the future of the building, including the use of statutory powers.

2.2.4 Periodic review

This document should be reviewed every five years in the light of the emerging Local Development Framework and government policy. This five year review should include the following:

- A survey of the conservation area and its boundaries;
- An assessment of whether the management proposals detailed in this document have been acted upon, including proposed enhancements;
- A Buildings At Risk survey;
- The production of a short report detailing the findings of the survey and proposed actions and amendments;
- Public consultation on the review findings, any proposed changes and input into the updated Management Proposals.

Bibliography

VCH History of Worcestershire Vol IV, William Page Ed., 1924
A Brief History of Worcester, Tim Lambert
Worcester – A Pictorial History, T. Bridges & C. Mundy, Phillimore, 1996
Buildings of England: Worcestershire, N. Pevsner, Penguin, 1968
O.S. First Edition 1886 and 1902, 1928, 1940

Useful addresses

For information on listed buildings and conservation areas in Worcester:

Conservation Section
Specialist Services Team
City of Worcester Council
Orchard House
Farrier Street
Worcester WR1 3BB
Tel: 01905 722543
www.cityofworcester.gov.uk

For further information relating to listed buildings and conservation areas:

English Heritage
1 Waterhouse Square,
138-142 Holborn,
London
EC1
General enquiries: 020 7973 3000
Customer Services: 020 7973 4916
www.english-heritage.org.uk

English Heritage – West Midlands Region
112 Colmore Row
Birmingham
B3 3AG
Tel: 0121 625 6820

For further advice:

Ancient Monuments Society
St Ann's Vestry Hall
2 Church Entry
London
EC4V 5HB
Tel: 020 7236 3934
www.ancientmonumentsociety.org.uk

The Society for the Protection of Ancient Buildings (SPAB)
37 Spital Square
London
E1 6DY
Tel: 020 7377 1644
www.spab.org.uk

The Georgian Group

6 Fitzroy Square
London
W1T 5DX
Tel: 020 75298920
www.georgiangroup.org.uk

The Victorian Society
1 Priory Gardens
Bedford Park
London
W4 1TT
Tel: 020 8994 1019
www.victorian-society.org.uk

The Twentieth Century Society
70 Cowcross Street
London
EC1M 6EJ
Tel: 020 7250 3857
www.c20society.org.uk

The Garden History Society
70 Cowcross Street
London
EC1M 6EJ
Tel: 020 7608 2409
www.gardenhistorysociety.org

Civic Trust
Essex Hall
1-6 Essex Street
London
WC2R 3HU
Tel 020 7539 7900
www.civictrust.org.uk

Appendices

Worcester Royal Infirmary Conservation Area (No.18)

Conservation Area Appraisal Map

(Not to scale)



This information is available in large print, Braille, PC disc, CD-ROM or DVD, and audio tape on request.
Call 01905 722 230 or minicom (text telephone) 01905 722 156 for your copy.

Need help with English? Contact Ethnic Access on 01905 25121.

Bengali

ইংরেজি ভাষার বিষয়ে সাহায্য চান – এথনিক অ্যাকসেস [Ethnic Access] এর সঙ্গে যোগাযোগ করুন, টেলিফোনঃ 01905 25121

Chinese (Cantonese)

“如需我們幫助你理解英文—聯繫 Ethnic Access（少數民族服務獲取組），電話：01905 25121 ”

Portuguese

‘Necessita de ajuda com o seu Inglês? – contacte Ethnic Access Tel.: 01905 25121’

Punjabi

ਮੰਗੀ ਜੀ ਵਾਸਤੇ ਸਹਾਇਤਾ ਦੀ ਲੋੜ ਹੈ - ਟੈਲੀਫੋਨ ਨੰਬਰ 01905 25121 'ਤੇ ਐਥਨਿਕ ਐਕਸੈਸ [Ethnic Access] ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

Urdu

آپ انگریزی میں مدد چاہتے ہیں— نسلیاتی رسائی [Ethnic Access] سے رابطہ کریں ٹیلیفون: 01905 25121

www.worcestercitycouncil.gov.uk

Telephone 01905 722543

Fax: 01905 722370

Email: jkirwan@worcester.gov.uk

Post: Orchard House, Farrier Street, Worcester, WR1 3BB

Typetalk: 1800101905722233

DX:716287