



# WARNEFORD HOSPITAL HEADINGTON OXFORD

HERITAGE IMPACT ASSESSMENT  
JANUARY 2021

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### Contact Information

Raymond Osborne

[REDACTED]

Ruth Mullett

[REDACTED]

Nicholas Worlledge

[REDACTED]





## WORLLEDGE ASSOCIATES

Worlledge Associates is an Oxford-based heritage consultancy, committed to the effective management of the historic environment. Established in 2014 by Nicholas and Alison Worlledge, Nicholas came to private practice with over 35 years' experience working in heritage management for local authorities. This intimate knowledge and understanding of council processes, and planning policy and practice, helps us to work collaboratively with owners and decision-makers to manage change to the historic environment.

Our team of dedicated researchers and specialists believe in the capacity of the historic environment to contribute to society's collective economic, social, and cultural well-being. We aim to identify what is significant about places and spaces in order to support their effective management and sustain their heritage value. We have worked with a wide range of property-owners and developers including universities and colleges, museums and libraries, large country estates, manor house, farmsteads, cottages, town houses and new housing sites





## INTRODUCTION

The intelligent management of change is a key principle necessary to sustain the historic environment for present and future generations to enjoy. Historic England and successive government agencies have published policy and advice that extend our understanding of the historic environment and develop our competency in making decisions about how to manage it.

Paragraphs 4-10 of Historic England's Good Practice Advice Note 2 (Managing Significance in Decision-Taking in the Historic Environment) explains that applications (for planning permission and listed building consent) have a greater likelihood of success and better decisions will be made when applicants and local planning authorities assess and understand the particular nature of the significance of an asset, the extent of the asset's fabric to which the significance relates and the level of importance of that significance.

The National Planning Policy Framework (Feb 2019) 'NPPF' provides a very similar message in paragraphs 189 and 190 expecting both applicant and local planning authority to take responsibility for understanding the significance of a heritage asset and the impact of a development proposal, seeking to avoid unacceptable conflict between the asset's conservation and any aspect of the proposal.

It has never been the intention of government to prevent change or freeze frame local communities and current policy and good practice suggests that change, if managed intelligently would not be harmful.

This Heritage Impact Assessment report has been prepared to accompany a planning application for a proposed development within the grounds of Warneford Hospital. It provides a brief history of the development of the site, an assessment of its heritage significance, in accordance with Historic England Guidelines, and a statement of significance. It then provides a summary of the relevant national and local heritage policies, a brief description of the proposals, and then as required by the NPPF (2019) provide an assessment of its impact, or otherwise, on its identified heritage significance.





Engraving of Lincoln Asylum designed by Richard Ingleman foundation stone laid 1817

## BRIEF HISTORY OF WARNEFORD HOSPITAL

### SUMMARY

Opened in 1826 as the Oxford Lunatic Asylum, becoming the Radcliffe Lunatic Asylum in 1828, and then renamed Warneford Lunatic Asylum in recognition of Dr. Warneford, Rector of Bourton-on-the-Water, who donated £70,000 in his lifetime to the Asylum.

Constructed on 10 acres of land, the asylum and grounds expanded through the 19th and into the 20th century, with the surrounding land, comprising some 150 acres at its peak. Subsequently the surrounding land was sold off for development, and today's site of approximately 22 acres returns the site to the boundaries of 1876.

It remains an active psychiatric hospital serving the Oxford and Oxfordshire community. In 1997 the principal surviving buildings from the 19th and early 20th century were entered in the statutory list of buildings of special architectural or historic interest, grade II.

The site, subject to the current application lies to the south of the main hospital buildings erected between 1821-26, and 1877-87 on land which formed part of the informal recreation grounds.

### CHRONOLOGY

On 21 November 1812 the Oxford University and City Herald carried a brief notice: 'Radcliffe Infirmary A special general meeting of the Governors will be held on Thursday 3rd December [...] to appoint a committee for the purpose of procuring information on the practicability of erecting a lunatic asylum in the neighbourhood of Oxford.'

On 13 November 1812 notice was given in the Oxford University and City Herald (OUCH) of a special general meeting of the governors on 18th November, when plans and estimates prepared by Mr Ingleman for erecting a Lunatic Asylum in the vicinity of Oxford will be considered.

Subsequent to this meeting requests were made for contributions to the construction of the asylum. By October 1814 some £8130 17s had been collected. (Oxford Journal (OJ) 22 October 1814)

In May 1816 a meeting was held to finally determine on the purchase of the ground on which the building is to be erected. (OJ, 4 May 1816) At the meeting it deferred to a future day the question of purchasing the grounds adjoining the Infirmary garden originally planned for erecting the asylum'.

In July 1817 the foundation stone was laid for the Lunatic Asylum in Lincoln, which was also designed by Mr Ingleman.

In March 1818 a meeting of the contributors to the intended asylum held a meeting to decide on the purchase of the grounds, and a new plan offered by Mr Ingleman similar to that of the Lunatic Asylum then being erected at Lincoln to accommodate 50 patients. Subsequently, there were 'insurmountable' difficulties in obtaining the grounds.



6 April 1820 Lincoln Asylum opened. (Stamford Mercury 31 March 1820)

March 1819 a meeting held to approve the purchase of a new piece of ground which had been unanimously agreed by the committee. The contributions stood at £10,663. (OUCH, 6 March 1819)

In April 1819 a meeting was held to consider a new plan, adapted to the grounds lately purchased. (OUCH, 24 April 1819)

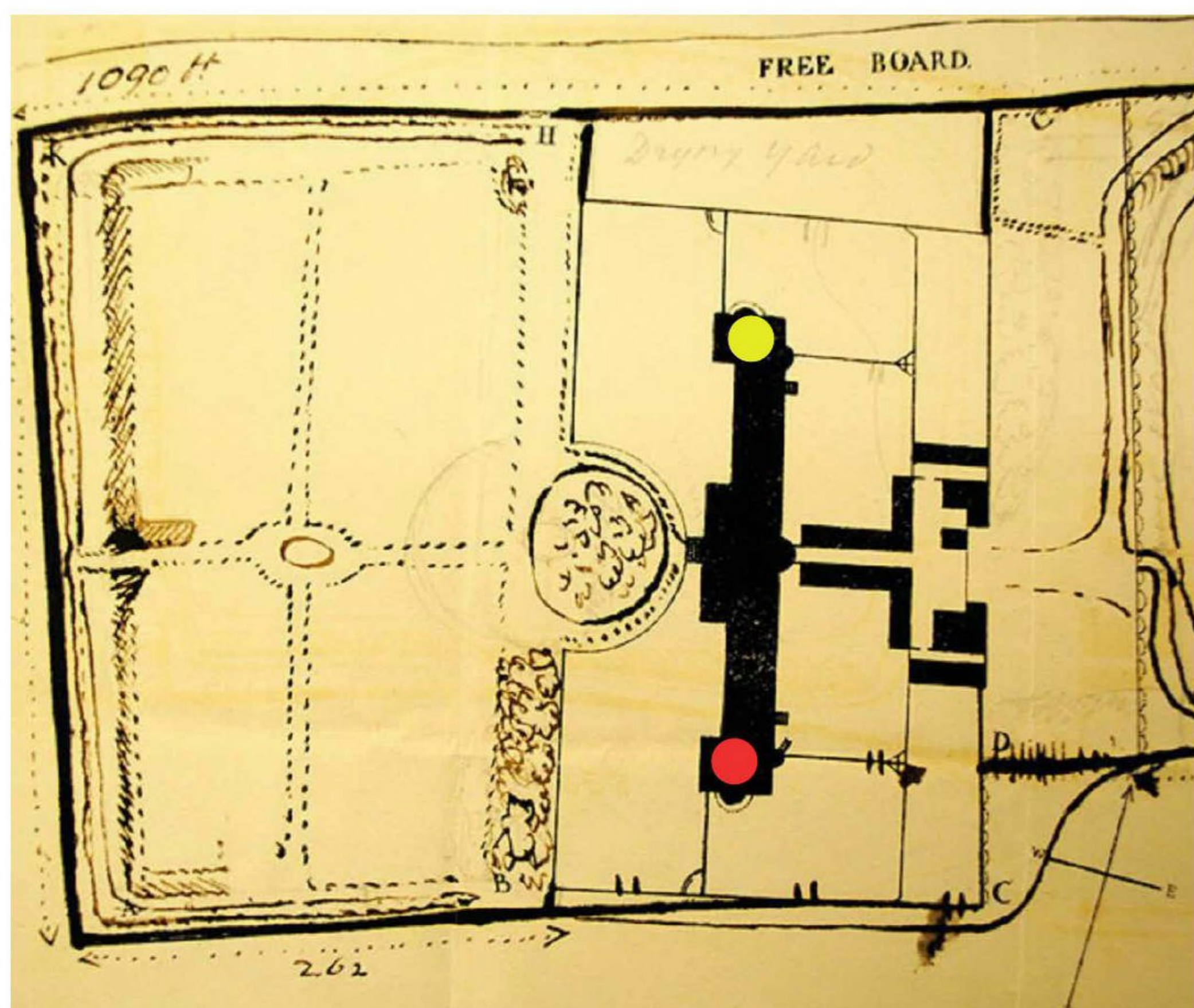
In March 1820 the general meeting of contributors were advised on contributions, including £100 from a Dr. Warneford, Bourton-on-the-Water. (OUCH, 18 March 1820)

In February 1821 the Oxford Journal reported that the committee had resolved to proceed with the building on a spot of ground in the parish of Headington, and Mr Ingleman, architect, was to attend a meeting to finally decide on the plan. (OJ, 17 Feb 1821)

In May 1821, Richard Ingleman advertised 'to builders' desirous of contracting to build a Lunatic Asylum near Oxford. (OUCH, 12 May 1821)

On 30 June 1821, the Oxford Journal reported that finding that all the tenders exceed the means at their disposal agreed

'to a contract with Mr. Daniel Evan, for erecting the centre and one wing, with the offices and court walls for the whole; Mr Evans covenanting at the same time to finish the other wing for a sum amounting to nearly two thousands pounds, provided he is required to do so within the time limited for finishing the present contract, which is two years from the time of beginning'



Plan of the asylum c 1825 male (red) female (yellow)

27 August 1821, foundation stone laid. (OJ, 1 September 1821)

December 1821 committee reported that the building was rapidly advancing. (OJ, 1 December 1821)

In November 1822 the committee resolved that it will be named the "RADCLIFFE ASYLUM" and noted that the centre block and eastern wing are now covered in and will be finished by midsummer next. (OUCH, 30 November 1822)

In May 1823 the Radcliffe Trustees indicated that if £1000 could be raised it would match this sum and thus allow the asylum to be completed. The centre block and east wing were nearing completion, and £1927 would allow the other wing to be built.

It would appear the funds were forthcoming as the second wing was under construction in 1824, with a meeting in June 1824 being advised that funds were required to fit up the interior of the second wing, and to provide support for the establishment of the asylum after it had opened until a full compliment of patients had been admitted, by which weekly payments it will be supported. (OJ, 18 June 1824)

March 1825 the committee noted that the building, with the exception of the interior of one wing was complete and ready for the immediate reception of patients. (OJ, 19 March 1825)

June 1826 Committee advised that the asylum was ready for the reception of patients early in July 1826. (OUCH, 24 June 1826)

Known as the 'Oxford Lunatic Asylum'. Adding the cost of the walls and other incidents the cost of the building exceeded £25,000. (Brief History of Warneford Lunatic Asylum 1875)

In June 1828 the Radcliffe Asylum created a class or description of patients called The Charity Class, and established a fund 'in aid of the poorer patients under course of curative treatment at the Radcliffe Asylum, Headington Hill' (OUCH, 27 June 1828)

1832 two single-storey ranges with four rooms each had been added behind the kitchen.

31 May 1838 Cheltenham Chronicle reported that Dr Warneford, Rector of Bourton-on-the-water, had added to his former large donation to the Radcliffe Asylum (amounting to £5,000) a further £4,000 as an endowment to further aid its services to the lunatics from respectable classes of society.

15 May 1841 foundation stone laid for a Chapel for the use of patients, 'it is to be in the early English style, and so arranged in the interior as to allow all to see and hear the person who officiates; but, by the intervention of a partition, the patients of one sex cannot see those of the other'. (OJ, 15 May 1841) List description Asylum chapel. 1841-51; by H.J. Underwood.





Engraving of the Radcliffe Asylum prior to name change in 1843. Note the high wall enclosing the building

May 1843 Dr. Warneford gave the rents of his estate in Sussex and Manor of Warllington to the Asylum, yielding £1,100 per year. (OJ, 4 May 1843)

12 May 1843 Trustees agreed to change the name to the 'Warneford Asylum'.

In March 1844 report which included list of works assisted by Dr Warneford's donations, the cost of finishing the lower galleries for females; of surrounding the eight acres of grounds with a twelve-foot stone wall, erecting two buildings, male and female, each separated from the house, of building a lodged for the porter, of enfranchising the land, contributing to build a large chapel; and settling £50 per annum stipend. (OJ, 4 March 1844)

In December 1848 two commissioners made a report on Warneford Asylum. It noted:

The different apartment are in the best order; they are also clean and comfortable and quite free from any offensive smell. The condition of the house is healthy, and no patient is at present confined to bed. [...] Divine service continues to be regularly performed. The same means of occupying and amusing the patients by newspapers, books, drawings, bagatelle, cards and music, within doors, and by cricket and gardening (when the weather is favourable) out of doors, are resorted to with the best efforts. Altogether, the conditions of the house, and the establishment generally is highly satisfactory'. (OUCH, 30 Dec 1848)

Dec 1849, Marble statue of Dr Warneford installed in the reception.

Feb 1852 Committee resolved to enlarge the asylum. (OUCH, 14 Feb 1852) Two buildings for noisy patients were erected but designed by J C Buckler, costing £1,374.

1855 Dr Warneford died. Estimated that he had contributed £70,000 to the asylum through direct donations, and land and properties with rents. (Brief History of Warneford Lunatic Asylum 1875)

15 October 1864 Oxford Journal reports that at the Warneford Asylum a 'new gateway has been erected, from the designs of Mr. Bramwell'

12 August 1871, Oxford Journal reported a game of cricket at the asylum against a team for Messrs. Knowles and Son, builders.

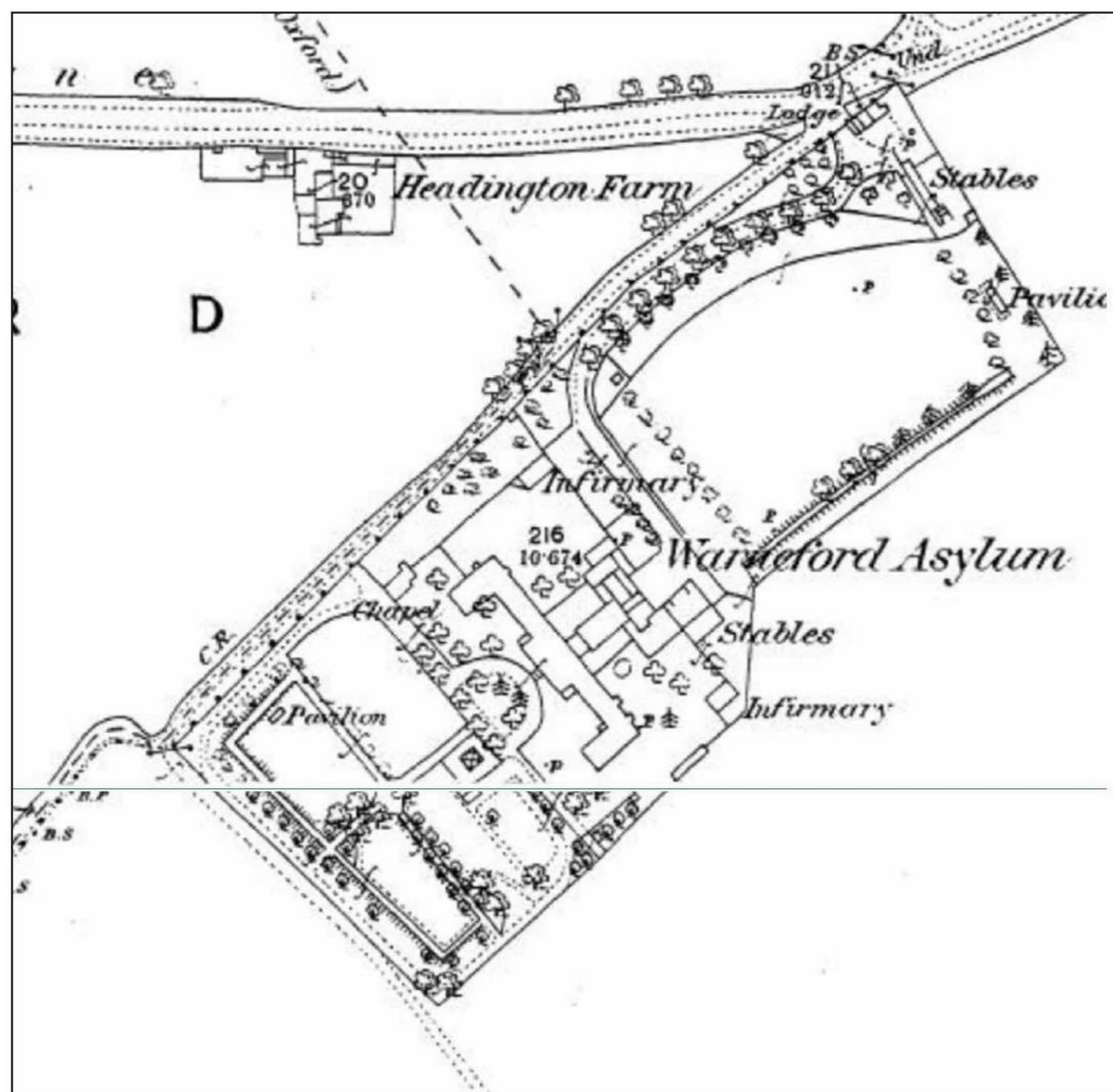
1873 J. Oldrid Scott designed extension for 40 patients.

26 July 1873, Oxford Times reported a game of cricket at the asylum. This would have been on the land to the NE of the asylum which had a pavilion

17 July 1875 The Oxford Journal reported that The Southfield Farm was sold, with 12 acres of the land will be made over to the Warneford Asylum.

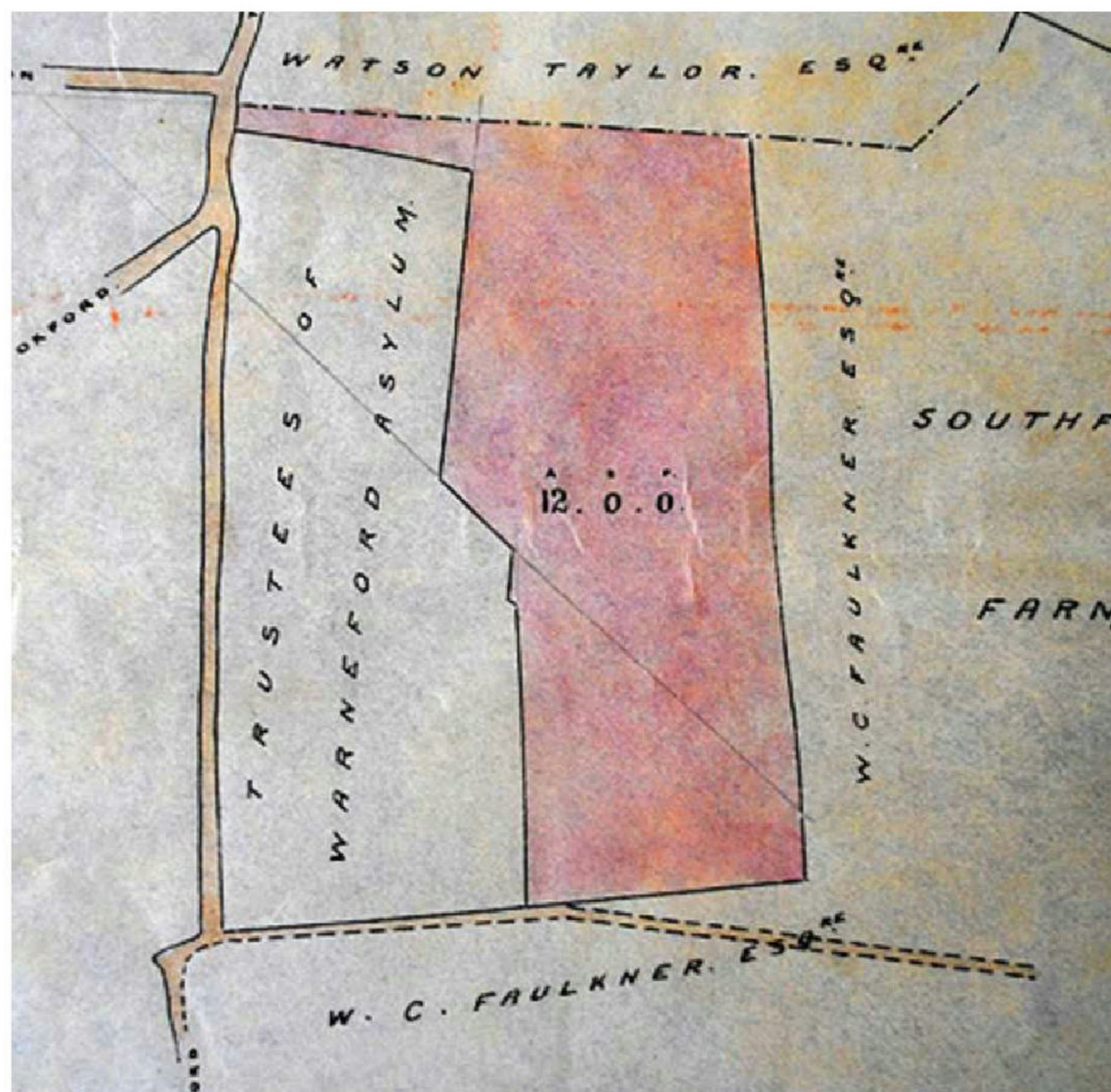
15 July 1876 Oxford Journal reported that a foundation stone had been laid for the new building at the Warneford Asylum. It noted that the plans were by W Wilkinson, the architect.





1875 25-inch map (joined) showing the layout of the asylum at this date with the chapel, two infirmaries, lodge, stables, two pavilions, and landscaping of the grounds. The pavilion looked out over what was probably the original location for the cricket pitch. Note also the drive way traversing the northern part of the front 'park'. Some trees marking the line of the drive still survive although the entrance drive has moved.

A contract for the building had been entered into with Messrs. Collins and Collins, of Tewksbury, for £12,000, and the present extension will be placed on the east side of the corridor, with which it will be connect with a range of buildings 180 feet in length. A similar extension will at some future be carried out to the west side of the corridor. The style is to be domestic Italian, on the pavilion principle, and the buildings will comprise entrance hall, assistant surgeon's and matron rooms, recreation room, two dormitories, drawing rooms, attendance rooms, dining rooms, and laboratories with stone staircases. The corridor connecting the new with the old will be 90 feet long and 7 feet wide and when completed the present accommodation will be exactly doubled, that is to say, there will be room for 100 patients. The extension on the west side will be of similar character. The building will be Bath stone from the box ground quarries [...] The whole of the grounds, on completion of the present extension will be tastefully laid out.



12 acres of land, including the application site, purchased in 1876

15 October 1887 Oxford Journal reported;

'a large extension is in progress at the Warneford Asylum, to complete the scheme of enlargement which the Governors [...] have had under consideration during recent years. A few years ago a new wing for female patients was added, when the new central block was built, and in the early part of the year plans were obtained from Mr. H Wilkinson Moore, architect, for providing a corresponding new wing for male patients. The contract for the additions has been let to Messrs. Parnell and Son, of Rugby. [...] Enlarge of the kitchen block and servants' apartments also form part of the present scheme. The work is making great progress.



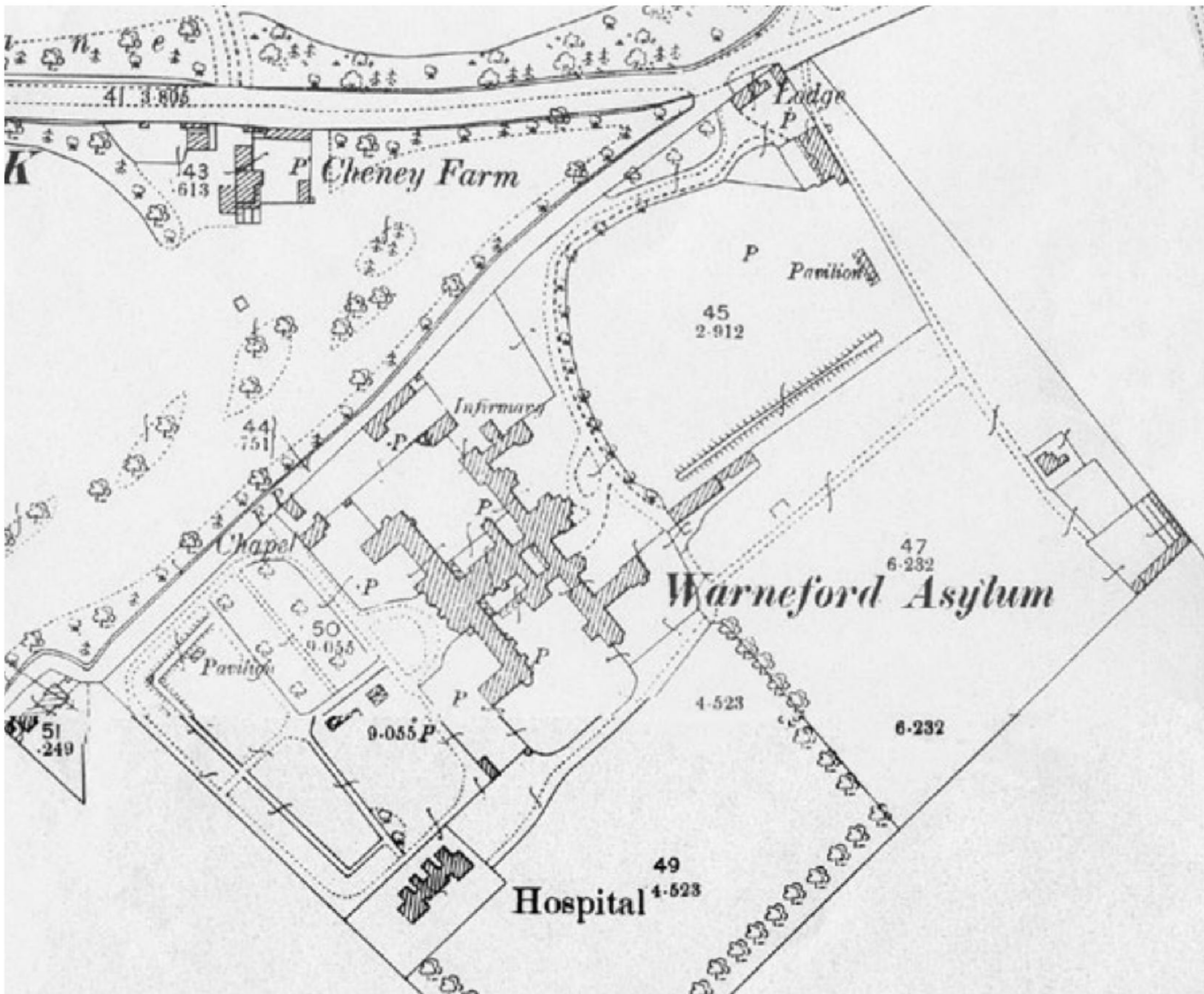


1826 building c. 1901 (NMR) From Warneford Hospital Masterplan 2017 brochure

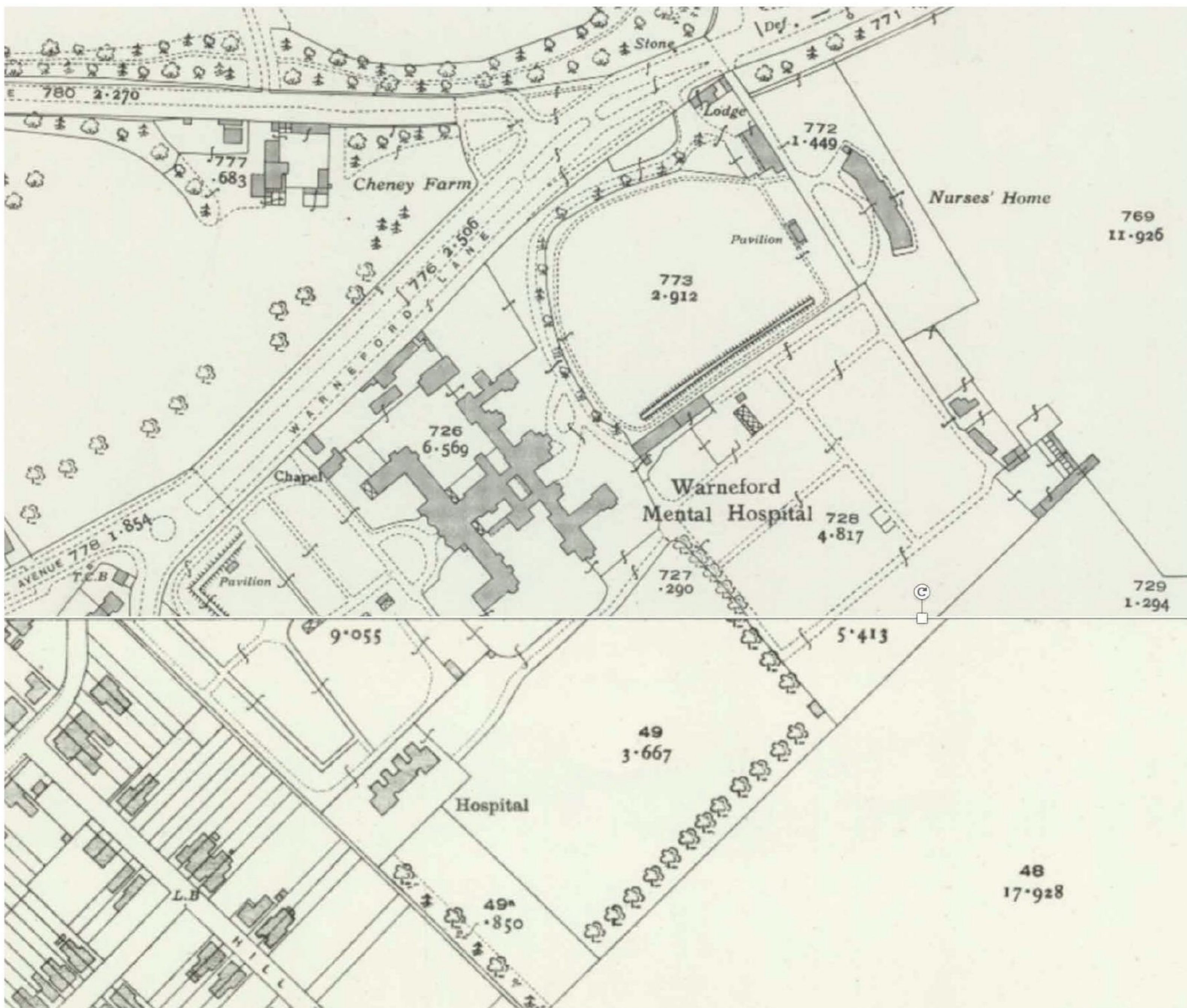


The 1877 and 1887 additions <https://asylumprojects.org/index.php/File:warneford1.png>





1899 25-inch OS showing the new extension to the north-east of the original building and the 12 acres of land to the east added in 1876 which has a hospital in the western corner and trees to the boundary. 1877 extension female northern wing 1887 extension male southern wing. Note now the main site comprises four land 'parcels'



25-inch OS 1919 and 1921 joined showing additional buildings including the nurse's home and new development to the south. Note change in name to Warneford Mental Hospital

1891 Asylum mortuary was added, by H. Wilkinson Moore.

1910 Lodge House added by N.W. Harrison.

1913-14 Nurses homes were erected to designs by N.W. Harrison.

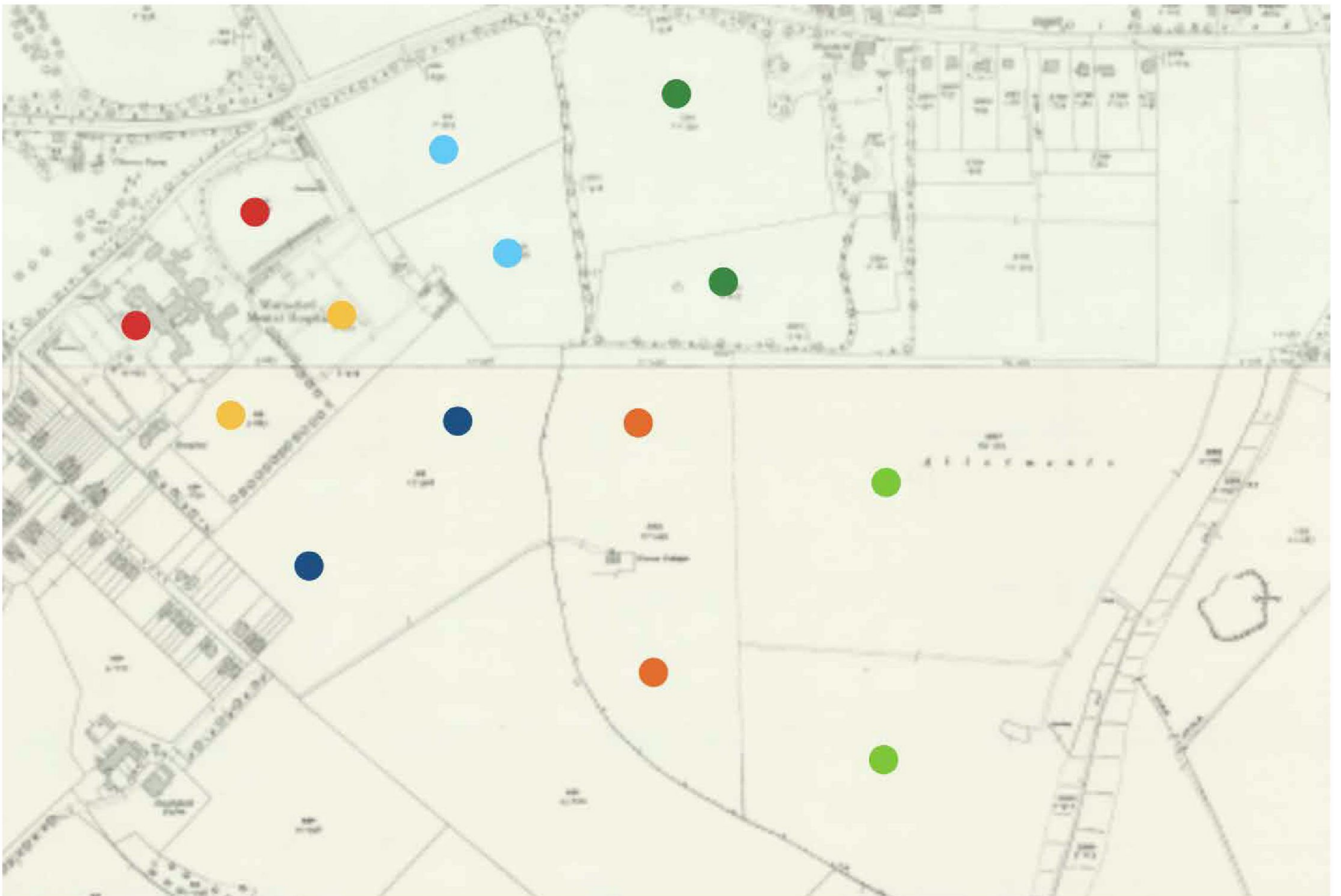
1923 Female wing was extended.

From 1900 through to the 1930s the hospital acquired adjoining lands. An acquisition plan held by the Oxfordshire History Centre from the NHS archives shows the areas acquired.

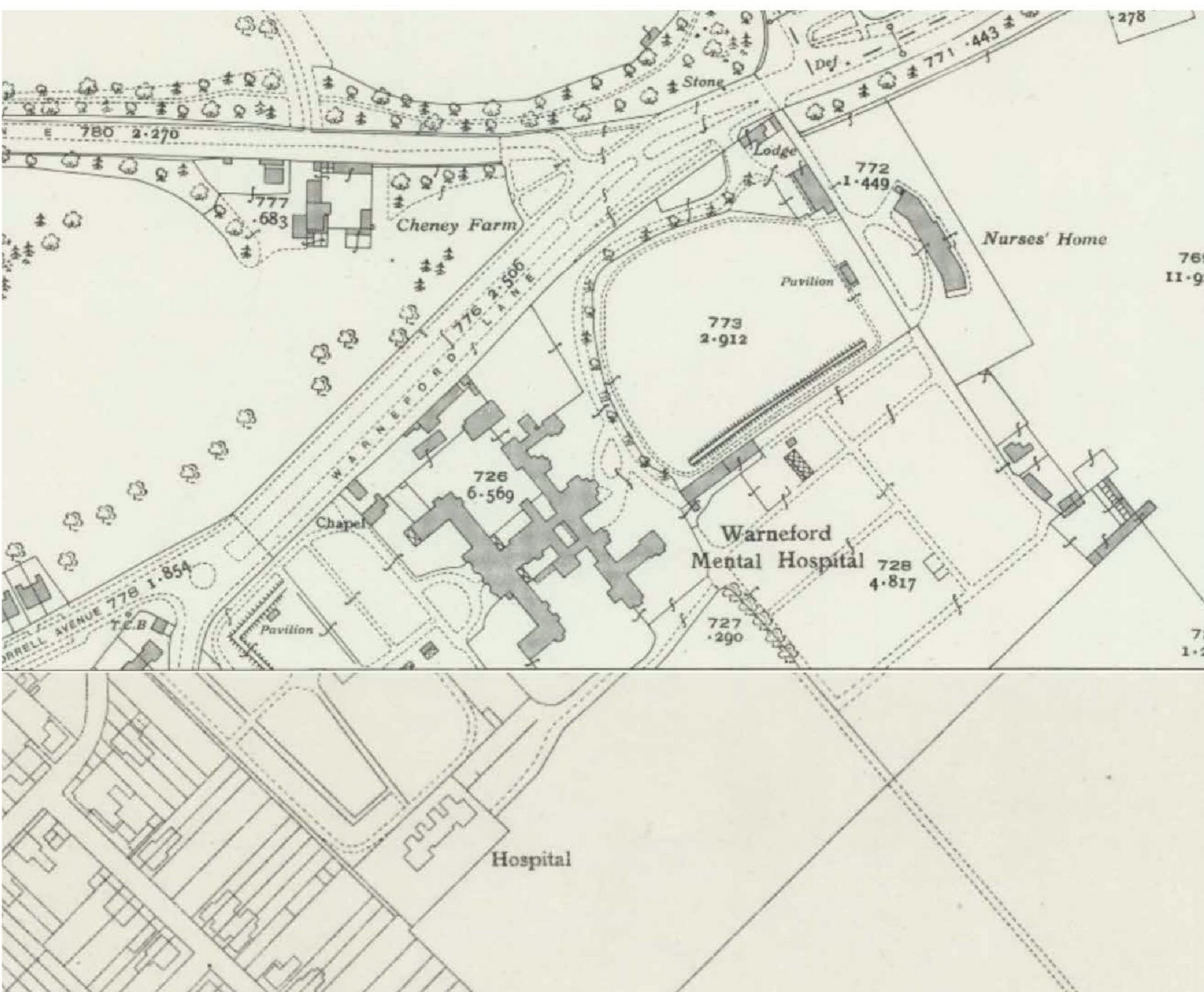
1940 Land for Churchill sold.

1952 Stable converted to living accommodation.





Acquisition of land dates. Red – original site; Yellow 1876 additional land; Light Blue, Orange 2 separate acquisitions in 1918; Dark Blue 1926; Light Green 1927; Dark Green 1933



25-inch OS 1937 and 1939 joined showing little change

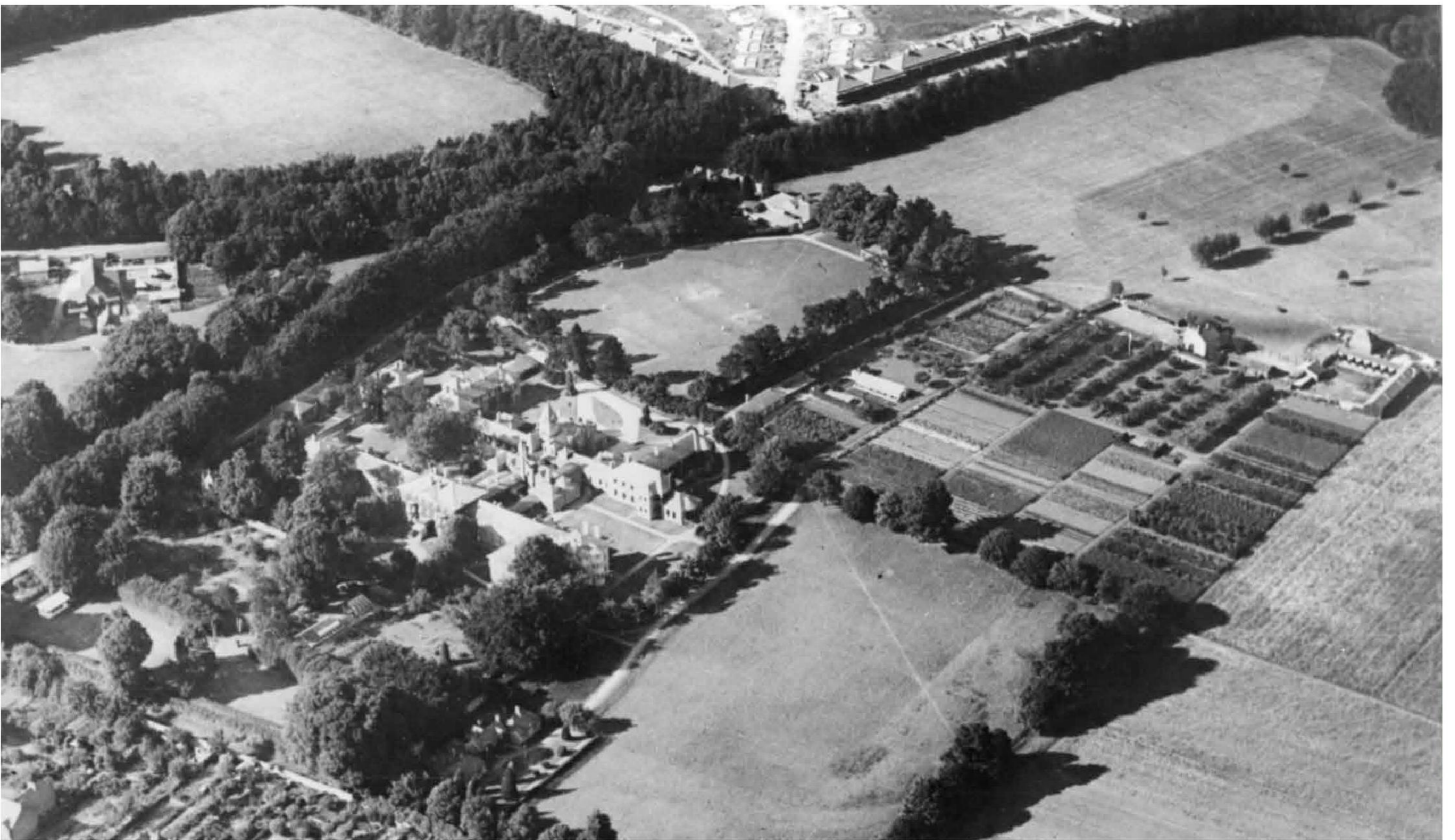
1961 Two new wards built.

1978 Department of Psychiatry University of Oxford.

Clear that the development of the land added in 1876 took place post 1981.

The site comprises the original 10 acres, the 1876 12 acres and the fields purchased in 1926 to the SE of the site.





Aerial 1928 showing the original site with the later extension of land c 1876 with open field to the south and gardens to the north. Land to the north and south of the main site all owned by the hospital at this date. The cricket pitch to the north east can just be made out. (POX0582388). Note the four clear 'parcels' of land with the north west in productive use.



1961 Aerial image (POX0450681) A 1977 plan shows the field to the south used as a cricket pitch with a bowling green in the NE corner. Much of the land to the SW of the original 1826 building open with tennis courts





1981 Aerial image. Increasing buildings being added. Cricket pitch still in place with the tennis courts being relocated to the NE sports field (POX 0452331)

On 15 May 1997 five entries were made in the Statutory List of Buildings of Special Architectural or Historic Interest

- Main Building ref: 1245464
- Chapel ref: 1245465
- Mortuary ref: 1245348
- Nurses home ref: 1245349
- Porters Lodge, Walls ref: 1245350

Copies of the entries included in appendix 1

Additional buildings have been added to the site which is in active use. Many of these have been located in the originally open parcel of the site to the SW of the original building

2003 POWIC SANE building opened

2013 Highfield unit for children and young people added



Oblique aerial showing showing main building (dark blue) also chapel (red) with the mortuary (light blue) and the nurse's home (green) The lodge is at the entrance off the picture





Map showing main building (dark blue) also chapel (red) with the mortuary (light blue) and the nurse's home (green) The lodge is at the entrance off the map

### HERITAGE SIGNIFICANCE

Significance is defined by the National Planning Policy Framework (Feb 2019) as:

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

Placing the asset in its historical context and describing its characteristics and appearance is an important component of the evidence gathering exercise. This both informs our understanding of a site's significance and the contribution of its setting to this significance.

As Historic England explains in 'Conservation Principles' (2008), understanding how a place has evolved and how different phases add to or detract from its significance is a part of that exercise. Heritage significance can be defined as using Evidential, Historical, Aesthetic and Communal Values.

### BRIEF HISTORY OF 'LUNATIC ASYLUMS'

To assist in assessing the heritage significance of the site and buildings, a very brief history of 'Lunatic Asylums' is included.

Prior to the 18th century, 'lunacy' was seen as the work of the devil, or some other external force. With the rise of rational science in the 18th century there was an increasing recognition that 'Madness was no longer seen as possession of the soul. It was the loss of reason, and this could be restored with the right treatment. A disabled person had suffered a misfortune, not been sent a divine message, and they deserved charity' (The British Lunatic Asylum: Ideals and Realities, 2007).

Support, however, was seen as a Christian personal or civic duty and not a matter for the state. The most notorious hospital for the 'insane' Bedlam in London, which was known to have taken patients in the early 15th century, was rebuilt in the late 17th by rich merchants, but with no equivalents outside London.



At the end of the 17th century and through the 18th century, private houses were established which cared for and treated people with mental illness. Most treated private patients with independent means, but some also provided for 'pauper' patients paid for by the Parishes. These were the principal places for the management of people with mental health disorders until the second quarter of the 19th century. The County Asylum Act in 1808 allowed Counties to build pauper asylums, only 15 did so before it became compulsory under the Lunatic Act of 1845.

While counties slowly built asylums, private asylums for paying guests continued through the nineteenth century, assisted by the fact that county asylums made little provision for private patients.

### TREATMENT

At the end of the 18th century a voluntary asylum movement sprang up. It was based on a belief that the disabled and the mentally ill could thrive in healthy, clean institutions. One of the first, and most influential was the York Retreat, York, a private hospital founded in 1793-97 by William Tuke, a Quaker. William and his grandson Samuel Tuke's philosophy played an important role in the move towards more humane care in the first half of the nineteenth century and development of what became known as 'moral treatment' and therapeutic employment.

William and Samuel believed that patients benefited from being treated as ordinary people. They were expected to dine at the table, make polite conversation over tea, and do regular chores, [...] to encourage rational behaviour. The system relied on rules and constant supervision, enforced by simple rewards and punishments. Physical restraints could be used to modify behaviour if used sparingly as punishments or deterrents. Both these movements, moral management and non-restraint, placed an emphasis on the provision of an appropriate environment for the care and cure of the insane person and formed the basis of the early descriptions of the 'ideal asylum' first advocated by W A F Browne, Superintendent of the Montrose Asylum, Scotland in 1837.

### LAYOUT OF ASYLUMS

The design of asylums after the 1845 Act sought to respond to these changes, with a list of what an ideal asylum should provide. All of the asylums supported classification of the patients based on their mental condition offering a range of wards. The recommended layout for an 'ideal asylum' should include;

- Day rooms and bays that allowed the attendant to observe activity in both these spaces and the gallery.
- External corridor that allowed passage around the asylum without a person passing through all wards.
- A smaller number of wards, allowing a simple classification of patients;
- A number of beds reflecting the number of patients which the medical superintendent was capable of supervising directly.
- A layout which did not block light or the flow of air from the wards.

- Had workshops, women's workrooms, school and music rooms which allowed the employment of the patients and provided activity spaces for them.
- Had centralised baths and water closets readily accessible from the various wards.
- Had wide galleries, separate attendant's rooms and a dining hall for staff.
- Had a range of exercise areas.
- Accommodation was primarily in the form of single rooms.

(The British Lunatic Asylum: Ideals and Realities, Chapter 6, A Space of Their Own: The Archaeology of Nineteenth Century Lunatic Asylums in Britain, South Australia and Tasmania, 2007).

In 1847 a John Connolly, who ran the Hanwell Asylum in London from 1839, published a book 'The construction and government of Lunatic Asylums and Hospitals for the insane' which was one of the most influential publications in the 19th century on the layout of asylums with many County Asylums, constructed after 1845 following many of the recommendations.

Connolly's book covered every aspect of the interior and exterior layout of an 'ideal asylum' drawing on his work at Hanwell. In relation to the exterior he advised that with reference to health and recreation, as well as to do employment, the airing-courts and grounds and gardens of an asylum are worthy of special attention.

Each ward should communicate with an airing-court containing no other patients. The walks should be wide, and should be made of fine well-rolled gravel, and there should be shrubs and flower-beds and mounds and seats. He recommended that the cultivation of the gardens, or a farm and the ornamental grounds in front of the asylum could be undertaken by male patients supervised by gardeners. The grounds should provide a bowling-green, a cricket ground, seats under trees, and the encouragement of ball-playing.

Connolly was reflecting common thinking on the role of the grounds in moral treatment, but also promoting it through examples of asylums at that time. The 'Lunacy Commissioners' in the same year commented:

"employment in agricultural labour and in gardening; and recreation in the open air, are most advantageous as they tend not only to occupy the mind but to improve the bodily strength and promote a healthy state of the natural functions." They proposed the following rule for the government of lunatic asylums: that, during the day, the patients of both sexes be employed as much as practicable out of doors; the men in gardening and husbandry, the women in occupations suited to their ability; and that, as a principle in treatment, endeavours be continually used to occupy the minds of the patients, to induce them to take exercise in the open air, and to promote cheerfulness and happiness among them." (Hickman, Clare Cheerfulness and tranquillity: gardens in the Victorian asylum, The Lancet, Vol 1, Dec 2014, pp. 506-7)



Following these recommendations, asylums tended to be constructed in expansive grounds, which not only allowed for airing-courts but also ornamental grounds, with walks, playing fields and farms, which provided therapeutic treatments through employment, with many asylums becoming self-sufficient.

### WARNEFORD ASYLUM

Designed in 1821 and constructed and opened by 1826, Warneford was one of the earlier purpose design private Lunatic Asylums of the 19th century, designed by Richard Ingleman. Evidence suggests that it was designed to reflect the moral treatment philosophy advocated by William and Samuel Tuke of 'The Retreat' York, who in 1813, around the time of the designs of Lincoln and Oxford (Radcliffe) published 'Description of the Retreat, an Institution near York', which was reviewed and reported in the press of the day.

It reflected many aspects of what became the 'ideal asylum', for the provision of 'moral and therapeutic' therapy with 3 separate airing courts for each of the male and female patients, landscaped grounds to the SW and also the NE with avenues of trees, pavilions for sitting out, and provision of indoor and outdoor recreation, and a chapel after 1841. The post-1845 Act additions followed the orthodox designs and practice of the day.

Originally designed in the Georgian style, the 1877 and the 1887 additions chose the 'domestic Italian', which with the generous landscaped grounds was to portray a 'country house' retreat. Many of the well-known Oxford architects designed buildings for the site, Henry Jones Underwood (1787-1868) John Chessell Buckler (1793-1894), William Wilkinson (1819-1901), Henry Wilkinson Moore (1850-1915), Nathaniel Harrison (1865-1944), but also two architects with a national profile, John Oldrid Scott (1841-1913) son of Sir Gilbert Scott

The addition of 12 acres of land in 1876 provided more space for formal and informal recreation and the establishment of an extensive nursery, with the asylum entering local flower shows in Oxford. Cricket matches took place from 1871 onwards, although these tended to be with the staff of the asylum, rather than patients, whose role was that of spectators.

As noted, the grounds expanded considerably from 1900. The online 'Asylum Project' comments:

'The Warneford Committee of Management purchased surrounding land at every opportunity and eventually there were about 150 acres. Indeed in 1926 the Annual Report records the building of a pavilion for shelter as patients could not get back to the hospital if it started to rain when they were at 'the far end of the grounds'. [...] The extensive grounds were not only regarded as pleasure and exercise grounds for the patients, but they also provided flowers for the hospital rooms and fruit and vegetables for the table.'

The grounds subsequently reduced to those shown on the 1899 map of the original 10 acres and the 12 acres added in 1875/6, and a field purchased in 1927 to the south. The post WWII period saw

an increase in buildings on the site, with a relatively major expansion from the 1980s which has built in and on former airing-courts and informal and formal recreation areas.

This is balanced by the fact that it is an active facility, ensuring the ongoing use of the site and the preservation of the buildings identified as being significant.

### THE SETTING/ APPLICATION SITE

As outlined in the chronology above, the grounds of the Warneford Hospital have expanded and reduced in size through the years. The initial c. 1825 plan shows landscaped ground with formal paths to the front of the original building (to the south west). In 1848, a report on the hospital noted that cricket was played and gardening carried out on site. By 1875 there were at least two pavilions (for shelter, and for the observance of sport) to the south west and north east. The facilities, with their gardens, pleasure walks, and sports facilities, adhered to the principles set out in John Connolly's 1847 guide to the 'ideal asylum'. At this time, the application site was not part of the hospital.

In 1876, 12 acres of land was added to the site to the south east which incorporate the application site. The southern field was lined with trees on three sides, and the northern field only on one. Both remain within the curtilage of the present hospital. The application site is within the southern field. From 1900 through to the 1930s the hospital acquired substantial adjoining lands. The OS Maps show no substantial change to the 12 acre site until the 1950s, when a bowling green was added to the northern corner of the site. Aerial imagery from 1977 shows that the southern field was by then used as a cricket pitch (with the bowling green remaining in the northern corner), and the northern field as a productive garden. The use of this site for cricket may have been due to the re-landscaping of the northern approach or the addition of buildings to the south. The 1981 aerial image shows the northern field is no longer a productive garden, and the tennis courts are by this date situated there.

Today, the southern field (and application site) is no longer a cricket pitch. The southern and the northern field are dissected by a car park.

The fields, as land acquired in an expansion scheme in the later 19th-century, have some significance due to their connection to the history of Hospital site. Their significance as sports fields, however, is limited, as its use as such was recent and short-lived. They provide a limited green setting to the non-principal eastern elevations of the Warneford Hospital buildings. Their contribution to the significance of the heritage assets is limited by several factors. First, this land did not form part of the original design intent of the Hospital. Second, the integrity of the land is eroded. The Highfield Building, needed for the continued successful operation of the site, is situated within the boundaries of the southern field, and has reduced the scope and scale of the site. The introduction of car parking on the division between the northern and southern field severs the connection between these two fields further. Overall, the fields make a marginally positive contribution to the heritage asset, but their historic importance is limited.





The application site (southern field) looking south toward the 2012 Highfield Building, the site of the 20th-century cricket pitch



The application site (southern field) looking west toward the original Warneford Hospital buildings. Note, the principal elevations are facing away from the field





The northern field, once a productive garden, now intersected by car parking, looking west toward the Warneford Hospital





Current front entrance to the Warneford Hospital, in landscape setting with specimen trees

## STATEMENT OF SIGNIFICANCE

On the basis of the history and the surviving fabric, it is considered the site holds the following significance:

### EVIDENTIAL

Constructed over the period 1821-26 as a private Lunatic Asylum, with a chapel added in 1841-50, and extended notably in 1877 and 1887, doubling its capacity, and the provision of on-site nursing accommodation, provides significant evidence of the 19th century approach to mental illness, through 'moral' and 'therapeutic' approaches. The design of the 1826 range as a Georgian mansion, and the subsequent 1877-87 range in a grand domestic Italian style, both set in landscaped grounds, provide evidence of the 'therapeutic' philosophy of patients responding to being placed in pleasant surroundings, which also offer opportunities for informal and formal recreation.

### HISTORICAL

The Warneford Hospital (formerly Oxford Lunatic Asylum (1826-28), Radcliffe Lunatic Asylum (1828-1843) Warneford Lunatic Asylum), is historically significant in demonstrating the 19th and early 20th century approach to mental illness through the provision of purpose designed facilities to securely house patients, and provide 'curative treatments' through 'moral' and 'therapeutic' treatments.

The Warneford Hospital is historically significant for its long-term association with Dr Samuel Warneford (1763-1855) Rector of Burton-on-the-water (1810-55), and one of the governors of the asylum, who in his forty years involvement donated in cash and bequests of land, totalling some £70,000, resulting in the asylum being renamed in his honour.

The Warneford Hospital is historically significant for its association with Richard Ingleman, surveyor and builder (1777-1838) architect for a number of houses of correction and workhouses, and three early asylums in England, Nottingham (1810-12), Lincoln (1819-21) and Warneford, first designed in 1813 and modified prior to construction in 1821.

The Warneford Hospital is historically significant for its association with

a number of architects who were either based in Oxford, or undertook work in and around Oxford, namely Henry Jones Underwood (1787-1868) John Chessell Buckler (1793-1894), William Wilkinson (1819-1901), Henry Wilkinson Moore (1850-1915), Nathaniel Harrison (1865-1944), who all designed additions to the asylum over the period 1841-1913.

### ASTHETICS

The 1826 range and the 1877-1887 ranges are of architectural significance as surviving examples of 19th century private Lunatic Asylums designed to reflect current thinking on the treatment of mental illness for private patients, with individual rooms as opposed to large dormitories, recreation rooms, separate airing-courts (since lost) set in landscaped grounds.

Designed to reflect or imitate substantial 'County Houses' set in landscaped grounds, with a private chapel, as part of the 'therapeutic treatment' of the patients, the Warneford Hospital buildings are of architectural significance in exhibiting a range of 19th century architectural styles, including the 1826 Georgian range, the 1841-50 early English chapel, and the Italianate style of the 1877 and 1887 ranges. While none are outstanding examples, and their original settings been compromised, as a group they exhibit a high degree of aesthetic significance.

### COMUNUAL

Warneford Hospital is recognisable as a 19th-century medical institution and reflects the changing treatments for mental illnesses over the years. As a continually operating psychiatric unit since 1826, the site demonstrates the changes to patient management over two centuries through its fabric. This can be read in the buildings and grounds by visitors and patients today.

Warneford Hospital is recognised in the broader community as being named in recognition of the 19th-century philanthropist Samuel Warneford, who donated funds to the creation and growth of the asylum.



## NATIONAL AND LOCAL HERITAGE POLICIES, GUIDANCE AND ADVICE

Conservation principles, policy and practice seek to preserve and enhance the value of heritage assets. With the issuing of the National Planning Policy Framework (NPPF) in Feb 2019, the Government has re-affirmed its aim that the historic environment and its heritage assets should be conserved and enjoyed for the quality of life they bring to this and future generations.

In relation to development affecting a designated heritage asset the NPPF (Feb 2019) states in paragraphs 193 and 194 that:

‘When considering the impact of a proposed development on the significance of a designated heritage asset, great weight should be given to the asset’s conservation (and the more important the asset, the greater the weight should be). This is irrespective of whether any potential harm amounts to substantial harm, total loss or less than substantial harm to its significance.

Any harm to, or loss of, the significance of a designated heritage asset (from its alteration or destruction, or from development within its setting), should require clear and convincing justification.’

The Planning Practice Guidance (PPG) (March 2014) seeks to provide further advice on assessing the impact of proposals explaining that what matters in assessing the level of harm (if any) is the degree of impact on the significance of the asset. It states:

‘In determining whether works to a listed building (or its setting) constitute substantial harm, an important consideration would be whether the adverse impact seriously affects a key element of its special architectural or historic interest. It is the degree of harm to the asset’s significance rather than the scale of the development that is to be assessed.’

The NPPF explains in paragraphs 195 and 196 the differences between ‘substantial’ harm and ‘less than substantial’ harm, advising that any harm should be justified by the public benefit of a proposal.

In cases where there is less than substantial harm, paragraph 196 states:

‘Where a development proposal will lead to less than substantial harm to the significance of a designated heritage asset, this harm should be weighed against the public benefits of the proposal including, where appropriate, securing its optimum viable use’.

The PPG also seeks to provide a clearer understanding of what constitutes ‘public benefit’, as it is the public benefit that flows from a development that can justify harm. In weighing the public benefits against potential harm, considerable weight and importance should be given to the desirability to preserve the setting of listed buildings.

Public benefits can flow from a variety of developments and could be anything that delivers economic, social, or environmental progress as described in the NPPF, paragraph 8. They should be of a nature or scale to be of benefit to the public at large and should not just be a private benefit. However, benefits do not always have to be visible or accessible to the public in order to be genuine public benefits. It explains that public benefits can include heritage benefits, such as:

- Sustaining or enhancing the significance of a heritage asset and the contribution of its setting;
- Reducing or removing risks to a heritage asset;
- Securing the optimum viable use for a heritage asset.

Works of alteration, extension, or demolition need not involve any harmful impact and may be necessary to ensure a building has a viable future. Historic England explains its approach to managing the historic environment and how we experience places stating in in ‘Conservation Principles’ (April 2008) paragraph 88

‘Very few significant places can be maintained at either public or private expense unless they are capable of some beneficial use; nor would it be desirable, even if it were practical, for most places that people value to become solely memorials of the past’.

It also points out in paragraph 92:

‘Retaining the authenticity of a place is not always achieved by retaining as much of the existing fabric as is technically possible’.

It also comments in paragraph 86:

‘Keeping a significant place in use is likely to require continual adaptation and change; but, provided such interventions respect the values of the place, they will tend to benefit public (heritage) as well as private interests in it. Many places now valued as part of the historic environment exist because of past patronage and private investment, and the work of successive generations often contributes to their significance. Owners and managers of significant places should not be discouraged from adding further layers of potential future interest and value, provided that recognised heritage values are not eroded or compromised in the process’.

### UNDERSTANDING SETTING

In relation to the setting of a heritage asset the National Planning Policy Framework Glossary: Setting of a heritage asset, defines setting as:

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

Historic England’s advice in Historic England’s Good Practice Advice Note 3 – The Setting of Heritage Assets, December 2017 (GPA3) para 9) is similar stating:

Setting is not a heritage asset, nor a heritage designation, though land within a setting may itself be designated... Its importance lies in what it contributes to the significance of the heritage asset or the ability to appreciate the significance.



It explains (GPA3 para 10) that the contribution of setting to the significance of a heritage asset is often expressed by reference to views – a visual impression of an asset.

It comments (page 6) that:

Some views may contribute more to understanding the heritage significance than others. This may be because the relationships between the asset and other historic assets or places or natural features are particularly relevant;

And furthermore, (GPA 3 para 9) that the setting of heritage assets will change over time and that this can be a positive element in our understanding of places and how we experience the historic environment and heritage assets. It cautions that where unsympathetic change has affected the setting of a heritage asset further cumulative negative changes could sever the last link between an asset and its original setting but pointing out that sympathetic new development has the potential to enhance setting, successfully illustrating the cycle of change that shape our towns and countryside.

GPA3 Part 1- Settings and Views, discusses the issue of setting stating:

Setting is the surroundings in which an asset is experienced and may therefore be more extensive than its curtilage. All heritage assets have a setting, irrespective of the form in which they survive and whether they are designated or not. The extent and importance of setting is often expressed by reference to visual considerations. Although views of or from an asset will play an important part, the way in which we experience an asset in its setting is also influenced by other environmental factors such as noise, dust and vibration from other land uses in the vicinity, and by our understanding of the historic relationship between places.

Amongst the Government's planning objectives for the historic environment is that conservation decisions are properly informed. GPA3 Part 2: Setting and Views – A Staged Approach to Proportionate Decision Taking, explains the broad approach to be followed:

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

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

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

Step 4: explore the way to maximise enhancement and avoid or minimise harm;

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

Historic England explains in 'The Setting of Heritage Assets' that matters such as the asset's physical surroundings, the history and degree of

change and how the asset is experienced will define its setting.

From this summary of the national heritage management policy framework it is clear that there is a complex assessment decision-making process to navigate when considering change within the historic environment. Central to any decision is the recognition that history is not a static thing and that the significance of our historic environment derives from a history of change.

### **S66 PLANNING (LISTED BUILDINGS AND CONSERVATION AREAS) ACT 1990**

Section 66 of the Act requires local planning authorities to have special regard to the desirability of preserving a listed building or its setting or any features of special architectural or historic interest which it possesses.

The policies and advice described above provide an essential framework to guide designers and decision makers. In this respect it is worth noting recent case law and the advice it offers on the application of policy and legislation as set out below.

Barnwell Manor Wind Energy Ltd v East Northants District Council, English Heritage and National Trust, 18th February 2014, and Sevenoaks District Council v The Forge Field Society, March 2014, have brought into sharp relief the weight and importance that decision makers should give to the duty under Sections 16, 66 and 72 of the Planning (Listed Buildings and Conservation Areas) Act 1990, which requires that special attention shall be paid to the desirability of preserving a listed building or its setting or any features of special architectural or historic interest which it possesses.

In Jones v Mordue & Anor [2015] EWHC 539, the Court of Appeal explains how decision makers can ensure this duty is fulfilled: a decision maker will have complied with the duty under sections 16, 66(1) and 72 by working in accordance of the terms of the NPPF paragraphs 131-134. This report follows this advice to ensure consistency with the duty to preserve or enhance.

In the Court of Appeal [Catesby Estates v Steer and SSCLG, 2018] the concept of setting was explored. In paragraph 15 of the judgement Justice Lindblom rehearses the Planning Inspector's considerations - commenting that the Inspector found it difficult to disassociate landscape impact from heritage impact. The focus of the judgement is to determine the extent to which visual and historical relationships between places contribute to define the extent of setting. Three general conclusions are made:

1. The decision maker needs to understand the setting of a designated heritage asset, even if it cannot be delineated exactly;
2. There is no one prescriptive way to define an asset's setting - a balanced judgement needs to be made concentrating on the surroundings in which an asset is experienced and keeping in mind that those surroundings may change over time;
3. The effect of a development on the setting of a heritage asset and whether that effect harms significance.



## OXFORD CITY COUNCIL LOCAL PLAN 2016 – 2036 HERITAGE POLICIES

The Oxford Local Plan 2016-2036 was adopted on 8th June 2020. The issues and policies in relation to Oxford's heritage are contained in Part 6. Enhancing Oxford's heritage and creating high quality new development. The policy in relation to designated heritage assets is set out under DH3:

### Policy DH3: Designated heritage assets

Planning permission or listed building consent will be granted for development that respects and draws inspiration from Oxford's unique historic environment (above and below ground), responding positively to the significance character and distinctiveness of the heritage asset and locality.

In all planning decisions for planning permission or listed building consent affecting the significance of designated heritage assets, great weight will be given to the conservation of that asset and to the setting of the asset where it contributes to that significance or appreciation of that significance).

An application for planning permission for development which would or may affect the significance of any designated heritage asset, either directly or by being within its setting, should be accompanied by a heritage assessment that includes a description of the asset and its significance and an assessment of the impact of the development proposed on the asset's significance. As part of this process full regard should be given to the detailed character assessments and other relevant information set out any relevant conservation area appraisal and management plan.

The submitted heritage assessment must include information sufficient to demonstrate:

- a) an understanding of the significance of the heritage asset, including recognition of its contribution to the quality of life of current and future generations and the wider social, cultural, economic and environmental benefits they may bring; and
- b) that the development of the proposal and its design process have been informed by an understanding of the significance of the heritage asset and that harm to its significance has been avoided or minimised; and
- c) that, in cases where development would result in harm to the significance of a heritage asset, including its setting, the extent of harm has been properly and accurately assessed and understood, that it is justified, and that measures are incorporated into the proposal, where appropriate, that mitigate, reduce or compensate for the harm;

Where the setting of an asset is affected by a proposed development,

the heritage assessment should include a description of the extent to which the setting contributes to the significance of the asset, as well as an assessment of the impact of the proposed development on the setting and its contribution to significance.

Substantial harm to or loss of Grade II listed buildings, or Grade II registered parks or gardens, should be exceptional. Substantial harm to or loss of assets of the highest significance, notably scheduled monuments, Grade I and II\* listed buildings, Grade I and II\* registered parks and gardens, should be wholly exceptional. Where a proposed development will lead to substantial harm to or loss of the significance of a designated heritage asset, planning permission or listed building consent will only be granted if:

- i. the harm is necessary to achieve substantial public benefits that outweigh the harm or loss; or all of the following apply:
- ii. the nature of the asset prevents all reasonable uses of the sites; and
- iii. no viable use of the asset itself can be found in the medium term (through appropriate marketing) that will enable its conservation; and
- iv. conservation by grant funding or similar is not possible; and
- v. the harm or loss is outweighed by the benefit of bringing the site back into use;
- vi. a plan for recording and advancing understanding of the significance of any heritage assets to be lost, including making this evidence publicly available, is agreed with the City Council.

Where a development proposal will lead to less than substantial harm to a designated heritage asset, this harm must be weighed against the public benefits of the proposal. Clear and extensive justification for this harm should be set out in full in the heritage assessment.

### PROPOSAL

The proposal is for an extension to the Highfield unit at the Warneford Hospital. The Highfield unit (2012) sits to the south/ south east of the 19th-century asylum buildings. The proposed extension is adjoined to the existing Highfield unit and will provide facility for a wide range of mental health and community services for young people in Oxfordshire.

The Design and Access Statement writes: 'The proposed extension will house a new Paediatric Intensive Care Unit (PICU) connected to the existing facility. This unit will function as both a broadening of the facilities provided by the Highfield, but also act a separate service with its own primary access.'



## DESCRIPTION OF THE SITE



Site location plan showing the location of the closest listed buildings 1826 range (red) 1887 range (yellow). The final design (January 2021) has resulted in a simpler elevational treatment of the building.

The site lies to the south of the nearest listed buildings and will have no physical impact on any of these or any of the listed buildings on the site. Accordingly a detailed description of the buildings beyond those included in the entries in the National Heritage List for England (Appendix 1) is not required as part of this report.





View of the application site looking east from the old Warneford Hospital site. Note the Highfield unit on the right-hand side of the image, and the car parking dissecting the northern and southern field (both part of a 12 acre acquisition in 1876).



View from the application site/ boundary road looking west to the Warneford Hospital buildings, with the original building on the left hand side of the image. Note that while some bow windows address the application site, the orientation of the buildings and their principal elevations face away from the site





### ASSESSMENT OF IMPACT

An extension to the Highfield Building is proposed mostly on the site of 12 acres of land that was acquired by the Warneford in 1876. The extension is proposed adjoining the existing Highfield unit, completed in 2012, which also sits on the site of the 12 acres. While the Warneford acquired many additional parcels of land in the later 19th and early 20th centuries, these 12 acres were among the earliest of the land expansions, acquired in 1876. Unlike the grounds to the north east and south west of the main buildings, the fields did not form part of the landscaped gardens and aside from a tree border, appear to have remained fairly untouched for several years. By the 1950s a bowling green had been added to the northern corner of the southern field, and by 1977, the northern field was a productive garden and the southern a cricket pitch. The Warneford site has a long association with cricket that predates the acquisition of this land, but the connection of the current site does not appear a particularly historic one. It was noted as early as 1848 that cricket was played on site, and that gardening was undertaken. It seems most likely the historic site for cricket was on the northern lawn, which was furnished with a pavillion (which would have also been used for shelter). Cricket was played on the application site by 1977, probably until the early 21st century. There does not appear to have ever been a pavillion associated with the southern field. The land to its north was a productive garden in 1977, but this had gone by 1981.

The land, while not part of the original Warneford site, has formed part of the site's curtilage since 1876. It formed the start of an extensive programme of land acquisition that saw the hospital holding 150 acres by 1926. The character of the land from 1876 to c. 1970 appears to have been as open space. From 1970 to the early 21st century it served as a cricket pitch and garden. The openness of the space has been eroded by the construction of new buildings, car parks, and access roads. The proposal will change the character of limited portion of land from undeveloped, to developed. However, the land has already lost its sense of openness, and the erection of a new building in principle is not thought to cause harm. The scale of

the building, designed as subservient to the existing Highfield Unit, should not become a dominant feature on the landscape. The historic Warneford buildings are not designed to address the site, having their principal elevations to the north east and south west. While some rooms address the site, the appreciation of any green space has been limited by road development, car parking, and barriers close to the site.

While the remaining green space is considered to offer a marginally positive contribution to the significance of the heritage asset, and it was first purchased to allow patients to benefit from space and greenery, its significance has been depleted by new development (including new buildings, roads, and car parking). Overall the proposed development is considered to have a neutral impact on the contribution of setting to significance. The new building will mean that the site is legible as part of the hospital campus, and the retention of green space and a soft palette of materials will retain a sense of the site's identity. Importantly, the proposed new buildings will be contained within the historic boundaries of that parcel of land, preserving the historic subdivision of the spaces.

Historically, the Warneford Hospital expanded according to need, and has seen several phases of new development. The latest, the addition of the 2012 Highfield Unit, represents the continuation of this trend. The current proposal is put forward with the intent of allowing the hospital to adapt and offer the best quality care. Supporting the continued use of the Warneford as a psychiatric hospital provides a secure future and use for the heritage assets incorporated into the Warneford Hospital site, and as such, offers heritage benefits.

Overall, the proposals are considered to have a neutral impact on the contribution of setting to significance, and the wider scheme is believed to deliver heritage benefits by securing the use and future of the heritage assets.





## CONCLUSION

The historic buildings evidence the 19th century approach to mental illness with the design of the buildings and the setting within designed landscaped grounds as part of the therapeutic approach. The application site does not sit within this designed landscape and thus this element of the site's significance would be preserved.

The proposed extension is within one of the 'quarters' of the site, the field added at the end of the 19th century. The proposed development is contained within the historic boundaries of this field (which has since been removed) and there are opportunities to use landscaping to provide a memory of the historic boundary whilst also softening the visual effects of the existing parking.

The continuing development of new facilities helps to record the advancement and improvement in method and quality of care, with the new and the old buildings helping to provide a context for each other to understand this history. The new buildings being added to the site are part of the evolving history of the site. That the new buildings are designed differently illustrates these changes; it does not detract from the site's history or the architectural qualities of the historic buildings.

There are historical associations with people involved in the development of facilities for those with mental illness, designing the buildings, funding the construction and maintenance or advising on 'best practice'. The proposed development would preserve these historical associations.

Retaining a site for the use for which it was originally intended gives a sense of continuity to the history of the site, but also it preserves the visual and community role within this part of Oxford. Continuing the use would preserve this aspect of the site's special interest. Should it be considered that the proposals would result in some harm then maintaining the optimum viable use for the site (as a hospital for those with mental illnesses) would justify that harm.

In any event it is not considered that the proposed extension would result in any harm to the listed buildings, which now sit in a changed and changing context, a part of their history and significance.



## APPENDIX 1: ENTRIES IN THE NATIONAL HERITAGE LIST FOR ENGLAND

**OXFORD WARNEFORD LANE**, Headington The Warneford Hospital II

Mental hospital. 1821-26; by Richard Ingleman of Southwell; as the Oxford Lunatic Asylum; extended 1852 by J.C. Buckler and in 1877 by William Wilkinson and in 1887. Headington stone ashlar; centre of SW front of original range rendered. Slate hipped roofs. Ashlar stacks with moulded cornices. PLAN: The original 1821-6 asylum facing SW comprises a long symmetrical range, the 3-storey centre block containing a central entrance hall flanked at the front by male and female parlours and staircases and at the back a central reception room and offices of the governor and matron. The lower flanking 2-storey male and female wings have axial galleries [wide corridors] at the front and patients' rooms behind; the ends of the wings project and contained the day rooms for the violent. The wings were extended in 1852. At the front there were male and female airing courts for the "superior class" and at the back there were 2nd and 3rd class airing courts and a central passage to a service block. In 1877 the service block was replaced by a new front block with an entrance hall and waiting rooms in a single-storey front range and a 2-storey block behind with a recreation hall and a large clock-tower behind in a French chateau style. The extensions included a female wing to the NW, but the male wing to the SE was not built until 1887-90. EXTERIOR: SW front of original 1821-26 asylum: 3:6:7:6:3 bays, the 7-bay centre block is three storeys, the centre three bays break forward with a pediment, cross-mullion-transom iron windows with glazing bars in chamfered openings, ground and first floor replaced by sashes [except for centre first floor], later C19 2-storey bow windows to left and right of centre and central doorway with stone porch with 4-centred arch; 2-storey flanking wings, the end three bays project; the rear has 3-storey bow at centre and 2-storey bows to left and right; bows also on the ends. The original range is attached to the 1877 extension by a single-storey corridor; north east front has single-storey front range with central portico with pairs of pilasters, carved pediment and round-arch doorway, pilastered bays to right and left with arched lights and lantern above; 2-storey recreation hall behind and behind that a large clock tower with a steep hipped roof with ironwork cresting and aedicules breaking the eaves with clock faces; flanking single-storey wings with bow windows and large 2-storey outer wings also with bows. INTERIOR: The original 1821-6 range has central reception room with bow window to corridor, simple chimneypiece, mahogany cupboard and Gothick style safe; female parlour has chimneypiece with consoles and hatch to corridor; staircases with stick balusters and wreathed mahogany handrail; corridor with arched partitions and panelled and glazed doors. Main entrance in 1877 addition has lantern over polygonal vestibule which contains seated marble statue of Dr Warneford by Peter Hollins, 1840; recreation hall has elaborate trusses cutting through a deep cornice and a carved stone chimneypiece. NOTE: It was planned to build an asylum at the Radcliffe Infirmary, but it was built on this site instead. Originally known as the Oxford Lunatic Asylum, then the Radcliffe Asylum and after 1843 as the Warneford Lunatic Asylum. It

was intended for non-pauper patients; there were three classes who would pay according to their financial circumstances. SOURCES: Buildings of England, pp 337-338. Parry-Jones, B., The Warneford Hospital, Oxford 1826-1976.

**OXFORD WARNEFORD LANE**, Headington The Warneford Hospital GV II

Asylum chapel. 1841-51; by H.J. Underwood. Limestone ashlar. Welsh slate roof with moulded coping to gable ends. PLAN: Nave and small chancel with vestry on the liturgical north side. Entrance at west end under a gallery at this end of the nave; 'priests' door at east end of south side of the nave. Victorian Gothic Early English style. EXTERIOR: 4-bay nave, the north and south sides divided by pilasters and with tall lancets with hoodmoulds, the south side with 2-light window over 'priests' door at east end. The corners of the nave and chancel have set-back buttresses with truncated pinnacles above. The west end of the nave has double-chamfered pointed arch doorway, two small roundels over containing trefoil lights, stringcourse and small gabled bellcote corbelled out above and above that a small trefoil in the gable which is surmounted by a cross. The crosses on the other gables have been removed. The short chancel has east window with three lancet lights under one hoodmould and vestry on north side with small lancets. INTERIOR: Gallery at west end of nave with 3-bay arcade with compound piers, moulded 2-centred arches and arcaded balcony. Tie-beam roof trusses with tracery between the posts. Dado with arched panels and brattishing. Benches with cusped panel ends and wrought-iron lecterns. Double-chamfered chancel arch and vestry arch on north side of chancel with responds with stiff-leaf capitals. Victorian stained glass windows. SOURCE: Parry-Jones, B., The Warneford Hospital, Oxford, 1826-1976.

**OXFORD WARNEFORD LANE**, Headington The Warneford Hospital: Mortuary GV II

Asylum mortuary. 1891, by Moore of Oxford [probably H. Wilkinson Moore]. Limestone ashlar. Welsh slate roof with moulded stone coping to gabled ends. PLAN: Small rectangular plan building with the main entrance on the south east end and a doorway on the south west side. Late Victorian free Gothic style. EXTERIOR: Gabled front with octagonal corner turrets rising from weathered bases and with lantern-like finials; broad moulded 2-centred arch with traceried panels either side of later double doors; above the doorway a window with three 4-centred arch cusped lights and cill with carved leaf stops; the gable above has flowing tracery in the apex and a stone Celtic cross on top. At the opposite NW end the gable has a weathered stack with an octagonal shaft. Moulded plinth and eaves cornice with carved leaf stops. The south west side has a doorway with a moulded shouldered architrave. INTERIOR not inspected. SOURCE: Parry-Jones, B., The Warneford Hospital, Oxford, p.22.



**OXFORD WARNEFORD LANE**, Headington The Warneford Hospital:  
The Lodge and front garden area wall and gate-piers  
II

House. Dated 1910; by N.W. Harrison. Coursed limestone rubble with ashlar dressings. Clay plain tile hipped roof with stone-coped gables to front. Ashlar axial stacks with moulded caps. PLAN: L-shaped on plan with central entrance to front range. Domestic Revival style. EXTERIOR: 2 storeys. Symmetrical 3-bay north west front. The centre of the front is advanced and has two gables with moulded stone coping and kneelers, ashlar around the 4-light windows with drip moulds above, the ground floor with continuous string over the return lights, but broken by the Roman Doric stone portico at the centre, within which there is a round arch with a keystone; continuous weathered cill to the first floor windows. Between the gables a dormer with a moulded cornice to its flat roof and a pair of symmetrically placed stacks above that. At the rear, a 2-storey canted bay window on the wing on right and doorway at centre with date 1910 to side. In front of house a coursed stone rubble dwarf garden area wall with dressed stone coping, ramped up at ends and to ashlar foot gate-piers at centre with moulded caps. INTERIOR not inspected.

**OXFORD WARNEFORD LANE**, Headington The Warneford Hospital:  
Nurses' Home  
GV II

Nurses' home at asylum. 1913-14, by N.W. Harrison; extended later C20. Limestone ashlar. Slate hipped roof with lead rolled hips and ridge. Central axial ashlar stack with arch linking two shafts with moulded cornices. PLAN: Rectangular on plan with entrance at the centre of the SE front. Later C20 single-storey extension on north corner. Neo-Georgian style. EXTERIOR: 3 storeys. The centre bays of three of the elevations have deeply overhanging bracketed eaves, while the broad turret-like corners are blind and have parapets with moulded cornices. South east front has 3-bay centre with 12-pane sashes, the first floor in moulded architraves, the ground floor with low round-arched 'Diocletian' doorway with side-lights and keystone rising through the first floor band above; large stone canted bay window on left. NE elevation is similar, but narrower, composition, the left corner 'turret' is broader and has slightly recessed corner. The NW, rear, is similar to the front, but the fenestration is asymmetrical and there is no bay window. The SW side, 1:3:1 bays, the centre advanced with a moulded stone cornice to the hipped roof; later C20 fire escape. Later C20 single-storey extension obscures part of the ground storeys of the NW and NE elevations. INTERIOR not inspected. SOURCE: Parry-Jones, B., The Warneford Hospital, Oxford, 1826-1976, p.23.

1923 Female wing extended

1940 Land for Churchill sold

1952 Stable converted to living accommodation

1961 Two new wards built

1978 Department of Psychiatry University of Oxford

2003 POWIC SANE building opened

2013 Highfield unit for children and young people added