Rauceby Hospital
Conservation Area Appraisal
Adopted September 2017
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**Appendix 1.** Draft local list methodology and criteria
1. Introduction and summary of special interest

1.1 Rauceby Hospital Conservation Area was designated in 1992. The purpose of this document is to evaluate and record the special character of this conservation area and identify potential areas for enhancement of that character. It has been prepared using the guidance set out in Conservation Area Designation, Appraisal and Management: Historic England Advice Note 1, 2016.

1.2 A comprehensive survey was carried out and a photographic record compiled. At this stage extensive consultation with the public and other interested landowners within and adjacent to the conservation area and stakeholders was undertaken to ensure that the values attached to the area by the local community were fully taken into account. Some changes to the new boundary and text of the documents were made as a result of comments received during the consultation process. The appraisal and management plan were formally adopted by the Council on September 21st 2017.

1.3 Rauceby Hospital was earmarked for closure by the NHS in the late 1980s as part of a wider strategy decentralization of psychiatric care provision. In preparation for closure North Kesteven District Council prepared a Site Brief which was adopted in 1990. This document identified the buildings in the central part of the site and their landscape setting as meriting conservation area status. The principle of retention of the main buildings in this area with demolition of ancillary structures and later additions where necessary was also set out.

1.4 In 1992 a draft conservation area boundary was drawn up and a public and stakeholder exercise carried out. Initially Orchard House, a later addition to the hospital complex, was proposed to be included although it was omitted from the adopted conservation area boundary. The final boundary was adopted on the 10th of November 1992. The character of the area was set out in this document as deriving from ‘a combination of the buildings, their scale and the mature landscape around. It is this combination of factors which should be preserved through this designation’. Again, the principle of demolition of ancillary structures and later additions in order to facilitate redevelopment of the site was accepted.

1.5 A further development brief was adopted in 1995 which reiterated the priorities as set out in the previous documents. In 2003 and 2004 respectively conservation area consent and planning permission were granted for the demolition of the majority of ancillary structures within the central part of the conservation area, the water tower and nurse’s home along with later additions to the remaining buildings. The demolition was largely concentrated on the interior of the main hospital site which preserved the legibility of the echelon style layout and the important physical connection between the design of the buildings and the layout of the grounds. Permission was also granted for a redevelopment scheme involving conversion of
the remaining buildings to residential use and the construction of a number of new houses to replace the demolished structures. Although the demolition was largely carried out the redevelopment of the site has not been carried out and the buildings remain empty and in derelict condition.

1.6 Whilst the present condition of the buildings is having a detrimental impact on the character and appearance of the conservation area it nevertheless retains the combination of the appearance of the buildings, their scale and relationship with the planned landscape around them which led to the original designation of the conservation area.

1.7 The Council has carefully considered the impact of the residential redevelopment of the outer areas of the former Rauceby Hospital site in the intervening period following the original designation of the conservation area and the adoption of the site briefs, and the resulting effect on the wider context and experience of the conservation area itself. Having carried out this review, the Council maintains that the area comprising the central core of the former hospital, its approaches and landscaped surroundings still retains the special architectural and historic interest which it is desirable to preserve or enhance; the key test as set out at Section 69 of the Planning (Listed Building and Conservation Areas) Act 1990. This special interest can be summarised briefly as:

- The work of prominent architects of their time who were well-known for designing asylums and their landscaped surroundings.
- A coherent group of buildings and designed spaces with historic interest as evidence of the evolution of asylum design and the treatment of mental health and its WWII use as an RAF hospital including a pioneering plastic surgery unit.
- The relationship between the buildings and the therapeutic landscape around them, particularly the airing courts, and the resulting strong sense of place.
- The imposing scale of many of the buildings and the use of distinctive red brick with stone and terracotta detailing.
- The self-contained nature of the area which reflects its original design as a virtually self-sufficient community set apart from neighbouring settlements.
2. Scope of appraisal

2.1 The purpose of the appraisal is to assess the qualities which make the area special and identify opportunities to enhance them. The appraisal will:

- Identify and record the special character of the conservation area
- Review the existing boundaries of the conservation area and suggest changes where necessary
- Identify and record buildings and structures of local interest
- Provide a framework against which future development can be assessed
- Identify any negative factors which harm the special character of the conservation area

3. Planning policy context

National policy

3.1.1 Section 69 of the ‘Planning (Listed Buildings and Conservation Areas) Act 1990’ states that every local planning authority, from time to time, shall determine which parts of its area are of special architectural or historic interest, the character or appearance of which it is desirable to preserve or enhance, and shall designate those as conservation areas. Section 71 of the Act places a statutory duty on the District Council to consider how to both preserve and enhance its conservation areas as areas of architectural and historic interest.

Paragraph 127 of the National Planning Policy Framework (NPPF) states that when considering the designation of conservation areas, local planning authorities should ensure that an area justifies such status because of its special architectural or historic interest, and that the concept of conservation is not devalued through the designation of areas that lack special interest.

3.1.2 Paragraph 137 requires local planning authorities to look for opportunities for new development within conservation areas and within the setting of heritage assets to enhance or better reveal their significance. Proposals that preserve those elements of the setting that make a positive contribution to or better reveal the significance of the asset should be treated favourably. Paragraph 138 states that not all elements of a World Heritage Site or Conservation Area will necessarily contribute to its significance. Loss of a building (or other element) which makes a positive contribution to the significance of the Conservation Area should be treated either as substantial harm under paragraph 133 or less than substantial harm under paragraph 134, as appropriate, taking into account the relative significance of the element affected and its contribution to the significance of the Conservation Area as a whole.
3.1.3 Further, more detailed guidance is available from the Planning Practice Guide which accompanies the NPPF and can be found at www.planningguidance.planningportal.gov.uk

3.2 Local policy

Central Lincolnshire Local Plan (2017)

3.2.1 Policy LP25 of the Central Lincolnshire Local Plan also refers to conservation areas and requires that development within, affecting the setting of, or affecting views into or out of, a Conservation Area should preserve, and enhance or reinforce it as appropriate, features that contribute positively to the area’s character, appearance and setting. In particular, proposals should:

j. Retain buildings/groups of buildings, existing street patterns, historic building lines and ground surfaces;

k. Retain architectural details that contribute to the character and appearance of the area;

l. Where relevant and practical, remove features which are incompatible with the Conservation Area;

m. Retain and reinforce local distinctiveness with reference to height, massing, scale, form, materials and lot widths of the existing built environment;

n. Assess, and mitigate against, any negative impact the proposal might have on the townscape, roofscape, skyline and landscape;

o. Aim to protect trees, or where losses are proposed, demonstrate how such losses are appropriately mitigated against’.

3.3 Additional planning controls within conservation areas

Planning permission

3.3.1 Planning applications, which, in the opinion of the Authority, would affect the character or appearance of a Conservation Area, must be advertised and opportunity must be given for public comment. This may include proposals outside a Conservation Area which nevertheless affect its setting. Planning permission is normally needed to demolish all or the very substantial majority of any building with a total cubic content exceeding 115 cu m within a conservation area. Consent is also needed for the entire removal of any gate, wall, fence or railing more than 1 metre high abutting a highway, public footpath or open space, or more than 2 metres high elsewhere in a conservation area.

Works to trees

3.3.2 Within a conservation area there are restrictions to the work that may be carried out on trees. Under section 211 of the 1990 Planning Act any one proposing to cut down, top or lop a tree in a conservation area (with the exception of trees under a certain size, or those that are dead, dying or dangerous) is required to give 6 weeks notice to the district planning authority. The purpose of this requirement is to give the authority the opportunity to make a tree preservation order which then brings any works permanently under control.
4. Boundary changes

Boundary changes
4.1 As part of the appraisal process the boundaries of the conservation area have been reviewed and the following changes made.

4.2 The following areas and/or buildings have been removed from the conservation area as they do not meet the criteria for inclusion due to development and/or changes since the conservation area was designated.

- Kinross Road: Nos 30, 32, 34, 36, 38, 42, 44, 48. These are modern houses which were built on the site of hospital buildings which were demolished.
- Small area of land now forming gardens to Nos 58 and 60 Kinross Road. This land now forms part of private gardens and does not merit inclusion within the conservation area.

Above: The landscaped area to the right of the picture is now included within the conservation area.
4.3 The following areas are included within the conservation area due to their special architectural or historic interest.

- Northern and western driveways
- Area of land off Kinross Road immediately to the north-west of former ward blocks
- West Lodge, Willoughby Road
- East Lodge, Grantham Road
- Nos 1, 2, 3 and 4 Greylees Cottage, Grantham Road

4.4 These areas comprise the western and northern driveways which originally served as access roads to the hospital along with two lodge buildings, two pairs of semi-detached houses which were originally built as staff accommodation and an area of open space to the north-west of the ward blocks.

4.5 The driveways were part of the original landscape masterplan and much of the original planting survives. The western driveway has been restored as part of the housing development and the lodge building has also been sympathetically restored resulting in an area which retains most of its historic character and is now a well-used and attractive pedestrian route. The northern driveway also retains much of the original planting and, pending further resurfacing works, is also a well-used pedestrian route which retains much of its original character. A fire alarm board for the hospital has also survived. The area of open space to the north-west of the ward blocks is an area of planned landscape with a mature weeping willow tree.

Above left and right: The former staff houses and on Grantham Road are now included within the conservation area.

4.6 Both the West and East Lodges are well-preserved and have been in the main sympathetically restored. They are part of the original plan for the hospital and still form a clear visual gateway to the site. The former staff houses are an attractive and well-preserved group and part of the historic layout of the hospital. These maps show the old and new boundaries.
Map 1: Rauceby Hospital Conservation Area Old and New Boundaries
5. Overview

5.1 Rauceby Hospital Conservation Area was designated in November 1992. It covers an area of around 11 hectares and covers the core of the site of the former Rauceby Hospital. The southern boundary is formed by the edge of the former airing courts with the northern, western and eastern boundaries formed by the edge of the mature trees which formed part of the formal landscape setting of the hospital. The two original entrance drives are also included within the revised conservation area boundaries and consist of tree-lined drives extending to the west and north east of the conservation area.

6. Location and setting

6.1 The conservation area is located approximately one mile to the east of Sleaford immediately to the south of the Sleaford to Grantham railway line and the A153 road. Modern housing development occupies the areas to the north, west and south of the conservation area with flat, agricultural land to the east. The modern development, known as Greylees, forms a small settlement separate from the neighbouring villages. The settlement is within the Southern Cliff character area identified by the Lincolnshire Historic Landscape Characterisation Project. This character area is described as ‘a north-south aligned west-facing limestone scarp, with a gently eastward sloping aspect’. The conservation area is set within the Rauceby Hospital Grade II Registered Park and Garden which covers the full extent of the planned landscaping in and around the hospital site. The full extent of the RPG is shown on the map below.
Map 2: Rauceby Hospital
Registered Park and Garden
7. Historical development

7.1 Rauceby Hospital was originally known as Kesteven County Asylum. It was opened in 1902 and was intended to serve the pauper agricultural population of rural Lincolnshire. The buildings were designed by George T Hine and the grounds laid out to a plan by William Goldring. The land on which the asylum was built was previously in agricultural use, the grounds were therefore landscaped from scratch without existing features to influence their design. Although the landscape design was produced separately and subsequently to that of the buildings, contemporary correspondence indicates that it had been decided in advance to lay the grounds out according to the by then well-established airing court principle.

7.2 George T Hine was a prominent asylum designer and early proponent of echelon style layout. He acted as consulting architect to the Commissioners in Lunacy and was responsible for the design of many asylums including Fairmile, Bexley and Mapperley. His style was characteristically lacking in unnecessary embellishment, a reflection of a desire to minimise cost wherever possible. Nevertheless the buildings at Rauceby retain evidence of the use of high quality materials and detailing. William Goldring was a prominent landscape architect who worked on numerous private gardens, asylums and public parks both in Britain and abroad. Of particular note is his work at Napsbury Hospital, an echelon style asylum contemporary with Rauceby.
Above: The Administration Block and Water Tower shortly after opening image from www.simoncornwell.com

7.3 Kesteven County Asylum was one of the latest county asylums to be constructed and as such represents an important point in the evolution of the treatment of mental health during the Victorian period. Ward accommodation was separated according to sex and type of illness with the accommodation blocks mirrored in an echelon style layout. The emphasis on access to fresh air and pleasant surroundings is evidenced through the airing courts and surrounding woodland, all of which formed part of William Goldring’s original design. Accommodation was provided for staff and the Home Farm (the farm was located to the south west, outside the conservation area, and the farmhouse survives in residential use) provided both food and the opportunity for manual labour for the inmates. The Medical Superintendent’s house, Isolation Hospital and Chapel, all of which survive, also formed part of the original design. In effect the asylum functioned as a discrete community, screened from the outside world by a band of trees.
The hospital was taken over by the RAF in 1940 and functioned as an RAF hospital until 1947. Its location close to many RAF bases meant it became one of the main RAF hospitals with up to 1000 inpatients and many more outpatients. Pioneering plastic surgeons Sqn Ldr Fenton Braithwaite and Archibald McIndoe worked in the Crash and Burns Unit which was located in Orchard House, immediately to the north of the conservation area. Patients who underwent reconstructive surgery later formed a drinking club called the Guinea Pig Club. After the war the hospital returned to its original use as a mental hospital with an extensive programme of repair and reconstruction to repair the damage caused by lack of maintenance during the war. The asylum was renamed ‘Kesteven Mental Hospital’ in 1922, and ‘Rauceby Hospital’ in 1948.

The hospital had been earmarked for closure by the end of the century from as early as the 1960s and towards the end of the 1980s initial plans for closure were put in place. In December 1997 the hospital closed its doors for the final time. Housing development around the hospital site began from 2002 onwards with the airing courts, shelters and orchards being restored as part of the scheme.
8. Landscape and open spaces

8.1 The relationship between the planned landscape, much of which survives, and the existing buildings is crucial in forming and defining the character and appearance of the conservation area. The relationship between the ward blocks and the airing courts is important as these were the areas where patients spent most of their time and the early regime of the asylum placed an emphasis on the therapeutic benefits of fresh air, exercise and pleasant views. The ward buildings were deliberately located on the southern edge of the site in order to maximise the perceived therapeutic benefits of the light and pleasant outlook. They were also orientated to ensure that the wards and day rooms received the most light possible. The approach from the north towards the main administration building with the chapel beyond, passes along a tree-lined drive and was carefully planned to maximise the appearance of what was perceived as the less attractive northern part of the site due to the less favourable light.

Above: The restored airing courts were an important element of the ‘therapeutic landscape’ designed for patients at the hospital.

8.2 As the landscape masterplan by William Goldring survives, it can be compared with the surviving layout and planting. The Registered Park and Garden encompasses this original and modified designed landscape. Amongst the most significant surviving elements are the tree-lined driveways approaching the main part of the hospital, the belts of trees in the northern and eastern areas and the airing courts and orchard in the south. The tree species used in the original and early planting are typical of late Victorian and Edwardian landscape design and include Holm Oaks, Scots Pine and some rare conifers. Lack of maintenance following the closure of the hospital has led to the belts of trees becoming overgrown and over-run with self-set trees and shrubs.
9. Public Realm

Above left and right: Examples of roads and paths within the conservation area. This is a potential area for improvement given their current poor condition.

9.1 Roads and paths within the conservation area, of which Hine Avenue to the north is the most prominent, generally have tarmac surfaces and are in poor condition. There are a number of pedestrian footpaths through the areas of woodland and orchard around the edges of the area and although obviously well-used these are again not in particularly good condition.

9.2 Street furniture within the restored airing courts is generally sympathetically designed with metal railings and the original central shelters restored. However the plastic lighting bollards which are poorly maintained has a detrimental impact as do the areas of damaged seating and railings.
10. Planform and Boundary Treatments

10.1 Although there are many open spaces within the conservation area, there is also some sense of enclosure as a result of the buildings, trees and various boundary treatments. The main drives are defined by trees and the space to the north of the main group of buildings is also defined by the administration block and the surrounding trees. The boundaries of the airing courts are well-defined and they are overlooked by new housing to the south and the former hospital buildings to the north. As a result of the demolition of buildings that occupied the central section of the site, this is now an open space that is detrimental to the historic character of the area. There are a number of pedestrian routes around the site although the central part is inaccessible at the time of writing. These routes are well-used and defined by mature trees and planting.

10.2 The buildings retain the echelon layout as originally planned with the former ward blocks arranged in pairs along the southern edge and the nurses houses and conservatory in the centre. To the north sit the former administration block and chapel with lodges and staff houses at the ends of the access drives to the west and north. The drives sweeps round from the north, past Byard’s Keep (the former medical superintendent’s house) and across to the lodge at the western edge of the site.

10.3 Although most of the original cast iron railings around the buildings and airing courts have been lost they have been reinstated at West Lodge and around the airing courts. Sections of metal estate railings (often in poor condition) survive along the main drives. Elsewhere boundaries are formed by hedges and mature trees.
11. Built form

Above left and right: The smaller nurses house on the right offers a contrasting, domestic scale to the larger, institutional scale, ward block on the left.

11.1 The built form in the conservation area consists almost entirely of former hospital buildings, together with the associated chapel and medical superintendent’s house, although their scale varies considerably. The staff houses and lodges to the north and west of the site are domestic in scale and appearance as are the former nurses’ houses in the central part of the site. However the chapel, administration building and ward blocks are large and imposing in their scale and massing, particularly the ward blocks. In addition, the close proximity of the ward blocks on each side of the central axis results in an apparently continuous frontage of buildings in the majority of views. These latter structures have a much more typically institutional scale and reflect the large numbers of people they were built to house.

11.2 The general form of all the former hospital buildings is similar. The majority of the roofs are hipped; the use of gables on the north side of the administration building and for the chapel marks them out as having different functions. The majority of the buildings also have a series of simple vertically-proportioned window openings within their external walls, although there is also extensive use of canted bay windows.

11.3 The post-1945 additions to the ward blocks have a very different form, as they are flat-roofed structures with large sections of glazing and limited sections of walling. Ancaster Mews, the recent building to the south of Byard’s Keep (the former medical superintendent’s house) follows the general hipped roof form of the majority of the hospital buildings.
12. Architectural details

12.1 As all the buildings on site with the exception of the conservatory were part of the same phase of design and build there is a very strong unity in their appearance. The overall style is characteristic of asylum buildings of this period and reflects the need to minimise costs while still providing an uplifting appearance. There is a clear hierarchy in terms of the level of detailing which was concentrated on the higher status buildings such as the administration block, chapel and ward blocks around the more visible edges of the site. Buildings in the interior of the site, which have mostly been demolished, were subservient and functional which was reflected in their appearance. Red brick with stone dressings and natural slate roofs is used throughout although the level of detailing varies. The administration building is the most highly decorated building with carved stone detailing mainly concentrated on the northern elevation. The chapel is more simply detailed with stone used to emphasis particular elements such as the doors and buttresses. Sensitively designed bronze replacement windows have been installed on the chapel as part of a restoration programme. On the ward blocks stone is again used for lintols and cills as well as decorative brick and terracotta. Decorative detailing on these buildings is mainly concentrated on the southern facades where dentil courses at first floor and eaves level are combined with distinctive cast iron guttering which sits on top of the brickwork. The former staff houses and lodges are typically late Victorian in appearance and again feature banded stone details although on a domestic scale. Byard’s Keep, as the former medical superintendent’s house, was differentiated from the hospital buildings through the use of clay roof tiles and generally more domesticated scale and detailing.

Above: Detailed brickwork and terracotta adds visual interest to the former ward blocks.
Map 3: Proposed Local List Entries
14. Positive buildings

14.1 Buildings play an important part in shaping the character of the conservation area. Their contribution can include their street elevations, integrity as historic structures, use of local materials, architectural and construction details and, conversely, contrasting details which make them stand out. They may make an important contribution to the roofscape or skyline. Buildings which can be partially seen or glimpsed can also make a positive contribution.

14.2 As part of the conservation area appraisal a map showing the buildings which make a positive contribution to the conservation area has been prepared and is included below. This is not an exhaustive list and the omission of a particular building does not imply that demolition or alteration would therefore be acceptable. Applicants will be expected to carry out their own assessment of the contribution made by a particular building in support of a planning application.
Map 4: Rauceby Hospital
Conservation Area Positive Buildings
15. Key views and vistas

15.1 Views and vistas are explored in more detail in the sections of the appraisal on individual character areas below. A broad overview is given here but it is important to note that this is by no means an exhaustive list. The omission of a particular view or vista does not imply a lack of significance and a thorough analysis of views affected by any proposed development will be required to accompany a planning or listed building consent application.

Above left and right: Mature trees play an important role in framing views both within the conservation area and beyond.

15.2 Views into the conservation area from its wider setting are dominated by the belts of trees to the north, east and west. The clock tower is visible from a wide area including from the A17. Closer to the conservation area views are limited from the north, west and south by modern housing development although the mature trees area a significant element within such views as there are. Close to the conservation area views from the southern approach are framed by new development before opening up to the former airing courts. The central part of the conservation area is set on a slightly raised area of ground which gives more prominence to its buildings, particularly in glimpsed views from the west. This may be the result of deliberate raising of the ground level during construction in order to emphasise the visual prominence of the buildings.

16. Character Areas

16.1 Within the conservation area are smaller areas each with their own distinctive character. In order to simplify the appraisal process and make the final document easier to read the conservation area has been broken down into two smaller character areas as shown on the map below.
Map 5: Rauceby Hospital
Conservation Area Character Areas
16.1 Northern Character Area

Summary description
16.1.1 This character area encompasses the original northern and western approaches to the former hospital, the wide belts of woodland in the north and east areas as well as several buildings mostly connected with the administration of the hospital. At the northern edge of this area sit a group of buildings comprising former staff accommodation and East Lodge which were positioned at the beginning of the driveway leading to the hospital from the north. West Lodge occupies the equivalent position on the western driveway and has been sympathetically restored using traditional materials. The administration block and chapel were deliberately sited to provide visual impact in an area which was otherwise occupied by smaller scale administration and ancillary buildings. The water tower was also located in this part of the site until its demolition. Byard’s Keep was originally the medical superintendent’s residence, located close to the main part of the hospital but physically and visually separated by landscaping and the use of different roofing material.

Landscape and routes
16.1.2 Vehicle access to this part of the conservation area is limited to access to houses along Kinross Drive. Pedestrian routes are more accessible and well-used despite poor condition in places and a lack of lighting and signage. These routes link the northern and southern parts of the conservation area and have helped to preserve the legibility of the original landscape design. The western drive is noticeably better preserved while the northern drive has suffered from lack of maintenance and pruning of trees.

16.1.3 The orchard area in the southern part of the character area has been replanted and restored and glimpsed views of Byard’s Keep through the mature hedges are an important feature of the area. Information boards explaining the history of the site are a positive feature and enhance the orchard area.

Above left and right: The former Administration Block and Chapel are prominent buildings within the Northern character area.
Key views and landmarks
16.1.4 Both the former Administration Block with its relatively ornate decorative detailing and the Chapel beyond are landmarks within the conservation area. The location of the East and West Lodges along with their distinctive design means they act as landmarks which signal the edges of the hospital site.

Predominant material palette
16.1.5 The material palette is the red brick, stone dressings and natural slate typical of the hospital as a whole. The Administration Block, West Lodge and two of the former staff houses have retained their original or replacement timber windows and doors although those on the Administration Block have lost their glazing. The Bronze windows were installed as part of the recent refurbishment of the Chapel building and have enhanced its appearance considerably.

Predominant scale and massing
16.1.6 The lodges and former staff houses are domestic in scale and two storeys high. The former Administration Block is two storeys in height but the overall building height, clock tower and its position on slightly elevated ground all give the impression of greater height, particularly relative to the nearby Chapel which is built on lower ground.

Positive features
• Survival of significant buildings of former Rauceby Hospital complex designed by G T Hine
• Survival and restoration of important elements of William Goldring’s original landscape design including wooded areas and entrance drives
• Good survival of original buildings and features
• Legibility of layout of hospital and grounds and the associated ‘therapeutic landscape’
• Lodges and former staff houses in good condition and occupied

Negative features
• Poor condition of former hospital buildings
• Lack of signage and lighting
• Poor condition of footpaths and roads, particularly Hine Avenue
16.2 Southern Character Area

Summary description

16.2.1 This character area includes the main ward blocks of the former hospital and the airing courts and other landscaped areas to the south which were designed for the use of patients. The relationship between these buildings and spaces is the defining element of this part of the conservation area. The space to the rear of the ward blocks is presently empty following the demolition of the ancillary service buildings which previously occupied most of the space.

Above left and right: The relationship between the hospital buildings and the ‘therapeutic landscape’ of the airing courts is one of the defining characteristics of the Southern character area.
Landscape and routes

16.2.2 The former airing courts and the landscaped area between them (originally intended to further emphasis the separation of male and female patients) has been restored and enhanced as part of the recent housing development. They now serve as public open space for the Greylees development and are well-used. However they have also been a focus for anti-social behaviour and several lighting bollards have been damaged. There is no vehicular access to this part of the conservation area and pedestrian routes link it with the surrounding development.

Key views and landmarks

16.2.3 Views across the former airing courts to the ward blocks beyond are one of the defining characteristics of this character area and indeed the conservation area as a whole. These views are important in understanding the relationship between the airing courts and wards as part of the ‘therapeutic landscape’ deliberately designed in order to aid recovery, reflecting medical theories at the time the hospital was built. Views out of and into the conservation area along the southern avenue of trees preserve part of what would originally have been much more expansive views of the countryside beyond, another part of the ‘therapeutic landscape’. Similarly, glimpsed views out from the western edge of the ward blocks towards Ash Villa and beyond are important. Views towards the former ward blocks, which were deliberately sited facing south to maximise sunlight into their rooms and on slightly raised ground to emphasise their prominence, are also a significant feature.

Predominant material palette

16.2.4 The former ward blocks are of red brick with stone dressings and natural grey slate roofs. They have distinctive cast iron rainwater goods with gutters set on top of the brickwork at eaves level. The nurses’ houses replicate the building materials of the ward blocks and the conservatory is of timber and glass construction although the majority of the glazing has been removed.

Predominant scale and massing

16.2.5 The former ward blocks are the main built structures within this character area and although they are only two storeys in height their sheer scale and massing dominates the landscape. Byard’s Keep is a large two storey dwelling, its scale reflecting its original high status as the medical superintendent’s residence. The Nurses Houses are of a more domestic scale with the conservatory only slightly lower in height.

Positive features

• Survival of significant buildings of former Rauceby Hospital complex designed by G T Hine including main patient accommodation blocks
• Survival and restoration of important elements of William Goldring’s original landscape design including orchard and airing courts
• Legibility of layout of hospital and grounds and the associated ‘therapeutic landscape’

Negative features

• Poor condition of former hospital buildings
• Poor condition and legibility of footpaths in wooded areas
Appendix 1

Draft Local List methodology and criteria

The Draft Local List of non-designated heritage assets has been compiled in order to act as a planning tool. Heritage assets are usually included in a list because they are the best of their kind within a local authority area. Other assets are included because of the contribution that they make to the character of the local area.

By their very nature, buildings will make up the bulk of the list as they are the most visible of the historic assets and contribute greatly to the character of an area. Conversely, archaeological sites will be greatly under-represented on the list due to the difficulty in establishing the nature and extent of any individual assets without first excavating, particularly within the urban environment. Designed Landscapes, pieces of art and other assets are low in overall number and so will make up a minor part of the list; they are also the least likely to be affected by development.

Criteria for Listing

General criteria

Locally listed heritage assets must meet all four of the following general criteria:

1. They must be a building, monument, site, place, area or landscape and should retain the majority of their original fabric, external design style and character.

2. They must possess heritage interest that can be conserved and enjoyed.

   This can include physical things such as appearance and materials as well as associations with people or past events. The physical features of an asset can help illustrate these associations.

3. Their value for the character and identity of the area must go beyond personal or family connections or the interest of individual property owners.

4. They must have a level of significance that is greater than the general positive character of an area.

   To be added to the local list a heritage asset must possess heritage value to a level that merits consideration in planning. Registered heritage assets should stand out as being of greater significance than the general historic environment of which they form part.
Detailed criteria

An asset must meet at least one of the criteria in each of the three sections below in order to be considered for inclusion on the list. Please provide as much information as possible on each criteria selected. The final decision on inclusion rests with North Kesteven District Council. architectural or artistic interest.

Name and location of asset (please provide a photograph and map showing its location):

<table>
<thead>
<tr>
<th>Type</th>
<th>Which of the following best describes the asset?</th>
<th>Tick</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A building or group of buildings</td>
<td></td>
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<td></td>
<td>A monument or site (archaeological remains or a structure that is not a building)</td>
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<td></td>
<td>A place (e.g. park, garden or natural space)</td>
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<tr>
<td>Interest</td>
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<tr>
<td><strong>Historic interest</strong> – a well-documented association with a person,</td>
<td>event, episode of history or local industry (including agriculture)</td>
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<tr>
<td><strong>Architectural interest</strong> – an example of an architectural style, a</td>
<td>building of particular use, or a technique of building or use of</td>
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<tr>
<td><strong>Artistic interest</strong> – It includes artistic endeavour to communicate</td>
<td>design (including landscape design) to enhance its appearance</td>
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<tr>
<td>Local value</td>
<td>Is the asset valued locally for any of the following reasons?</td>
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<tr>
<td><strong>Association</strong> – It connects us to people and/or events that shaped the identity or character of the area</td>
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<td><strong>Illustration</strong> – It illustrates an aspect of the area’s past that makes an important contribution to its identity or character</td>
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<td><strong>Evidence</strong> – It is an important resource for understanding and learning about the area’s history</td>
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<tr>
<td><strong>Aesthetic</strong> – It makes an important positive contribution to the appearance of the area (either unintentionally or through deliberate design)</td>
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<tr>
<td><strong>Communal</strong> – It is important to the identity, cohesion, spiritual life or memory of all or part of the community</td>
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</tbody>
</table>
## Local significance
Do any of the following features make the asset stand out above the surrounding environment?

**Age** – Is it particularly old, or of a date or period that is significant to the local area?

<table>
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<tr>
<th>Rarity – Is it unusual in the area or a rare survival of something that was once common?</th>
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<th>Integrity – Is it largely complete or in a near to original condition?</th>
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<tr>
<th>Group value – Is it part of a group that have a close historic, aesthetic or communal association?</th>
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</table>

**North Kesteven’s identity and history** – Is it important to the identity or character of the district or part of it? Of particular interest may be buildings related to the agricultural or industrial past of the area or an historic industry, process or activity specific to the village or local area.

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<th>Other – Is there another way you think it has special value?</th>
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